

Children's integrated needs assessment 2019: Summary

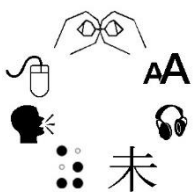
Version 1.0

Herefordshire Council Intelligence Unit

June 2019

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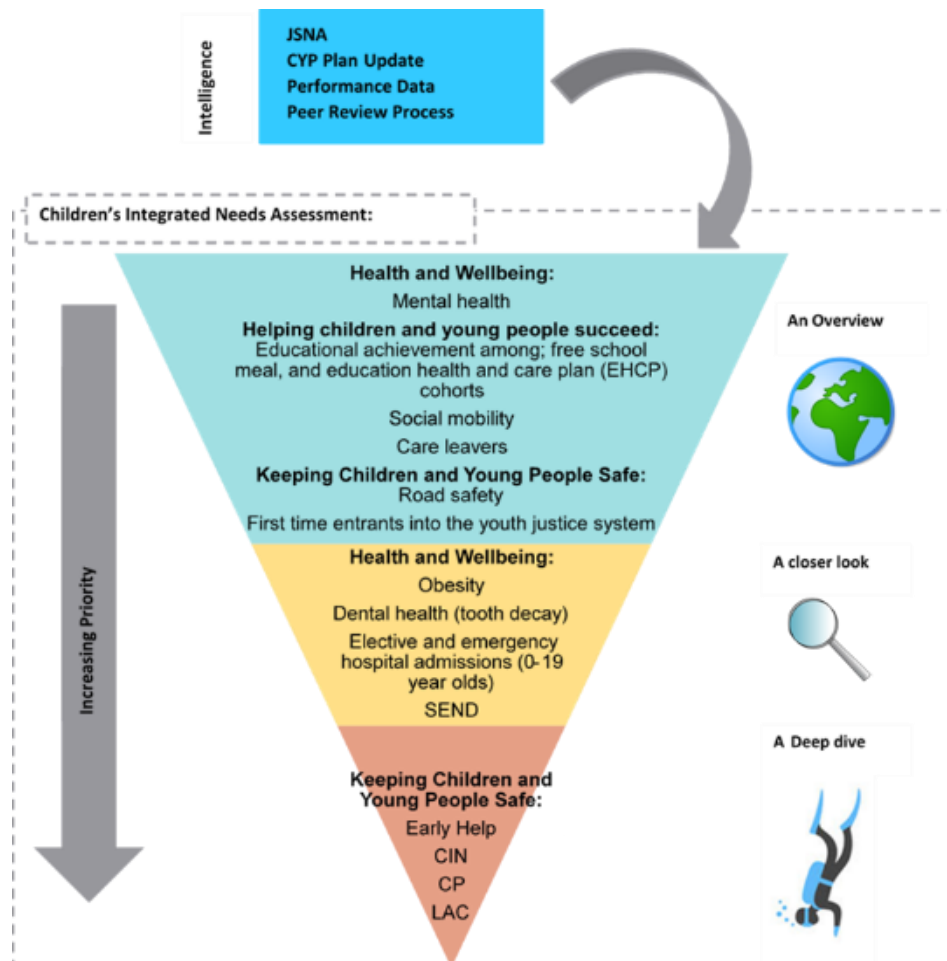
INTRODUCTION

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

Recognising that much is already known about Herefordshire’s children and young people, including through the joint strategic needs assessment process ([‘Understanding Herefordshire’](#)), the 2019 ChINA focused on specific topics that were identified as requiring an improved understanding. These ranged from those topics that needed an overview, a closer look, and a more in depth ‘deep dive’ into Herefordshire’s provision of ‘early help’ services -designed to help children and young people and their families before the need for more formal social care intervention.

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

- Children’s integrated needs assessment 2019: an overview
- Review of early help
- Children and young people with special educational needs and disabilities (SEND) and education, health and care plans (EHCPs)
- Emergency and elective hospital admissions of those under 19



SETTING THE SCENE

DEMOGRAPHY

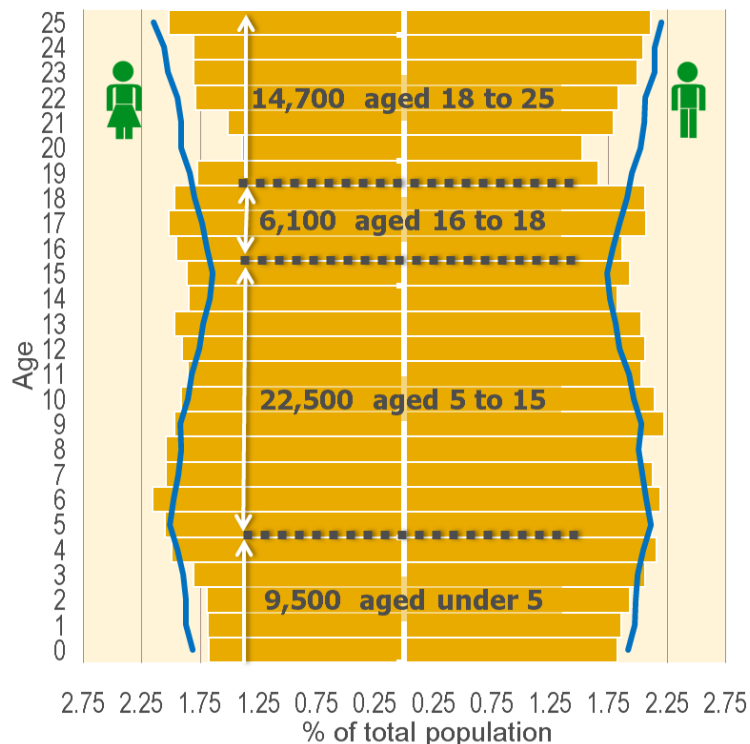
Herefordshire is home to 35,900 under 18s and a further 12,700 18 to 25 year-olds, who together make up just over a quarter of the county's population (19% and 6% respectively). Whilst this is a similar overall proportion to England and Wales as a whole, Herefordshire has a slightly higher proportion of teenagers, but fewer under 5s, and notably fewer young adults (see Figure 1).

The number of under 18s is projected to increase by around 4% (to 37,000) between 2017 and 2025, before falling back to current levels by 2031. The number of young adults (18 to 25) is expected to remain fairly constant, assuming recent trends continue.

Having been relatively high - almost 1,900 a year - between 2009 and 2012, numbers of births have fallen to around 1,750 a year more recently. Reflecting the unprecedented migration from Eastern Europe during the last decade, ever increasing numbers of babies are born to Lithuanian or Polish mothers. Consequently, children and young people are becoming increasingly diverse. In 2018, almost 1,900 pupils in county schools have a first language other than English – with over 50 different languages spoken.

There is annual net in-migration of all ages except 16-19 year-olds, with the biggest outflows – to the rest of the UK - those aged 19 and the biggest inflows aged 22. These coincide with the ages that many young people start and finish university.

Figure 1: Age distribution of children and young people in Herefordshire (bars) compared to England & Wales (lines), 2017



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

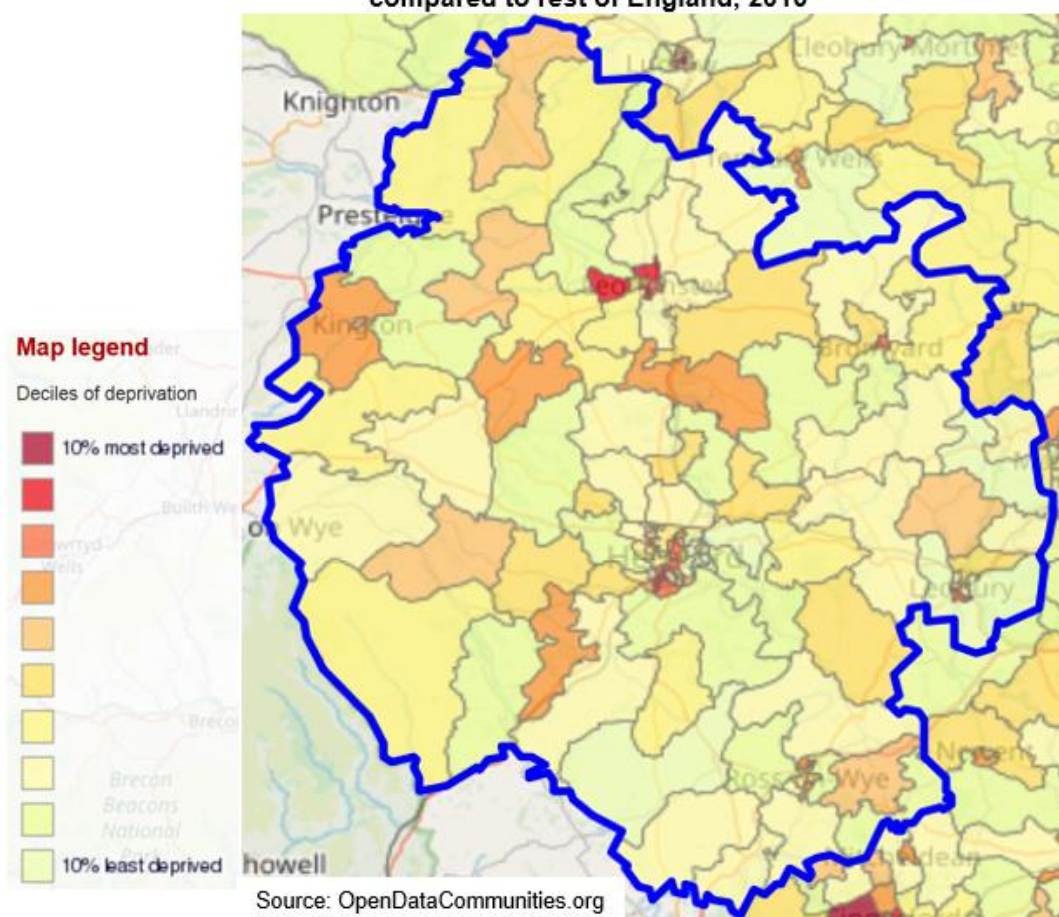
DEPRIVATION AFFECTING CHILDREN AND YOUNG PEOPLE

Herefordshire has, on average, relatively low levels of overall, multiple deprivation and a relatively low proportion of children living in income deprived households (14% compared to 20% across England) - but this still equates to 4,300 children living in poverty across the county. Around 1,900 county school children are eligible for free school meals¹.

It's widely understood that the most deprived areas are concentrated in Hereford and the market towns. In some areas of south Hereford and Leominster, as many as one in three under 16s live in income deprived households – double the overall county rate. However, this focus can hide the fact that children are affected in every area of Herefordshire; the rural areas in and around the parishes of Kingstone, Wormbridge, Weobley, Dinmore and Bodenham have child poverty rates of at least the national level (Figure 2).

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

Figure 2: Relative levels of income deprivation affecting children in Herefordshire compared to rest of England, 2015



¹ This figure refers to all pupils who are eligible for and claiming free school meals based on household income and benefit receipt. It does not include pupils claiming a free school meal under the Universal Infant Free School Meals programme, where free school meals are available to all infant pupils regardless of household income or benefit claims.

KEY FINDINGS: OVERARCHING THEMES

The 2019 children's needs assessment was deliberately designed to look at a range of distinct topics. It's also important to note that it specifically focused on aspects known to be of concern locally, so it doesn't present a comprehensive view reflecting all of the positive aspects of the lives of children and young people in Herefordshire.

Nonetheless, several common factors have repeatedly emerged from these different pieces of analysis; factors which are inter-related and likely to be inter-generational.

Mental health of both children and their parents is an overarching factor across many of the topics considered, influencing a wide range of long-term outcomes for children and young people, from their chances of needing social services' intervention, to their physical health and future skills and employment. Good mental health is a powerful protective factor in terms of ability to cope with adversity, highlighting a need to recognise and enhance mental well-being at the population and community level.

With limited information readily available at a local level about either the prevalence or treatment of mental health, one of the main conclusions of this ChINA is the need to undertake research activities to improve understanding of local mental health needs. For example, a survey of the lifestyle behaviours of CYP could be used to explore some of the factors that may affect their mental health (e.g. social media use, loneliness) as well as their physical well-being.

The importance of **family** is also highlighted – ranging from the fact that the most common reasons for support from children's social services are parental issues such as mental health, substance abuse, and domestic abuse, to the fact that children who are most likely to be obese are those whose parents are. This underlines the importance of a whole system approach in tackling the issues that affect the life chances of children and young people, with services for both children and adults working together and sharing information to best meet the needs of the whole family.

This includes the element of place and associated services: the ChINA presents evidence of inequalities faced by children living in the most **deprived** areas of the county. They are more likely to need social care intervention or special educational provision, to be admitted to hospital in an emergency, and to be obese or have tooth decay. Nationally, subject matter experts are urging a preventative approach to child welfare, by addressing factors associated with deprivation, such as family economic circumstances. They challenge local authorities to find creative ways to combat social inequalities within their local communities².

However, focusing on the most deprived areas risks overlooking those disadvantaged children and families who are scattered around the county – for example half of children living in income deprivation are outside the county's 25% most deprived areas. Herefordshire's poor social mobility rating indicates that those from a disadvantaged background find it particularly hard to get a good start in adult life. There are clearly opportunities for services from across the public sector, as well as community leaders, to make a difference.

² The role of local government in promoting wellbeing, Aked, J., Michaelson, J. and Steuer, N., Local Government Improvement and Development, 2010.

KEY FINDINGS: TOPIC BY TOPIC UNDER THE THEMES OF THE CHILDREN AND YOUNG PEOPLE'S PLAN

BE HEALTHY: HEALTH AND WELL-BEING

HEALTHY WEIGHT

Whilst the rates of children and young people who are overweight and obese in Herefordshire are similar to those across England as a whole, as for the rest of the country the figures are of concern. Obesity is associated with many poor health outcomes and can lower life expectancy by up to 20 years. In February 2018, the Health and Well-being Board made the healthy weight (along with oral health) of children one of its strategic priorities.³

Almost one in four children in their first year at a Herefordshire primary school are overweight: 400 children aged 4 to 5 across the county. One in ten (175) are measured as being obese; and almost 50 are classed as severely obese, which means they are at risk of developing serious acute and chronic health problems. Mirroring the national pattern, rates of obesity double by the end of primary school: two in every ten 10 to 11 year-olds are obese.

Higher rates of obesity are seen in more deprived areas of Herefordshire, particularly in south Hereford and north Leominster. However, there are no areas of the county where fewer than 10% of children are obese when they leave primary school – highlighting the extent to which childhood obesity is a countywide issue.

A good diet, combined with regular physical activity is an effective way of maintaining a healthy weight. Diet is important from birth, with breast milk being the only food required in a baby's first six months. More Herefordshire mothers are still breastfeeding at 6-8 weeks than across England as a whole, although this is still only half of all babies. Indicators of fruit and vegetable consumption amongst 15 year-olds are positive, but little is known about wider dietary habits. The same is true of physical activity; all we know is that only 14% of 15 year-olds undertake the recommended hour of physical activity every day.

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

ORAL HEALTH

Tooth decay is a predominantly preventable disease and is often linked to high levels of consumption of sugar-rich food and drink, a factor which contributes to other public health concerns in children, particularly childhood obesity. In February 2018, the Herefordshire Health and Well-being Board made the oral health (along with healthy weight) of children one of its strategic priorities.³

The oral health of children in Herefordshire is consistently poor compared to the rest of England and has not changed significantly over the last ten years. Almost a third of five year-olds have

³ www.herefordshire.gov.uk/news/article/486/priorities_revealed_to_improve_health_and_wellbeing

some signs of tooth decay, with an average of 1.08 decayed, missing or filled teeth. Both of these figures are amongst the highest 25% in the country.

National evidence points to a connection between socio-economic deprivation and poor oral health, and also ethnicity – particularly eastern European. There is no current evidence of an overall association between area deprivation and the oral health of children across Herefordshire, but levels of tooth decay are particularly high in South Wye West and Leominster – which are also amongst the most deprived areas in the county.

Access to an NHS dentist has previously been cited as a common barrier to dental care in Herefordshire, but latest data⁴ indicates that access is as good as nationally. A Healthwatch consultation⁵ suggests that current barriers include the appreciation of parents as to the importance of a child's oral health, the awareness of the availability of free child dental care, and transport in rural areas.

In order to improve oral health in Herefordshire, a recently completed Oral Health Needs Assessment has recommended that a range of interventions and actions are delivered locally.

MENTAL HEALTH

Good mental health is a powerful protective factor for children and young people and their families, in terms of their ability to cope with adversity. It is also associated with many positive outcomes in adult life. Conversely, mental ill health is a significant risk factor.

Mental illness frequently starts in childhood and adolescence, with half of problems estimated to be established by age 14 and three-quarters of life-long conditions by 24. One in ten 5 to 16 year-olds in Great Britain are believed to have a clinically diagnosed mental health disorder, but the number with lower level needs who would benefit from non-specialist help is unknown.

The desktop analysis for the 2019 ChINA has highlighted the fragmented evidence about the overall mental health and well-being of children and young people in Herefordshire. The child and adolescent mental health service (CAMHS) sees about 1,100 children and young people each year. However, estimates which suggest that 8,500 children need some form of mental health support, and that 2,100 5 to 16 year-olds have a mental health disorder are based on national figures from at least 14 years ago. They therefore can't reflect the differences in society that an increasing body of national evidence suggests are affecting the mental health of today's generation.

It has also shown how headline measures that are used to benchmark mental health needs against other areas should be treated with caution, and only as part of the picture. For example, the reported rate of mental-health related hospital admissions amongst under 18s in Herefordshire is one of the highest in England – but it is affected by local protocols whereby children are assessed on the ward and therefore counted as an admission. Removing those who are discharged on the same day, the rate would be significantly lower than nationally.

⁴ <https://gp-patient.co.uk>

⁵ Healthwatch Herefordshire Children's Dental Health Report, April 2018. Available at: <https://healthwatchherefordshire.co.uk/what-we-do/our-work/>

All of which has led to the recommendation that a dedicated mental health needs assessment is undertaken, incorporating anticipated new national prevalence estimates and primary research into factors affecting the mental well-being of Herefordshire children and young people.

HOSPITAL ADMISSIONS

Historically, hospital admission rates for those aged under 19 in Herefordshire have been higher than across England as a whole, and in recent years have been amongst the highest in the country. The local rate of emergency admissions increased by 10% in the five years to 2015/16, four-fifths of which was accounted for by under-fives. Emergency admissions are higher in more deprived areas of Herefordshire. Despite falling by 13% over the same period, Herefordshire's rates of elective (planned) admissions for all under 19s, and under ones specifically, were the highest of all English clinical commissioning group (CCG) areas; a third of all such admissions were under five.

Detailed analysis to better understand the reasons behind these headline figures indicates that the main factors driving Herefordshire's relatively high admission rates are local protocols for paediatric care, rather than any underlying health differences. Children and young people are seen on the children's ward and therefore counted as a hospital admission. In other areas, similar hospital presentation and care may be dealt with in A&E or outpatients' departments and therefore not counted as an admission.

Supporting this conclusion, in around half of the 3,300 emergency and three-quarters of the 3,100 elective admissions during 2016/17, children and young people were discharged on the same day they were admitted. Blood samples were the most common procedure, and 99% of elective admissions where blood was taken were 'zero day' stays.

Babies under a year old accounted for a quarter of all emergency admissions, but half were discharged the same day. Under ones were also most likely to be 'zero day' elective admissions, with 87% of the 400 admitted not staying overnight.

Elective admissions in 2016/17 were also inflated by local arrangements for some respite care. This was the most common reason for planned admission amongst 10 to 19 year-olds, accounting for 15% of the total, but only involved 17 individuals with up to 40 admissions each. However, these arrangements have since changed, meaning that no elective admissions for respite care were recorded after March 2017.

BE AMAZING: EDUCATION AND MOVING INTO ADULTHOOD

Disadvantaged children are defined as those who have been eligible for benefit-dependent free school meals at any time in the last six years; or who have previously been or are currently in the care of the local authority. There is no overall estimate of the total number, as they are only counted at the time of educational assessments.

SOCIAL MOBILITY

Despite the relatively small proportion of children coming from deprived backgrounds, Herefordshire is flagged as a ‘coldspot’ by the government’s social mobility index. This means that, along with many other isolated rural areas, it’s one of the worst 20% of local authorities in England in terms of the chances that disadvantaged children will do well at school⁶ and go on to get a good job⁷ and secure housing.

There is no correlation between affluence and social mobility – in fact some of the most deprived London boroughs provide the best opportunities for escaping disadvantage whilst some of the most affluent areas of the country are among the worst for offering good education and employment opportunities to their most disadvantaged residents.

According to the 2017 index, the key driver of Herefordshire’s poor social mobility rating is low wages, with 31% of county jobs paying less than the living wage of £8.75 an hour and an average residents’ salary of just over £350 per week – amongst the lowest 10% in England. This suggests that, although young people from disadvantaged backgrounds in Herefordshire do not perform noticeably worse at school compared to their peers nationally, their progress is hindered by the job opportunities available in the county, making it harder for them to translate a good education into a well-paid job and a good standard of living as adults.

Transport links can play a part in this – being further away from good jobs means that people either need to relocate or commute, both of which have costs that may prove a barrier, particularly for those from poorer backgrounds. This is undoubtedly an issue in Herefordshire, with more than half of the county being classified as amongst the worst in England in terms of geographical access to services. But children and young people themselves also say they want to be better prepared for adult life, including being given more opportunities to experience work, and better chances to realise their ambitions. All of which suggests there could be opportunities for local business and community leaders to make a difference for disadvantaged youngsters in rural areas.

⁶ The social mobility index assesses children’s performance at school by looking at the percentage of children with free school meals who; achieved level four at key stage two across all outcomes, achieved five GCSEs including English and Maths, achieved two or more A levels, went on to higher education, went onto higher education at the most selective universities.

⁷The social mobility index defines a “good job” as one that pays the national average income or higher, and/or is a managerial or professional role.

CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

Special educational needs and disabilities (SEND) refer to learning difficulties or disabilities which can affect a child or young person's ability to learn, and require special educational provision to be made for them. For the majority, this means some extra help (SEN support) at school, but those who need more should have an education, health and care plan (EHCP) setting out their range of needs and the additional support to meet them.

In January 2018, 4,750 pupils attending state-maintained schools in Herefordshire had an identified SEND – just under one in five of the school population; almost 800 of them had an EHCP. Not all of these children live here, and some who do will attend school elsewhere; Herefordshire Council supports just under 900 resident children and young people with an EHCP.

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

Reflecting the pattern elsewhere, 'learning disabilities' are the most common primary need identified amongst children in Herefordshire with SEND (40%) and EHCPs (36%). Accordingly, such needs account for over 40% of the allocated spend on EHCPs; unsurprisingly a disproportionate amount on those with the most complex needs. Just over 40% of pupils with an EHCP attend a special school – most commonly those with 'severe' or 'profound and multiple' learning disabilities. Those with other types of need are more likely to be in mainstream schools.

Recent research⁸ raises questions about how well some children and young people living with ASD are being supported in the mainstream school setting. Similar to nationally, approximately three in four children and young people who have ASD identified as the primary need in their EHCP attend mainstream schools - suggesting the importance of ensuring that mainstream schools are well equipped to support young people with ASD.

Pupils with an EHCP are scattered across Herefordshire, but are more likely to live in deprived areas: 37% live in the most deprived quarter of the county compared to 28% of all children. This supports national evidence that chances of SEND increases with socio-economic deprivation, but is contrary to the hypothesis that children and young people with SEND from more deprived areas are less likely to get the help they need.

⁸ Excluded from school: Autistic students' experiences of school exclusion and subsequent re-integration into school (2017) <http://journals.sagepub.com/doi/full/10.1177/2396941517737511>

GAPS IN EDUCATIONAL ATTAINMENT

Children in Herefordshire generally do well throughout school compared to pupils across the whole of England. However – as nationally – there are inequalities, with some groups of children doing less well than their peers. This is despite the fact that Herefordshire is amongst the 25% of areas in England with the lowest achievement gap across all pupils at the end of reception year.

Disadvantaged children

Nationally, the gap in attainment between pupils from a disadvantaged background and those who aren't has been slowly closing, but analysis by the Education Policy Institute has identified that it becomes more prominent in rural areas by the end of secondary school. Recent research also suggests that disadvantaged children are not able to catch up between the ages of 3 and 16.

The proportion of children eligible for free school meals (FSM) in Herefordshire achieving a 'good level of development' by the end of reception year almost doubled between 2014 and 2017, to 59%. Whereas it had previously been significantly lower than the national figure (56%) it is now higher. Nevertheless, there is still a notable gap compared to children who aren't eligible both nationally (73%) and locally (77%).

In 2017 a slightly lower proportion of disadvantaged children in Herefordshire achieved the expected standard at GCSE level⁹ than their peers nationally (34% compared to 37%). FSM pupils taking their GCSEs in 2017 also made less progress during secondary school on average than their peers nationally, their less disadvantaged classmates locally, and the 2016 cohort.

Children with special educational needs and disabilities

In the last year, Herefordshire pupils with lower level SEND (SEN support) did notably better on average than their peers across England at the primary school assessment stages, but broadly the same at GCSE level. Those with higher level needs (EHCPs), however, did less well than their peers nationally in measures across the whole school age-range (5-16).

Both nationally and locally, there remains a significant gap in the attainment of pupils with SEND compared to those without, and this is evident throughout compulsory education. Furthermore, the new government measure reveals that pupils with an EHCP in Herefordshire don't make as much progress during secondary school as their peers nationally or locally; all of whom are behind the average for all pupils in England.

Children who speak English as an additional language (EAL)

The number of pupils whose first language is other than English attending Herefordshire schools – around 1,850 in 2018 – increased with the high levels of migration from Eastern Europe seen after 2006. Recent research has suggested that headline indicators of attainment are not an effective way of measuring their progress, because of the amount of variation – affected by the length of time they have lived in the UK.

A lower proportion of Herefordshire children with EAL achieve a '*good level of development*' by the end of reception year than their English-speaking peers nationally or locally, but the difference is barely noticeable among children at the end of primary school education. However, Herefordshire pupils with EAL did less well than other pupils both nationally and locally at GCSE level in 2017.

⁹ The relatively new 'attainment 8' score

BE SAFE: SAFE ENVIRONMENTS

ROAD SAFETY

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

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

Herefordshire Council's [Sustainable Modes of Travel to School Strategy](#) reported that there were 210 accidents near schools from 2010 to 2015, of which 34 were serious.

Road safety was an issue highlighted by children and young people who participated in the engagement activities to inform the children and young people's plan 2019-24: "We want Herefordshire roads to be safer for children and young people". Specifically mentioned were concerns about the dangers of traffic, and that the road surface on some roads can make them challenging to cycle on.

Despite a number of the official population-based rates being significantly higher locally than nationally, the chances of children and young people experiencing serious harm as a result of a road traffic accident in Herefordshire are relatively small - with under 1% of under 25s experiencing a serious or fatal road traffic accident each year. However, young people have demonstrated considerable concern about road safety within the county. It was beyond the scope of this analysis to determine the reasons behind this, but children and young people may be particularly aware of the dangers – for example due to media coverage or through awareness-raising campaigns in school; or by knowing (of) someone who has been in an accident.

Awareness of the risks and consequences of suffering a road traffic accident among young people can be seen as a positive, as they are important drivers for behavior change¹⁰, with the potential for enhanced awareness leading to more cautious driving behaviours. The down-side is that it can be a barrier to engaging in active transport (walking and cycling) - despite local road traffic accident rates involving pedestrians and cyclists being lower than, or in line with national rates.

¹⁰ Reducing crashes and injuries among young drivers: what kind of prevention should we be focusing on? Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563439/>

FIRST TIME ENTRANTS TO YOUTH JUSTICE SYSTEM

Youth offending in Herefordshire is low in absolute terms: 156 youth justice sanctions made against 130 individuals in 2017/18 represents around one in every 100 10 to 17 year-olds. In 2017 there were 72 first time entrants into the youth justice system – the fewest there has been since 2010 – which equated to less than one in every 200.

As nationally, the rate of first time entrants has been falling, and is significantly lower than in 2010. Nevertheless, it remains significantly higher than the national rate and is similar to the average seen in the most deprived 10% of English local authorities. From the available data it's unclear why this is the case, but a pilot inspection in 2017 suggested that the number of young people entering the youth justice system across the whole of West Mercia could be appropriately reduced by more frequent use of informal responses such as community resolutions. This could also have a positive effect on the likelihood of re-offending.

Young people who have 'adverse childhood experiences' – particularly in adolescence - are more likely to become young offenders, and a growing evidence base suggests they need to have those issues addressed before any work to prevent re-offending is likely to be effective. Many children and young people who are already, or are at risk of becoming, young offenders are already known to social services. This suggests that there are opportunities for effective partnership working to improve the life chances of this relatively small number of vulnerable young people and their existing and future families. Research underway to investigate the prevalence of adverse childhood experiences amongst young offenders in West Mercia should improve the understanding of the cohort, its needs, and effective interventions.

SAFEGUARDING / EARLY HELP

Early help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future; reflecting the widespread recognition that it is better to deal with potential problems early, rather than when they reach a stage of requiring intervention from more intensive social care services.

Herefordshire's offer of early help to children and their families was the priority for a 'deep dive' analysis in the 2019 ChINA. Also considered were the factors affecting demand for social care intervention.

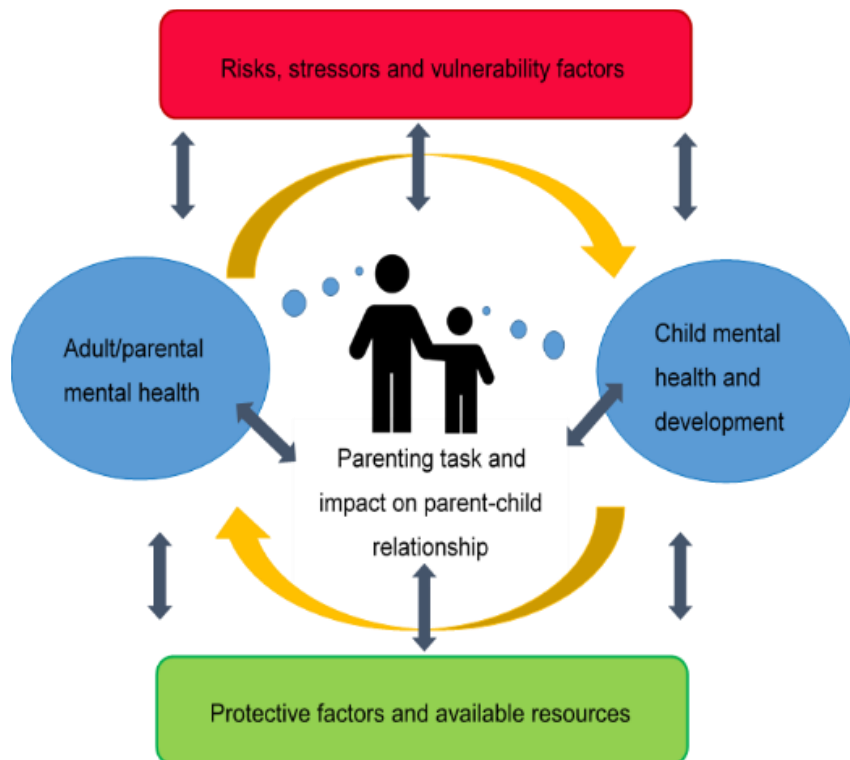
The rates of children in Herefordshire who are looked after (LAC) by the local authority or subject to a child protection plan (CPP) are relatively high and have been for a number of years. In March 2018, there were 200 CPPs in place, and 300 children and young people were 'looked after' – the latter continuing a five year upward trend.

There is no evidence to suggest that such high rates would be expected given the characteristics of the county's population – with relatively low incidence of many of the risk factors known to increase the chances of needing social services' intervention; such as deprivation and poverty, homelessness, young parents, disability, injuries, and youth offending.

It is not currently possible to quantify the number of children or families likely to need help from children's social services. The interactions of the many risk factors and circumstances that impact upon child welfare are complex (Figure 3).

As is the case nationally, domestic violence and poor parental mental health are the most common reasons for children receiving support from Herefordshire social services. Along with parental substance misuse, these factors are referred to as the "toxic trio" of risks, with at least two of the three estimated to be present in 65 to 80% of all social care cases in England. Estimates suggest that 300 under 18s in the county are living with all three of these risks (Figure 4).

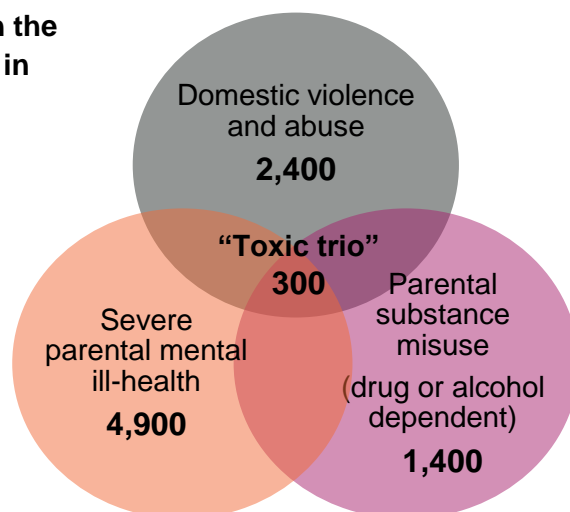
Figure 3: The Family Model



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

Figure 4: Estimated number of under 18s living with the toxic trio of risk factors for social care involvement in

Sources: *Estimating the prevalence of the 'toxic trio'*, Children's Commissioner, 2018 and 2017 mid-year population estimates, ONS.



Reflecting the national finding that deprivation – and particularly family economic circumstances – is a major factor contributing to the demand for social care services, the chances of children and families being involved with children’s services are higher in more deprived areas of the county – i.e. areas of Hereford City and the market towns. The Weobley area is an anomaly in that it is the only rural area with high rates of early help intervention, which local intelligence suggests may be related to positive partner and community engagement, in combination with relatively high levels of need. There is also an indication that need for children’s social care might be affected by the local experience of deprivation, which recent evidence suggests is quite marked (see social mobility section).

Evidence clearly points to the importance of a “whole family” and “whole system” approach to safeguarding children, and for it to be seen as everybody’s business with close collaboration between professionals and organisations. This is true once needs arise, but also in tackling the underlying root causes of child maltreatment in order to prevent needs emerging in the first instance.

A combination of this primary prevention approach, alongside the current efforts to ensure that service provision is targeted at the right level of need, with appropriate support provided at the earliest opportunity to prevent needs escalating, could contribute to reducing the number of children and young people within the local children’s social care system.

CHILD EXPLOITATION

While not identified as a topic area for inclusion in the 2019 ChINA, child exploitation has been acknowledged as an area requiring improved understanding and a more coordinated response both locally and nationally. The Community Safety Partnership have commissioned a multiagency overview of what criminal exploitation looks like in Herefordshire (report anticipated in 2019). The findings of this report will provide insight into how best to keep children and young people in Herefordshire safe.

BE PART OF THE COMMUNITY: ENVIRONMENT AND COMMUNITY

None of the topics prioritised for the 2019 ChINA fall under the environment and community theme of the children and young people’s plan. However, a survey of views and behaviours regarding the quality of life of children and young people could include topics that would provide a baseline for related measures. For example how well people in their local area get on well together, including those from different backgrounds; access to open spaces; and the extent of volunteering.

GAPS IN OUR UNDERSTANDING

ADMINISTRATIVE DATA

There were issues regarding the availability or quality of data which meant that it wasn't possible to complete all of the analysis that would have been useful within the timeframe for the 2019 ChINA; for example:

- It not being possible to comprehensively match early help cases with the databases held by children's centres or the children's social care Mosaic database
- 'Education, employment or training status' of care leavers or those with EHCPs
- Accommodation status of care leavers
- Detailed analysis of trends in the cohort of children with an EHCP
-

These have all been picked up by specific recommendations, and the thematic nature of the children's needs assessment means that they can be considered further as and when data becomes available.

INFORMATION ABOUT LIFESTYLES, BEHAVIOURS AND VIEWS

There is a lack of comprehensive information on children and young people's lifestyles and behaviours affecting all of the topics covered in this ChINA. For example, we know that a substantial number of our school children are not of a healthy weight, but we don't know what their diet or physical activity levels are like; we know that mental health is a concern, but we don't know the extent of local children and young people's worries.

The engagement activity undertaken to inform the development of the CYP plan provides some intelligence about what matters to children and young people locally, but by its nature cannot give the same level of quantitative information that a representative survey could.

It is for these reasons that one of the overarching recommendations for further intelligence activity is a survey of the quality of life of children and young people in Herefordshire, providing an update on the 2006 Teenage Lifestyle and 2009 Every Child Matters surveys.

PITFALLS OF HEADLINE INDICATORS

There is a wealth of nationally published information in the form of a wide range of indicators, presented to allow comparison of trends over time, or benchmarking between areas – for example of the wider determinants of health on Public Health England's [Fingertips](#) website. Whilst they are a valuable source of intelligence, the analysis and discussion throughout the ChINA highlights the importance of understanding the local context behind headline rates.

For example: the differences in local practice which go at least some way to explaining high rates of children's hospital admissions and first time entrants to the youth justice system; how sparsity can influence road casualty rates; the hypothesis that recorded need for education, health and care plans can be affected by local provision. The impacts of local practices on numbers are also apparent in the safeguarding analysis – particularly how changes in one areas can impact on another, for example with early help cases increasing due to step downs from children protection plans.

HIGH-LEVEL RECOMMENDATIONS

Below are high-level recommendations which have emerged from the Children's Integrated Needs Assessment. More detailed recommendations can be found in the Children's Integrated Needs Assessment overview report.

BE HEALTHY

Healthy weight

- Undertake further intelligence activities to support targeted interventions by improving the understanding of childhood obesity in Herefordshire and the interactions with other factors, such as oral health. Specific recommendations include:
 - Undertaking a large-scale survey of the lifestyles and behaviours of children and young people in Herefordshire, to include measures related to diet and physical activity.
 - Incorporating NHS numbers in the national childhood measurement programme (NCMP) data return to improve understanding of how childhood obesity progresses over time, and to allow the identification of local factors impacting upon excess weight.

Oral health

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

Mental health

- Raise awareness of the adverse impact of poor mental health on children and young people. Ensure that **poor parental mental health** is widely recognised as having adverse effects on children and young people.
- Consider the need for further intelligence regarding mental health needs – in recognition of the fragmented understanding of the mental health of people of all ages in Herefordshire, and the overarching importance of good mental health for children and young people, and their families.

BE AMAZING

Social mobility

- Take a coordinated and strategic approach to tackling poverty and poor social mobility within the county. Give consideration to the most appropriate mechanisms to drive improvement, examples for consideration might include: the development of a multiagency strategy and/or the nomination of poverty and social mobility “champions”.
- Take action to ensure that Herefordshire children and young people who come from disadvantaged backgrounds are well placed to benefit from plans to develop the local economy as outlined in [Invest Herefordshire: Herefordshire’s Economic Vision](#). Specifically, give consideration to:
 - Fostering links between schools and business in order to ensure that curriculum and careers development advice reflect the ambitions of children and young people and the skill sets required by developing sectors and local employers.
 - Implementing initiatives to support and encourage local children and young people from disadvantaged backgrounds to contribute to and take advantage of the developing local economy. Examples of an initiative might be the targeted offering of the “Young Enterprise” scheme.

Educational attainment for disadvantaged children

- Consider undertaking an analysis to explore how levels of attainment among children eligible for free school meals vary throughout their academic careers (by following groups of children over time). Analyse the data at pupil level to identify if there are any local factors associated with improvement or deterioration in attainment.

Children with education, health and care plans

- Improve access to data and undertake analyses to support service planning for children and young people with education health and care plans.

BE SAFE

Road safety

- Use appropriate methods to explore children and young people’s perceptions of road safety, and the extent to which perceptions of road safety impact upon their decisions about engaging in walking or cycling.

Safeguarding children/ early help

- Foster strengths and resilience within family units and wider communities to prevent children and young people from experiencing the adverse outcomes associated with exposure to harm. Take specific action to ensure that early help services are able to provide effective and timely help to families presenting with lower level safeguarding needs in Herefordshire.
- “Think Family”: take necessary steps to ensure that adults’ and children’s services consider the needs of whole families, referring to and collaborating with other services to ensure holistic solutions are in place.

- Undertake case level audits to understand children and young people’s journeys through the safeguarding system, and analyses of groups of children based on their outcomes - to better understand factors associated with successful and unsuccessful intervention. Use the findings of these analyses to inform pathway and service delivery improvements.

Child exploitation

- Give consideration to the findings of an ongoing multiagency report exploring what criminal exploitation looks like in Herefordshire (report anticipated in 2019).

BE PART OF THE COMMUNITY

Voice of children and young people

- Undertake appropriate research activities to improve understanding of how Herefordshire’s children and young people relate and contribute to their local communities.
- Undertake a survey of the quality of life of children and young people in Herefordshire, providing an update on the 2006 Teenage Lifestyle and 2009 Every Child Matters surveys. Topics to be considered for inclusion are:
 - Mental health
 - Physical activity levels and eating habits
 - Level of engagement with local community (including volunteering)
 - Perceptions of safety
 - Road safety (including method of transport to school)