

Children's Joint Strategic Needs Assessment Staffordshire and Stoke-on- Trent

Executive Summary

March 2017

Document details

Title	Children's Joint Strategic Needs Assessment – Executive Summary
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Description	This report brings together information from a variety of sources to give an enriched picture of our children and young people and families and also the communities they live in
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Key Issues

The majority of children and young people in Staffordshire and Stoke-on-Trent are happy, healthy and well-supported by their parents and carers. However even these children and families may require help from time to time and our analysis has highlighted that some children and young people in Staffordshire and Stoke-on-Trent face multiple health and wellbeing inequalities.

Our analysis has highlighted the following as key inequalities for some children and young people locally:

- Educational attainment and transition into further education/training and employment
- Infant mortality
- Unhealthy lifestyles and risk taking behaviour

Our analysis has highlighted that locally our most acute, specialist services for children and young people are facing increasing demand, mainly:

- Hospital admissions
- Safeguarding services

Reviewing our analysis across all 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/households 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.

Children and young people population

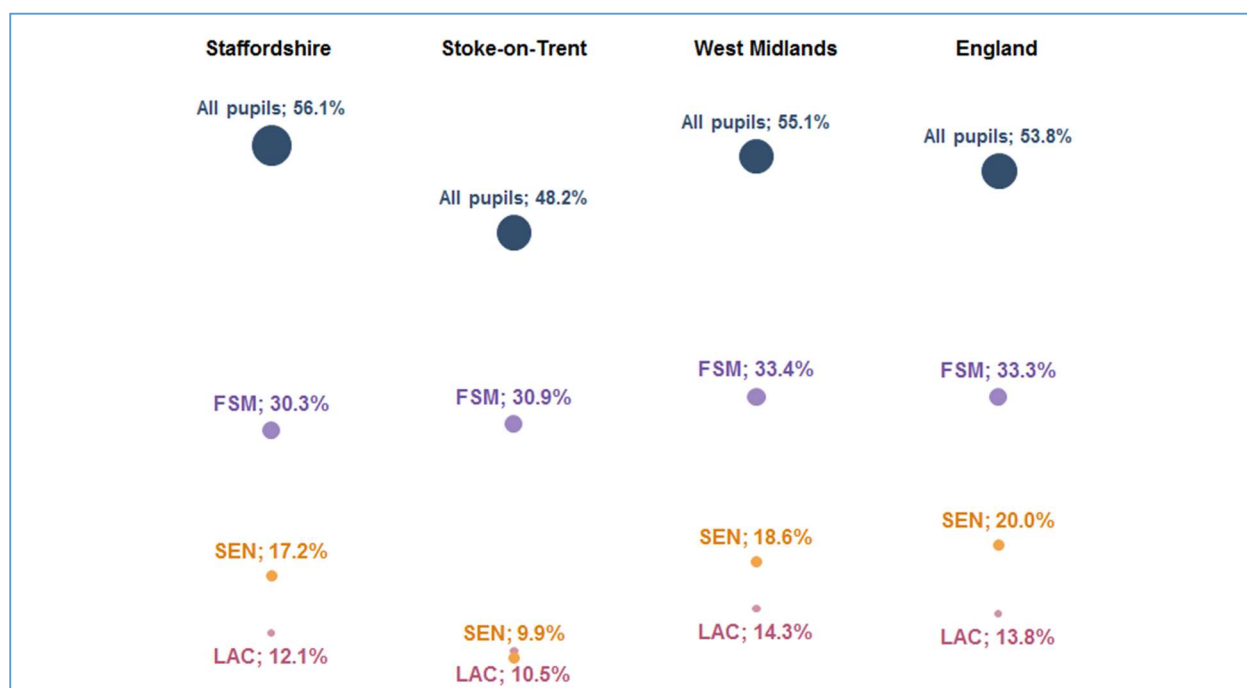
- There are around 225,000 children and young people under 18 across Staffordshire and Stoke-on-Trent making up around one-fifth of the population.
- Stoke-on-Trent, Tamworth and East Staffordshire however have higher proportions of younger populations compared with England.

Looking to the future, the number of children and young people is expected to remain fairly static. 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.

Educational attainment and transition into further education/training and employment

There is a wealth of international research that highlights the impact that educational attainment has on a range of later life outcomes, including income, health and wellbeing. The JSNA describes how generally, Staffordshire performs in-line or above the national average for educational attainment, however Stoke-on-Trent generally performs below the national average. Analysis of different cohorts of children and young people shows a stark picture, with a range of inequalities existing for some of our children and young people.

Figure 1: 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

Children who leave school with low levels of qualifications are more likely to suffer a range of inequalities as they transition into adulthood. Analysis of the top and worst performing wards in Staffordshire for GCSE attainment, clearly shows that in areas where GCSE attainment is low, levels of NEETs and youth unemployment are high.

- In the worst 10% of wards for GCSE attainment, less than a third of pupils (32.6%) achieved at least five GCSEs at grade A*-C including English and maths in 2014/15, whereas in the top 10% of wards 81.5% of pupils were able to achieve this level.
- Rates of NEETs and youth unemployment (5.0%¹ and 1.7%² respectively) are higher in the wards that perform worst for GCSE attainment than the Staffordshire averages (2.8% and 1.1% respectively).

¹ NEETs data – July 2016

² Youth unemployment data – June 2016

Research identifies two key factors that impact on educational attainment:

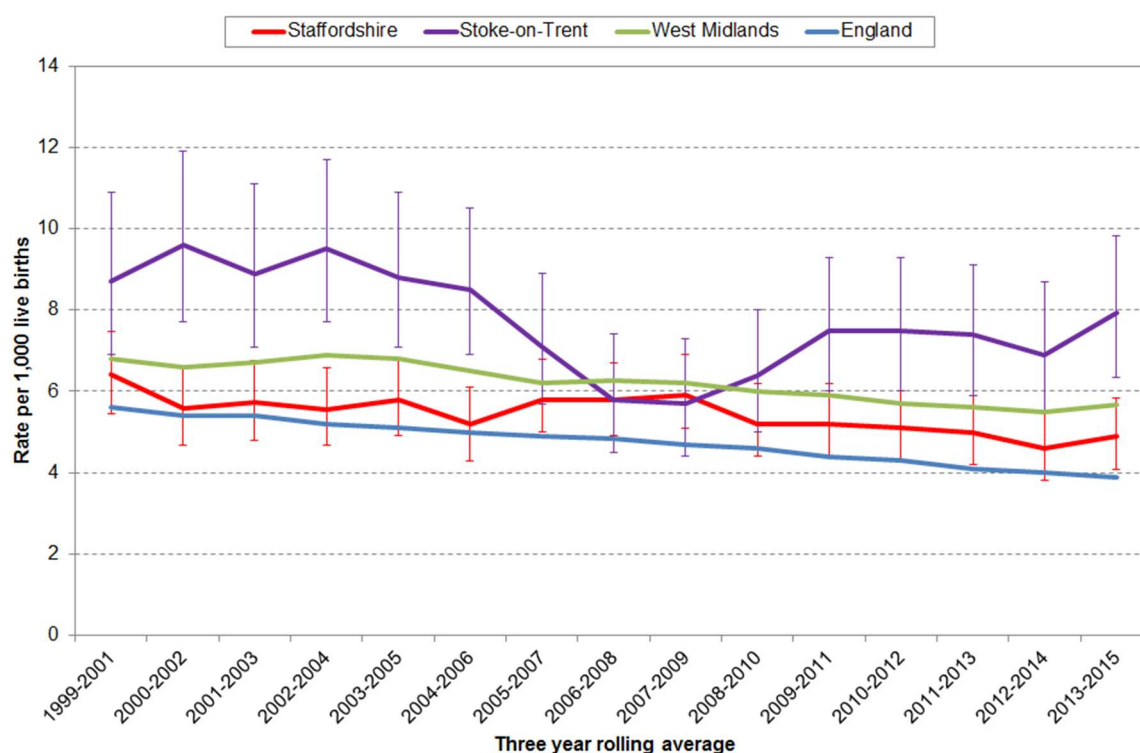
- Parental socio-economic conditions and behaviours; and
- Quality of education provision.

At the end of October 2016, 86% of schools in Staffordshire were graded good or outstanding by Ofsted and at August 2016 82% percent of schools in Stoke-on-Trent were graded good or outstanding. This percentage continues to improve year-on-year, however Staffordshire remains below national and statistical neighbour averages.

Infant mortality

On average 90 children died before their 18th birthday every year across Staffordshire and Stoke-on-Trent (2013-2015). Around 70 of these deaths were infants who died before their first birthday. For both Staffordshire and Stoke-on-Trent, infant mortality rates are higher than England (See Figure 2).

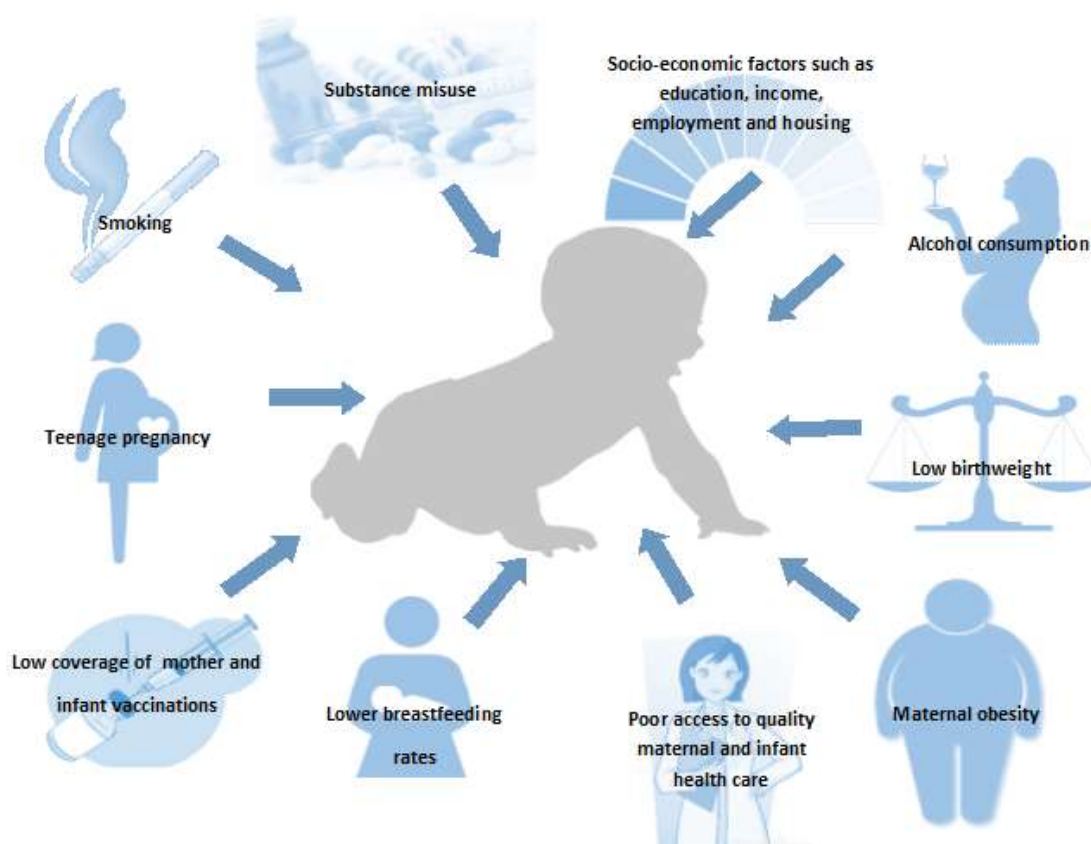
Figure 2: Trends in infant mortality



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

A number of risk factors, as illustrated in Figure 3, 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.

Figure 3: Risk factors associated with infant mortality



Both Cannock Chase and Stoke-on-Trent had higher infant mortality for 2013-15 when compared with England. Stoke-on-Trent infant mortality has been higher than England since 2008-10 with a number of the associated risk factors, such as children in low income families, non-decent homes, employment, low birthweight, breastfeeding and teenage pregnancy all being worse for Stoke-on-Trent.

Local Safeguarding Children Boards (LSCBs) are required to review the deaths of all children in their area. The pan-Staffordshire Child Death Overview Panel 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. In 2015/16:

- Two-thirds of deaths reviewed were categorised as either chromosomal, genetic and congenital anomalies or perinatal/neonatal event and eight deaths (9%) were categorised as sudden unexpected, unexplained deaths.
- Modifiable factors were identified in 17 deaths (20%), factors identified include:
 - Consanguinity (5 deaths)
 - Sleeping arrangements (4 deaths)
 - Smoking (4 deaths)
 - Asthma (2 deaths)

Healthy lifestyles and behaviours

Results from the national 'What About YOUth' (WAY) survey conducted in 2015 gives us some comparative information on health behaviours for 15 year old pupils which may help us to focus on behaviours of greatest concern. A summary of key indicators is shown in

Table 1. 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 1: Summary of health behaviours in 15 year olds, 2014/15

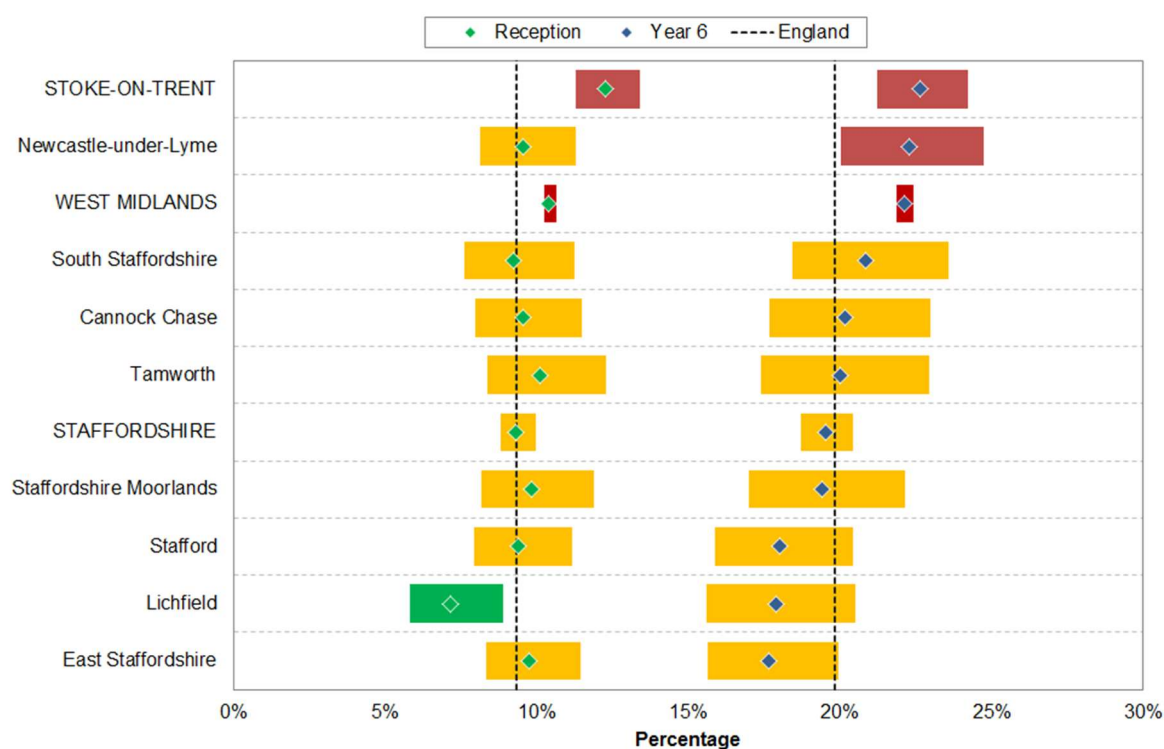
	Staffordshire	Stoke-on-Trent	West Midlands	England
Current smokers	7.9%	12.5%	7.0%	8.2%
Have tried e-cigarettes	21.1%	25.5%	16.9%	18.4%
Had an alcoholic drink	68.8%	60.9%	56.3%	62.4%
Regular drinkers	6.5%	5.7%	5.5%	6.2%
Physically active	13.2%	15.2%	13.8%	13.9%
Physically inactive	72.0%	77.5%	70.9%	70.1%
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

Obesity

The prevalence of Staffordshire children who were obese in school reception year (aged four to five) is 9%, increasing significantly to 20% by the time children are in Year 6 (aged 10-11). 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 (see Figure 4).

Figure 4: Children who are obese, 2015/16

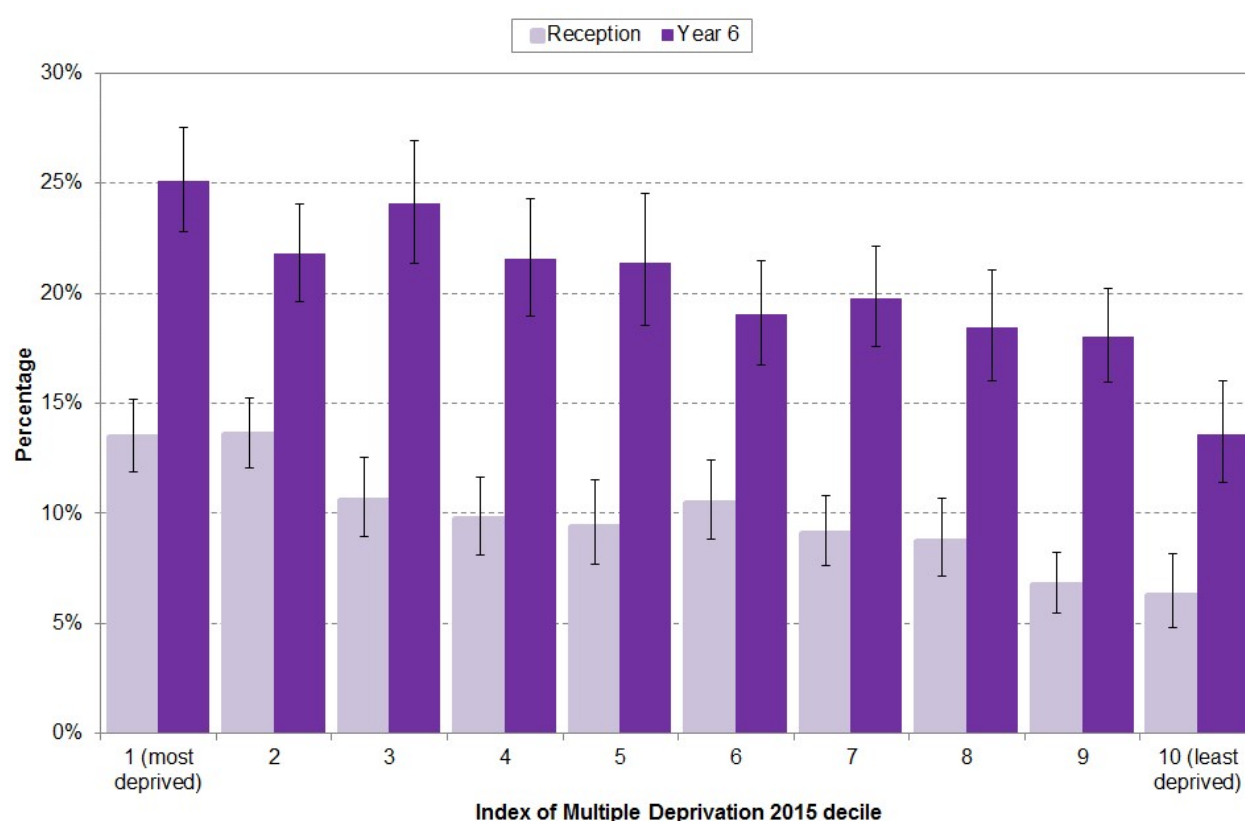


Source: National Child Measurement Programme: results from the school year 2015/16, headline results, Copyright, The Information Centre for Health and Social Care. All Rights Reserved

Children from poorer families are more likely to be obese, 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 5)

In Staffordshire, Cannock North and Anglesey record higher than average obesity rates for both reception and year 6, these two wards are also classified as 'high risk' in our Children In Need Index for a range of other indicators.

Figure 5: 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

Mental health

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.

Things that can help keep children and young people mentally well include³:

- 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

Data to estimate the scale of the challenge in Staffordshire and Stoke-on-Trent highlights that:

³ <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

- Nationally it is estimated that around one in 10 children aged between five and 16 have a mental health condition. Based on 2015 populations this equates to 10,800 children in Staffordshire and 3,300 in Stoke-on-Trent.
- In 2016, in Staffordshire schools, there were 1,685 pupils (1.4%) with a primary need of Social, Emotional and Mental Health (SEMH) that required a statement/Education Health and Care Plan (EHCP). This represents a slight increase from 2015 (1,613 pupils 1.3%). In Stoke-on-Trent schools there were 898 pupils (2.4%). These figures relate to a pupil's main presenting need/most significant need; therefore other pupils may still have some level of SEMH needs.

Poor mental health is a known risk factor that can impact on educational attainment, risk taking behaviours and victimisation.

- 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.

Risk taking behaviours

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.

Analysis of the additional needs of this cohort of children and young people identify:

- Mental health, self-harming and offending or antisocial behaviour as most prevalent in Staffordshire.
- Offending or antisocial behaviour, domestic abuse and others' substance misuse as most prevalent in Stoke-on-Trent.

Table 2: Additional vulnerabilities identified for new presentations at specialist substance misuse services, 2015/16

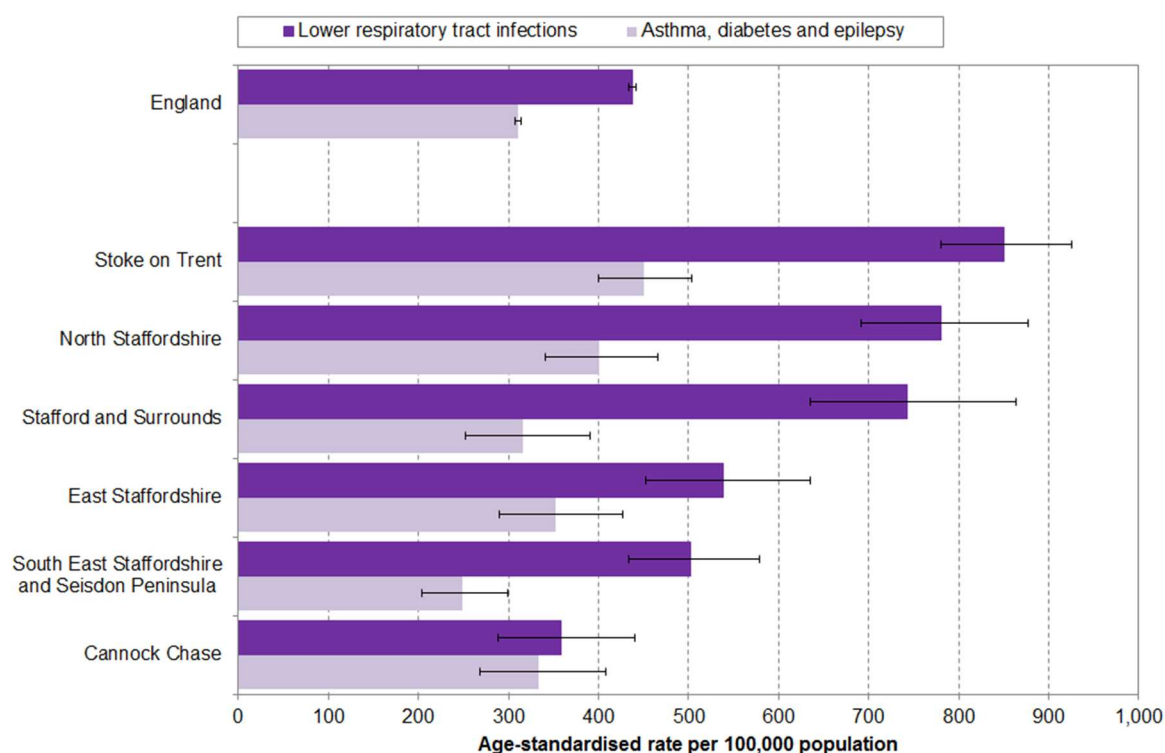
	Staffordshire	Stoke-on-Trent	England
Identified mental health problem	37%	15%	19%
Involved in self-harm	34%	18%	17%
Involved in offending/antisocial behaviour	27%	43%	32%
Affected by others' substance misuse	20%	29%	23%
Looked after children	17%	25%	12%
Not in education, employment or training	13%	16%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

Hospital Admissions

- During 2015/16 there were more than 21,000 emergency (unplanned) hospital admissions for children and young people under 19 across the County and City, 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 Clinical Commissioning Groups in Staffordshire having rates higher than the England average (Figure 6).
- 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.
- 31% percent of emergency admissions related to young people who live in the 20% most deprived lower super output areas nationally and over half of admissions were accounted for by young people living in the 40% most deprived lower super output areas.
- Local hospital data for 2015/16 shows us that 22% of Pan Staffordshire young persons who were admitted had more than one emergency hospital admission during the financial year and just under 2% had five or more emergency admissions.

Figure 6: 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

Safeguarding Services

Demands on children's social services have been increasing and this trend appears set to continue:

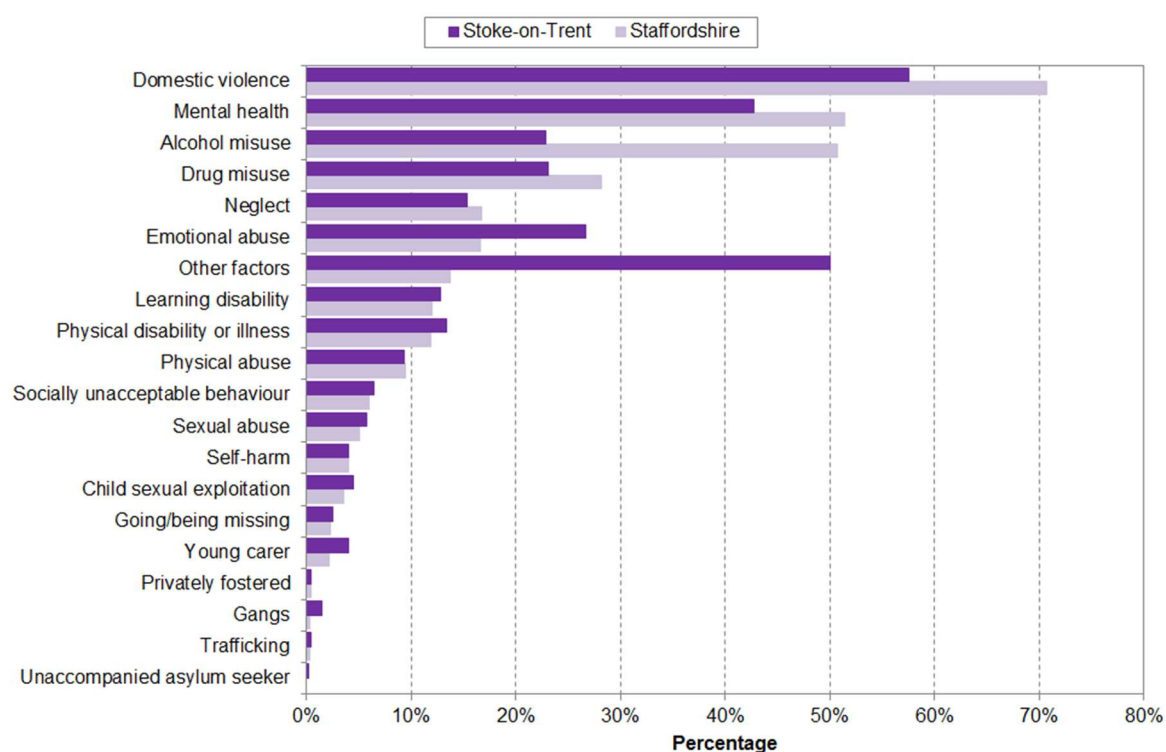
- Increasing numbers of children subject to a Child Protection Plan.
 - On 31st March 2016, there were around 700 children who were the subject of a Child Protection Plan (CPP) in Staffordshire and 350 in Stoke-on-Trent; rates in Stoke-on-Trent are much higher than England. In both areas, the numbers subject to a CPP have increased over the last five years, particularly in Staffordshire. However, regional intelligence does indicate that current CPP rates in Staffordshire are broadly in line with expectations of keeping the right children safeguarded based on comparative levels of deprivation across the country.
- Increasing numbers of 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.
 - Based on 2016 data, on average, every additional LAC costs Staffordshire £58,760 per year and Stoke-on-Trent £33,800⁴. Over the past five years, the average annual increase in LAC in Staffordshire and Stoke-on-Trent was 38 and 49 children per year respectively. If we were to see this increase in 2017, this could lead to additional costs of approximately £2,232,880 in Staffordshire and £1,656,200 in Stoke-on-Trent.

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 include parental domestic abuse, mental ill-health or substance misuse (alcohol or drug misuse) – these three factors are often referred to as the 'toxic trio'. Other reasons include neglect or emotional abuse.

⁴ Source: DfE Local Authority Interactive Tool (LAIT): <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>, S251/Outturn weekly unit costs.

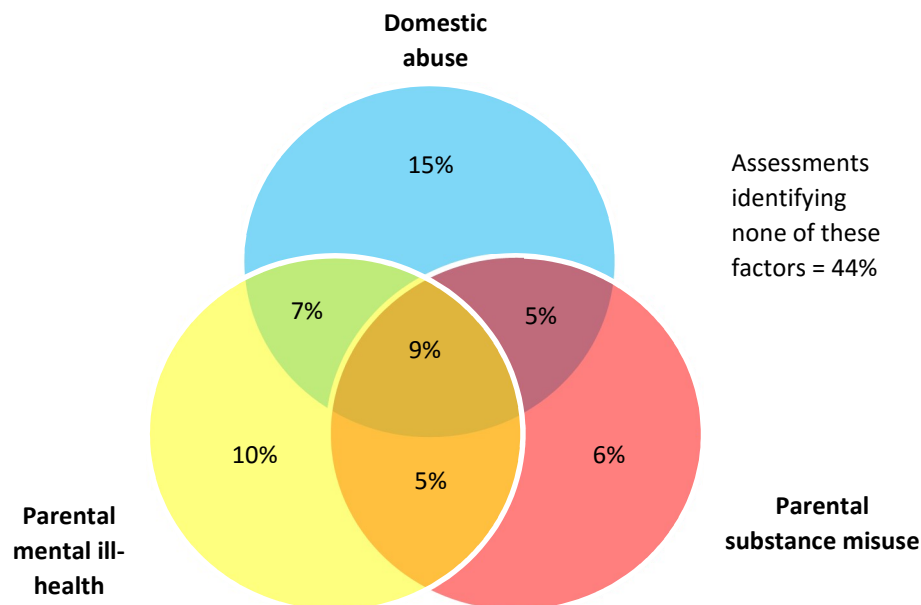
Figure 7: Factors identified at the end of assessment, 2015/16



Note: Denominator excludes those assessments where no factors identified in case / further action required
Source: Department for Education

Many children will have more than one factor identified. Figure 8 looks at the percentage of assessments in Staffordshire that had one or more of the top three factors recognised.

Figure 8: Toxic trio factors recognised at child social care assessment in Staffordshire, 2015/16



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

Tackling Parental or Family Issues

Throughout the JSNA, our analysis has highlighted the important role that parental and family issues play on shaping the outcomes and life chances of children and young people in Staffordshire.

- The most prevalent risk factor demonstrated by our most 'high risk' wards for our Children in Need index is family financial stress (90% of all 'high risk' wards).
- The top three underlying factors identified following Children's Social Care assessment are all related to parental issues - domestic abuse, mental ill-health and substance misuse (alcohol or drug misuse).
- 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%).

Families Facing Multiple Needs and Inequalities

Our analysis indicates that it is often the same families and communities that suffer a range of inequalities. To have greatest impact on inequalities, we need to consider the issues in a more holistic way and look to address the underlying factors as well as the symptoms.

The Children In Need Index has been produced to aid targeting of resources to those areas most in need. The Index has highlighted 40 wards across Staffordshire and Stoke-on-Trent that display high need across a range of indicators. However even within this cohort of 'high need' areas there are some wards which display very acute needs:

Table 3: Wards displaying most acute needs - Staffordshire

Ward	District/Borough	Total Number of Risk Factors
Cannock North	Cannock Chase	14
Chadsmead	Lichfield	12
Leek North	Staffordshire Moorlands	12
Cannock East	Cannock Chase	11
Knutton and Silverdale	Newcastle-under-Lyme	11
Highfields & Western Downs	Stafford	11
Cross Heath	Newcastle-under-Lyme	11
Glascote	Tamworth	11
Stapenhill	East Staffordshire	10
Shobnall	East Staffordshire	10
Holditch	Newcastle-under-Lyme	10
Biddulph East	Staffordshire Moorlands	9
Eton Park	East Staffordshire	9
Anglesey	East Staffordshire	8
Butt Lane	Newcastle-under-Lyme	7
Town	Newcastle-under-Lyme	7

Table 4: Wards displaying most acute needs – Stoke-on-Trent

Ward	Total Number of Risk Factors
Little Chell and Stanfield	14
Abbey Hulton and Townsend	13
Tunstall	13
Bentilee and Ubberley	12
Etruria and Hanley	12
Goldenhill and Sandyford	12

Conclusion

- Inequalities shouldn't be viewed in isolation. The evidence indicates that it is often the same families and communities that suffer a range of inequalities. Inequalities and needs are interrelated, as such we are more likely to have positive impact if they are tackled together rather than in silos.
- Importance of tackling the socio-economic conditions of parents to positively impact on outcomes for the child. Adults who face inequalities are likely to raise children who face inequalities.
- Whilst we need to tackle the 'here and now' acute demands from our most vulnerable children and young people, to have a long-term, sustained impact on improving life chances for these children and young people, we need to also prioritise tackling the broader underlying issues facing them and their parents.