

Leicestershire Joint Strategic Needs Assessment 2015

Chapter 3: **Giving children the best start in life**



Version 8.1

19 January 2016

For more information please contact:

Public Health Department

Leicestershire County Council

phi@leics.gov.uk

CONTENTS

CONTENTS	2
GIVING CHILDREN THE BEST START IN LIFE	3
1. Wider determinants of health in children	4
2. Pre-school health	6
3. The health and wellbeing of school age children	14
4. Vulnerable children.....	20
5. Education	40
6. Special educational needs and disability (SEND)	45
REFERENCES.....	55

List of Tables

Table 1: Immunisation uptake by time of birthday and immunisation in Leicestershire in 2012/13 ⁹	9
Table 2: Special Educational Needs in Leicestershire, 2014.....	47
Table 3: Leicestershire in-house provision for SEND	51
Table 4: Services contributing to the Leicestershire Special educational needs offer 2015/16	52

List of Figures

Figure 1: The Life Course.....	3
--------------------------------	---

Due to data updates some of the information in this chapter will be available through the latest version of Giving children the best start in life data dashboards

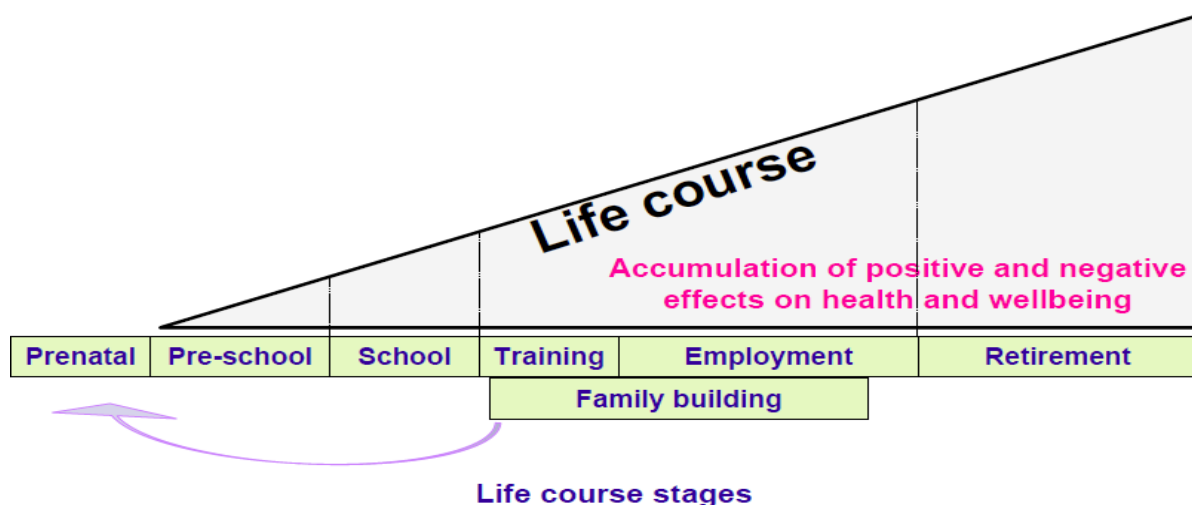
GIVING CHILDREN THE BEST START IN LIFE

Giving every child the best start in life is crucial to improving their opportunities for health throughout the life course and ensuring that the building blocks are in place for a healthy old age. In 2011, the Government published “A new approach to Child Poverty: Tackling the causes of disadvantage and transforming families lives”.¹ The approach includes: strengthening families, encouraging responsibility, promoting work, guaranteeing fairness and providing support to the most vulnerable.

Experiences in early life have a lasting effect on adult health both directly and through influencing adult behaviour. Half of the gradient in socioeconomic mortality in later life can be explained by early life experience.² Adverse experiences such as exposure to alcohol and substance misuse pre-birth or neglect during childhood, lead to poor development which affects later life chances. Figure 1 shows how the effects of interventions in childhood are cumulative across the life course and will have an impact throughout the whole life of the child.³

The provision of universal and high quality early childhood education and care improves the wellbeing of the population as a whole, and has even greater benefits for children from disadvantaged backgrounds.⁴ A child’s development score at 22 months is an accurate predictor of educational outcomes at 26 years which in turn is related to long-term health outcomes.⁵

Figure 1: The Life Course



Source: The Marmot Review, Fair Society, Healthy Lives, 2010³

1. Wider determinants of health in children

There are a range of factors which contribute to the quality of health and wellbeing of individuals. These are usually grouped in the following way:

Socio-economic factors: the link between socio-economic status and an individual's health is a clear one – lower social position and associated socio-economic deprivation results in poor health. The Marmot Review (2010)³ provides evidence of the long-lasting effects of childhood poverty, leading to lower life expectancy and poor health outcomes for adults. Child poverty remains one of the most significant barriers to improving the outcomes for children and young people. Many studies over the last decade have reported the links between neighbourhood deprivation and children's cognitive, socio-emotional and health outcomes.⁶ In 2015, a further study found that there were significant variations in indicators of health and development in early childhood (under five years of age) across different parts of the country, showing a strong correlation between young children living in poor areas being significantly prone to obesity, tooth decay, accidental injuries and lower educational development.

Barnardo's website reports that 63% of children living in poverty are in a family where someone works. They have gone on to describe the ways in which poverty has been found to impact on outcomes:⁷

- Three year old children who live in households with an annual income below £10,000, are 2.5 times more likely to suffer chronic illness than those living in households with an income of £52,000.
- Infant mortality is 10% higher for those living in lower socio-economic groups.

Education: The availability of high-quality education is key in enabling our residents to maximise opportunities. Educational attainment can determine future employment and income as well as the risk of alcohol and drug misuse and teenage pregnancy.

Physical Environment: Environmental themes can play a significant role in affecting our quality of life and health. Those living in areas with safe water supplies, clean air, a healthy working environment and comfortable housing are more likely to be in good health than those lacking such conditions. The UN Conventions on the Rights of the Child highlights the right of every child to an adequate standard of living.⁸ Children from homeless households are often the most vulnerable in society associated with severe poverty. Poor quality housing has a massive impact on children's lives, affecting everything from their health and educational achievement, to their emotional wellbeing and overall life chances. We know that parents living in temporary or insecure housing often have a history of dealing with adversity: 74% of parents living in these circumstances report experiencing at least one difficulty such

as mental health problems or domestic violence as an adult. Difficulties are compounded because parents living in these circumstances have fewer support networks. There is research that demonstrates the impact of this across the child's age span.

Social Environment: Having support from family, friends and the local community is important for preventing isolation and loneliness, contributing to good mental wellbeing and therefore improving overall health.

1.1. Evidence of need

- In 2012 in Leicestershire, 11.5% of children under 16 live in poverty which is significantly better than the England average (19.2%). 10.9% of all dependent children under 20 live in poverty, a significantly better percentage than the England average of 18.6%. Despite comparing well nationally, this equates to 13,130 children under the age of 16 and 14,710 children under the age of 20 in Leicestershire living in this condition.⁹
- The rate of children in poverty has gradually increased in Leicestershire between 2006 and 2012. This has risen for children aged under 16 from 10.9% in 2006 and 11.5% in 2012, and from 10.3% to 11.6% for all dependent children under 20 in the same time period. The national percentages for both age groups have declined throughout this time.⁹
- Leicestershire has a significantly better rate of family homelessness of 1.0 per 1,000 households compared to the England average (1.7 per 1,000 households). This equates to 267 applicant households with dependent children or pregnant woman accepted as unintentionally homeless and eligible for assistance.¹⁰
- The 2011 Census reports in Leicestershire:
 - 5.6% of all households were lone parent households; a significantly better percentage compared to the England average (7.1%).¹⁰
 - 3.9% of households have one person with a long-term health problem or disability; a significantly better percentage than the England average (4.6%).¹⁰
 - 2.4% of households have no adults in employment; a significantly better than the England average (4.2%).¹⁰

Although the proportion of Leicestershire children living in poverty is better than the England average, almost 1700 children still live under this circumstance and within the County there are specific areas where children are more likely to live in poverty.

There is a strong correlation between poverty levels, poor educational outcomes, children with SEN and teenage pregnancy in these areas.

- In 2014/15, 63.5% of children in Leicestershire achieved a good level of development at the end of reception, significantly worse than the England average (66.3%).⁹ This improved from 46.3% in 2013 and 58% in 2014. For those receiving free school meals, only 39% achieved the necessary level, also significantly worse than the England average (51%).⁹ This has also improved from 25% in 2013 and 35% in 2014.
- The performance of pupils across all key stages who are eligible for the Pupil Premium (including Free School Meals) is weak in Leicestershire for 2015. Leicestershire is significantly behind the England average and sits in the fourth quartile of all local authorities for the headline Key Stage Two measures. Leicestershire generally sits around the middle of statistical neighbours³⁹.

1.2. Recommendations

- Child poverty to feature in partnership strategies to ensure agencies work together to reduce the impact of poverty on children's lives.
- Continue to promote the uptake of Universal Free School Meals for Infants and for eligible children and young people of all ages

2. Pre-school health

Pre-school health examines the health of children from birth through to starting school at age 4 or 5. This time is a decisive period for development of a child, whether it is physically, emotionally or socially.

The infant mortality rate is a valuable measure of the general health of an entire population. Infant mortality is associated with a number of risk factors; including mother's age, socio-economic position, maternal obesity and maternal smoking. For example, the risk of stillbirth is twice as high in mothers that smoke during pregnancy.¹¹ Nationally, two thirds of neo-natal deaths are associated with low birth weight.¹²

Perinatal illness is discussed in more detail within Chapter 6: Mental health.

Immunisation is, after clean water, the most effective public health intervention in the world for saving lives and promoting good health. It is the process of protecting individuals from infection through passive or active immunity against serious diseases. Vaccinations are not only important for the very young; they also protect those in the community who are unable to participate due to ill health or those for

whom the programme was not available when they were children. Low uptake of immunisations puts others like these at risk when there is immunity of less than the recommended percentage uptake for public protection.

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Poor oral health can affect a range of aspects of a child's life. It can affect a child's ability to carry out daily tasks such as sleeping, eating, speaking and playing with friends,¹⁴ while also contributing to adverse health outcomes. These include poor diet, inadequate nutrition and growth, pain and infections.¹⁵

Physical activity during the early years of life is a strong indicator of future outcomes, including educational attainment, health and happiness. Improving children's physical literacy skills during early childhood helps to improve coordination, confidence and instil a sense of achievement. Sedentary behaviour can lead to an increase in social and emotional health concerns, as well as contributing to being overweight or obese.¹⁶

When children are not in good health, this affects their ability to learn, thrive and develop and can be detrimental to "school readiness".

The cross party manifesto: "The 1001 Critical days: The importance of the conception to age 2 period" calls for the provision of a holistic approach to the child and family during the antenatal and perinatal periods (conception to the first 18 months of life) to ensure services provide seamless access for all families. The stated goal of the manifesto is for every baby to receive sensitive and responsive care from their main caregivers in the first years of life. Evidence shows that adverse events experienced by babies and children in this critical early period can lead to structural changes in the brain that have long term ramifications for their later outcomes. The best chance to turn this round is during the first 1001 critical days. This evidence base will be key in our approach to future service commissioning.

2.1. Evidence of Need

- In Leicestershire, between 2010-2012, the rate of infant mortality (deaths under 1 year) was 3.6 per 1,000 live births which is similar to the England average of 4.1 per 1,000 live births. This rate in Leicestershire is equivalent to 77 infant deaths in the three year period, averaging 26 deaths per year.⁹
- In 2012, 2.4% of term babies in Leicestershire had a low birth weight (under 2500g), which is similar to the England average (2.8%).⁹
- It costs around £3 billion per year to care for the preterm birth and low birth weight babies born in England and Wales, from birth to the age of 18.¹⁷ The total annual cost to the NHS of smoking during pregnancy is estimated to

range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23.5 million for treating infants (aged 0–12 months).¹⁸

- In 2013/14, 10.7% of babies in Leicestershire were born to women who smoked. This is significantly better than the England percentage of 12.0%.⁹ The rate of smoking in pregnancy has remained significantly better than the England average since 2010/11.⁹
- Breastfeeding initiation is where new mothers start to breastfeed their babies as soon as they are born. Breastfeeding prevalence is the percentage of babies that are still being breastfed when they are 6-8 weeks old. In 2013/14, only two-thirds of babies (68.7%) in Leicestershire were breastfed in the first 48 hours after delivery, this is significantly worse than the England average (73.9%). Breastfeeding prevalence in Leicestershire dropped to less than half of all babies (45.2%) at 6-8 weeks.⁹
- Breastfeeding initiation in Leicestershire has increased year on year between 2010/11 and 2012/13. The latest percentage in 2013/14 shows a drop in breastfeeding initiation and it is the lowest percentage since data was collected.⁹
- Breastfeeding prevalence at 6-8 weeks in Leicestershire has remained static between 2010/11 and 2013/14 and remained significantly worse than the England average. N.B. no national data is available for 2013/14.⁹ It has recently increased to 47.2% (2014/15). This is the first time the national target has been achieved for 5 years. However, this is still less than 50% of mothers.
- In 2012, 37.1% of five-year old children in Leicestershire had tooth decay. This is a significantly higher percentage compared to the England average (27.9%).¹⁹
- In 2013, 18.6% of three-year-old Leicestershire children had experience of obvious dental decay (caries), having one or more teeth that were decayed to dentinal level, extracted or filled because of caries. This is a significantly higher percentage of decay compared to the England average (12.0%).²⁰
- Across all three-year olds, the average number of teeth affected by decay (decayed, missing or filled teeth (d3mft) in Leicestershire was 0.39. In England, the average number of teeth per child affected by decay was 0.36.²⁰
- In 2011/12 in Leicestershire, the rate of accident and emergency department attendances was 311.8 per 1,000 children aged 0-4 years. This is significantly better compared to the England average of 510.8 per 1,000 children aged 0-4

years. In Leicestershire this rate accounts for 11,256 attendances in children aged 0-4 years in this financial year.¹⁰

- Currently, data on immunisations is combined for Leicestershire and Rutland. The latest data from 2012/13 is illustrated in Table 1 which shows that for all pre-school immunisations, the performance is higher than the average for England.
- Indicators for all immunisations apart from Hib/Men C booster have shown a year on year increase in population coverage since 2010/11 in Leicestershire and Rutland. Throughout this time, all indicators have continued to show a significantly better rate than national coverage.⁹

Table 1: Immunisation uptake by time of birthday and immunisation in Leicestershire in 2012/13⁹

		Time of Birthday		
		1st	2nd	5th
Dtap / IPV / Hib	Leicestershire	97.9	98.8	
	England	94.7	96.3	
Men C	Leicestershire	97.3		
	England	93.9		
Hib/Men C	Leicestershire		96.9	96.1
	England		92.7	91.5
PCV	Leicestershire	97.7		
	England	94.4		
MMR one dose	Leicestershire		96.0	96.7
	England		92.3	93.9
MMR two doses	Leicestershire			93.5
	England			87.7

	Significantly higher than national average
	No data available

There are a range of child health outcomes which disproportionately affect teenage parents and/or their babies:

- 21% higher risk of preterm birth;
- 25% higher risk of low birth weight; and
- 41% higher rates of infant mortality (reduced from 60% in 2000).

These outcomes are affected by late booking for antenatal care (on average 16 weeks), a three times higher rate of smoking during pregnancy, a third lower rate of breastfeeding and poor maternal nutrition.

2.2. Service Review

Maternity Services

High quality maternity services are essential to infant health. The local NHS, in partnership with Leicestershire County Council, has developed a number of initiatives to provide effective early years support to improve children's health and reduce health inequalities. These interventions start at pre-birth with targeted action to reduce the proportion of low birth weight babies, including an early booking social marketing campaign to encourage women to book with maternity services before 12 weeks gestation. Additionally, actions to raise awareness in all professionals and in local communities include 'health in pregnancy' roadshows to ensure that the workforce has up-to-date knowledge on the modifiable risk factors for infant mortality. This approach will be embedded further through the nomination of "Health in Infancy Champions" - local leaders in each locality to sustain the collective work on reducing infant mortality.

For information on maternal mental health, refer to Chapter 6: Mental health.

Healthy Child Programme

The health and wellbeing needs of Leicestershire and Rutland children are met through the delivery of the Healthy Child Programme.²¹ This is an integrated evidence based programme of support which starts in pregnancy and ends at 19 years. It is delivered in close partnership with GPs, midwives, Sure Start Children Centre teams and other local organisations. The core aim is to ensure that all children and families receive the support they need to get the best possible start in life.

In October 2015, the commissioning of age 0 – 5 Healthy Child programme, including health visiting, transferred from NHS England to Leicestershire County Council. This is an exciting opportunity to reshape the public health offer for all children into a single pathway for all children and young people aged 0-19. A revised public health offer for all children aged 0-19 will be commissioned from April 2017. In preparation, the council will undertake a service review of the 0-5 Healthy Child programme delivered by Health Visitors in Leicestershire Partnership Trust. This will inform future commissioning and service redesign. This work will also contribute to the recently agreed strategic commissioning approach for pre-school children and their families now being undertaken by the Council, which will ensure all services for pre-school children are fully aligned.

To address current identified gaps in pre-birth and perinatal care, the Health Visiting programme will include an enhanced package of support for the families and children that need it most. Examples of this include the delivery of the Preparation for 'Birth and Beyond' antenatal programme and the Leicestershire's 'Early Start' programme. 'Early Start' is a Health Visitor led, early intervention programme with the aim of preparing vulnerable parents for parenthood. The 'Early Start' team supports families from 16 weeks gestation until the child is 2 years of age. The existing 'Early Start' programme in Leicestershire is currently being targeted to families living in the areas of Loughborough and Shepshed. This will be expanded in 2015/16 to include Coalville and Hinckley as part of a refreshed contract.

Health Visitors have a lead responsibility to promote breastfeeding, healthy nutrition and healthy lifestyles. Activities for parents are often located in Children's Centres, including breastfeeding cafes, weaning workshops and events to promote oral hygiene.

Work with families of pre-school children is well supported by specially trained volunteers and mentors. For example, breast feeding women are supported by a programme of dedicated volunteers who are specifically trained and provide support via telephone, social media and the local breast feeding cafes or home visits.

Leicestershire Children Centre Programme

Leicestershire recognises that prevention and earlier intervention is more cost effective and successful than later or more informal interventions. Children and Family Services provide targeted early intervention to those children, young people and families who are most vulnerable to poor outcomes, Since April 2015, a range of teams and programmes delivering early intervention have been integrated into a single service now known as 'Early Help Services' (the service includes the 'troubled families' programme, locally known as 'Supporting Leicestershire Families').

Through the relationship with Midwives and Health Visitors, Children's Centres are able to offer help and support to all families with babies and children under 5 years and ensure that those families that need additional support are introduced to specific Children's Centre services. Each of the six localities delivers the same core purpose. This includes targeted support to:

- language development and communication in pre-school children;
- help families with pre-school children who have fled domestic abuse;

- address parental mental health issues following child birth;
- access early years settings and free early educational entitlement;
- improve parenting skills;
- develop parents' confidence and their aspiration for learning and employment;
- tackle issues that may be adversely affecting the wellbeing of the family so the needs do not escalate; and
- access to local services which support families and reduce isolation.

More information on the Children's Centres programme is available from:

<http://www.leics.gov.uk/childrenscentres2>

There are currently six locality programmes delivered from a range of sites including community venues close to where families live. The Leicestershire programme works to improve the life chances of children under 5 years of age with a focus on their health, social development and emotional capability. It works to support parenting and to address risk factors for families that may be adversely impacting on children as they are growing up.

Regular quarterly reporting shows a high level of satisfaction with the programme and improved outcomes for families. Individuals reported that the programme has directly led to children learning new skills, experiencing increased confidence and developing better relationships with other children. In addition, parents reported an improved understanding of their child's development, increased confidence and new skills as a parent. In response to comments from parents about how the programme could be further developed, in every area, parents themselves now lead a number of groups and sessions which support local families.

The programme has been inspected by Ofsted, with five of the six programmes inspected as a Children's Centre group receiving a good judgement overall for effectiveness and quality of services.

Early Years Settings

To ensure high quality universal services across Leicestershire, all early years settings are encouraged to participate in the Leicestershire Healthy Tots Programme. This is an early years health promoting programme which supports

settings to focus and promote physical activity, healthy eating and emotional health and wellbeing of young children. Good progress has been made with the 48 settings working with the programme as at July 2015 (out of a total of 369 settings) who have achieved 'Healthy Tots' status and are currently in the process of renewing this status. An additional 30 settings have recently signed up to participate in the programme.

A programme of training to improve diet and nutrition exists alongside a variety of projects encouraging physical development for early year's settings across the county to improve children's gross motor skills development.

2.3. Gap Analysis

The key issues identified in the needs assessment to be addressed through commissioning are:

- Infant deaths affect a small number of babies and families, but these are a tragedy for the family and a significant population health issue. Continued efforts must be made to further reduce the infant mortality rates for Leicestershire.
- Whilst attendance rates at accident and emergency departments are relatively low for this age group, there are still nearly 12,000 attendances per year, which would benefit from further investigation.
- Breastfeeding prevalence in Leicestershire, despite improvements, is still less than 50% of all Leicestershire mothers. This is a significant determinant of health outcomes for infants in Leicestershire.
- Poor oral health in young children in Leicestershire is an area of concern, as the prevalence of tooth decay is significantly worse than the England average.
- Teenage parents are a vulnerable group in pregnancy, with higher rates of preterm births, infant mortality and low birth weights.

2.4. Recommendations

It is recommended that:

- All pregnant women are able to access high quality maternity services, and that these women are encouraged to access maternity services as early as possible in their pregnancy.

- The right services are in place to support pregnant mothers to make healthy choices with regards to smoking, healthy eating, physical activity and substance misuse (including alcohol).
- Maternity services should use the latest evidence base to support women to initiate breast feeding including referrals to the peer support breastfeeding service.
- A new healthy child service for children aged 0-19 is developed and that the service is aligned to council and wider partnership approaches for 0-19 year olds, to ensure that all children have the best opportunity for a healthy start in life.
- The recruitment and support for early years settings (including Children Centres) to participate in the Leicestershire Healthy Tots Programme and achieve Healthy Tots Status continues.
- A Leicestershire Healthy Tots emotional health and wellbeing guide and associated training programme for practitioners is developed.
- The prevalence of breastfeeding for babies across Leicestershire is increased, ensuring that all mothers and babies have access to an equitable level of service provision.
- Oral health services are developed to increase awareness of oral health in young children, and to promote improved oral health for children locally. This is an issue of specific concern for this age group locally.
- In addition to universal services for the whole population, it is essential that targeted services for those families that are more vulnerable continue to ensure that there is adequate support in place for those with greater needs. This includes support and services for teenage parents, appropriate services for people living with disability and other people who have difficulties accessing mainstream services.

3. The health and wellbeing of school age children

Individual lifestyle factors have a significant impact on an individual's health and that of their children. Behaviours such as smoking, alcohol and other substance misuse, poor diet or lack of physical activity are central to improving the health of the children and adults of Leicestershire. Also important is health in education and recognition of the longer-term impact of good education in improving opportunities at all stages of the life course.

Tackling childhood obesity remains a high local and national priority, with recognition that this is a highly complex issue requiring a comprehensive, co-ordinated and

sustained response. In October 2011, the Government published *Healthy Lives, Healthy People: A call for action on obesity in England*. Although this outlined national ambitions to address overweight and obesity through a 'life course' approach for children, the national priority was specified to achieve 'a sustained downward trend in the level of excess weight by 2020'.²²

Childhood accidents and unintentional injuries are a common cause of morbidity and mortality in children. The National Institute for Clinical Excellence (NICE) defines unintentional injuries as injuries and their precipitating events that are predictable and preventable^{23 24 25}. There needs to be a balance between managing risks and allowing children and young people to explore and learning how to manage risks, however, children must remain safe to enjoy their childhoods and achieve their full potential.

Research tells us that a good level of mental health and emotional wellbeing for children and young people acts as a strong protector, enabling them to thrive and achieve throughout their childhood and into their adulthood. Mental health problems that occur in children and young people can be ongoing into adulthood. It is known that 50% of mental illness in adult-life (excluding dementia) starts before age 15 and 75% by age 18.²⁶ Mental health and emotional wellbeing for children is addressed in Chapter 6: Mental health.

As young people move towards adulthood, this is a period of sexual exploration and exposure to health risks. Conditions such as sexually transmitted infections (STIs) begin to appear in early adolescence and escalate rapidly. In the UK, the majority of STIs have the highest incidence and prevalence rates in the 16-24 age range.²⁷

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child. Teenage parents are prone to poor antenatal health, lower birth weight babies and have a 60% increased risk of infant mortality than for babies born to older mothers. Teenage mothers are less likely to finish their education, are more likely to end up both as single parents and bringing up their children in poverty. The children of teenage mothers have an increased risk of poor health, living in poverty and poor quality housing.²⁸

3.1. Evidence of Need

- The rate of child mortality (aged 1-17 years) in 2010-12 in Leicestershire was 13.5 per 100,000 population. This is similar to the England average of 12.5 per 100,000 population. Between 2010-12, 52 children died in Leicestershire.¹⁹

- In Leicestershire in 201/15, over a fifth of children (21.3%) in Reception were classified as overweight or obese, this is significantly better than the England average of 21.9%. In Year 6, the proportion of children classified as overweight or obese children rose to a just under a third (30%) in Leicestershire. This is significantly better than the England average of 33.3%.⁹
- Since 2009/10, the percentage of Reception children who were overweight or obese in Leicestershire has shown an annual increase, but has remained significantly better than the England average.⁹
- In Leicestershire, the percentage of children overweight or obese in Year 6 has performed consistently better than the England average since 2006/07. However, since 2009/10 there has been a year on year rise in the proportion of overweight or obese children in this age group.⁹
- In 2014/15 the percentage of underweight children in Reception in Leicestershire was 0.93%, this is similar to the England average (0.96%). In Year 6, the percentage of underweight children rises to 1.6% and this is similar to the England average (1.3%).⁹
- It is estimated that 8.1% of 15 year olds and 13.8% of 16-17 year olds are regular smokers. This is similar to the England average.
- In 2013/14, the rate of hospital admissions caused by unintentional and deliberate injuries for children and young people in Leicestershire was significantly better than the England average for the following age group:⁹
 - 0-4 years - 83 admissions per 10,000 population, compared with 140.8 per 10,000 population for England
 - 0-14 years – 76.2 admissions per 10,000 population, compared with 112.2 per 10,000 population for England
 - 15-24 years – 88.5 admissions per 10,000 population, compared with 136.7 per 10,000 population compared with England.
- In 2012/13, Leicestershire had a rate of 92.2 per 100,000 for hospital admissions for asthma for children aged under 19 years. This is significantly better rate than the England average (221.4 per 100,000 population). During this time 132 children were admitted to hospital with asthma.¹⁹
- The rate of young people hospital admissions due to substance misuse in Leicestershire was 46.6 per 100,000 aged 15-24 between 2010/11 – 2012/13.¹⁰ This is significantly better than the England average (75.2 per 100,000 population). Throughout the same time period, the under 18s alcohol-specific hospital admissions rate in Leicestershire was 25.1 per 100,000

population. This is significantly better than the England average (44.9 per 100,000 population).²⁹

- In 2010-12, the rate of children killed or seriously injured in road traffic accidents in Leicestershire was 10.8 per 100,000 population aged under 16 years. This is significantly better than the England average (20.7 per 100,000 population). Despite this, 38 children were seriously injured or killed on the road in this period.¹⁹
- In 2012, the rate of under 18 conceptions in Leicestershire was 21.7 per 1,000 females aged 15-17. This is significantly better than the England average of 27.7 per 1,000 females aged 15-17.⁹
- Rates for teenage pregnancy in Leicestershire have remained significantly better than the England rate since the baseline in 1998. After decreasing year-on-year for the last 5 years, the latest under-18 conception rate is 21.7 per 1,000 females, the lowest recorded rate for Leicestershire.⁹
- In 2013, the rate of under-16 conceptions in Leicestershire was 3.8 per 1,000 females aged 13-15. This is significantly better than the England average of 4.8 per 1,000 females. In Leicestershire, 46 females aged 13-15 conceived a child. This is the lowest count since data has been recorded .⁹
- In 2013, over a quarter (27.0%) of young adults aged 15-24 in Leicestershire were screened for chlamydia, a significantly higher percentage than average for England (24.9%). Despite the high proportion of young people screened, the detection rate in Leicestershire was 1701.8 per 100,000 population aged 15-24, significantly lower than the England average of 2015.6 per 100,000 population.²⁹ In total, 1,438 young adults were diagnosed and treated for chlamydia - 575 males and 863 females.²⁹

Refer to Chapter 6: Mental health for information on maternal mental health.

3.2. Service Review

- There are a wide range of services for school age children and young people. These include School Nursing (Healthy Child Programme 5-19), Healthy Schools Programme, services commissioned by schools and other early help services, integrated sexual health services, tobacco control and stop smoking services, substance misuse, healthy weight services, and mental health and wellbeing (reported separately).
- In addition there are a wide range of local agencies, including district councils, fire and police services, voluntary and community services who are working to support the health and wellbeing of children and young people living in

Leicestershire. These services are often crucial in tackling the wider determinants of health which adversely impact on many young people.

- In Leicestershire, £5.54 was spent per head on public health programmes for children and young people (aged 5-19). This is higher than the England average (median) of £4.51 and also higher than the average spend across peer comparators.³⁰
- In Leicestershire, £0.23 was spent per head on obesity in children and young people. This is lower than the England average (median) of £0.37, but is a higher spend per head than the average (median) for the East Midlands and all county local authorities.³⁰ Unless obesity is addressed in childhood, most of the financial consequences are likely to be incurred when treating and managing the obesity-associated diseases or conditions that arise in adulthood. These include type 2 diabetes, coronary heart disease and some cancers.
- Treating unintentional injuries among children and young people costs UK accident and emergency departments approximately £146 million a year. Further treatment costs are significant, for example, it can cost £250,000 to treat one severe bath water scald per child or young person.³¹ The indirect costs include enforced absence from school and the need for children and young people to be supervised during their recovery (which could involve family and carers taking time off from work).
- A highly cost-effective way of preventing unintentional injuries on the road (with a net present value [NPV] of £64,209) suggests setting advisory 20 mph limits. Mandatory 20 mph zones were found to be much more cost effective in areas with previously high casualty rates. The NPV was £90,625 in these areas, compared to a NPV of £25,480 when implemented in low casualty rate areas. (Please note, the modelling did not consider health benefits other than those due to casualties prevented).
- Reducing teenage pregnancy can save money. Every £1 invested in contraception saves the NHS £11.³² If areas stop investing in teenage pregnancy prevention, the NHS will face much higher costs. Reducing teenage pregnancy also reduces welfare costs. Support for young parents has always been a strong part of the Leicestershire Teenage Pregnancy Strategy. A multi-agency Teenage Partnership Leadership Board and district level partnerships are working to ensure that pathways of support for parents under 20 are robust, data on parents can be shared and that interventions start during ante-natal. There is a need to tackle the rising numbers of young mothers who are not in education, employment or training (NEET).

3.3. Gap analysis

- Whilst the prevalence of overweight (including obese) children in Reception and Year 6 are better than the England average, the rates have risen year on year since 2010/11 and this needs to be addressed.
- Despite having a high proportion of the population screened for chlamydia, the detection rates in Leicestershire are significantly worse than the average for England.
- There are an increasing number of teenage mothers who are Not in Employment, Education or Training (NEET).

3.4. Recommendations

- Improve the early identification of children who are overweight or obese through the ongoing development of the National Childhood Measurement Programme. When children become overweight, we need to continue to commission high quality, easily accessible services to support families and children to change lifestyle behaviour in a positive and sustainable way.
- Routinely promote physical activity, including unstructured play at home, in school, in childcare settings and throughout the community, and ensure the children's living environment encourages and facilitates these choices.
- Develop an approach to systematically influence the wider determinants of health including the built environment, transport and housing to help create health promoting places and enable healthy choices.
- Continue to encourage Leicestershire schools to participate in the Leicestershire Healthy Schools Programme, to renew healthy school status and achieve enhanced healthy school status by achieving meaningful outcomes in a public health priority area. These include emotional health and wellbeing/ mental health, healthy weight, sexual health/ teenage pregnancy and substance misuse (drugs, alcohol and tobacco).
- Advocate that schools adopt the Personal, social, health and economic (PSHE) Associations Programme of Study and utilise the updated Leicestershire PSHE toolkit. For Secondary Schools to use the 'Understanding and Managing Risk' Resource and Primary Schools to use the Primary Development Tool (Cambridgeshire PSHE Service resources).
- Promote and encourage schools to access and take up the Public Health

Relationships and Sex Education Training and support offer.

- Improve young people's access to integrated sexual health services with particular emphasis on improving the range of contraceptive options, including long acting reversible contraception.
- Increase chlamydia screening for 15-24 year olds, and improve the detection and treatment of infection with the aim of reducing the prevalence of chlamydia.
- Encourage schools to promote the ChatHealth messaging School Nursing service to young people.
- Encourage schools to promote the completion of the Primary Child Health Entry Review to parents of Reception aged children and Secondary Entry Health Review for Year 7 students.
- Improve the understanding of lifestyle choices that young people make when transitioning to adulthood.

4. **Vulnerable children**

Children and young people can be vulnerable for a range of reasons including poverty, disability, substance misuse, physical or mental illness, or because of other problems within the family home. This may include abuse and neglect, or living with the effects of other problems such as parental substance misuse, parental mental ill health, domestic abuse (these three needs together being referred to as the Toxic Trio) or relationship difficulties giving rise to persistent arguments. Early intervention from within a child's community and from targeted services, prevent a child's problems from escalating and so prevents the child from coming to harm and requiring statutory intervention. There is strong evidence that providing early support and preventative services to families and children has greater success (and is a more cost effective way) of supporting vulnerable children. The aim of services for vulnerable children should be the early identification of needs and pro-active support to prevent the needs of the child from escalating and requiring more costly and more intrusive specialist services.³⁷

Working Together to Safeguard Children was re-published in March 2015 and sets out the importance of Early Help services, with particular reference to professionals across the system identifying and responding early to the needs of vulnerable children. Those children likely to need early intervention include:³⁶

- unborn babies;

- older children;
- children in a secure setting;
- disabled children and those with Special Educational Needs;
- young carers;
- children or young people showing signs of engaging in anti-social or criminal behaviour;
- children and young people living in challenging family circumstances (parental substance abuse, adult mental health, domestic abuse);
- children and young people who have returned home from care; and
- children showing early signs of abuse or neglect.

The County Council delivers services to children and young people in accordance with statutory duties under the Children Act 1989. This Act requires the provision of services to those children and young person's deemed children in need and those at risk of significant harm. The Children's Act 1989 places a legal duty to make appropriate provision for children in need if they are under 18 years of age.³³ They are deemed to be in need if:

- *they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision ... of services by a local authority;*
- *their health or development is likely to be significantly impaired, or further impaired, without provision ... of such services; or*
- *they are disabled.*

Children deemed to be at risk of harm typically present with injuries, significant health and developmental needs and complex social, emotional or behavioural needs. Without the provision of a service these children would not be able to meet basic developmental outcomes.

The sexual exploitation of children and young people is a form of sexual abuse and vulnerable children are often targeted or are easier for perpetrators to access because of the child's level of emotional need or their social circumstances. Child sexual exploitation can have a devastating impact on the social integration, economic wellbeing and life chances of young people.

Other cohorts of people who are vulnerable to child sexual exploitation include:

- children who are in Local Authority care
- children from Roma, Gypsy and Traveller backgrounds;
- children who provide unpaid care (known as 'young carers');
- children with learning disabilities; and
- children in contact with the youth justice system, who are more likely to have poor outcomes compared with their peers, including mental health problems and problematic alcohol and drug misuse. They may also experience additional challenges such as homelessness, bereavement, trauma and being in Local Authority care.

4.1. Evidence of Need

'Children In Need' (CIN) is a specific classification for those children and young people who have been assessed as in need of social care services. In Leicestershire in 2014/15, the following children were designated as "**children in need**":

- 6,432 children under the age of 18 were classified as children in need in Leicestershire, which was a rate of 477.2 per 10,000 population (aged 0-17). This is significantly lower than the England average of 674.4 per 10,000 population.¹⁰
- There were 3,593 new cases of children in need in 2014/15, which was a rate of 266.5 per 10,000 population. This is significantly lower than the England average of 348 per 10,000 population.¹⁰

Children who are identified as being at risk of significant harm (also known as maltreatment) are placed under a child protection plan in order to ensure that the parents' broader family and local agencies work together to safeguard them from significant harm.

- Children who are identified as being at serious risk of maltreatment are placed under a child protection plan in order to help safeguard them from significant harm. Nationally, child maltreatment has a prevalence of between 1 in 10 and 1 in 25 children.³⁴ The self-reported figures for maltreatment are estimated to be much higher and the rate of maltreatment increases with age: 5.9% in children aged under 11 years, 18.6% of 11–17 year olds, and 25.3% of 18–24 year olds.³⁵

- In Leicestershire between 2006 and 2012, the rate of children subject to a **child protection plan** per 10,000 increased steadily. This reflected national trends and in March 2012, 524 children were subject to a child protection plan. However, since summer 2012 there has been a general downward trend in the number of children subject to child protection plans.
- At the end of the 2014/15 financial year, 393 children were subject to a child protection plan. Throughout the year, there were 600 new cases.¹⁰
- The rate of children subject to a child protection plan in Leicestershire was 29.2 per 10,000 population. This is significantly lower than the England average of 42.9 per 10,000 population.¹⁰
- 103 children (17.2%) became subject of a child protection plan for a second or subsequent time during 2014/15 in Leicestershire.¹⁰ This is higher than the national average of 16.6%

Looked after children, (also known as 'children in care') are also a vulnerable group. The term 'looked after' was introduced by the Children Act 1989 and refers to children and young people under the age of 18 who live away from their parents or family and are supervised by a social worker. A 'looked-after child' may either be accommodated with parental voluntary agreement or subject to an order made by the family courts³³.

In Leicestershire, at 31 March 2015, the following children were classified as **looked after children**:

- 470 children under the age of 18 were classified as looked after children. The rate of looked after children in Leicestershire was 35.0 per 10,000 population. This is significantly lower than the England average (60.0 per 10,000 population).⁵⁹
- 70% of all looked after children in Leicestershire were in foster placements - totalling 330 children. This is below the average for England (75%).
- 8% of all looked after children in Leicestershire (35 children) were looked after in placements in the community other than with parents. This is higher than the average for England (3%)⁵⁹.

There is a statutory requirement for looked-after children to undergo a health assessment and dental review on entry to care and then annually. These assessments are designed to identify health concerns that should be specified in a health plan. This then forms part of the overall care plan. In 2014/15:¹⁰

- 92% of looked after children aged under 5 had development assessments up to date. This is above the England average (89%).¹⁰

- The percentage of looked after children who had an annual health assessment in Leicestershire has improved from being significantly worse than the England average in 2011/12. In 2014/15, 87% of looked after children had an annual health assessment. This is slightly below the England average (90%). 79% of looked after children had their teeth checked by a dentist, which was lower than the national average of 86%. 89% of looked after children had immunisations that were up to date, which was slightly higher than the national average of 88%⁵⁹

In 2014, the estimated numbers of people aged 18-64 in Leicestershire who report having been **sexually abused** during their childhood was 32,080 females and 13,972 males.⁴⁰

- The NSPCC report *Child Maltreatment in the United Kingdom*⁴¹ found that 11% of respondents had been abused in childhood when they were 12 years old or younger - the prevalence being 7% for males and 16% for females. Difficulties faced by victims of child sexual exploitation include isolation from family and friends, teenage parenthood, failing examinations or dropping out of education altogether, unemployment, mental health problems, suicide attempts, alcohol and drug addiction, aggressive behaviour and criminal activity.
- In 2012/13 Leicestershire County received 54 referrals of children at risk of Child Sexual Exploitation (CSE), increasing to 85 referrals in 2013/14 and 165 in 2014/15⁵⁸ (an increase of 67% over three years).

The data demonstrates the need for a specialist multi-agency response to CSE in line with recommendations arising from national guidance and reports.

The **domestic abuse** incident rate per 1,000 population is 22.3. This indicator examines an incident rate for Leicester, Leicestershire and Rutland combined. The rate has continued to increase since 2010/11 (rate of 16 per 1,000 population).¹⁰

In September 2014, a needs assessment of domestic abuse was undertaken for Leicestershire. The needs assessment described the level of need relating to domestic violence as follows:⁴²

- Domestic Violence against a parent was the largest factor identified at the end of single assessments for social care in 2014/15 - 22% of all cases (812 of 3671).
- Between April and December 2013, 23% (831) of all initial assessments and 29% (545) of core assessments undertaken by Leicestershire County Councils First Response Children's Duty Team identified domestic abuse as an issue.

- Between April and December 2013, the Leicestershire County Council's Early Help Team, Supporting Leicestershire Families (SLF), supported 239 families (64% of all families supported) in relation to current or historic cases of domestic abuse.
- During 2012/13, 330 children (or 53.5%) at Child Protection Conferences were identified as having domestic abuse as a significant factor in their lives
- During 2014/15 there were 522 children in families where parents were supported by the Independent Domestic Violence Advisor (IDVA) service and 616 children in families supported by domestic abuse family services in the County.

In addition, in their review of serious case reviews, Ofsted noted that the most common issues (relating to the children's families) were domestic violence, mental ill health and drug and alcohol misuse. As Working Together notes, these issues rarely exist in isolation and are commonly referred to as the Toxic Trio. In Leicestershire, a third of families assessed by Children's Social Care and Early Help Services have the Toxic Trio as a central feature.

Youth Offending:

- In 2014/15 to date there were 161 First Time Entrants (FTE) representing a 3.21% increase against the same period in 2013/14. Over the last two years 2011/12 to 2013/14 there has been a 32.6% reduction in FTEs, and over the last five years a 63% reduction (2008/09 to 2013/14). In comparison to the baseline target of 1285 young people, there is an overall reduction in FTEs of 83% (221) between 2005/06 and 2013/14. Leicestershire FTEs per 1,000 population compares favourably with both regional and national performance.¹⁰
- Since 2011/12, the Ministry of Justice (MOJ) has provided data on proven re-offending rates using the Police National Computer (PNC) data. The MOJ data on reoffending is published quarterly and the latest data available is for the period October 2011 to September 2012 when there were 661 young people from Leicestershire in the cohort. The MOJ reports reoffending performance on three measures:
 - The percentage of young people re-offending after 12 months was 30.6%, an increase of 1.8% compared to the period in 2010/11.
 - the average number of re-offences per young person in the cohort after 12 months, i.e. the frequency rate, was 0.89, compared to 0.76 in the period 2010/11;

- The average number of offences per young person who has re-offended was 2.91 compared to 2.64 in 2010/11.
- Comparative data shows that the percentage of young people re-offending in Leicestershire (30.6%) was better than regional (31.4%) and national (35.4%) performance. Leicestershire's re-offending frequency rate (0.89) is slightly higher than regional (0.87) and ahead of national (1.03) performance. Local performance for the 2014/15 cohort to date was 0.79 which remains ahead of the baseline performance of 1.13 and exceeds the 1.07 target for 2010/11.
- The use of custody in 2014/15 to date is 3.9% ahead of the 5% target set by the Youth Justice Board. Information on the custody rate per 1,000 of the 10-17 year old population in Leicestershire is made available by the MOJ. The performance for April 2014 to September 2014 was 0.05 per 1,000. This is slightly higher than the same period the previous year of 0.03, however is well ahead of Regional (0.16) and National (0.22) performance.

Gypsy, Roma and Traveller:

- In 2014/15, there were 123 traveller children accounting for 0.1% of the school children population in Leicestershire. This is a significantly lower rate of children who are Gypsy/Roma compared to the England average (0.2%).¹⁰

Young Carers:

- In 2011, over 1,000 (0.9%) children aged under 15 provided unpaid care - a significantly better percentage than the England average (1.1%). In Leicestershire, the prevalence of providing unpaid care increases with age. 4.1% of young people aged 16-24 (over 3,000 young people) provided care in Leicestershire. This is significantly better than the England average (4.8%).¹⁰
- Approximately a fifth of children aged under 15 providing care in Leicestershire, do so for more than twenty hours a week. Of all children aged under 15 in Leicestershire, 0.17% provide 20 hours of unpaid care per week - a significantly better percentage compared to the England average (0.20%). In young people aged 16-24, a quarter of children providing care in Leicestershire, do so for more than twenty hours a week. Of all children in Leicestershire aged 16-24, 0.9% provide 20 hours of unpaid care per week - significantly better compared to the England average (1.3%).¹⁰

User views

During 2014 and 2015 Leicestershire County Council sought the views of children and young people and their families to inform service remodelling and new ways of working in Children's Social Care and Early Help services. Key themes arising out of

this engagement (which includes consultation regarding changes to voluntary sector contracts) include:

- Concerns about the impact of reduction of services and funding in terms of availability, accessibility and sustainability of services.
- Concerns that reduction in targeted services will mean that a large cohort of users with lower needs will be overlooked and without the right intervention to meet their needs, these needs will escalate over time, potentially requiring more intensive and expensive support at a later date.
- Concerns about potential inequality in service provision geographically (across the County).
- The importance of a wide range of support networks (such as family, friends, educators, social and support workers) able to make a difference to children and young people.

National Consultation with children and young people

The Children's Commissioner for England commissioned a range of reports that consider the needs and aspirations of children and young people on relevant issues. The 2013 'What We Say We Need' report considered important items, opportunities and aspirations for children and young people, surveying over 1,300 children and young people nationally. Key themes identified by respondents were:

- Money;
- access to services;
- the importance of family and friends; and
- basic items that people could not live without.

Disabled children and young people placed greater emphasis on opportunities for sport, holidays and travel, and valued a good social worker (where appropriate) and good transport as important.

The Children's Care monitor report was published by the Children's Rights Director for England in March 2014. The report indicates that across the board, children in residential homes feel significantly less happy and more vulnerable than children in foster homes.

Nationally, children's residential care is used for only a small proportion of looked after children, mostly over the age of 12 and many of whom have moved there either from home or from foster care as a result of their challenging behaviour. The correlation between the type of need (emotional/behavioural) and placement choice (children's homes) is in itself stigmatising for young people and increases social isolation and makes social integration more difficult.⁴³

4.2. **Service Review**

Leicestershire County Council's Children and Family Services, has a responsibility to protect and safeguard the welfare of children in need. This means if a child or young person does not receive help, their health and welfare may suffer. Accordingly the department works closely with children, young people, their parents, relatives or other carers and also with other organisations to find the best solution for children and young people. This will always take into account the child and family's religious, cultural and social background. The department offers a range of services which support the welfare of children, young people and families, including:

- First Response Children's Duty Team (referral service)
- Early Help Services (providing targeted early intervention services)
- Childrens Social Care (including Looked After Children, Child Protection, Fostering and Adoption; Disabled Children' Service)
- Educational Services (including specialist teaching services) for children with special educational needs and disabilities
- Safeguarding Services (including links to the Local Safeguarding Children Board [LSCB])

The department has been subject to a number of reviews and changes intended to more effectively manage the increase in demand and to meet departmental, local and national drivers for change, including:

- consistency and equity of services;
- integrated working; and
- ensuring services provide value for money.

The efficiency agenda introduced a new challenge which requires the County Council to be innovative in the way departments design services to meet the continued demand with the likely increase in further reductions of budgets. Key elements of the Children and Family Services operating model are set out below:

Early Help Services – provision of high quality targeted early help and prevention for vulnerable families at the earliest point possible to ensure that children and young people are safe, healthy and better prepared to achieve their potential. The service focusses on those more at risk of poor outcomes to prevent needs escalating.

Early Help Services, provided by Children and Family Services (Leicestershire County Council), are targeted to a broad range of families. In order to help plan future services, the council has undertaken an in-depth cluster analysis of the families that are using Early Help Services to better understand needs.⁴⁴

The analysis is based on 2,294 families. The key issues were identified as follows:

- Child behaviour is identified as a need in 70% of families
- Education issues were identified in 25% (1,570) of families
- A third of families were single parents and feature strongly in 4 other clusters (including complex families furthest from the labour market and those with Housing Needs). These families were also more likely to have a child carer.
- Housing issues are often associated with parental issues such as mental health or substance misuse potentially affecting parental ability to provide a secure and stable home. These families are more likely to have more than 4 needs identified. Data shows that 1 in 4 of these families are referred to an external agency (potentially a local housing office) but are also twice as likely (as other families) to be referred to a Children's Centre – suggesting there are young children living in these situations.
- Alongside presenting with a child's difficulties, families are very likely to be struggling with issues that affect their own wellbeing.
- 11% of families were deemed complex and likely to be furthest from employment. They generally struggled in all areas of parenting and children were at higher risk of neglect.
- 1 in 3 families discussed were referred to external agencies and closed.

A parallel analysis was completed for cases in Children's Social Care. The relevant findings of this further analysis are set out below:⁴⁵

- Young children are most at risk.
- The 'toxic trio' of parental mental health, drug and alcohol abuse and domestic violence remains a significant area of work across teams.

- The number of children with a child protection plan involving neglect is high. It is not yet clear whether this level represents the true level of neglect or is as a result of recording practices.
- Adults with learning difficulties in Leicestershire in paid employment is very low (1.6%) compared to the England average of 7.2%.
- Young adults leaving school at 16 with special educational needs are less likely to be in education, employment or training than their peers without such needs.
- A disproportionately high number of children in care are being identified as having special educational needs.
- Data tracked by the Safer Communities team has shown that 'Child on Parent' abuse is a key element in the Youth Offending Service (YOS) caseloads and in families with more complex needs discussed at Early Help locality hub meetings.
- There are specific areas of the county with higher levels of need and risk (Charnwood, Hinckley & Bosworth, and North West Leicestershire),
- The emotional health and wellbeing of children and young people is a frequently reported need across the county.
- Data from First Response and CAMHS (Leicestershire Partnership NHS Trust) shows that there are very high numbers of professionals who are concerned about children but are going to the wrong place to seek support and are being redirected. This is a costly waste of limited resource.
- Data shows that a significant number of statutory assessments for Leicestershire County Council resulted in 'no further action'. This is a significant waste of social work resource as well as potential missed opportunities for early intervention approaches.
- Although many professionals across the partnership are well placed to support young people, there continue to be high levels of expressed concern relating to children's behaviour, children's education and generalised distress as a reaction to very common life events. In their annual report (2013/14) the Professional Advice Line run by the Primary Mental Health team from CAMHS shows a 40% increase in calls, with calls peaking at the beginning and end of school terms.

- Referrals to specialist CAMHS have risen by approximately 20% over the last two years. There are significant waiting times for patients referred, currently with no mechanisms to support those waiting.
- The mental health of parents impacts significantly on the wellbeing of children and young people. Adult focused services do not routinely take a whole family approach. Additionally service users find difficulty navigating mental health services.
- The parents of children with a disability are keen to develop and deliver bespoke early years services delivered from Children Centres.
- Housing issues are often associated with parental issues such as mental health or substance misuse. Living in insecure or temporary accommodation can have a significant adverse impact on both infant and children's wellbeing.

Families considered for the department's Early Help Services are discussed in a virtual team environment (known as the locality hub). A plan to support the family is developed with workers able to draw down additional expertise as needed, to tailor the plan to their specific needs. Performance data for the service shows that:

- During 2013/14, 39% of contacts to Children & Family Services were referred to children's social care, while 13% were referred to Early Help services. Over the past 2 years the proportion referred to social care has reduced and the proportion referred to Early Help Services has increased. In June 2015, 29% of contacts to Children & Family Services were referred to children's social care, while 17% were referred to Early Help services.
- The number of children/families in receipt of Early Help services has increased from 5,519 in March 2014 to 6,379 in June 2015.

Safeguarding - for children whose needs are complex or are deemed at significant risk of harm, services focus on the identification of these children, protection from harm and the delivery of child protection or child in need plans to address their education, health and emotional wellbeing needs. The safeguarding needs of children are met through a number of services:

- Leicestershire's single 'front door' - First Response Children's Duty Team – which focusses on the identification of the most vulnerable children and where appropriate, working with parents to determine the most appropriate support pathway. The service operates 24/7 to ensure a continuum of risk management across the week for the most vulnerable children.

- Child Protection Service – teams based within localities hold responsibility for the protection of children at risk of harm and those who require protection through legal mechanisms. The Disabled Children’s Service is also responsible for completing child protection investigations.

Children in Care and Adopted Children – children are best brought up in their own family. Where this is not safely possible, alternative high quality care arrangements will be put in place. For most children, and when appropriate, this will be a family placement within Leicestershire. The council will continue to support foster families, adoptive parents and extended family members who take on the care of vulnerable children. The services will be developed to ensure that:

- Children and young people in care experience emotional attachment, physical stability and long-term commitment, known as ‘permanence’.
- Children and young people in care do well in school and achieve the skills they need for work and a happy life.
- Children and young people in care have good health and have a sense of security, continuity, commitment and identity.

Disabled Children’s Service – Children and Family Services has one team who deliver services across the county for disabled children and young people who are children in need (including occupational therapy support), children in need of protection, children in care, children who are likely to be adopted or subject to care proceedings. This service is being redesigned on the basis of the needs of the disabled children’s population of Leicestershire and aligned with the principles of a ‘Whole Life Disability’ Service in the future. During the review of this service we will work with children, parent / carers and partners to co-produce a model that seeks to:

- Support children and families to manage their care and wellbeing as successfully as possible, with maximum independence and control.
- Work across organisational boundaries and in partnership with other organisations to improve efficiency of services and deliver highest standards of excellence.

Integrated Adoption, Fostering and Placements Service – the functions of an adoption, fostering and placements service have been brought together into a single service to promote a shared understanding and ownership of the child’s placement needs. Within the new service there is a strong emphasis on commissioning the right

placements for children based on robust assessment of the care needs, educational needs and relationship needs. The council is committed to maintaining a child within their local community or as close to their local community as possible, giving the child access to supportive relationships, networks and familiar services. In-house fostering provision remains the placement model of choice for most children in care. The service will incorporate the following processes:

- Individual assessment and care planning;
- Strategic needs assessment;
- Placement commissioning decisions;
- Market Management;
- Collaboration; and
- Securing services.

Permanence decisions play a significant role in enabling children to commit to carers, friends, networks within their universal and targeted provision. The service is committed to achieving permanence for children within an appropriate timescale, either within their family networks or where this is not possible, in long-term placements.

Children and Family Services makes a range of placements for vulnerable children, young people and families within a very challenging budget. Issues contributing to pressures within the budget include:

- The lack of a strategic commissioning approach to procuring the placement for looked after children;
- The lack of a robust joint commissioning arrangement between key partners;
- The lack of local in-house placements;
- The use of Independent Fostering Agency placements;
- The use of residential placements; and
- The use of externally commissioned placements for disabled children and children with challenging behaviour.

Departmental performance data and information stored on the children's social care electronic recording system shows that the majority of looked after children who had 3 or more placements, originated from the more deprived areas of the County, which are considered to be 'complex need' geographic areas. In terms of age, the data showed that there was a tendency for children and young people aged 16 and older to find settling difficult and to move on to semi-independent living, whilst children aged 12-15 with complex needs (including at risk of Child Sexual Exploitation) tended to find neither Independent Fostering Agency Placements or residential settings were able to meet their needs.

Key performance data for the services that are provided for vulnerable children in Leicestershire indicate that overall this population is kept safe. However, there are a number of areas where improvements could be made. In 2014/15:

- The proportion of children on child protection plans that are reviewed within appropriate timescales has fluctuated during the year. There has been a reduction in the number of child protection plans that last for two or more years. However, the proportion of children becoming subject to a child protection plan for a second or subsequent time has increased during 2014/15 compared to the end of 2013/14 position¹⁰.
- In terms of looked after children, there has been an increase in the percentage of children with 3 or more placements during the year and a reduction in the percentage of children in the same placement for two or more years or placed for adoption³⁹.
- At the end of 2013/14, the percentage of care leavers in suitable accommodation and in education, employment or training was within the bottom quartile in terms of national benchmarking. However, the first statistical release by DFE of 2014/15 looked after children data suggests that these indicators have significantly improved during 2014/15⁵⁹.
- Children in care do not reach the same levels of educational attainment as the rest of the population of Leicestershire. In 2014, 58% of looked after children reached level 4 in reading, writing and maths at key stage 2 (age 11)³⁹, which was in the top quartile in terms of national benchmarking. However, 7.7% of looked after children achieved 5+ A*-C GCSEs including English and maths, which was in the bottom quartile in terms of national benchmarking. This relative performance position has remained similar over the past 3 years.

Child Sexual Exploitation, Trafficking and Missing Children

The Local Children's Safeguarding Boards for Leicester, Leicestershire and Rutland

have developed a joint strategy to tackle Child Sexual Exploitation (CSE), Trafficking and Missing Children. The aim is to:

- Create an environment where CSE is prevented, identified and challenged within all communities across Leicester, Leicestershire and Rutland.
- Work proactively in partnership to keep children and young people safe from CSE.
- Ensure that children, young people and families whose lives are affected by CSE will receive a high level of support as well as protection, and that perpetrators will be held accountable for their actions, and where possible brought to justice.

The strategy has five key priorities:

- PREVENTION (reducing numbers of children at risk);
- PROTECTION (reducing the risk of harm);
- PURSUE (disrupting and bringing offenders to justice);
- PROVISION (providing effective services for support and recovery); and
- PARTNERSHIP (building public confidence).

A specialist multi-agency CSE team has been developed to support the delivery of Leicestershire's response to CSE, trafficked children and missing children. Additional resource has been provided by Leicestershire County Council and the Police and Crime Commissioner to expand the team and project.

Young Carers and Parent Carers

The Care Act 2014 and Children and Families Act 2014, which became law in April 2015, signify a strengthening of support and recognition for young carers in the UK. Both Acts address the needs of young carers, including a duty on both Adults and Children's Services with regards to this group. Considerable work has been undertaken locally to ensure previously unidentified young carers will be proactively recognised by the local authority and transition across service areas is well managed.

Children and Family Services is engaged in a range of specific work to both support young carers (including in-house and commissioned services) as well as awareness

raising work to ensure a pro-active partnership response. Whilst data shows an increase in the number of young carers worked with by the Department's teams, there remains a discrepancy between the number of young carers estimated locally and those known to support services suggesting a large number of young carers are not yet accessing support.

A mapping exercise for young carers undertaken by Children and Family Services (June 2013),⁴⁷ has provided useful insight into what works for young carers:

- Signposting and support within schools and academies is key due to the adverse impact of caring responsibilities on educational attainment and attendance.
- The majority of young carers consulted were providing 15 or more hours a week care for either a parent/step parent or sibling who has a range of conditions (including physical disability, substance misuse, mental ill-health, and long term illness). The time spent caring had a considerable impact on a child or young person's education and social life.
- Most young carers said they had been caring for some time (on average, a period of 1-2 years) before receiving any support. The identification of young carers must therefore remain a priority.
- Young carers responses indicate that access to groups helps reduce social and emotional isolation.
- Few young carers could articulate what might make a difference to their lives. Therefore, the promotion of and access to good quality advice and information for young carers is key.

Further consultative work was undertaken with Leicestershire parent and carers between January and March 2015 in relation to their views of priority areas of service delivery. On the whole they felt that services provided were good but felt there was insufficient resource to meet need and waiting lists, particularly in relation to children's mental health, were too long. Parent Carers' input is contributing to the development of new commissioning plans for the department and engagement in national initiatives, such as Better Care Together, to address priority need.

Youth Offending

The Youth Offending Service (YOS) is a multi-disciplinary team including

representatives from the statutory partners of Police, Probation, Education, Social Care and Health. The service works with young people to prevent and reduce their offending behaviour, reduce their risk of harm and vulnerability and divert young people into education, employment or training. The service works closely with a range of agencies to support young people as they tackle issues on their lives including accommodation, substance misuse and relationships.

The service has a centrally managed Programmes Team that supports the work delivered by the locality operational staff. This team includes the IMPACT project (a team focused on street based work in Anti-social Behaviour (ASB) hot spot areas), restorative justice team (Reparation and Victims workers), volunteer co-ordination, health pathfinder project, group work and Participation co-ordination, community engagement and ASB work.

A development during 2014 involved YOS integration into the Children and Family Services Early Help Services, aligning the YOS with other services focused on early intervention with children, youth work and families. During 2014/15 frontline staff arrangements across Early Help were restructured, moving staff into multi-disciplined locality teams. This will enable the development of support arrangements to young people and their families through the delivery of Early Help Services with partners within localities.

4.3. Gap Analysis

- There is insufficient high quality data relating to the health and wellbeing of those who are in local authority care. Continuing emphasis must be placed on ensuring that all looked after children undergo timely health assessments, as failure to perform these assessments could represent an unmet level of need. We need to ensure that the necessary data is extracted from these assessments so that we understand the priority health needs for children in care and targeted activity is taken to meet these needs.
- Work must continue to identify and address the needs of children that are subject to a Child Protection Plan early, in order to improve outcomes for these children and to reduce demands on high cost services.
- There are an increasing number of children in care, particularly those with emotional and behavioural needs. A clear pathway for children with emotional wellbeing needs and those that have experienced domestic abuse is being developed as part of Better Care Together.

- The number of first time entrants continues to fall year on year and Leicestershire Youth Offending Service continues to be well ahead of both regional and national performance.
- There is a discrepancy between national estimates of young carers and the number of young people accessing services. This is an indication of a level of unmet need in young carers.
- In 2014-15, of the 184 referrals received by Leicestershire County Council of children at risk of CSE, only 8% were in relation to boys and young men. A large-scale comparison of male and female users of CSE services nationally found 33% to be male.⁴⁸ Locally this suggests a significant underreporting and therefore access to services.
- Children and Family Services have access to more recent data than Public Health services through the Department for Education interactive tools for use in the provision of relevant data.

4.4. Recommendations

The recommendations for vulnerable children are:

Priority 1 – Children and young people are protected from harm – strong safeguarding practices and performance

a.	Continued development of partnership arrangements with commissioning partners to include the development of a co-produced model that works towards identifying vulnerable groups in Leicestershire, and offers Leicestershire’s families and communities better opportunities to be resilient and less dependent on the state.
b.	To ensure appropriate support for children, young people and their families and to reduce the demand for children’s social care services through the continued offer of an effective early intervention and prevention approach. This will include the review of support services for children, young people and families where there is a need associated with domestic abuse.
c.	Continue to meet the increasing demand for support and services in response to Child Sexual Exploitation, Trafficking and Missing Children, and to support service developments within a multi-agency setting.

d.	To develop a clear pathway which effectively supports those Leicestershire children with mental health and emotional wellbeing needs. A joint commissioning approach would ensure that the mental health of vulnerable young people (including those who are involved in the criminal justice system, are looked after, are homeless, or have a physical illness) can be effectively maximised.
e.	The continuity of cross agency planning and support for special educational needs and disabled (SEND) children in preparation for adulthood.
f.	There is a need to ensure that young carers in Leicestershire are identified, supported within educational and group settings and provided with good quality advice and information. There is a need for all agencies and services in Leicestershire to put in processes and practices to help raise awareness about young carers and to offer some form of support as well as better networking and partnership working between key agencies and services. Many of these actions are represented in the local Interim Carers Strategy for 2016.

Priority 2: Outcomes for Children in Care and Adopted Children

g.	The education, health and safety needs of children in care and adopted children must remain a priority for the council and its partners to ensure the need of this vulnerable group are addressed.
h.	Significantly improve the proportion of care leavers who are in education, employment or training and in suitable accommodation.
i.	To provide effective health care and public health interventions for looked after children.
j.	To provide support and counselling provision for children in care and adopted children, where targeted provision and social work support cannot meet the need.
k.	To develop local data and information sharing for looked after children.

Priority 3: Effective Placement Approach

l.	Improved placement sufficiency and placement stability with an emphasis on improved outcomes for vulnerable children and young people.
m.	Sufficient local support services and placements, particularly in relation to: <ul style="list-style-type: none">• Children with complex emotional and behavioural needs• Managing the risk of child sexual exploitation• Supported lodgings and independent provision.

5. Education

Engagement in education and learning is key to good employment prospects and good health and wellbeing. It enables children and young people to fulfil their academic potential and develop lifelong skills to make informed choices about their future.

The Government has a vision for a highly educated society in which opportunity is more equal for children and young people, no matter what their background or family circumstances. Local authorities have a duty to secure sufficient suitable education to meet the reasonable needs of all young people in their area. Parents and carers must make sure their child receives a full-time education that meets their needs either by going to school, alternative education or by home education. Children must get an education between the school term after their fifth birthday and the last Friday in June in the school year they turn 18.

Improving attendance in schools (tackling absenteeism) is a priority in the Government's commitment to increase social mobility,⁴⁹ raising aspirations and ensuring every child reaches their potential. There is national evidence that children who miss school frequently fall behind their peers and are more likely to become not in education, employment or training (NEET) and have a greater risk of poorer life outcomes.

5.1. Evidence of Need

To set the data into context, in 2011, there were an estimated 143,063 children and young people aged up to 19 years; 36,154 of which are in the age range 0 to 5 years, and 86,265 aged 5-16.⁵⁰ Future population projections reveal that the population aged 5 to 19 years is expected to grow by 3.6% in the years between the 2011 Census and 2021 which will result in demand for an additional 4,000 school places across Leicestershire.⁵¹

- In 2014/15, 63.5% of children in Leicestershire achieved a good level of development at the end of reception³⁹. This is significantly worse than the England average (66.3%).⁹ This has improved from 46.3% in 2013 and 58% in 2014. For those receiving free school meals, only 39% achieved the necessary level, also significantly worse than the England average (51%).⁹ This has also improved from 25% in 2013 and 35% in 2014.
- In the Year 1 phonics screening check, around three-quarters of pupils (76%) in Leicestershire achieved the expected level in 2015, lower than the England average of 77%³⁹. For those pupils receiving free school meals in Leicestershire, the percentage drops to 54%, which is below the England average of 65%.⁹
- In 2015, Leicestershire continued to perform above the Key Stage One England average in reading, writing, mathematics and science, and standards have improved in all areas. Key Stage Two performance is much improved and is in line with England levels for the headline measure of level 4 reading, writing and mathematics for 2015 at 80%³⁹ Leicestershire was similar to national levels for each individual key area of reading, writing and mathematics.
- The percentage of pupils making progress by two levels between Key Stage One and Two did not improve in 2015 and remained behind national levels in all key subjects³⁹.
- In 2015, 56.1%³⁹ of Leicestershire children achieved 5 GCSEs graded A*-C including English and Mathematics. This was similar to national levels but slightly lower (0.4%) than 2014.
- Leicestershire has consistently had a significantly better percentage of 16-18 year olds are not in education, employment or training (NEET). In 2014, only 3.1% of 16-18 year olds were NEET compared to 4.7% in England.⁹ Although Leicestershire figures have improved and have been significantly better between 2011 and 2014 than the England average, the majority of the cohort comprises vulnerable groups (young people experiencing mental health, children in care, teenage parents, young offenders and pupils with Special Educational Needs and/or Disability). Local insight shows that these pupils were already behind the attainment levels of the non-NEET group at the age of 5³⁹.
- Attendance in Leicestershire in 2014 is above the England levels. However, absence rates for SEND and disadvantaged pupils are up to three times higher than the Leicestershire 'all pupils' rates, but are showing signs of improvement³⁹t.

- In 2013/14 in Leicestershire, the percentage of half days missed in primary school was 3.5%; significantly better than the England average (3.9%)³⁹. However in secondary school pupils, pupil absence rises to 5.3%, which is slightly higher than the England average (5.2%).¹⁰
- Fixed term exclusions have fallen in Leicestershire for 2014 and are lower than national levels³⁹. For 2013/14, Leicestershire had a very low permanent exclusions rate at Secondary level and was ranked 7th of all Local Authorities. Primary levels are similar to the national average.
- The performance of pupils across all key stages who are eligible for the Pupil Premium (including Free School Meals) is weak in Leicestershire for 2015. Leicestershire is significantly behind the England averages and sits in the fourth quartile of all local authorities for the headline Key Stage Two measures³⁹. Leicestershire generally sits around the middle of statistical neighbours.
- At the end of 2014/15, there were 144 pupils with medical needs (emotional and mental health and general medical needs) educated outside mainstream education. This is in addition to 293 pupils who are educated at home at the request of their parents due to a variety of reasons including parental preference, schools not being able to meet the complex health and mental health needs of children⁶⁰.

5.2. Service Review

The Council commissions three key functions and a number of services to fulfil its statutory duties in relation to education, with the aim to improve educational outcomes for children and young people. These key functions are:

Education Quality - the core purpose of this function is to improve the quality of education and raise standards in early years settings, schools and post-16 provision through challenge and support for settings and school leaders, governors, teachers and staff to help ensure that all children and young people receive a good education.

Since the introduction of legislation (the Education Act and the Academies Act), all schools (regardless of their status) and colleges together with the Local Authority, established an education excellence partnership (Leicestershire Education Excellence Partnership) to maintain high quality and standards, to oversee improvement and to share best practice. The Partnership has evolved to become a key element of the local authority's wider arrangements in performance monitoring, quality assurance, commissioning and enabling role for supporting school improvement, providing a platform to discuss collectively the commissioning and brokerage of school improvement systems across Leicestershire.

The function commissions and delivers a number of services (Early Years, School Improvement, 16+ and Governor Development) to ensure high quality education and learning across Leicestershire.

Education Sufficiency - this function fulfils the strategic commissioning of school places to ensure that there is a good local supply of school places available for children and young people across primary and secondary places. As the strategic commissioner of school places, the function liaises with a range of external agencies and education providers to develop the diversity of provision and secure the supply of places in terms of both quality and capacity.

The function manages and supports the process of conversion for schools seeking academy status, including sponsorship arrangements and manages the capital budget for maintained LA schools.

This function also oversees the admission process, fair access for school places for vulnerable children and education of pupils missing out on education and pupils who are electively home educated.

Education of Vulnerable Learners - the function focuses on narrowing the attainment gap and improving outcomes for children and young people who are vulnerable. The educational attainment of looked after children continues to be considerably lower than the attainment of the rest of the school-age population and to help improve this the local authority has appointed a virtual school Headteacher, supported by a virtual school team.

Oakfield Short Stay School provides support for primary school children with social, emotional or behavioural needs that make it difficult for them to learn in a mainstream setting and for primary pupils who have been permanently excluded.

Vulnerable learners, young children with learning disability or mental health needs are at greater risk of being overlooked by all services, leading to missed opportunities for early intervention.

The function works closely with schools and other partners to ensure that the educational needs of children and young people are collectively identified and addressed through the right partner. It commissions and provides services for the education of looked after children, SEN specialist services and for those children with with social, emotional and mental health needs. A number of services within this function are traded with schools across different levels.

5.3. **Gap analysis**

- Early Years - 35.9% of four year olds (2,634 children), 90.3% (6,749 children) of three year olds, and 66.1% of eligible two year olds (1,366 children) year

access their Free Early Education Entitlement (FEEE). The target for two year olds has now been set at 80%. There is a need to increase the uptake.

- The proportion of children reaching a good level of development within the early years, for all children and for vulnerable children, is below the England average and needs to increase.
- Leicestershire has a GCSE performance level that is consistently lower than the England average. There is a need to raise the educational attainment and progress of all learners with a particular focus on the vulnerable learners
- Vulnerable children in Leicestershire have higher levels of NEET than the rest of the Leicestershire population and needs to be reviewed – particularly with respect to children leaving care.

5.4. **Recommendations**

- Review the local authority and partnership early years (0-5) offer to integrate and align services to ensure children have the best start in life and that they are ready for school focusing on the prime areas of learning and development as identified in the Early Years Foundation Framework.
- Undertake a sufficiency review of early years provision to identify any gaps to ensure sufficient and high quality places are in place for all 2, 3 and 4 year olds, and particularly with the view of new requirements to provide 30 hours of free nursery places for 3 and 4 year olds.
- Develop a targeted social marketing campaign to increase the uptake of the Free Early Educational Entitlement for 2 year olds.
- Continue working with schools to ensure that all children have access to a good or outstanding school with inspirational teaching and leadership.
- As a strategic partner within the Leicestershire Education Excellence Partnership (LEEP), continue to work with representatives of teachers, governors, Teaching School Alliances, the Church of England and Catholic dioceses, to support and develop effective school-to-school partnerships for the benefit of all children and young people.
- Continue to create opportunities for peer-to-peer professional learning, classroom-based research and peer-challenge approaches to improve the educational outcomes for all pupils.
- Identify and develop talent and leadership potential for all staff, and support strong school leadership programmes and succession planning.

- Provide support and challenge:
 - for all schools through the sharing of knowledge, training, resources and systems across the education environment;
 - to early years settings to improve the percentage of children achieving a good level of development with a particular focus on improving writing skills; and
 - to schools to improve the attainment and progress of young people to above national levels at Key Stage 4 with a particular focus on English and mathematics.
- Implement the Pupil Premium toolkit and share best practice to support disadvantaged pupils and raise the outcomes for pupils eligible for free school meals, thus narrowing the gap between disadvantaged pupils, vulnerable groups and their peers.
- Develop further support and challenge to schools and settings to improve the attainment and progress of children in care.
- Develop specific interventions that address the need to raise attainment for children in care and develop systems and processes to monitor the progress of vulnerable learners
- Work with partners to influence commissioning decisions to support children and young people with emotional and mental health needs
- Work with partners (including other LCC services) and schools in developing effective prevention and early intervention systems to extend the role of schools in supporting families and communities and the health and wellbeing of children.
- Update the NEET strategy with a particular focus to improve outcomes for children in care.
- Develop further support and challenge to schools and settings to improve the attainment and progress of children in care.

6. **Special educational needs and disability (SEND)**

The Children and Families Act 2014 sets out fundamental reforms for children and young people with special educational needs or disabilities.⁵² The Act is aspirational and innovative, requiring local authorities, Clinical Commissioning Groups, health and other partners to transform by instigating a significant set of cultural and systematic changes which are designed to improve outcomes for children and young

people with SEN or Disability (SEND). The Children and Families Act seeks to deliver cultural, as well as organisational change. The first section of part 3 (Section 19) makes clear that local authorities, in carrying out their functions under the Act, must have regard to the importance of children and young people, and their parents and carers participating as fully as possible in decisions about their individual care. Local authorities must ensure that children, young people, parents and carers are provided with the information, advice and support necessary to enable participation in those decisions. Local authorities must also ensure that children, young people and their parents and carers are involved in decisions about local provision. The key elements of this reform include the following:

- Replacing statements of SEN with an Education, Health and Care Plan and new assessment pathway.
- The duties extend the SEND age range from 0 to 25 years old.
- Personal Budgets.
- Requiring local authorities to set out a 'Local Offer' of what support they expect to be available for children and young people with SEN and disabilities in the local area.
- Mediation and dispute resolution.
- New and explicit requirements around the involvement of children, young people and parents in decisions about provision for children and young people with SEN and disabilities.
- Requiring education, social care and health services to work together to support children with SEN and disabilities through the 'joint commissioning' of services.

Between the ages 0 to 25 years, there is a diverse range of health needs, which include children and young people with long term health conditions, autism, sensory impairments and mental health issues. It also includes children and young people with multiple and complex needs who may be dependent on technology, behaviour that challenges and life-threatening or life-limiting conditions. Meeting these health needs requires a range of different health services. The emphasis is to create a system whereby integrated services for children support them to make decisions about their own care or adequately support them during the transition to adult services.

6.1. Evidence of need

Number of children with Special Educational Need

- As of the Spring Census 2015, over 12,500 school age children who were the financial responsibility of Leicestershire had a special educational need (SEN). This represents 13.2% of all school age pupils. There has been a downward trend with the percentage of SEN pupils decreasing year on year since 2009/10, with a noticeable fall for 2015. This is due to the SEN Support category replacing the School Action and School Action Plus categories with the aim of providing more targeted support. Therefore, the overall numbers and proportion of pupils with an SEN has fallen both in Leicestershire and nationally for 2015.
- Of all school age pupils in Leicestershire in 2015, 10.5% were classified SEN Support, 2.7% of school age pupils had an SEN Statement or an EHCP. Nationally, 2.8% of pupils have a statement and 12.6% of pupils receive SEN support.

Primary need of SEN pupils

- Until 2014, only pupils with a Statement or School Action Plus were required to have a primary need. With the creation of the SEN support category in 2015 to replace School Action and School Action Plus, all pupils with a statement or SEN Support require a primary need. This has meant a rise in the number of pupils with a recorded Primary Need. The table below illustrates this:

Primary need	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total
Specific learning difficulty	1045	947	877	908	1591
Autistic Spectrum Disorder	484	529	561	596	687
Behaviour, Emotional & Social Difficulties	1,058	1,043	1,038	1,027	1,264
Hearing Impairment	196	188	189	187	223
Moderate Learning Difficulty	1,803	1,807	1,746	1,667	3,471
Multi-Sensory Impairment	0	0	3	5	9
Other Difficulty/Disability	107	168	195	196	326
Physical Disability	272	263	242	258	263
Profound & Multiple Learning Difficulty	126	132	135	138	137
Severe Learning Difficulty	416	454	464	548	568
Speech, Language and Communications Needs	976	985	1,030	1,047	1,272
Visual Impairment	115	120	127	128	141

SEN support but no specialist assessment of type of need	n/a	n/a	n/a	n/a	112
	6,598	6,636	6,607	6,705	10,005

The table shows the change within the categories and clearly shows how the bulk of the 'new' primary need students (i.e. those who did not previously require a recorded primary need) have been categorised. The biggest change by far is the increase in pupils classed as having a 'Moderate Learning Disability' which has more than doubled. Other categories that have seen notable rises include: 'Behaviour, Emotional and Social Difficulties' up 20%; 'Other difficulty/disability' up 30%; 'Speech, Language and Communications' up 20%.

It is anticipated locally that the number of children with SEND will increase. Information from health regarding pre-school children is that numbers of children born and surviving to school age with complex special needs and disability is increasing. Furthermore, from the school place planning information, the anticipated increase in homes in Leicestershire of 28,000 over the next 10 years will increase pupil numbers overall.

There is variation in the reporting of SEND in different population groups. The Leicestershire SEND database reported higher levels of special educational needs in the following populations:

- white males;
- children in care;
- children eligible to free school meals; and
- travellers.

There were also higher levels of recording of special educational needs in the following areas:

- Charnwood;
- Hinckley and Bosworth; and
- North West Leicestershire.

Outcome data for young adults with SEND is limited. What is known is as follows:

- Employment - the NEET figures for young adults with learning difficulties aged 16 to 19 years is low - approximately 70 young people, However, the actual numbers for young adults with special educational needs or disability aged 19 to 25 years who are NEET is not known. We know that adults with learning difficulties in employment in Leicestershire is 0.6% compared to a England average of 7.2%
- According to the national Labour Force Survey, disabled people are now more likely to be employed than they were in 2002, but disabled people remain significantly less likely to be in employment than non-disabled people. In 2012, 46.3% of working-age disabled people are in employment compared to 76.4% of working-age non-disabled people. Therefore there is a 30.1 percentage point gap between disabled and non-disabled people, representing over 2 million people.⁵⁴

A significant barrier to accessing employment is qualifications. Nationally, disabled people are around 3 times as likely not to hold any qualifications compared to non-disabled people, and around half as likely to hold a degree-level qualification .Of all working age disabled people, 19.2% do not hold any formal qualification, compared to 6.5% of working age non-disabled people. 14.9% of working age disabled people hold degree-level qualifications compared to 28.1% of working age non-disabled people.

Further factors impacting on children's educational attainment are children's attendance at school. Nationally children with SEND will have a greater number of unauthorised absences. In Leicestershire, children with a special educational need or disability are twice as likely to be absent form school. Similarly, children with a special educational need are more likely to be excluded from school.

Relationships in the community at a national level - children and young people who report being disabled are less likely to say that they are happy and children with special educational needs are more likely than others to experience poor and declining wellbeing through middle childhood and adolescence, although this does vary with specific type of need.⁵⁵

Health - there are health inequalities for children and young adults with special educational needs and disability. People with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent,

avoidable. As such, these differences represent health inequalities. The health inequalities faced by people with learning disabilities in the UK start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population.⁵⁶

The risk of children being reported by their main carer (usually their mother) to have fair/poor general health is 2.5-4.5 times greater for children with learning disabilities when compared to their non-disabled peers. One in seven adults with learning disabilities rate their general health as not good. These may be underestimates of the poorer health of people with learning disabilities, as carers of people with learning disabilities tend to perceive the person they care for to be healthier than suggested by the results of medical examinations. Health screening of adults with learning disabilities registered with GPs, reveals high levels of unmet physical and mental health needs.

Being Safe - the national crime survey indicates that disabled people are significantly more likely to be victims of crime than non-disabled people. This gap is largest amongst 16-34 year-olds where 39% of disabled people reported having been a victim of crime compared to 28% of non-disabled people. Disabled people are less likely than their non-disabled peers to think the Criminal Justice System (CJS) is fair. This gap is largest amongst 16-34 year-olds, where 54% of disabled people think that the CJS is fair compared to 66% of non-disabled people.

6.2. Service Review

In response to the Children and Families Act 2014 and reforms to the system of supporting children and young people with Special Education Needs (SEN) and Disabilities (SEND), Children and Family Services has established a SEND Project.⁵⁷ The vision of the project is to improve educational, health and wellbeing outcomes for all Leicestershire children and young people with SEN and those who are disabled. This should be seen as part of the local authority developing a whole life course approach. The overarching strategic aims of the project are to:

- Ensure statutory responsibilities of the Council required in the Children and Families Act 2014 are delivered.
- Improve effectiveness of commissioning across the local authority and Clinical Commissioning Groups.

- Improve outcomes for all Leicestershire children and young people with SEN and disability.
- To redesign processes, systems and develop a practice and culture to transform special educational needs and disability services into a system capable of delivering support, tailored to individuals and is outcome focused.

Based on performance data from the DfE 2015 release, the department is working with or is aware of 2746 children with **Special Education Needs Statements or Education, Health and Care plans** within Leicestershire schools. This has increased from a figure of 2614 for 2014. The figure that Leicestershire is responsible for, regardless of school location is 2770. The number has not changed from the 2014 figures.

Leicestershire County Council works in partnership with and commissions a range of support for children and young adults with special educational needs and disability. Below is a summary of SEND specific provision:

Table 3: Leicestershire in-house provision for SEND

Age range	Delivered via	Focus
0 - 5	Early years SEN inclusion service and portage	Early identification and intervention to ensure children with SEND are ready for school. Educational psychologists and specialist early years teachers working via multi-disciplinary teams (e.g. paediatrician, health visitors, early years providers).
0-19	Hearing Impaired service	Early identification and intervention to ensure children with SEND are ready for school with close links to health services/Leicester Royal Infirmary (LRI). Providing advice and guidance to schools and settings.
0-19	Visual impaired service	Early identification and intervention to ensure children with SEND are ready for school with close links to health services/LRI. Providing advice and guidance to schools and settings.
0-19	Autism outreach service	Early identification and intervention to ensure children with SEND are ready for school. Providing advice and guidance to schools and settings. Close links to CAMHS.
0-19	ICT assessment service	Assessing, providing and supporting the use of highly specialist equipment for children and young people needing specialist ICT and AAC aids. Close links with health services.
0-19	Learning support service	Providing a resource of specialist dyslexia teachers that can be commissioned by schools.

0-19/25	Leicestershire Psychology service	Providing specialist psychological assessment, training and interventions, some of which are commissioned by schools and other organisations.
0-19/25	SEN Assessment and Commissioning service	Co-ordinating Education, Health and Care plan assessment pathway and commissioning specialist educational support through top up funding and commissioned school placements.
0-18	Disabled children's service	Co-ordinating an assessment of the child and family determining whether the child/young person has a need based on disability. The assessment should also identify whether to provide a service/direct payment or a referral to Universal and/or Targeted services.
19-25	Transitions team	The Transitions Team offer an assessment to young disabled people to advise and guide them and their carers on available support and opportunities as they approach adult life.
0-25	SENDIAS	Providing advice and information to parent carers, young adults and children with special educational needs and disability.
19-25	Local Offer	Web based advice and information of SEND support across all providers locally and nationally.

Table 4: Services contributing to the Leicestershire Special Educational Needs offer 2015/16

Special Educational Needs Offer Description	Provider	Commissioner
Health visitors	LPT	Public Health/LCC
School Nursing	LPT	Public Health/LCC
DIANA nursing	LPT	CCGs
CAMHS		CCG
Therapy services occupational/physio/speech and language	LPT	CCG
Special school outreach	Area special schools and special nurseries	LCC
Early years, schools and college placements	Maintained, academy, independent, non-maintained schools, and early years settings, further education colleges and alternative providers	LCC

SEND support in Youth Offender Institutions	YOS	LCC/Department for Justice
Engagement with parent and carers	Leicestershire Family Voice	LCC/Contact a Family
Independent supporters	Core Assets	DfE
Mediation and alternative dispute resolution	Framework of providers	LCC and CCGs
Children with Disability Services (short breaks/respice)	Various PVI providers	LCC
Behavioural Support in managing child behaviour	LCC	LCC
Physical Activities	District Councils	District Councils
Post 16 Support into employment/education/training	Prospects	LCC
Support into employment	Job Centre Plus	DWP

6.3. Gap analysis

From the information currently available, the following can be identified as priority areas:

- Under achievement of children and young adults with SEND
- Under employment of young adults with SEND
- Increase in the numbers of children and young people with SEND as a resident in Leicestershire, especially Autism Spectrum Disorder, social emotional and mental health, severe learning difficulties
- Increased demand for special school and unit placements
- Over identification of some groups as having SEND
- Inclusive data that reports outcomes for children and young adults with SEND
- Increased person centred planning that is outcome focused

6.4. Recommendations

- Much is known about children with SEN throughout their school lives, but their outcomes post-education often represents a gap in knowledge. Ensuring a smooth transition from childhood to adulthood for all young people with special educational needs, and their parents and carers, are key to delivering improved outcomes. These services can raise the aspirations of, and support young people aged 16-25 years with SEN to achieve a level of independence that improves the quality of their lives within their local communities.
- There has been a notable increase in the prevalence of some conditions. There are strong indications that this increase will continue which will mean a growing demand for support, school placements and impact on services. There is a need to empower the system to meet the increased prevalence in conditions through a graduated response that is embedded in a self-sustaining system of school to school support.
- In addition, the voice of children, young adults and parents must be evident in the commissioning cycle at an individual and strategic level.
- More recent data is available from the Department for Education website, which should be utilised for JSNA purposes.

REFERENCES

1. Department for Work and Pensions & Department for Education. *A new approach to child poverty: tackling the causes of disadvantage and transforming families' lives*. 79 (2011). at <https://www.gov.uk/government/publications/a-new-approach-to-child-poverty-tackling-the-causes-of-disadvantage-and-transforming-families-lives>
2. Giesinger, I. et al. Association of socioeconomic position with smoking and mortality : the contribution of early life circumstances in the 1946 birth cohort. *J. Epidemiol. Community Heal.* doi:10. 11, (2013).
3. The Marmot Review. *Fair Society, Healthy Lives*. (2010). at <http://www.instituteofhealthequity.org/>
4. Melhuish, E. *The impact of Early Childhood education and care on improved wellbeing in 'If you could do one thing... Nine local actions to reduce health inequalities*. (2014).
5. Feinstein, L. How early can we predict future educational achievement? Very early? *Centrepiece* (2003).
6. National Children's Bureau. *Tackling child poverty and promoting child's well-being: lessons from abroad*. (2013). at http://www.ncb.org.uk/media/892335/tackling_child_poverty_1302013_final.pdf
7. Barnardo's. Child poverty statistics and facts. at http://www.barnardos.org.uk/what_we_do/our_work/child_poverty/child_poverty_what_is_poverty/child_poverty_statistics_facts.htm
8. The British Institute of Human Rights. CRC Rights Hub. at <https://www.bih.org.uk/crc-hub?gclid=Cj0KEQjww42tBRCO-sfEiO3DvYMBEiQAHeqMKMb7dvw3BMTMe8Vt6kVi4E5lp4iI5ZZAOXEVAfKhCsMaAvpZ8P8HAQ>
9. Public Health England. Public Health Outcomes Framework. (2014).
10. Public Health England. Children's and Young People's Mental Health and Wellbeing Data Tool. (2014) at <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2014-to-2015> (Main tables)
11. Wisborg, K., Kesmode, I U., Henriksen, T., Olsen, S. & Secher, N. Exposure to tobacco smoke in utero and the risk of stillbirth and death in the first year of life. *Am. J. Epidemiol.* **154**, 322–7 (2001).
12. Public Health England. *Key facts on infant mortality and stiibirths*. (2015).
14. Nuttall, N. & Harker, R. *Impact of Oral Health: Children's Dental Health in the United Kingdom, 2003*. (2004).

15. Clarke, M. & Et al. Malnourishment in a population of young children with severe early childhood caries. *Paediatr. Dent.* **28**, 254–259 (2006).
16. National Obesity Observatory. *Obesity and Mental Health*. (2011). at http://www.noo.org.uk/uploads/doc/vid_10266_Obesity_and_mental_health_FINAL_070311_MG.pdf
17. Mangham, L., Petrou, S., Doyle, L., Draper, E. & Marlow, N. The cost of preterm birth throughout childhood in England and Wales. *Paediatrics* **123**, 312–27 (2009).
18. Godfrey, C; Pickett, KE; Parrot, S. et al. *Estimating the costs to the NHS of smoking in pregnancy for pregnant women and infants*. (2010).
19. Public Health England. Children and Young People’s Benchmarking Tool. (2014).
20. Public Health England. *Dental Public Health Epidemiology Programme for England, Oral Health Survey of three-year-old children 2013, upper tier local authority*.
21. Department of Health. *Healthy Child Programme: Pregnancy and the first five years of life*. (2009).
22. Department of Health. *Healthy Lives, Healthy People: A call to action on obesity in England*. (2011).
23. National Institute for Health and Clinical Excellence. *PH29: Strategies to prevent unintentional injuries among under-15s*. (2010).
24. National Institute for Health and Clinical Excellence. *PH30: Preventing unintentional injuries among under-15s in the home*. (2010).
25. National Institute for Health and Clinical Excellence. *PH31: Preventing unintentional road injuries among under-15s: road design*. (2010).
26. Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU).
27. Public Health England. *Sexually transmitted infections and chlamydia screening in England, 2013*. (2014).
28. Botting, B; Rosato, M; Wood, R. Teenage mothers and the health of their children. *Popul Trends* **93**, 19–28 (1998).
29. Public Health England. Sexual Health and Reproductive Profiles Data Tool. (2014).
30. Public Health England. *Spend and Outcome Tool for Local Authorities*. (2014).

31. Child Accident Prevention Trust. *Child Accident Prevention Trust factsheet: preventing bath water scalds using thermostatic mixing valves*. (2008).
32. McGuire, A. & Hughes, D. *The economics of family planning services*. (1995).
33. HMSO. *Children Act 1989. Family Law 11*, c.41 (1989).
34. Gilber, R; Kemp, A; Thoburn, J. et al. Recognising and responding to child maltreatment. *Lancet* **373**, 167–80 (2009).
35. Woodman, J; Gilbert, R. *Child maltreatment: moving towards a public health approach*. (2013).
36. HM Government. *Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children*. (2015). at <http://www.safeguardingschools.co.uk/wp-content/uploads/2015/03/Working-Together-to-Safeguard-Children.pdf>
37. Munro, E. *The Munro Review of Child Protection: Final Report A child-centred system*. (2011). at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf
38. Leicestershire County Council. *Children's Social Care SMT Report*. (2015).
39. Department for Education. *Local authority interactive tool (LAIT)*. (2015). at <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>
40. Institute of Public Care. *Projecting Adult Needs and Service Information*. (2014).
41. Cawson, P; Wattam, C; Brooker, S and Kelly, G. *Child Maltreatment in the United Kingdom*. (2000).
42. Community Safety Team & Leicestershire County Council. *Leicestershire Domestic Abuse Business Case and Needs Assessment 2014*. (2014).
43. Department for Education. *Living in children's residential homes*. (2012). at <https://www.gov.uk/government/publications/living-in-childrens-residential-homes>
44. Children and Family Services Leicestershire County Council. *Early Help Needs Analysis : Understanding Service User Need using Family Clusters*. (2014). at <http://www.lsr-online.org/reports/815473>
45. Children and Family Services Leicestershire County Council. *Children's Social Care Needs Analysis : Understanding Service User Need using Cluster Analysis*. (2014). at <http://www.lsr-online.org/reports/815472>

46. Leicestershire County Council. *PBI Reporting: Early Health Dashboard*. (2015).
47. Children and Young People Department & Leicestershire County Council. *Young Carers in Leicestershire - an audit*. (2013).
48. University College London. Study reveals scale of the sexual exploitation of boys. (2014). at <https://www.ucl.ac.uk/news/news-articles/0814/270814-sexual-exploitation-of-boys>
49. Cabinet Office. *Opening Door, Breaking Barriers; A Strategy for Social Mobility*. (2011).
50. Office of National Statistics. Census 2011 - Nomis. *Crown Copyright* (2013). at <http://www.nomisweb.co.uk/census/2011>
51. Population Projections Unit; Office for National Statistics. *2012-based Subnational Population Projections for Local Authorities in England*. (2014). at <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/index.html>
52. Great Britain. *Children and Families Act*. (The Stationary Office, 2014).
53. Department of Education. *Special Educational Needs in England*. (2014).
54. Department for Work and Pensions & Office for Disability Issues. *Disability facts and figures*. (2014). at <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#employment>
55. Chamberlain, T., George, N. & Golden, S. *Tellus 4 national report*. (2010). at https://www.nfer.ac.uk/publications/TEL01/TEL01_home.cfm
56. Emerson, E., Baines, S., Allerton, L. & Welch, V. *Health Inequalities & People with Learning Disabilities in the UK: 2011*. (2011). at <https://www.improvinghealthandlives.org.uk>
57. Leicestershire County Council. *Special Educational Needs and Disabilities (SEND) Leicestershire Local Offer*. (2015). at http://www.leics.gov.uk/index/children_families/family/send.htm
58. Source of data: Local service held data.
59. Public Health England. *Children's and Young People's Mental Health and Wellbeing Data Tool*. (2014) at [https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015_\(Local_Authority_Tables\)](https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015_(Local_Authority_Tables))

60. Leicestershire County Council: Locally sourced and compiled from schools and services through the Pupil Services team.