

# LEICESTERSHIRE

## JOINT STRATEGIC NEEDS ASSESSMENT

March 2012

# Children and Young People

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# CHILDREN AND YOUNG PEOPLE

## INTRODUCTION

1. The Director of Public Health Annual Report (DPH) 2011<sup>i</sup>, focused on the health of children. This is a key resource on children's health and is the basis for this Children's JSNA chapter refresh. Information at a District level will also be available. There will be a separate needs analysis for children and young people's needs that are not covered in this JSNA chapter.
2. The DPH Annual report and this JSNA chapter is based, where possible, on evidence based practice and policy. Key national reports and policy relevant to this area include: the "Our Health and Wellbeing Today"<sup>ii</sup>, "Healthy Lives, Healthy People"<sup>iii</sup>. The Healthy Child Programme, the Marmot review, the Graham Allen review, the Munro review, Dame Clare Ticknell review and Rt Hon Frank Field review. All emphasize the importance of early years, early help and intervention, and prevention to provide a good start to life and support to those in greatest need.
3. The Marmot Review<sup>iv</sup> review's ultimate aims in relation to supporting mothers, families and children are to:
  - Close the gap in infant mortality between advantaged and disadvantaged communities
  - Improve maternal and child health, and child development, including through prevention
  - Improve early years support
  - Improve educational attainment.
4. This chapter is structured in the following sections:
  - Demography
  - Mortality in Childhood
  - Hospital care in childhood
  - Childhood Accidents
  - Congenital anomalies
  - Road Casualties and Accidents
  - Childhood Obesity
  - Breastfeeding
  - Physical/Sensory Disability in children
  - Mental Health in children
  - Learning disability
  - Special Education Needs
  - Substance misuse
  - Bullying
  - Children and young people in care
  - User views
  - Equality Impact Assessments
  - Recommendations for commissioning
  - Recommendations for needs assessment work

Note: Teenage pregnancy is covered in the chapter on Sexual Health.

# DEMOGRAPHY

## Population Projections

5. The 2008 based population projections <sup>v</sup> demonstrate that the numbers of births in Leicestershire County and Rutland (LCR) are expected to be relatively static between 2009 and 2024:
  - In 2009, it was estimated that there would be 7,400 births in LCR (7,000 Leicestershire, 400 Rutland). The 2014 population projections show that the expected number of births in LCR will remain at 7,400 per year.
  - In 2024, it is estimated that births will increase to 7,800 (7,300 Leicestershire, 500 Rutland).
  
6. For children, the Office of National Statistics have projected that the number of children in LCR will increase from 123,600 (116,300 Leicestershire, 7,300 Rutland) to 135,800 (127,200 Leicestershire, 8,600 Rutland). This is an increase of 10% in 15 years. This anticipated growth is similar to the England growth of 11%.

Table 1 2008 Based Sub National Population Projections

Year	Births LCR	Births Leics.	Births Rutland	Children LCR	Children Leics.	Children Rutland
2009	7400	7000	400	123600	116300	7300
2014	7400	6900	500	125400	117700	7700
2019	7700	7200	500	131300	123100	8200
2024	7800	7300	500	135800	127200	8600

There is, therefore, likely to be an increased demand for services arising from this increase in child population.

## Births

7. In 2009 there were:
  - 7,206 births in Leicestershire County and Rutland (7,160 live births)<sup>vi</sup>.
  - The population has a general fertility rate (GFR) of 54 live births per 1,000 female population aged 15-44. This is significantly lower than the GFR for England, Wales and elsewhere of 64.

Table 2 Leicestershire and Rutland children and young people population 2009

Age	1 – 4 years (based on Office of National Statistics)	5 – 14 years (based on Office of National Statistics)	0 – 19 years (based on National Statistics Mid year population estimates for 2009)
Leicestershire	28,200	73,000	-
Rutland	1,500	4,600	-
Total	29,800	77,600	162,800

Table 3 Estimated resident population by ethnic group mid-2009 (experimental statistics)

Area	Persons 0-15 years old					
	All Groups	White	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
Blaby	17,400	14,800	600	1,600	200	100
Charnwood	27,500	23,100	1,000	2,400	300	600
Harborough	16,200	14,600	600	700	100	100
Hinckley and Bosworth	18,600	17,000	600	700	100	100
Melton	8,900	8,400	200	200	0	0
North West Leics.	17,200	15,900	600	400	100	100
Oadby and Wigston	10,100	7,500	500	1,900	200	100
<b>Leicestershire</b>	<b>115,900</b>	<b>101,500</b>	<b>4,100</b>	<b>8,200</b>	<b>1,100</b>	<b>1,100</b>

N.B. Totals may not sum due to rounding

Please also see the JSNA Demography Chapter 2012 for further information.

## MORTALITY IN INFANCY AND CHILDHOOD

8. The statistics in this section have been derived from the Clinical and Health Outcomes Knowledge Base.<sup>vii</sup>

- The infant mortality rate is 3.9 deaths per 1,000 live births for Leicestershire County and Rutland. In 2007/2009 the infant mortality rate in Leicestershire was 3.8 deaths in infants under one year per 1000 live births. This is not significantly different to the England average (4.7).
- Between 2007 and 2009 there were 83 deaths in the first twelve months of life in Leicestershire County and Rutland, an average of 28 deaths per year.
- Between 2007 and 2009 there were 17 deaths of children aged 1-4 years in Leicestershire County and Rutland. The age specific mortality rate from all causes for 1-4 year olds was 10.9 per 100,000 population for males (England 21.4) and for females it was 23.5 per 100,000 population (England 19.2).
- Between 2007 and 2009 there were 24 deaths of people aged 5-14 years in Leicestershire County and Rutland. This gives an age specific mortality rate of 10.8 per 100,000 population for males (England 11.4) and 9.6 per 100,000 for females (England 9.5). Data for 14-19 year olds is not currently available.

## HOSPITAL CARE IN CHILDHOOD

9. Table 4 shows the level of activity accessed by different age groups and the number of hospital inpatient admissions and outpatient and emergency department attendances for children in Leicestershire County and Rutland in 2010/11.<sup>viii</sup>

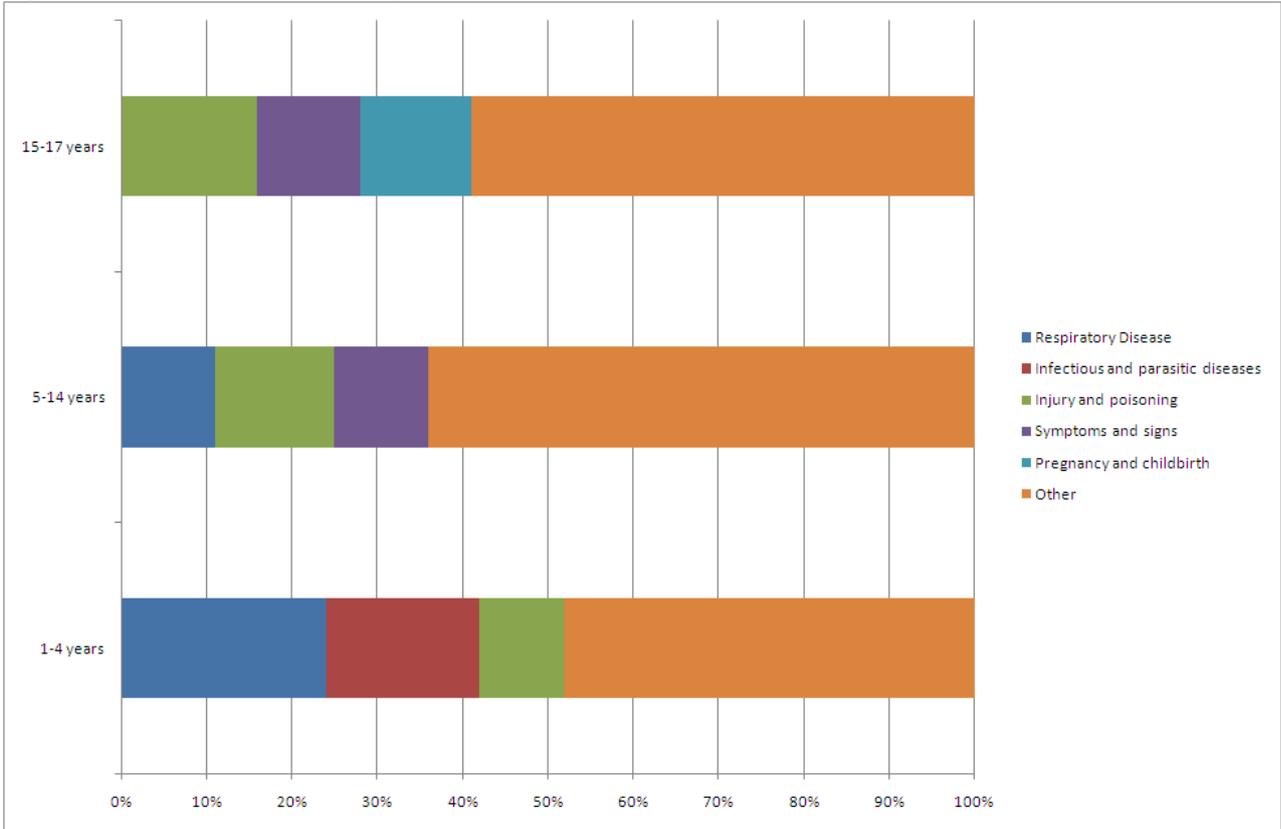
Table 4 Hospital activity for children in Leicestershire County and Rutland, 2010/11

	Attendances in emergency departments	Hospital Admissions	Outpatients
Under 1 year	2,615	3,143	4,290
1-4 Years	7,143	3,912	15,218
5-14 Years	11,918	5,087	40,946
15-17 Years	4,703	2,387	17,093
0-17 Years	26,379	14,529	77,547

Source: HERA Health, Evidence, Reporting, Analysis, NHS Leicester, Leicestershire and Rutland, extracted 11-07-11

10. Figure 1 illustrates the reasons that children aged 1 year and over were admitted to hospital. It is clear that for pre-school children (1-4 years), diseases of the respiratory system are the biggest single cause of hospital admissions, followed by infections and injury. For the 5-14 year olds, respiratory disease and injury remain the top two causes, followed by symptoms and signs (admissions where no classifiable diagnosis was made). The profile of admissions changes in the 15-17 year olds with injury as the single biggest cause of hospital admission, followed by reasons relating to pregnancy and childbirth and symptoms and signs.

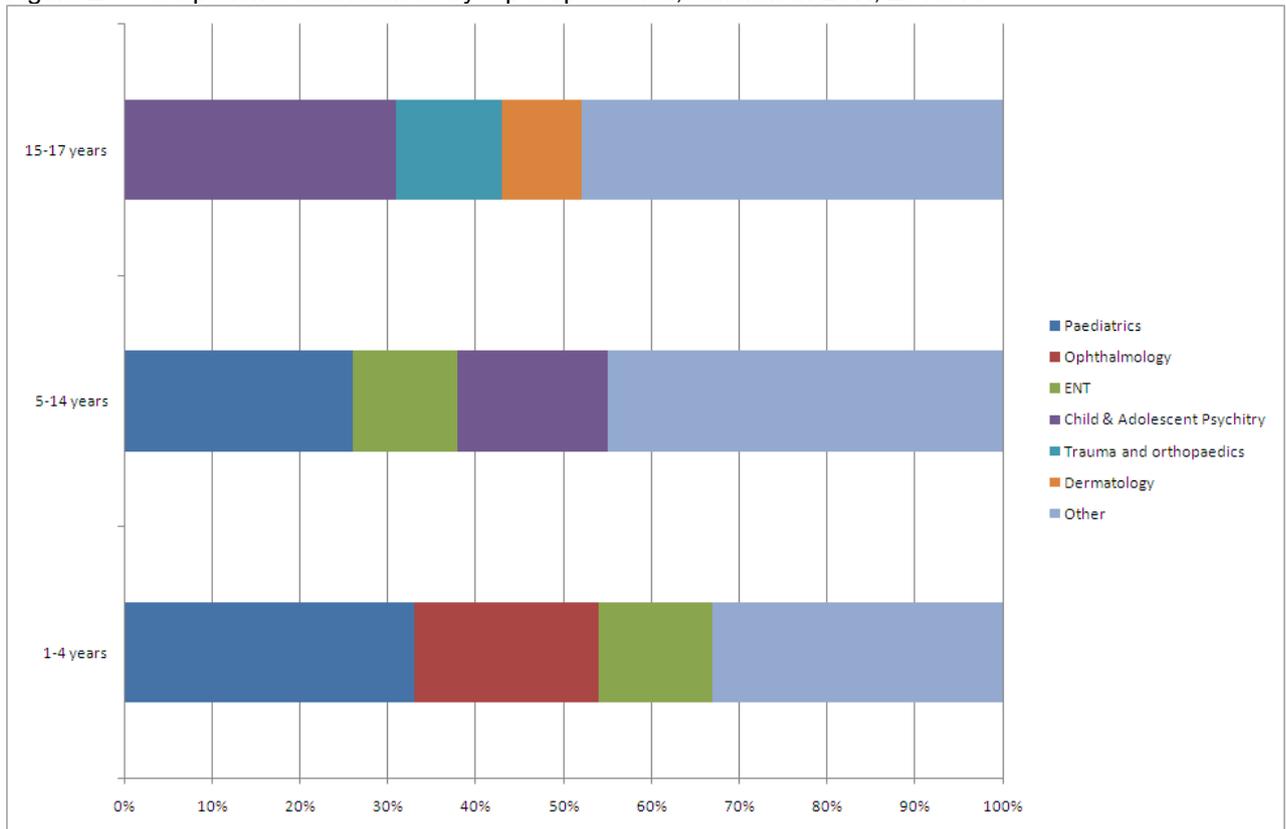
Figure 1 Hospital admission by top 3 causes, children in LCR, 2010/11



Source: HERA Health, Evidence, Reporting, Analysis, NHS Leicester, Leicestershire and Rutland, extracted 11-07-11

11. Figure 2 demonstrates the three main specialties that children using outpatients are accessing. In the younger age groups (1-4 and 5-14), children are seen in paediatrics, the pre-school age children also accessing ophthalmology and ENT. The 5-14 year olds also access ENT but their other significant specialty is child and adolescent psychiatry. Children aged 15-17 years have a different profile, their most significant specialty is child and adolescent psychiatry followed by trauma and orthopaedics and dermatology.

Figure 2 Outpatients attendances by top 3 specialties, children in LCR, 2010/11

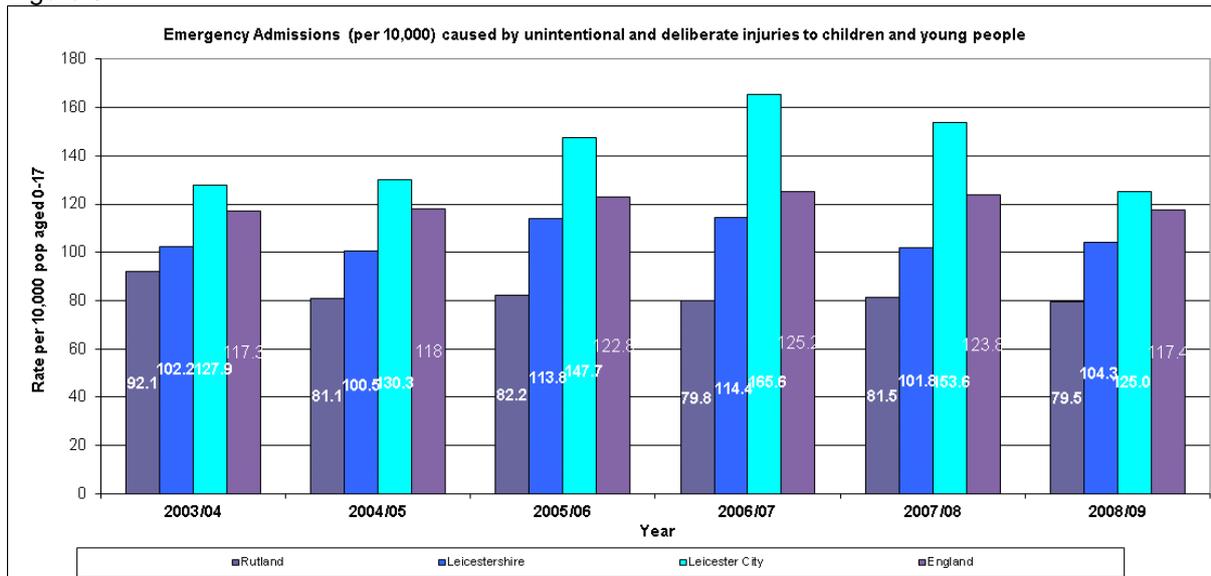


Source: HERA Health, Evidence, Reporting, Analysis, NHS Leicester, Leicestershire and Rutland, extracted 11-07-11

## CHILDHOOD ACCIDENTS

12. In 2008/09 the rate of emergency admissions caused by unintentional and deliberate injuries to children and young people in Leicestershire was 104.3 per 10,000 people aged 0-17. This is lower than the England average (117.4 per 10,000).

Figure 3



## CONGENITAL ANOMALIES

13. In NHS Leicestershire County and Rutland the rate of congenital anomalies varies from 3.7 per 10,000 births for eye and ear anomalies to 66 per 10,000 births for urogenital anomalies.<sup>ix</sup>

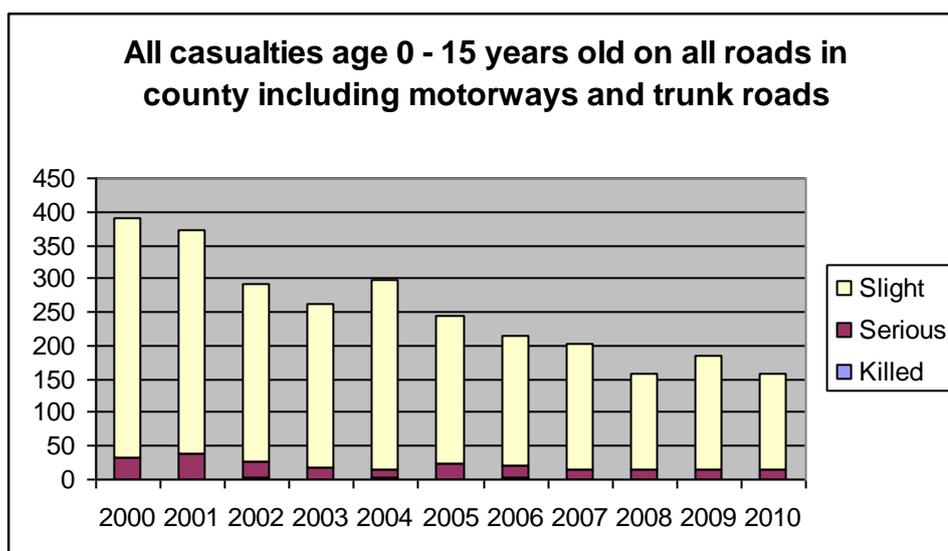
## ROAD CAUSALITIES AND ACCIDENTS<sup>x</sup>

### 14. Casualties

14.1. From 2000 to 2010 the overall casualty figures have reduced from 389 casualties (2000) to 157 (2010) – an overall reduction of 60% in 11 years.

Table 5 Recorded child road accident casualties for all roads in County including motorways and trunk roads. Age 0 to 15 Years Old (Children)

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Killed	1	1	2	1	2	1	4	0	1	0	1
Serious	31	39	24	17	12	22	16	14	13	16	13
Slight	357	332	266	244	283	221	196	189	145	170	143
<b>Total</b>	<b>389</b>	<b>372</b>	<b>292</b>	<b>262</b>	<b>297</b>	<b>244</b>	<b>216</b>	<b>203</b>	<b>159</b>	<b>186</b>	<b>157</b>
Of which KSI (Killed or seriously injured)	32	40	26	18	14	23	20	14	14	16	14



## 15. Accidents

15.1. The following table shows the number of accidents each year in County including motorway and trunk roads involving at least one child casualty.

Table 6 Number of accidents each year in County including motorway and trunk roads involving at least one child casualty

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of accidents involving child casualty	310	315	253	232	245	210	197	180	151	160	143

Table 7 School pupil Casualty age 0 to 15 years old (Leicestershire County including Motorways and Trunk roads)

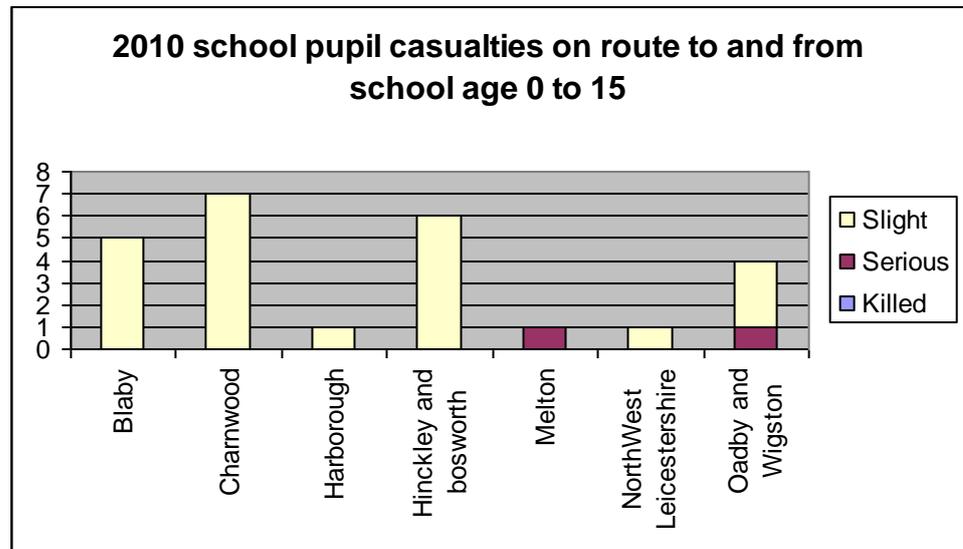
Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Killed	1	1	0	0	0	0	2	0	0	0	0
Serious	6	9	7	3	2	5	2	2	2	3	2
Slight	100	63	53	51	56	27	37	32	25	28	23
<b>Total</b>	<b>107</b>	<b>73</b>	<b>60</b>	<b>54</b>	<b>58</b>	<b>32</b>	<b>41</b>	<b>34</b>	<b>27</b>	<b>31</b>	<b>25</b>
Of which KSI <sup>1</sup>	7	10	7	3	2	5	4	2	2	3	2

15.2. From 2000 to 2010 the overall 'school pupil' (child on way to or from school) casualty figure has reduced from 107 (2000) to 25 (2010) – an overall reduction of 77% in 11 years. These 25 accidents were recorded as:

- 18 child pedestrian school pupil casualties.
- 5 child car passenger school pupil casualties.

<sup>1</sup> Killed or seriously injured

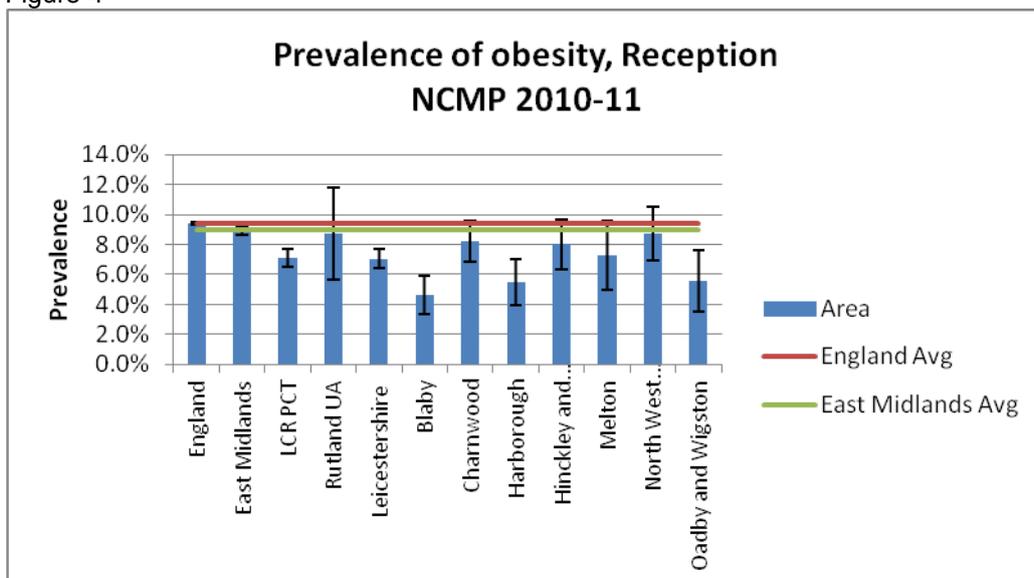
- 2 child cyclist school pupil casualties.
- 0 child bus passenger school pupil casualties.



## CHILDHOOD OBESITY

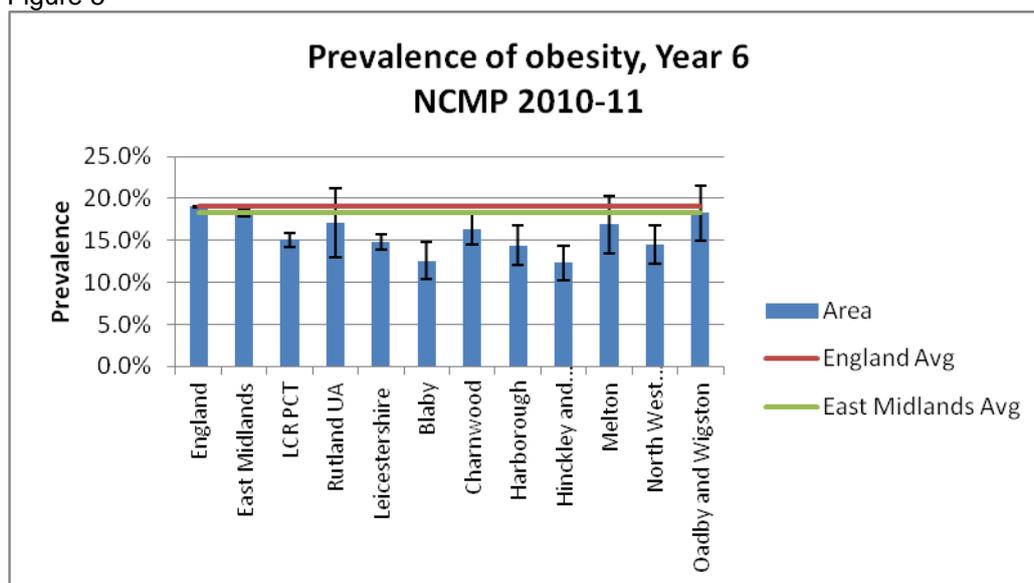
16. Figure 4, below, shows the prevalence of obesity in Reception Year for LCR and the districts within LCR compared to the England and East Midlands average. It shows that overall LCR has a prevalence of obesity in Reception of 7.1%, and that Leicestershire's prevalence is 7.0%. This is significantly lower than the England average (9.4%), as is the prevalence in Blaby, Harborough, and Oadby and Wigston.

Figure 4



17. Figure 5 below shows the prevalence of obesity in Year 6 for LCR and the districts within LCR compared to the England and East Midlands average. It shows that overall LCR has a prevalence of obesity in Year 6 of 15.1% and that Leicestershire's prevalence is 14.8%. This is significantly lower than the England average (19.0%). The prevalence of obesity is significantly lower than the England average in all LCR districts with the exception of Rutland, Melton and Oadby and Wigston, which were lower but not significantly so.

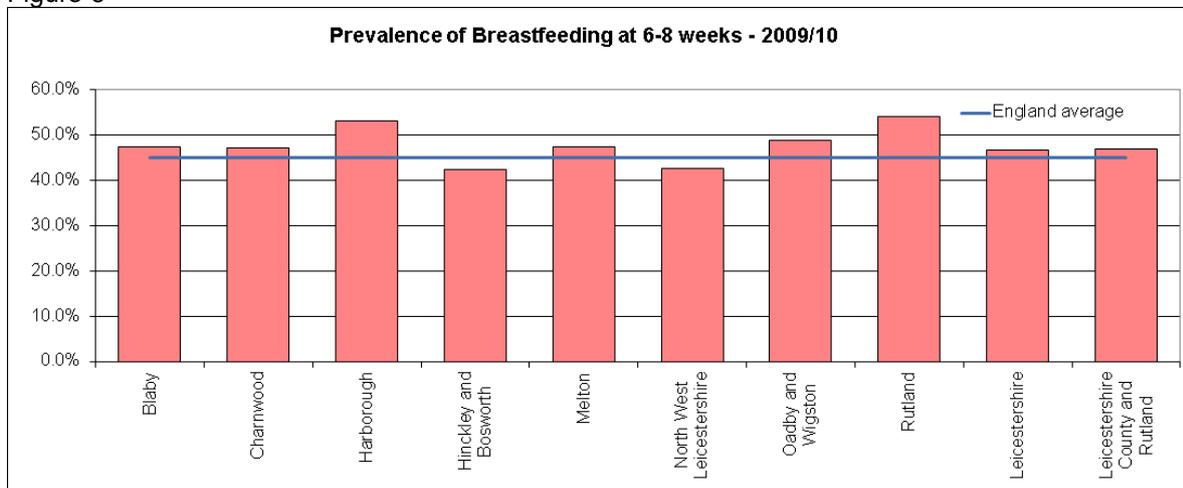
Figure 5



## BREASTFEEDING

18. Figure 6 below shows the prevalence of breastfeeding at 6-8 weeks in LCR and the districts. The prevalence of breastfeeding in Leicestershire County and Rutland is 46.9%, which is higher than the England average (44.9%). Leicestershire's prevalence for breastfeeding is (46.6%) which is higher than the England average in all districts except Hinckley and Bosworth (42.3%) and North West Leicestershire (42.5%).

Figure 6



## PHYSICAL/SENSORY DISABILITY IN CHILDREN

19. Over the past ten years there has been a significant increase in the number of children with complex health needs, due to the survival of pre-term and low birth weight babies and advances in medicine leading to earlier diagnosis of congenital and genetic conditions. Children also now have better outcomes and longer life expectancy following severe illness or injury. It is estimated there are around 100,000 children in England with complex care needs, who need support from a wide range of services.<sup>xi</sup>
20. The number of disabled children in England is estimated to be between 288,000 and 513,000 by the Thomas Coram Research Unit (TCRU). The mean percentage of disabled children in English Local Authorities has likewise been estimated to be between 3.0% and 5.4%. If applied to the population of Leicestershire (including Rutland) this would equate to between 4,332 and 7,799 children experiencing some form of disability.<sup>xii</sup>

### 21. **Children and young people with Physical Disabilities**

The Department of Education in 'Special Educational Needs Information Act: an analysis 2011' indicates that the percentage of all children and young people 4-15 years old at School Action+ or with a Statement of Special Educational Needs with physical disability as primary type of need is 3.5 – 4.0%. The prevalence of children and young people who have a physical disability range from 7 in 100 for Dyspraxia, 1 in 400 for Cerebral Palsy to 1 in 3500 for those who have Muscular Dystrophy.

The Advisory Teacher for Physical Difficulties and/or Complex Medical Needs works with 160+ children and young people with the highest level of need between the ages of 3 and 16 years who are resident in Leicestershire. These children and young people attend their local early years setting or mainstream school. Those children with physical difficulties and/or complex medical needs who attend special schools are not included in this number. Between 30 and 35 new referrals are received every year.

### 22. **Children and young people with a Visual disability**

The prevalence rate of children and young people with visual impairment is approximately 2.5 per 1000 (0.25%). 1 in 2 (50%) of blind (severely sight impaired) and partially sighted (sight impaired) children and young people identified in Britain has no other disabilities. A little under 1 in 3 (30%) have additional complex needs including severe or profound and multiple learning difficulties (SLD/PMLD); just under 1 in 5 (18%) have additional disabilities other than SLD/PMLD.

The Leicestershire Vision Support Service works with approximately 400 children and young people with a visual impairment between 0-19 years, resident in Leicestershire and Rutland. The majority of these children and young people attend their local early years setting, mainstream school or special school and only 3 have out-of-county educational placements. On average between 45 and 50 new referrals are received every year. Currently 12 children and young

people are using a tactile medium (Braille or Moon).

23. **Children and young people with a Hearing Disability**

Babies are now screened for hearing loss at, or shortly after birth then immediately referred to the Hearing Support Service. The numbers of children with hearing loss are identified nationally<sup>xiii</sup> as:

0-4 years – 1.3 children per thousand

0-16 years – 3.4 children per thousand

16-19 years – 0.9 children per thousand

The Leicestershire Hearing Support Service receives approximately 150 referrals each year across the County and Rutland. There has been an increase in the number of cases open to the Hearing Support Service from 401 in 2009 to 801 in 2011. It is estimated that up to 40% of deaf children also have additional needs.<sup>xiv</sup>

Most children with hearing loss attend their local early years settings, mainstream and special schools with two children receiving their education at out of county placements. Audiology services for children are provided by the Children and Young People's Service. While this has the advantage for families of provided a highly responsive and integrated support service, there are issues to resolve around Health Service responsibility and linkages with other Audiology services.

24. There is need to inform planning of services to this group of children and young people by:

- identifying and pulling together existing information about childhood disability in Leicestershire
- identifying gaps in the information
- establishing more detailed information about where disabled children live and the nature of their disabilities

Note: Information about Young Carers and Transitions is included in the Adult and Communities Chapters.

## **MENTAL HEALTH IN CHILDREN**

25. The prevalence of mental health problems in children and young people is increasing nationally. An Office of National Statistics (ONS) study<sup>xv</sup> showed that 10% of children between 5 and 15 years of age experience a clinically defined mental health problem. Around 15% of lifetime mental illness starts before the age of 14 and it continues to have a detrimental effect on an individual and their family for many years.

26. The estimated number of children across Leicester, Leicestershire and Rutland (LLR) with disorders is detailed in table 7<sup>xvi xvii</sup>. It should be noted that the figures in this section include Leicester City. This is linked to planning for CAMHS services across LLR which follows this wider geography.

Table 8 Estimated number of children with disorders.

	Leicester, Leicestershire and Rutland
Conduct disorders (5.8%) (2009)	8000
Emotional disorders (3.7%) (2009)	5103
Being hyperactive (1.5%) (2009)	2069
Less common disorders (1.3%) (2009)	1793

Source: *Mental Health of children and young people in Great Britain, 2004: Office for National Statistics. Applied to 2009 populations, ChiMat.*

27. There are a significant number of children who may experience mental health problems. These are estimated in Table 9. Tier 4 services indicate the most severe level of need, tier 1 is the least severe.

Table 9 Estimated number of children/young people (i.e. 17 years old and under) who may experience mental health problems appropriate to a response from CAMHS

	Leicester, Leicestershire and Rutland
Tier 1 (15%) (2009)	31732
Tier 2 (7.0%) (2009)	14808
Tier 3 (1.85%) (2009)	3914
Tier 4 (0.075%) (2009)	159

Source: *'Treating Children Well': Z. Kurtz, Mental Health Foundation: 1996, Applied to 2009 populations, ChiMat.*

28. **Young offenders** will have significant health needs, including mental health needs. In Leicester, Leicestershire and Rutland there are **4,195** young people on the caseload of the Youth Offending Service.

29. The **CAMHS strategy** in Leicestershire is being reviewed. The proposed draft Joint Strategic Action Plan 2011-2014<sup>xviii</sup> expects all partner organisations to consider their own specific action plans and ensure consistency with the strategy. The overall implementation will be driven by the CAMHS Commissioning Lead on behalf of the three local authorities and the three Clinical Commissioning Groups. The key actions are to:

- Maintain an integrated multi-agency approach
- Measure the impact of intervention and outcomes for children. Including every service will monitor and record prevalence of presenting conditions.
- Enhance the role of universal services in responding to mental health and emotional needs
- Keep children and young people safe
- Improve access to Tier 2 and Tier 3 services
- Reduce waiting times for assessment and treatment
- Improve transition from CAMHS to Adult Mental Health Services
- Enhance workforce capacity and capability to deliver psychologically based interventions

- Provide services which respond to the needs of children and young people whose wellbeing is affected by the experience of stigma, discrimination and prejudice.
  - Keep service users and carers best interests at the heart of everything we do.
30. **Autism Spectrum Disorder** – The diagnosis of children with Autism Spectrum Disorder has increased ten-fold in the last 10 years (JSNA 2009). National studies now suggest a prevalence of 1 in 100 children. There are an estimated 1,400 cases of autism spectrum disorder in children aged 5-16 in LLR. Consequently, the number of people with Autism Spectrum Disorder requiring adult care and support services continues to rise considerably, as do expectations for services that meet these particular, individual needs. For Leicestershire, one educational consequence is a significant increase in specialist units and classes for children and young people with autism over the past 8 years.
31. Additionally, there has been an increase in cases open to the Leicestershire County Council's Autism Outreach Service from 450 in 2008 to 765 in 2011. In 2011
- 53 children and young people with autism were placed in educational provision outside of Leicestershire.
  - 75 children and young people attend autism specific provision within Leicestershire.
  - 893 children and young people accessed Leicestershire Local Authority's Autism Services through school.<sup>xix</sup>
32. Between 2008 and 2011 there was a year on year rise in the number of new referrals of girls to the Autism Outreach Service from 30 in 2008 to 49 in 2011. There is anecdotal evidence that increase in referrals for girls is a national trend, leading to suggestion of previous under-diagnosis.<sup>xx</sup>
33. **Suicide** – There are an estimated average of **2** deaths from suicide or undetermined injury in young people in LLR per year.

## LEARNING DISABILITY

34. Exact numbers of people with learning disabilities in England are difficult to obtain. However, Emerson et al (2010)<sup>xxi</sup> drawing on several data sources estimate that in 2010 is 1,198,000 people. This includes 298,000 children (188,000 boys and 110,000 girls) age 0-17 years; 900,000 adults aged 18+ (526,000 men and 374,000 women), of whom 191,000 (21%) are known to learning disabilities services.
35. The CAMHS Needs Assessment 2011 estimates of the total number of children with specific disorders in Leicester, Leicestershire and Rutland are shown in table 9 below:

Table 10 Estimated total number of children with a learning disability

	<b>Leicester, Leicestershire And Rutland</b>
Ages 5 to 9 (2009)	533
Ages 10 to 14 (2009)	1302
Ages 15 to 19 (2009)	1851

36. These age-specific rates reflect the increasing identification of children with mild learning disabilities with age. The CAMHS Needs Assessment 2011 estimates the number of children with learning disability and mental health problems in Leicester, Leicestershire and Rutland to be:

Table 11 Estimated number children and young people with learning disability and mental health problems

<b>Age</b>	<b>Number</b>
5 – 9 years	211
10 – 14 years	532
15 – 19 years	740

## **SPECIAL EDUCATION NEEDS**

37. The term special educational needs (SEN) include children with wide range of difficulties that need additional support in school. The following categories are used:

**A. Cognition and Learning Needs**

- Specific Learning Difficulty (SpLD)
- Moderate Learning Difficulty (MLD)
- Severe Learning Difficulty (SLD)
- Profound and Multiple Learning Difficulty (PMLD)

**B. Behaviour, Emotional and Social Development Needs**

- Behaviour, Emotional and Social Difficulty (BESD)

**C. Communication and Interaction Needs**

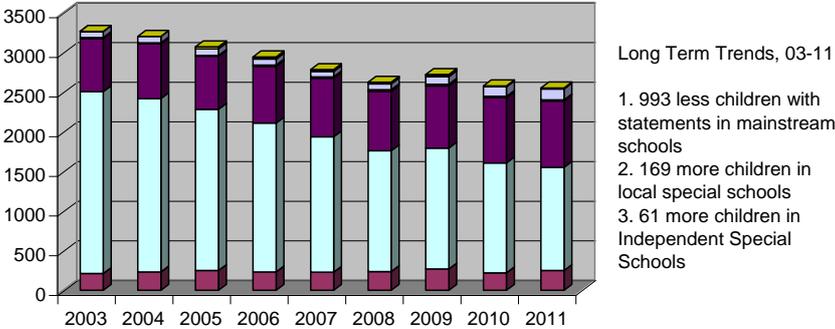
- Speech, Language and Communication Needs (SLCN)
- Autistic Spectrum Disorder (ASD)

**D. Sensory and/or Physical Needs**

- Visual Impairment (VI)
- Hearing Impairment (HI)
- Multi-Sensory Impairment (MSI)
- Physical Disability (PD)

38. The number of children with statements of special educational needs in special schools has risen sharply. Between 2003 and 2010, 169 more children were placed in local special schools, and 61 additional placements made in out county special schools around the country.

**Chart to Show Placement of Satedmented Children 2003-10 in Leicestershire (Annual SEN2 Returns)**



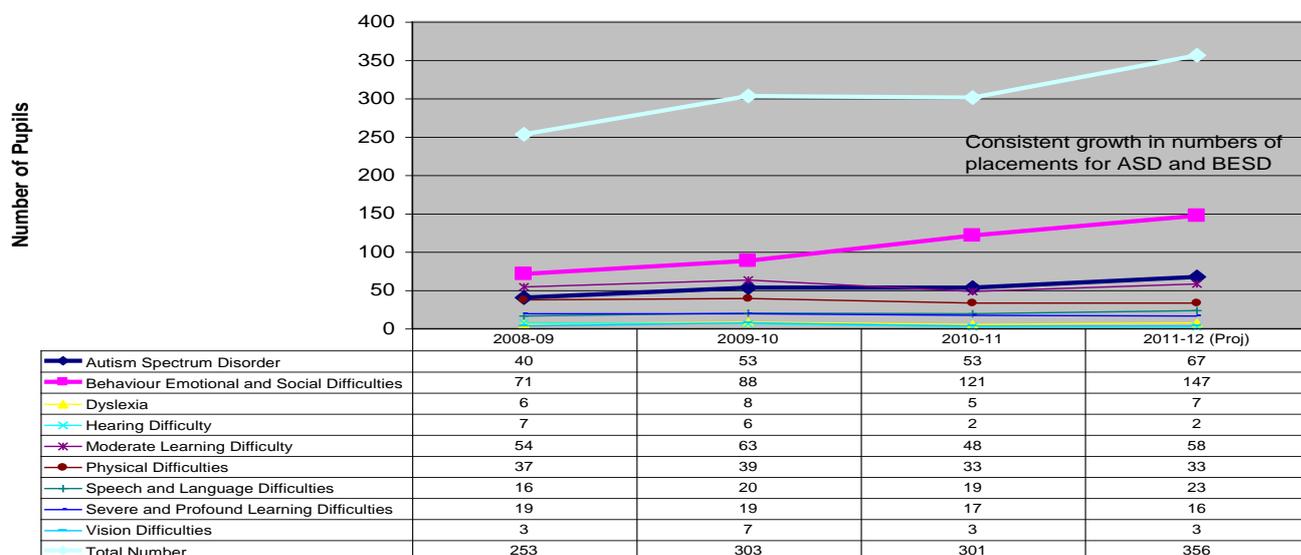
	16-Jan-03	20-Jan-04	20-Jan-05	18-Jan-06	19-Jan-07	19-Jan-08	15-Jan-09	21-Jan-10	20-Jan-11
PRUs	1	1	27	20	14	10	10	7	3
Other Independent Schools	0	0	0	8	9	11	18	3	10
Independent Special Schools	76	80	82	74	68	73	95	121	137
Non maintained Special	14	12	10	18	17	21	22	17	14
Maintained Special Schools	668	690	669	715	739	748	782	823	837
Mainstream Schools	2294	2186	2032	1876	1706	1523	1525	1386	1301
Units/Enhanced Resource Bases	210	231	249	231	228	236	268	219	248

39. Nationally the BDA (British Dyslexia Association) estimates that around "Ten percent (10%) of the British population are dyslexic; 4% severely so". In Leicestershire, in 2010, there were a total of 873 pupils with a Specific Learning Difficulty (SpLD) – Dyslexia at School Action + and 275 pupils with Statements of SEN in Maintained Primary, Secondary and Special Schools.<sup>xxii</sup>

40. There has been a significant increase in pupils with learning difficulties attending local authority maintained special schools, many have additional speech and language therapy, physiotherapy and occupational needs. There is also an increase in the number with complex needs requiring medical interventions e.g. epilepsy interventions and specialist eating and drinking regimes, postural management requiring increasingly complex equipment. The number of children with behavioural, emotional and social difficulties has also increased, many of whom are known to CAMHS, and there is an increase in the number of joint funded placements with Health as a result of the children and young people’s psychiatric needs. In addition, there has been an increase in the use of special schools for children with Autism/aspergers<sup>xxiii</sup>.

41. The number of children educated outside the county as a result of special education needs (‘out of county’ placements) has increased from 253 in 2008/2009 to 301 in 2010/2011. The largest group of children are those with Behaviour, Emotional and Social Difficulties followed by those with Autism.

**Chart to Show Numbers of Out County Specialist Placements 2008-2012**



(Source: Special Education Needs Assessment Service, November 2011)

42. Much of the growth in specialist placements for ASD and BESD has implications beyond the education service. For example, many of the families struggle to deal with the children at home, and seek additional support to care for the children. Children with ASD and BESD need packages of support that reflect these additional pressures. A recent SEN tribunal case led to the LA being required to make a residential educational placement because of reportedly unmet need within the family.
43. Despite the growth, Leicestershire has a much lower proportion of children in specialist education placements than statistical neighbours. To reach the median vale for our statistical neighbours, an additional 362 placements would need to be made. Savings could be made if additional specialist capacity could be made locally to avoid expensive out county placements.
44. Part of the solution to reducing demands for residential placements in both ASD and BESD groups will be to ensure that wrap around care is available to support families through crisis periods.

## **SUBSTANCE MISUSE**

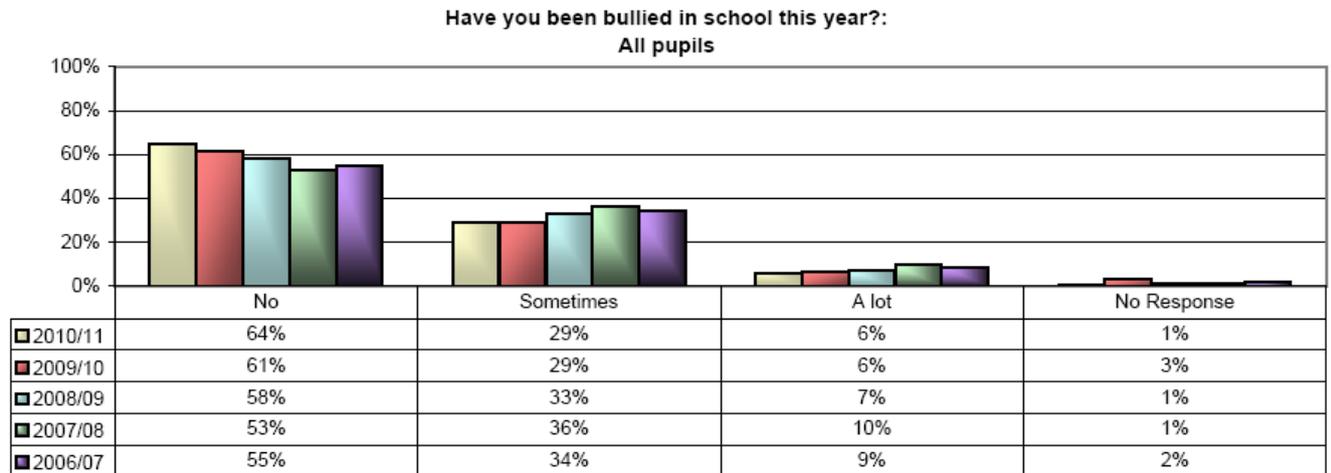
45. The experience of young people drinking alcohol is widespread and in England:
  - 70% of year 9 students and 89% of Year 11 students have had an alcoholic drink. Regular drinking is significantly lower amongst year 9 than year 11 students.
  - The most common age for a first drink was 12 to 13; usually when with an adult and celebrating a special occasion.

- Year 9 students are most likely to have been drinking alcopops, beer or lager. By year 11, students are most likely to drink beer, lager, spirits or liqueurs.
46. The experience of young people using drugs is: <sup>xxiv</sup>
- The number of school age young people reporting ever having used illicit drugs has declined from 29% in 2001 to 22% in 2009.
  - The prevalence of drug use increases with age, with 9% of 11 year olds reporting ever using drugs with a rise to 40% of 15 year olds. Use of drugs in the last month, an indicator of regular use, rises from 2% of 11 year olds to 17% of 15 year olds.
  - Boys are slightly more likely to have ever used drugs than girls (23% and 21%).
  - Cannabis remains the most commonly used drug by young people often in combination with alcohol.
  - Vulnerable young people, including those who truant, offend, are in care or have parents with drug and alcohol problems, are more likely to take drugs regularly than those not classed as vulnerable (14% and 1% respectively) and are the only group where rates of drug use continue to rise.
  - There is a strong correlation between drug use and the use of tobacco and alcohol, with those young people who report smoking and drinking more likely to have used illegal drugs.
  - Young people's first experience of drug use is most likely to be through friends, often of the same age. First experiences of drug use were positive for 45%, negative for 11%, and no effect 44%. Unsurprisingly, those that have positive first experiences of drug use are more likely to progress to more frequent use.
47. During 2009/10 in Leicestershire and Rutland, 186 young people received a specialist drug treatment intervention. The number of young people accessing specialist services has been rising significantly over recent years due to increased accessibility of services. Leicestershire and Rutland are seeing an increase in young people seeking help relating to Novel Psychoactive Substances ('Legal Highs'). Nationally, nine out of 10 accessing substance misuse services are seeking help with alcohol and/or cannabis. The number of young people developing problems with heroin and crack cocaine is very small and declining. <sup>xxv</sup>
48. An extensive school based tobacco control programme including policy development, prevention education, onsite stop smoking support, encouraging advocacy is being implemented in 10-15 schools. In addition some aspects of the school programme are being implemented via the Youth Offending Service, Short Stay School and the Youth Service <sup>xxvi</sup>.
49. There has been a slight increase in the awareness of pupils (year 2 – 9) that 'smoking or using drugs' is bad. The Pupil Attitude Survey 2010/2011 <sup>xxvii</sup> shows that:
- 96% of pupils know that smoking or using drugs is bad compared to 95% in 2009/2010

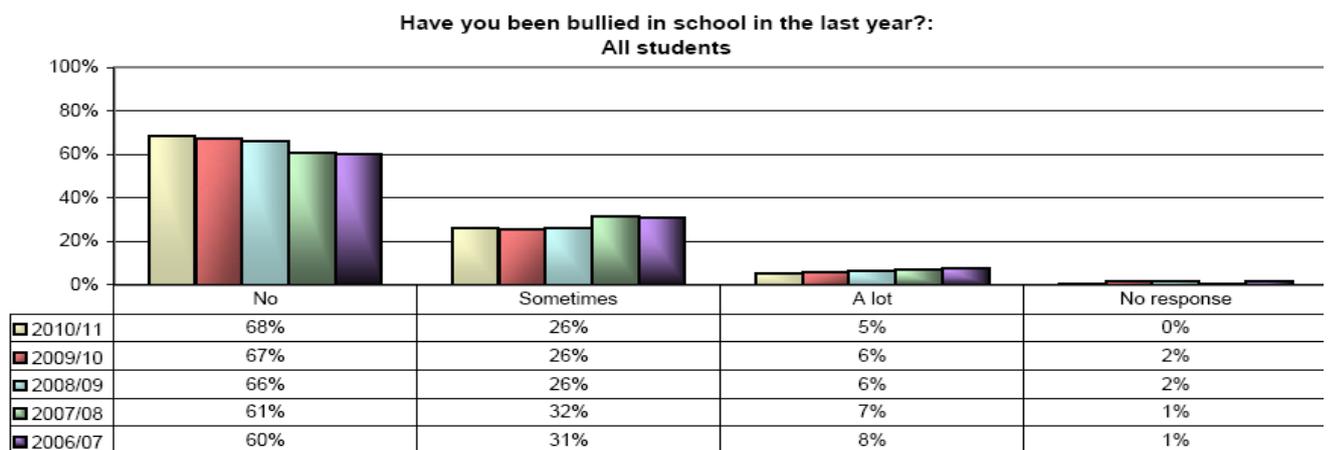
- 95% of pupils understand about the danger of too much alcohol compared to 94% in 2009/2010
50. Awareness of students (year 7-13) has increased regarding 'danger of smoking, using drugs and substance misuse. The Student Attitude Survey<sup>xxviii</sup> 2010/2011 shows that:
- 98% of students were of danger of smoking, using drugs and substance misuse compared to 97% in 2009/2010
  - 97% of students understand about the danger of too much alcohol compared to 96% in 2009/2010
51. Children and young people who live in households where there is adult substance misuse are at increased risk of negative outcomes. It is planned that the numbers of children and young people in this group will continue to be monitored as will the development of strategic and operational initiatives through both adult and young people's services, to ensure their safeguarding and developmental needs are met. These activities will be detailed in the Substance Misuse Strategic Plans for 2012-13 currently being developed.
52. It is planned that commissioning priorities for 2012-13:
- Will continue to provide a balance between externally delivered specialist services and universal and targeted provision from within mainstream children and young people's services.
  - There will be an emphasis on supporting children in care, young offenders and children who are not attending school.
  - The focus on reducing demand for specialist treatment services through prevention and early intervention to reduce the negative impact of substance misuse on health and social functioning of young people will continue.
53. All these priorities are often best met by supporting staff, through training and consultancy, outside of specialist treatment services, to deliver interventions. Clear and rapid referral routes into specialist support enhance staff confidence in providing early interventions.

## **BULLYING**

54. Reported bullying has continued to steadily decrease, although it remains a concern for children and young people. Results from the Pupils Attitude Survey and Students Attitude Survey 2010/2011 show that since 2006/2007 bullying in Leicestershire Primary and Secondary Schools has continued to decrease. Under the Education Act 2011 and Academies Act 2010 the responsibility for providing support services such as those that help to address bullying will be that of schools and Academies.

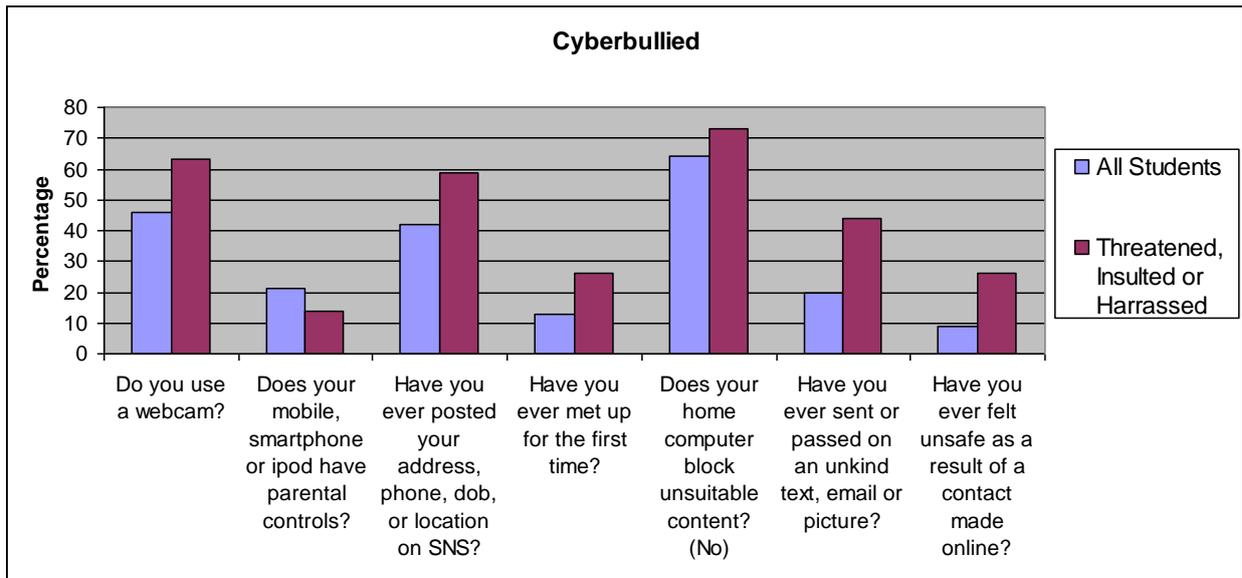


(Source: Pupil Attitude Survey 2010/2011)



(Source: Student Attitude Survey 2010/2011)

55. Cyberbullying and internet safety is a key issue for young people in Leicestershire. An e-safety survey conducted during February 2012, in which 1,526 responses were received from Year 9 students from 14 Leicestershire Secondary Schools, show that 22% have been threatened, insulted or harassed using new technologies, the same as the national figure. 44% of these were significantly distressed by it. The data from the survey suggests that there is very likely to be a correlation between students who are cyberbullied and the following characteristics:- webcam users, those with over 500 “friends” on ‘Facebook’, ‘Formspring’ users, ‘Twitter’ users, those who have posted personal information, those who have met up with online contacts, those who themselves have sent unkind texts, emails etc and those who say they have felt unsafe as a result of a contact made online.



## CHILDREN AND YOUNG PEOPLE IN CARE

56. In Leicestershire, the number of Children in Care has increased, despite this the number of Children in Care remains consistently less than half of the national rate per 10,000 on 31<sup>st</sup> March 2011<sup>xxix xxx</sup>, and is also less than the average of Leicestershire's comparator Local Authorities (Statistical Neighbours). The largest age group of Children in Care, in Leicestershire, continue to be aged 10-15 yrs old (38%), which is similar to the national profile (37%). There were 417 Children in Care at 30<sup>th</sup> September 2011.

Table 12 Children in Care per 10,000

	31st March 2009	31st March 2010	31st March 2011
Children in Care	328	330	353
Leics. per 10,000	25	25	27
Comparators per 10,000	42	46	46
England per 10,000	55	58	59

57. The number of Care leavers in education, employment or training decreased significantly in 2010/2011 to 34.6% from 78.6% in 2009/2010. This continues to present challenges as a significant number, 23 out of 50, of the cohort for 2011/2012 have presenting health needs (such as mental health issues and depression, pregnancy, significant learning difficulties) which mean they have little chance of sustaining employment.

## USER VIEWS

58. In 2010/2011 Engagement Activities took place regarding the following:

- *Children and Adolescent Mental Health Services Strategy* - review of the Children and Adolescent Mental Health Service (CAMHS) for the period of 2011 to 2014.

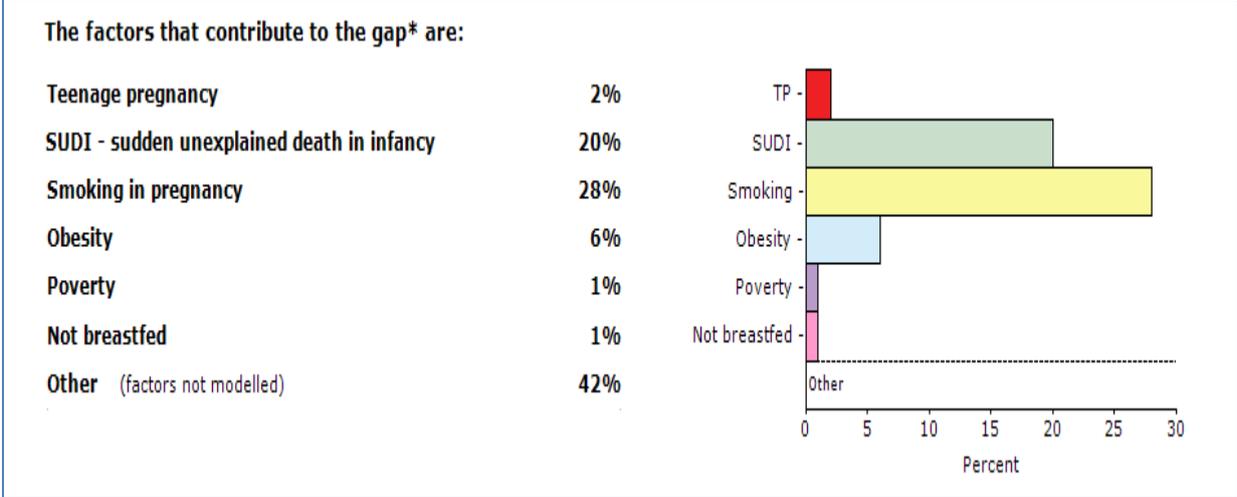
- *Drug and Alcohol Strategy* – adult and young person’s survey influenced person’s alcohol and drug services redesign.
- *Maternity and neonatal services review* – feed into on-going planning for local maternity and newborn services.
- *Maternity Service Liaison* – designing a 12 month rolling programme of interaction to identify key issues and look for solutions.
- *Pharmaceutical Needs Assessment*
- *Perinatal psychosis* - to create an East Midlands wide specialised mother and baby mental health service, and to help plan treatment particularly for those from BME background.
- *Teenage and Young Adults Cancer (TYA)* - to ensure that the East Midlands service meets the needs of teenagers and young adults.
- *Safe and Sustainable – National Paediatric Congenital Heart Surgery Review*
- *SEN and Disability Strategy consultation (2010)* – with parents/carers, and children and young people.
- *Children in Care involvement through the Children in Care Council* – direct involvement of Children in Care in the development of ‘The Pledge’ for Children in Care and key aspects of the ‘Promise me’ campaign.
- *The Pupil Attitude Survey (year 2 to year 6) and Student Attitude Survey (year 7 to year 13)2010/2011* – show that from the pupil and student respondents:
  - 97% of pupils and 93% of students agreed that they take exercise at school at least twice a week.
  - 87% of pupils and 84% of students agreed that take exercise at twice a week in the evenings or at weekends.
  - 96% of pupils and 97% of students agreed that they know about healthy eating, like eating 5 fruits and vegetables a day.
  - 92% of pupils and 82% of students agreed that what they eat at school is healthy and enjoyable.
  - 93% of pupils and 91% of students agreed that what they eat at home is healthy and enjoyable.
  - 86% of pupils and 77% of students agreed that they drink water often.
  - 89% of pupils agreed that adults took notice of their opinions.
  - 76% of students agreed that their school listens and takes into account what students say.
  - 83% of students agreed that their school explains their rights and responsibilities as citizens.

## **EQUALITY IMPACT ASSESSMENTS**

59. Babies born to mothers in the East Midlands are more likely to die if the mother is from a routine and manual socio-economic group. <sup>xxxix</sup>
60. The London Health Observatory’s Health Inequalities Intervention Toolkit has shown that between 2006 and 2008: <sup>xxxix</sup>
- The infant mortality rate (IMR) in routine and manual groups was 5.4 per 1,000 live births (compared with an England and Wales IMR of 4.5 per 1,000 live births)
  - The infant mortality gap is 0.85 per 1,000 live births.

61. The factors that contribute to the infant mortality gap have been modelled by the London Health Observatory and are presented in Figure 7. The most significant single driver for this gap is **smoking in pregnancy**, followed by sudden infant deaths. Other contributing factors are maternal obesity, being born to a teenage mother and failure to breastfeed and poverty.

Figure 7 Factors contributing to the infant mortality gap



Source: Health Inequalities Interventions Toolkit - Infant Mortality Tool; London Health Observatory

## RECOMMENDATIONS FOR COMMISSIONING

62. The following recommendations are aimed at improving the health outcomes for children and young people and are based on information in this JSNA Chapter and also on the DPH report 2011 focusing on children’s health.

### 63. Early Help

National reviews (such as the Marmot, Graham Allen, Munro, Dame Clare Ticknell and Rt Hon Frank Field) emphasise that early years, early help, intervention and prevention provide a good start to life and help to prevent problems arising later, which could then cost more to address. This key policy message suggests strategic commissioners consider how **early years support can be resourced** and embedded in planning for the health and well-being of the population to yield greatest benefits for individuals and the population as a whole.

### 64. Improve services and support for children and young people with complex needs and SEN by:

- Developing local specialist provision for children with SEN to avoid expensive out county placements, particularly in the areas of Autism and Behaviour, Emotional and Social Difficulties.
- Ensuring that wrap around support is available to families who might otherwise seek residential placements for their children
- Consider the best way of delivering an integrated audiology service across health and education for children in Leicestershire via multi agency review process

65. **Starting well, through early help and prevention** - develop strong universal public health and early education together with targeted interventions for disadvantaged families and children at risk of poor health outcomes. To include:
- Increasing number of Health Visitors to deliver the healthy child programme.
  - Working with schools and academies to address bullying and support the delivery of key public health programmes.
  - Ensuring that the right services are in place to support pregnant mothers to make healthy choices regarding smoking (increasing Smoking in Pregnancy Services); healthy eating, physical activity and substance misuse and alcohol, and they have access to high quality antenatal support.
  - Supporting, and continuing to deliver, integrated programmes for childhood immunisation, pregnant mothers and breastfeeding provision (mainly through Children's Centre provision).
66. **Developing well** – continue public health initiatives to improve the health and wellbeing of school age children and their transition into healthy adulthood. To include:
- Continuing partnership working through the Healthy Child Programme, making full use of the Children's Centres and Leicestershire Healthy Schools Programme.
  - Reducing child hood obesity by:
    - Early identification of children who are over weight or obese.
    - Promoting 'positive food and physical activity culture' so that eating a healthy balanced diet and participating in physical activity becomes a 'social norm' in schools.
    - Routine promotion of physical activity, including unstructured play at home, in school, in childcare settings and in the community.
    - Ensuring children's living environment encourages and facilitates this.
  - Continuing to improve the identification, treatment and prevention of mental health problems in children and young people by improving the access to mental health services for children and young people, including those with Attention Deficit Hyperactivity Disorder (ADHD), Autism, self harm, behaviour and vulnerable children such as Children in Care/Care Leavers, offenders or those at risk of offending, homeless, or have a physical illness.
  - Improving transition from child to adult services.
67. **Addressing risk taking behaviour in teenagers** – develop and deliver on health programmes aimed at supporting young people (including vulnerable young people) to make informed healthy choices regarding smoking, physical activity, healthy eating, sexual health and substance misuse, including alcohol to reduce risk taking behaviours that impact on health and transition into adulthood.

## RECOMMENDATIONS FOR NEEDS ASSESSMENT WORK

### 68. Intelligence ('deep dive' analysis and assessment) from 2012 on:

- Disabled children and young people, including those with Autism Spectrum Disorder, Learning Disabilities, disabled parents and young carers to inform future planning including transition from Children to Adult services.
- Locality impact of adult substance misuse and mental health on children to help plan what services are needed for adults as well as children.
- Children and young people accessing mental health services to plan and develop relevant services.
  
- Needs identification and information at a locality based level.
- Inclusion of childhood obesity in obesity assessments.
- Understanding Marmot's six policy objectives in reducing health inequalities:
  - Give every child the best start in life.
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives.
  - Create fair employment and good work for all.
  - Ensure health standard of living for all.
  - Create and develop healthy and sustainable places and communities.
  - Strengthen the role and impact of ill-health prevention.

### Key contacts

Pratima Patel, Planning and Commissioning Team, Leicestershire County Council  
Peter Chester, Planning and Commissioning Team, Leicestershire County Council  
Janine Dellar, Public Health

## Key data sources

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