

YOUTH ACTIVITIES OFFER – NEEDS ASSESSMENT REVIEW –

NOVEMBER 2022

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SECTION 1: BACKGROUND

1.1 What does this needs assessment do?

This report explores the needs of young people aged 13 – 19 years in South Gloucestershire and for up to 24 years where a young person still needs help in becoming independent. It is our starting point for looking at what type of youth work activities for young people (youth centres, activities, outreach work) might be needed in the future. It is not intended to include all aspects of young people's needs, but focuses on those that are most relevant to the provision.

In order to explore those needs we have -

Identified the broad needs of young people aged 13-24 years in South Gloucestershire: this has involved reviewing existing demographic information about young people and also the various strategies and reports produced by the council and other organisations about the needs of our young people.

Used the underlying principles for future youth provision which were agreed by the council to ensure that future provision is purposeful, inclusive, flexible, resilient, effective, efficient, collaborative and distributed across the area. See Appendix 2 for the principles in full.

Information from this needs assessment and the public consultation, carried out in the summer of 2022, will be used to inform the future Youth Activities Offer re-commission, due to commence in April 2023.

1.2 Why are we doing this needs assessment?

Young people need things to do, places to go and people to talk to in their own time which can present opportunities for better health, learning and personal and social development. These beneficial leisure-time activities are known as 'Positive Activities' and examples can include –

- Arts and culture
- Sports and active leisure
- Both regular youth centre sessions and detached / outreach work
- Holiday activities

Positive activities aim to support young people to make positive choices and prevent problems escalating. We also know that young people's involvement in positive activities can make an important contribution to improving democratic engagement, economic, social and environmental renewal, community cohesion and preventing extremism, safer and stronger neighbourhoods, better health, improved skills and increased employment.

1.3 Does South Gloucestershire Council have to provide positive activities?

Under the Education Act 1996, the Local Authority has an obligation to ensure that young people aged 13 – 19 years and aged 20 – 24 years for young people with learning difficulties and/or disabilities have access to positive activities and that young people are asked about what type of activities they want. Local Authorities do not necessarily have to fund or provide these activities themselves, but in South Gloucestershire the Council works closely alongside other organisations to make sure young people have access to positive activities. We also have to make sure that no young person is disadvantaged in being able to take part in these positive activities.

1.4 What Positive Activities does the Council fund now?

The current Youth Activities Offer arrangements began on 1st April 2019 and delivers centre based youth provision, open to all, in each of the five priority neighbourhoods (Patchway, Yate, Kingswood, Staple Hill and Cadbury Heath) along with weekly sessions for young people with learning difficulties and/or disabilities and provision for LGBTQ+ young people across the area. The contract also provides additional centre based and detached youth work sessions outside of those priority neighbourhoods. The provision is currently delivered by four lead organisations:

- **Foundation for Community Engagement (Lot 1 – West)**
- **Learning Partnership West (Lot 2 – East)**
- **Creative Youth Network (Lot 3 - South)**
- **Diversity Trust CIC (LGBTQ+ provision across all areas)**



These organisations also sub-contract and have developed partnerships with a wide range of local providers, including town and parish councils.

This map shows the geographical areas covered by each of the lead providers.

1.5 Next steps

We are now preparing a project plan for the recommissioning of positive activities, working towards implementing these new contracts from 1 April 2024. The first part of that process is to consult with young people, parents and carers, providers, councillors and town and parish councils about the current partnership model of delivery and whether it still meets the needs of young people

The second part of the process will be to use the feedback from that consultation and an updated needs analysis to develop the contract specification and then invite tenders from potential providers. We would anticipate this happening in 2023

SECTION 2: WHAT DO WE KNOW ABOUT YOUNG PEOPLE LIVING IN SOUTH GLOUCESTERSHIRE?

2.1 How many children and young people live here?

South Gloucestershire currently has a total resident population estimated to be 287,816 people of which 83,821 (29.1%) are under the age of 25 and 59,927 (20.8%) are children and young people under the age of 18. The population densities of young people in South Gloucestershire differs by age, as seen in Map 1 and 2 where the wards of Stoke Park & Cheswick and Filton have a large percentage of young people aged 16-24 but have a very small percentage aged 5-15. This is due to the University of the West of England being situated in these areas resulting in a large student population around the campus.

In 2010, the population of South Gloucestershire was estimated to be 261,471 people with 79,090 under the age of 25 and 56,739 under the age of 18, which means in the past 10 years the total population has increased by 10.1%, the population under 25 has increased by 6%, and the population of children and young people under 18 has increased by 5.6%.

Sources:

- Office for National Statistics (ONS) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020 [Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/populationandmigration/populationestimates/articles/populationestimatesfortheukenglandandwalesscotlandandnorthernireland-mid-2020)
- Office for National Statistics (ONS) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2019 [Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/populationandmigration/populationestimates/articles/populationestimatesfortheukenglandandwalesscotlandandnorthernireland-mid-2019)

2.2 Demographics

As the full 2021 Census data has not yet been released, the best source of information for the demographics of young people in South Gloucestershire is from the School Census, the data collected by the Councils' Children's Social Care team, and information collected from the schools themselves.

Schools and local authorities are required to provide the Department for Education with a school census return covering a wide range of information on the characteristics of schools and the pupils within them in January each year. From the Spring and Summer School Census 2022, the following was found for South Gloucestershire:

- There are 40,518 pupils in South Gloucestershire
- Of these, 16,578 pupils are in Secondary school
- In Secondary school, there are 7,925 female and 8,653 male pupils
- In Secondary school, there are 13,193 White British pupils and 3,161 pupils of other ethnicity groups
- In Secondary school, 1,721 pupils have English as an additional language

The latest council figures show the following about children and young people in South Gloucestershire:

- There are 5,781 children and young people with Special Education Needs

- There are 2,307 children and young people with an Education, Health and Care Plan
- There are 569 children and young people with a moderate or severe learning disability or physical disability
- There are 1,935 children and young people with a Children in Need Plan
- There are 302 children and young people with a Child Protection Plan
- There are 188 children and young people that are a child in care

Sources:

- Department for Education Schools, pupils and their characteristics 2022 [Schools, pupils and their characteristics: January 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/schools-pupils-and-their-characteristics-2022)
- South Gloucestershire Council Mosaic and Capita data

2.3 Population projections and potential impact of housing growth

South Gloucestershire sits north of the urban City of Bristol and mid-year 2020 estimates show that 86.4% of the population live in urban towns, 5.7% live in rural towns or on the fringe, and 7.9% live in rural villages or are dispersed.

In 2018, ONS released the population projections for the next 25 years for South Gloucestershire up to 2043. They made the following estimations:

- o Total population: increase by 25.3% from 282,644 to 354,270
- o 0 – 24-year-olds: increase by 22.5% from 83,477 to 102,232
- o 0 – 17-year-olds: increase by 27.4% from 58,867 to 74,969

These projections do not consider the significant housing developments that are planned and are currently underway within South Gloucestershire, which is likely to influence the growth of the population and exceed the estimations stated above. This increase in housing will also encourage more family migration to the area, increasing the number of children living in South Gloucestershire, which should be noted when planning any future provision.

Sources:

- Office for National Statistics Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020 [Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/mid-2020-population-estimates-for-the-uk-england-and-wales-scotland-and-northern-ireland)
- Office for National Statistics 2018-based National population projections [National population projections - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/articles/2018-based-national-population-projections)

2.3.1 New Housing Developments

South Gloucestershire council set out phase 1 of their new Local Plan in February 2018 which included a strategy for new developments, working with the West of England authorities to produce a Joint Spatial Plan (JSP) in November 2017 setting out the overall number of homes and jobs required in the West of England by 2036. Map 3 shows the proposed spatial strategy for South Gloucestershire set out by the JSP, indicating the development to build a total of 32,500 homes. The developments are made up of 4 elements:

1. Completion of the developments planned in our core strategy. These include the large new neighbourhoods at Patchway/Cribbs Causeway, Harry Stoke, Emersons Green, North Yate and Thornbury and the major employment location at Severnside;

2. New approach to urban living - to maximise the use of brownfield land within our urban areas for both residential and employment uses;
3. Strategic Development Locations – additional large scale development at 5 locations in Charfield, Thornbury, Yate, Coalpit Heath and a new garden village at Buckover; and
4. Non-strategic development - smaller scale development in our rural areas.

Sources:

- South Gloucestershire new Local Plan: Consultation document (February 2018) [South Gloucestershire new Local Plan: Consultation document \(February 2018\)](#) - [South Gloucestershire Online Consultations \(southglos.gov.uk\)](#)

CONSIDERATION FOR COMMISSIONING 1: DENSITY

Balance the needs of young people living in the more populated areas whilst considering reasonable access to positive access for those young people living in less densely populated areas.

CONSIDERATION FOR COMMISSIONING 2: GROWTH & DEVELOPMENT

Areas of growth should be considered when planning future youth provision. Mobile / flexible provision should be considered for some areas (rural and urban).

2.4 Where is the greatest need for our children and young people?

2.4.1 Areas of Multiple Deprivation

Background

Levels of deprivation are estimated by using Lower Super Output Area (LSOAs) geographies. These small areas are designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. There are currently 32,844 LSOAs in England and 165 in South Gloucestershire.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England, where the higher the score, the more deprived the area is. It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions. People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income. Relative deprivation refers to inequality: the idea that people are deprived (materially or in other ways) compared with others in society. Therefore, measures of deprivation cover a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation attempt to measure a broader concept of multiple deprivations made up of several distinct dimensions, or domains, of deprivation.

What we know

On a national level, South Gloucestershire is a relatively affluent area with no LSOAs sitting within the IMD 2019 10% most deprived areas in England. However, this does not mean that deprivation does not exist within parts of South Gloucestershire. To highlight the areas that are most deprived, Map 4 shows the deprivation scores for each ward in South Gloucestershire from 2019. This shows that the top most deprived wards with the highest IMD scores are Patchway Coniston, Charlton & Cribbs, Woodstock, Staple Hill & Mangotsfield, and Kingswood.

These most deprived areas within South Gloucestershire are ranked this way as they are the most deprived in several domains, including Income Deprivation, Employment Deprivation, Education, skills and Training Deprivation, Health Deprivation and Disability, Crime, Barriers to Housing and Services, and Living Environment Deprivation.

Sources:

- Ministry of Housing, Communities & Local Government - English Indices of Deprivation 2019 [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/english-indices-of-deprivation-2019)
- OHID Fingertips [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/publications/fingertips)

2.4.2 Children and young people living in poverty

Background

A child is defined as living in a relative low-income family if their household income is less than 60% of the average household income in the UK, which in the financial year ending in 2020 was £30,500. This equates to a household income of less than £18,300 per year. Child poverty can also be measured by calculating the Income Deprivation Affecting Children Index (IDACI) which estimates the proportion of children aged 0 to 15 living in income deprived families. Growing up in poverty damages children's health and well-being, adversely affecting their future health and life chances as adults. Ensuring a good environment in childhood, especially early childhood, is important. A considerable body of evidence links adverse childhood circumstances to poor child health outcomes and future adult ill health.

There are 2781 secondary school pupils currently in receipt of Pupil Premium in South Gloucestershire schools. In total there are 13,961 Secondary School pupils across 23 schools in South Gloucestershire. Therefore 19.9% of total pupils are in receipt of Pupil Premium of which 0.77% of total pupils are service children (107) . Nationally in 2021, 20.8% of pupils were eligible for free school meals.

Nationally - the percentage of pupils with free school meals had been increasing prior to the COVID-19 pandemic, with increases from 13.6% in January 2018, to 15.4% in January 2019, and to 17.3% in January 2020. The increase during the first period of the pandemic, from January 2020 to 20.8% in January 2021, was higher than each of these previous year on year increases. The increase to January 2022 is in line with those increases seen prior to the pandemic.

What we know

In the financial year of 2019/20, it is estimated that 6,808 children aged 0 to 19 were living in relative low-income families in South Gloucestershire. Map 5 indicates the wards with the highest proportion of child poverty for children aged 0 to 15, and by comparing this to the areas with high IMD scores in Map 4, these areas are very similar to each other, demonstrating that

deprivation and child poverty go hand-in-hand. The areas with the highest proportion of child poverty and are higher than the England average of 17.1% include Charlton & Cribbs, Patchway Coniston, Woodstock, and Stoke Park & Cheswick.

Sources:

- ONS - Average household income, UK: financial year 2020 [Average household income, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- Department for Work and Pensions - Children in low-income families: local area statistics [Children in low income families local area statistics FYE 2015 to FYE 2020 - GOV.UK.pdf \(ioe.ac.uk\)](https://www.gov.uk/government/publications/children-in-low-income-families-local-area-statistics)
- Ministry of Housing, Communities & Local Government - English indices of deprivation 2019 [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/english-indices-of-deprivation-2019)
- South Gloucestershire Council School Census Data 2022
- Gov.Uk Academic Year 2021/22 Schools, pupils and their characteristics [Schools, pupils and their characteristics, Academic Year 2021/22 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk/)

CONSIDERATION FOR COMMISSIONING 3: LOCATION OF PROVISION

The location of activities should continue to reflect areas of higher need, including poverty outside the wards with very high IMD scores.

CONSIDERATION FOR COMMISSIONING 4: BREADTH OF PROVISION

Continue to ensure both a geographical spread of provision and a range of activities are offered.

SECTION 4: YOUNG PEOPLE FACING ADDITIONAL CHALLENGES

4.1 CHILDREN AND YOUNG PEOPLE WHO ARE 'A CHILD IN CARE'

Background

The term 'child in care' refers to any child or young person for whom the Authority has, or shares, parental responsibility, or for whom the Authority provides care and accommodation on behalf of their parent. The majority of children and young people who are a child in care need this alternative care and accommodation due to a parent, for a range of reasons, being unable to offer safe and effective caring within the family home.

What do we know?

In South Gloucestershire 2021, a total of 222 children under the age of 18 are a child in care (crude rate of 37 per 10,000). These children vary in age, the majority being aged 10 to 15 years (40.1%), then followed by 16 years and over (24.8%), 1 to 4 year (15.3%), 5 to 9 years (14%), and finally under 1 year of age (5.9%). Children in care mainly live in foster placements (75.2%) and then others are placed in secure units, children's homes and semi-independent living accommodation (14.4%), with parents or other person with parental responsibility (4.5%), and other placements in the community (3.6%). Very few children are placed in other residential settings, placed for adoption or residential schools.

The demographics of these children in care in South Gloucestershire shows that 56.3% are male and 43.7% are female. The ethnicity data shows that 84.2% of these children are White, 5.4% are of Mixed ethnicity, 4.5% are of a Black ethnicity, 2.7% are of an Asian ethnicity, and 3.2% are of Other ethnic origin.

The rate at which children leave care under the age of 18 in South Gloucestershire was estimated to be 25.2 per 10,000 in 2017/18. Our young people in and leaving care need help and support with transitions, help to know about opportunities and entitlements, help to stay in education or find employment and training and support for their emotional health & well-being, including physical health. In September and October of 2021, South Gloucestershire Council sent out a survey to Care Leavers, foster carers, and children's homes asking them how the Covid-19 pandemic has affected the life when leaving care. The themes from the survey showed that Care Leavers require more mental health support than their peers, have found it hard to find and sustain employment due to the pandemic, and have asked for more opportunities to connect with other young people and get access to support in relation to their mental wellbeing, as well as other activities.

The Council has a team supporting children in care and also offers support through the Teen Care Council and the resources through the Us In Care Website. Access to positive activities is an important source of support for this group but going somewhere for the first time when you don't know anyone can be a barrier. Children in care can also have problems attending some activities if they are long distance from where they are staying as they might not have a money available to use public transport.

Sources:

- Department for Education – Children Looked After (child in care) in England including adoptions [Children child in care in England including adoptions, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)
- South Gloucestershire Council – Snapshot: Child in care Children and Care Leaver's Experience of Covid-19, Blanche Duffy
- [For children and young people in South Gloucestershire's care / Home - Us in care](#)

CONSIDERATION FOR COMMISSIONING 5: CHILDREN IN CARE

Ensure that providers develop specific opportunities for Children in Care to access provision.

4.2 LGBTQ+ (Lesbian, Gay, Bisexual, Transgender & Questioning) YOUNG PEOPLE

Background

From the Annual Population Survey by ONS in 2020, it is estimated that in the South West when specifying their sexual identity, 94.3% of people identified as heterosexual or straight, 1.9% identified as gay or lesbian, 1.4% identified as bisexual, and 0.4% identified as other sexuality. Unfortunately, there are no recent estimates for the population of LGBTQ+ young people in South Gloucestershire. However, from the 2021 Online Pupil Survey (OPS) compiled of a cohort of 2720 pupils in South Gloucestershire secondary schools in year 8 to 11, 2185 pupils specified their sexual identity and 2708 specified their gender. This showed that 75.3% identify as heterosexual or straight, 4% as lesbian or gay, 10% as bisexual, and 4.8% as other sexuality. The OPS also showed that 48.6% identify as male, 48.2% as female, and 3.3% as other genders. LGBTQ+ young people have a unique and complex set of needs which are hard to meet through generic support services. Therefore, if we generalise the findings from the OPS to the wider young people population in South Gloucestershire, this means almost 20% of young people are part of the LGBTQ+ community and require services specific to their needs.

What do we know?

To allow young people to grow up feeling comfortable with who they are, they need to have access to support and safe spaces to explore their gender identity and / or sexual orientation, including feelings about sex and relationships. Some young people have not 'come out' to their parents or families, so the location of any specialist provision needs to be both physically as well as psychologically accessible. Many young people use online platforms or social media to communicate, so opportunities to provide support in this way should also be considered.

As well as safe spaces for self-exploration, LGBTQ+ young people need a safe space away from bullying, harassment, and violence, regardless of where that is happening. For example, the OPS asked pupils how safe you feel at school and the results showed that only 35.1% of non-cis gendered pupils and 38.6% of non-straight pupils feel safe or very safe at school. The OPS has also highlighted that a greater proportion of LGBTQ+ pupils have been bullied in the past year compared to their straight or cis-gendered peers, which includes 41.9% of non-cis gendered pupils compared to 14.8% male and 18.6% female pupils, as well as 31.4% of non-straight pupils compared to 13.7% of straight pupils. Domestic abuse and violence are also of great concern for LGBTQ+ young people. The OPS showed that 29.4% of non-straight pupils compared to 11.2% of straight pupils are either themselves a victim of domestic abuse or violence on a regular basis or have a family member who is.

Currently in South Gloucestershire, as part of the Youth Activities Offer, the Diversity Trust support a specialist LGBTQ+ youth group for young people aged 13 to 19 called Alphabets.

Diversity Trust also support other LGBTQ+ youth groups in partnership with Creative Youth Network.

Sources:

- Online Pupil Survey 2021
- Sexual Orientation 2012 to 2020 edition, UK, ONS [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationandgender/articles/sexualorientationintheuk/2012to2020)
- [Young People's Services - The Diversity Trust](https://www.youthdiversitytrust.org/)

CONSIDERATION FOR COMMISSIONING 6: LGBTQ+ YOUNG PEOPLE

Future commissioning should continue to include specialist LGBTQ+ provision that meets the needs of this group.

4.3 YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS

Background

Young people needing support with their mental health has been on the rise over the past few years in South Gloucestershire, leaving many services thinly stretched. The promotion of positive mental health through relevant services and activities is needed for young people to improve their mental health and overall wellbeing. Youth work also helps build community links which are important for emotional wellbeing through building friendships and support networks.

What do we know?

In South Gloucestershire 2021, 3% of school children with Special Educational Needs had social, emotional and mental health as their primary type of need. This proportion has slowly increased from 2% in 2015 and South Gloucestershire is currently significantly higher than the England average of 2.8%. The rate of new referrals of under 18-year-olds to secondary mental health services has also increased in the past few years from 2,820 per 100,000 in 2017/18 to 3,084 per 100,000 in 2019/20. Similarly, the rate in which under 18-year-olds attended contacts with community and outpatient mental health services has almost doubled from 13,360 per 100,000 in 2017/18 to 23,148 per 100,000 in 2019/20.

Data from Hospital Episode Statistics also highlights the growing need for mental health services and resources. For example, hospital admissions for under 18 years olds for mental health conditions rose from 64.9 per 100,000 in 2012/13 to 118.2 per 100,000 in 2019/20 and hospital admissions as a result of self-harm for 10 to 24 years olds increased from 276.7 per 100,000 in 2011/12 to 805.4 per 100,000 in 2019/20. However, with limited access to hospitals due to the Covid-19 pandemic, we have seen both rates drop slightly in 2020/21 to 83.4 per 100,000 and 747.2 per 100,000, respectively.

In the most recent 2021 OPS, pupils were asked questions regarding their mental health to calculate a wellbeing score using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Of the 2,147 pupils in year 8 to year 12 that answered all the questions, 43.1% had a low wellbeing score. However, the proportion of pupils with a low wellbeing score differs

quite drastically between genders as seen by low scores for 28.6% of 995 male pupils, 53.8% of 1,077 female pupils, and 81.3% of 75 pupils of other genders. Pupils in the OPS were also asked whether they have ever deliberately self-harmed to which 27.1% of the 2,304 pupils said yes. When again comparing genders, the proportion of pupils that said yes was 13.9% of 1,095 male pupils, 37.3% of 1,135 female pupils, and 67.6% of 74 pupils of other genders.

These findings from the OPS show that a large proportion of pupils have a poor mental health status, especially female pupils and pupils that identify as another gender. However, the OPS has also highlighted that many of these pupils might not be getting any support for their mental health and wellbeing as when pupils were asked who they would go to for help when they are unhappy or worried about a personal issue, only 54.8% of 2,177 pupils would go to a parent, stepparent or carer and 27.9% have no-one to go to.

A directory of current mental health and wellbeing services for children and young people in South Gloucestershire is regularly updated by NHS Bristol, North Somerset and South Gloucestershire ICB. From the recently published Children and Young People's Mental Health & Emotional Wellbeing Needs Assessment, some areas were outlined as high priority. This has actioned a strategy of multi-agency working groups to support and develop joined up good practice for the following 6 key priorities:

- Transition to adulthood (focus on vulnerable young people)
- SEND SEMH
- Perinatal and early years
- Promoting mental health and emotional wellbeing (building community capacity, positive activities)
- Understanding, preventing and responding to self-harm
- Eating disorders and eating distress

Sources:

- Online Pupil Survey 2021
- OHID fingertips [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)
- [The Warwick-Edinburgh Mental Wellbeing Scale \(WEMWBS\)](https://www.warwick.ac.uk/mentalwellbeing/)
- <https://beta.southglos.gov.uk/static/3e76de368fe7b14c44a92ccff4bb84ce/Children-and-Young-Peoples-Mental-Health-and-Emotional-Wellbeing-Needs-Assessment.pdf>
- [South Gloucestershire Mental Health and Wellbeing - Directory of Services for Children and Young People| NHS Bristol, North Somerset and South Gloucestershire CCG \(bnssgccg.nhs.uk\)](https://www.nhs.uk/publications/south-gloucestershire-mental-health-and-wellbeing-directory-of-services-for-children-and-young-people/)

CONSIDERATION FOR COMMISSIONING 7: MENTAL HEALTH

Provision should include opportunities to promote positive mental health, resilience & wellbeing to young people through the programme of activities. Young people in need of support should be helped to access the relevant services.

4.4 YOUNG PEOPLE FROM ETHNIC MINORITY BACKGROUNDS

The 2011 Census for South Gloucestershire showed that of the 262,767 residents, 5% defined their ethnicity as a group other than White. This is slightly greater than the South West region

ethnic minorities population of 4.6%, but much smaller than the total England population of 14.6%. Our ethnic minorities population is made up of 1.4% of Mixed/Multiple ethnicity, 2.6% of Asian ethnicity, 0.8% of Black ethnicity, and 0.3% of other ethnic groups. As the provisional data from the 2021 census shows a population increase by 10.5% in South Gloucestershire, we predict that there will also be changes in the proportion of residents from ethnic minorities in the area.

What do we know?

The 2021 OPS survey had 2,705 year 8 to year 11 pupils who defined their ethnicity and this showed the proportion of pupils from ethnic minorities to be slightly larger than that of the wider South Gloucestershire population. The survey had pupils that were 5.5% of Asian ethnicity, 4% of Mixed/Multiple ethnicity, 2.7% as Black ethnicity, and 2.7% of other ethnicities. When pupils were asked if there were any areas in their life that need more support or knowledge in, a greater proportion of pupils from ethnic minorities said they needed more support and knowledge with race and racism compared to their White peers. Similarly, when pupils were asked 'to what extent do you worry about being discriminated against', a greater proportion of pupils from ethnic minorities said they were worried or extremely worried compared to their White peers.

Within the academic year of 2020-21 Gypsy, Roma & Traveller Community school attendance has risen from 78% in 2019-20 to 83%.

The Youth Activities Offer equalities impact assessment carried out in 2021 identified that current attendance by young people from ethnic minority backgrounds had been representative of the South Gloucestershire populations.

Sources:

- 2011 census [2011 Census - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
- 2021 census [Population and household estimates, England and Wales: Census 2021 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
- Online Pupil Survey 2021

CONSIDERATION FOR COMMISSIONING 8: ETHNICITY

Provision must be inclusive and ensure that it is accessible to all young people regardless of ethnic and cultural background.

Providers should understand the barriers young people from ethnic minority backgrounds face in accessing positive activities and include strategies to address this.

Provision should include and encourage opportunities for young people from different backgrounds to mix.

4.5 YOUNG PEOPLE WITH DISABILITIES AND LEARNING DIFFICULTIES

Background

From the information available to us from the JSNA, we know that disabled young people are more likely to have poorer outcomes compared with their peers, including lower educational attainment, poorer health outcomes, and poorer employment opportunities. Families with a disabled child are more likely to have parents out of work, and to suffer family break up. Disabled children are also at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children.

Young people with special educational needs are similarly also more likely to be at risk of poorer outcomes than their peers. They are more likely to be excluded from school and less likely to do well in education. Outside of education they are more likely to have contact with the youth offending system and less likely to be in education, employment or training between the ages of 16-18

What do we know?

An estimated 9% of children nationally have disabilities, so when applied to South Gloucestershire this equates to around 5393 children under 18 with some level of special educational need or disability. At February 2021 1459 young people have an Education, Health and Care Plan and there were 6073 children recorded as having special educational needs.

The largest ethnicity group with special educational needs are with children identified as White British, other white background and mixed background, which is proportionally representative of the population of South Gloucestershire. The ethnic minority group with the highest identified SEND requirements are children and young people identified as White & Black Caribbean and Black African. The proportion of these two groups in children and young people identified as having SEND is proportionally higher than the population of South Gloucestershire.

The most common type of special educational need is Social, Emotional and Mental Health. Over the last 5 years there has been an increase in the number of children with Autistic Spectrum Condition diagnoses.

The current Youth Activities Offer commission provides weekly youth club sessions in three centres across South Gloucestershire for young people with learning difficulties and/or disabilities (LDD). Many young people and their parents who attend the LDD youth club nights have described the positive impact the sessions have on their confidence and self-esteem.

Source

- JSNA
- South Gloucestershire Schools census data 2022
- ONS Outcomes for disabled people in the UK 2021

CONSIDERATION FOR COMMISSIONING 9: YOUNG PEOPLE WITH LDD

Continue to provide bespoke youth provision for young people with LDD.

Ensure that providers understand the barriers young people with LDD face in accessing positive activities and include strategies to address this within their open access provision.

4.6 PHYSICAL HEALTH (Healthy weight, nutrition and physical activity)

Background

Adolescence is a time of growth for children and young people, for both physical and mental development, and a healthy diet is essential for their heightened nutritional needs. However, deprivation can affect a child's accessibility to a balanced nutritious diet. Dietary behaviours as a child can influence their health in adulthood, including their chances of obesity and heart disease.

Physical activity amongst children and young people builds confidence and social skills, develops co-ordination, improves concentration and learning, strengthens muscles and bones, improves health and fitness, maintains healthy weight and improves sleep and emotional wellbeing. In South Gloucestershire 2020/21, only 44.4% of children aged 5-16 met the Chief Medical Officers' physical activity recommendations of at least 60 minutes per day.

What do we know?

In South Gloucestershire 2018/19, data from the National Child Measurement Programme (NCMP) showed that 70.2% of children in Year 6 were classed as being a healthy weight, 1.6% were underweight, and 28.2% were overweight or obese. Pooled data from 2016/17 to 2018/19 also highlights the significant difference in the prevalence of excess weight between the most and least deprived quintiles in South Gloucestershire, showing that 32.8% of Year 6 pupils were overweight or obese in the most deprived quintile compared to 24.6% in the least deprived quintile.

The 2021 OPS found that 66.6% of 4587 pupils in Year 6 to Year 12 did 4 or more hours of physical activity or exercise per week. However, 72.6% of 3966 pupils said that they would like to do more physical activity. Pupils were also asked multiple questions about healthy eating which found that only 20.9% of 4462 pupils eat the recommended 5 or more portions of fruit and vegetables as day. The survey also found that 72.9% of 4435 pupils either most of the time or usually have food at home that helps them eat healthily and 18.4% of 4556 pupils have takeaway more than twice per week. Similarly, pupils were asked questions around food poverty which found that 22% of 4638 pupils have previously gone to school or bed hungry because there is not enough food at home.

The 2020 OPS that was conducted after the first lockdown from Covid-19, pupils were asked if they managed to do exercise at home when they were in lockdown, to which only 64.7% of 1453 pupils in year 6 to year 11 said that they did do exercise most days or every day. When the other pupils were asked why they didn't do much exercise at home, 22.2% of 477 pupils said that they prefer to exercise away from home, 31.2% said they didn't have much space at home, 18.4% said they weren't sure about what type of exercise they could do at home, and 45.3% said they didn't feel like doing exercise.

South Gloucestershire currently has some targeted provisions in place for school age young people. For example, this includes Create Active Schools that delivers support to local targeted schools to increase physical activity levels, and Phunky Foods that offers support to targeted schools to encourage a whole school approach to food with the aim of increasing school meal uptake and encouraging healthy eating, both of which are commissioned by ELS. There is also provision outside of schools called the Holiday, Activity and Food (HAF) programme aimed at children and young people that are eligible for Free School Meals so that they can attend free holiday clubs where they receive a free meal and access to physical activity opportunities.

However, there is a service provision gap for activities for young people above school age, other than local parks and leisure centres, as well as a targeted weight management service that supports young people in the community identified as being above a healthy weight.

Sources:

- OHID Fingertips [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)
- NCMP [National child measurement programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/national-child-measurement-programme)
- Online Pupil Survey 2021

CONSIDERATION FOR COMMISSIONING 10: PHYSICAL HEALTH

Provision should include opportunities to promote positive physical health (healthy weight, healthy nutrition and physical activity) & wellbeing to young people through the programme of activities.

4.7 SUBSTANCE MISUSE (DRUGS AND ALCOHOL)

Background

The misuse of drugs and alcohol impacts negatively on individuals, families, children and young people (CYP) and communities across the country. In South Gloucestershire, problematic drug use affects a relatively small number of our population. However, where it does occur, it significantly impacts on people's lives. People who need treatment for their drug and alcohol use are much more likely to suffer the effects of wider inequalities and start to use substances as a coping mechanism to escape the difficulties they face in life. Drug and alcohol use is therefore commonly a symptom of wider problems within our society that then develops to become a problem in itself, often leaving people trapped in a cycle of drug misuse that is difficult to recover from.

What do we know?

Records from hospital admission episodes in South Gloucestershire shows that for the period of 2018/19 to 2020/21, 70 people under the age of 18 were admitted for alcohol-specific conditions at a crude rate of 39.9 per 100,000 people. This is worse than the England rate of 29.3 per 100,000 but similar to the South West rate of 46 per 100,000. Admission episodes for the same time period also show that 130 people aged 15-24 were admitted due to substance misuse at a crude rate of 128.7 per 100,000. This is worse than the England rate of 81.2 per 100,000 and worse than the South West rate of 101.1 per 100,000.

The OPS in 2021 asked pupils from year 8 to year 12 about substance misuse. When asked if they smoked cigarettes or vaped, 3.7% of 2781 pupils said they smoked and 8.9% of 2716 pupils said they vaped on a regular basis (monthly, weekly or most days). Also, when asked if they drink alcohol, 23% of pupils of 2731 pupils said that they drink alcohol on a regular basis. And finally, when pupils were asked if they have ever tried illegal drugs, 6.6% of 2781 pupils said that they have.

In South Gloucestershire, structured drug and alcohol interventions for young people up to age 18 are provided by a number of providers; the Youth Offending Service (YOS) – provided

by South Gloucestershire Council; the Young People's Specialist Substance Misuse Treatment Service (YPSSMTS) – provided by AWP; and the Young People's Drug and Alcohol Service (YPDAS) – also provided by South Gloucestershire Council.

YPSSMTS accept referrals for young people who require a higher level of service due to complexities around mental health, behavioural issues or physical dependency. The team provide pharmacological and psychosocial interventions to young people in South Gloucestershire and are a specialist CAMHS service.

The YOS provides non-treatment interventions to young people aged 10-17 whose drug use is risky or linked to an offence. The YOS are involved if a young person gets into trouble with the law, is charged with a crime and has to go to court or if they are convicted of a crime and given a sentence. Through their work, the team aim to prevent youth crime and reduce re-offending.

YPDAS works with young people across the community and engages the largest proportion of young people within treatment. It delivers harm reduction, psychosocial and relapse prevention interventions and works with education, health, Integrated Children's Services (ICS), and the voluntary sector to deliver holistic interventions that support the young person and their family. YPDAS can support care leavers up to the age of 25. However, in reality, young people do not generally access the service over the age of 20. YPDAS have a role in supporting young people aged 18 or over and care leavers to access adult services where these are most appropriate.

YPDAS provide a core offer of prevention, treatment and CPD interventions to schools. This begins in primary school and continues to post-16 students. YPDAS encourage schools to use the offer to develop and compliment the curriculum; to facilitate timely targeted education to vulnerable young people; to identify and access treatment where drug use (legal and illegal) is problematic and to offer guidance around policy and best practice. Sessions for young people and training for professionals are also delivered to other services, whether SGC run or third sector.

Sources:

- Online Pupil Survey 2021
- OHID Fingertips [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

CONSIDERATION FOR COMMISSIONING 11: SUBSTANCE MISUSE

Provision should include opportunities to raise awareness of the impact of substance abuse to young people through the programme of activities.

Young people in need of support should be helped to access the relevant services.

4.8 SEXUAL HEALTH & HEALTHY RELATIONSHIPS

Background

Sexual health includes the topics of unplanned pregnancy, access to and use of contraception (condoms, oral pills, Long-Acting Reversible Contraception (coil / implant), and the contraceptive injection), and sexually transmitted infections (STIs).

Learning about what constitutes a healthy relationship is important for children and young people. It is an area which can impact greatly on their lives and is an important part of their personal development. Good relationship education includes learning about emotional abuse, sexual abuse, harassment, violence, and coercive control.

The teaching of Relationships Education (RE at Primary Phase) and Relationships, Sex and Health Education (RSHE at Secondary Phase) is now compulsory in all academies and state funded and / or maintained schools. The statutory content covers healthy relationships, safer sex, and contraception.

What do we know?

In the 2021 OPS, when pupils in year 8 to year 12 were asked if they knew how to get hold of emergency contraception, 40.7% of 2027 pupils said they didn't, and 18.3% didn't know what emergency contraception was. Pupils were also asked if they knew how and where to access contraception and sexual health advice and services, to which 54.7% of 2032 pupils said they didn't. The rate of conceptions under the age of 18 in South Gloucestershire has decreased from a crude rate of 36.7 per 1,000 people in 2007 to 6.4 per 1,000 people in 2020, which is the lowest rate in the South West region and lower than the national England rate of 13 per 1,000 people. In 2020, the proportion of conceptions that lead to abortion in people under the age of 18 was 48.3%.

The most commonly diagnosed STI in people under the age of 25 is chlamydia and has substantially higher rates compared to adults over the age of 25. In South Gloucestershire 2020, the chlamydia detection crude rate was 1034 per 100,000 people which has decreased from previous years. The detection rate is much worse in males compared to females, with a crude rate of 599 per 100,000 and 1472 per 100,000, respectively. This difference is due to males being more likely to be asymptomatic.

As chlamydia can cause serious sexual and reproductive ill health if left untreated, the National Chlamydia Screening Programme made changes in June 2021 to focus on reducing reproductive harm through opportunistic screening offered to young women under 25 years. The most recent data from 2020 shows that proportion of people aged 15 to 24 attending sexual health services that were screened for chlamydia was only 10.2%.

In secondary school, young people aged 12-13 years old are offered two doses of the HPV vaccine that was first rolled out for females in 2008 and most recently males in 2019. Some types of HPV spread through sexual contact have been directly linked to different cancers and it is recommended that young people get at least two doses before they become sexually active for the vaccine to work effectively. In South Gloucestershire 2020/21, 78.8% of females and 77.2% of males aged 12-13 had received their first dose and 27.4% of females aged 13-14 had received their second dose. The uptake of HPV vaccinations in schools has significantly decreased due to the Covid-19 pandemic as in comparison to pre-pandemic levels in 2018/19, there was an uptake of 87.4% of female first doses and 84.4% of second doses.

In the 2021 OPS, pupils were also asked about relationships and abuse. When pupils in year 8 to year 11 were asked if they feel they can say no to having sexual activity, only 54.7% of 1901 pupils said always, and when asked if they or anyone in their immediate family had ever been a victim of domestic abuse or domestic violence, only 76.6% of 2322 pupils said never. Pupils in year 8 to year 12 were also asked if they have received any information from their school that enables them to tell whether a friendship or relationship is abusive, to which 36.4% of 2801 pupils said they hadn't. Pupils in year 8 to year 11 were also asked about how well

they thought sex and relationships had been covered in PSHE lessons which found that 26.9% of 2301 pupils felt that the subject had been covered either poorly or very poorly.

- **Sources:**
- OHID Fingertips [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)
- Online Pupil Survey 2021
- [Human papillomavirus \(HPV\) - NHS \(www.nhs.uk\)](https://www.nhs.uk/)

CONSIDERATION FOR COMMISSIONING 12: SEXUAL HEALTH & RELATIONSHIPS

Provision should include opportunities to promote sexual health and healthy relationships in young people through the programme of activities.

Young people in need of support should be helped to access the relevant services.

4.9 CHILD EXPLOITATION

Background

There are various ways in which children and young people are groomed for exploitation (such as sexual, criminal & drugs related and serious youth violence). Many perpetrators are skilled at identifying and targeting vulnerabilities, infiltrating social networks and isolating young people from protective influences. This can include the following:

Grooming by criminal gangs – perpetrators spend a lot of time and energy building relationships with their victims, for example showing an interest in their life or buying them things that they want or need. They will be building up a picture on how useful the young person is likely to be and how they might be able to help the criminal network.

Grooming by technology – perpetrators can use digital technology to target, groom and exploit young people. For example, through social media, or targeting through YouTube, the latter has been used by county lines gangs.

Grooming by peers – older family members or friends who are already involved in exploitative activity can target younger relatives and friends as a way of enlarging the network. There may also be cases where abused children are forced to bring in other children.

Grooming by trusted groups – perpetrators can be part of sports clubs, religious organisations and use this as an opportunity to build up trust with young people.

What do we know?

South Gloucestershire has followed the national trends during the pandemic: during national lockdowns we have seen a reduction in missing episodes and a reduction in exploitation concerns being reported. When lockdowns eased, the Council saw an increase in referrals and concerns around exploitation that were largely hidden during the lockdowns. One particular concern has been around children who are excluded from school/ education provision.

South Gloucestershire continues to see a number of children and young people who are being exploited, becoming perpetrators of exploitation. There has also been a rise in knife crime related incidents linked to exploitation (serious Youth Violence & CCE).

During 2021 there was a significant episode of peer tensions between the Greens (residents of Emersons Green and Lyde Green) and the anti Greens (residents of Mangotsfield and Downend) that centred around Mangotsfield School. There was extensive multi agency work undertaken to disrupt the tensions and support the young people and the school. This multi-agency work resulted in a reduction in tensions.

Children Child in care and young people known to Child Protection services are more likely to be victims of exploitation. The number of children known to be at risk of exploitation on the PIMM list (Partnership Intelligence Management Meeting) has steadily increased over 2020 & 2021. Males are more likely to be at risk of exploitation than females (with numbers of females known to PIMM decreasing since 2020-21). Young people predominantly come from a White British background, however there is disproportional representation from the Black Minority Ethnic (BME) community in comparison with the known BME population of South Gloucestershire. The large majority of young people known to PIMM with exploitation concerns fall within the age bracket of 15 – 18 years old.

How do we know?

- South Gloucestershire Council Young Person Missing and Exploitation Reports (using data from Avon and Somerset Constabulary & various SGC departments)

CONSIDERATION FOR COMMISSIONING 13: CHILD EXPLOITATION

Providers need to be able to identify young people who are at risk of exploitation and link them to support or refer them to child protection services.

Provision should include opportunities to promote healthy relationships to young people through the programme of activities.

4.10 EDUCATION & ACHIEVEMENT

Background

Children's education and skill development is essential for their own wellbeing. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future.

Educational attainment is influenced by both the quality of education children receive and their family's socio-economic circumstances.

What do we know?

Clear inequalities are apparent, as demonstrated by the following points using South Gloucestershire data from PHE and Local Government Inform:

- at all stages of education, as measured by formal assessments at foundation stage, key stage one, key stage 2 and key stage 4, pupils who are eligible for free school meals perform worse than all pupils in total
- the gap between the attainment of all pupils and those with free school meals is slightly bigger in South Gloucestershire compared to national and regional averages and has been showing no sign of improvement over the past 4-5 years
- children who live in the most deprived areas of South Gloucestershire make less progress between key stage 2 and key stage 4, and are more likely to get lower attainment 8 scores, than children who live in the least deprived areas
- children in care achieve substantially lower average attainment 8 scores compared to the average for all pupils in South Gloucestershire

Average South Gloucestershire attainment 8 score 50.9 2020-21 (the higher the score the better the attainment). This score has increased from 47.9 in 2015/16. Nationally the minimum attainment for all English authorities is 37.8 and a mean attainment 8 score for all English authorities of 50.9. Since the last Needs assessment in 2017, overall attainment in South Gloucestershire has improved.

Pupils with and EHC plan in South Glos have an attainment 8 score of 19.8. Nationally the attainment 8 score in 2020-21 was 5.7, with a mean of 15.9 showing that, in 2020-21, South Gloucestershire pupils with an EHCP achieved a greater score than the national average.

For pupils from a disadvantaged background in South Gloucestershire, the attainment 8 score was 39.1 in 2020-21, 7 above the national minimum score but 1.2 below the national average (mean).

In South Gloucestershire in the academic year 2020/21, 52.5% of pupils achieved 5 or more GCSEs at grade 5 or above, which includes English and Mathematics. This is slightly lower than the South West average of 52.8% but greater than the England average of 51.9%

Intervening early to improve the proportion of young people engaging with education or training will reduce the risk of adult unemployment and low pay.

Current youth providers offer a variety of accreditation, development and volunteering opportunities to help young people maximise their potential. These can play a part in supporting attainment through building confidence, aspiration and signposting young people to education, employment or training.

How do we know?

- Joint Health and Wellbeing Strategy 2021-25
- LG Inform , Explore Data [Home](#) | LG Inform (local.gov.uk)
- South Gloucestershire Council, Mosaic & Capita Data
- Office for Health Improvement & Disparities – Fingertips Public health data [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

CONSIDERATION FOR COMMISSIONING 14: EDUCATION & ACHIEVEMENT

Provision should include opportunities for all young people to maximise their potential by learning new skills, building confidence and raise aspiration.

Provision should also provide positive development pathways for young people through opportunities for accreditation, development and volunteering.

4.11 NEETS (NOT IN EDUCATION, EMPLOYMENT OR TRAINING)

Background

Young people who are 'Not in Education, Employment, or Training' (NEET) includes those aged 16 to 17. In 2013, the government created legislation as part of the Education and Skills Act 2008 that required all young people to remain in some form of education or training until the end of the academic year in which they turn 17. From September 2016, the Department for Education relaxed the requirement on authorities to track academic age 18-year-olds.

Young people can then choose from full-time education at school, sixth-form or college, an apprenticeship or traineeship, full time work or volunteering combined with part-time education or training. The council has a duty to encourage, enable and assist young people to participate in education or training. Support needs to continue up to 25 years if a young person has an Education, Health and Care plan (EHC) or if they have special educational needs or disabilities.

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives but is also central to the Government's ambitions to improve social mobility and stimulate economic growth.

What do we know?

In 2020, the proportion of South Gloucestershire's young people aged 16-17 who were NEET was 6.9%, which is greater than the regional average of 6% and the national England average of 5.5%. When comparing male and female young people, a greater proportion of males of 7.6% were NEET compared to females of 6.2%. There were also differences in the proportion of young people who were NEET when comparing different ethnicities with 6.5% for people of White ethnicity, 6.1% for people of Mixed ethnicity, 8.3% for Black ethnicities, 3.5% for Asian ethnicities, 3.7% for Chinese ethnicity, and 11.5% for people of Other ethnicities. Furthermore, the proportion of young people with Special Educational Needs and Disability (SEND) and SEN support that were NEET is much greater compared to young people without SEND.

Sources:

- Department for Education NEET age 16 to 24 Calendar Year 2021 [NEET and participation: local authority figures - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/neet-and-participation-local-authority-figures)

- OHID Fingertips [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)

CONSIDERATION FOR COMMISSIONING 15: NEETS

Provision should include opportunities for young people to overcome barriers to participate in education, employment, volunteering or training opportunities.

4.12 YOUNG CARERS

Background

Young Carers are children and young people under 18 who look after someone in their family who has a disability, a long-term illness, or is affected by mental ill health or is affected by substance misuse. This may be a brother, sister, parent or other family member and young carers often take on responsibilities which are normally only expected of an adult.

A Young Carer can become vulnerable when their level of care-giving and responsibility becomes excessive or inappropriate for them and it risks impacting on their emotional or physical well-being or educational achievement and life chances.

What do we know?

The 2011 census found that 524 (1.05%) children aged 0-15 and 1233 (4.2%) young people aged 16-24 provide unpaid care in South Gloucestershire. It also showed that 89 (0.18%) children aged 0-15 and 233 (0.8%) young people aged 16-24 provide 20 or more hours of unpaid care per week. If a young carer aged 16 to 18 provides care to someone who is severely disabled for at least 35 hours per week, they are entitled to Carer's Allowance. In the third quarter of 2021/22, 13 young people were entitled to Carer's Allowance in South Gloucestershire. The 2021 census data will be released in September 2022 and will allow us to see a more up to date picture of how many children are now providing care. From the 2021 OPS, 1.8% of 2562 pupils in year 8 to year 11 stated that they were a young carer by providing care or support for a family member or other person.

South Gloucestershire Council has a Carers Support Centre that provides 1:1 and group support. It also has a Young Carers Service which provides help and support to children aged 8-18, their families, and professionals working with young carers.

Sources:

- OHID Fingertips [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)
- Online Pupil Survey 2021
- Department for Work and Pensions – Number entitled to Carer's Allowance aged under 18 in South Gloucestershire [Number entitled to Carer's Allowance aged under 18 in South Gloucestershire | LG Inform \(local.gov.uk\)](https://www.local.gov.uk)

CONSIDERATION FOR COMMISSIONING 16: YOUNG CARERS

Providers need to be able to identify young carers, understand the potential impact of caring and support them to access additional support.

4.13 ANTI-SOCIAL BEHAVIOUR (ASB)

Background

It has long been recognised that acts of ASB are often a precursor to criminal activity in young people. Early intervention continues to be regarded as the most effective response to ASB. A sliding scale of intervention, diversion & education and enforcement seeks to put an individual's anti-social behaviour in check. The benefits of actions that sit ahead of enforcement are considerable. These can include the reduced demand and thus, financial burden placed on the service provision to address such behaviour, as well as lowering the adverse impact experienced by victims, whether as individuals or a larger group that sits within the community. Invariably, the perpetrators of ASB are in need of broader support mechanisms too, and in this regard can be seen as victims themselves. Multi-agency teams enable this support to be identified and put in place in a positive move towards improving the lives of perpetrators and victims alike. Engaging with young people through education at an early stage to learn about ASB, crime and the causes of it, is also key to preventing engagement in those behaviours in the future.

What do we know?

To address local causes of ASB and facilitate access to key support, South Gloucestershire Community Safety Team work closely with multiple groups, such as the Neighbourhood Policing Teams, Youth Offending Team, Young Peoples Services and other key social care departments. South Gloucestershire Council and the police also work closely with schools to support with pupils displaying ASB. Even the lowest level of ASB, if left unchecked, will potentially lead to escalated anti-social behaviour, criminal activity and exposure to criminal exploitation. As such, engagement with schools plays a crucial role in the prevention and education elements of unacceptable behavioural traits in young people.

Permanent exclusion from school is seen as a last resort and the expectation is that the Community Safety Team and Violence Reduction Unit has an appropriate level of engagement to either support an alternative to school exclusion, or work with the school through the EHAP process to facilitate signposting to other mechanisms. The Education Inclusion Project supported by the PCC and co-ordinated by the VRU is an excellent and successful example of such work where mentors with skills which target the individual's interests are engaged. There is room to extend this project to include those already excluded from school, or who are failing to attend school in any event.

The Covid-19 pandemic saw a significant drop in the number of ASB warning letters issued in the fiscal year of 2020-21 of just 52, compared to 162 in 2019-20. The limitations placed upon the free movement of people during the lockdowns may be the strongest contributory factor to a significant fall in ASB reporting. However, the number of Acceptable Behaviour Contracts issued increased from 5 in 2019-20 to 14 in 2020-21.

From the 2021 OPS, pupils in year 8 to 12 were asked if they have ever felt they have had to join a gang which showed that 94.1% of 2474 said no, 2.8% said yes but I didn't join, 1.4% said yes and I did join, and 1.7% would rather not say. Pupils were also asked how safe do they feel from crime to which 14.4% of 2442 pupils said that they feel very unsafe or unsafe.

Sources:

- Locally sourced data from Community Safety Department, South Gloucestershire Council
- Online Pupil Survey 2021

CONSIDERATION FOR COMMISSIONING 17: ANTI-SOCIAL BEHAVIOUR

Provision should be flexible so it can contribute to efforts to address pockets of anti-social behaviour by young people, however the Youth Activities Offer is a universal open access service and not a “rapid response” service.

Providers should work in partnership with the Violence Reduction Unit to inform other projects aimed at addressing ASB.

4.14 YOUTH CRIME/YOUNG PEOPLE WHO ARE AT RISK OF OFFENDING / WITHIN THE YOUTH JUSTICE SYSTEM

Background

The council's Youth Offending Team (YOT) is a multi-agency team working with young offenders (those under 18) with the aim of reducing reoffending, protecting the public, keeping children and young people safe, and to ensure that any sentences given to young people are adhered to.

Young people in contact with the youth justice system have more (and more severe) unmet health and wellbeing needs than other children of their age. This includes increased adverse childhood experiences (ACE's) including substance misuse issues, mental and emotional problems, neuropsychological issues and experiences of trauma and exploitation alongside disruptive education.

What do we know?

The total number of young people who offend managed by South Gloucestershire Youth Offending Service has decreased considerably since a peak of 582 in 2007/08. In 2021, there were 29 first time entrants to the criminal justice system (aged 10-17 in South Gloucestershire), and this figure was 35 in 2020. It is likely that the Covid-19 pandemic has had an impact here, with 48 first time entrants in 2019. However, a significant factor in reduced numbers is the use of more informal disposals of Community Resolutions which is an alternative way of dealing with less serious crimes. There were 90 recorded in 2021 (80 in 2020, and 103 in 2019) for offences such as low-level public order, criminal damage, theft, and minor assaults. In addition, there are more diversion opportunities, for example the YOT manages a Youth Alcohol and Drug Diversion scheme, which requires the young person identified by the police for a drug related offence to attend an educational session with the YOT Drug and Alcohol specialist and on completion of this the offence is discontinued. A weapon diversion scheme is in development with police, YOT and school support.

The proportion of young people who offend has also decreased. The work of the YOT has shifted to a more preventative approach and since April 2020 has had a preventative Young People's Support (YPS) team sat alongside it, further strengthening the early support offer for these often-complex young people. Identification of positive activities through current youth support provision is supported and encouraged by the YOT as one of the factors in helping to reduce offending for these young people.

Analysis of the OPS 2021 compared pupils that said that have had a family member go to prison and pupils where that does not apply, to see how the answered other questions in the survey. Overall, this found pupils that have had family members go to prison much worse off in terms of their mental health and crime related activity, compared to other pupils. For example, just over 35% are unsatisfied or quite unsatisfied with their life, just over 21% feel like they have to carry a knife to protect themselves or make themselves feel safe, and just over 11% have been in serious trouble with police for pupils that have had a family member in prison compared to 23.2%, 5.5%, and 2.1% for other pupils, respectively.

Sources:

- Online Pupil Survey 2021
- YOT local data

CONSIDERATION FOR COMMISSIONING 18: YOUNG PEOPLE AT RISK OF OFFENDING / WITHIN THE YOUTH JUSTICE SYSTEM

Providers should, where possible, collectively work with young people who are engaged in the youth justice system.

Providers should build strong links with the Youth Offending Service to encourage participation in positive activities by young people at risk of offending.

4.15 YOUTH HOMELESSNESS

Background

Housing is expensive in South Gloucestershire compared to the South West and England average, as shown by data from ONS that calculated the median house price at the end of December 2021 to be £300,000 in South Gloucestershire, £287,000 for the South West, and £280,000 for England. This is almost 10 times the average national salary of £30,500 for the financial year of 2020/21. High demand for housing locally (both private and social) and the high cost related to income, means that more people will experience difficulty in finding or holding onto suitable housing that they can afford. Young people, especially those in vulnerable groups such as care leavers, are finding it particularly difficult to find a suitable home.

What do we know?

The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force in April 2018.

SGC records show that in 2021-22, the Authority assisted 239 young people age 16-25 who were homeless or threatened with homelessness. Of these, 8 were 16/17 yr olds and 94 were assisted into supported accommodation.

In 2021-22 868 household were assessment as being owed a homeless duty by South Gloucestershire Council. Of this 49.5% were households with dependent children. The three

main reasons for facing homelessness were the loss of private rented accommodation, families, and friends no longer willing to accommodate and domestic abuse.

Sources:

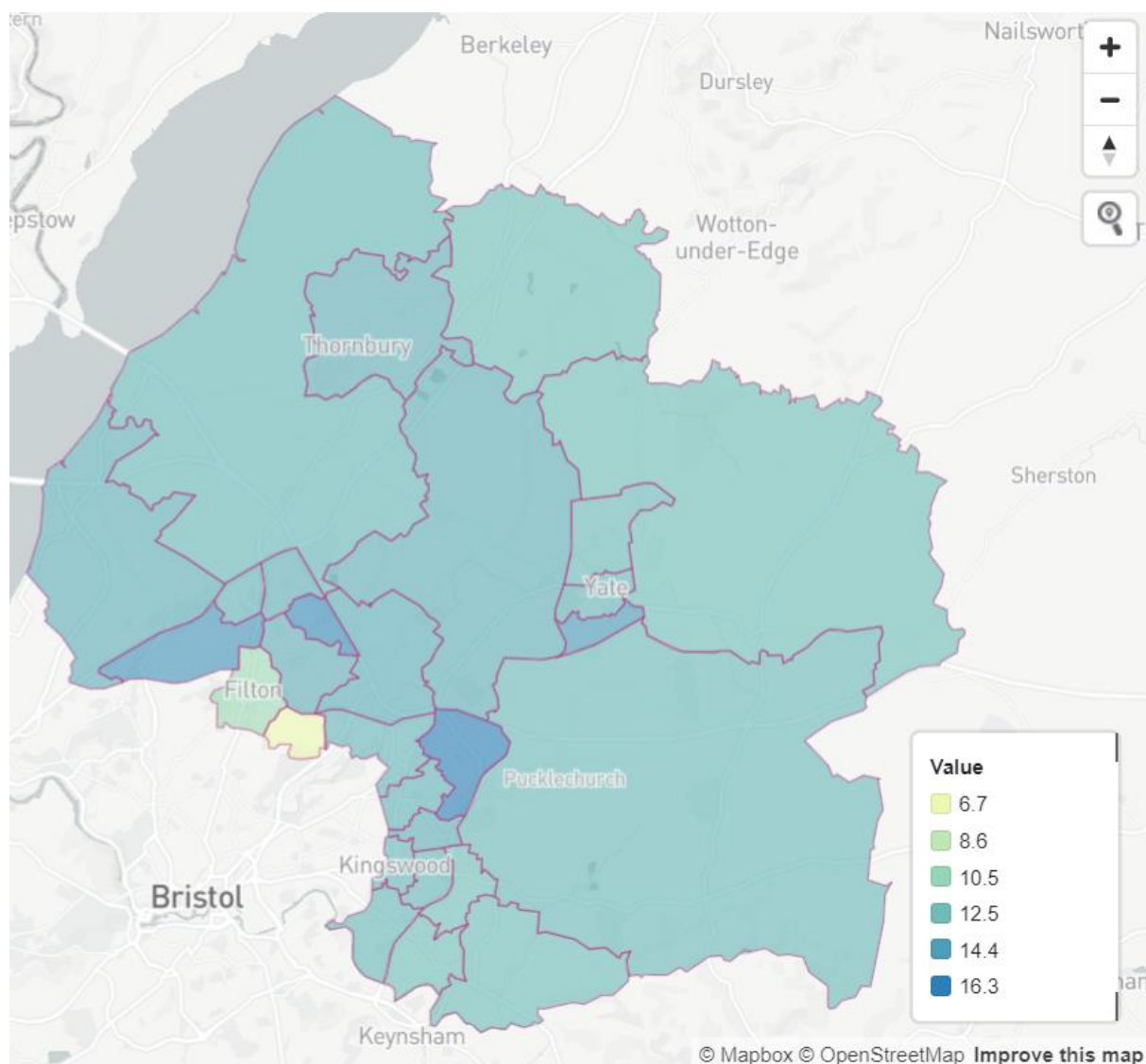
- ONS - Average household income, UK: financial year 2020 [Average household income, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/employmentandearnings/earningsandincome/datasets/averagehouseholdincome)
- ONS Median house prices for administrative geographies: HPSSA dataset 9 [Median house prices for administrative geographies: HPSSA dataset 9 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/housingandtenure/housingprices/datasets/medianhousepricesforadministrativegeographies)
- UK Government 2021-22 Official Statistics on Statutory Homelessness in England [Statutory homelessness in England: financial year 2021-22 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/statutory-homelessness-in-england)

CONSIDERATION FOR COMMISSIONING 19: YOUTH HOMELESSNESS

Providers need to help identify young people who are at risk of becoming homeless and signpost them to support services.

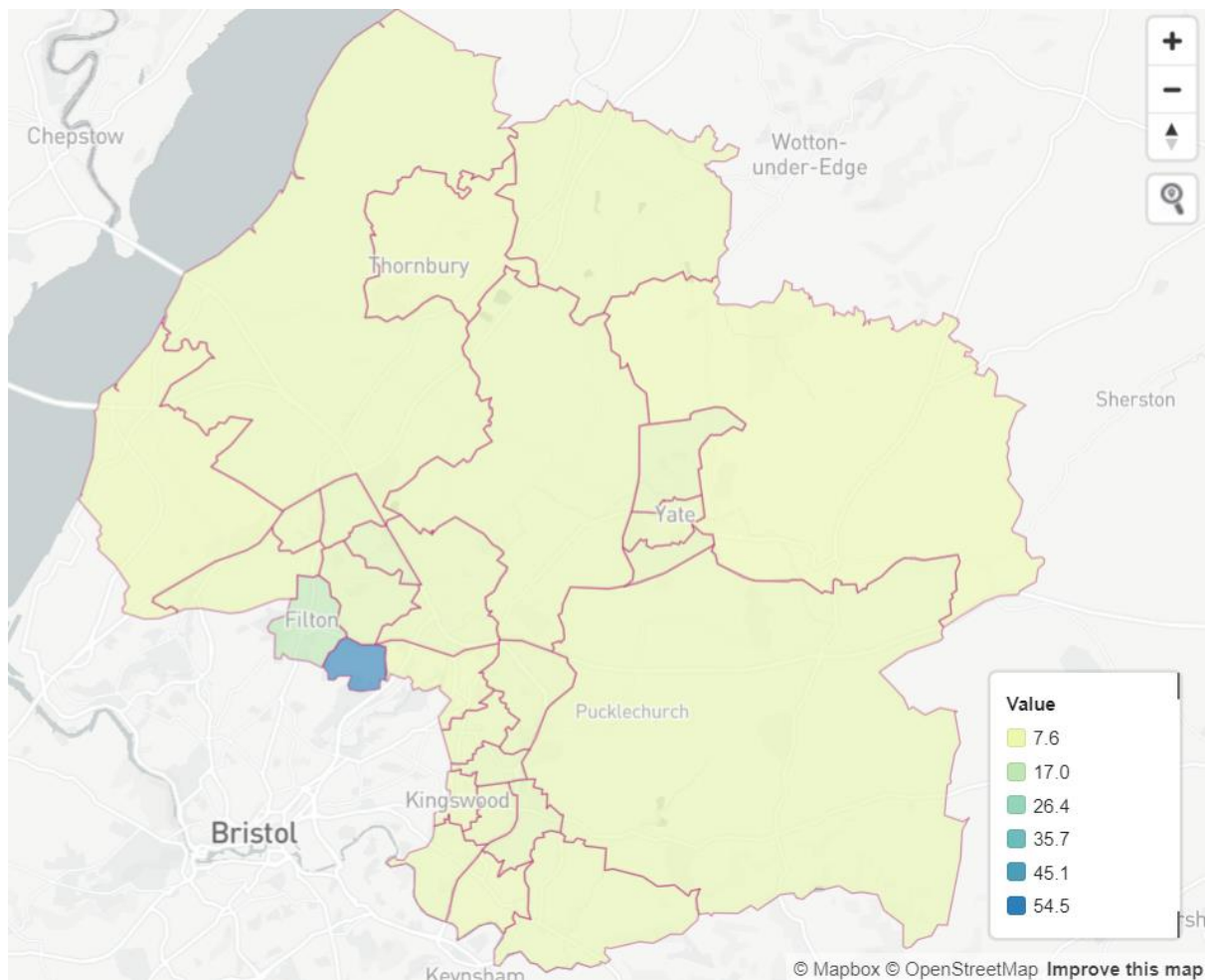
Maps

Map 1: Percentage of the total resident population who are 5-15 years of age for each ward in South Gloucestershire in 2019. The data for this map is grouped by electoral ward geography boundaries.



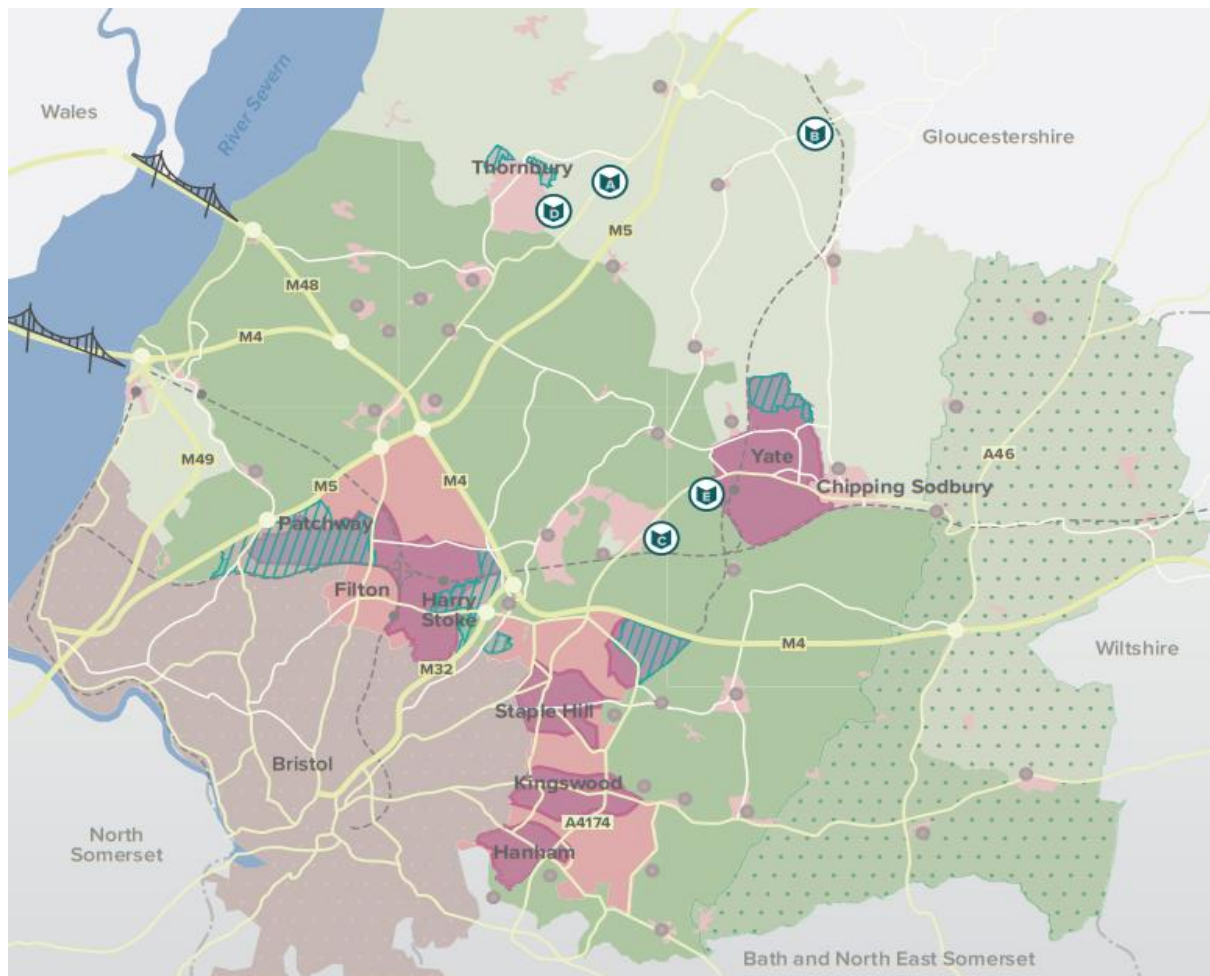
TO USE THIS MAP INTERACTIVELY AND SELECT THE DATA FOR INDIVIDUAL WARDS, PLEASE GO TO THE [MAPPING TOOL WARD-LEVEL HEALTH DATA PAGE](#). MAP SOURCE: [MAPPING TOOL | BETA - SOUTH GLOUCESTERSHIRE COUNCIL \(SOUTHGLOS.GOV.UK\)](#). DATA SOURCE: [ONS SMALL AREA POPULATION ESTIMATES, ENGLAND AND WALES, MID-2019 POPULATION ESTIMATES FOR THE UK, ENGLAND AND WALES, SCOTLAND AND NORTHERN IRELAND - OFFICE FOR NATIONAL STATISTICS \(ONS.GOV.UK\)](#).

Map 2: Percentage of the total resident population who are 16-24 years of age in South Gloucestershire in 2019. The data for this map is grouped by electoral ward geography boundaries.

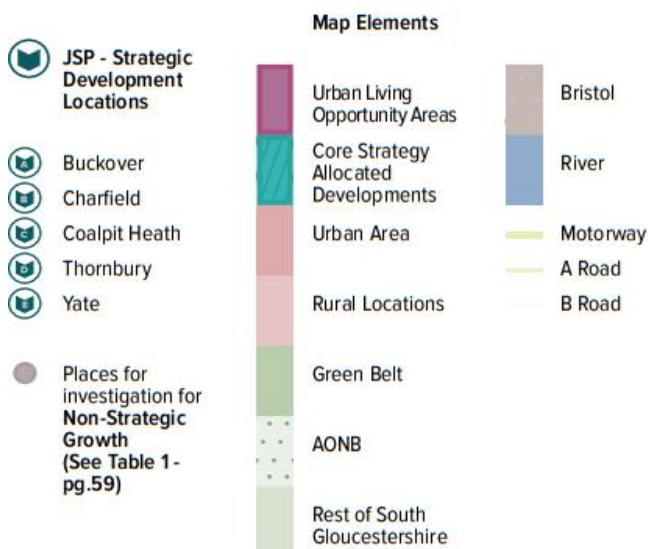


TO USE THIS MAP INTERACTIVELY AND SELECT THE DATA FOR INDIVIDUAL WARDS, PLEASE GO TO THE [MAPPING TOOL WARD-LEVEL HEALTH DATA PAGE](#). MAP SOURCE: [MAPPING TOOL | BETA - SOUTH GLOUCESTERSHIRE COUNCIL \(SOUTHGLOS.GOV.UK\)](#). DATA SOURCE: [ONS SMALL AREA POPULATION ESTIMATES, ENGLAND AND WALES, MID-2019 POPULATION ESTIMATES FOR THE UK, ENGLAND AND WALES, SCOTLAND AND NORTHERN IRELAND - OFFICE FOR NATIONAL STATISTICS \(ONS.GOV.UK\)](#).

Map 3: Proposed Spatial Strategy for South Gloucestershire from the South Gloucestershire Local Plan 2018 – 2036 consultation document



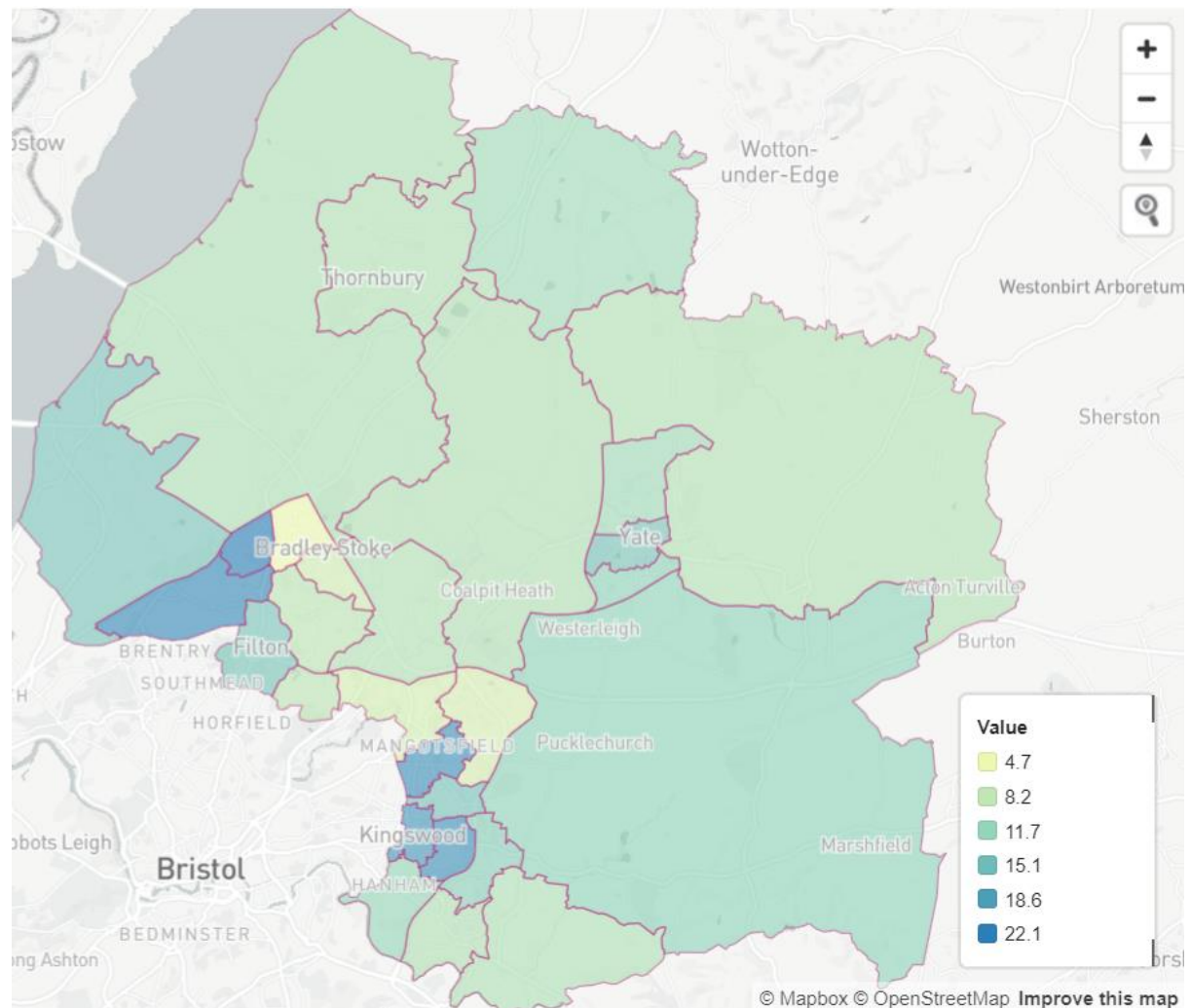
For illustrative purposes only – details on this map do not represent the size or specific position of any future growth or that planning consent will be granted.



[SOUTH GLOUCESTERSHIRE NEW LOCAL PLAN: CONSULTATION DOCUMENT \(FEBRUARY 2018\) - SOUTH GLOUCESTERSHIRE ONLINE CONSULTATIONS \(SOUTHGLOS.GOV.UK\)](#)

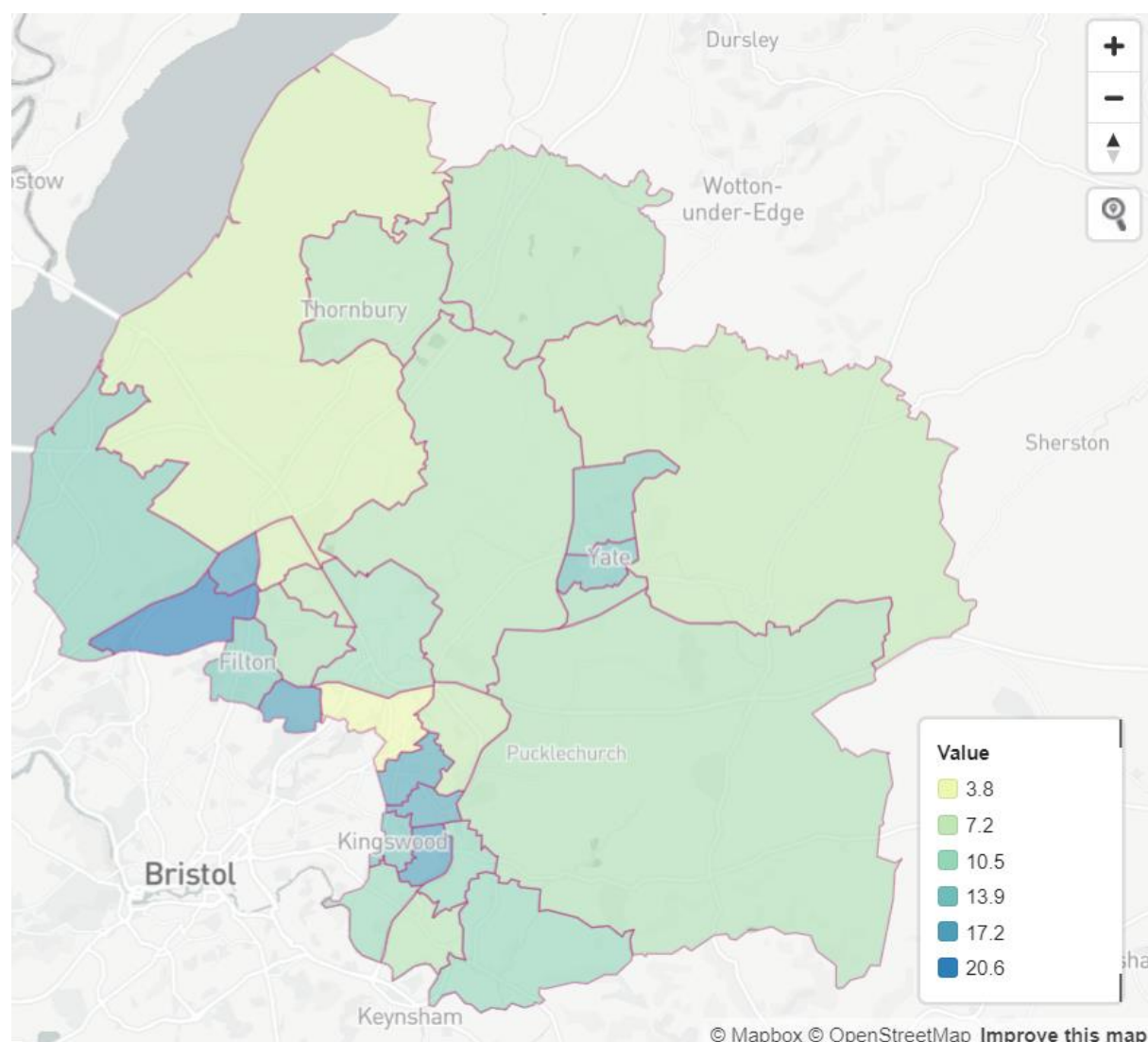
Map 4: Index of Multiple Deprivation Score for South Gloucestershire, by ward 2019.

The data for this map is grouped by electoral ward geography boundaries.



TO USE THIS MAP INTERACTIVELY AND SELECT THE DATA FOR INDIVIDUAL WARDS, PLEASE GO TO THE [MAPPING TOOL WARD-LEVEL HEALTH DATA PAGE](#). MAP SOURCE: [MAPPING TOOL | BETA - SOUTH GLOUCESTERSHIRE COUNCIL \(SOUTHGLOS.GOV.UK\)](#). DATA SOURCE: OHID FINGERTIPS [PUBLIC HEALTH PROFILES - OHID \(PHE.ORG.UK\)](#).

Map 5: Proportion of Child Poverty, Income deprivation affecting children index (IDACI) for persons aged 0-15 in South Gloucestershire, by ward 2019.



THE DATA FOR THIS MAP IS GROUPED BY ELECTORAL WARD GEOGRAPHY BOUNDARIES. TO USE THIS MAP INTERACTIVELY AND SELECT THE DATA FOR INDIVIDUAL WARDS, PLEASE GO TO THE [MAPPING TOOL | BETA - SOUTH GLOUCESTERSHIRE COUNCIL \(SOUTHGLOS.GOV.UK\)](#). DATA SOURCE: OHID FINGERTIPS [PUBLIC HEALTH PROFILES - OHID \(PHE.ORG.UK\)](#).

SUMMARY OF CONSIDERATIONS EMERGING FROM NEEDS ASSESSMENT

CONSIDERATION FOR COMMISSIONING 1: DENSITY

Balance the needs of young people living in the more populated areas whilst considering reasonable access to positive access for those young people living in less densely populated areas

CONSIDERATION FOR COMMISSIONING 2: GROWTH & DEVELOPMENT

Areas of growth should be considered when planning future youth provision. Mobile / flexible provision should be considered for some areas (rural and urban).

CONSIDERATION FOR COMMISSIONING 3: LOCATION OF PROVISION

The location of activities should continue to reflect areas of higher need, including poverty outside the wards with high IMD scores.

CONSIDERATION FOR COMMISSIONING 4: BREADTH OF PROVISION

Continue to ensure both a geographical spread of provision and that a range of activities are offered.

CONSIDERATION FOR COMMISSIONING 5: CHILDREN IN CARE

Ensure that providers develop specific opportunities for Children in Care to access provision.

CONSIDERATION FOR COMMISSIONING 6: LGBTQ+ YOUNG PEOPLE

Continue to include specialist LGBTQ+ provision that meets the needs of this group.

CONSIDERATION FOR COMMISSIONING 7: MENTAL HEALTH

Provision should include opportunities to promote positive mental health, resilience & wellbeing to young people through the programme of activities. Young people in need of support should be helped to access the relevant services.

CONSIDERATION FOR COMMISSIONING 8: ETHNICITY

Provision must be inclusive and ensure that it is accessible to all young people regardless of ethnic and cultural background.

Providers should understand the barriers young people from ethnic minority backgrounds face in accessing positive activities and include strategies to address this.

Provision should include and encourage opportunities for young people from different backgrounds to mix.

CONSIDERATION FOR COMMISSIONING 9: YOUNG PEOPLE WITH LDD

Continue to provide bespoke youth provision for young people with LDD.

Ensure that providers understand the barriers young people with LDD face in accessing positive activities and include strategies to address this within their open access provision.

CONSIDERATION FOR COMMISSIONING 10: PHYSICAL HEALTH

Provision should include opportunities to promote positive physical health (healthy weight, healthy nutrition and physical activity) & wellbeing to young people through the programme of activities.

CONSIDERATION FOR COMMISSIONING 11: SUBSTANCE MISUSE

Provision should include opportunities to raise awareness of the impact of substance abuse to young people through the programme of activities.

Young people in need of support should be helped to access the relevant services.

CONSIDERATION FOR COMMISSIONING 12: SEXUAL HEALTH & RELATIONSHIPS

Provision should include opportunities to promote sexual health and healthy relationships in young people through the programme of activities.

Young people in need of support should be helped to access the relevant services.

CONSIDERATION FOR COMMISSIONING 13: CHILD EXPLOITATION

Providers need to be able to identify young people who are at risk of exploitation and link them to support or refer them to child protection services.

Provision should include opportunities to promote healthy relationships to young people through the programme of activities.

CONSIDERATION FOR COMMISSIONING 14: EDUCATION & ACHIEVEMENT

Provision should include opportunities for all young people to maximise their potential by learning new skills, building confidence and raise aspiration.

Provision should also provide positive development pathways for young people through opportunities for accreditation, development and volunteering.

CONSIDERATION FOR COMMISSIONING 15: NEETS

Provision should include opportunities for young people to overcome barriers to education, training, volunteering

CONSIDERATION FOR COMMISSIONING 16: YOUNG CARERS

Providers need to be able to identify young carers, understand the potential impact of caring and support them to access additional support.

CONSIDERATION FOR COMMISSIONING 17: ANTI-SOCIAL BEHAVIOUR

Provision should be flexible so it can contribute to efforts to address pockets of anti-social behaviour by young people, however the Youth Activities Offer is a universal open access service and not a “rapid response” service.

Providers should work in partnership with the Violence Reduction Unit to inform other projects aimed at addressing ASB.

CONSIDERATION FOR COMMISSIONING 18: YOUNG PEOPLE AT RISK OF OFFENDING / WITHIN THE YOUTH JUSTICE SYSTEM

Providers should, where possible, collectively work with young people who are engaged in the youth justice system.

Providers should build strong links with the Youth Offending Services to encourage participation in positive activities by young people at risk of offending.

CONSIDERATION FOR COMMISSIONING 19: YOUTH HOMELESSNESS

Providers need to help identify young people who are at risk of becoming homeless and signpost them to support services.

Appendix 1 – Abbreviation Glossary

OPS – Online Pupil Survey

ONS – Office for National Statistics

JSP – Joint Spatial Plan

LSOA – Lower Super Output Area

IMD – Indices of Multiple Deprivation

IDACI – Income Deprivation Affecting Children Index

LGBTQ+ - Lesbian, gay, bisexual, transgender, and queer/questioning

WEMWBS – The Warwick-Edinburgh Mental Wellbeing Scale

NCMP – National Child Measurement Programme

CYP – Children and Young People

YOS – Youth Offending Service

YPSSMTS – Young People’s Specialist Substance Misuse Treatment Service

YPDAS – Young People’s Drug and Alcohol Service

CAMHS – Child and Adolescent Mental Health Services

ICS – Integrated Children’s Services

CPD – Continued Professional Development

SGC – South Gloucestershire Council

HPV - Human papillomavirus

CSE – Child Sexual Exploitation

NEET – Not in education, employment or training

EHC – Education, health and care plan

SEND – Special educational needs and disability

SEN – Special educational needs

ASB – Anti-social behaviour

EHAP – Early Help Assessment Plan

PCC – Police and Crime Commissioner

VRU – Violence Reduction Unit

YOT – Youth Offending Team

ACE’s – Adverse childhood experiences

HRA – Homelessness Reduction Act

PIMMS – Partnership Intelligence Management Meeting

CSE – Child Sexual Exploitation

CCE - Child Criminal Exploitation

Appendix 2

Agreed underpinning principles for youth provision

Any provision within the scope of the South Gloucestershire model for delivering youth provision should be:

- A. Purposeful – activities young people want, need and value. Able to engage young people who face additional challenges so they can access activities, learning opportunities and support. Provides opportunities for young people to develop the skills and confidence to make positive lifestyle choices and a successful transition to adulthood. Reduces the need for more costly specialist services.
- B. Inclusive – achieves equality, diversity and inclusion: reaches young people from all backgrounds including young people who identify as LGBTQ+, those who have a learning difficulty and/or disability, those from ethnic minority backgrounds, those living in poverty and/or facing additional challenges.
- C. Breadth - geographical spread and range of activities. Young people should have reasonable access to youth provision in their own community taking into account population and demographic factors in relation to resource allocation.
- D. Flexible – no ‘one size fits all’ model. Provision is tailored to meet the specific needs and wishes of each community.
- E. Resilient – responsive to internal and external changes such as staff leaving / sickness, changes in financial circumstances, increase in demand, and other unforeseen factors.
- F. Effective - provides positive development pathways for young people, prevents and mitigates against antisocial behaviour and seeks to offer all young people the opportunity to maximise their potential. Includes opportunities for young people to develop positive relationships with trusted adults. Actively engages young people in design and delivery. Adheres to quality standards including appropriately trained staff.
- G. Efficient – economies of scale are harnessed to help small providers, effective communication and coordination maximises the business case and commercial viability of providers individually and collectively, public money is used to achieve the greatest impact possible.
- H. Collaborative - provision is linked to strategic priorities based on a needs analysis. Stakeholders work in partnership to develop a common purpose, opportunities for joint working and information sharing agreements.