

2016

# Children's and Young People's Needs Assessment



Mills, Susan

Torbay Council

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## Introduction

There has been an array of analysis that has recorded key areas of need for children, young people and families over the last few years in Torbay. These include needs data developed for the Market Position Statement for Torbay Adult Social Care and Support and Children's Services 2016+, the Early Help Strategy 2014-17 and the Torbay Joint Health and Wellbeing Strategy 2013-15. In addition to these documents, the more recent Children's Services Improvement Plan 2015/16 highlights some of the key messages and needs, focusing on the areas of pressure in the system in Torbay. All of the strategies reinforce the following priorities in Torbay for children and young people:-

- **Children have the best start in life**
- **Children and young people lead a healthy and happy life**
- **Children and young people will be safe from harm, living in families and communities**
- **Opportunities to participate and engage in community and public life**

## National Context

Public Health England states that there is evidence which tells us that treating different, specific health issues separately will not tackle the overall wellbeing of this generation of young people (10 – 24). PHE's framework for improving young people's health and wellbeing goes on to explain that young people's mental and physical health are intertwined, and at the heart of health and wellbeing are their relationships with others. Young people think about their health holistically. They want an integrated, youth friendly approach that recognises their particular needs, makes them feel supported, emphasises the positives and helps them to cope.

Building on the research of what works for children and young people, PHE have identified six core principles that cut across health topics to develop holistic approaches to meet needs. These build on concepts of resilience and are presented in a way that commissioners and service providers can use.



Additionally, there is a national drive to improve outcomes for young people, in particular care leavers and more recently local authorities have been looking after increasing numbers of numbers of Unaccompanied Asylum Seeking Children (USAC). There were 3,206 asylum claims from UASC in the year ending March 2016, a 57% increase on the year ending March 2015. In line with the National Resettlement Programme, Torbay will work with children seeking asylum and ensure that they are protected, housed, supported and have access to education, healthcare and engagement with the wider community and other social services.

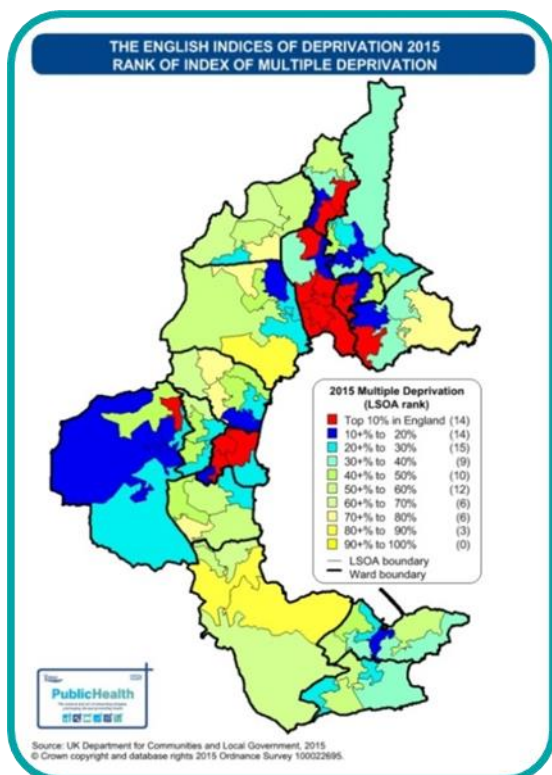
## Local Context

In 2014, there were approximately 23,300 young persons aged between 8 and 24 years of age. This is slightly higher than anticipated from 2012 based population. It is likely that in the coming years, Torbay will see an increase in younger children aged between 8 and 14 years and a reduction in numbers of older young people aged between 15 and 24 years of age. (this could be due to individuals living away from home and possibly attending further education).

Age group	Mid-year estimate	2012 based sub-national population projections (predicted numbers)						
	2014 (actual)	2015	2016	2017	2018	2019	2020	% change from 2015
<b>8 to 14</b>	9,162	9,029	9272	9387	9550	9724	9909	9.7%
<b>15 to 19</b>	7,439	7274	6949	6705	6545	6394	6392	-12.1%
<b>20 to 24</b>	6,676	6720	6629	6560	6514	6455	6372	-5.2%
<b>Total</b>	23,277	23024	22851	22652	22609	22572	22673	-1.5%

The following sections of this document will focus on what the improvement journey has highlighted and is sectioned by the **4 key priorities** for improvement for Torbay (already outlined above).

## 1. Children have the best start in life



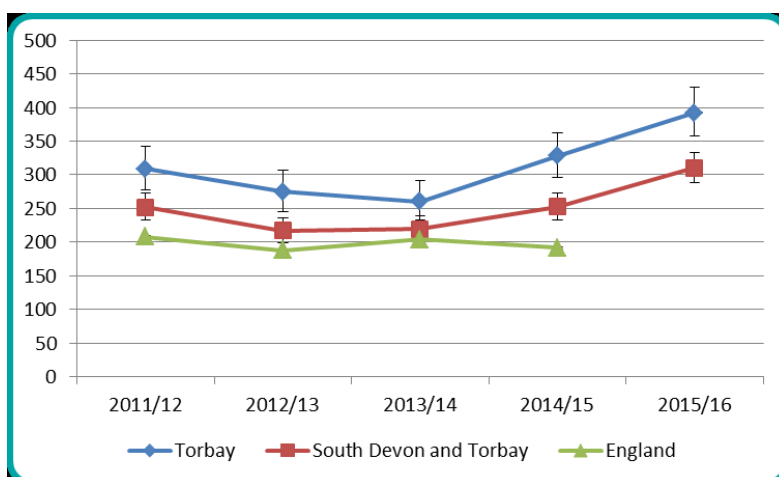
### Deprivation

In Torbay, just over 1 in 3 of under 18's (35%) live in areas ranked in the top 20% most deprived in England. Around 2 in 5 (39%) of Torbay's 18 to 24 year olds, live in areas in the top 20% most deprived in England.

Children in Torbay born in our more deprived communities tend to have poorer outcomes in life; they tend to have a lower life expectancy, live in housing of poor condition, and be exposed to wider risk factors such as smoking, alcohol and abuse.

### Children in low income families

- Around 1 in 5 (21.6%) children live in a low-income family in Torbay. This is higher than the England average of 18.6%.
- The proportion of children living in poverty has reduced slightly since 2012 (22.1% to 21.6%).
- Compared to South West upper tier local authorities, Torbay ranks 2nd (out of 15).
- Compared to other local authority statistical neighbours, Torbay's ranks 5th (out of 11) for children living in poverty.



Torbay established a Child Poverty Commission in 2012 which published recommendations in 2013. Its commentary stated that: ***‘Some of our recommendations will require culture change and resources which in this time of financial restraint will be challenging. But the cost of not addressing them will be more so.’*** With this in mind recommendations have been woven into current key strategies, practices, projects and approaches:-

- Corporate Parenting Strategy
- Housing Strategy
- Early Help Practices
- SWIFT Project
- TSCB Strategy
- Whole Family Working Partnership Approach
- Health & Wellbeing Strategy
- Domestic Abuse and Sexual Violence Strategy

## Child Poverty

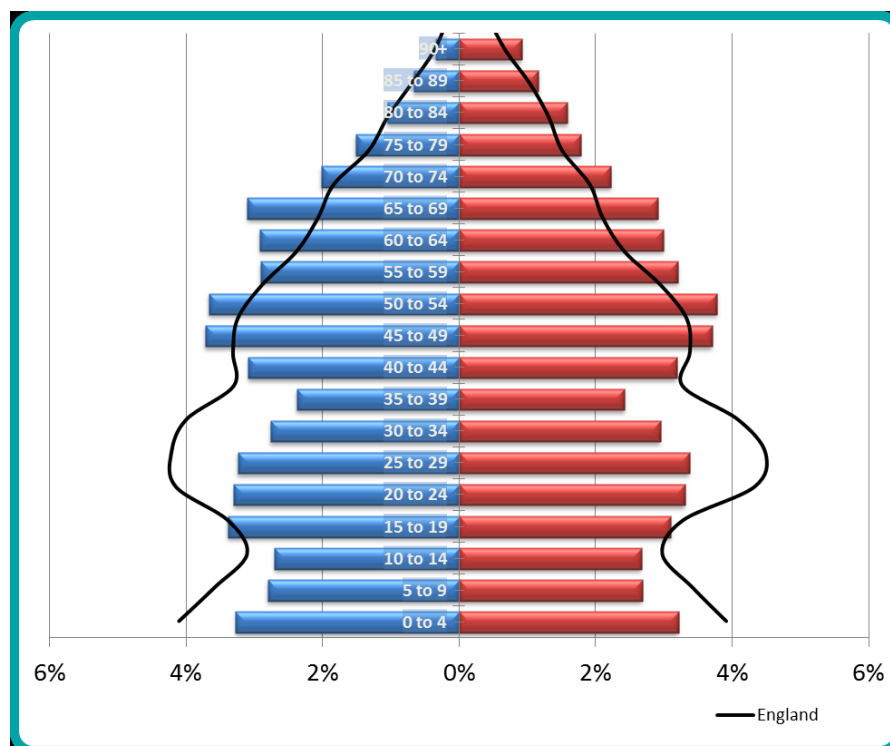
Key findings from Torbay’s Joint Strategic Needs Assessment (JSNA) tell us that:-

- There has been around an 45% increase in Torbay dependent children and young people living in areas amongst the top 20% most **income deprived (affecting children)** in England (15 LSOAs in 2010 to 22 LSOAs in 2015).
- More than 1 in 4 (28% - 6,000) of Torbay’s dependent children and young people live in areas amongst the 20% most income deprived (affecting children) in England. The average age of these young dependent residents was 7.4 years – similar to the England average (7.2 years).
- The most income deprived (affecting children) small area in Torbay can be found in the ward of Watcombe. It is ranked 1,076 out of 32,844 LSOAs in England. A rank of 1 would indicate the most deprived small area in England.
- There are no LSOAs ranked in the top 1,000 most income deprived (affecting children) in England [ranked out of 32,844].

### Underlying Indicators

The income deprivation affecting children indices is the proportion of all children aged 0-15 years living in income deprived families. Income deprived families are defined as families that either receive income support or income-based jobseekers allowance or income-based ESA or pension credit (Guaranteed) or families not in receipt of these benefits but in receipt of working tax credit or child tax credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Population pyramid of residents living in areas amongst the 20% most income deprived (affecting children)



## Children in care immunisations

The prevalence of children in care who are up to date with their immunisations has in recent years become an outlier for Torbay as we see a rising proportion of children in care not receiving vaccines. 2014 saw Torbay in line with the regional average however 2015 and 2016 show that Torbay fares significantly worse in this area than the England average.

## Torbay Child Health Outcomes

The health and wellbeing of children in Torbay is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

Whilst there are some clear successes, such as uptake of immunisations and vaccinations and better rates of family homelessness, Torbay compares negatively to national figures in relation to key public health outcomes such as children in care, oral health, teenage mothers, hospital admissions due to alcohol specific conditions, substance misuse, mental health and self-harm incidents and also mother's smoking at time of delivery.



The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significance not tested
- Significantly better than England average
- ◆ Regional average



	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst		Eng. Best
Premature mortality	1 Infant mortality	6	3.8	4.1	7.5		1.7
	2 Child mortality rate (1-17 years)	2	9.9	11.9	22.8		3.0
Health protection	3 MMR vaccination for one dose (2 years)	1,455	95.8	92.7	78.3		98.3
	4 Dtap / IPV / Hib vaccination (2 years)	1,496	98.6	98.1	81.6		99.1
	5 Children in care immunisations	145	70.7	87.1	27.3		100.0
	6 New sexually transmitted infections (including chlamydia)	640	4,518.5	3,432.7	8,068.4		1,899.8
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	883	61.3	60.4	41.2		75.3
	8 GCSEs achieved (5 A*-C inc. English and maths)	839	56.6	56.8	35.4		73.8
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0		42.9
	10 16-18 year olds not in education, employment or training	270	5.7	5.3	9.8		1.8
	11 First time entrants to the youth justice system	47	411.4	440.9	846.5		171.0
	12 Children in poverty (under 16 years)	4,945	22.1	19.2	37.9		6.6
	13 Family homelessness	28	0.5	1.7	10.8		0.1
	14 Children in care	315	126	60	153		20
Health improvement	15 Children killed or seriously injured in road traffic accidents	4	16.9	19.1	48.3		8.2
	16 Low birthweight of all babies	124	8.5	7.4	10.4		4.6
	17 Obese children (4-5 years)	130	9.9	9.5	14.2		5.5
	18 Obese children (10-11 years)	215	18.3	19.1	26.8		10.5
	19 Children with one or more decayed, missing or filled teeth	-	35.7	27.9	53.2		12.5
	20 Under 18 conceptions	65	29.5	24.3	43.9		9.2
	21 Teenage mothers	27	1.9	1.1	2.5		0.2
	22 Hospital admissions due to alcohol specific conditions	20	79.1	40.1	100.0		13.7
Prevention of ill health	23 Hospital admissions due to substance misuse (15-24 years)	17	121.9	81.3	264.1		22.8
	24 Smoking status at time of delivery	219	16.8	12.0	27.5		1.9
	25 Breastfeeding initiation	-	-	73.9	36.6		93.0
	26 Breastfeeding prevalence at 6-8 weeks after birth	-	-	-	19.4		77.4
	27 A&E attendances (0-4 years)	4,238	600.4	525.6	1,684.5		252.7
	28 Hospital admissions caused by injuries in children (0-14 years)	204	100.4	112.2	214.1		64.4
	29 Hospital admissions caused by injuries in young people (15-24 years)	245	173.9	136.7	291.8		69.6
	30 Hospital admissions for asthma (under 19 years)	54	204.0	197.1	509.1		54.6
	31 Hospital admissions for mental health conditions	38	152.5	87.2	391.8		25.6
	32 Hospital admissions as a result of self-harm (10-24 years)	118	564.4	412.1	1,246.6		119.1

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2011-2013

2 Directly standardised rate per 100,000 children age 1-17 years, 2011-2013

3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2013/14

4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2013/14

5 % children in care with up-to-date immunisations, 2014

6 New STI diagnoses per 100,000 population aged 15-24 years, 2013

7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2013/14

8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2013/14

9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)

10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2013

11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2013

12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012

13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2013/14

14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2014

15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2011-2013

16 Percentage of live and stillbirths weighing less than 2,500 grams, 2013

17 % school children in Reception year classified as obese, 2013/14

18 % school children in Year 6 classified as obese, 2013/14

19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12

20 Under 18 conception rate per 1,000 females age 15-17 years, 2013

21 % of delivery episodes where the mother is aged less than 18 years, 2013/14

22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14

23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2011/12-2013/14

24 % of mothers smoking at time of delivery, 2013/14

25 % of mothers initiating breastfeeding, 2013/14

26 % of mothers breastfeeding at 6-8 weeks, 2013/14

27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2013/14

28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2013/14

29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2013/14

30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2013/14

31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2013/14

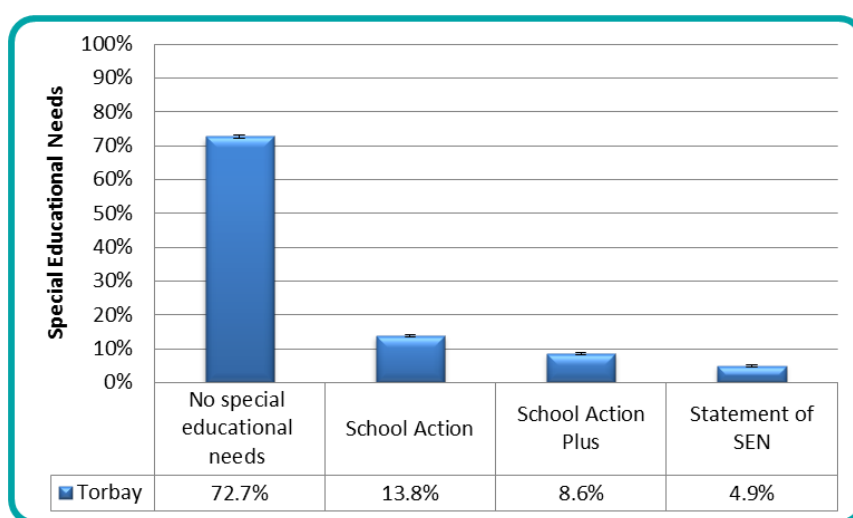
32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2013/14

## 2. Children and young people lead a healthy and happy life

### SEN

In 2015, over half (56.6%) of Torbay secondary pupils had 5 or more GCSEs at A\*-C and including English and Maths (see the below table). Despite this, 7.7% of school pupils were persistently absent from school which is significantly higher than the national average (5.3%). There were 91.1% of 16 and 17 year olds participating in education or training (including apprenticeships); however compared to England, Torbay had less 19 year olds achieving Level 3 or GCSEs at A\*-C including English and Maths.

**School Census Information - Educational Needs by persons aged 8-20 years in Torbay (2012-2014) Figure 11**



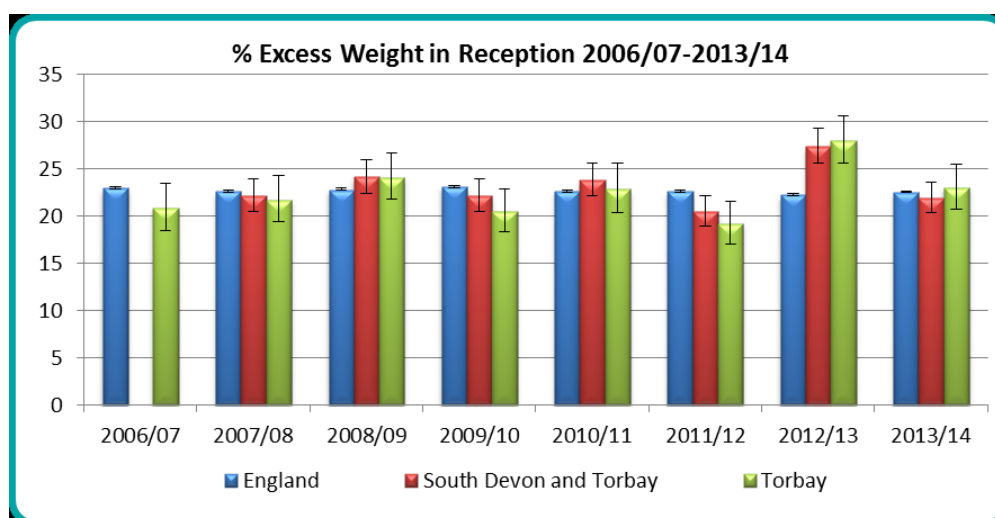
### Obesity

Childhood obesity is regarded as one of the most serious global public health challenges for the 21st century (World Health Organisation). Obese children are at an increased risk of developing various health problems, such as Type 2 diabetes, asthma and mental health disorders, as well as being more likely to become obese adults (National Obesity Observatory).

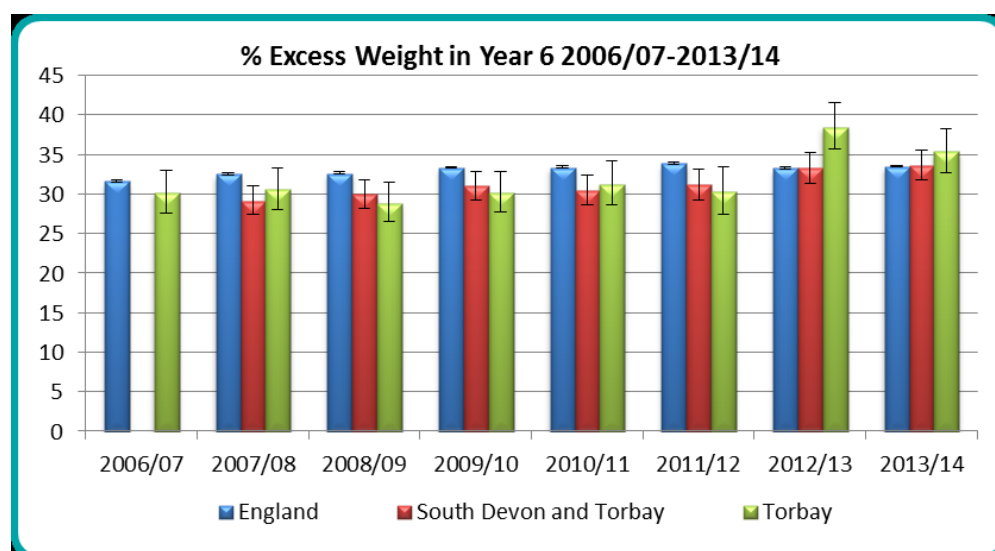
The National Child Measurement Programme (NCMP) measures the height and weight of around one million primary school children in England every year, providing a detailed picture of the prevalence of obesity. Children are measured when they start school at the age of 4 or 5 years (Reception) and in their last year of primary school (Year 6) at the age of 10 or 11 years.



**Fig 1: Trend in excess weight over time (Reception)**



**Fig 2: Trend in excess weight over time (Year 6)**



Source: PHE, NOO, HSCIC (Fig 1 and Fig 2)

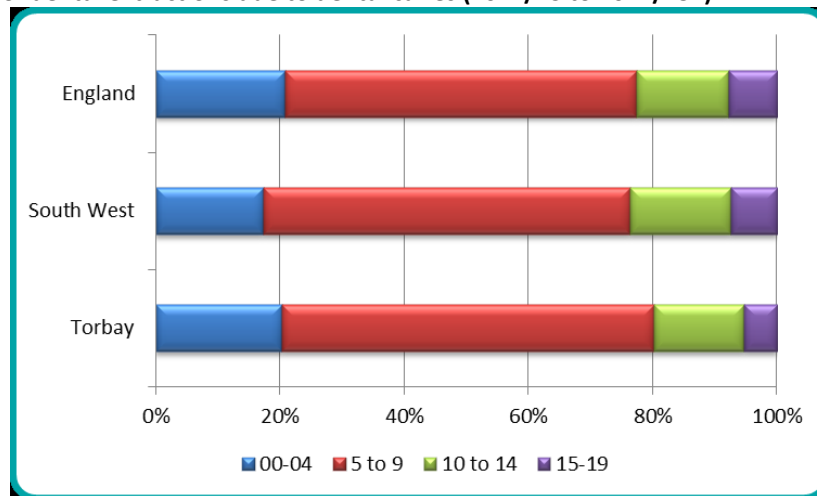
Around one in four (23%) Reception children and one in three (32%) Year 6 children are identified as being overweight or obese in South Devon and Torbay (SD&T); this is shown in Fig 1 and 2 respectively. The prevalence of excess weight has remained relatively constant, however, 2012/13 showed a noticeable increase in prevalence. The 2013/14 figures are nearer the local norm; although prevalence is still higher at Year 6 in Torbay compared to the norm and the England average (Fig 2).

## Oral Health

In 2014/15 the National Dental Epidemiology Programme (NDEP) survey of five-year old children estimated that around one in four children (27%) had experience of dental caries in Torbay. This has reduced from the previous survey estimate of 36% (2011/12); however was still significantly higher than the England average (25% in 2014/15).

Based on local data for 2015/16, 285 young people (0-19yrs) had a hospital dental extraction in Torbay; 80% were as a direct result of dental caries. Evidence from the NDEP survey tells us that the severity of having one or more teeth that are decayed, extracted or filled due to dental caries are associated with higher levels of deprivation.

### Age distribution of dental extractions due to dental caries (2012/13 to 2014/15\*)



Source: SUS 2013/14-2015/16, \*NDEP survey 2014/15, PHE

## Emotional Health & Wellbeing

Across South Devon and Torbay, there are some 200 individuals being admitted to hospital for intentional self-harm annually. That's around 1 admission every other day. Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and to become involved in offending. The following table shows the estimated prevalence of mental and emotional health disorders in young people in Torbay compared to England.

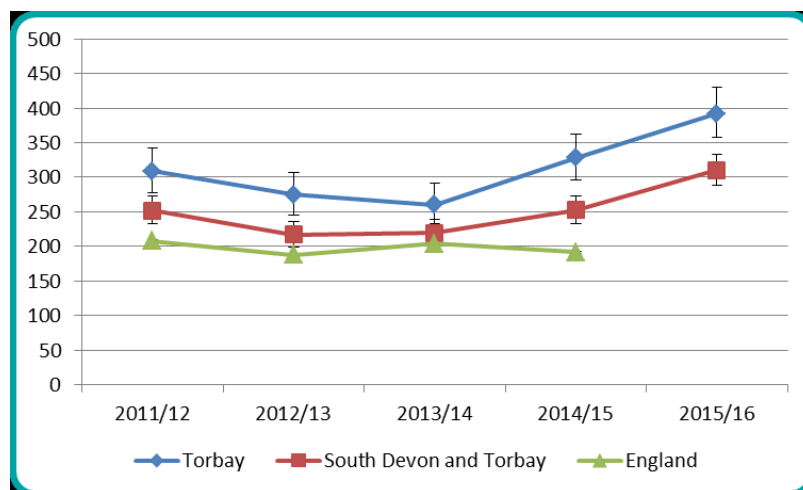
		Compared with benchmark:		Benchmark Value						
		● Lower ● Similar ● Higher		Lowest 25th Percentile 75th Percentile Highest						
Indicator	Period	Torbay		Region	England	England				
		Count	Value	Value	Value	Lowest	Range	Highest		
Estimated prevalence of any mental health disorder: % population aged 5-16	2014	1,557	9.6%*	8.9%	9.3%	7.1%	<div><div></div><div></div><div></div></div>	11.0%		
Estimated prevalence of emotional disorders: % population aged 5-16	2014	598	3.7%*	3.5%	3.6%	2.8%	<div><div></div><div></div><div></div></div>	4.3%		
Estimated prevalence of conduct disorders: % population aged 5-16	2014	951	5.8%*	5.3%	5.6%	4.0%	<div><div></div><div></div><div></div></div>	6.9%		
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2014	257	1.6%*	1.5%	1.5%	1.1%	<div><div></div><div></div><div></div></div>	1.9%		
Prevalence of potential eating disorders among young people: Estimated number of 16-24 year olds	2013	1,628	1,628*	-	-	-	-	-		
Prevalence of ADHD among young people: Estimated number of 16-24 year olds	2013	1,737	1,737*	-	-	-	-	-		
Children who require Tier 3 CAMHS: estimated number of children <17	2012	460	460	-	-	-	-	-		
Children who require Tier 4 CAMHS: estimated number of children <17	2012	20	20	-	-	-	-	-		

A key priority to come out of the OFSTED improvement plan is to work with partners to ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health and Child and Adolescent Mental Health Services (CAMHS) and the emergency duty service.

## Self-Harm

**Prevalence** – Rates of self-harm related admissions in Torbay have been consistently and significantly higher as compared to England and the South Devon & Torbay CCG (SD&T) as shown in Figure 1. Rates have been increasing steadily since 2013/14. In 2015/16, there were 392 self-harm related admissions per 100,000 residents in Torbay and 310 admissions per 100,000 residents in SD&T. This equates to a count of just over 2 admissions in SD&T per day – 60% from Torbay. There were around 1,150 (Torbay) and 880 (SD&T) admissions per 100,000 residents aged 10-24yrs in 2015/16. This was significantly higher compared to the England average.

**Directly age standardised (ESP 2013) self-harm related admissions per 100,000 (all ages)**



Source: SUS (ICD10: X60-84); ONS resident population; PHE Fingertips

**Risk factors** – 2% of referrals to the Torbay Children and Adolescent Mental Health Service (CAMHS) were for self-harm; however around 60% were for emotional, conduct and hyperkinetic disorders which research associates with self-harm (2011/12-2014/15). 61% of self-harm referrals were for young people aged between 14 and 15 years of age. Almost 1 in 3 (of total referrals) suggested suicidal intention.

## Troubled Families

The Troubled Families programme addresses low income through worklessness and a raft of factors linked to poverty such as debt, poor school attendance, familial criminality, alcohol and substance misuse, and poor mental health. In December 2012 we had identified 187 Troubled Families and were working with 116 of those families. By March 2014 Torbay were working with all 193 of those families identified and had turned around 102 in terms of the criteria above. By March 2015 100% of 365 families had been identified, supported and turned around. **Troubled Families successfully completed its first phase and is now commencing its second phase with 1180 families targeted for support by 2020.**

### 3. Children and young people will be safe from harm, living in families and communities

#### Hospital admissions due to alcohol related specific conditions

A 'Sensible and Safe Drinking in the Bay' action plan has resulted from the recent alcohol strategy for Torbay, Theme 3 of the plan focuses on the protection of children and young people from harm. An area for further development has been identified in hospital-based alcohol services in identifying and responding to young people who present or are admitted to hospital.

In the below **Torbay Child Health Profiles**, this topic is highlighted as being significantly worse for Torbay compared to the rest of England. Public Health are currently working on robust and effective pathways to be in place for young people between Torbay Hospital and the Young People's Drug & Alcohol Treatment Service - where substance misuse is a feature of presentation or admission.

#### Children Looked After & Care Leavers

Torbay has amongst the highest rates of children looked after in England. The rate and number have been increasing in recent years. Generally children in care continue to have poorer outcomes than the wider population and domestic abuse, neglect and poor mental health are significant risk factors and drivers for children becoming looked after.

**Age of looked after children & care leavers (we can assume that 16 year olds who are looked after are also care leavers)**

**\*Please note the 'Rate' is based on all LAC children not all children of this age group.**

Age	Torbay	National	SW Ave
<1	20 (6%)	5%	6%
1- 4	40 (13%)	15%	13%
5 - 9	70 (23%)	21%	18%
10 - 15	115 (38%)	37%	40%
16 +	60 (19%)	22%	23%
Rate*	305 (99%)	100%	100%

Source Department for Education Sfr34\_2015 Table LAA5: Children looked after at 31 March by age, gender and Local Authority

Within local improvement plans, Torbay is seeking to reduce the social and economic costs of high numbers of children looked after through a full analysis of its work. The plan that resulted is a financial business plan to sit alongside the improvement plan, with delivery strands aimed at 'keeping families together, safely' delivering all the improvements needed to achieve the recommendations identified in the Torbay Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers.

**A key recommendation from OFSTED is to ensure that leadership in Torbay is strong, consistent and sharply focused on improving and sustaining outcomes for children throughout children's social care services.**

## Youth Offending

Children in care are more than twice as likely to be cautioned or convicted as other children. Wider risk factors include poor education and employment prospects, poor housing, peer pressure, drug and alcohol abuse amongst others. In Torbay, the rate of Looked after Children (LAC) under 18 is more than double the rate for England. **LAC are twice as likely to enter the criminal justice system than non LAC.** The rate per 100,000 persons aged 10 to 17 receiving their first reprimand, warning or conviction is higher across South Devon and Torbay compared to the England average.

- **Violence with Injury** saw the most number of reported incidents across the age range, with most incidents occurring within the 24 year old age bracket.
- There were also a high number of incidents around **Possession of Drugs**, with a spike in the age group of 21.

## Youth Homelessness

Torbay local authority has a duty to provide emergency accommodation when it has a reason to believe that an applicant may be homeless, eligible and in priority need of accommodation. Mental illness or disability and fleeing domestic abuse are the most common priority needs, aside from children and pregnancy. Some children in temporary accommodation in Torbay are part of a household which has fled domestic abuse and may be an increased safeguarding risk and have other emotional and wellbeing needs as a result of their experiences. We know that living in temporary accommodation can adversely affect educational attainment in children and young people. The below Southwark figures show the numbers of youth homelessness in young people aged 16 – 17 years.

Transition Year	S20	Total Southwark Criteria cases presenting	IA or SA Completed	Total S/Wark Criteria accepted	Total S/Wark Criteria closed
<b>2010</b>	<b>29</b>	<b>47</b>	<b>36</b>	<b>26</b>	<b>21</b>
<b>2011</b>	<b>12</b>	<b>34</b>	<b>19</b>	<b>12</b>	<b>22</b>
<b>2012</b>	<b>5</b>	<b>27</b>	<b>10</b>	<b>5</b>	<b>22</b>
<b>2013</b>	<b>3</b>	<b>16</b>	<b>7</b>	<b>3</b>	<b>13</b>
<b>2014</b>	<b>3</b>	<b>18</b>	<b>11</b>	<b>3</b>	<b>15</b>
<b>*2015</b>	<b>2</b>	<b>24</b>	<b>10</b>	<b>2</b>	<b>7</b>

Data accurate as at 15/02/2016

**Key:**

- S20 legal order under Children Act 1989 Voluntary accommodation Status - child becomes Looked After
- IA = Initial Assessment replaced by the Single Assessment (SA) in 2015

The Torbay Council Homelessness Strategy has identified the following priorities for 2015-2020 to address the issues that have emerged:-

- To Maintain and Improve Measures to Provide Early Intervention and Prevent Homelessness and Crisis
- To Meet Accommodation Needs of People with a Housing Need
- To ensure that Service pathways are responsive , flexible and sustainable, and to maximise integration and partnership working
- Reducing Homelessness in Specialist groups with individual needs.

Additionally, Torbay Council has produced a Homelessness Strategy Delivery Plan with many of the actions focusing on strengthening early intervention and prevention of homelessness for children and young people:-

- Work in partnership with Torbay and South Devon NHS Foundation Trust and South Devon and Torbay CCG to include, housing and homelessness advice and support in multi-agency teams with primary care and other services by 2017

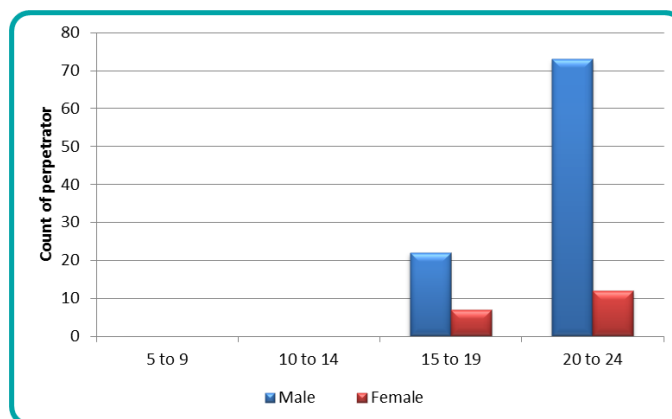


- Commission accommodation based and outreach support for single homeless people by April 2016
- Ensure the re-commissioning of young peoples' homelessness support services provides an appropriate range of services to prevent placement of 16/17 year olds in B&B by July 2016
- Re specify and commission Young Parents service as an alternative to high-cost complex placements out of area- by 31 May 2016 Joint Partnership Commissioning Team/Torbay and South Devon NHS Foundation Trust/Housing options
- Redesign of crisis support for rent deposits.
- Development of new ways of working for Health and Social Care interventions and Early Help for Children, Young People and Families (SWIFT Social Work Innovation Fund Torbay)
- Undertake full assessment of the health needs of the homeless population of Torbay is carried out by Oct 2016

**A key recommendation from OFSTED also focuses on need and aims to ensure that 16 -17 year olds who are homeless are given the opportunity to have a comprehensive assessment and help and support according to their needs.**

## Domestic Abuse

In Torbay there were over 100 (114) domestic abuse crimes committed by a young person under 25 years of age in 2014/15. The majority of domestic abuse perpetrators (categorised as Perpetrator 1 in the crime dataset) were male and aged between 20 and 24 years.



Source: Devon and Cornwall Constabulary, Torbay Public Health Team

The links between crime and health relate both to the health of perpetrators of crime as well as to the victims of any criminality. There is a well-established link between communities and individuals with a high risk of social exclusion, poor mental health and offending behaviour. The impact of living in a household where there is a regime of intimidation, control and violence differs by children's developmental age. However, whatever their age, it has an impact on their mental, emotional and psychological health

and their social and educational development. It also affects their likelihood of experiencing or perpetrating domestic abuse as an adult.

The Torbay Domestic Abuse & Sexual Violence Reduction Strategy 2014 – 2019 states that domestic abuse can impact on numerous aspects of people's lives; services need to reflect this by considering issues such as accommodation, finance, support for children and young people, health and emotional support. The strategy further goes on to support the following principles:-

- To educate children and young people and the wider general public that domestic abuse is wrong and is unacceptable and to enable them to make informed choices
- To improve services for children on child protection plans or children looked after who have experienced domestic abuse
- To provide support to children and young people affected by domestic abuse

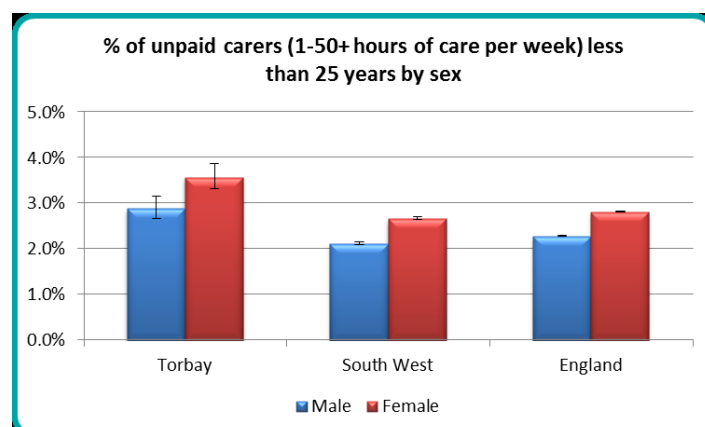
**A key recommendation from OFSTED is to work with partners to ensure that timely and effective services are in place particularly in relation to domestic abuse and this partnership working will see a development of interventions and a skill mix of practitioners to better provide services for children and families.**

## **4. Opportunities to participate and engage in community and public life**

### **Young Carers**

Using the Census (2011) estimate of young unpaid carers under 25 years and including claimants of carers allowance aged 18 to 24 years of age (2011); it is estimated that there were around 1,170 young carers in Torbay in 2011. (Census figures are widely believed to underreport the true prevalence of young unpaid carers as it asks parents as opposed to children to complete). This equates to approximately 35 young carers per 1,000 young persons aged less than 25 years – **significantly higher than the England average**. There were more female (55%) than male young carers; with the majority (66%) aged between 16 and 24 years and of White British ethnicity.

Care leavers' experiences before and during care are important determinants of their outcomes and there can be lasting impacts of the events and circumstances that led to a child being taken into care. Research has found that carers are less likely to come out of school with GCSEs, or engage in further education, training or employment. Compared to England, over half of the wards of **Torbay had significantly more young unpaid carers who also provided more intensive levels of support.**



General health is a self-assessment of a person's general state of health. Parents or carers were asked to assess whether their health was very good, good, fair, bad or very bad. Torbay had significantly more young carers reporting fair or bad/very bad health status compared to the South West and England.

## Not in Education Employment or Training (NEET)

### NEET Scorecard

Published July 2015

LA <b>Torbay</b>		Latest performance							% pt change since last year		
		LA	England	Quintile					LA	LA direction	England
	<b>% 16-18 year olds not in education, employment or training (NEET)</b>	<b>4.1%</b>	<b>4.7%</b>		<b>2</b>				<b>-1.6</b>	<b>↓</b>	<b>-0.6</b>
	- age 16	1.5%	2.2%						-0.7		-0.3
	- age 17	4.0%	4.4%						-0.5		-0.6
	- age 18	6.9%	7.8%						-3.4		-0.9
LA support	% 16-17 year olds made offer of an education place under September Guarantee	97.3%	93.2%	<b>1</b>					<b>+2.1</b>	<b>↑</b>	<b>+1.1</b>
	% 16-18 year olds whose activity is known to the local authority	95.9%	91.0%		<b>2</b>				<b>-0.1</b>	<b>↓</b>	<b>+0.2</b>
	% 16-18 year olds NEET re-engaging in EET	10.7%	7.7%	<b>1</b>					<b>+1.2</b>	<b>↑</b>	<b>+0.3</b>
Outcomes	% 16-17 year olds participating in education and training	<b>91.1%</b>	<b>90.6%</b>			<b>3</b>			<b>+0.3</b>	<b>↑</b>	<b>+0.3</b>
	- full-time education	84.1%	83.1%						-0.5		-0.1
	- apprenticeships	6.2%	4.9%						+0.9		+0.7
	- other education and training	0.8%	2.6%						-0.2		-0.3
	% 19 year olds achieving level 3	54.5%	57.0%				<b>4</b>		<b>-1.6</b>	<b>↓</b>	<b>+0.6</b>
	% 19 year olds achieving GCSE A*-C English and maths (or equivalent) between ages 16 and 19, for those who had not achieved this level by 16	11.5%	16.9%					<b>5</b>	<b>+3.8</b>	<b>↑</b>	<b>+0.5</b>
Contextual information	<b>GCSE attainment</b>	LA	England	<b>School attendance</b>		LA	England	<b>16-18 LA population</b>			
	5 or more GCSEs at A* - C inc E & M	56.6%	53.4%	Overall absence (% of sessions)		6.1%	5.2%	ONS estimate	4,620		
	1 or more GCSE at A* - G	99.1%	97.7%	Persistent absentees (% of pupils)		7.7%	5.3%	Recorded on CCIS	4,670		

## Exclusions

The following table shows the number of fixed period exclusions by reason. Schools included are all state funded primary, state funded secondary and all special schools, the period covered is the academic year 2014/15 and the data has been released by the department for education using the school census dataset.

Region	Physical assault against a pupil	Physical assault against an adult	Verbal abuse/ threatening behaviour against a pupil	Verbal abuse/ threatening behaviour against an adult	Bullying	Racist abuse	Sexual misconduct	Drug and alcohol related	Damage	Theft	Persistent disruptive behaviour	Other	Total
ENGLAND	54,370	20,770	12,570	52,710	3,420	3,980	2,250	8,240	6,570	3,910	79,590	54,600	302,980
SOUTH WEST	4,700	2,260	1,050	5,170	310	360	180	970	620	320	6,580	4,820	27,330
Torbay	160	120	30	160	10	20	10	60	30	10	250	120	970
Source: School Census													

## Interlinked behaviours



Cohort studies such as BCS70 and the National Child Development Study (NCDS) which have followed children from birth into adulthood and cover a range of topics offer great scope for examining the links between risky behaviours and subsequent behaviours and morbidity and mortality.

The What About YOUTh (WAY) survey collects self-reported information on the health behaviours of 15 year olds. In 2014/15, **the WAY survey estimated that around 1 in 5 young people (aged 15 years) in Torbay had 3 or more risky behaviours** which included the following:

- Current smoker (occasional or more)
- Current drinker (once a month or more)
- Cannabis use (use within the last month)
- Use of other drugs (use within the last month)
- Less than 5 fruit and vegetables per day
- Not active for 60 minutes or more in the past week

There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence. Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

The links between different forms of risky behaviour are well established. Early alcohol use for example not only increases the risk of subsequent criminal activity but it is also associated with cannabis use, truancy and disengagement from school. *DFE 2010 Young People's Alcohol Consumption.*

Furthermore, the links between crime and health relate both to the health of perpetrators of crime as well as to the victims of any criminality. There is a well-established link between communities and individuals with a high risk of social exclusion, poor mental health and offending behaviour. Likewise, being a victim of crime can have a negative impact on overall health and increase the fear of crime for that individual and others in their locality. This heightens worry about crime, and increases the perceived vulnerability in some circumstances.

# Young People's Services Utilisation and Throughput Figures

## Torbay Foyer

Torbay Foyer 2015/16 and quarter 1 2016/17

	<b>Qtr 1 2015/16</b> (6 April - 5 July 15)	<b>Qtr 2 2015/16</b> (6 July - 4 Oct 15)	<b>Qtr 3 2015/16</b> (5 Oct 15 - 3 Jan 16)	<b>Qtr 4 2015/16</b> (4 Jan - 3 Apr 16)	<b>Total 2015/16</b>	<b>Qtr 1 2016/17</b> (4 April - 3 July 16)
<b>Utilisation of accommodation</b>						
Utilisation of accommodation as a % of contracted capacity in the quarter	86.8%	94.5%	69.0%	91.5%	<b>85.4%</b>	93.1%
<b>Throughput (accommodation and outreach)</b>						
Number of clients entering the service this quarter	22	13	19	x	x	9
Number of clients who left the service in the quarter	20	15	14	6	<b>55</b>	8
Number of clients signed up to/ using the service on the last day of the quarter	22	18	20	19		17

*X = numbers suppressed due to small numbers / identifiable calculations.*

## Young Devon

Young Devon, 7 September 2015 - 3 July 2016

	<b>Qtr 2 2015/16</b> (7 Sept - 4 Oct 15)	<b>Qtr 3 2015/16</b> (5 Oct 15 - 3 Jan 16)	<b>Qtr 4 2015/16</b> (4 Jan - 3 Apr 16)	<b>Total 2015/16</b>	<b>Qtr 1 2016/17</b> (4 Apr - 3 July 16)
<b>Utilisation of accommodation</b>					
Utilisation of accommodation as a % of contracted capacity in the quarter	95.0%	96.4%	88.2%	<b>92.7%</b>	84.1%
<b>Throughput</b>					
Number of clients entering the service this quarter	x	x	10	x	11
Number of clients who left the service in the quarter	x	12	11	x	9
Number of clients signed up to/ using the service on the last day of the quarter	29	26	25		28

*X = numbers suppressed due to small numbers / identifiable calculations.*



## Young Person's Specialist Support Service

### Young People's Specialist Support Service, 2015/16 and quarter 1 of 2016/17

Advocacy Service	2015/16		2016/17 (Qtr1- 1 Apr - 30 Jun 16)	
	Number of individuals*	Number of advocacies	Number of individuals**	Number of advocacies
Child Protection children/young people who received advocacy***	162	230	43	43
Looked After children/young people who received advocacy	94	149	38	41

\* There are 4 duplicates as 4 individuals received both child protection and Looked After advocacy

\*\*There is 1 duplicate as 1 individual received both child protection and Looked After advocacy

\*\*\*This includes children/young people on a child protection plan and/or subject to an Initial Child Protection Case Conference

Independent Visitor service	2015/16				2016/17
	Qtr1 (1 Apr - 30 Jun 15)	Qtr2 (1 Jul - 30 Sept 15)	Qtr3 (1 Oct - 31 Dec 15)	Qtr4 (1 Jan - 31 Mar 16)	Qtr1 (1 Apr - 30 Jun 16)
	Number with an IV at quarter end				
Children matched with an IV	20	20	23	25	27

### Counselling

	2015/16	2016/17 (Qtr1- 1 Apr - 30 Jun 16)
Number of individuals (who exited the service)	92	23

The majority accessed 1-6 counselling sessions- around 83% in both time periods

### Drop In

	2015/16	2016/17 (Qtr1- 1 Apr - 30 Jun 16)
New individuals seen	178	53

## Runaways

	2015/16*	2016/17 (Qtr1- 1 Apr - 30 Jun 16)*
Number of episodes of running away	644	144
Number of Return interviews completed	342	99
Number of the above interviews completed within 72 hours	207	53
% completed within 72 hours	61%	54%
Number of individuals who ran away	241	66

**\*2015/16- children who ran away in Torbay, including those who were placed in Torbay by another Local Authority**

**\*From 2016/17- children who ran away in Torbay, but NOT those who were placed in Torbay by another Local Authority**