

Surrey Children Schools & Families – Local Profile

Tandridge 2018

ITEM 14

Section 1 – Introduction

1.1 Introduction and purpose of this report

This document provides a local summary of key measures reflecting the outcomes we are commissioning.

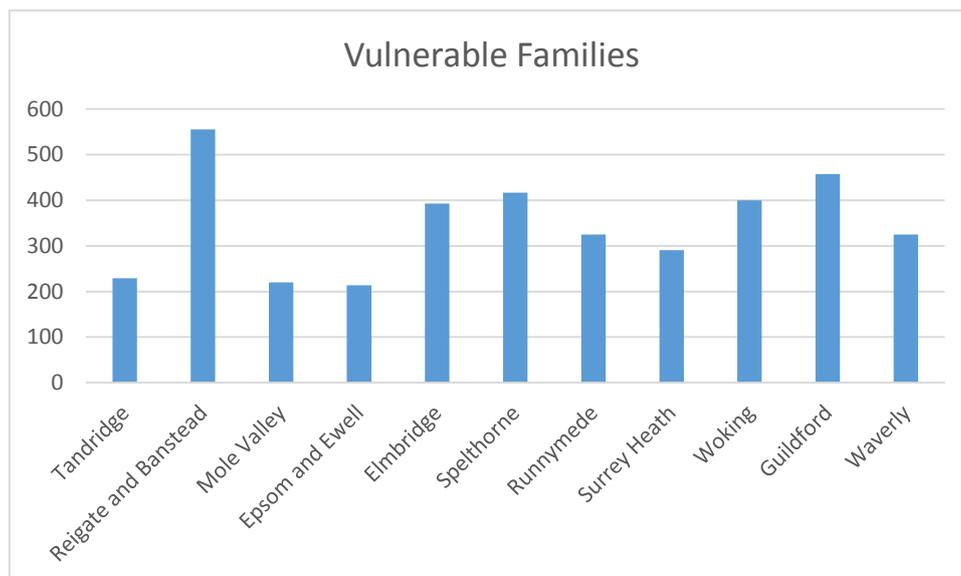
The document highlights potential areas of strength and of concern and should be used as a guide to prompt more detailed questions to inform commissioning.

1.2 What's going well?

- Children from families eligible for Free School Meals appear to be making particularly good progress in the early years.
- A particularly low number and proportion of young people from Tandridge have been linked to drug offences.
- Only a small number of children from Tandridge are being placed in Local Authority care, the second-lowest proportion of any Surrey District or Borough area.

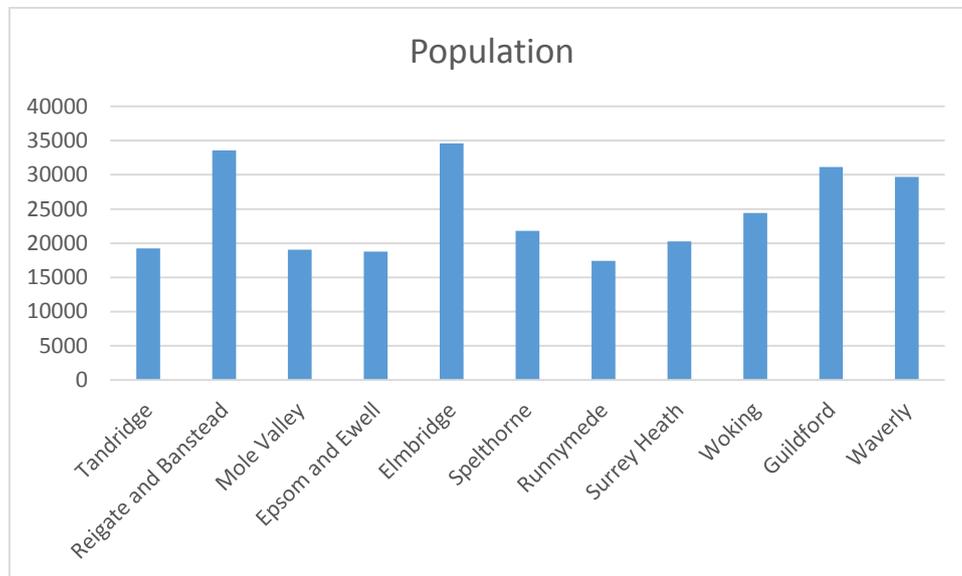
1.3 What are we worried about?

- On average, Boys achievement in the Foundation Stage Profile appears to be substantially below the good progress made by Girls. This gap is greater in Tandridge than elsewhere in the county.
- The proportion of children who are Children in Need with 'Family Dysfunction' as their main presenting need is substantially higher than the Surrey average.
- Achievement at Key Stage 4 is not as strong as elsewhere in Surrey. Average attainment scores for Tandridge-resident pupils are the lowest in the county and progress scores (against the Progress 8 measure) the second-lowest.



1.4 Population

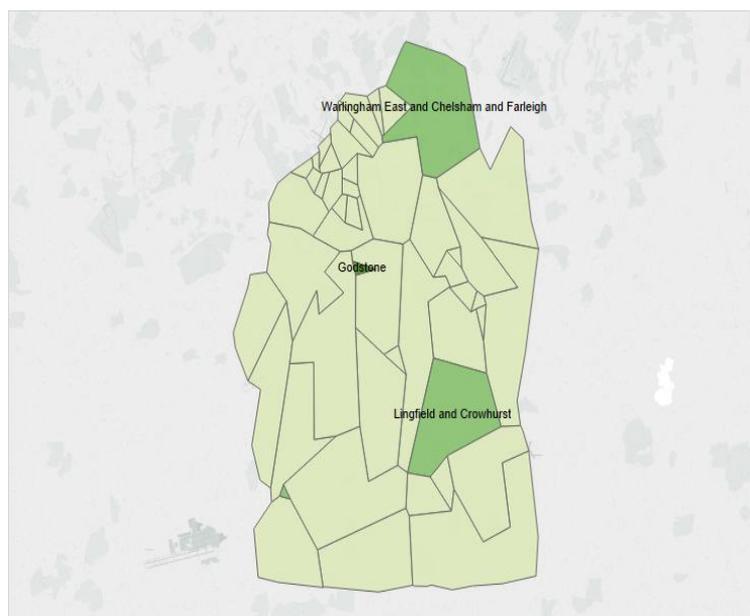
- The 0-17 population of Tandridge is estimated to be 19,520
- The 0-19 population in Tandridge is expected to increase by 2026. The 19-25 population is expected to decrease slightly



1.5 Deprivation

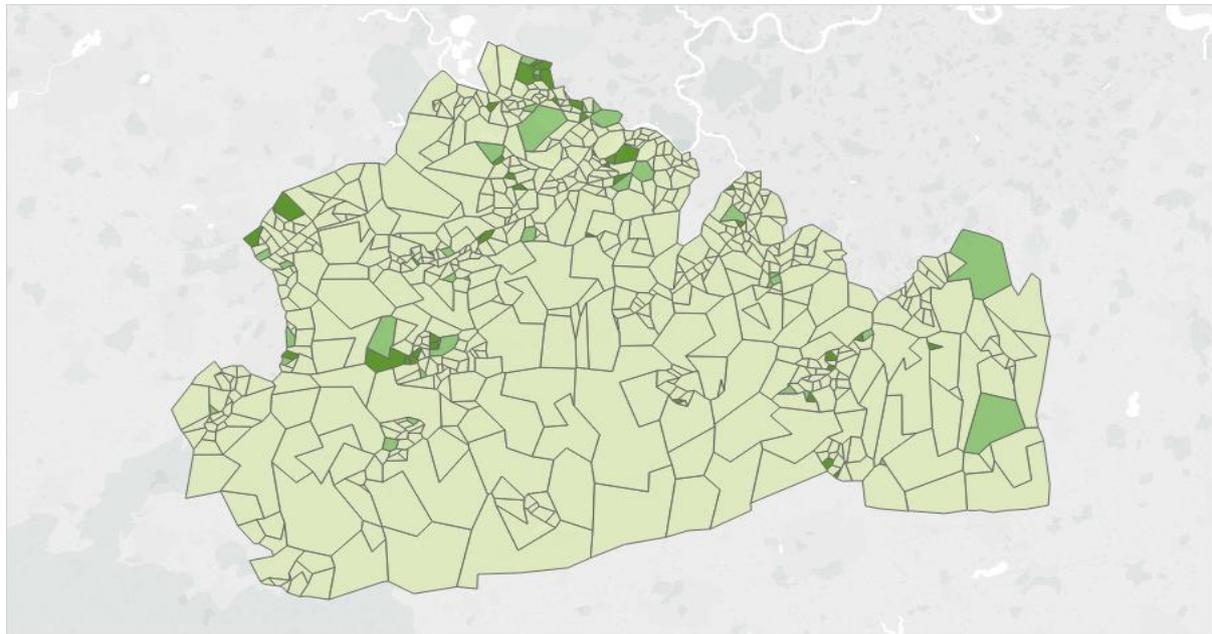
- Tandridge contains 1 'LSOA' neighbourhood that is within the most deprived 30% nationally (for deprivation affecting children)
- This area is within the Godstone ward
- There are a further 2 neighbourhoods where households are, on average, within the most deprived 40% nationally

Deprivation Map – Tandridge



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Deprivation Map - Surrey



- 0% - 30% most deprived LSOAs nationally according to the IDACI ranking
- 30% - 40% most deprived LSOAs nationally according to the IDACI ranking

1.6 IDACI

The table below shows Tandridge's IDACI score and ward placing in the county. Tandridge has no wards in the top 25 most deprived. It has an average IDACI score of 0.095 compared to county average of 0.092

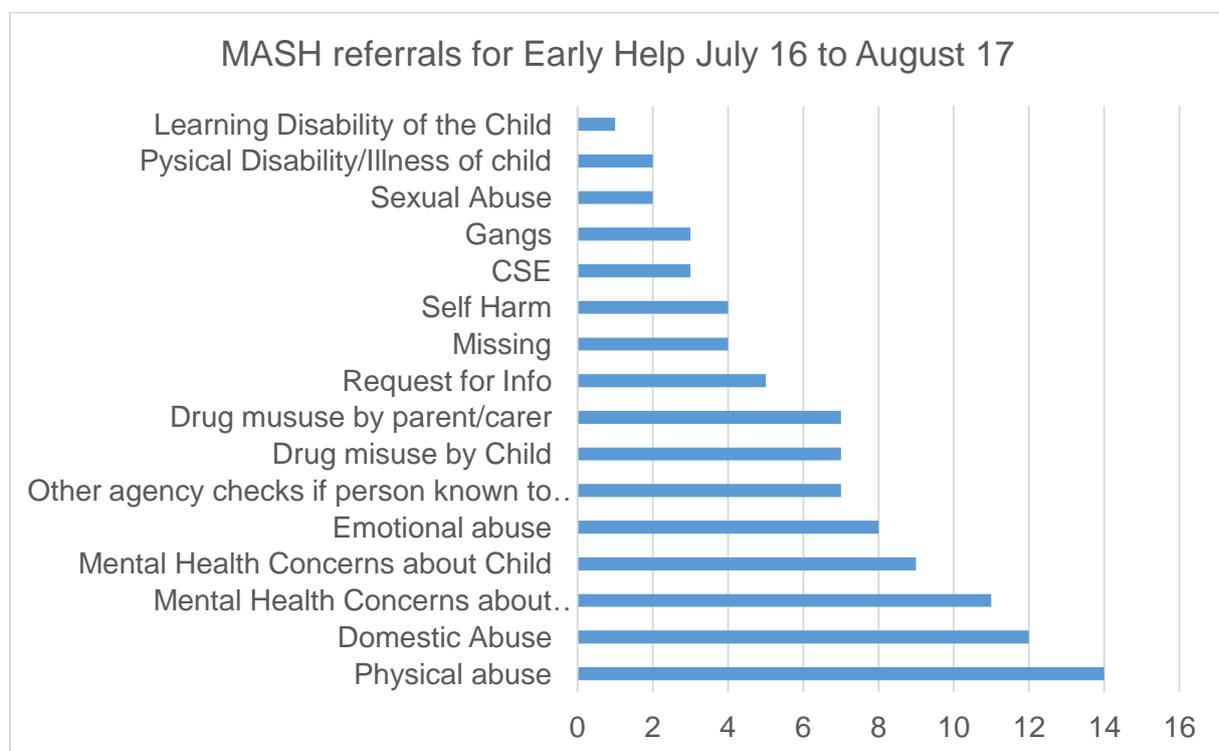
The IDACI index is calculated by the [Office of the Deputy Prime Minister](#) and measures in a local area the proportion of children under the age of 16 that live in low income households (60% of Median).

	IMD averages - Average Income Deprivation Affecting Children Index (IDACI) Score (rate)	IMD averages - Average IDACI rank in Surrey (where 1 is most deprived)
Valley (Wards)	0.15	30
Godstone (Wards)	0.14	34
Warlingham East -Chelsham and Farleigh (Wards)	0.14	41
Burstow, Horne and Outwood (Wards)	0.14	43
Whyteleafe (Wards)	0.13	47

Bletchingley and Nutfield (Wards)	0.13	52
Oxted South (Wards)	0.12	55
Lingfield and Crowhurst (Wards)	0.12	57
Tatsfield and Titsey (Wards)	0.11	64
Westway (Wards)	0.11	69
Warlingham West (Wards)	0.1	75
Harestone (Wards)	0.09	90
Portley (Wards)	0.08	102
Dormansland and Felcourt (Wards)	0.08	107
Chaldon (Wards)	0.06	136
Oxted North and Tandridge (Wards)	0.05	155
Queens Park (Wards)	0.05	157
Limpsfield (Wards)	0.04	167
Felbridge (Wards)	0.04	185
Woldingham (Wards)	0.02	201
Average	0.095	93.35

1.7 Referrals to MASH

The graph below details the number and type of referral from the MASH that have been from Tandridge Families.



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2.0 What do we want to prevent

The detail provide gives Tandridge's relative performance against Surrey's preventative measures and provides an indication of those areas that are of concern for Tandridge. These measures have then helped to inform the discussion that the Earl Help Advisory Board has had in determining the priorities for Tandridge Family Services.

2.1 What do we want to prevent?

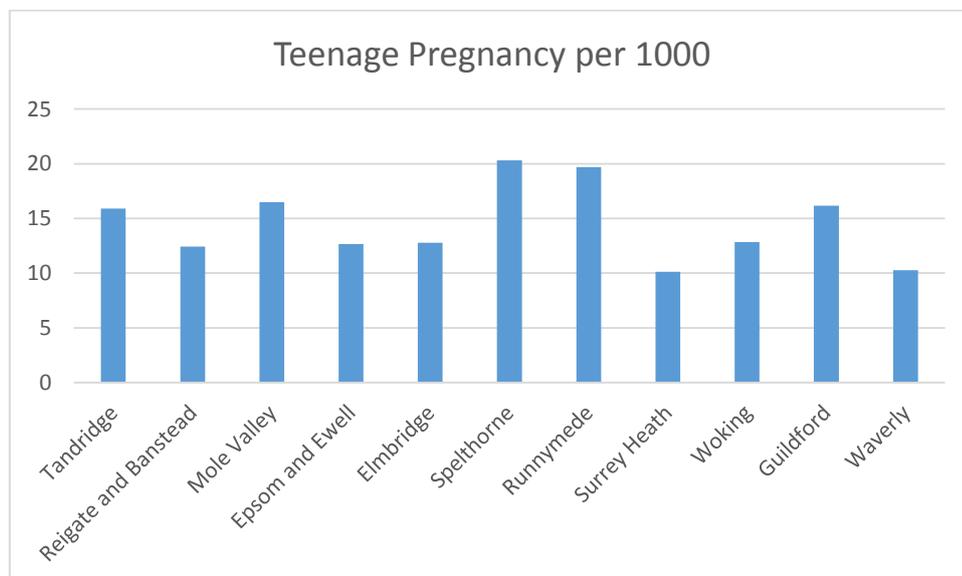
Low Birth Weight

- Across Surrey, the proportion of children born with a low birth weight is significantly lower than the national average, and has been significantly lower for each of the past three years
- In Tandridge, the proportion of children born with a low birth weight is not significantly different from the Surrey average.

2.2 What do we want to prevent?

Young people becoming parents before they are ready

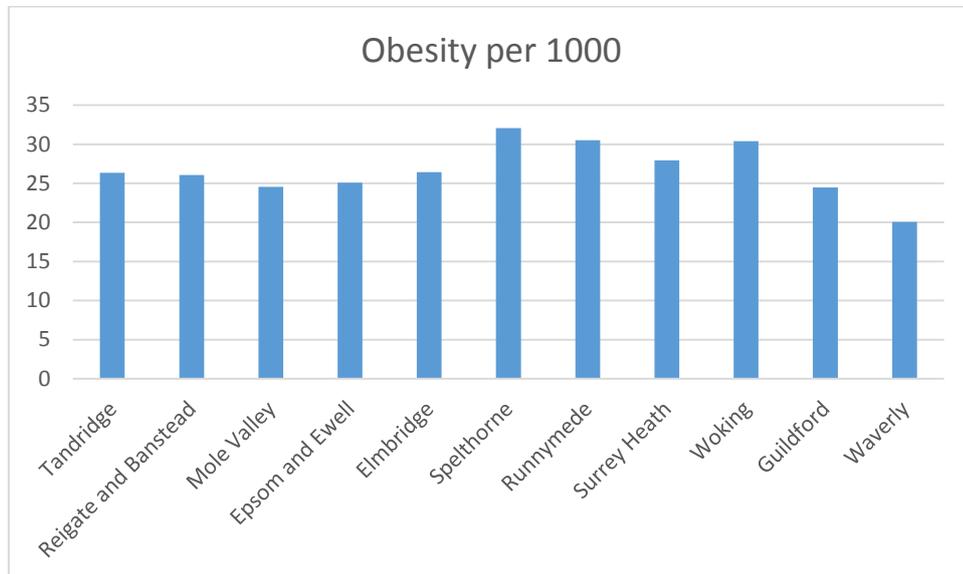
- On average, across Surrey, the proportion of conceptions per 1000 females aged 10-17 is substantially below the national average.
- In Tandridge, the proportion of conceptions per 1000 females aged 10-17 is not significantly different from the Surrey average.



2.3 What do we want to prevent?

Obesity

- On average, across Surrey, the proportion of 11-12 year olds per 1000 with excess weight is substantially below the national average.
- In Tandridge, the proportion of 11-12 year olds per 1000 is not significantly different from the Surrey average but is significantly below the national average.



2.4 What do we want to prevent?

Dental disease

- On average, across Surrey, the proportion of five year-olds free from dental decay is substantially below the national average.
- In Tandridge, there was insufficient data to reach a conclusion about the level of dental decay in five year-olds.

2.5 What do we want to prevent?

Childhood developmental delay

- Overall, children in the early years make good progress in Tandridge. 77.4% of all children achieved a good level of progress
- There appears to be a particularly marked difference between the performance of boys and the performance of girls. 86.6% of girls achieved good progress; 68.6% of boys
- Children eligible for Free School Meals (FSM) appear to make particularly good Foundation Stage Profile progress in Tandridge
- Summer-born children appear to make progress at around the Surrey average
- Progress for children with English as an Alternative Language (EAL) appears to be around average for Surrey

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2.6 What do we want to prevent?

Substance misuse

- A particularly low number and proportion of young people from Tandridge have been linked to drug offences

2.7 What do we want to prevent?

Family breakdown and stress

- The proportion of children who are Children in Need with 'Family Dysfunction' as their main presenting need is slightly higher than the Surrey average.

2.8 What do we want to prevent?

Abuse and Neglect

- The proportion of children who are Children in Need with 'Abuse or Neglect' as their main presenting need is around average for Surrey.

2.9 What do we want to prevent?

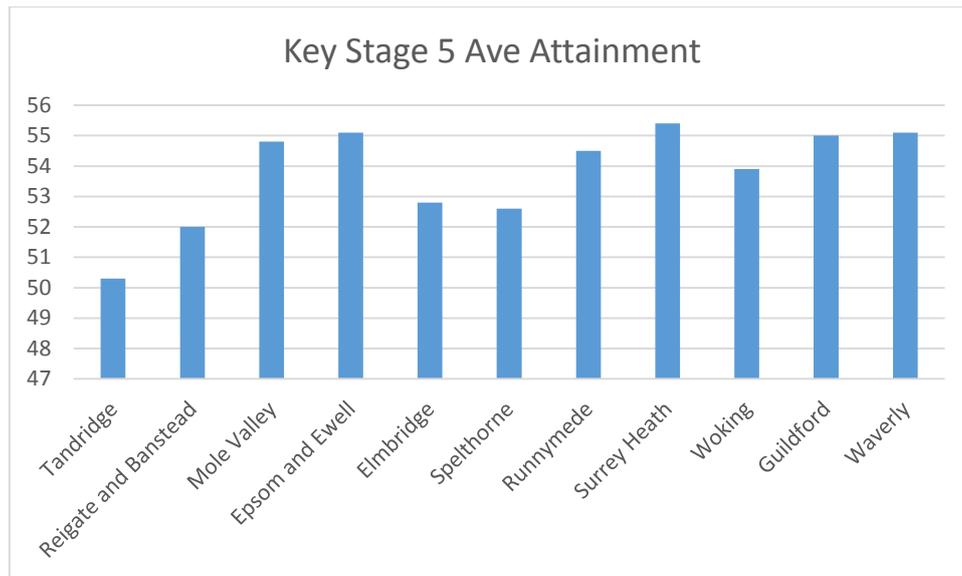
Children entering care

- The number and proportion of children becoming looked after by the Local Authority are amongst the lowest in Surrey.

2.10 What do we want to prevent?

Low educational achievement

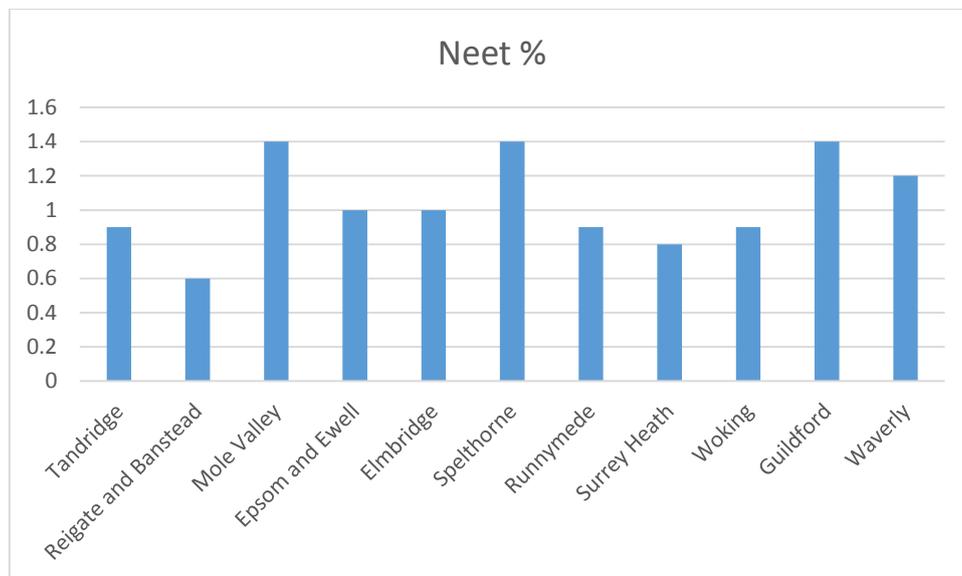
- Achievement at Key Stage 4 is not as strong as elsewhere in Surrey. Average attainment scores for Tandridge-resident pupils are the lowest in the county and progress scores (against the Progress 8 measure – how Tandridge pupils perform across a range of measures compared to the national average) the second-lowest.



2.11 What do we want to prevent?

Children missing out on education

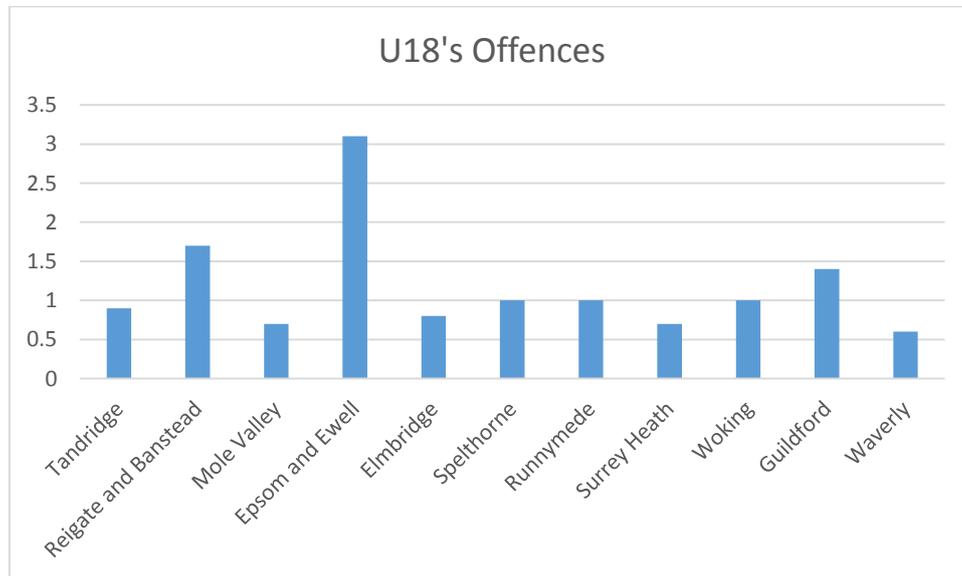
- The proportion of young people Not in Education, Employment or Training (NEET) in Tandridge is broadly comparable to the low levels of NEET across the county as a whole.



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2.12 What do we want to prevent?

Offending behaviour

**3. Summary**

From the detail above there are 3 areas of relative concern; teenage pregnancy, family dysfunction and education attainment. Alongside this the MASH referrals below make up nearly half of the presenting issues on referral

Physical abuse	14
Domestic Abuse	12
Mental Health Concerns about Parent/Carer	11
Mental Health Concerns about Child	9

As described in the main text this has helped to inform the main areas of concern for Early Help Advisory Board being:

- Improved parental satisfaction with Early Help services
- Improved early help provision for 5 – 11 year olds
- Young parents feel supported to give their children the best start in life
- Increased parental resilience to deal with challenges
- Shorter Child and Adolescent Mental Health Services (CAMHS) waiting times for families
- Reduction in repeat self-harm referrals
- Reduction in repeat domestic abuse, children feeling safer who have been affected by Domestic Abuse, improved resilience
- Reduction in children and young people's risk taking behaviours (substance misuse, youth offending and Child Sexual Exploitation)
- Reduction in repeat referrals for parental substance misuse
- Reduction in % of repeat referrals to MASH for physical abuse