

# Children's Story: Joint Strategic Needs Assessment

## Staffordshire and Stoke-on-Trent April 2017

## Document details

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## Summary

The Joint Strategic Needs Assessment (JSNA) is intended to identify the “big picture” in relation to local population needs including inequalities through a shared evidence base of key local priorities guiding strategic and commissioning decisions to improve outcomes for residents.

The aim of this report is to provide a high level overview of health and wellbeing needs of children, young people and families across Staffordshire and Stoke-on-Trent, with a focus on vulnerability. The Children’s JSNA will draw upon existing research across the County and City. The JSNA will also identify priority areas which may require more in-depth assessments.

The majority of children and families in Staffordshire and Stoke-on-Trent are happy and healthy. In the main, families here can cope with the difficulties they face from time to time with support from family, friends and wider community networks.

However across the area as a whole there are inequalities in outcomes. Some cohorts of children, e.g. those from deprived communities, those with disabilities and children who are looked after, face much poorer outcomes than their counterparts. Some of these inequalities start in early life and are symptoms of wider socio-economic and environmental inequalities such as education, income, employment and housing. By the age of five 28% are not classified as ready for school and this causes further inequalities, especially for those children who are already at risk of poorer outcomes.

**Supporting place-based planning** - There are a number of geographical locations in Staffordshire and Stoke-on-Trent where children and families live in communities facing multiple issues such as unemployment or low incomes, low educational attainment, poor housing and poor health and wellbeing (physical and/or mental). These areas require particular focus and an integrated local partnership response that promotes prevention and early intervention that reduces the risk of negative outcomes, or tackles problems before they escalate.

**Achieving and contributing** - Educational attainment and participation in further work-based training or employment in Staffordshire continues to improve. However there remain key inequalities in educational attainment which are determined largely by socio-economic factors and the environment in which we live, as well as the quality of education children receive. These children are at increased risk of exclusion from the labour market, future deprivation and poor health and wellbeing outcomes.

**Being healthy and happy** - Infant mortality rates are higher than average with risk factors such as smoking in pregnancy and maternal obesity prevalent across all localities. Teenage pregnancy rates in Stoke-on-Trent and Tamworth remain higher than average. There are also large numbers of children, particularly from deprived communities, who have unhealthy lifestyles as defined by the kind of food they eat, their levels of physical activity and their attitude to risky behaviour. The number of children who have unplanned hospital admissions are higher than average, particularly for respiratory conditions, accidents and injuries and self-harm admissions. Around 4% of children have a limiting long-term health condition or a disability which means they need further support to achieve their potential. There are also small numbers of children who provide care to their family members which may impact on their own wellbeing.

**Feel safe and belonging** - There has been a steady increase in safeguarding activity across Staffordshire and Stoke-on-Trent and forecasts based on these trends suggest that the demand on children's social services will continue. Safeguarding rates are higher amongst our deprived communities. Parental issues such as domestic abuse, mental ill-health or substance misuse (alcohol or drug misuse) are key issues for our communities and frequently identified as factors which result in children needing extra care. They are often symptoms of wider socio-economic and environmental inequalities such as education employment and income and housing. There are also small numbers of children known to be at risk of child sexual exploitation and female genital mutilation across the area. Between 2010 and 2015 the overall number of children and young people entering our justice system has declined. In addition there are small numbers of looked after children in Staffordshire who offend. These children often have more unmet health needs than their counterparts.

The emerging priorities from this report are:

- Reducing inequalities in children's health, care and wellbeing outcomes – the inequalities we see across Staffordshire and Stoke-on-Trent are similar to those seen across the Country and our peers. National evidence suggest that reducing health and wellbeing inequalities should be done through tackling the root causes of poverty such as improving education, training and employment opportunities for children, young people and adults living in Staffordshire and Stoke-on-Trent
- Higher than average infant mortality rates alongside higher prevalence of associated risk factors
- Unhealthy lifestyles and risk taking behaviour
- Increasing demand on our acute health services with higher than average numbers of our children and young people being admitted to hospital
- High numbers of children being admitted to hospital for respiratory conditions. In addition the Child Death Overview Panel also identified modifiable factors for a couple of asthma deaths. This is coupled with higher levels of smoking and poor housing conditions in some areas which can lead to or exacerbate poor respiratory health
- Increasing levels of self-harm admissions amongst our young people
- Increasing demands on our safeguarding services. There are also small numbers of children known to be at risk of child sexual exploitation and female genital mutilation across Staffordshire and Stoke-on-Trent, where the harm and potential impact is significant. There are small numbers of children who are looked after who offend

Reviewing our analysis across the above issues identifies the importance of:

- Tackling family and parental issues to have long-term impact on improving the life chances of children and young people
- Recognising that our 'in need' families are highly likely to present multiple needs and inequalities, therefore to have maximum impact it is important these needs are, where possible, addressed in the whole

## Introduction

The Joint Strategic Needs Assessment (JSNA) is intended to identify the “big picture” in relation to local population needs including inequalities through a shared evidence base of key local priorities guiding strategic and commissioning decisions to improve outcomes for residents.

In Staffordshire and Stoke-on-Trent the JSNA is considered to be a continuous, evolving process rather than the annual production of a single document and there is a collection of products published on respective websites which collectively support the JSNA evidence base for the County and City. These include outcomes monitoring reports, Locality Profiles and themed needs assessments. The JSNA evidence base should be used in the initial stages of the commissioning cycle (Figure 1).

**Figure 1: The role of the JSNA in the commissioning cycle**



The aim of this report is to provide a high level overview of health and wellbeing needs of children,<sup>1</sup> young people and families across Staffordshire and Stoke-on-Trent, with a focus on vulnerability. The Children’s JSNA will draw upon existing research across the County and City. The JSNA will also identify priority areas which may require more in-depth assessments.

Better intelligence about vulnerable children and those at risk from harm can be used to provide help as soon as possible to children, young people and families who need it the most and a common understanding of needs will inform local strategic planning and help partners to work together to target local activity in a coherent and coordinated way.

<sup>1</sup> A child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday as defined in *Working Together to Safeguard Children* (Department for Education, 2015).

This report will cover the ‘all, the some and the few’, describing needs and identifying priorities of children, young people and families with a focus on those in need of help, care and protection.

It is important to note that although information relating to both Staffordshire and Stoke-on-Trent is presented in this document, direct comparison should not be made between the two areas as they are very different in characteristics and not “statistical neighbours”. However both Staffordshire and Stoke-on-Trent Health and Wellbeing Boards have agreed in principle to take an integrated approach to commissioning and many commissioners and providers cut across both areas, for example Office of the Police and Crime Commissioner (OPCC), Staffordshire Police, Staffordshire and Stoke-on-Trent Partnership Trust, University Hospitals of North Midlands NHS Trust and North Staffordshire Combined Mental Health Trust. In terms of children the local safeguarding board also cover both Staffordshire and Stoke-on-Trent.

This report has been produced by a working group in partnership with Staffordshire and Stoke-on-Trent Local Safeguarding Children Board.

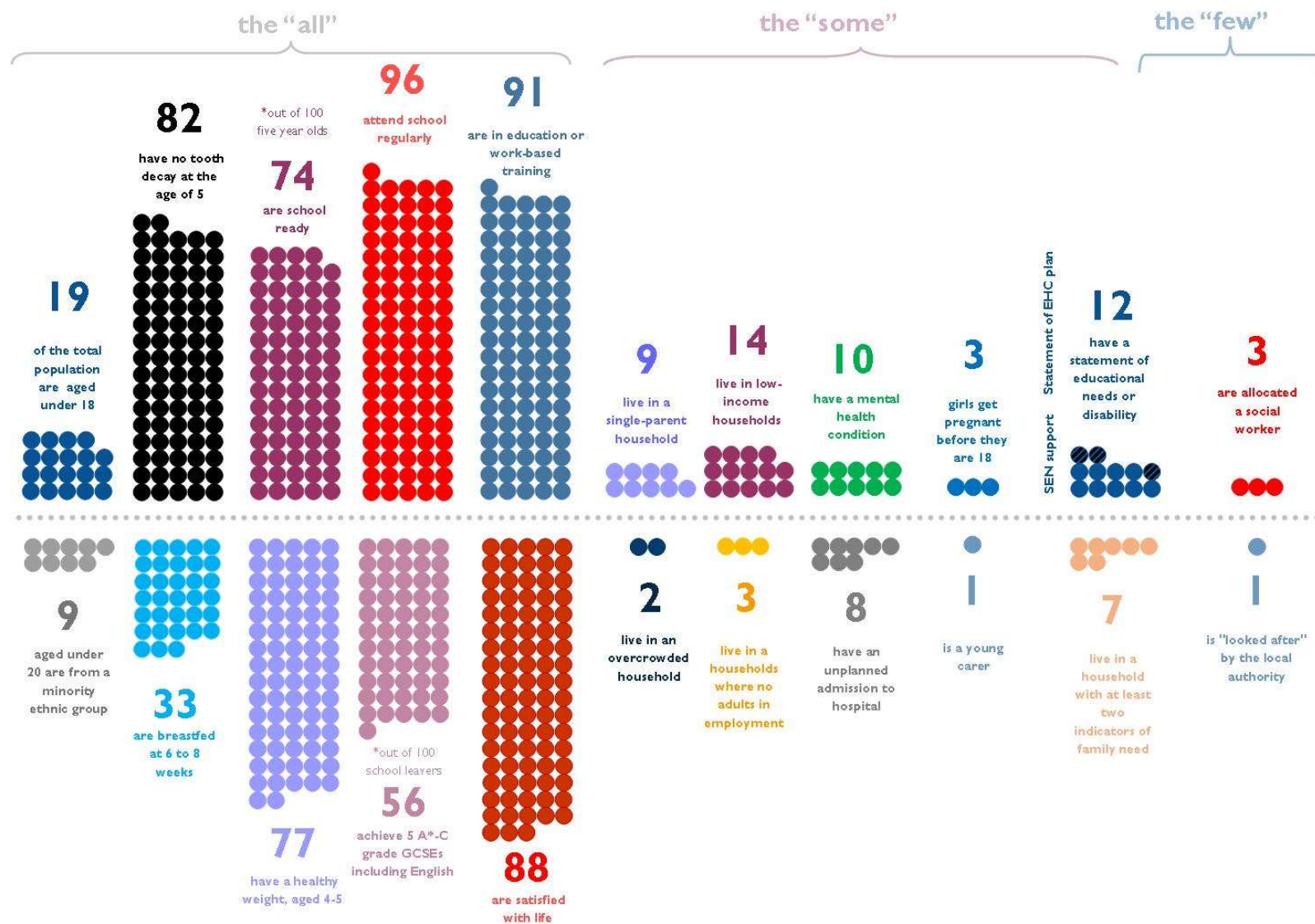
### *Further information*

- <http://www.staffordshireobservatory.org.uk/homepage.aspx>
- <http://webapps.stoke.gov.uk/jsna/>



## Out of 100 children in Staffordshire *(numbers are based on appropriate age group)*

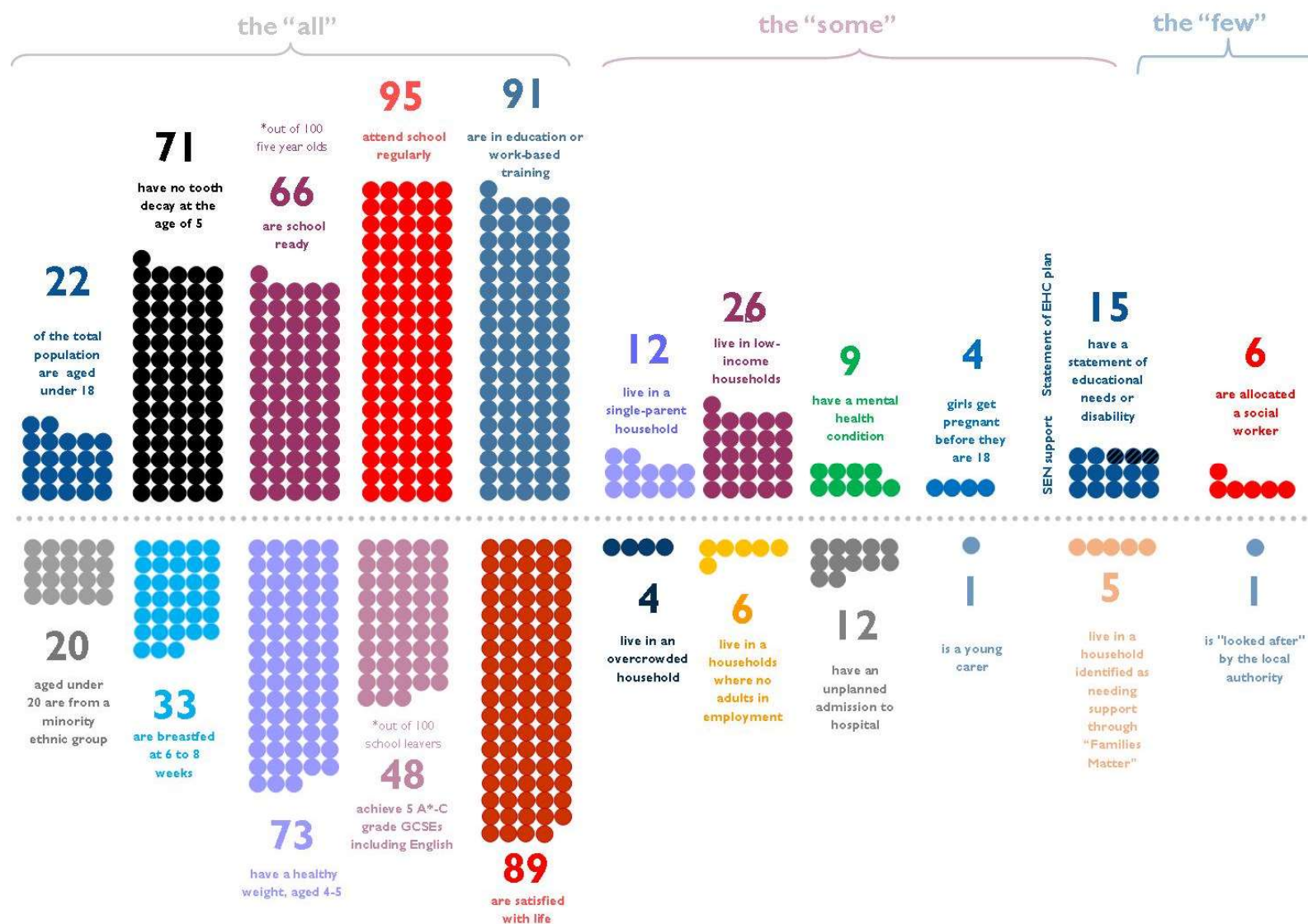
Total population (2015) = 862,600; children and young people aged under 18 = 168,800





## Out of 100 children in Stoke-on-Trent (numbers are based on appropriate age group)

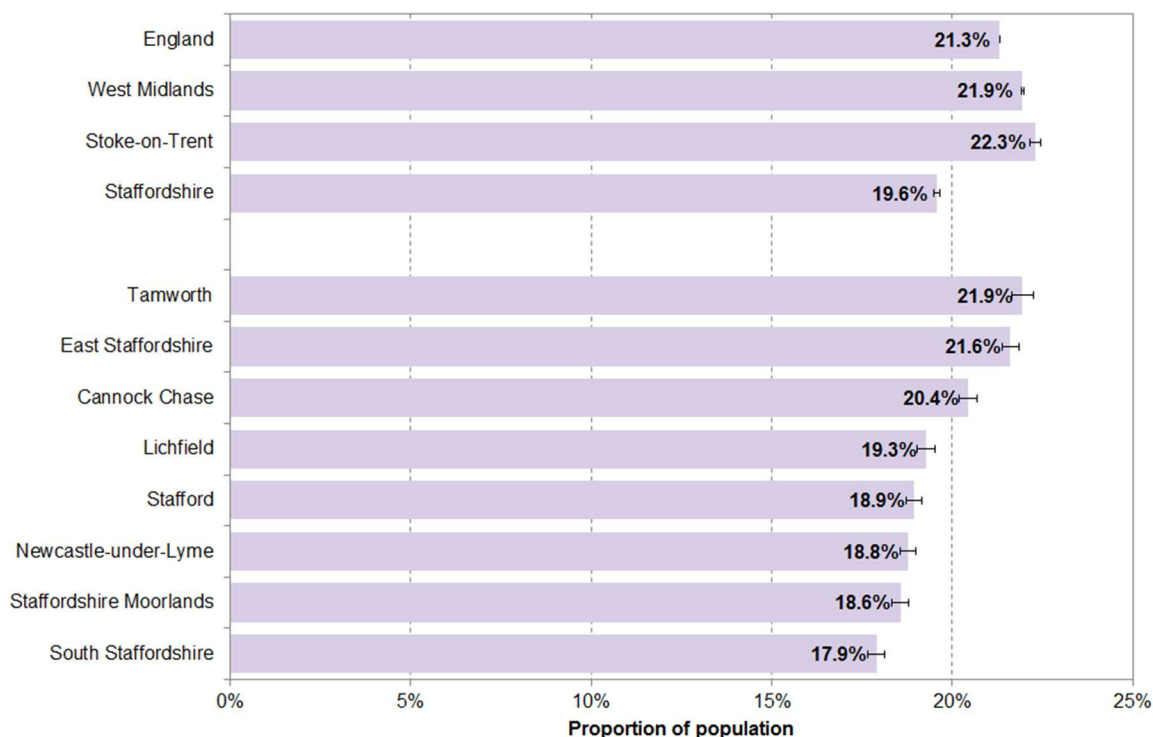
Total population (2015) = 251,600; children and young people aged under 18 = 56,100



## 1 Population characteristics

There are around 225,000 children and young people under 18 across Staffordshire and Stoke-on-Trent making up around one-fifth of the population which is lower than the national average of 21%. Stoke-on-Trent, Tamworth and East Staffordshire however have higher proportions of younger populations compared with England (Figure 2 and Appendix 1).

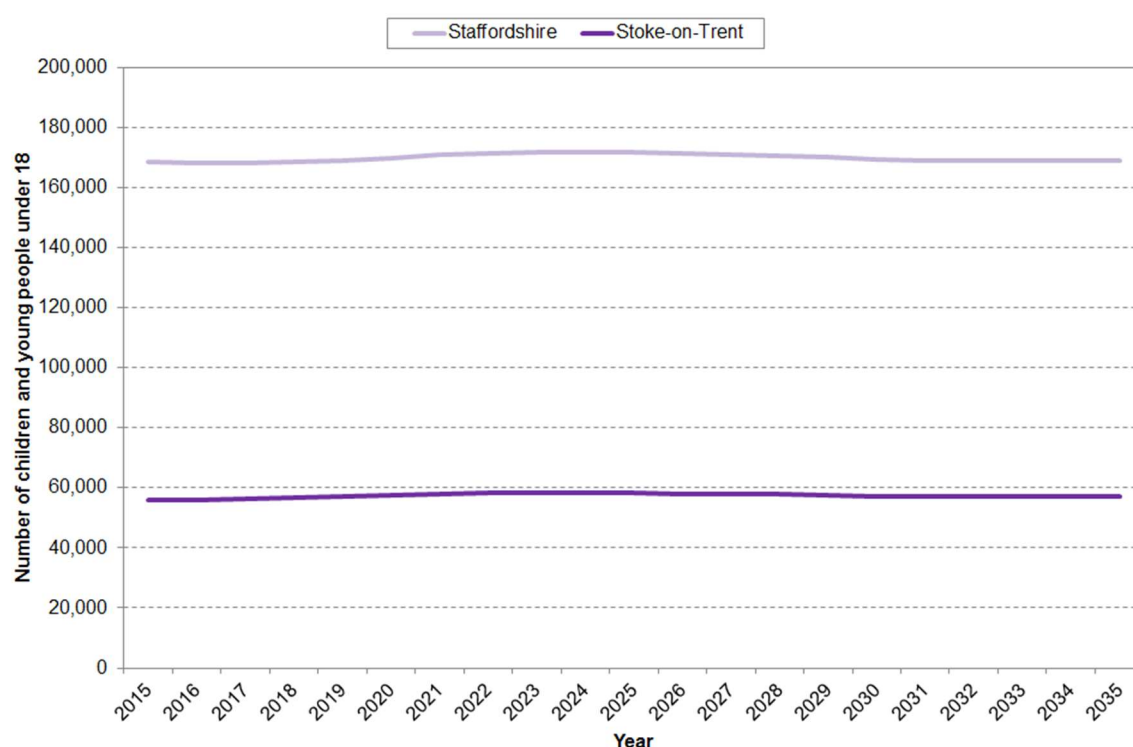
**Figure 2: Children and young people under 18, 2015**



Source: Mid-year population estimates, Office for National Statistics, Crown copyright

Overall, the number of children and young people is expected to remain fairly static (Figure 3). Between 2015 and 2020 the population of children and young people aged under 18 in Staffordshire is expected to see a small increase of 0.8% equating to around 1,300 additional children people). During this period Stoke-on-Trent's young population will grow by 3% equating to 1,700 additional children and young people.

**Figure 3: Population projections, 2015 to 2035**



Source: 2014-based population projections, Office for National Statistics, Crown copyright.

Staffordshire is substantially more rural than England overall, with 24% of the local population living in rural areas, compared to 17% of the national population. Stoke-on-Trent however is the complete opposite, with the entire population living in urban cities and towns. Within Staffordshire however, there is considerable variation ranging from nearly 40% of South Staffordshire's population living in rural locations to Tamworth which, like Stoke-on-Trent has an entirely urban based population.

Around 11% of children and young people across Staffordshire and Stoke-on-Trent are from a minority ethnic group. This varies from 3% in Staffordshire Moorlands to around 20% in East Staffordshire and Stoke-on-Trent.

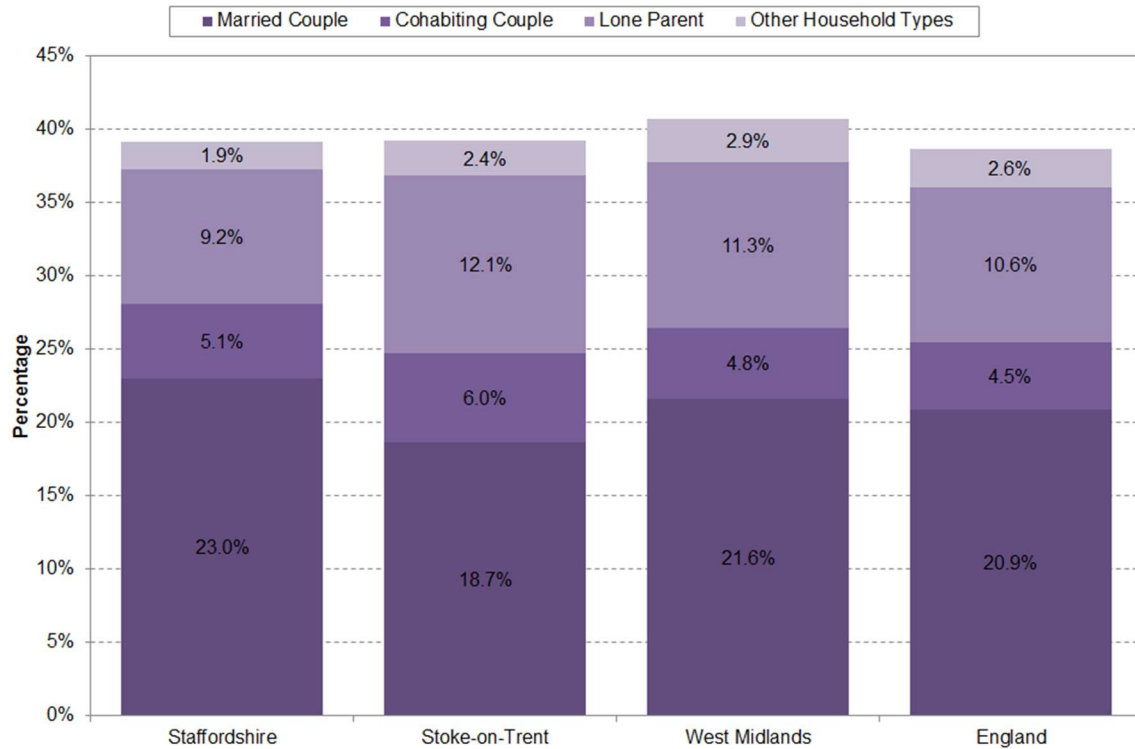
Based on the Index of Multiple Deprivation 2015, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some of its urban areas with 9% of its population living in the fifth most deprived areas nationally. In addition some of the remote rural areas in Staffordshire have issues with hidden deprivation, particularly around access to services.

In contrast Stoke-on-Trent is ranked as the 14<sup>th</sup> most deprived local authority area in England (of 326) and the third most deprived area in West Midlands. Around half of the City's population live in the fifth most deprived areas nationally.

Note: A map showing deprived areas is shown in Appendix 2.

Around two in five households in Staffordshire and Stoke-on-Trent contain children, with the majority of these living in married or cohabiting couple families (Figure 4). Stoke-on-Trent has a higher proportion of lone parent households (12%) compared to England (11%) whereas Staffordshire has a lower proportion (9%).

**Figure 4: Proportion of total households with children, 2011**



*Note: Married couple includes < 0.01% of Same-Sex Civil Partnership Couple equating to around 50 families in Staffordshire and Stoke-on-Trent*

*Source: 2011 Census, Office for National Statistics, Crown copyright*

## 2 Environmental and family factors impacting on the child

### 2.1 Supporting place-based planning

A new-born baby boy in Staffordshire can expect to live to around 80 years compared to 83 for a baby girl (2013-2015). There are inequalities across Staffordshire: a baby boy born in Newcastle will live six years less than a baby girl born in South Staffordshire. Both baby boys and girls born in Stoke-on-Trent have shorter lives than the England average (76 and 81 years respectively).

The number of years a baby boy or girl can expect to live in good health is 64 years in Staffordshire equating to 81% and 77% of life years spent in good health respectively. For Stoke-on-Trent the number of healthy life expectancy (HLE) years is 60 years for both boys and girls which is 79% and 74% of life years spent in good health respectively and shorter than the England average.

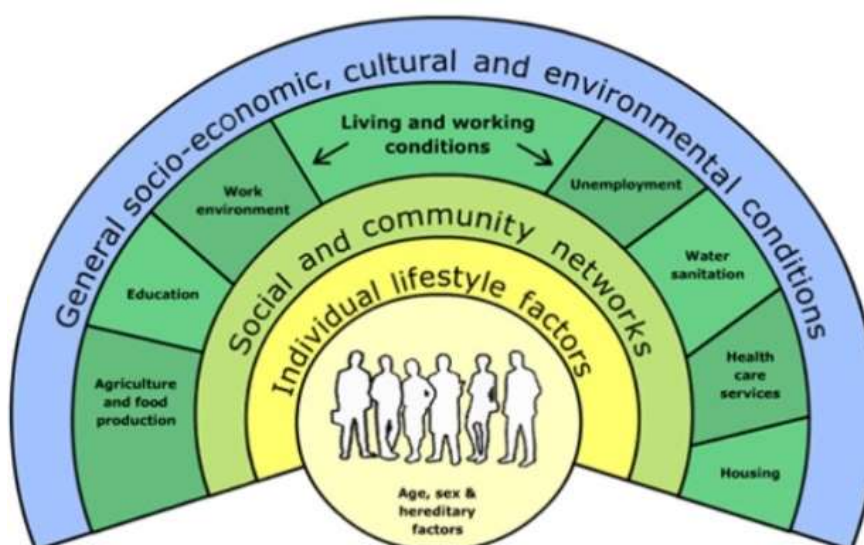
In addition babies living in our most deprived areas have a HLE which is 12-13 years lower than those living in less deprived areas.

Health inequalities are just one aspect of the potentially negative impact of living in a deprived area. Although some families have successful lives and support themselves and their communities, other families who experience crises or setback cannot address these without external support.

It has been estimated that the financial impact of responding to social problems affecting children, young people and families such as domestic violence and abuse, mental health, abuse and neglect, unemployment and youth crime costs almost £17 billion a year.<sup>2</sup> The research also calculated that late intervention equates to £274 per person in Staffordshire and £328 per person in Stoke-on-Trent every year.

A number of demographic, socio-economic, cultural and environmental factors combine to create these and other inequalities for our children and families (Figure 5).

**Figure 5: Wider determinants of health and wellbeing**



Source: Dahlgren and Whitehead (modified)

<sup>2</sup> : <http://www.eif.org.uk/cost-of-problems-affecting-children-young-people-and-families-is-17-billion/>

## Employment and income

- The proportion of working-age population (aged 16-64) claiming Universal Credit (including Jobseekers Allowance) in Stoke-on-Trent is higher than the England average (2.0% compared to 1.8%) (November 2016). Staffordshire levels remain lower at 0.9%. Youth claimant counts (18-24 year olds) in Staffordshire were 1.7% which is lower than the national average of 2.7%. Stoke-on-Trent's rate of youth claimant counts is also 2.7%.
- The percentage of adults of working-age claiming out-of-work benefits in Staffordshire is 7% which is lower than the England average of 9% (May 2016). In Stoke-on-Trent 14% claim out-of-work benefits which is higher than the national average.
- The number of children under 16 living in out-of-work benefit households in Stoke-on-Trent (23%), Tamworth (16%) and Cannock Chase are higher than the national average (15%) (May 2015).
- In Staffordshire, around 15% of children under 16 live in low income families<sup>3</sup> during 2014; the rate in Stoke-on-Trent is 29% which is significantly higher than the England average (20%). In 2014, the overall proportion of children living in low-income families across the County and City increased from 17% to 18% which equates to around 2,300 more children in low-income families. The main reason for the increase is due to rise in median pay and therefore the low income threshold between the two years.<sup>4</sup>
- Around one in ten school pupils are eligible for free school meals in Staffordshire (January 2016); the figure in Stoke-on-Trent is much higher (22%).

## Housing

- The proportion of overcrowded households in Staffordshire is 2% whilst the proportion in Stoke-on-Trent is 4%, both are lower than England (2011 Census). However, this masks pockets of overcrowding which can be seen at an electoral ward level, for example Anglesey in East Staffordshire where 8.6% of households were overcrowded. Eton Park, Shobnall and Chadsmead are also higher than England. In Stoke-on-Trent eight out of 37 wards have higher than average level of overcrowded living space.
- Fuel poverty levels in Stoke-on-Trent are higher than the national average. The latest figures show that around 13% of households in Stoke-on-Trent are in fuel poverty. This compares with 11% for the County and England. At a district level, there are higher than average proportions of fuel poor households in East Staffordshire, Newcastle, Stafford and Staffordshire Moorlands. Fuel poor households are due to a combination of factors including low income and a high number of older less energy efficient properties across the County and City. Cold homes negatively affect children's educational attainment, emotional well-being and resilience.

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<sup>3</sup> Low income households are defined those children living in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60% of the national median income.

<sup>4</sup> 2014 Children in Low-Income Families Local Measure, [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/557391/14-15\\_Local\\_Measure\\_Commentary.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/557391/14-15_Local_Measure_Commentary.pdf)



- Modelled estimates suggest that in Staffordshire during 2009 around 97,400 dwellings (34%) are non-decent and in Stoke-on-Trent around 30,400 (37%) are non-decent compared with 36% nationally.<sup>5</sup> The proportion varies across Staffordshire from 26% in Tamworth to 41% in Staffordshire Moorlands.
- The most recent Private Sector Stock condition survey carried out in the City in 2009 showed that housing conditions in Stoke-on-Trent were generally worse than the national average for private housing. Around 45,525 dwellings (49%) were non-decent compared with 38% nationally whilst 7,260 dwellings (8%) were unfit compared with 4% nationally. Around 42% of non-decent homes were also economically vulnerable households. The City's Private Sector Stock Condition Survey will be updated in 2017.

## Crime

- In 2015/16 43,800 crimes were reported to Staffordshire Police which equates to 51 crimes per 1,000 Staffordshire residents which is lower than the rate of recorded crime across England (67 per 1,000 population). Levels of crime in Stoke-on-Trent are however much higher (24,500 reported crimes equating to 98 per 1,000 population). Anti-social behaviour rates in Cannock Chase and Stoke-on-Trent are also higher than the England average.<sup>6</sup>

## Identifying hotspots of vulnerability

Both national and local research highlights a number of common risk factors that increase the risk of a child experiencing poorer outcomes, in relation to their educational, health or welfare. The evidence also indicates that it is often the same families and communities that suffer a range of inequalities. So whilst we can look at ways in which we reduce these risk factors that are affecting these children, families and communities in isolation, we need to consider the issues in a more holistic way and look to address the underlying root causes as well as the symptoms.

To support this at a small area we have combined a number of key indicators, as shown in Table 1, that assess how children and young people are progressing across a number of key areas of their life to develop a children's needs ward level index. This highlights areas which experience poorer health and wellbeing outcomes to support the more effective targeting of resources.

Staffordshire wards were assessed based on how they compared with England for each of the indicators. Wards that performed worse than the England average:

- for none of the indicators are identified as low need (72 wards, 34% of the child population)
- for one to three indicators are identified as medium need (61 wards, 38% of the child population)
- for four or more indicators are identified as having high need (34 wards, 28% of the child population)

<sup>5</sup> BRE West Midlands Kick Start - Housing Stock Models, May 2011

<sup>6</sup> For further information on the crime please see the Community Safety Assessments at:

<https://www.staffordshireobservatory.org.uk/publications/families-and-communities/Communities/Communities.aspx>



For Stoke-on-Trent wards were also assessed by comparison to England. However the cut-offs used are slightly different due to the majority (29 of 37 wards) having at least four indicators that performed poorly in comparison to England:

- for one to four indicators are identified as low need (nine wards, 22% of the child population)
- for five to eleven indicators are identified as medium need (22 wards, 56% of the child population)
- for twelve or more indicators are identified as having high need (six wards, 22% of the child population)

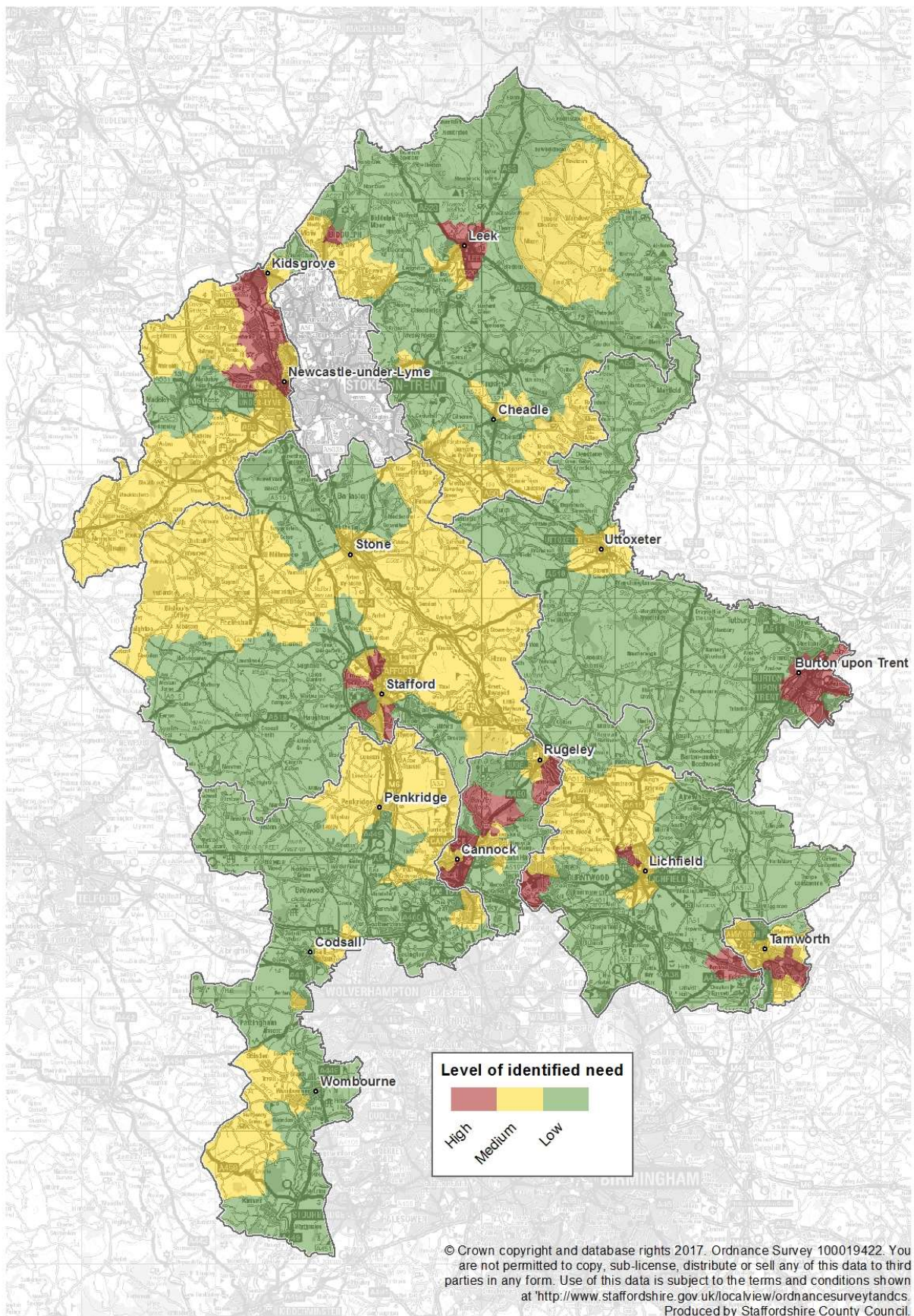
**Table 1: Indicators used to create children's needs index**

	Staffordshire	Stoke-on-Trent
Out-of-work benefits, May 2016	✓	✓
Financial stress, 2016 modelled data	✓	✓
Children in low-income households, 2014	✓	✓
Free school meals, January 2016	✓	✓
Overcrowded housing, 2011	✓	✓
Lone parent households, 2011	✓	✓
Anti-social behaviour, 2015/16	✓	✓
GCSE attainment, 2014/15	✓	n/a
Youth unemployment, aged 16-24, 2016	✓	✓
Excess weight (Reception), 2013/14 to 2015/16	✓	✓
Emergency admissions aged under 20, 2015/16	✓	✓
Young carers aged under 16, 2011	✓	✓
Children in need aged under 18, 2015/16	✓	✓
Child protection plans aged under 18, 2015/16	✓	✓
Looked after children aged under 18, 2015/16	✓	✓
Preventable mortality, 2011-2015	✓	✓

*Note: GCSE attainment data was not available at ward level at the time of analysis for Stoke-on-Trent*

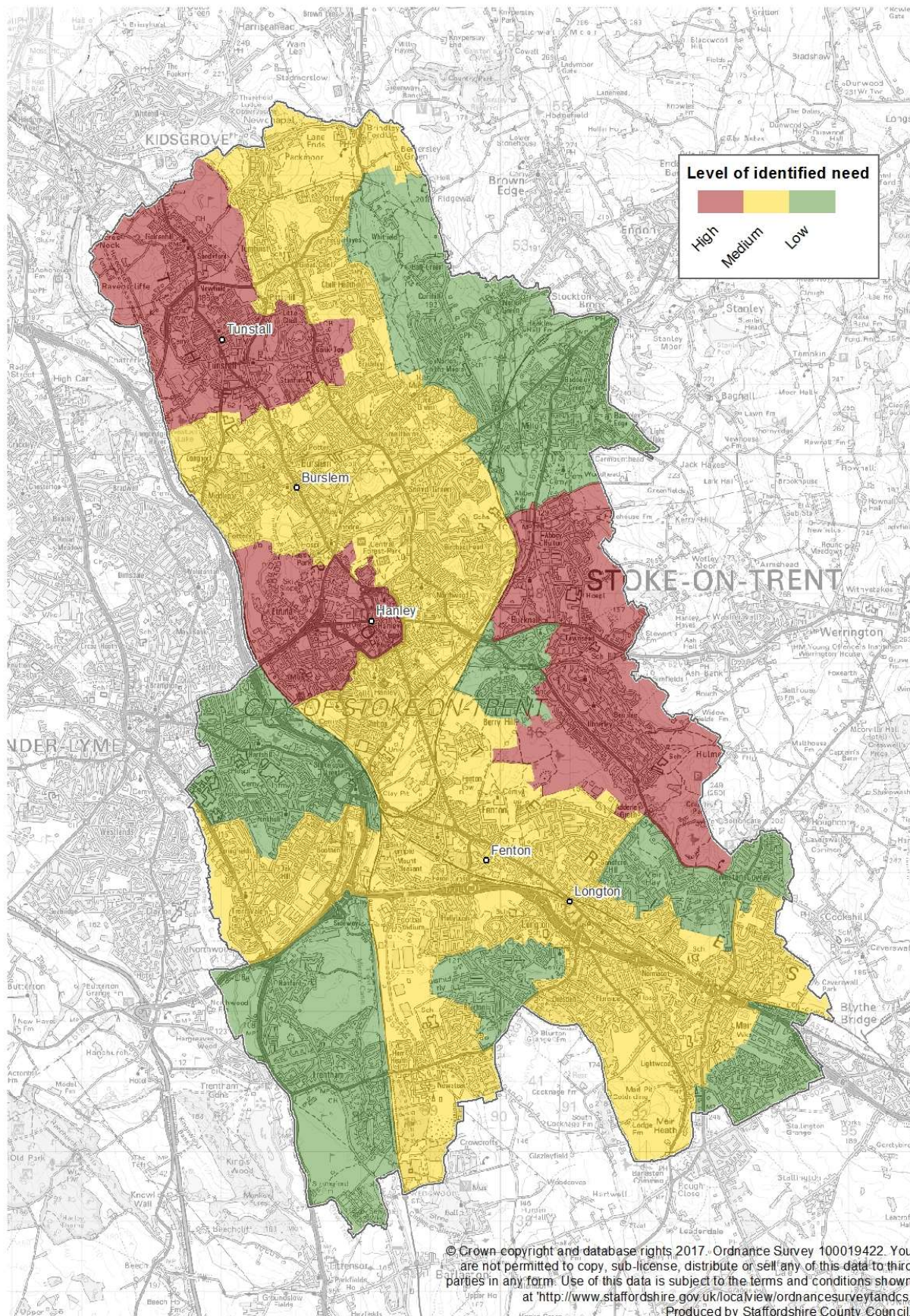
The most prevalent risk factors demonstrated in wards that are categorised as 'high risk' for our children's need index were: family financial stress (90% of all high risk wards), out-of-work benefits (80%) and lone-parent households (75%).

**Map 1: Children's need ward level index for Staffordshire, 2017**





**Map 2: Children's need ward level index for Stoke-on-Trent, 2017**

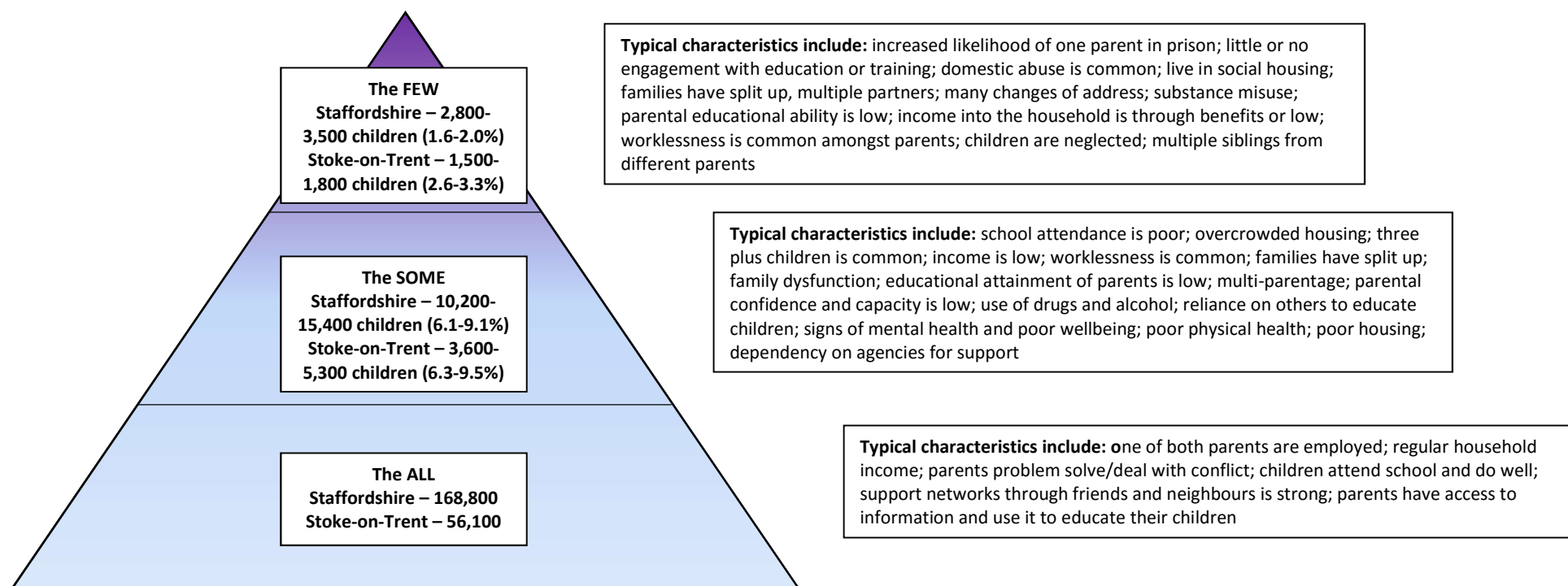




## 2.2 Different levels of children's need

The majority of children under 18 are happy, healthy and well-supported by their parents and carers. They access universal services such as education, primary care services such as GPs, pharmacies, dentists and opticians as well as those provided by voluntary and community organisations. They may however, from time-to-time, require some help to find solutions for themselves to prevent issues escalating (earliest help) from within their family, community or social network. Some children and families may require additional support (the “some”), these interventions are often known as early help, early intervention, targeted support or secondary care (e.g. in a hospital setting). There are also a small number of children and their families face more complex challenges (the “few”) and require tertiary care (i.e. specialist health services) such as mental health or palliative care, special schools or formal care setting through Children's Social Care to prevent or treat serious impacts to their health and wellbeing. Figure 6 shows that around 1.6-2.0% are in the ‘few’ cohort in Staffordshire and 2.6-3.3% in Stoke-on-Trent. Previous local research also described what the “typical” characteristics for these households are<sup>7</sup>.

Figure 6: Distribution of children by level of need, 2016



<sup>7</sup> Insight, Planning and Performance, Staffordshire County Council: Commissioning for Children, A Summary of Insight, December 2015

### *Families requiring “earliest” help (the “all”)*

“Earliest help in Staffordshire recognises and builds upon a family’s strengths. It isn’t about doing it for them; it’s about helping them to find the right solutions to improve their situation.”

*Early Help Strategy for Staffordshire 2016*

Early help is about all children and families knowing what they can do to help themselves when a problem first emerges and for some families to access coordinated agency support through an Early Help Assessment. In order to understand how we can help children and their families at an earlier stage it is helpful to understand what we can learn from local and national datasets and programmes.

Through the national ‘Troubled Families’ programme, known as the ‘Building Resilient Families and Communities’ (BRFC) programme in Staffordshire and ‘Families Matter’ in Stoke-on-Trent a wealth of data exists from a number of sources including the police, youth offending, education, children’s social care, the Department for Work and Pensions and health that help identify and support families who meet at least two of the following criteria:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have children who are identified as in need or are subject to a Child Protection Plan
- Have an adult on out of work benefits or children who are risk of financial exclusion
- Are affected by domestic violence and abuse
- Have a range of health problems

In Staffordshire the BRFC dataset collects 26 indicators across five of the six groups – health indicators are not currently collected as part of the identification of these families. As part of the identification of these families it collects data on all households and thus gives us a rich dataset to conduct analysis on families who have early help needs that could be supported through alternative approaches rather than accessing services, for example digital provision or community infrastructure.

Around 28% of families in Staffordshire have some family need (defined as meeting at least one criterion) with 5% of families meeting at least two criteria. The most prevalent two areas that were evident in Staffordshire are:

- Children who are in need or are subject to a Child Protection Plan (15% of all families)
- Children missing school (13% of all families)

Analysis shows that family need is prevalent across all communities but higher in deprived areas (Figure 7). Further analysis of the dataset shows that the most important predictive factors contributing to increased family needs are: low incomes (financial stress), poor housing (overcrowded households) and lone parenting.<sup>8</sup>

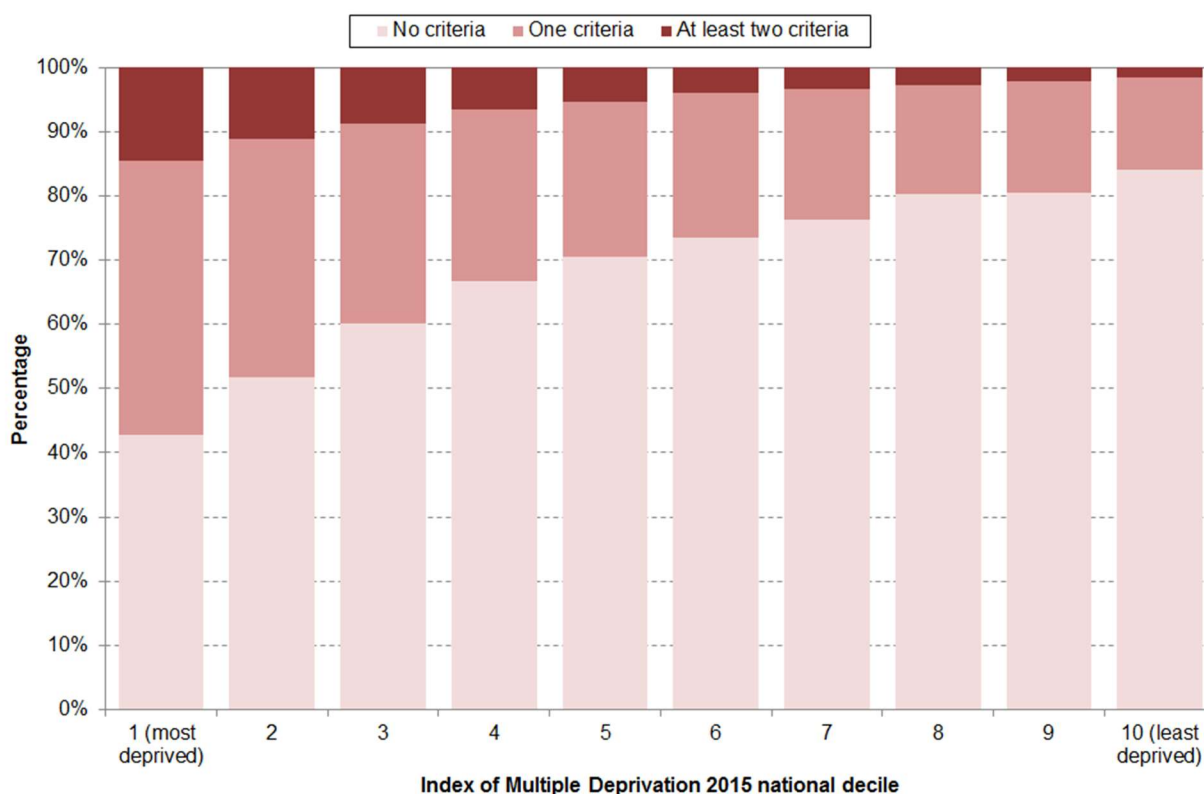
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<sup>8</sup> Insight, Planning and Performance, Staffordshire County Council: Building Resilient Families and Communities, Demand Analysis and Predictive Modelling, July 2016

These factors allow us to build further hypothesis for testing, for example, in terms of lone parenting which group is likely to be most at risk? Parents with low incomes; those with multiple partners; or lone parents who experience emotional or physical ill-health and don't have the support of a partner or social network? It may be a combination of these factors.

The BRFC dataset is currently being analysed further through an exploration project. As well as more strategic and place-based analysis the project aims to look at a small cohort of families within a proposed locality to better understand their journey through the continuum of need. The project will include engagement with local stakeholders to identify softer intelligence to enrich the analysis and understanding of these families.

**Figure 7: Family need in Staffordshire, April 2016**



Source: Operational Intelligence & Performance Team, Staffordshire County Council

In Stoke on Trent the Families Matter Programme currently has 44 indicators across the six headline areas, with data sets to support 35 of these. It is these key data sets which allow for the identification of families at a household level which meet the eligibility for the programme, which then allows for service provision to be informed.

### Early help (the “some”)

During September 2016 there were around 3,700 early help requests in Staffordshire through Local Support Teams. In Stoke-on-Trent around 1,350 families opened early help cases during 2015/16 (local authority and partnership combined). *Note: these are not comparable due to differences in collection.*

Based on data from January to October 2016 the main source of referrals for early help in Stoke-on-Trent were: Children's Social Care Advice and Referral Team (21%), education (15%), health (11%), Children's Social Care (11%) and housing (10%). During this period the main source of referrals for early help requests in Staffordshire were: schools (30%), Children's Social Services (15%), the BRFC programme (11%) and self-referrals (10%).

Provisional data for this time period also found that the main new requests for early help in Staffordshire were:

- Disruptive child (22%)
- Poor school attendance (19%)
- Poor emotional health and wellbeing (16%)
- Lack of boundaries (11%)
- Parental mental health (9%)

Research conducted on over 10,800 early help assessments in Staffordshire in 2014 showed that the most common characteristics and needs of the children supported were: living in a lone parent family (40%); living in social housing (37%); and at least one parent being unemployed (37%). Other prominent issues included low household incomes (children eligible for free school meals), deprivation and parental behaviours such as domestic abuse, parental mental ill-health and substance misuse (alcohol and drugs). When these three parental behaviours co-exist they are often referred to as the 'toxic trio'<sup>9</sup>

**Troubled families** - In June 2013, the Government announced plans to expand the Troubled Families Programme for a further five years from 2015- 2020 to reach up to an additional 400,000 families across England. The national 'Troubled Families' programme is known as the 'Building Resilient Families and Communities' (BRFC) programme in Staffordshire and 'Families Matter' in Stoke-on-Trent.

- In Staffordshire there is a target of turning around the lives of 4,680 Troubled Families over the span of the five years programme. In Stoke-on-Trent the target is 2,810 Troubled Families.

Other "some" cohorts, e.g. children with poor educational outcomes or needing hospital care are described in Chapters 3 and 4.

### *Specialist help (the "few")*

Children and families that primarily require specialist help, e.g. Children Social Services, disability services for children such as Independent Futures, mental health (CAMHS), Youth Offending Services and palliative care services are described in more detail through Chapters 4 and 5.

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<sup>9</sup> Insight, Planning and Performance, Staffordshire County Council: Commissioning for Children, A Summary of Insight, December 2015



### 3 Achieving and contributing

#### Key points

- Overall educational attainment in Staffordshire is better than average whilst rates in Stoke-on-Trent are below the England average. Key inequalities in educational attainment are determined largely by socio-economic factors and the environment in which children and families live in as well as the quality of education they receive.
- Unfortunately, some children have an increased chance of worklessness, deprivation and poor health in their future lives. A small proportion of children at the age of 18 are not in education or work-based training which makes them at increased risk of exclusion from the labour market.
- Taking part in positive social activities such as volunteering helps prepare children and young people for their future. Nationally children and young people who take part in these activities report better life satisfaction outcomes.

#### 3.1 Early years

National research suggests that high quality childcare is associated with benefits for a child's development, with the strongest impacts evidenced amongst children from disadvantaged communities particularly in the first three years. The benefits include cognitive, language and social development.<sup>10</sup> The evidence suggests that low quality childcare produces either no benefit or negative effects.

Around 76% of eligible two-year-olds in Staffordshire took up some funded early education in January 2016 which is higher than the national average of 68%; for Stoke-on-Trent the take-up rate for two years olds has increased from 58% in 2015 to 64% in 2016, however the rate is below the national average.

Take-up for three and four-year olds in Staffordshire is also better than the national average with almost all children having a placement. In Stoke-on-Trent take up rates for three and four-year olds continue to be lower than the national rates (93% compared to 95% nationally in 2016). This is mainly due to lower take-up rates for three year olds (88% compared to 93% nationally).

Overall school readiness, measured by children achieving a good level of development at the end of Reception (aged four to five) in Staffordshire continues to be better than England. During 2016 74% of children were deemed "ready for school" compared to the national average of 69%. However during this period only 58% of children who were eligible for free school meals achieved a good level of development.

For Stoke-on-Trent school readiness also continues to improve and was 66% in 2016; however rates remain below the England average. In terms of free school meals, whilst the gap is less prominent than for Staffordshire there is still a nine percentage point difference between all children and those who were eligible for free school meals achieving a good level of development.

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<sup>10</sup> Melhuish EC, Provision on young children, with emphasis given to children from disadvantaged backgrounds, Institute for the Study of Children, Families & Social Issues, Birkbeck, University of London, Prepared for the National Audit Office. 2004

### 3.2 Educational attainment

Areas of low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health. Education attainment is influenced by both the quality of education children receive and family circumstances.

At the end of October 2016 around 83% of Staffordshire pupils and 76% of Stoke-on-Trent pupils attended schools that were rated by Ofsted as good or outstanding. This compares with 87% nationally (Table 2).

**Table 2: Number and proportion of pupils attending schools rated good or outstanding by Ofsted, October 2016 provisional**

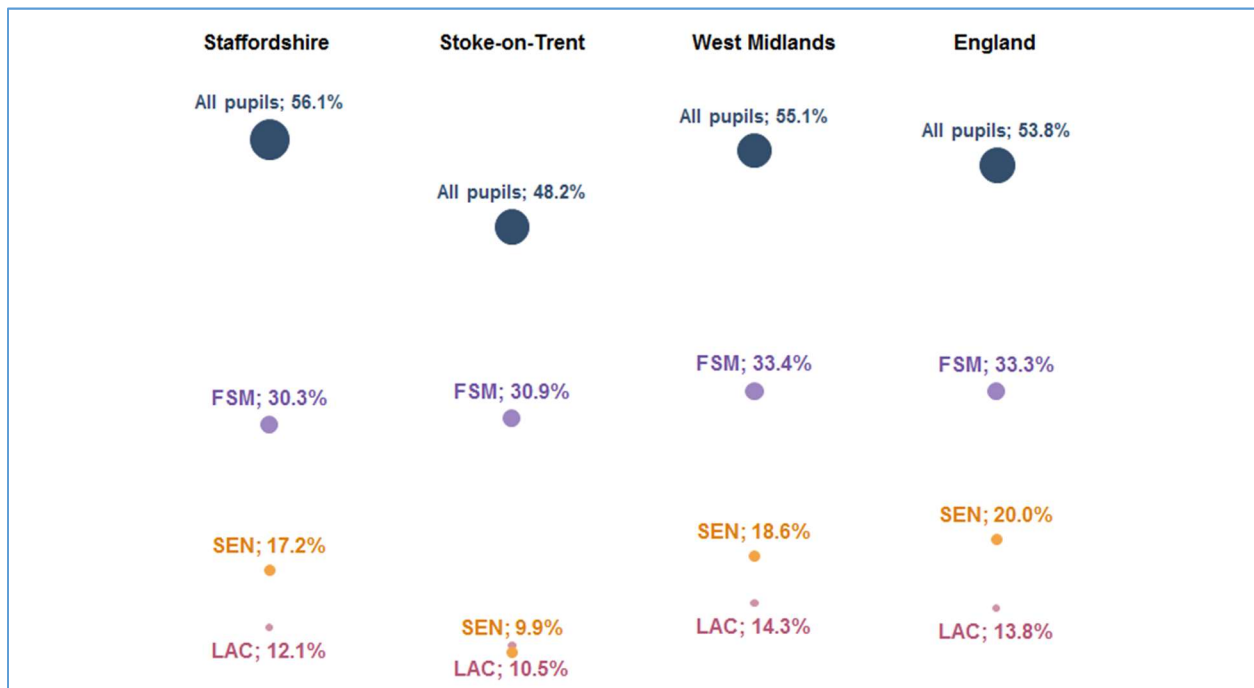
	Staffordshire	Stoke-on-Trent	West Midlands	England
Number of schools	397	99	2,420	21,967
Number of schools inspected	377	96	2,300	20,881
Number rated good or outstanding	325	79	1,985	18,590
Percentage	86%	82%	86%	89%
Number of pupils	119,004	37,929	882,513	7,894,833
Number of pupils attending schools that were inspected	113,534	36,812	852,104	7,633,727
Number of pupils attending schools rated good or outstanding	94,084	27,836	714,682	6,630,652
Percentage	83%	76%	84%	87%

Source: Ofsted

In 2015/16 the proportion of pupils Staffordshire achieving at least five GCEs at grade A\*-C (including English and mathematics) was 55% which was higher than the England average (54%). The proportion achieving these levels in Stoke-on-Trent was lower at 49%.

Data for 2014/15 also highlights inequalities across a number of cohorts, for example only 30% of Staffordshire children who were eligible for free school meals (FSM), 17% of children with special educational needs (SEN) and 12% of looked after children (LAC) achieved these levels. In Stoke-on-Trent only 10% of children with special educational needs achieved these levels (Figure 8).

**Figure 8: The education gap: achieving at least five GCSEs at grade A\*-C including English and maths, 2014/15**



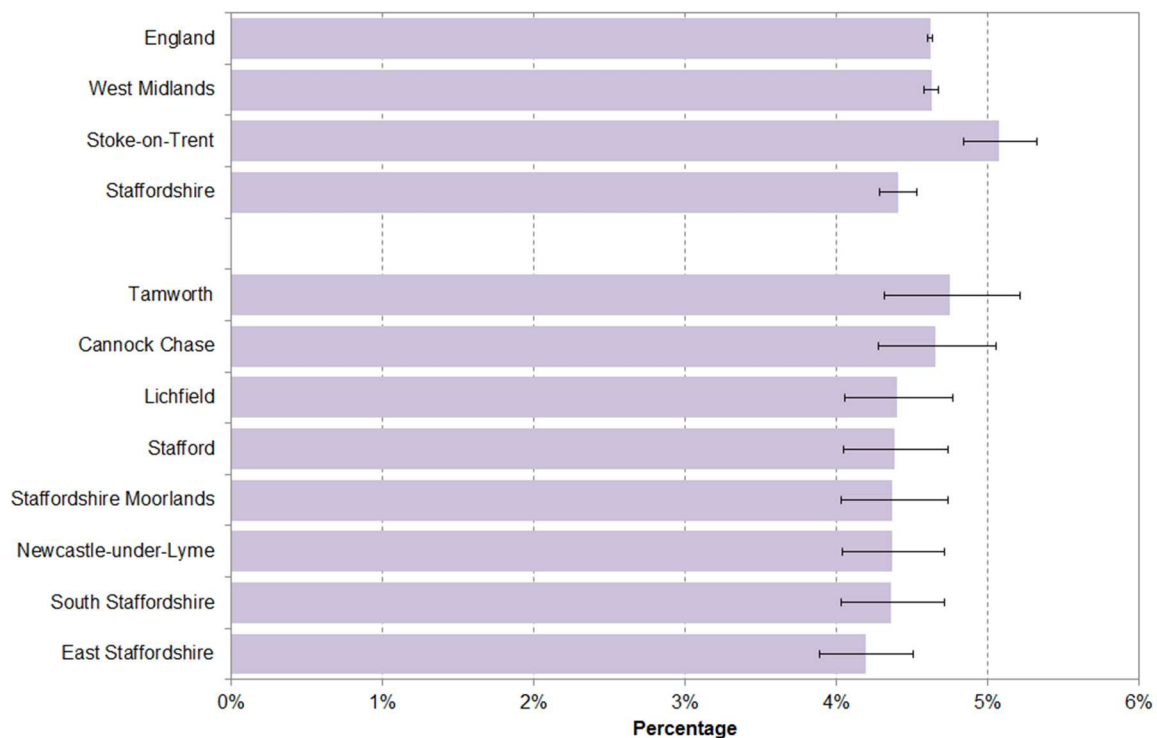
Source: Department for Education and 2015 Education Outcomes Report, Stoke-on-Trent City Council

As well as socio-economic factors, reducing absenteeism is a key factor in attainment and parents have a responsibility to ensure their children regularly attend school. Overall rates of pupil absence across the County and City have fallen between 2010/11 and 2014/15, primarily due to reductions in authorised absence. The rate of pupil absence in Staffordshire (4.4%) is lower than England (4.6%); rates in Stoke-on-Trent are however higher than average (5.1%) (Figure 9).

3.5% of pupil absences as a whole are authorised with 2.7% being due to illness. Unauthorised holidays make up 0.4% of pupil absence whilst authorised appointments make up 0.3% of absence.

Children with special educational needs (SEN) are also more likely to be absent from school than their counterparts. In Staffordshire 6.6% of sessions were missed for pupils with SEN statements in 2013/14 compared to 5.9% for pupils identified as requiring SEN Support and 4.1% for pupils without SEN. For Stoke-on-Trent 8.2% of sessions were missed for pupils with SEN statements in 2013/14 compared to 6.8% for pupils identified as requiring SEN Support and 4.6% for pupils without SEN.

**Figure 9: Pupil absence, 2014/15**



Source: Public Health Outcomes Framework, Public Health England, <http://www.phoutcomes.info/>

Local research conducted by the Insight Team<sup>11</sup> suggests that in Staffordshire the most significant factors that have an impact on educational outcomes were related to the socio-economic and environmental circumstances within which young people live such as low household incomes, households where adults have no, or low levels of qualifications, single parent households and communities which report high levels of antisocial behaviour.

### 3.3 Young people not in education, employment or training

Legislation was introduced in 2013/14 increasing the age that young people in England are required to remain in education or training. At the age of 16, young people can opt to stay in education (either school or college) or undertake work-based training.

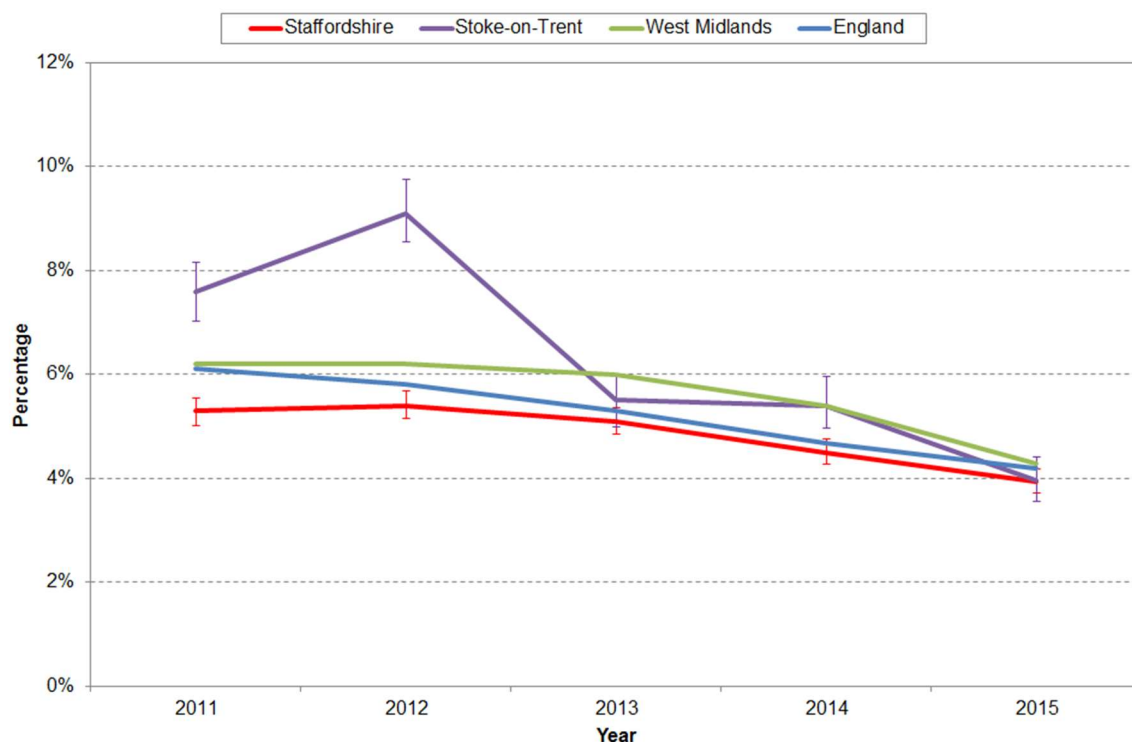
Reducing the number of young people who are not in education, employment or training (NEET) helps how well we are doing at preparing young people for work as an adult and identifying those who are at risk from exclusion from the labour market. Being NEET is also known to be a major predictor of adult unemployment, low income, depression, involvement in crime and poor physical and mental health.

It is acknowledged that by reducing the number of young people who are NEET, there are likely to be consequent positive outcomes around improved community safety, better health among young people and, of course, an improved academic and vocational skills base.

<sup>11</sup> Staffordshire County Council, Educational Insights: An Exploration of Factors that Impact on Educational Outcomes in Staffordshire. July 2015

- The proportion of young people aged 16-18 who were not in education, employment or training (NEET) in Staffordshire and Stoke-on-Trent during 2015 was 3.9%, which is similar to the England average of 4.2% and an improvement from previous years (Figure 10).

**Figure 10: Trends in 16-18 year olds not in education, employment or training**



Source: Public Health Outcomes Framework, Public Health England, <http://www.phoutcomes.info/>

The proportion of children aged 16-17 in education or work-based training across the County and City was 91% in June 2015. For the same period, the proportion of children with special educational needs or disabilities who were in education or work-based training was slightly lower at 87% for Staffordshire and 84% for Stoke-on-Trent.

In terms of care leavers the proportion in education, employment or training (EET) is much lower. For Staffordshire during 2015/16 the proportion was 54% for those aged 17-18 and 50% for those aged 19-21 (Table 3). For Stoke-on-Trent the figures for 17-18 years olds was 33% which is much lower than England; for 19-21 year olds the proportion of care leavers who were in EET was 43%.

**Table 3: Proportion of care leavers in education, employment or training, 2015/16**

	17-18 year olds	19-21 year olds
Staffordshire	54%	50%
Stoke-on-Trent	33%	43%
West Midlands	57%	47%
England	61%	49%

Key: Statistically better than England; statistically worse than England

Source: Department for Education

### 3.4 *Volunteering and participating*

The 2016 National Youth Social Action Survey showed:

- Overall, 42% of 10-20 year olds took part in meaningful social action in 2016
- 40% of the least affluent took part whereas 49% of the most affluent took part, a 9% gap. This gap has narrowed from 20% in 2014
- 95% participating in meaningful social action received encouragement, compared to 45% of those who have never participated
- School and college remain the most common route into meaningful social action
- 85% of those taking part in meaningful social action thought it improved their job prospects
- Average life satisfaction score is higher in those taking part in meaningful social action

Local data for 2015/16 from the Staffordshire Council of Voluntary Youth Services (SCVYS) found that in Staffordshire:

- Around 21,800 young people regularly do positive activities equating to around 13% of the under 18 population
- There are 1,500 volunteers aged under 18 registered with SCVYS member groups

## 4 Being healthy and happy

### Key points

- Infant mortality rates in Staffordshire and Stoke-on-Trent are higher than average. Risk factors for infant mortality such as smoking in pregnancy and maternal obesity are prevalent across all localities. Teenage pregnancy rates in Stoke-on-Trent and Tamworth have fallen but remain higher than average. Modifiable factors were also identified in 20% of under 18 deaths
- Large proportions of 15 year olds do not eat healthily or are physically inactive. The proportion of 15 year old pupils who smoked in Stoke-on-Trent is also higher than average. Children from deprived communities also have unhealthier lifestyles.
- A number of children and young people have learning disabilities which mean they need further support to achieve their potential.
- Unplanned hospital admissions across the County and City are higher than average, particularly for respiratory conditions, accidents and injuries. Self-harm admissions in Stoke-on-Trent are higher than average and rates across both the County and City appear to be increasing.
- Around 1% of children under 16 provide care to family members which may impact on their education, health and wellbeing.

#### 4.1 Maternal health

There were around 8,500 live births in Staffordshire and 3,400 births in Stoke-on-Trent during 2015. In Staffordshire the general fertility rate (GFR) was 57 live births per 1,000 women aged 15-44 in 2015, which was lower than the England average (62 live births per 1,000 women). Birth rates in East Staffordshire (71 per 1,000 women) and Stoke-on-Trent (69 per 1,000 women) are however higher than England.

The number of births is projected to increase slightly in Staffordshire between 2015 and 2020 (200 additional births) whilst births in Stoke-on-Trent are projected to remain fairly steady.

All women should be encouraged to access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby.

Between April and June 2016, 91% of pregnant women in Staffordshire and Stoke-on-Trent accessed maternity services within 13 weeks, higher than the national average of 83%. The proportion in Cannock Chase CCG (79%) is however lower than the average for the County and City overall.



Some cohorts of women are reported as having poorer pregnancy outcomes<sup>12</sup>:

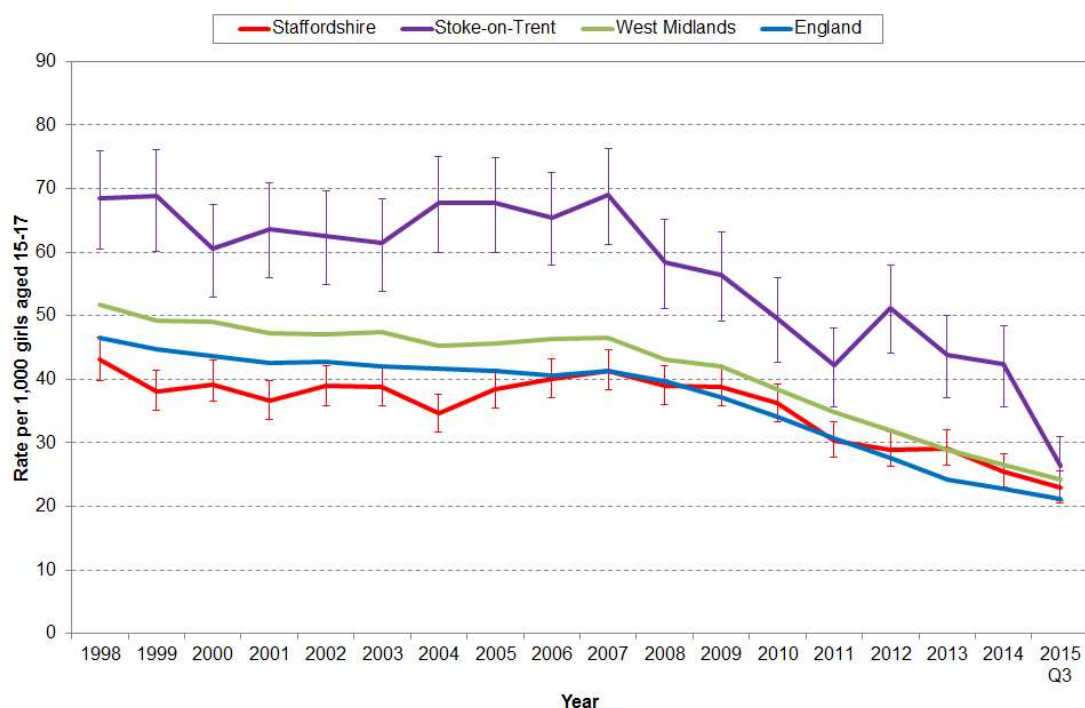
- Women who misuse alcohol and/or drugs (4.5% of all births)
- Women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English (10.2%)
- Young women under 20 (6.1%)
- Women who experience domestic abuse (7.0%)
- Women experiencing anxiety or depression during pregnancy (10%-15%)

Based on these estimates at the upper limit around 3,600 pregnant women in Staffordshire and 1,450 in Stoke-on-Trent are estimated as being vulnerable. However many women may experience a number of complex social factors at the same time so the figures are likely to be considerably less than this. Provisional data from 2015/15 maternity service datasets for England suggest that around one in eight have complex social needs during pregnancy, equating to 1,400 maternities overall.

The number of “spontaneous” deliveries continues to decrease across England and for main maternity providers in Staffordshire and Stoke-on-Trent. During 2015/16 the proportion of spontaneous deliveries was around 60%. At the same time the proportion of Caesarean deliveries have increased to around 27% with remaining being “instrumental” (e.g. forceps).

Around 560 teenage girls under 18 get pregnant every year with rates across all of Staffordshire continuing to fall (Figure 11); rates in Stoke-on-Trent and Tamworth in 2014 remained higher than the England average; however as Figure 11 shows data for the first three quarters in 2015 continue to show improvement, particularly for Stoke-on-Trent.

**Figure 11: Teenage pregnancy trends**



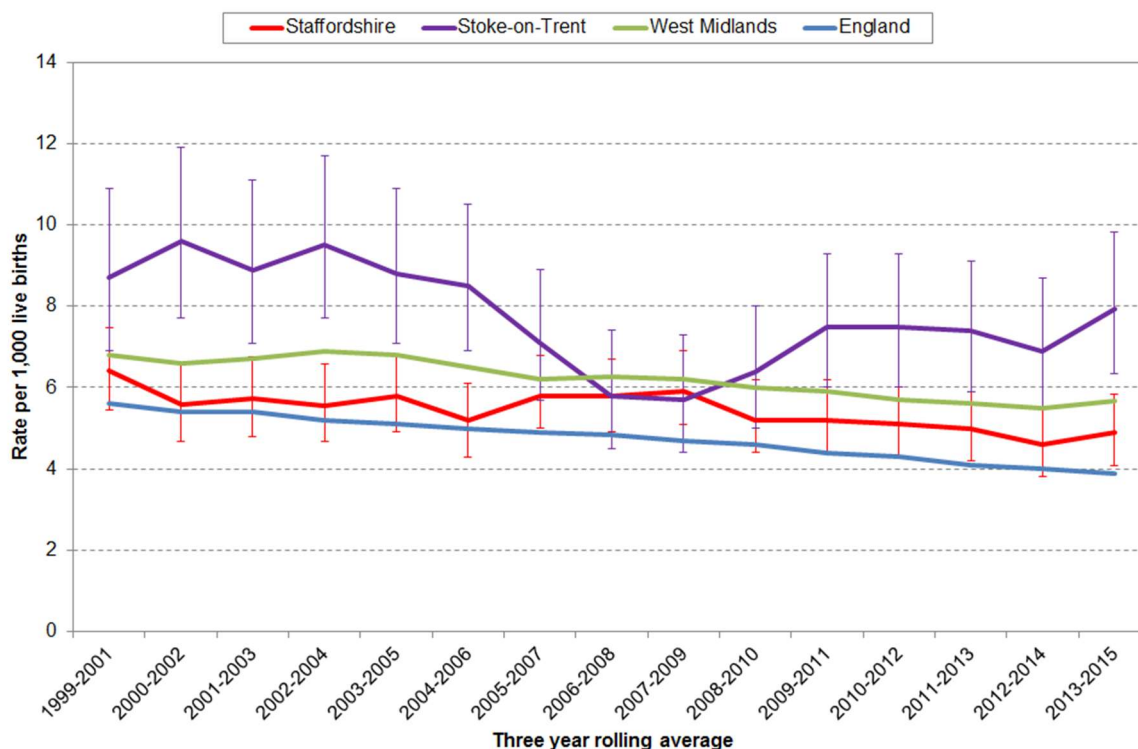
Source: Conception statistics, Office for National Statistics and mid-year population estimates, Office for National Statistics, Crown copyright

<sup>12</sup> NICE costing statement: Pregnancy and complex social factors, September 2010

## 4.2 Child mortality

On average 90 children died before their 18<sup>th</sup> birthday every year across Staffordshire and Stoke-on-Trent (2013-2015). Around 70 of these deaths were to infants who died before their first birthday with rates in both areas being higher than England (Figure 12). Of these infant deaths 50 (71%) occurred in the first 28 days (neonatal deaths).

**Figure 12: Trends in infant mortality**

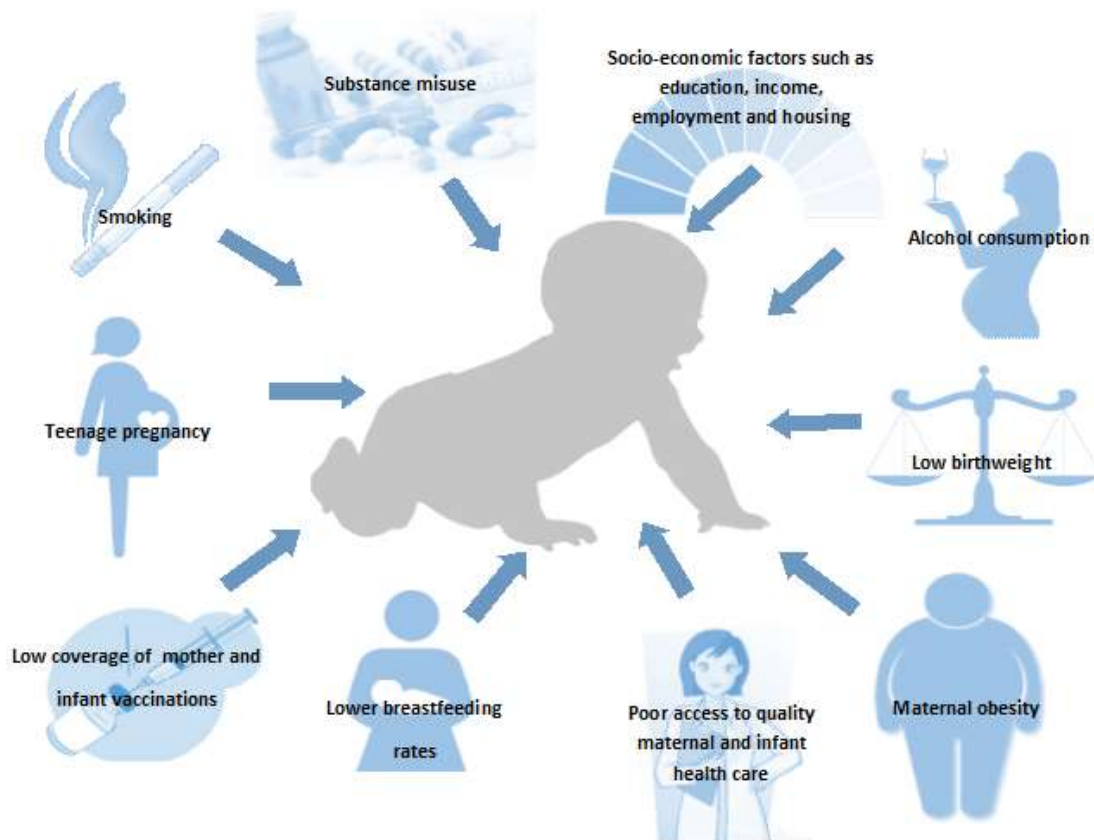


Source: Public Health Outcomes Framework, Public Health England, <http://www.phoutcomes.info/>

A number of factors, as illustrated in Figure 13, are known to increase infant mortality and therefore understanding these provide us the opportunity to ensure early intervention and prevention strategies are appropriately targeted locally.

Many of these risk factors usually present together such as smoking and alcohol consumption – however these are equally harmful when experienced in isolation.

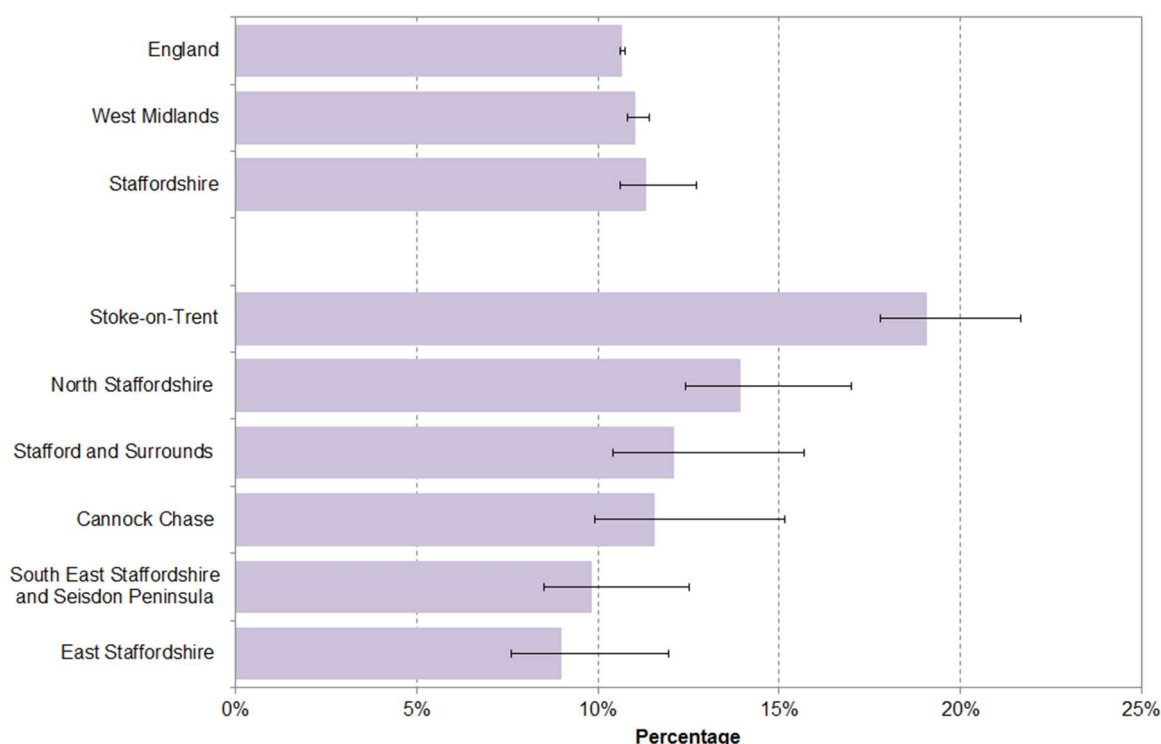
**Figure 13: Risk factors associated with infant mortality**



- During 2015/16 more women in Stoke-on-Trent (19%) and North Staffordshire CCGs (14%) smoked during pregnancy than the England average (11%). The Staffordshire average during this period was also 11% (Figure 14).
- Maternal obesity is defined as having a Body Mass Index (BMI) of 30 kg/m<sup>2</sup> or more at the first antenatal consultation. Data from the 2014 Health Survey for England suggests that around one in five women of childbearing age in England were obese equating to around 1,700 pregnant women in Staffordshire and 700 pregnant women in Stoke-on-Trent.
- Flu immunisation during pregnancy during 2015/16 across the County and City was around 43%, similar to national levels (42%).
- Around 12% of women are estimated to require additional support for perinatal mental health. Based on 2015 births this equates to 1,000 women in Staffordshire and 400 in Stoke-on-Trent.
- In Staffordshire 7% of babies born in 2015 had a low birthweight (less than 2,500 grams) which is similar to the England average. The rate in Stoke-on-Trent is much higher at 9%.
- Breastfeeding initiation and prevalence rates in Staffordshire and Stoke-on-Trent are much lower than England.

- Childhood immunisations in Staffordshire and Stoke-on-Trent are generally much better than the national average although there are still some practices which fall below the World Health Organisation's recommended levels of 95%. Flu vaccination in two to four year olds is however low across both Staffordshire (38%) and Stoke-on-Trent (35%).

**Figure 14: Smoking in pregnancy rates by CCG, 2015/16**



Source: Statistical release: Statistics on women's smoking status at time of delivery: England. Copyright 2016. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

### Key findings from the Child Death Overview Panel

Local Safeguarding Children Boards (LSCBs) are required to review the deaths of all children in their area, as outlined in Working Together to Safeguard Children guidance. The key purpose of reviewing all child deaths is to learn lessons and reduce the number of preventable child deaths in the future.

The total number of deaths under 18 that were notified to the Staffordshire and Stoke-on-Trent Child Death Overview Panel (CDOP) during 2015/16 was 70. Around 60% of these notifications were for boys. Infant deaths under one year old accounted for around 64% of all child deaths.

Of the 70 notifications in the reporting period 2015/16, 20 (28%) were categorised as unexpected. An unexpected death is defined as the death of an infant or child which was not anticipated as a significant possibility, for example 24 hours before the death.

The CDOP reviewed 85 cases during 2015/16. The panel reviews cases when all relevant information has been gathered and other processes have been completed such as coronial inquests, criminal investigations and serious case reviews.

Two-thirds of deaths were categorised as either chromosomal, genetic and congenital anomalies or perinatal/neonatal event and eight deaths (9%) were categorised as sudden unexpected, unexplained deaths.

The meaning of modifiable factors was amended slightly in Working Together to Safeguard Children 2015 – those factors “*where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced*”.<sup>13</sup>

Modifiable factors were identified in 17 deaths (20%):

- 14 cases with modifiable factors related to children aged under one year.
- Four cases had modifiable factors associated with sleeping arrangements; one was from 2015/16, the others from 2014/15.
- Smoking was identified as a modifiable factor in four of the 17 cases; one from 2015/16, the others being notifications from 2014/15.
- Consanguinity was identified in five cases; one of these was from 2015/16, the others being from 2014/15, 2013/14, and 2011/12.
- Asthma was identified in two cases, both relating to deaths that occurred during 2013/14.

It is important that findings from CDOP are incorporated into current and future health and wellbeing commissioning plans for children and families.

### 4.3 Healthy behaviours

The national ‘What About YOUth’ (WAY) survey conducted in 2015 gives us some comparative information on health behaviours for 15 year old pupils. A summary of key indicators is shown in Table 4. Large proportions of 15 year olds do not eat healthily or are physically inactive. The proportion of 15 year old pupils who smoked in Stoke-on-Trent is also higher than average.

**Table 4: Summary of health behaviours in 15 year olds, 2014/15**

	Staffordshire	Stoke-on-Trent	West Midlands	England
Current smokers	7.9%	12.5%	7.0%	8.2%
Have tried e-cigarettes	21.1%	25.5%	16.9%	18.4%
Had an alcoholic drink	68.8%	60.9%	56.3%	62.4%
Regular drinkers	6.5%	5.7%	5.5%	6.2%
Physically active	13.2%	15.2%	13.8%	13.9%
Physically inactive	72.0%	77.5%	70.9%	70.1%
Healthy eating: 5-A-Day	48.5%	43.3%	51.1%	52.4%
Taken cannabis in last month	2.6%	2.9%	3.1%	4.6%
Taken other drugs in last month	0.1%	0.7%	0.4%	0.9%
Three or more risky behaviours	18.3%	18.4%	13.2%	15.9%
Think they're the right size	53.3%	53.9%	52.9%	52.4%
Sample size (response rate)	1,026 (41%)	829 (38%)	12,576 (41%)	120,115 (41%)

Source: What About YOUth (WAY) survey, 2014/15, Public Health England

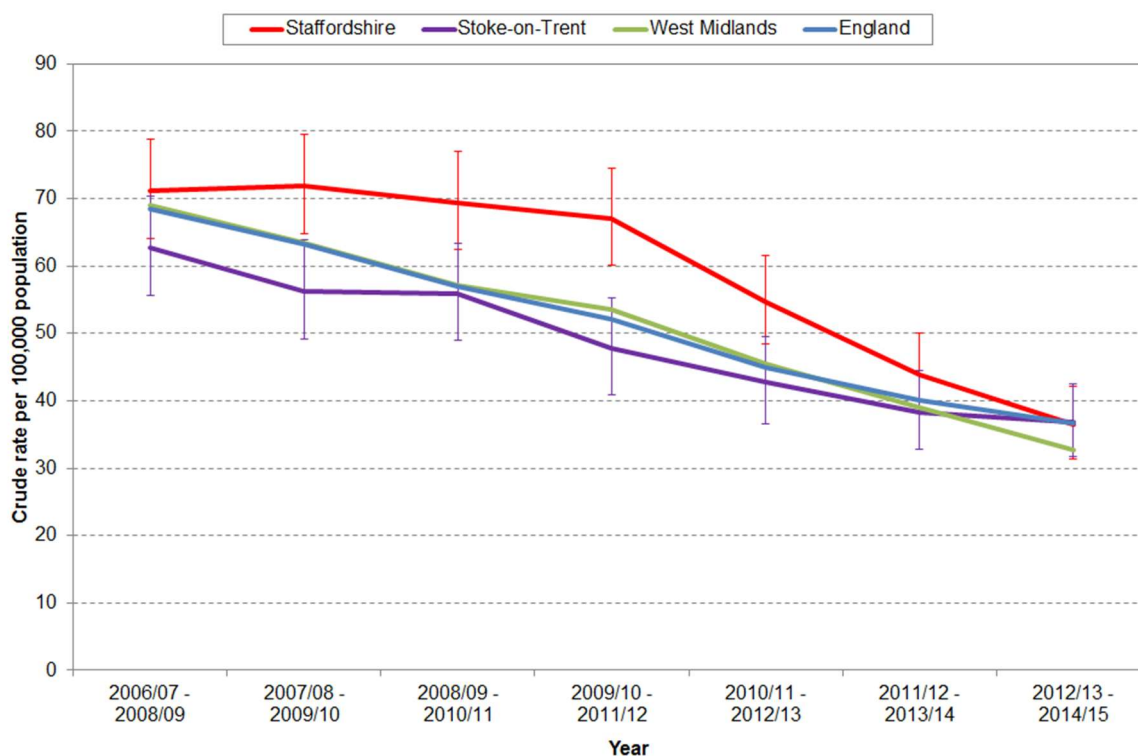
<sup>13</sup> Staffordshire and Stoke-on-Trent Child Death Overview Panel. Annual Report. 1 April 2015 to 31 March 2016

## Alcohol and drugs

Children and young people who misuse alcohol are more likely to take drugs, trigger or exacerbate mental health conditions and increase their risk of liver damage. There is a close relationship between alcohol misuse, low educational achievement and adult criminal behaviour.

- Around 80 children under 18 get admitted to hospital every year due to alcohol. Under-18 alcohol-specific admissions rates across Staffordshire and Stoke-on-Trent continue to fall with the latest rates being similar to the national average (Figure 15). At a district level Cannock Chase has higher than average rates.

**Figure 15: Trends in under-18 alcohol-specific admission rates**



Source: Local Alcohol Profiles for England, Public Health England

Use of recreational drugs amongst children and young people can lead to suicide, depression, disruptive and behaviour disorders; regular use can lead to dependence and psychotic symptoms. An increased likelihood of drug use in children and young people is linked to truancy, exclusion from school, homelessness, time in care and offending.

Data from the national drug treatment drugs monitoring system (NDTMS) suggests that around 250 children under 18 in Staffordshire and 110 in Stoke-on-Trent are currently in treatment for specialist substance misuse services that are commissioned by the two local authorities. Locally:

- Young people come to specialist substance misuse services are usually referred by education, youth justice and children and family services.
- In Staffordshire all of the new presentations to treatment services in 2015/16 began using main problem substance when they were under the age of 15; for Stoke-on-Trent the proportion was 91%.



- 73% of new presentations to treatment services in 2015/16 used two or more substances (includes alcohol); for Staffordshire the proportion was 61%.
- Vulnerability identified for Staffordshire children under 18s in specialist substance misuse services are mental health problems, self-harming and offending or antisocial behaviour. Domestic abuse is also present in 42% of Stoke-on-Trent presentations (Table 5).

**Table 5: Additional vulnerabilities identified for new presentations at specialist substance misuse services, 2015/16**

	Staffordshire	Stoke-on-Trent	England
Identified mental health problem	37%	15%	19%
Involved in self-harm	34%	18%	17%
Involved in offending/antisocial behaviour	27%	43%	32%
Affected by others' substance misuse	20%	29%	23%
Looked after children	17%	25%	12%
Not in education, employment or training	13%	16%	17%
Affected by domestic abuse	10%	42%	21%
At risk of sexual exploitation	7%	18%	6%

Source: Public Health England, *Young people - substance misuse JSNA support pack: key data for planning effective young people's substance misuse interventions in 2017-18*

### Chlamydia

Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed. The National Chlamydia Screening Programme (NCSP) was set up to control and prevent the spread of chlamydia, targeting the high risk group, i.e. young people aged under 25 who are sexually active.

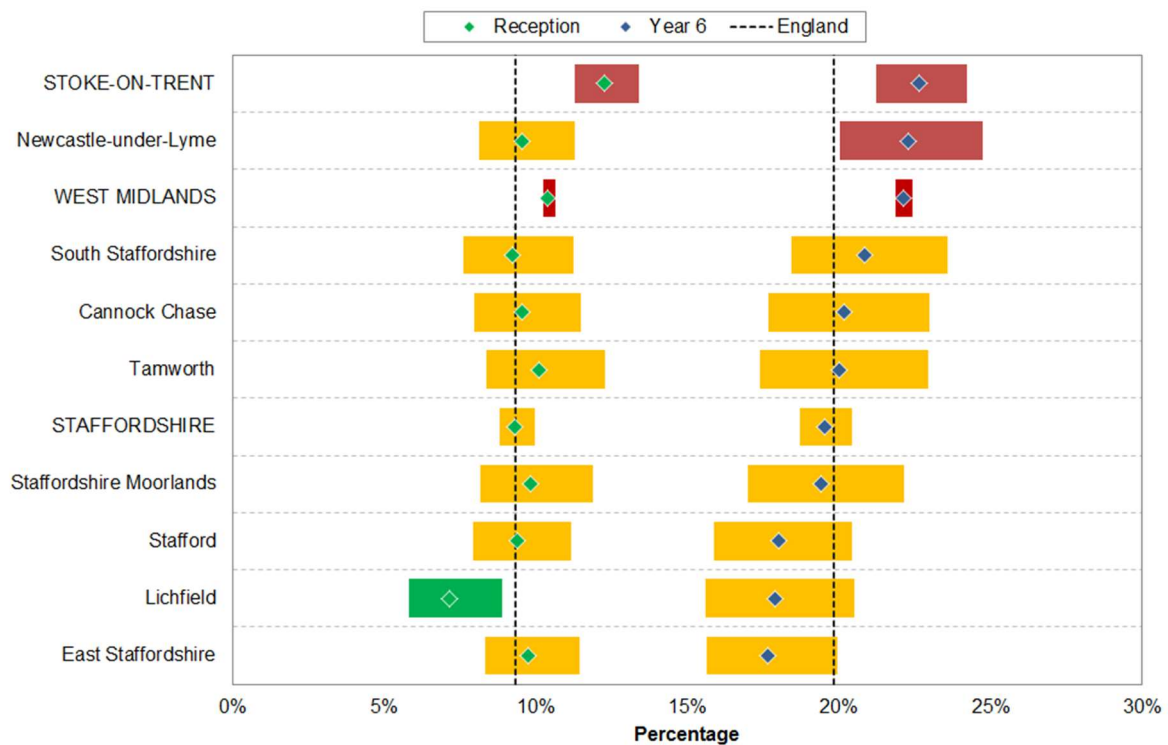
Around 22% of young people aged 15-24 in Staffordshire and Stoke-on-Trent were tested for chlamydia with rates similar to England. However the diagnosis rate for this age group is lower than average and falls below the Public Health England target of at least 2,300 per 100,000 population aged 15-24 years. We do not currently know if having a low diagnosis rate is due to lower levels of chlamydia prevalence as the target has not been adjusted for different prevalence across different geographical areas, or if young people who are at higher risk of chlamydia are not being targeted appropriately for testing.

### Childhood obesity

The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 9% and increases significantly to 20% by the time children are in Year 6 (aged 10-11). This trend is seen across all districts (Figure 16). Stoke-on-Trent has higher than average rates of childhood obesity at Reception (12%) and Year 6 (23%). Newcastle also has a higher rate of children who are obese by the time they are in Year 6.



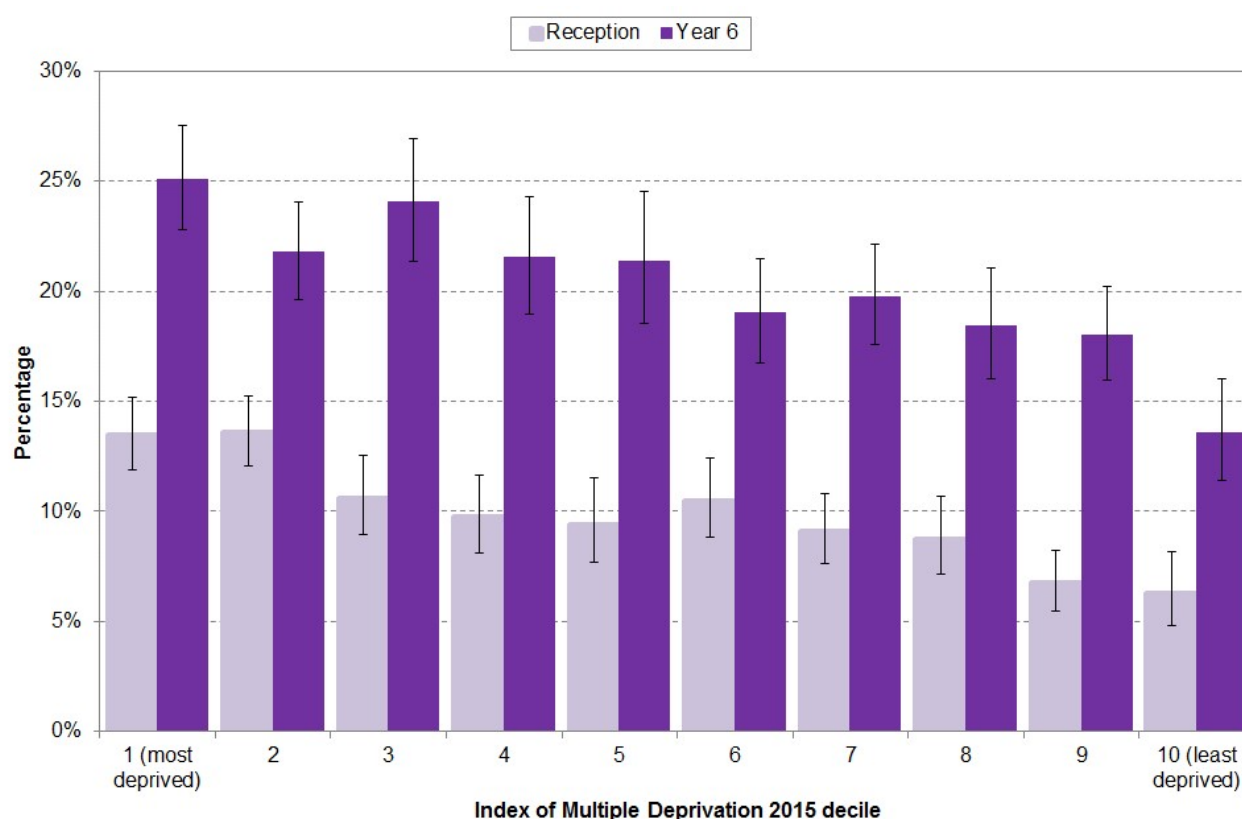
**Figure 16: Children who are obese, 2015/16**



Source: National Child Measurement Programme: results from the school year 2015/16, headline results, Copyright, The Information Centre for Health and Social Care. All Rights Reserved

Children from poorer families are more likely to be obese; this is predominately due a combination of the food they eat and insufficient levels of physical activity. Children from deprived areas are twice as likely to be obese compared with children from less deprived areas (Figure 17).

**Figure 17: Obesity in Staffordshire and Stoke-on-Trent by deprivation decile, 2015/16**



Source: National Child Measurement Programme data extracts, Staffordshire County Council and Stoke-on-Trent City Council and Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015

#### 4.4 Dental health

- The 2014/15 survey for five year olds found that tooth decay for this age group in Staffordshire was 18%, which is lower than the national average. Levels of tooth decay in Stoke-on-Trent were 29% which is similar to the England average (25%).
- Data from the 2012/13 survey found that tooth decay amongst three years olds was 4% in Staffordshire and 7% in Stoke-on-Trent. Both are lower than the England average but indicate that tooth decay in children appears to increase significantly between the ages of three and five.

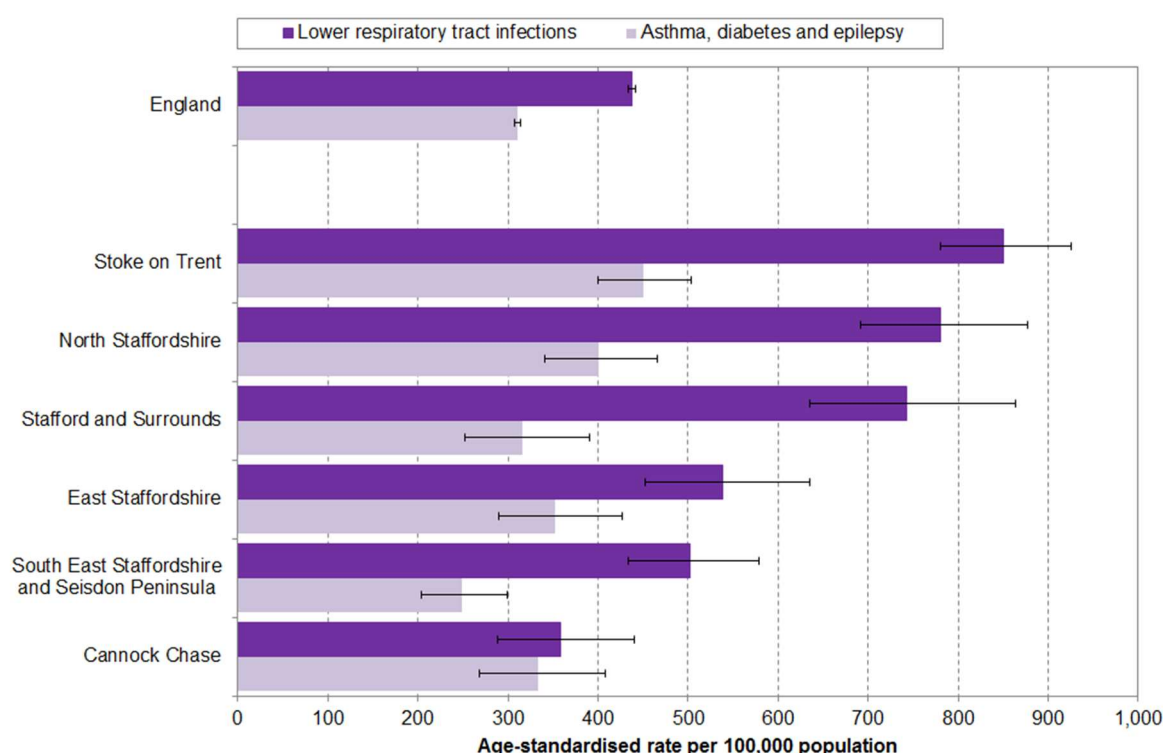
#### 4.5 Long-term conditions and disabilities

- Based on the 2011 Census, around 3.8% of children under 16 in Staffordshire had a limiting long-term illness, similar to England average of 3.7%. The proportion in Cannock Chase (4.5%) and Stoke-on-Trent (4.0%) is higher.
- Similar to the national picture the number of children in Staffordshire and Stoke-on-Trent with special educational needs or disability continues to fall: from 19% in 2009 to 13% in 2016. However the proportion of children who have a statement or education, health and care (EHC) plan over this time has been constant at around 3% (around 5,000 children).
- As at January 2016, around 12% of Staffordshire children were identified with special educational needs which are lower than the England average of 14%. The proportion identified in Stoke-on-Trent was higher at 15%. The most common primary types of needs identified across pan-Staffordshire were:
  - Moderate Learning Difficulty (34%)
  - Speech, Language and Communications Needs (17%)
  - Social, Emotional and Mental Health (13%)
  - Specific Learning Difficulty (13%)
  - Autistic Spectrum Disorder (9%)
- As at September 2016, the number of referrals to Independent Futures received over the past 12 months was around 120. The number of open cases have fallen from 535 to 529 and is lower than the annual average of 545. Over the previous 12 months the number of cases held has been declining and is 9% lower than the same period last year (529 compared to 575).
- In Staffordshire, 13% of 15 year olds through the 2014/15 WAY survey reported a long-term illness, disability or medical condition which is similar to the national average of 14%. The proportion in Stoke-on-Trent is also 14%. Boys were more likely to indicate conditions of learning, understanding, concentrating and social or behaviour disorders with girls being more likely to indicate mental health issues.<sup>14</sup>
- During 2015/16 more children and young people under 19 across the County and City had an emergency (unplanned) hospital admission with rates being higher than the England average.
- During 2015/16 around 1,400 children and young people under 19 were admitted to hospital unexpectedly with lower respiratory tract infections with most CCGs in Staffordshire having rates higher than the England average (Figure 18).
- During 2015/16 there were also 860 admissions in this cohort for asthma, diabetes and epilepsy with rates in North Staffordshire and Stoke-on-Trent CCGs being higher than England with the majority of these admissions being due to asthma.

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<sup>14</sup> The Children's Society, Good Childhood Report 2016, <http://www.childrenssociety.org.uk/what-we-do/research/the-good-childhood-report>

**Figure 18: Unplanned hospital admissions in under 19s, 2015/16**



Source: NHS Digital Indicator Portal (<https://indicators.hscic.gov.uk>), Copyright © 2016, Health and Social Care Information Centre. All rights reserved

#### 4.6 Children's mental health and wellbeing

The mental health of all children is important. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and to grow into well-rounded healthy adults. Research suggests that around half of adults with long-term mental health problems will have experienced their first symptoms before the age of 14.

There are estimated to be around 10,400 children in Staffordshire and 3,700 in Stoke-on-Trent aged five to 16 years with a mental health disorder<sup>15</sup>.

Mental illness in children and young people is associated with poor educational attainment, increased numbers not in education, employment or training, disability, offending and antisocial behaviour. Early intervention can therefore reduce demand on schools, the youth justice system and children's social care services.

Things that can help keep children and young people mentally well include<sup>16</sup>:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school or education setting that looks after the wellbeing of all its pupils
- taking part in local activities for young people

<sup>15</sup> Public Health England National Child and Maternal Health Intelligence Network, 2015

<sup>16</sup> <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

Some children are more vulnerable to mental ill-health, e.g. children who have a parent who has mental health problems; problems with alcohol or drug; having a long-term illness or disability; being bullied; being abused physically, sexually or emotionally; losing a parent or close family member or living in a lone parent household.

- Most 15 year old children across Staffordshire and Stoke-on-Trent report good levels of life satisfaction. Only 12% of young people in Staffordshire reported low life satisfaction which is similar to England (14%). The proportion in Stoke-on-Trent is better at 11%.
- Around one in 10 children aged between five and 16 are estimated to have a mental health condition. Based on 2015 populations this equates to 10,800 children in Staffordshire and 3,300 in Stoke-on-Trent.

An average “difficulties” score based on data strengths and difficulties questionnaire (SDQ) is used to measure the emotional wellbeing of looked after children. A higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern).

- The average difficulties score for Staffordshire and Stoke looked after children in 2016 was 14.9, slightly higher than the England average of 14.0 with more than two in five children having scores that are of concern. This indicates that levels of poor emotional wellbeing among looked after children are higher than children in the general population.

### *Bullying*

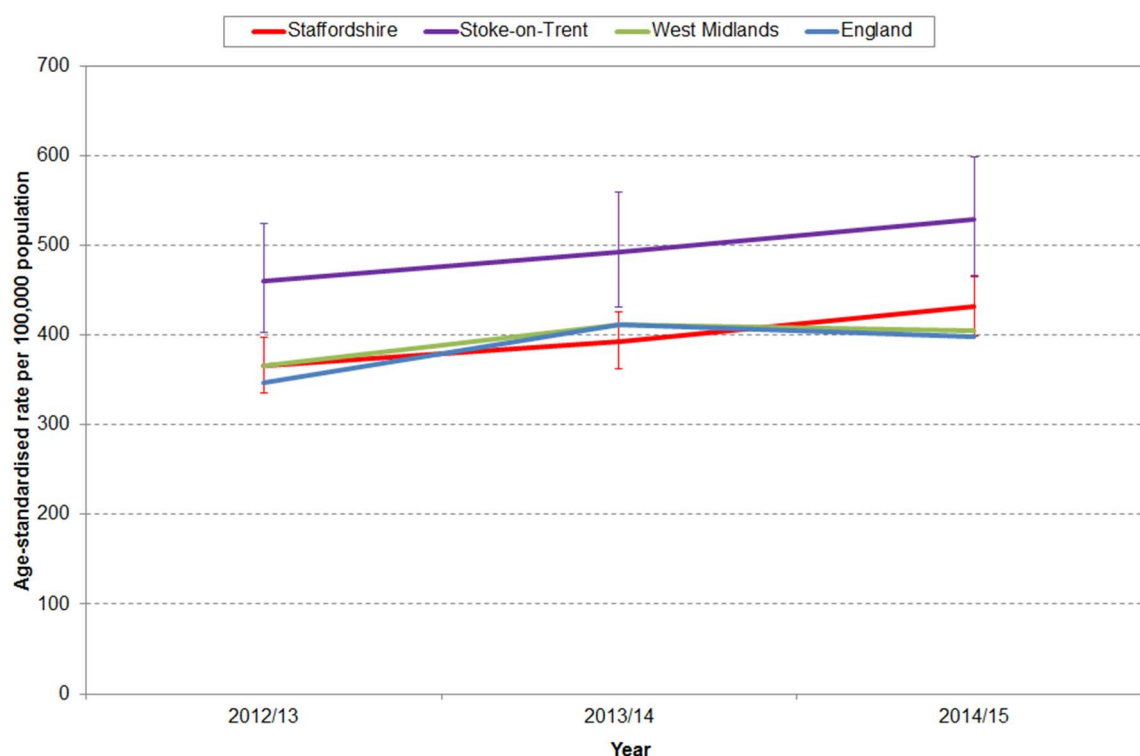
Bullying is where someone hurts another person either physically or verbally. It can also include sending text messages or online activity. Bullying in schools can negatively impact health; educational attainment and can pose a suicide risk. In Staffordshire during 2014/15 56% of 15 year old pupils were bullied, similar to the England value of 55%. In Stoke-on-Trent a higher proportion of respondents reported bullying at 58%. Also 12% of Stoke-on-Trent pupils admitted they had bullied others in the last couple of months, which is higher than the England average.

### *Self-harm and suicide*

- Around 200 children under 18 across Staffordshire & Stoke-on-Trent were admitted to hospital with a mental health condition during 2014/15 with rates being similar to the national average. Similar to the national picture, the number of children admitted have declined between 2010/11 and 2014/15.
- Almost 650 Staffordshire children and young people aged 10-24 were admitted to hospital as a result of self-harming with rates being similar to the national average. Rates in Stoke-on-Trent (250 admissions) are however higher than the England average. Self-harm admissions across the County and City appear to be increasing (Figure 19).
- Suicide accounts for almost a quarter of deaths for children and young people aged 10-24 and after accidental death is the second highest cause of death in young people in this cohort. Between 2011 and 2015, there were four suicides in children aged 10-17 and 49 suicides amongst young people aged 18-24 in Staffordshire and Stoke-on-Trent.



**Figure 19: Admissions as a result of self-harm (10-24 years)**



Source: Child Health Profiles, Public Health England, <http://fingertips.phe.org.uk/profile/child-health-profiles>

#### 4.7 Accidents

After the age of one year, one of the most common causes of death and injuries in young people are accidents – many of which are potentially avoidable. Road traffic collisions are also a major cause of death and injury in children. Parents often cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.<sup>17</sup>

There are around 320 road casualties every year across Staffordshire and Stoke-on-Trent for children under 16, with rates being higher than average. Around 20 of these are killed or seriously injured, a lower rate than the England average

During 2015/16 there were 1,800 hospital admissions caused by unintentional and deliberate injuries for Staffordshire and Stoke-on-Trent children under 15 with rates across the area generally similar to England. Lichfield had a higher than average rates for children under five whilst Stoke-on-Trent had a higher rate for young people aged 15-24 (Table 6).

<sup>17</sup> Child Health Profiles 2016, Public Health England

**Table 6: Hospital admissions caused by unintentional and deliberate injuries in children and young people per 10,000 population, 2015/16**

	Children under five	Children under 15	Young people aged 15-24
Cannock Chase	120	87	116
East Staffordshire	119	91	139
Lichfield	177	116	134
Newcastle-under-Lyme	125	90	124
South Staffordshire	120	84	126
Stafford	146	110	123
Staffordshire Moorlands	96	83	140
Tamworth	153	104	127
<b>Staffordshire</b>	<b>132</b>	<b>96</b>	<b>128</b>
<b>Stoke-on-Trent</b>	<b>100</b>	<b>98</b>	<b>151</b>
<b>West Midlands</b>	<b>139</b>	<b>110</b>	<b>126</b>
<b>England</b>	<b>130</b>	<b>104</b>	<b>134</b>

Key: *Statistically better than England*; *statistically worse than England*

Source: Public Health Outcomes Framework, Public Health England, <http://www.phoutcomes.info/>

#### 4.8 Young carers

Across Staffordshire and Stoke-on-Trent there are around 2,300 unpaid carers under the age of 16 years and 6,200 carers aged 16-24 according to the 2011 Census.

- 1.1% of the population aged less than 16 years provides unpaid care, which is similar to England.
- 4.9% of the population aged 16-24 years provides unpaid care which is also similar to England.
- Newcastle-under-Lyme and Staffordshire Moorlands both have higher rates of under 16s providing care (1.4%).
- Cannock Chase (5.7%), South Staffordshire (5.3%) and Stoke-on-Trent (5.6%) all have a higher percentage of 16-24 year olds providing unpaid care.

#### 4.9 Palliative care for children

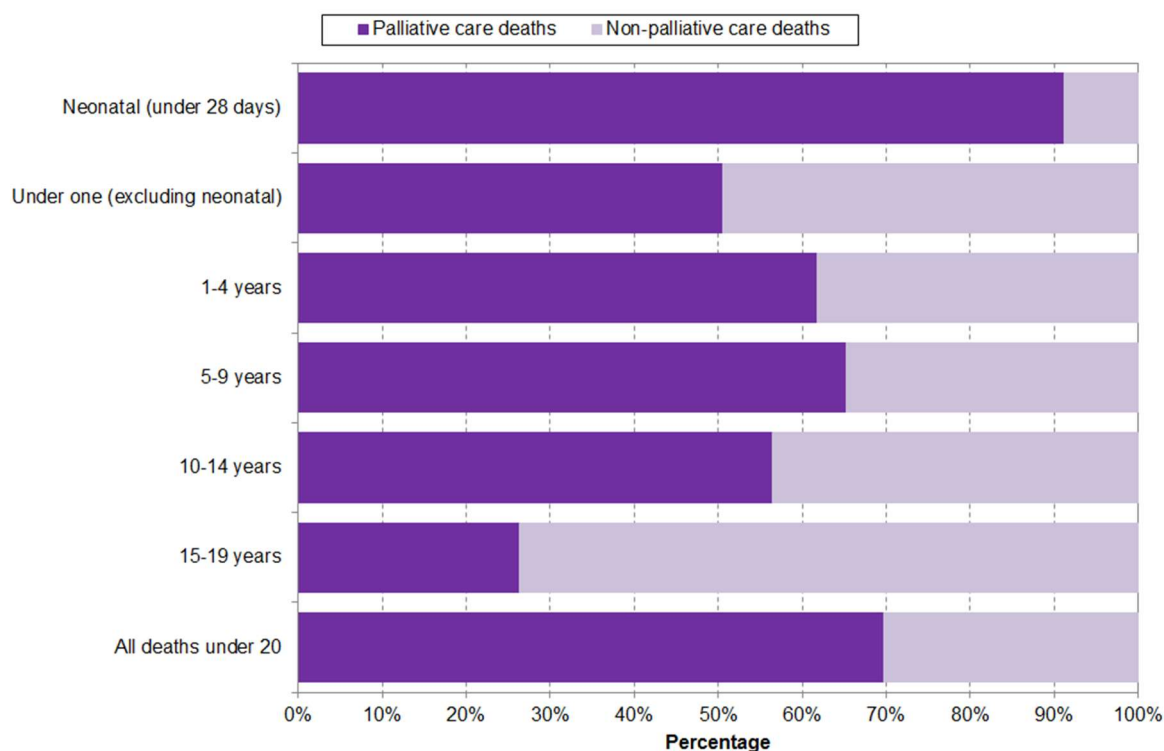
Children's palliative care is concerned with the treatment of children with life-limiting or life-threatening conditions. Life-limiting conditions in children and young people can be defined as conditions for which there is no reasonable hope of cure and from which children or young people will die. Life-threatening conditions are those for which curative treatment may be feasible but can fail, such as cancer.

The World Health Organisation's define palliative care for children as *"beginning when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease"*.

Palliative care for children is characterised by a need to maintain quality of life, not just in the dying stages but also in the weeks, months and years before death and care can include support for symptom relief, promotion of general wellbeing, and psychological and social comfort for the children and their families.

- National research indicates that the estimated prevalence rate for children and young people likely to require palliative care services is between 16 and 32 per 10,000 population aged under 20.<sup>18,19</sup> Applying these rates to the population of Staffordshire and Stoke-on-Trent suggests that around 400 and 810 children and young people are likely to require palliative care.
- Based on the cause of deaths that occurred between 2011 and 2015, palliative care needs are higher amongst neonatal deaths under 28 days and lowest amongst older children (15-19 years), similar to the national picture (Figure 20).
- Around 83% of palliative care deaths in infants under 28 days are conditions relating to the perinatal period. For non-neonatal deaths under 20 years the most commonly recorded cause of death categories are congenital anomalies and cancer.

**Figure 20: Distribution of palliative care deaths in children and young people aged under 20 in Staffordshire and Stoke-on-Trent, 2011-2015**



Source: Primary Care Mortality Database and Cochrane, H, Liyanage S and Nantambi R, Palliative Care Statistics for Children and Young Adults, Health and Care Partnerships Analysis, Department of Health, May 2007

<sup>18</sup> Cochrane, H, Liyanage S and Nantambi R, Palliative Care Statistics for Children and Young Adults, Health and Care Partnerships Analysis, Department of Health, May 2007

<sup>19</sup> Fraser et al, Life-limiting and life-threatening conditions in children and young people in the United Kingdom, Division of Epidemiology, University of Leeds Copyright, 2011

## 5 Feel safe and belonging

### Key points

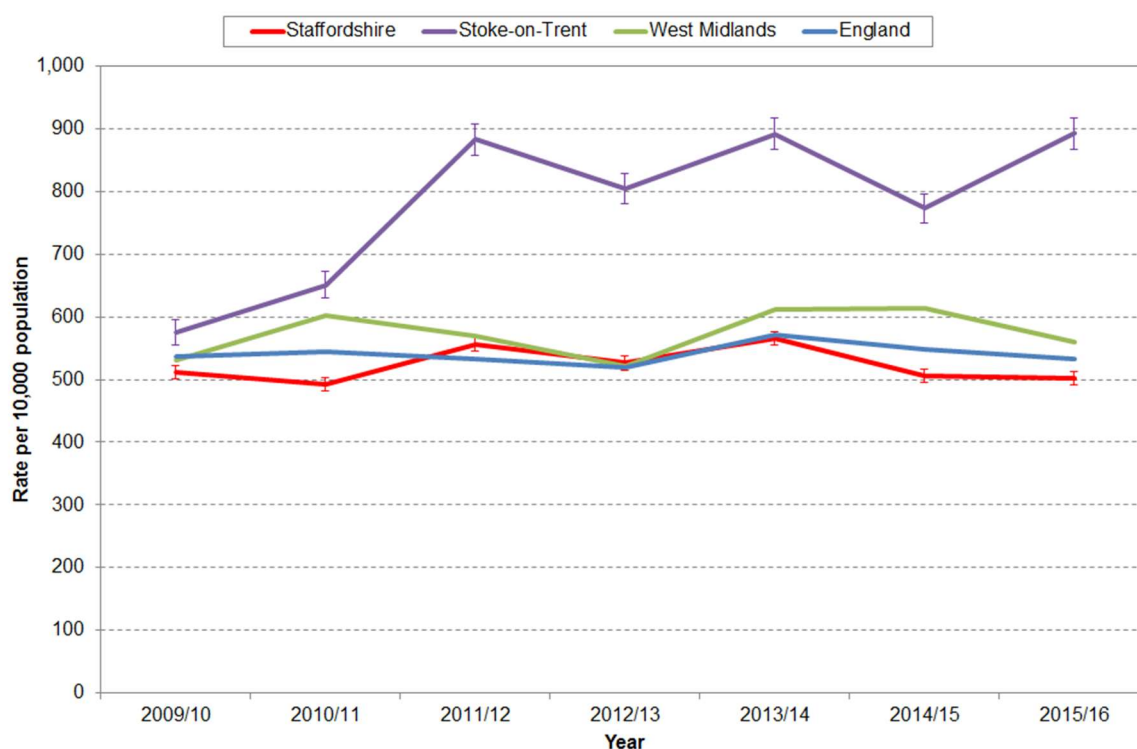
- There has been a steady increase in safeguarding activity across Staffordshire and Stoke-on-Trent. Forecasts based on these trends suggest that the demand on children's social care and their statutory partner agencies will continue to increase. The recent increase in looked after children in Staffordshire is primarily down to numbers of unaccompanied asylum seeking children. Rates of children in need, subject to a child protection plan and looked after children are much higher among our deprived communities.
- Parental domestic abuse, mental ill-health or substance misuse (alcohol or drug misuse) are key issues for our communities and frequently identified as factors for children across our services. These issues are also known to be causes of neglect and hidden harm in our families and are often symptoms of wider socio-economic and environmental inequalities such as education employment and income and housing.
- There are also small numbers of children known to be at risk of child sexual exploitation and female genital mutilation across Staffordshire and Stoke-on-Trent, where the harm and potential impact is significant.
- The overall number of children and young people entering our justice system has declined. In addition there are small numbers of looked after children in Staffordshire who offend. These children often have more unmet health needs than their counterparts.

### 5.1 Children's Social Care

#### *Referrals and assessments*

During 2015/16 there were 8,500 referrals to social care in Staffordshire and 5,000 in Stoke-in-Trent. Around one-fifth of referrals were repeat referrals (within 12 months). Rates for Stoke-on-Trent are much higher than England and have increased between 2014/15 and 2015/16 whilst rates in Staffordshire have remained fairly stable (Figure 21).

**Figure 21: Trends in referral rates to Children's Social Care**



Source: Department for Education

Almost a third of referrals across the County and City were from the police (32%), followed by local authorities (19%), schools (14%) and health services (11%).

In Staffordshire, the main reasons for referral to statutory services were family dysfunction (41%), family in acute stress (27%) and abuse or neglect (22%). The child's disability was identified as being the primary needs in around 3% of cases.

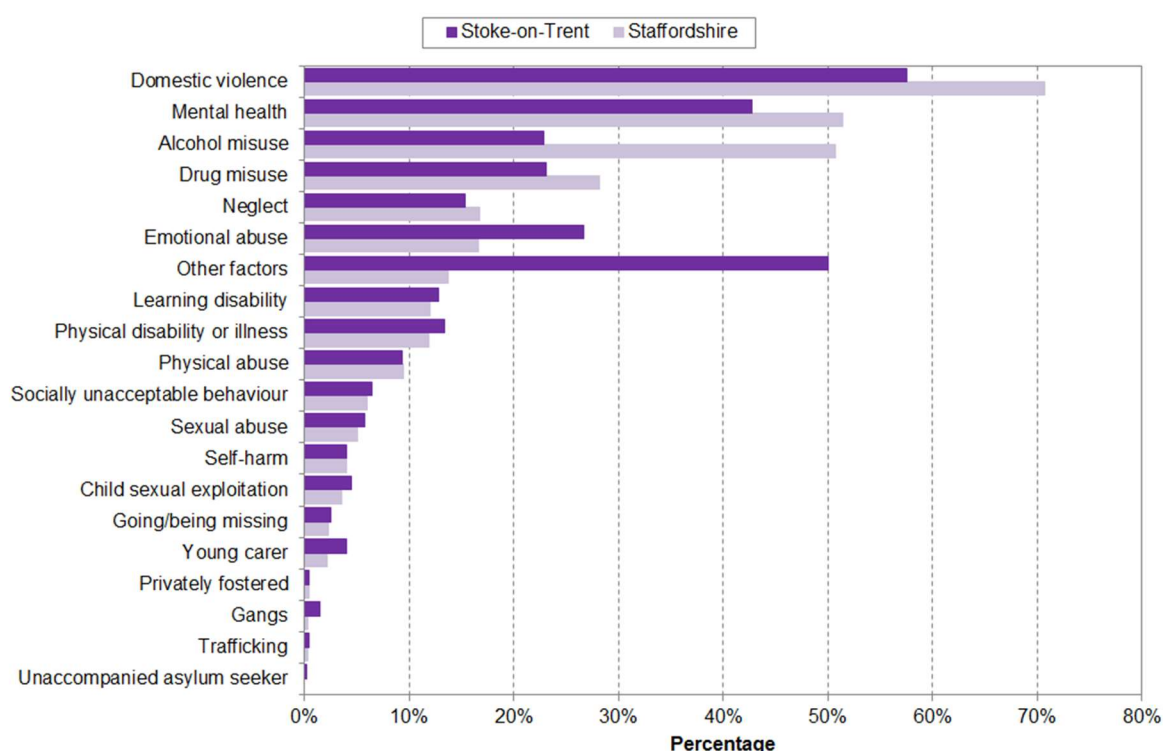
Around one in ten referrals in Staffordshire required no further action which is similar to the national average whilst the proportion in Stoke-on-Trent was much lower at 1%. The proportion in Stoke-on-Trent who following an assessment were found to not to be in need was 45% which is higher than the Staffordshire (31%) and England averages (25%). Whilst the differences appear stark, the reality is that different local authority children's social care services record referrals and assessments differently and as a consequence the data between the County and City is not strictly comparable.

Around 15,000 child social work assessments were completed during 2015/16 in Staffordshire and Stoke-on-Trent. The primary need of assessment was family dysfunction (32%), abuse or neglect (30%) and family in acute stress (14%), child's disability or illness (12%) and parent's disability or illness (5%).

The main underlying factors identified following assessment are similar to the reasons shown as those identified in those requiring early help and predominately include parental domestic abuse, mental ill-health or substance misuse (alcohol or drug misuse). Other reasons include neglect or emotional abuse (Figure 22). Many children will have more than one factor identified.



**Figure 22: Factors identified at the end of assessment, 2015/16**



Notes: (1) Denominator excludes those assessments where no factors identified in case / further action required; (2) Multiple factors may be recorded against each assessment

Source: Department for Education

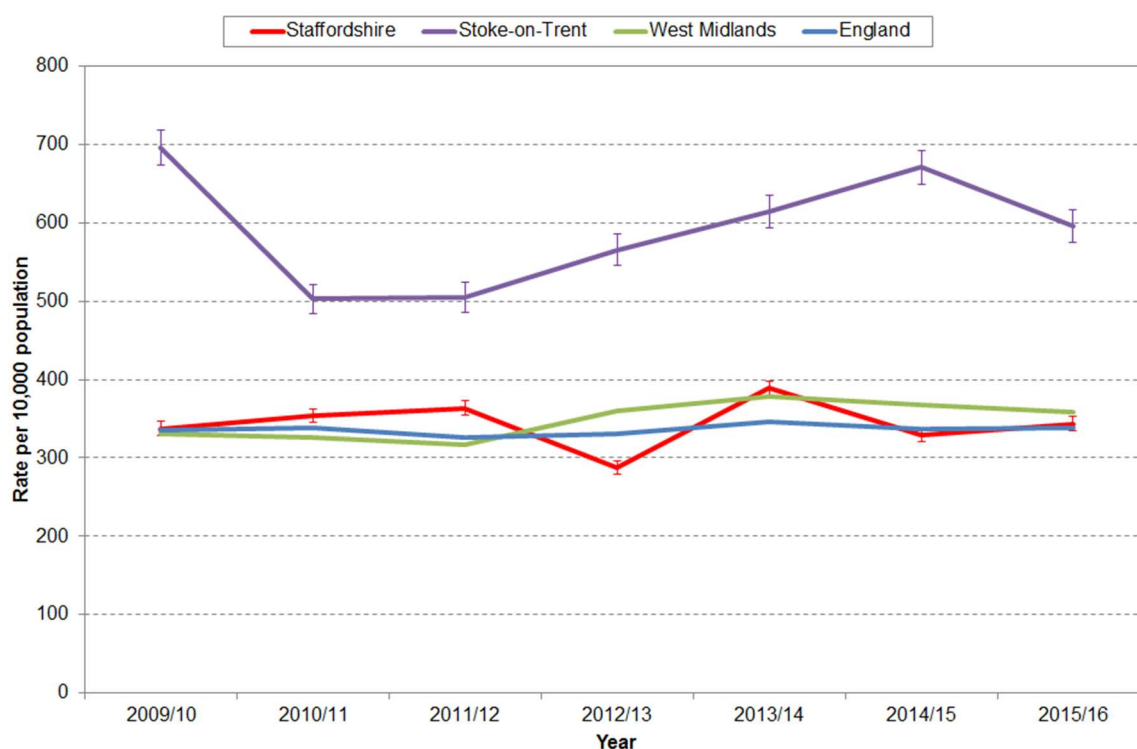
In Staffordshire around one-fifth of children in need fell into the Mosaic geo-segmentation “Family Basics”. As you might expect, these are **families with limited resources** who have to budget to make ends meet. They are mostly young families with a household income often below £15,000. Over half of this group live in **council or housing association, terraced accommodation**.

### Children in need

There were 5,800 children in need in Staffordshire and 3,340 in Stoke-on-Trent as at the end of 31 March 2016. Rates in Stoke-on-Trent were consistently higher than the national average as shown in Figure 23.

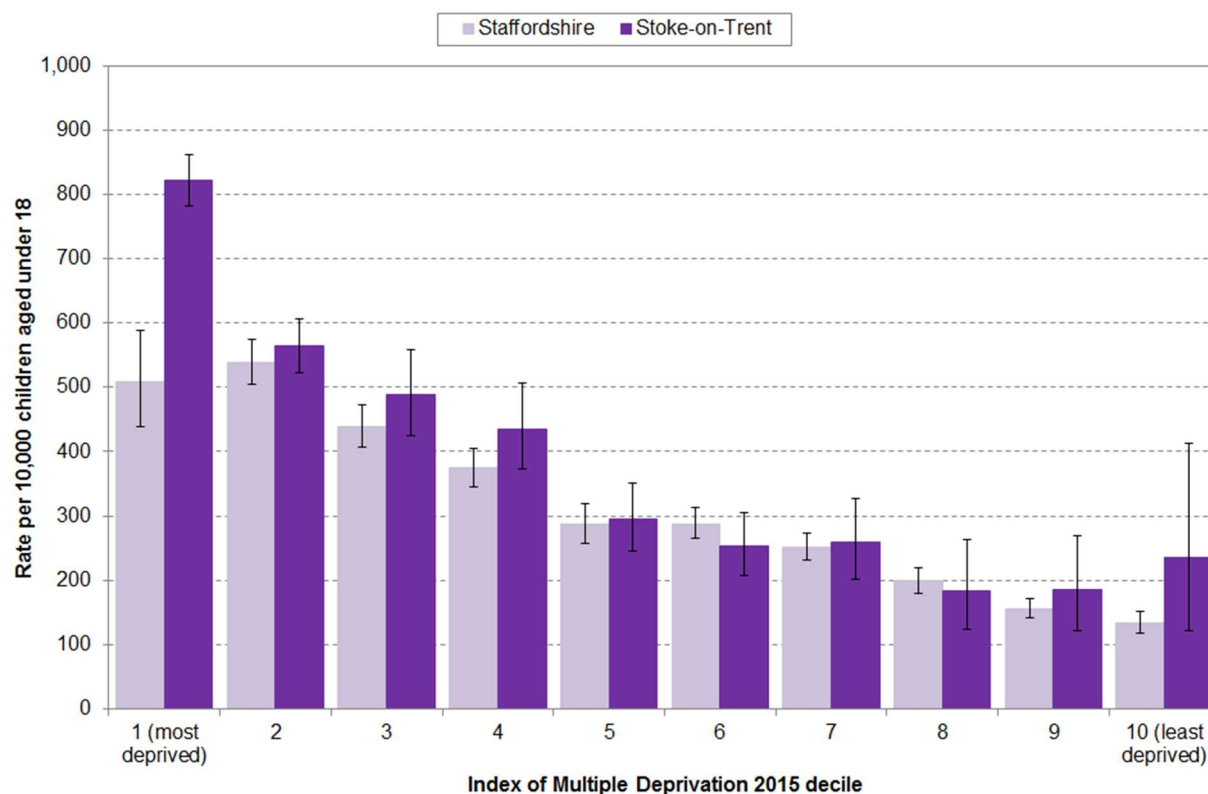
Children in more deprived areas are more likely to be children in need compared to less deprived areas (Figure 24). In Staffordshire and Stoke-on-Trent rates in deprived areas were four times those seen in less deprived areas.

**Figure 23: Trends in children in need at the end of March**



Source: Department for Education

**Figure 24: Children in need by deprivation decile as at the end of March 2016**



Source: Business Improvement and Development Team, Families First, Staffordshire County Council, Policy and Performance Service, Stoke-on-Trent City Council, Mid-year population estimated, Office for National Statistics, Crown copyright and Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015

### Child protection plans

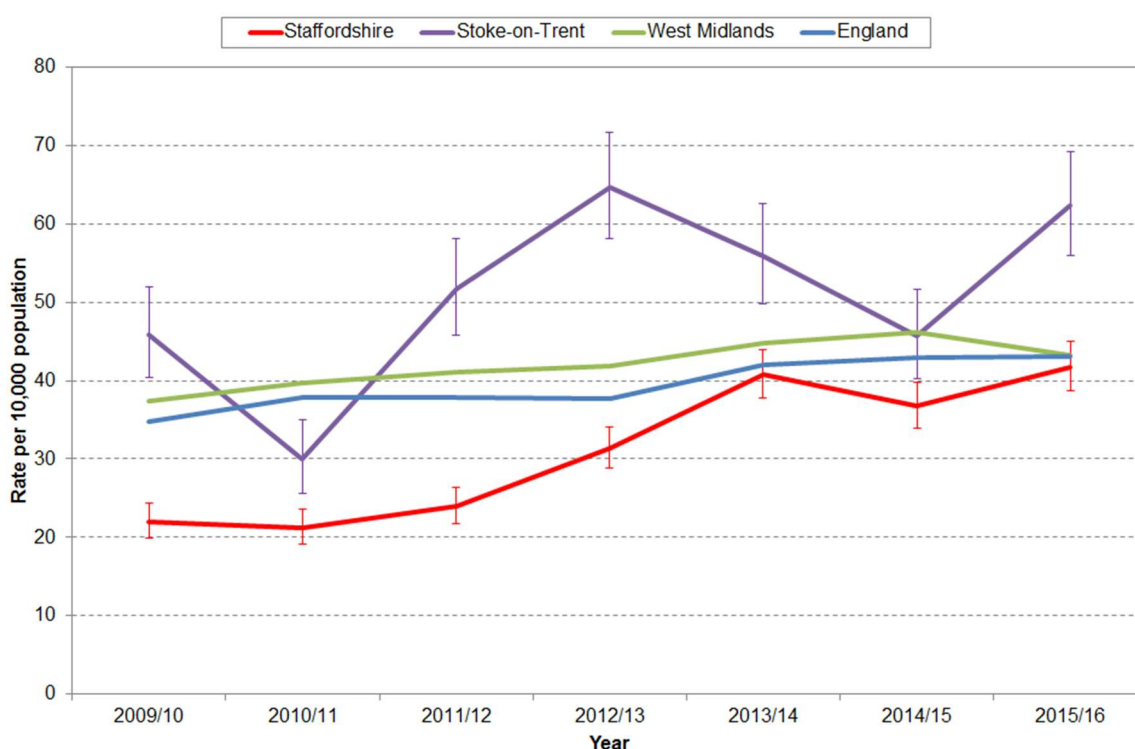
On 31st March 2016, there were around 700 children who were the subject of a Child Protection Plan (CPP) in Staffordshire and 350 in Stoke-on-Trent; rates in Stoke-on-Trent are much higher than England. In both areas, the numbers subject to a CPP have increased over the last five years, particularly in Staffordshire.

Regional intelligence however does indicate that current CPP rates in both Staffordshire and Stoke-on-Trent are broadly in line with expectations of keeping the right children safeguarded based on comparative levels of deprivation across the country.

As with children in need rates, CPP rates in deprived areas are generally much higher than the national average (Figure 26). There is however an anomaly in Stoke-on-Trent with a higher rate seen in one of the least deprived deciles – this is likely to be due to the small numbers involved in these areas so it is possible that a large family will increase rates considerably.

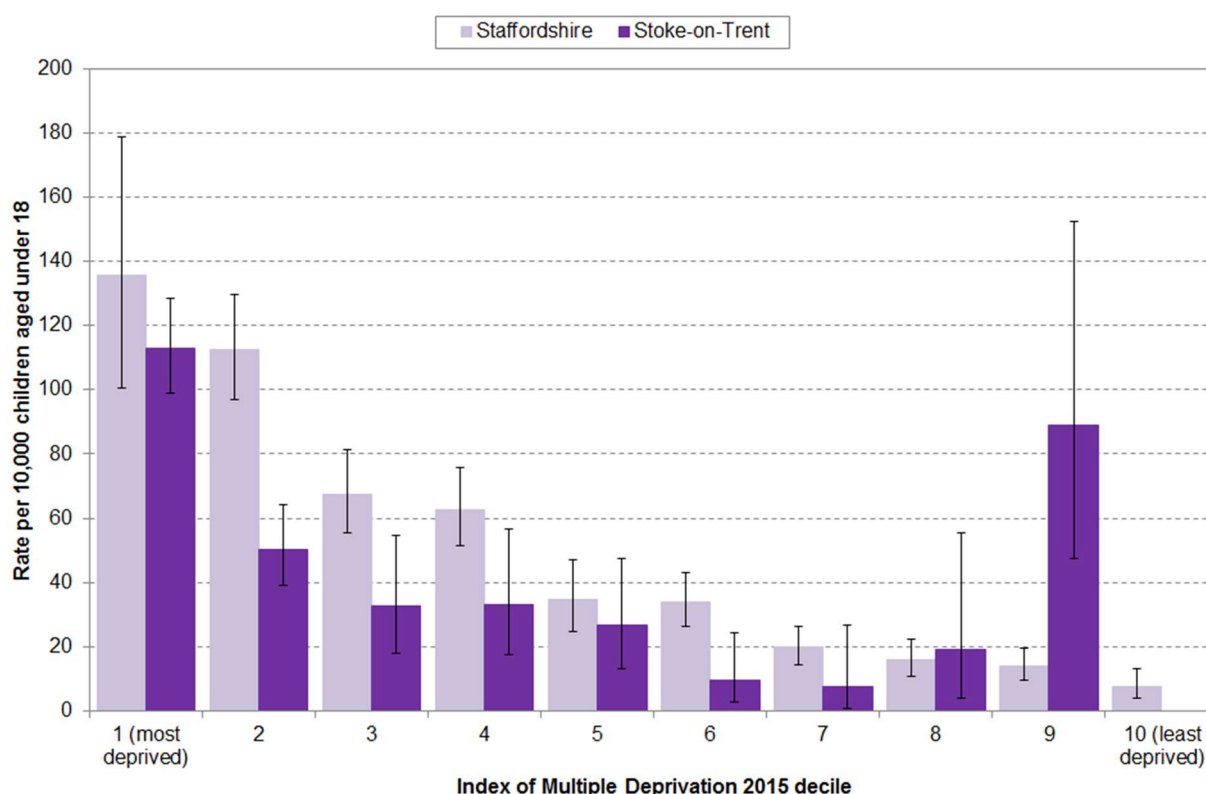
The main reasons for children becoming the subject of a plan were neglect and emotional abuse, which together in 2015/16 accounted for 90% of all CPPs (53% and 37% respectively).

**Figure 25: Trends in child protection plans rates**



Source: Department for Education

**Figure 26: Child Protection Plans by deprivation decile as at the end of March 2016**



Source: Business Improvement and Development Team, Families First, Staffordshire County Council, Policy and Performance Service, Stoke-on-Trent City Council, Mid-year population estimated, Office for National Statistics, Crown copyright and Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015

### Looked after children

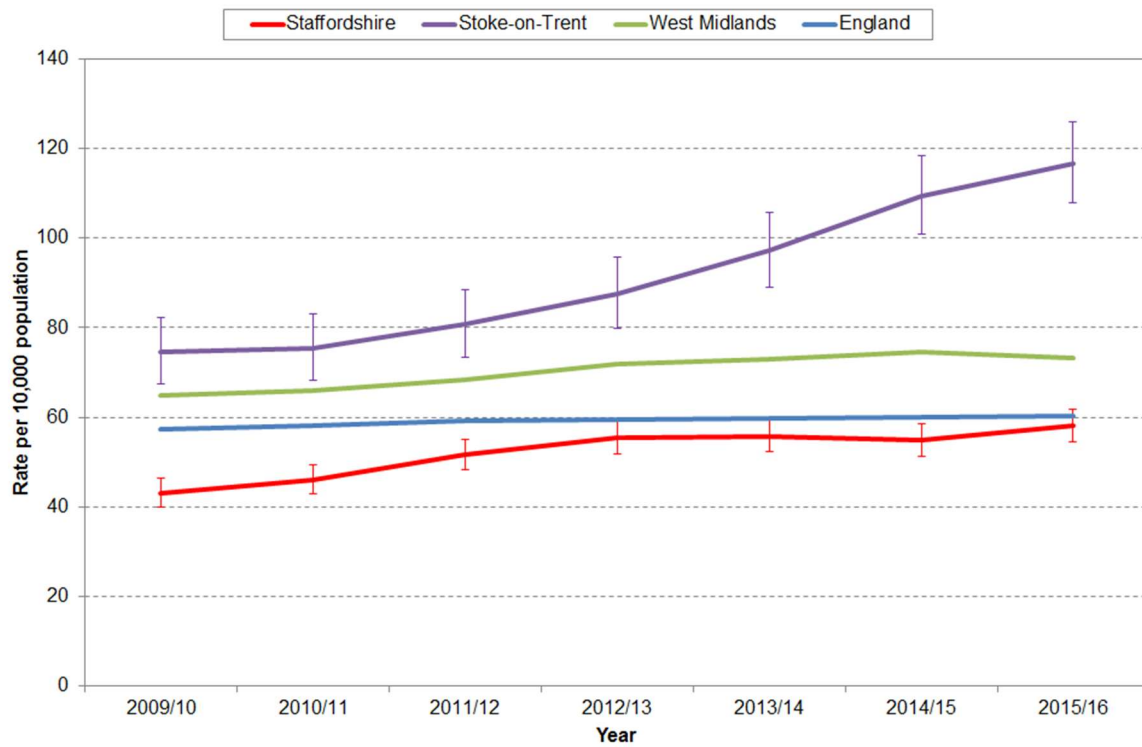
There were 980 looked after children (LAC) in Staffordshire and 655 LAC in Stoke-on-Trent on 31st March 2016. Over the last five years, there has been a steady increase in the number of LAC in Staffordshire. Rates in Stoke-on-Trent have increased more rapidly and are also much higher than England (Figure 27).

One of the reasons for the increase in Staffordshire is due to unaccompanied asylum seeking children – this accounted for 75 children during 2015/16 which was more than the overall increase between 2014/15 and 2015/16 (Figure 28).

Forecasts based on trends up to the end of March 2016 suggest that the demand for children's social care will continue to increase across the County and City; however provisional data as at 31 March 2017 indicates a slight decrease compared to the March 2016 figures.

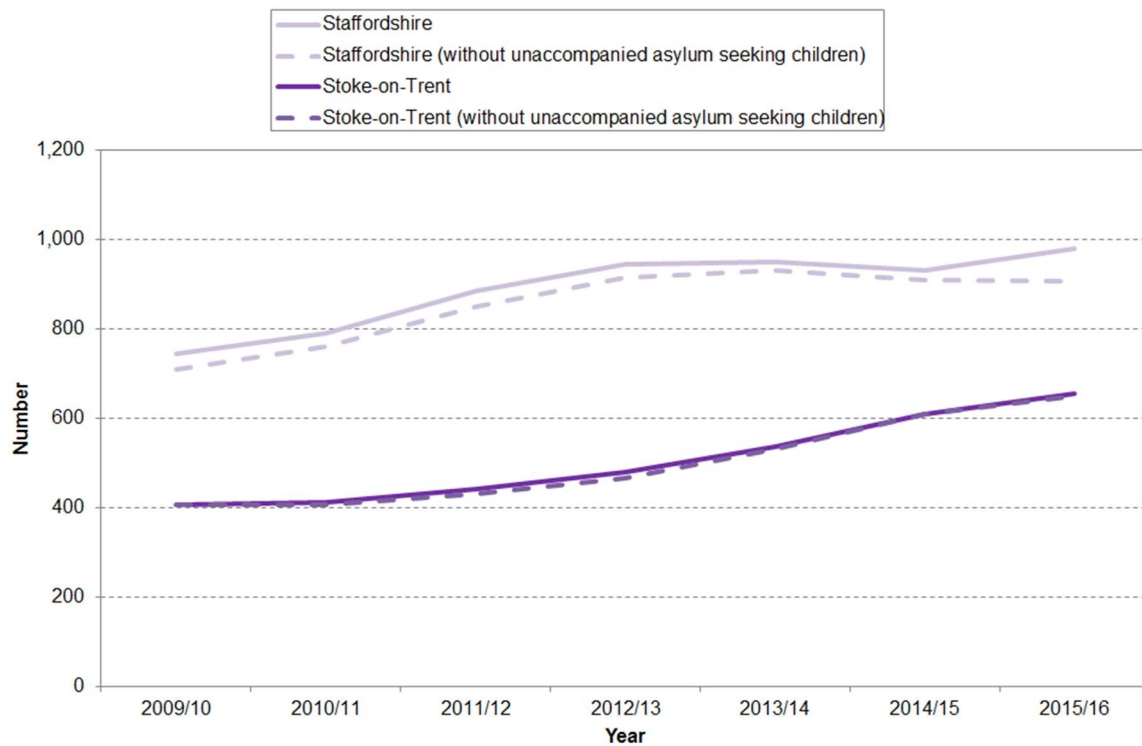
Similar to other safeguarding measures LAC rates in deprived areas of Staffordshire and Stoke-on-Trent are much higher than the national average (Figure 29).

**Figure 27: Trends in rates of looked after children**



Source: Department for Education

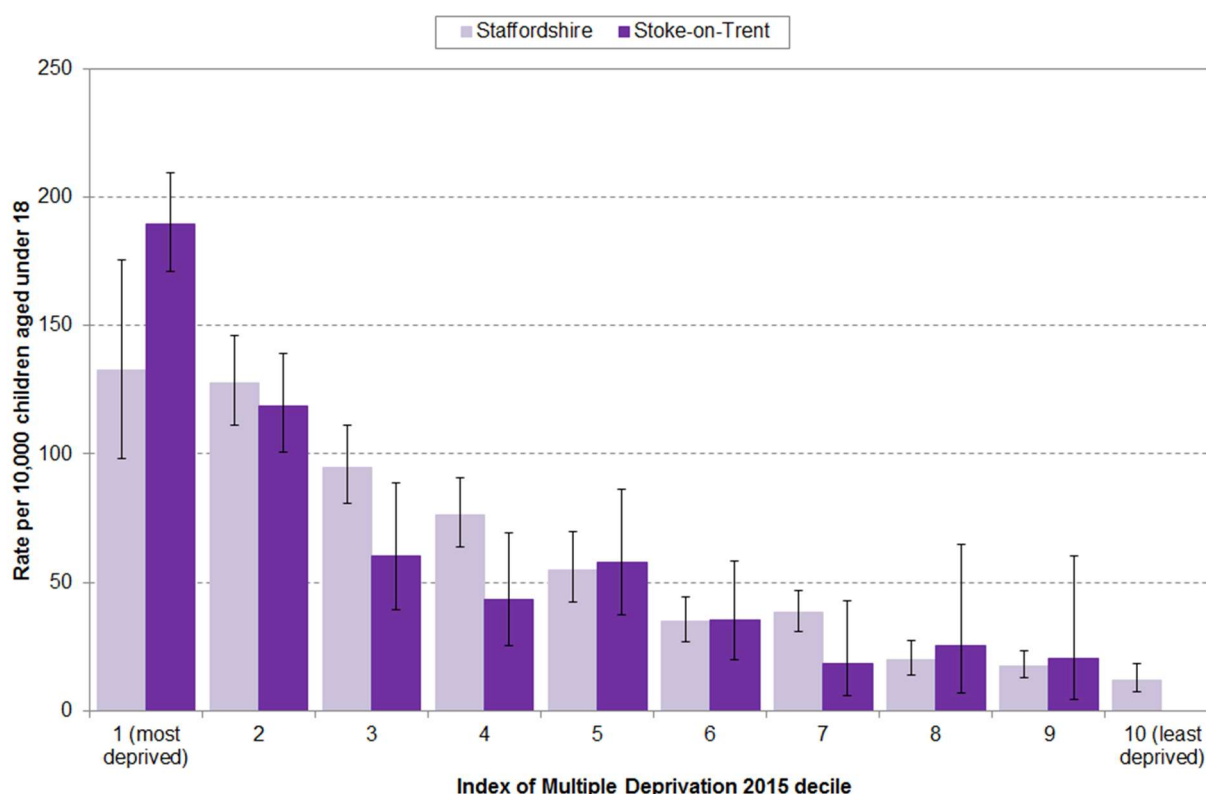
**Figure 28: Trends in looked after children**



Source: Department for Education



**Figure 29: Looked after children by deprivation decile as at the end of March 2016**



Source: Business Improvement and Development Team, Families First, Staffordshire County Council, Policy and Performance Service, Stoke-on-Trent City Council, Mid-year population estimated, Office for National Statistics, Crown copyright and Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015

The main reason for children living apart from their parents is to protect them from abuse or neglect; this is the main primary need identified for looked after children both locally and nationally. In Staffordshire 'abuse or neglect' accounts for nearly 40% of the looked after child population, 'family dysfunction' for over a third and 'family in acute stress' 15%.

At the end of March 2016 72% of looked after children in Staffordshire were accommodated by foster carers, which is similar to the national average of 74%. The proportion in Stoke-on-Trent was 69% which is also similar to the average figure. Across Staffordshire and Stoke-on-Trent around 11% of looked after children were placed in secure units, children's homes and semi-independent living accommodation.

During 2015/16 around 22% of looked after children were adopted which is higher than the national average of 15%.

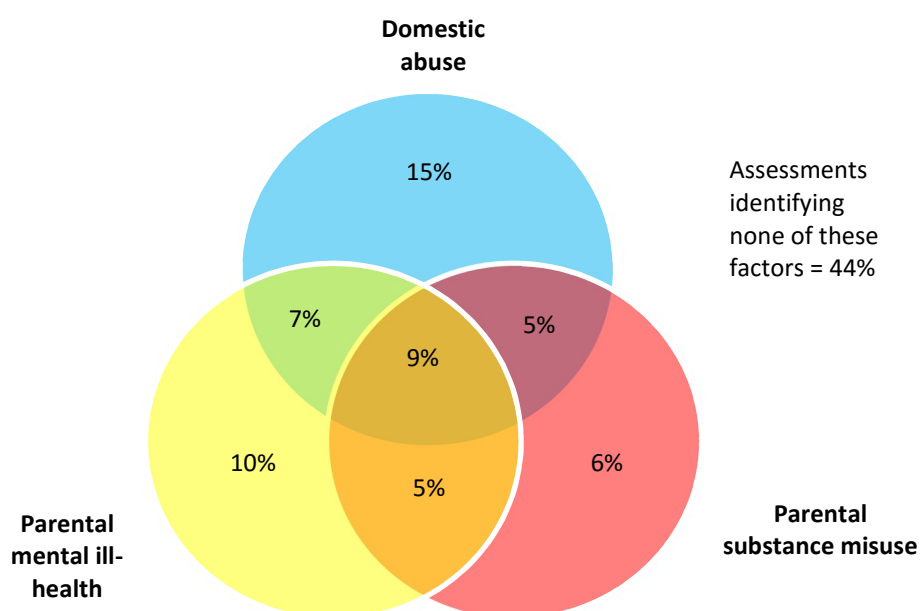
## 5.2 Parental or family issues that impact on vulnerability

Parental domestic abuse, mental ill-health and /or alcohol and substance misuse are significant factors for children being the subject of child protection plans and entering into the care of the local authority. When these three factors co-exist they are sometimes referred to as the “toxic trio”. These parental issues are also known to be key causes of hidden harm in our families.

Around 56% of assessments to children’s social care services in Staffordshire during 2015/16 identified at least one of the toxic trio factors. The most prevalent factor recognised was domestic abuse (35%), followed by parental mental ill-health (28%) and then parental substance misuse (27%). 9% of assessments identified all three factors co-existing for a child (Figure 30).

The prevalence of one of the toxic trio issues being identified as a risk factor for children who are involved in child protection processes rose to 80%, with 19% of all cases identifying all three issues in Staffordshire.

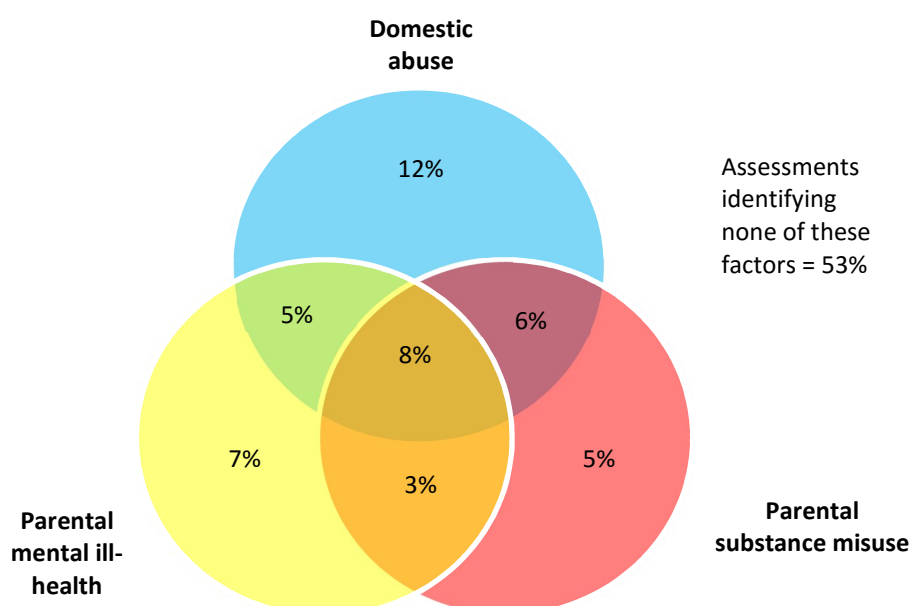
**Figure 30: Toxic trio factors recognised at child social care assessment in Staffordshire, 2015/16**



Source: Business Improvement and Development Team, Families First, Staffordshire County Council

Around 47% of Stoke-on-Trent assessments in 2016 identified at least one of the toxic trio factors at assessment and 8% identified all three at the assessment stage. Similar to Staffordshire the prevalence of any of these issue being noted for children involved in child protection cases increased considerably to 80% with 25% of cases identifying all three toxic trio factors in Stoke-on-Trent.

**Figure 31: Toxic trio factors recognised at child social care assessment in Stoke-on-Trent, 2015/16**

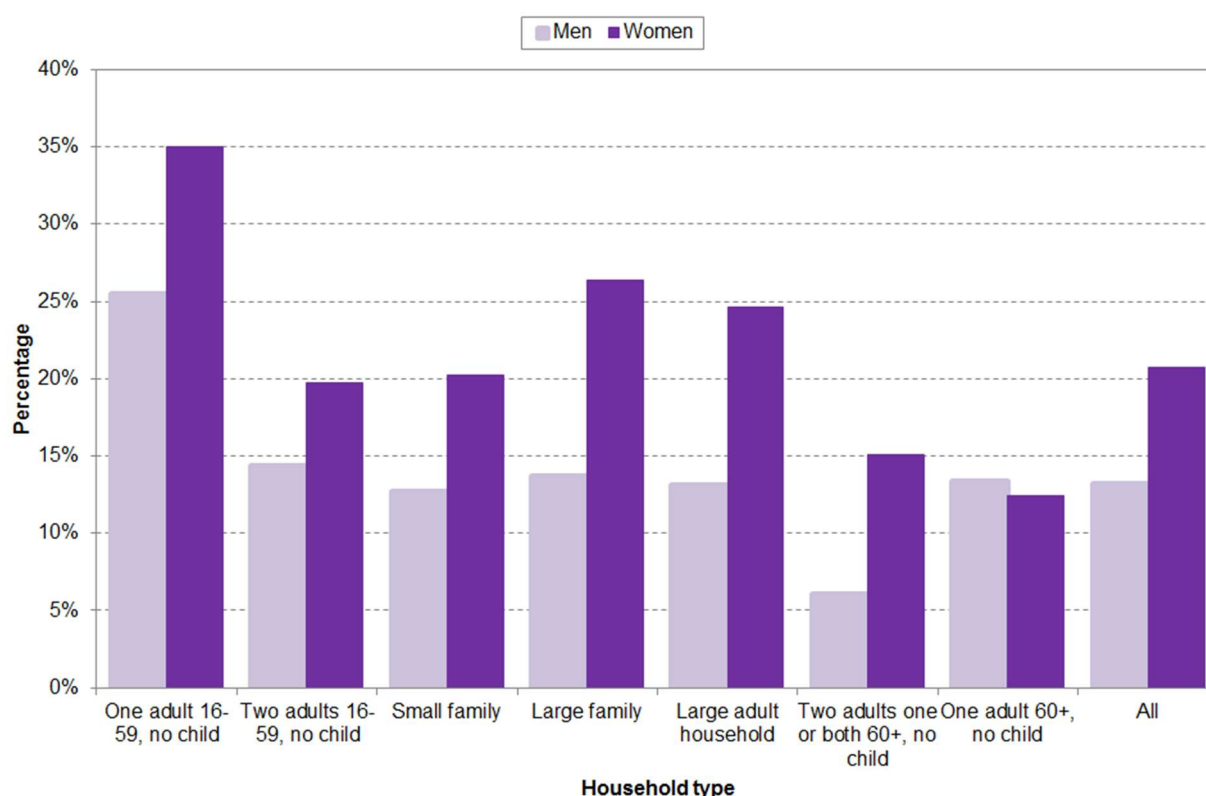


Source: Policy and Performance Service, Stoke-on-Trent City Council

**Poor mental health** is one of the biggest challenges we face today with around one in four people experiencing a mental health problem during their life time and one in six during the year. Causes of mental illness are complex and include factors relating to the environment, personal and social circumstances and culture. Risk factors or triggers can be both the cause and consequence for poor mental health and include family breakdown, unemployment, debt or poverty, homelessness or poor housing, social isolation and loneliness, bereavement, poor physical health, long-term health conditions or disabilities, domestic abuse and substance (alcohol or drugs) misuse.

- Based on national estimates from the 2014 Adult Psychiatric Morbidity Survey around one in six adults have a common mental disorder with the prevalence being higher in women (one in five) compared with men (one in eight). This equates to around 153,000 adults in pan-Staffordshire having a mental health condition.
- The prevalence of mental health conditions in families with dependent children is around 18%. Based on the number of households we know have dependent children from the 2011 Census this equates to 18,000 families in Staffordshire and 5,600 in Stoke-on-Trent.
- Figure 32 shows that the prevalence is higher for women living in large families compared to smaller families.
- The survey found that one in three people with a mental health disorder reported receiving treatment for their condition.

**Figure 32: Mental health prevalence by household type in England, 2014**



McManus S, Bebbington P, Jenkins R and Brugha T, *Mental health and wellbeing in England. Adult Psychiatric Morbidity Survey 2014*. © 2016, Health and Social Care Information Centre

Data on parents either having a mental health problem or for those seeking treatment is not currently routinely available. It is recommended that commissioners request this information to be collected through future development work and contracts.

**Alcohol dependence and substance misuse** are also key causes of societal harm, including crime, family breakdown and poverty. Based on national prevalence:

- around 3.1% of adults aged 16 and over have an alcohol dependency; the prevalence among small families is 2.5% whilst for large families the prevalence is slightly higher at 3.3%. This equates to 2,700 families in Staffordshire and 800 in Stoke-on-Trent.
- around 3.1% adults are also thought to have a drug dependency; similar to alcohol dependency the prevalence in larger families is higher than in smaller families (4.7% compared with 2.1%) equating to 2,700 families in Staffordshire and 800 in Stoke-on-Trent.<sup>20</sup>

<sup>20</sup> McManus S, Bebbington P, Jenkins R and Brugha T, *Mental health and wellbeing in England. Adult Psychiatric Morbidity Survey 2014*. © 2016, Health and Social Care Information Centre

Data from local authority commissioned treatment services found:

- there were around 1,600 new adult presentations in Staffordshire and Stoke-on-Trent for alcohol treatment of which 56% are parents living with or without children; around 620 children under 18 (0.3% of the child population) live with parents in alcohol treatment (Table 7)
- there were around 1,400 new adult presentations in Staffordshire and Stoke-on-Trent for drug treatment of which 55% are parents living with or without children; around 450 children under 18 (0.2% of the child population) live with parents in drug treatment (Table 8)

**Table 7: Safeguarding data for alcohol treatment, 2015/16**

	Staffordshire	Stoke-on-Trent	England
Total new presentations of which:	1,100 (100%)	490 (100%)	57,720 (100%)
Living with children (own or other)	270 (24%)	100 (19%)	13,850 (24%)
Parent not living with children	310 (28%)	220 (44%)	15,660 (27%)
Not a parent/no child contact	470 (43%)	180 (37%)	27,250 (47%)
Incomplete data	50 (5%)	0 (0%)	970 (2%)
Pregnant	10 (0.6%)	< 5 (0.8%)	280 (0.5%)
Number of children living with alcohol clients entering treatment in 2015/16	450 (0.3%)	160 (0.3%)	24,920 (0.2%)

*Note: Numbers may not add up due to rounding*

*Source: Public Health England, Adults - Alcohol JSNA support pack: data: key data to support planning for effective alcohol harm prevention, treatment and recovery in 2017-18*

**Table 8: Safeguarding data for drug treatment services, 2015/16**

	Staffordshire	Stoke-on-Trent	England
Total new presentations of which:	860 (100%)	580 (100%)	80,360 (100%)
Living with children (own or other)	180 (21%)	80 (13%)	15,290 (19%)
Parent not living with children	250 (29%)	290 (51%)	26,410 (33%)
Not a parent/no child contact	390 (45%)	210 (36%)	37,760 (47%)
Incomplete data	40 (5%)	0 (0%)	900 (1%)
Pregnant	10 (0.6%)	10 (1.6%)	780 (1.0%)
Number of children living with drug users clients entering treatment in 2015/16	310 (0.2%)	140 (0.2%)	28,400 (0.2%)

*Note: Numbers may not add up due to rounding*

*Source: Public Health England, Adults - substance misuse JSNA support pack: key data for planning effective drugs prevention, treatment and recovery in 2017-18*



**Domestic abuse** can affect anyone, both women and men regardless of their age, sexuality or where they are from between those aged 16 or over who are, or have been, intimate partners or family members and has a negative impact on the victim's health and wellbeing. Domestic abuse can be physical abuse, threats, emotional abuse/coercive control, sexual assault or stalking, financial abuse, digital or online abuse and honour-based abuse including female genital mutilation (FGM) and forced marriage.

Domestic abuse can have a negative effect on parenting, with abuse creating an 'unpredictable and inconsistent' environment for children. Parents and guardians who are affected can often show a lack of emotional warmth or even aggression towards their children. Parental mental health problems are also associated with a risk of harm to children. Conditions such as depression can inhibit a parent's ability to respond to their child's needs. National research suggests that around 75% of children registered as 'at risk' live in households where domestic 'violence' or 'abuse' occurs, with around 34% of children in households with domestic violence also being directly abused themselves.<sup>21</sup>

The 2015/16 Crime Survey for England and Wales (CSEW) estimates that that 7.7% of women and 4.4% of men aged 15-59 reported experiencing any type of domestic abuse in the last year. Estimates from the CSEW for April 2013 to March 2016 suggests that across Staffordshire and Stoke-on-Trent there are around 41,600 victims of domestic abuse equating to 7.2% of which 26,300 (9.6%) are females and 15,300 males (5.0%) and are similar to the West Midlands and England averages for this time period.

In total across the County and City there were around 25,300 domestic abuse-related incidents and offences<sup>22</sup> recorded during 2015/16, equivalent to 23 incidents and offences per 1,000 population with rates being higher than both the West Midlands and England averages.

In Staffordshire around 11,900 domestic abuse related-offences were recorded during 2015/16, equating to 11 offences per 1,000 population and the second highest in the Country. The highest rates fall in Stoke-on-Trent, Newcastle-under-Lyme, Tamworth and Cannock Chase. However evidence shows that domestic abuse exists to some extent in all areas of the County and City.

National research found that:

- 12.0% of under 11s, 17.5% 11–17s and 23.7% of 18–24s had been exposed to domestic abuse between adults in their homes during childhood
- 3.2% of under 11s and 2.5% of 11–17s reported exposure to domestic abuse in the past year<sup>23</sup>

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<sup>21</sup> Calder, M., Harold, G. and Howarth, E. 2004. Children living with domestic violence: towards a framework for assessment and intervention. London: Russell House.

<sup>22</sup> Domestic abuse-related offences (incidents for which a crime has been recorded) and domestic abuse related-incidents recorded by the police that were not classified as crimes.

<sup>23</sup> Radford, L. et al. (2011) Child abuse and neglect in the UK today. London: NSPCC

A recent domestic abuse needs assessment for Staffordshire and Stoke-on-Trent found that across all services and localities, victims were disproportionately female whilst perpetrators tended to be male. Both were most likely to be aged between 20 and 34 years.<sup>24</sup> Police data suggests that the majority (79%) of abuse identified locally is Intimate Partner Abuse (IPA), and to a lesser extent Intra-Family Abuse (IFA). Service user data shows that children were present in the homes of around 77% of those receiving support whilst two of five service users lived with more than one child. National research suggests that 50% of all children in homes with domestic abuse are also directly abused by the perpetrator. The needs assessment also highlighted that those with high levels of financial stress, low levels of qualification, and in younger age groups (under 30) were at higher risk of being affected by domestic crime. In the 12 months to the end of March 2016, Multi Agency Risk Assessment Conferences (MARAC) in Staffordshire and Stoke-on-Trent discussed over 1,300 of the highest risk domestic abuse cases. Records show that there were a total of over 1,500 children in these households at the time of the conference, an average of 1.1 children per household.

Although domestic abuse does not only affect specific communities, or those who fit a distinct profile, research often highlights a set of common factors which tend to be more prevalent in those perpetrating domestic abuse than in the population on the whole, which may indicate unmet needs:

- Alcohol use (particularly those who have five or more alcoholic drinks per day)
- Attitudes (unbalanced relationship ideologies; where one individual is dominant and one subservient)
- Criminality (prior offending)
- Drug and/or substance misuse (historical or current)
- Education (low level of academic or professional qualifications; particularly those with less than one A-level)
- Employment (unemployed, low paid or inconsistent employment)
- Household finance (where income is very low, and there is significant economic stress)

**Parental learning disabilities** - In Staffordshire and Stoke-on-Trent there are around 20,800 adults aged 18-64 with a learning disability of which 4,300 have a moderate or severe learning disability. During 2015/16 around 5,400 adults were registered with a learning disability equating to 0.5%, which is lower than the estimated numbers. National research indicates around 7% of people with learning disabilities are parents equating to almost 1,500 adults in Staffordshire and Stoke-on-Trent (Table 9). It is more likely that those with severe or moderate learning disabilities are known to GPs.

People with learning disabilities are known to face inequalities – they are less likely to be in employment and on lower incomes. They also have increased health needs including poor mental health. National research also shows that their children are at higher risk of being removed from them.

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<sup>24</sup> Understanding Domestic Abuse in Staffordshire and Stoke-on-Trent (2016), Insight, Planning and Performance Team, Staffordshire County Council

**Table 9: Estimates of parents with learning disabilities, 2015**

	Staffordshire	Stoke-on-Trent
People with learning disabilities on GP registers, 2015/16	3,600 (0.4%)	1,800 (0.6%)
People aged 16-64 with learning disabilities aged 16-64	16,160	4,650
People aged 16-64 with moderate/severe learning disabilities	3,340	980
Estimated number of parents with learning disabilities	1,130	330

Source: Projecting Adult Needs and Service Information (PANSI), Quality and Outcomes Framework (QOF) for April 2015 - March 2016, GPES and CQRS database - 2015/16 data extracted July 2016, Copyright © 2016, Health and Social Care Information Centre. All rights reserved and Emerson et al 2005. Adults with Learning Difficulties in England 2003/4. Leeds: Health and Social Care Information Centre

### 5.3 Child Sexual Exploitation

Child Sexual Exploitation (CSE) can happen to any child or young person regardless of their background, age, gender, race, sexuality or where they live, but there are particular identified risk factors that can increase a child or young person's vulnerability to CSE. These risk factors can include going missing, homelessness or multiple house moves, having learning disabilities or special needs, being a young carer, having low self-esteem/self-confidence, disengagement from education, recent bereavement or loss, poor health and wellbeing including drugs and alcohol misuse and mental health problems, difficulties in their family relationships, a history of abuse (particularly sexual abuse) and being in, or leaving care. There are also links to the family and environment in which they live, including a disrupted or chaotic family life, disadvantage, problematic parenting, having parents with physical or mental ill-health problems or those who misuse substances.

CSE panels ensure strategic oversight is enabled at a district and County and City level to enable problem profiling and to ensure prevention and targeted interventions aimed at groups and communities can be planned for and routinely monitored. The panels support actions to safeguard children and young people and to disrupt and reduce the opportunity for them to become victims of abuse as a result of CSE. This is achieved via reviews of all locally held individual cases.

The 2015/16 Staffordshire Child Sexual Exploitation (CSE) annual data report found:

- 157 referrals were made to Staffordshire Children's Social Care First Response Team (including the Emergency Duty Team) where a CSE risk factor had been identified making up 2% of all referrals
- Over a third were referred to children's social care services by the Police (56) whilst 15% came from School/Education Services (24) and 9% from Local Support Teams as a Step Up case (14).
- CSE was identified at the conclusion of a child social work assessment in 194 cases
- For CSE Panels that took place between February 2015 and March 2016, 133 young people were identified as being victims of child sexual exploitation at medium and high level (Newcastle/Moorlands 40; Cannock/South Staffordshire 36; Tamworth/Lichfield 31; East Staffordshire 26)
- The majority (91%) of young people identified as being at risk from CSE at the panels were girls, with over half (59%) aged 15-16 years. Apparent under-reporting in relation to boys is under investigation

- 92% were White British, with 4% from an Asian background, 3% of young people were from either mixed ethnicity (Black/African / Caribbean) and 2% from a Hungarian background and 1% as Other
- Most young people (80%) discussed at the panels live in the family home with a further 11% in a foster placement
- 69% of young people were identified as either being a children in need or had an early help assessment; 20% were looked after children and 11% were the subject of a child protection plan.

#### In Stoke-on-Trent:

- 531 children were referred (289 households) to Stoke-on-Trent Children's Social Care where CSE was recorded as reason for the referral in 2015/16
- The majority of referrals to CSE Panels came from Children's Social Care (79%)
- There were 179 referrals received in 2015/16, this is a 22% increase from 2014/15
- 151 children received regular support, a 7% increase from 2014/15
- The majority of young people identified as being at risk from CSE at the panels were female with most being aged 15-16 years. The majority are also identified as being NEET or missing education
- The vast majority of children and young people referred into specialist support for children and young people are risk assessed as being low and present mainly with only one major indicator of CSE, which is the inappropriate use of social media and the internet.
- There was a steep rise in the numbers of children and young people (as well as some adults with care and support needs) being overseen by the monthly CSE Panel, which ranged from 41 to a peak of 76 in March 2016
- 82% were White British, 15% from other ethnic groups and for 3% ethnic group was not provided

## 5.4 Female genital mutilation

Female genital mutilation (FGM) describes any deliberate, non-medical removal or cutting of female genitalia. Data does not currently allow us to make an assessment of the numbers that are likely to be at risk of FGM locally. However the low number of recent cases suggest it is unlikely that the area will see high volumes of FGM in the immediate future.

The Health and Social Care Information Centre (HSCIC) summarises the number of attendances at hospitals and GP surgeries where FGM is identified. Unfortunately data completeness is often low and varies by submitter, so any findings should be treated with caution.

- There were around 5,700 women and girls across England who were newly recorded FGM cases during 2015/16
- More than half of all cases related to women and girls from London NHS Commissioning Region.
- Self-report was the most frequent method of FGM identification, accounting for 73% of cases where the FGM identification method was known.
- Two per cent of all newly recorded cases were for girls under the age of 18 years
- 87% of women with a known pregnancy status were pregnant at the point of attendance
- 90% of women and girls with a known country of birth were born in an Eastern, Northern or Western African country, and 6% were born in Asia.

- The most frequent age range at which the FGM was carried out was between five and nine years old, involving 43% of cases where the age was known<sup>25</sup>.

Below national level, due to the possibility of identifying women and girls, all numbers below five have been suppressed and all other numbers have been rounded to the nearest five, which unfortunately means that much of the Staffordshire and Stoke-on-Trent level data has been suppressed.

- Overall for 2015/16 there were around 15 recorded case of FGM in Staffordshire and 25 in Stoke-on-Trent

### **5.5 Crime and youth offending**

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.

During 2015 there were 170 first time entrants to the youth justice system in Staffordshire with rates consistently lower than England (Figure 33). In Stoke-on Trent there were 80 first time entrants; rates in Stoke-on-Trent have also fallen since 2010 and are now similar to England.

Across Staffordshire and Stoke-on-Trent as a whole, proven re-offending of juvenile offenders was similar to England in 2013/14 with 39% reoffending.

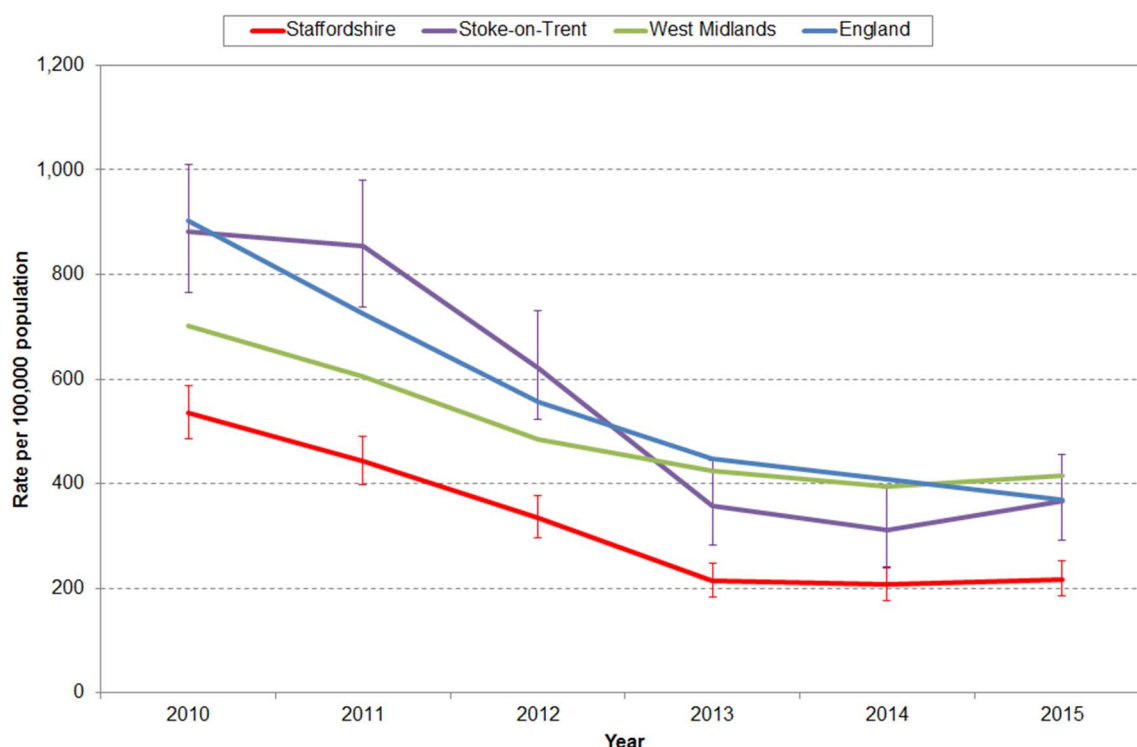
The proportion of looked after children in Staffordshire who had been looked after for at least 12 months who were convicted or subject to a final warning or reprimand during the year was 3% (15 children) compared to 5% nationally. (Note: Data for Stoke-on-Trent has been suppressed)

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<sup>25</sup> Health & Social Care Information Centre. Female Genital Mutilation (FGM) Enhanced Dataset. April 2015 to March 2016, experimental statistics. 21 July 2016



**Figure 33: Trends in first time entrants to youth offending services**



Source: Public Health Outcomes Framework, Public Health England, <http://www.phoutcomes.info/>

Assessments analysed in the City of Stoke-on-Trent suggested:

- 27% young people on statutory orders were identified as suffering from abuse or neglect
- 25% were identified as suffering bereavement and loss
- Safeguarding concerns in 20% of children assessed
- 19% of children and young people assessed by the Youth Justice Liaison and Diversion admitted to drinking alcohol daily

A needs assessment in Stoke-on-Trent based on 116 assessments carried out by the Youth Offending Team (YOT) over a period of three months between September 2014 and December 2014 found:

- 17% of children and young people known to Stoke-on-Trent's Youth Offending Service (YOS) had a diagnosed learning disability and were receiving additional support to meet a range of needs
- 12% of children and young people known to the YOS said they experiencing self-harm and suicidal thoughts

Data from 296 children and young people who were assessed in 2014 through the Stoke-on-Trent Youth Justice Liaison and Diversion Scheme was used to inform the health needs of children and young people within the City:

- 22% of children and young people have mental health problems of which some could be attributed to self-harm
- 20% of those assessed reported a problem with their physical health

## 5.6 Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children. Households that are accepted as being homeless or are in temporary accommodation often have greater health needs than the average population. People escaping domestic abuse, offenders, drug and alcohol users, young people at risk, teenage parents and gypsies and travellers are at increased risk of homelessness.

Research indicates that young people are three times more likely to have experienced homelessness in the last five years than older members of the general UK population. More than half of young people nationally are reported to become homeless due to a relationship breakdown, mainly with their parents.

- In Stoke-on-Trent analysis suggests that around three-quarters of young people approaching housing and support services in the City are single and do not want to be housed with another person. Local data also indicated that around 40% of young people wanted to live in a supported housing environment with a daytime staff presence.
- Around 245 families with dependent children were accepted as being homeless during 2015/16 in Staffordshire. The number in Stoke-on-Trent was 121. These numbers equate to around 60% of all households accepted as homeless across the County and City (compared with 68% nationally).
- During 2015/16 around 96% of care leavers in Staffordshire and Stoke-on-Trent aged 17-18 were deemed to be in suitable accommodation (88% for England). The proportion for care leavers aged 19-21 was slightly lower at 85% (83% for England).

Youth homeless monitoring forms suggest that the overall number of young people approaching housing and support agencies within Stoke-on-Trent has generally decreased over recent years. However, despite a fall in the overall figure, there has been a substantial increase in the proportional representation of people aged 16 and 17 years old. Emerging trends are indicating that more and more young people each year are homeless on more than one occasion.

## 5.7 Missing children

Data as at October 2016 found that the number of missing episodes (149) in Staffordshire has decreased slightly from last month (156); the number of children and young people (103) going missing in October has remained stable from last month (101). October's figures remain in line with the averages since January (97 children and young people and 148 episodes per month).

39% of missing episodes this month have been reported from children/young people placed in Independent Children's Homes, and a further 39% going missing from home. 86% of children were found within one day of going missing. Since January 95% of children/young people going missing are aged 12 years and over (92% this month).

Based on 203 referrals received during Quarter 4 the Base 58 service in Stoke-on-Trent reported three main reasons that children and young people were going missing or absent were as follows:

- 42% children and young people reported having stayed out longer than they should
- 12% children and young people stated that they were having problems at school
- 9% children and young people stated that they were experiencing problems within their home environment

Between 2014/15 and 2015/16 there was an increase of 1.4% in the number of referrals to Base 58 and an increase of 15% in the numbers of children and young people reported missing or absent for the first time.

### **5.8 Children's Voice Project**

The Children's Voice Project provides a consultation and engagement service which aims to ensure the voices of children, young people and families are embedded in Staffordshire's approach to planning, design, delivery and evaluation of services. Consultation activity for 2015/16 focussed on the following areas:

- Hearing the voice of children, young people and families across Staffordshire
- Working in partnership with new service areas to help develop new ways of working to improve the life chances of children, young people and families across Staffordshire
- Working alongside commissioners to help evaluate and develop new services
- Developing a Care Leavers Ambassadors team in partnership with the Throughcare Service

A variety of methods were used, including group work, one to one work, online questionnaires, postal questionnaires and consultation events.

Over a 12 month period, 97 children and young people subject to a child protection plan took part in the online questionnaire. Between May 2015 and March 2016 86 looked after children completed the online questionnaire. A report relating to looked after children for the period October 2015 to August 2016 reported the following headlines:

- 62 children completed the questionnaire; over half (34) were under 11 years old
- 95% of children felt safe where they live
- 56% were not worried about their health
- 90% said they got help from their carer with school work

As part of a consultation and engagement around Child Sexual Exploitation, 27 young people aged 13-17 from three high schools in Stafford, Tamworth and Newcastle were all unaware that sexting is unlawful for children aged less than 18 years.

A comprehensive review of the Staffordshire Pledge sought the views, opinions and experiences of over 911 looked after children, young people and care leavers along with practitioners, service managers and service commissioners. As a result of this review the new Staffordshire Pledge was launched in May 2016 with direct links to Staffordshire's parenting strategy.

## 6 Emerging priorities

The majority of children and families in Staffordshire and Stoke-on-Trent are happy and healthy. In the main, families here can cope with the difficulties they face from time to time with support from family, friends and wider community networks.

However across the area as a whole there are inequalities in outcomes. Some cohorts of children, e.g. those from deprived communities, those with disabilities and children who are looked after, face much poorer outcomes than their counterparts. Some of these inequalities start in early life and are symptoms of wider socio-economic and environmental inequalities such as education, income, employment and housing. By the age of five 28% are not classified as ready for school and this causes further inequalities, especially for those children who are already at risk of poorer outcomes. The emerging priorities from this report are:

- Reducing inequalities in children's health, care and wellbeing outcomes – the inequalities we see across Staffordshire and Stoke-on-Trent are similar to those seen across the Country and our peers. National evidence suggest that reducing health and wellbeing inequalities should be done through tackling the root causes of poverty such as improving education, training and employment opportunities for children, young people and adults living in Staffordshire and Stoke-on-Trent
- Higher than average infant mortality rates alongside higher prevalence of associated risk factors
- Unhealthy lifestyles and risk taking behaviour
- Increasing demand on our acute health services with higher than average numbers of our children and young people being admitted to hospital
- High numbers of children being admitted to hospital for respiratory conditions. In addition the CDOP also identified modifiable factors for a couple of asthma deaths. This is coupled with higher levels of smoking and poor housing conditions in some areas which can lead or exacerbate poor respiratory health
- Increasing levels of self-harm admissions amongst our young people
- Increasing demands on our safeguarding services. There are also small numbers of children known to be at risk of child sexual exploitation and female genital mutilation across Staffordshire and Stoke-on-Trent, where the harm and potential impact is significant. There are small numbers of children who are looked after who offend

Reviewing our analysis across the above issues identifies the importance of:

- Tackling family and parental issues to have long-term impact on improving the life chances of children and young people
- Recognising that our 'in need' families are highly likely to present multiple needs and inequalities, therefore to have maximum impact it is important these needs are, where possible, addressed in the whole

## Appendix 1: Children and young people populations by age group, 2015

**Table 10: Children and young people populations by district and age group, 2015**

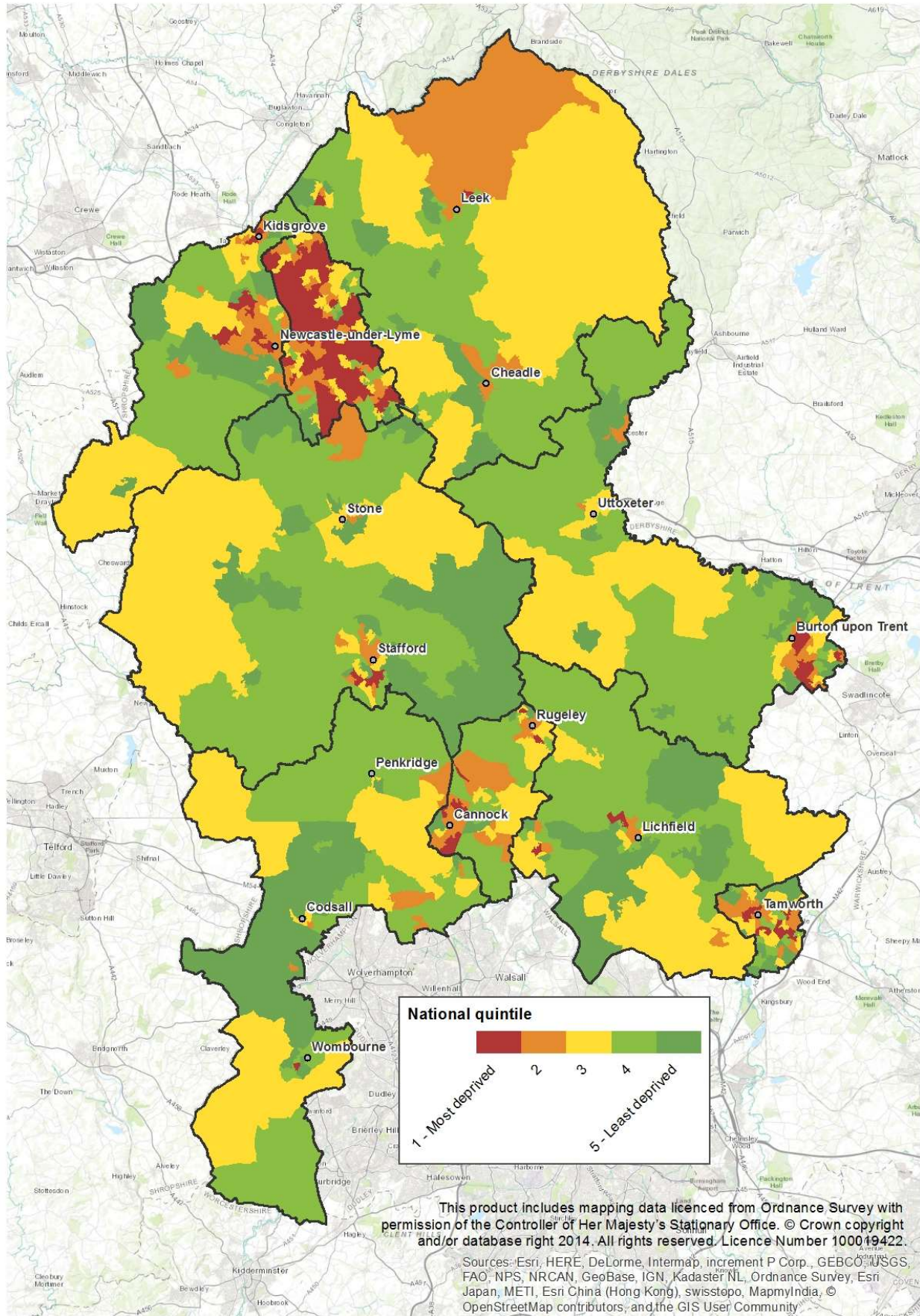
	<b>0-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>	<b>0-19</b>	<b>0-17</b>	<b>All ages</b>
Cannock Chase	5,600 (5.7%)	5,800 (5.9%)	5,300 (5.4%)	5,800 (5.9%)	22,500 (22.8%)	20,100 (20.4%)	98,500 (100.0%)
East Staffordshire	7,300 (6.3%)	7,000 (6.1%)	6,700 (5.8%)	6,600 (5.7%)	27,600 (23.8%)	25,100 (21.6%)	116,000 (100.0%)
Lichfield	5,200 (5.1%)	5,600 (5.5%)	5,500 (5.3%)	5,700 (5.6%)	22,000 (21.4%)	19,800 (19.3%)	102,700 (100.0%)
Newcastle-under-Lyme	6,500 (5.1%)	6,700 (5.3%)	6,400 (5.1%)	8,000 (6.3%)	27,600 (21.7%)	23,900 (18.8%)	127,000 (100.0%)
South Staffordshire	5,000 (4.5%)	5,400 (4.9%)	5,600 (5.0%)	6,200 (5.6%)	22,200 (20.1%)	19,800 (17.9%)	110,700 (100.0%)
Stafford	6,600 (5.0%)	7,400 (5.5%)	6,800 (5.1%)	7,200 (5.4%)	27,900 (21.0%)	25,100 (18.9%)	132,500 (100.0%)
Staffordshire Moorlands	4,500 (4.6%)	5,100 (5.2%)	5,200 (5.3%)	5,400 (5.6%)	20,200 (20.7%)	18,200 (18.6%)	97,900 (100.0%)
Tamworth	4,700 (6.1%)	5,000 (6.4%)	4,500 (5.8%)	4,600 (6.0%)	18,800 (24.3%)	16,900 (21.9%)	77,100 (100.0%)
Staffordshire	45,300 (5.3%)	48,000 (5.6%)	45,900 (5.3%)	49,600 (5.7%)	188,800 (21.9%)	168,800 (19.6%)	862,600 (100.0%)
Stoke-on-Trent	17,800 (7.1%)	16,100 (6.4%)	13,700 (5.4%)	14,600 (5.8%)	62,300 (24.7%)	56,100 (22.3%)	251,600 (100.0%)
<b>Staffordshire and Stoke-on-Trent</b>	<b>63,200 (5.7%)</b>	<b>64,100 (5.8%)</b>	<b>59,600 (5.3%)</b>	<b>64,200 (5.8%)</b>	<b>251,000 (22.5%)</b>	<b>225,000 (20.2%)</b>	<b>1,114,200 (100.0%)</b>
<b>West Midlands</b>	<b>365,300 (6.4%)</b>	<b>360,100 (6.3%)</b>	<b>329,700 (5.7%)</b>	<b>353,900 (6.2%)</b>	<b>1,408,900 (24.5%)</b>	<b>1,261,900 (21.9%)</b>	<b>5,751,000 (100.0%)</b>
<b>England</b>	<b>3,434,700 (6.3%)</b>	<b>3,357,500 (6.1%)</b>	<b>3,000,300 (5.5%)</b>	<b>3,213,300 (5.9%)</b>	<b>13,005,700 (23.7%)</b>	<b>11,677,900 (21.3%)</b>	<b>54,786,300 (100.0%)</b>

*Note: Numbers may not add up due to rounding*

*Source: 2015 mid-year population estimates, Office for National Statistics, Crown copyright*



## Appendix 2: Deprivation in Staffordshire and Stoke-on-Trent



Source: Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015



## Appendix 3: List of wards in high risk areas for children's need

### Staffordshire

Ward name	Local authority	Out of work benefits	Financial stress	Children in low-income households	Free school meals	Overcrowded housing	Lone parent households	Anti-social behaviour	GCSE attainment	Youth unemployment	Excess weight (Reception)	Emergency admissions (under 20s)	Young carers (under 16s)	Children in need	Child protection plans	Looked after children	Preventable mortality	Number of indicators assessed worse than England
Cannock North	Cannock Chase	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	14
Chadsmead	Lichfield	✓	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓	✓		12
Leek North	Staffordshire Moorlands	✓	✓	✓	✓		✓		✓		✓	✓	✓	✓	✓		✓	12
Cannock East	Cannock Chase	✓	✓	✓	✓		✓		✓	✓				✓	✓	✓	✓	11
Cross Heath	Newcastle-under-Lyme	✓	✓	✓	✓		✓	✓	✓	✓		✓		✓			✓	11
Knutton and Silverdale	Newcastle-under-Lyme	✓	✓	✓	✓		✓	✓	✓			✓		✓		✓	✓	11
Highfields & Western Downs	Stafford	✓	✓	✓	✓		✓	✓				✓		✓	✓	✓	✓	11
Glascote	Tamworth	✓	✓	✓	✓		✓	✓			✓	✓			✓	✓	✓	11
Shobnall	East Staffordshire	✓	✓	✓		✓	✓	✓			✓	✓		✓		✓		10
Stapenhill	East Staffordshire	✓	✓	✓			✓	✓	✓			✓		✓	✓		✓	10
Holditch	Newcastle-under-Lyme	✓	✓	✓	✓		✓			✓	✓	✓		✓	✓			10
Eton Park	East Staffordshire	✓	✓	✓	✓	✓	✓	✓						✓			✓	9
Biddulph East	Staffordshire Moorlands	✓	✓	✓	✓		✓						✓	✓		✓	✓	9
Anglesey	East Staffordshire		✓	✓		✓	✓	✓	✓			✓			✓			8
Butt Lane	Newcastle-under-Lyme	✓	✓	✓	✓		✓						✓	✓				7
Town	Newcastle-under-Lyme	✓	✓					✓				✓		✓	✓		✓	7
Cannock South	Cannock Chase	✓	✓	✓				✓			✓			✓				6
Silverdale and Parksite	Newcastle-under-Lyme	✓	✓	✓	✓							✓					✓	6
Doxey & Castletown	Stafford		✓	✓	✓		✓					✓				✓		6
Stonydelph	Tamworth		✓				✓		✓			✓			✓		✓	6

Ward name	Local authority	Out of work benefits	Financial stress	Children in low-income households	Free school meals	Overcrowded housing	Lone parent households	Anti-social behaviour	GCSE attainment	Youth unemployment	Excess weight (Reception)	Emergency admissions (under 20s)	Young carers (under 16s)	Children in need	Child protection plans	Looked after children	Preventable mortality	Number of indicators assessed worse than England
Hednesford North	Cannock Chase	✓	✓					✓	✓				✓					5
Horninglow	East Staffordshire	✓	✓				✓					✓					✓	5
Chasetown	Lichfield	✓	✓				✓	✓									✓	5
Chesterton	Newcastle-under-Lyme		✓				✓	✓				✓		✓				5
Talke	Newcastle-under-Lyme	✓			✓				✓			✓	✓					5
Common	Stafford		✓					✓				✓		✓	✓			5
Belgrave	Tamworth		✓		✓		✓					✓			✓			5
Brereton and Ravenhill	Cannock Chase		✓	✓	✓		✓											4
Burton	East Staffordshire	✓	✓					✓									✓	4
Winshill	East Staffordshire	✓	✓	✓			✓											4
Fazeley	Lichfield	✓							✓			✓				✓		4
Bradwell	Newcastle-under-Lyme							✓			✓	✓		✓				4
Penkside	Stafford	✓	✓				✓									✓		4
Leek East	Staffordshire Moorlands	✓						✓			✓	✓						4

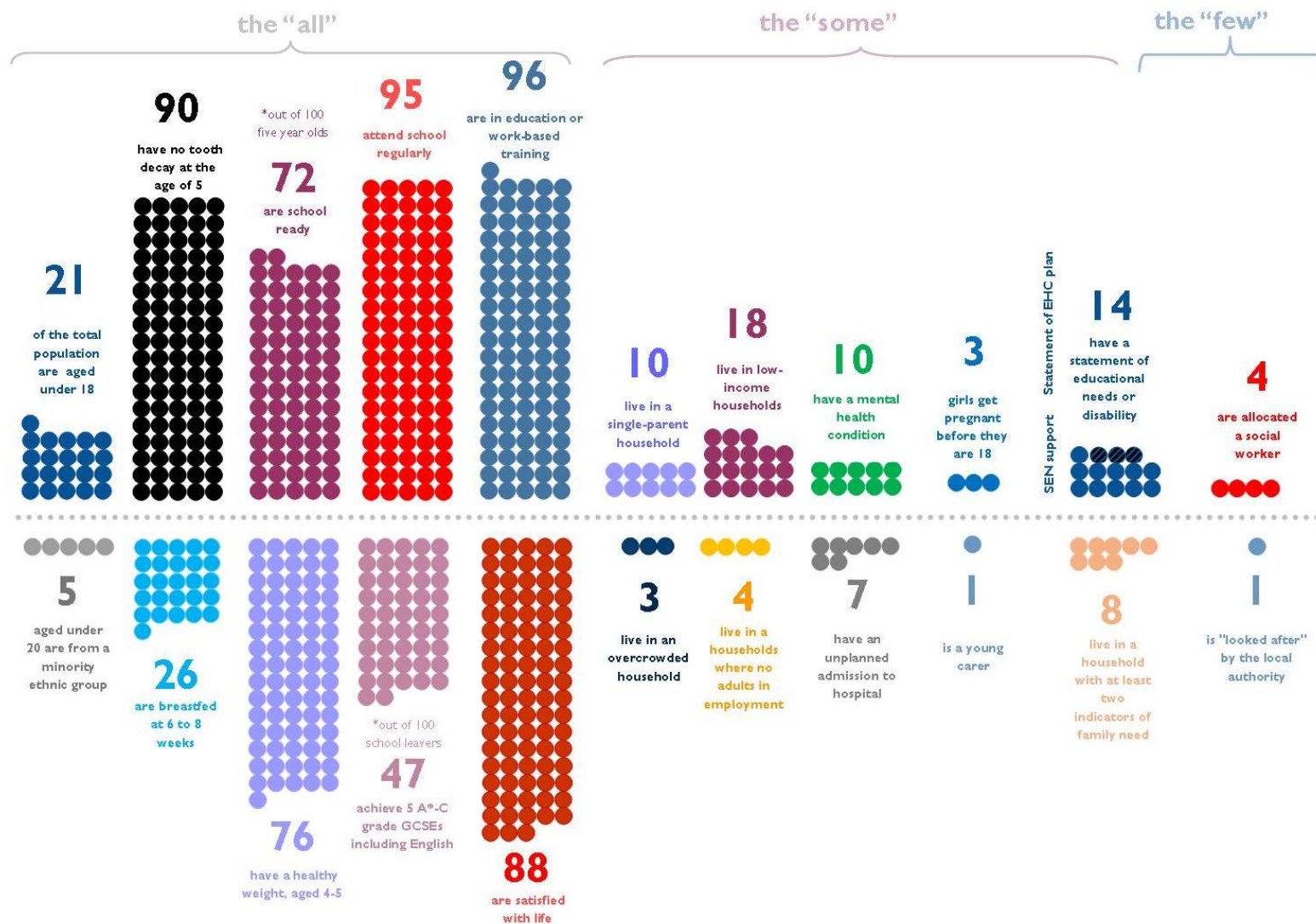
## Stoke-on-Trent

Ward name	Out of work benefits	Financial stress	Children in low-income households	Free school meals	Overcrowded housing	Lone parent households	Anti-social behaviour	Youth unemployment	Excess weight (Reception)	Emergency admissions (under 20s)	Young carers (under 16s)	Children in need	Child protection plans	Looked after children	Preventable mortality	Number of indicators assessed worse than England
Little Chell and Stanfield	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	14
Abbey Hulton and Townsend	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	13
Tunstall	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	13
Bentilee and Ubberley	✓	✓	✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	12
Etruria and Hanley	✓	✓	✓	✓	✓	✓	✓			✓		✓	✓	✓	✓	12
Goldenhill and Sandyford	✓	✓	✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	12

## Appendix 4: Summary of health and wellbeing needs for children by district

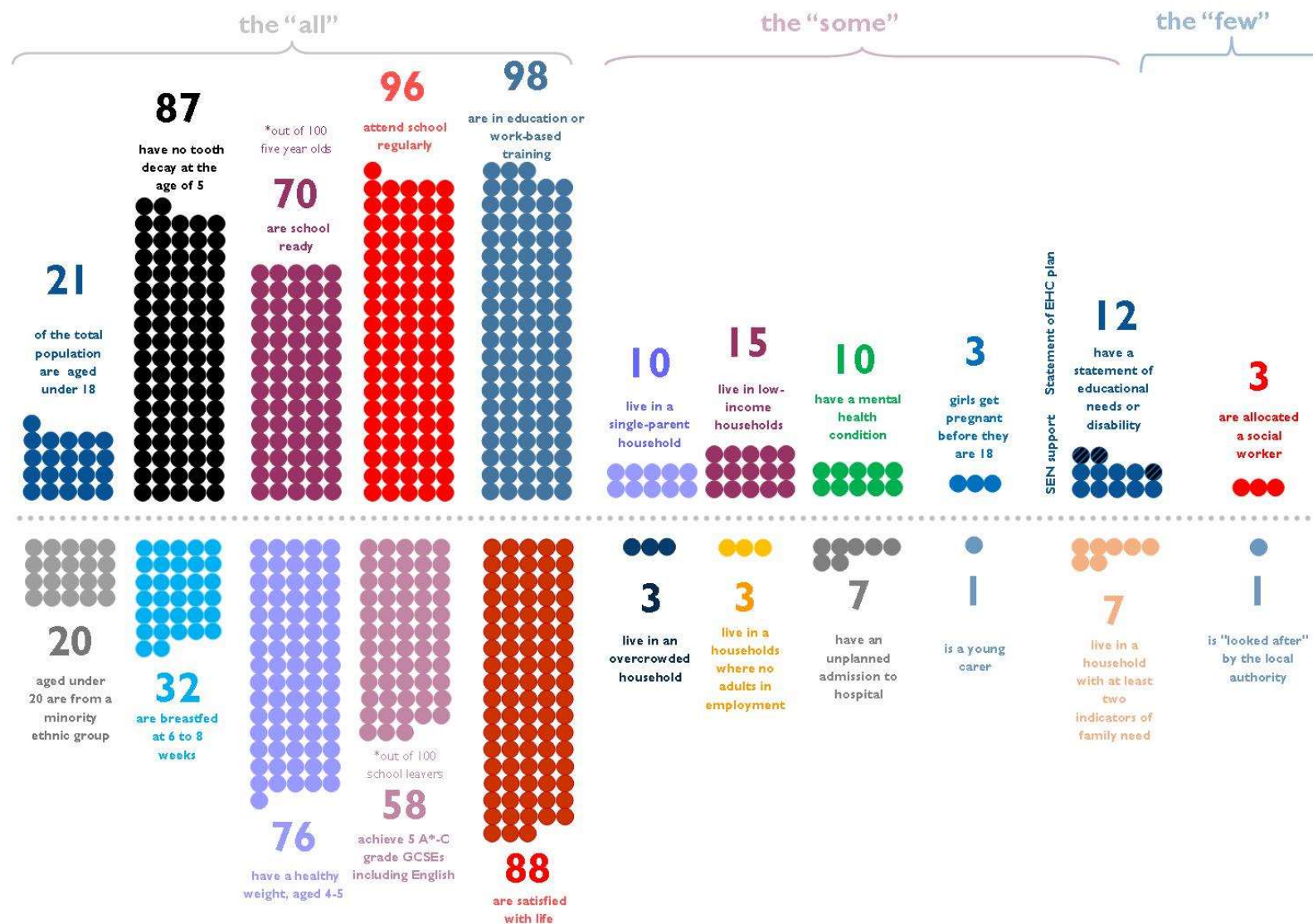
Out of 100 children in Cannock Chase (numbers are based on appropriate age group)

Total population (2015) = 98,500; children and young people aged under 18 = 20,100



Out of 100 children in East Staffordshire (numbers are based on appropriate age group)

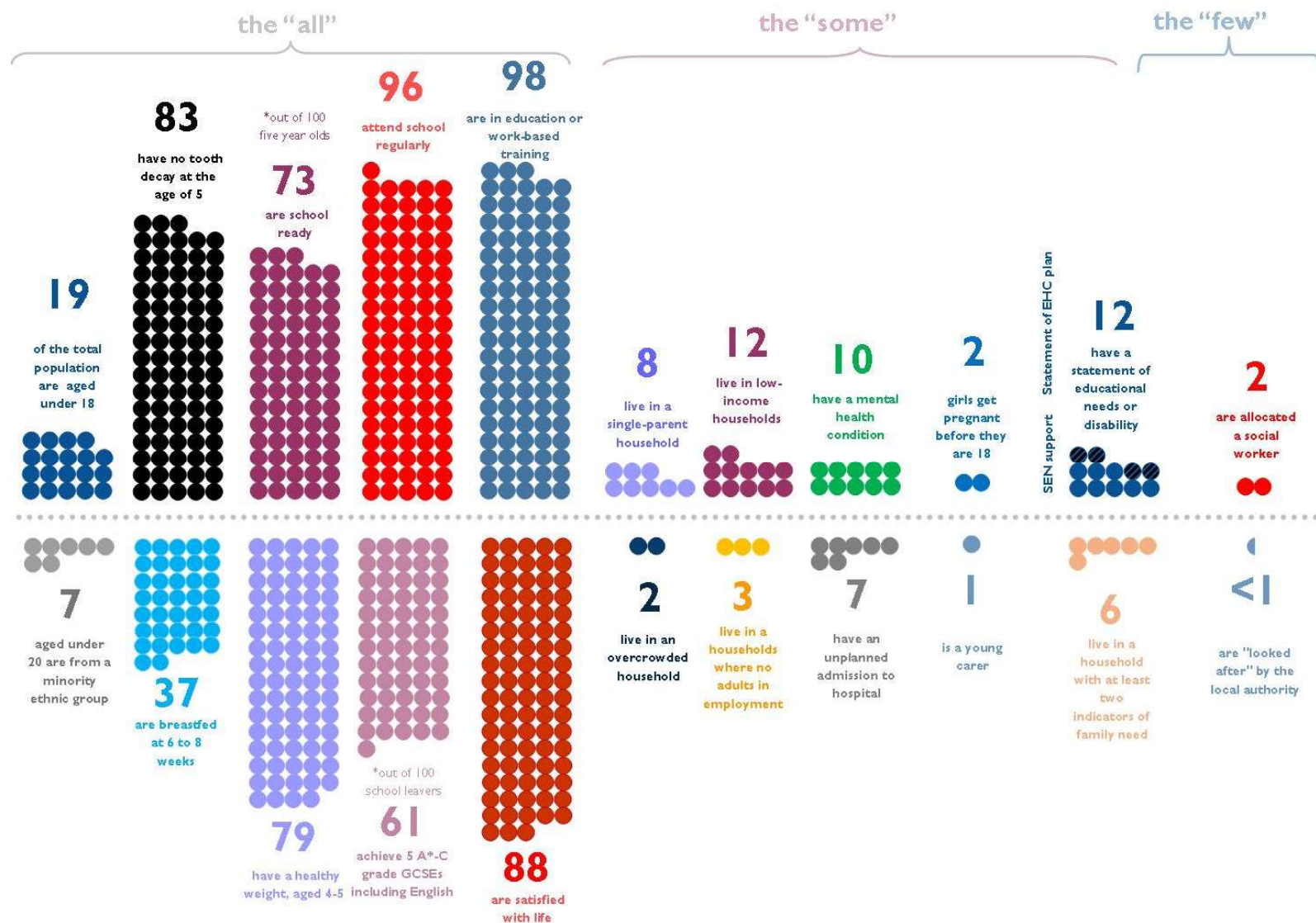
Total population (2015) = 116,000; children and young people aged under 18 = 25,100





## Out of 100 children in Lichfield *(numbers are based on appropriate age group)*

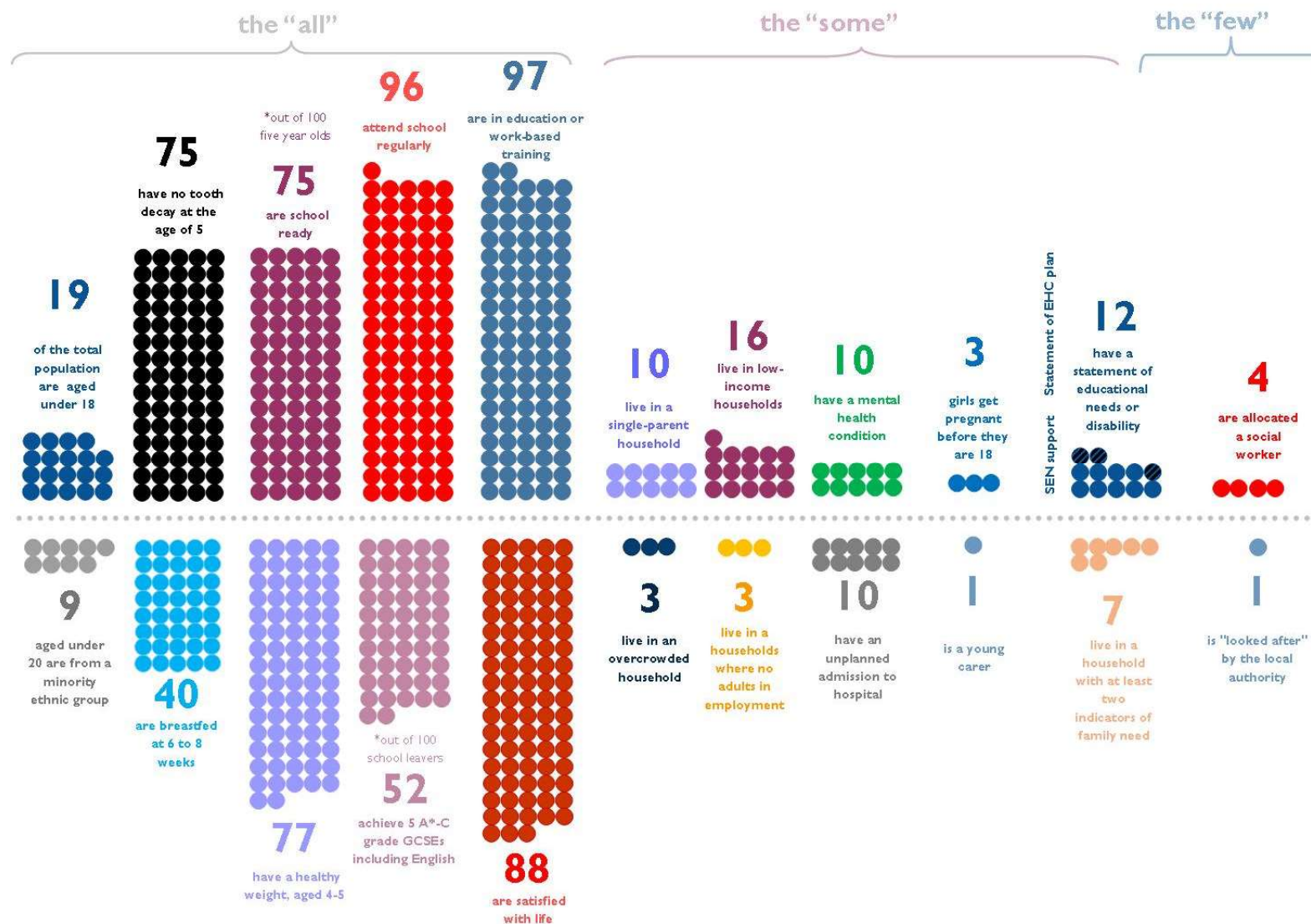
Total population (2015) = 102,700; children and young people aged under 18 = 19,800





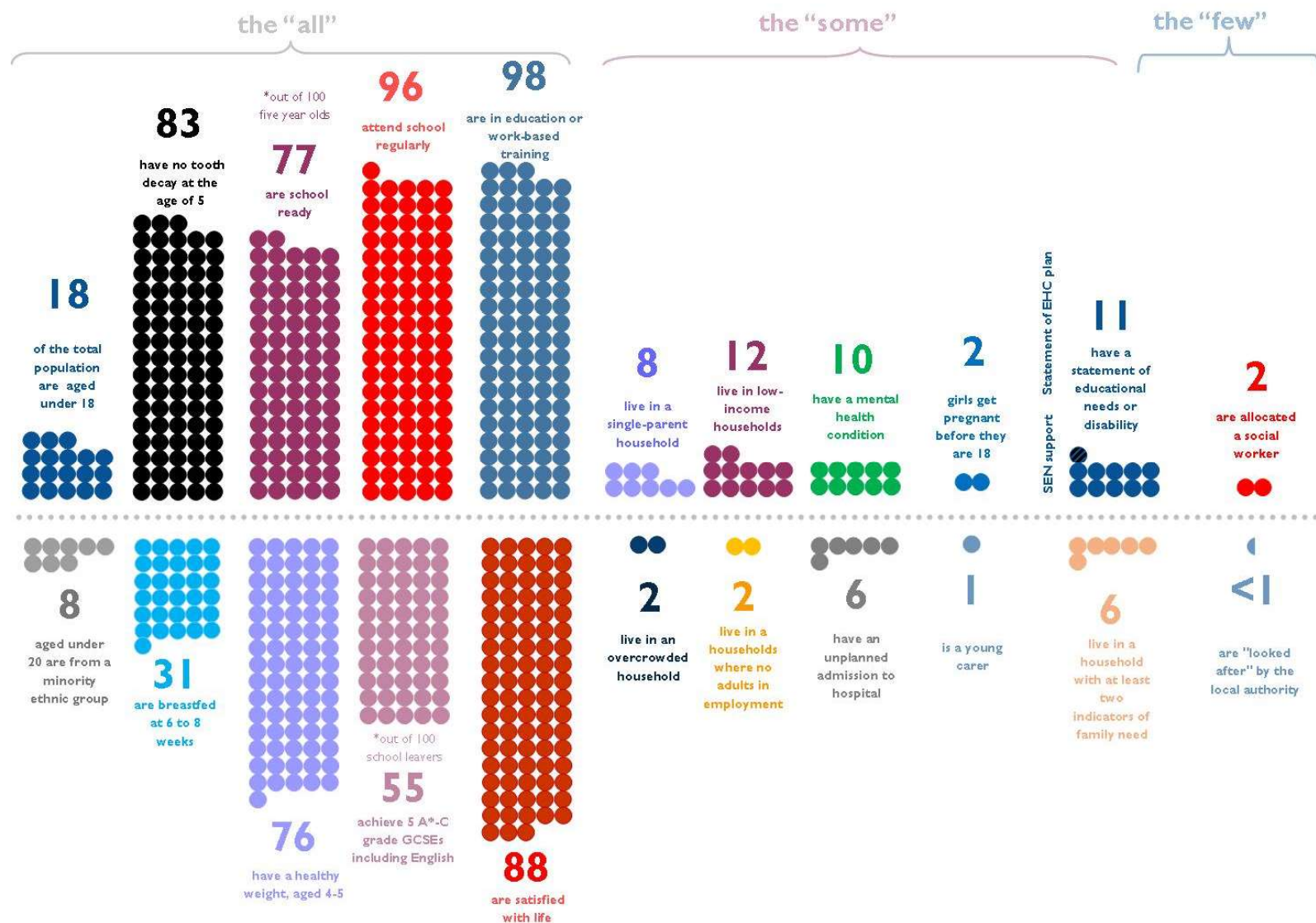
## Out of 100 children in Newcastle-under-Lyme (numbers are based on appropriate age group)

Total population (2015) = 127,000; children and young people aged under 18 = 23,900



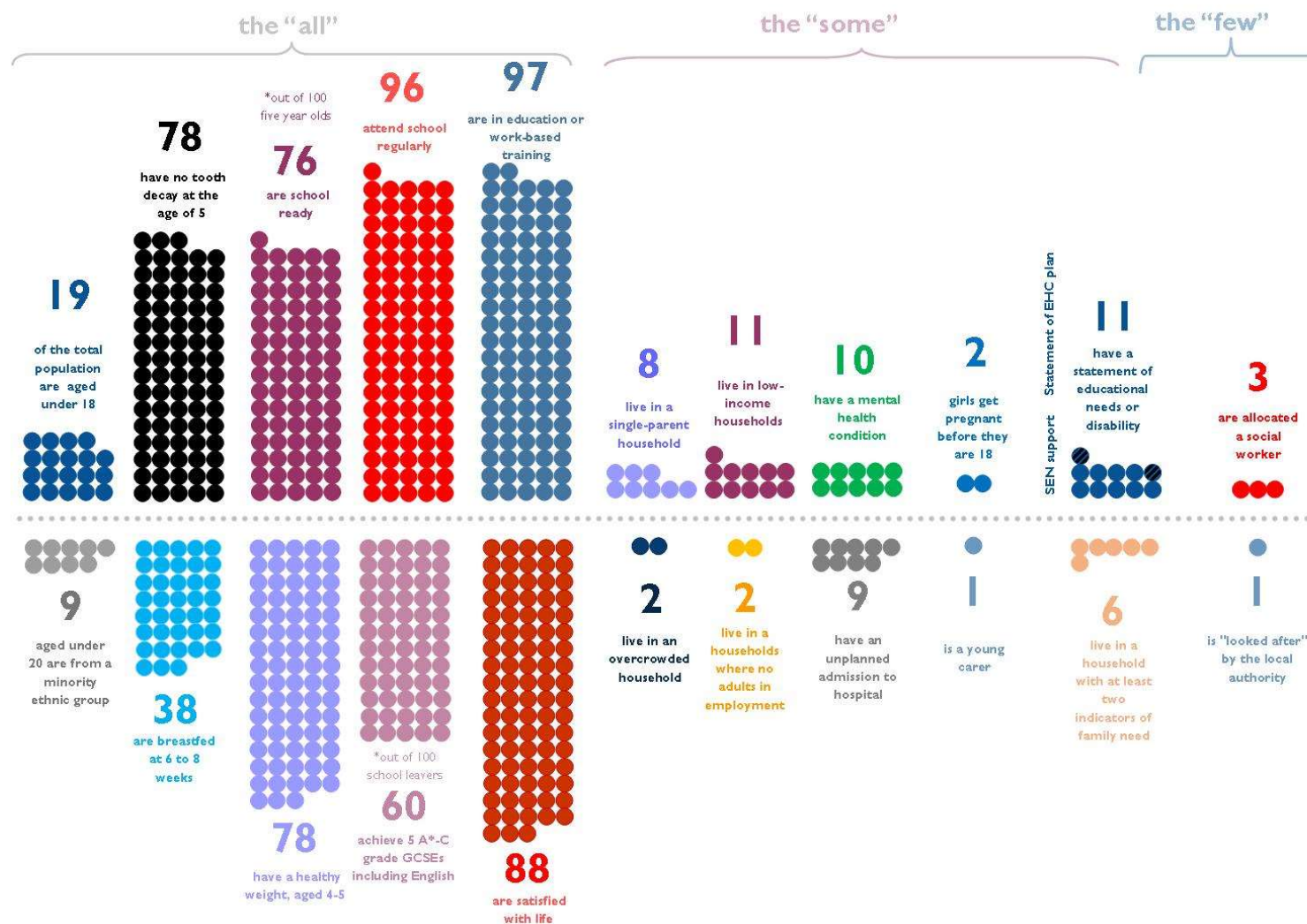
## Out of 100 children in South Staffordshire *(numbers are based on appropriate age group)*

Total population (2015) = 110,700; children and young people aged under 18 = 19,800



## Out of 100 children in Stafford (numbers are based on appropriate age group)

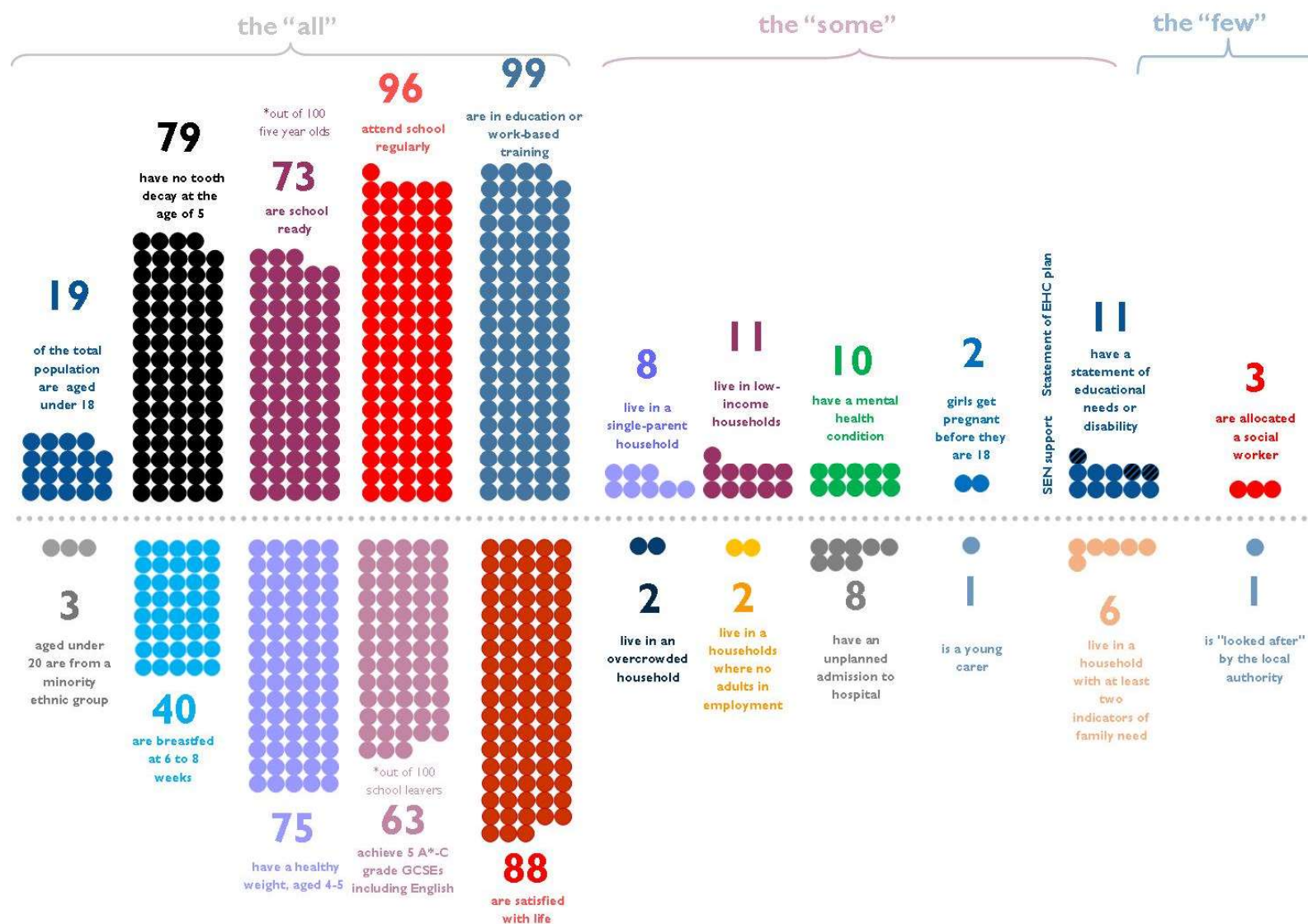
Total population (2015) = 132,500; children and young people aged under 18 = 25,100





## Out of 100 children in Staffordshire Moorlands (numbers are based on appropriate age group)

Total population (2015) = 97,900; children and young people aged under 18 = 18,200



## Out of 100 children in Tamworth (numbers are based on appropriate age group)

Total population (2015) = 77,100; children and young people aged under 18 = 16,900

