

Children's Health, Wellbeing and Safeguarding Plan 2013/14

Children, Schools and Families- ONE YEAR PLAN

SUPPORTING CHILDREN AND YOUNG PEOPLE TO ACHIEVE THE BEST HEALTH AND WELLBEING OUTCOMES POSSIBLE.

1. FOREWORD – Mary Angell and Caroline Budden

Children's health and wellbeing in Surrey is generally good but we are determined to make it better still by working together with our partners now and in the long term.

The Health and Social Care Act 2012 requires all local areas to have a joint health and wellbeing strategy in place by April 2013. This strategy will bring together health and wellbeing priorities for both children and adults. In order to meet our statutory responsibilities we have developed the Children's Health and Wellbeing Plan to positively support children and young people's health and wellbeing and to support the delivery of Surrey's joint health and wellbeing strategy, which is currently in development.

The Children's Health, Wellbeing and Safeguarding Plan sets out eight priority areas where we believe we can start to make the most difference in 2013/14 to ensuring that children and young people achieve the best health and wellbeing outcomes possible. It will act as a tool to engage partners in agreeing common challenges and longer-term priorities that will also inform future health and wellbeing strategies.

Although this is a County Council plan, we believe an integrated approach to social care and health provision is essential to improving the quality and equality of access to services. We are committed to working with our partners to provide coherent and effective services for children, young people and their families. In particular, to improve the likelihood of positive health and wellbeing outcomes through informed commissioning with key partners including public health, police and education.

Our main aim through this plan is to support our children and young people to achieve the best health and wellbeing outcomes possible.

The Children's Health, Wellbeing and Safeguarding Plan is a one year plan. After one year it will be replaced by a visionary strategy for children linked to Surrey's Joint Health and Wellbeing Strategy. This will be supported by a partnership 3 -5 year health, wellbeing and safeguarding plan for children and young people.

2. BACKGROUND AND SUMMARY

Surrey County Council wants to ensure that the county's 271,800 children aged 0-19 are able to enjoy the best possible start in life. Crucially, this includes achieving the best health and wellbeing outcomes possible. Although children and young people in Surrey mostly experience good health, are safe, well educated and enjoy good leisure and employment opportunities, there are some who experience poorer health outcomes.

The children, young people and families in the greatest social and economic need often experience the poorest health. Despite Surrey's reputation as a universally affluent and successful county, pockets of disadvantage do exist and there are groups who experience poorer outcomes. The Children's Health, Wellbeing and Safeguarding Plan will be our main vehicle for positively supporting our children and young people, including vulnerable children and their families, to realise good health and wellbeing outcomes throughout their childhood.

This plan shows how we will start to work towards our priorities to:

- Support good health and wellbeing in pregnancy and the new born
- Protect children through strong multi-agency safeguarding and child protection arrangements
- Support parents and carers so they can raise physically, emotionally and mentally healthy children
- Improve health and wellbeing outcomes for Looked after Children and care leavers
- Support children to develop positive personal wellbeing, values and aspirations
- Improve outcomes for children and young people with complex needs
- Improve outcomes for young people who need additional support during the transition to adulthood
- Ensure local services meet the needs of vulnerable children and their families

3. THE POLICY LANDSCAPE AND LOCAL CONTEXT

Health, Social Care and Complex Needs

The Health and Social Care Act 2012 represents a major restructuring of healthcare services, and local authorities' responsibilities in relation to public health and health improvement.

The Act saw the abolition of Primary Care Trusts (PCTs), and the majority of their powers transferred to local Clinical Commissioning Groups (CCGs), and their public health and health improvement responsibilities transferred to local authorities.

The Act also established health and wellbeing boards to bring together key leaders from across the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. To help them achieve this, health and wellbeing boards are required to prepare joint strategic needs assessments to inform the development of joint health and wellbeing strategies.

Surrey's Shadow Health and Wellbeing Board is currently developing the County's health and wellbeing strategy for 2013/14. The Health, Wellbeing and Safeguarding Plan underpins this strategy, setting out how we will improve children's health and wellbeing and support delivery of the Health and Wellbeing Board's priorities.

The structures, roles and responsibilities under the new system will take time to embed. CCGs are just now receiving authorisation and will start to take on their statutory responsibilities from April 2013, as will local authorities.

The six CCGs covering Surrey are NHS North West Surrey, NHS Surrey Downs, NHS East Surrey, NHS Guildford and Waverley, NHS Surrey Heath, and NHS East Hampshire and Farnham. Each CCG will be authorised and take on their full statutory responsibilities by April 2013. Together they will hold 80% of the NHS commissioning budget. The NHS Commissioning Board will hold the remaining 20% of the budget.

In addition, the NHS Commissioning Board will hold responsibility for commissioning public health services for 0-5 year olds including the Healthy Child Programme until 2015, whilst local authorities will be responsible for commissioning for 5-19 year olds. This fragmentation of commissioning responsibilities for children will pose a significant challenge for integrated working.

The Green Paper, *Support and aspiration: A new approach to special educational needs and disability* was also published by the Department for Education in March 2011 setting out a commitment that by 2014 all children with special educational needs will have a single plan – the Education, Health and Social Care (EHC) Plan – to assess their needs. The EHC plan will focus on improving outcomes. Surrey, as a member of SE7¹, is one of twenty national SEND pathfinders who are currently trialling the Government's EHC plans as outlined in the Green Paper. The legislation is expected to be introduced to Parliament in early 2013 through the Children and Families Bill.

Multi-agency Safeguarding

New multi-agency safeguarding inspections are also due to be introduced in June 2013. The new inspection regime will focus on the effectiveness of local authority and partners' services for children who may be at risk of harm. This will include a stronger focus on early identification and early help.

Welfare Reforms

Under current welfare reforms, Universal Credit comes into place for new benefit claimants in October 2013. This may affect many families who are already living on the edge of poverty and who may be experiencing poorer health outcomes.

Family Support Programme

Families facing multiple problems are also more likely to experience poorer health outcomes due to a number of factors. In Surrey, the national Troubled Families agenda is being delivered through the Family Support Programme. The programme is designed to transform the quality and volume of multi-agency working with vulnerable families, develop effective and sustain family support practice

¹ Surrey, Hampshire, Kent, Medway, Brighton and Hove, East and West Sussex

and improve outcomes for all the vulnerable families who take part. By March 2013, 350 families will have joined the programme.

Education Reforms

In addition to the reforms to health and the provision of special educational needs (SEN), the Coalition Government has introduced a number of reforms to the education system resulting in unprecedented changes. These include support for academies and free schools, a new inspection framework, new curriculum and assessment arrangements and new funding arrangements for schools and local authorities including the Pupil Premium for children in low-income families.

The Raising of the Participation Age (RPA) also means that young people who started in year 11 in September 2012 are expected to stay on in education or training for a further year. From 2015, all young people in England must continue on until at least their 18th birthday, which means that the end of compulsory education will be extended by two further years of education or training.

4. VISION AND APPROACH

Our Children and Young People's Strategy 2012-17 sets out our vision that *"Every child and young person will be safe, healthy, happy, creative, and have the personal confidence, skills and opportunities to contribute and achieve more than they thought possible."*

The Strategy also sets out four priorities – prevention, protection, participation, and potential – underpinned by a partnership approach and three delivery plans which will turn these priorities into action. The Children's Health, Wellbeing and Safeguarding Plan is one of these delivery plans.

In Surrey, we want children and young people to have the best possible start in life by supporting them to achieve positive outcomes at each phase of their life. Therefore, our vision through this plan is to *"support children and young people to achieve the best health and wellbeing outcomes possible."*

As a framework for measuring progress against each of the plans Surrey has adopted a lifecourse outcomes approach covering:

- Pregnancy and birth
- The early years
- The primary years
- Secondary Years
- Young adulthood

The majority of children and young people in Surrey need little support beyond universal services to reach their potential at each stage. However, there are some children, young people and their families who require additional support, both at key transitions in their lives and also at an early stage before problems or difficulties arise.

The Children's Health, Wellbeing and Safeguarding Plan will be our main vehicle for positively supporting our children and young people to realise good health and wellbeing at each stage of their life and as they transition to adulthood.

We will work together with those best placed to help us protect children, promote their physical and emotional health and wellbeing and improve outcomes for families as a whole – this includes GPs,

police, and schools. As such the plan outlines our approach to partnership working and brings together activity across Surrey County Council to deliver health, wellbeing and safeguarding priorities in 2013/14.

Throughout a child's life we will take a preventative approach to ensure that children and young people achieve the best possible health and wellbeing outcomes.

As with all other plans that sit under the Children and Young People's Strategy, this plan will:

- Address the needs of local children, young people and families
- Work towards the positive outcomes at all stages of childhood and adolescence that are outlined in the lifecourse outcomes
- Provide value for money
- Address the four common priorities of the strategy: prevention, protection, participation and potential
- Build and maintain a good foundation of partnership working
- Facilitate the co-design of services with children, young people and their parents
- Assess the impact of changes on protected equalities groups
- Adequately address the changing policy landscape

5. OUR ASPIRATIONS – HOW WE WILL START TO MAKE A DIFFERENCE BY MARCH 2014

Our priorities are informed by our Joint Strategic Needs Assessment (JSNA) please see section 6 below for further details, consultation with families, strategic partners, and other stakeholders, and the county's draft joint health and wellbeing strategy and early help strategy.

When we deliver against these priorities we will actively seek the views of children and young people in the planning and delivery of services.

Priority 1: Support good health and wellbeing in pregnancy and the new born

Ambition: Support parents and children through integrated parenting support for new parents including fathers, young parents, and those with mental health needs.

This year we will start to:

- Work with Public Health to develop a set of common priorities to help support good health and wellbeing in pregnancy and the new born.
- Develop universal and targeted services for under 5s and their families and work with our partners and the NHS Commissioning Board to support the Healthy Child Programme for 0-5 year olds.
- Raise awareness of evidence based parenting programmes across each local borough and district in Surrey as part of an early help offer.
- Support the implementation of integrated parenting support for new parents.
- Support partners to deliver culturally appropriate support and information to new mothers, including those from the Gypsies Roma and Traveller (GRT) community, in connection with child and maternal health, for example breastfeeding, smoking and immunisation.

Priority 2: Protect children through strong multi-agency safeguarding and child protection arrangements

Ambition: In line with the Surrey Safeguarding Children's Board Strategy develop robust multi-agency child protection arrangements with our partners to safeguard children and young people, including appropriate training for all partners.

This year we will start to:

- Work closely with commissioners of health care services to plan, monitor and manage the health care of vulnerable children and young people and looked after children to help prevent safeguarding issues arising.
- Support schools to provide information for parents, teachers and students on such issues as e-safety, grooming behaviours, bullying including cyber bullying, drug abuse and sexual exploitation.
- Work more closely with schools and colleges to support the effective safeguarding of children and young people.

Priority 3: Support parents and carers so they can raise physically, emotionally and mentally healthy children

Ambition: In line with the Early Help Strategy ensure the co-ordinated planning of preventative and early help services with the roles and responsibilities of different agencies clarified and understood.

This year we will start to:

- Through Surrey's joint health and wellbeing strategy, support public health initiatives on diet, physical activity, teenage pregnancy and substance misuse including smoking.
- Develop a new emotional health and wellbeing needs assessment with our health partners
- Continue to work with schools to promote access to school nurses, ensure access to appropriate health care services and encourage schools to promote emotional health and wellbeing through the National Healthy School Standard.
- Ensure there are good sources of information for parents and young people about mental health issues and the services which respond to mental health needs (CAMHS).
- Ensure that specialist services are arranged for all children to take into account cultural and religious needs and their vulnerability to specific health conditions.
- Ensure trained professionals work with vulnerable families to identify those likely to be affected by welfare reforms and are sign-posted to relevant support
- Develop joint priorities for therapeutic services with our health partners.

Priority 4: Improve health and wellbeing outcomes for Looked after Children and care leavers

Ambition: Develop a common understanding amongst partners that looked after children may need additional support to ensure they achieve good health and that special attention is given to the health needs of all looked after children and care leavers including when placement is being considered.

This year we will start to:

- Focus on prevention and ensure adequate support and training on health issues for staff and care workers.

- Give special attention to the health needs of all looked after children including those with foster carers, those in residential care and secure accommodation, care leavers, asylum-seekers and refugees and children placed out-of-borough.
- Support the development of practice guidelines in collaboration with other agencies including those on confidentiality, substance misuse, safe sex, non-smoking, physical activity and healthy eating.
- Support carers in promoting the health of the children they are looking after.
- Pay special attention to young people leaving care, especially in relation to health promotion and health advice on moving into independence.
- Give special attention to the health needs of children in secure settings.
- Ensure actions are aligned with Surrey's Corporate Parenting Strategy.

Priority 5: Support children to develop positive personal wellbeing, values and aspirations

Ambition: Through Surrey's joint health and wellbeing strategy improve the accessibility of leisure and sports facilities for young people and promote more targeted early years support in identified geographical areas of deprivation.

This year we will start to:

- Work with schools to support the delivery of Personal, Social and Health Education (PSHE) including sex and relationships, drug and alcohol education, healthy eating, physical activity and emotional health and wellbeing.
- Continue to develop and promote the Surrey Healthy Schools Programme.
- Champion and provide targeted support, advice and guidance to schools for children from vulnerable groups in particular looked after children and children eligible for Free School Meals (FSM).
- Support young carers to develop positive physical and mental health through close working with the Young Carers Strategy 2011-2014.

Priority 6: Improve outcomes for children and young people with complex needs

Ambition: Aligned with the Education Achievement Plan, support the number of children and young people with SEN and disabilities accessing local education provision and support schools to ensure they are well equipped to support children and young people with complex needs.

This year we will start to:

- Develop plans to jointly commission an integrated complex needs service across health, social care and education.
- Through the Education Achievement Plan (2013-17) support the inclusion of more pupils with special educational needs in mainstream schools.
- Work with families to assess need and provide support through personal budgets
- Continue to develop a wider range of short breaks to meet assessed need and deliver value for money
- Continue to work closely with the voluntary, faith and community sector as valuable partners in the delivery of services.

Priority 7: Improve outcomes for young people who need additional support during the transition to adulthood

Ambition: Develop integrated working arrangements between children's and adults services to enable a smooth transition for young people.

This year we will start to:

- Continue to develop closer links between children's and adults services to enable earlier planning to take place and improved information sharing.
- Promote transition developments and early support through the Children with Disabilities teams to enable a more focused approach to supporting families of disabled children and young people.

Priority 8: Ensure local services meet the needs of vulnerable children and their families

Ambition: Data and evidence, including the views of children, young people and their families, are continually used to improve services.

This year we will start to:

- Support NHS partners to maintain a focus on children and young people in emerging priorities and commissioning plans, forging new relations for the future and agreeing key actions.
- Roll-out new services for families with multiple problems and partnership working arrangements across the county.
- Provide all eligible families with a period of intensive support to assist with the multi-agency assessment and participation in the Team Around the Family Approach.
- Ensure services respond effectively to the needs of children and young people and their families with protected characteristics through collaborative engagement initially through the Family Support Programme, complex needs, LAC health assessments, early help, and emotional health and wellbeing.
- Encourage partners to engage on You're Welcome: making health services young people friendly.
- Draft and consult with partners and children and young people on the 5 year Children's Health, Wellbeing and Safeguarding Plan about their health and care priorities.

Partnership Working

Surrey County Council is committed to working with partners to provide coherent and effective services for children, young people and their families. We want to improve the likelihood of positive health and wellbeing outcomes and ultimately reduce demand for specialist services. Surrey County Council recognises that the only way to deliver improved health and wellbeing outcomes is through partnership working. To do this effectively we need partnership structures through which we can work effectively, and we need shared tools to build a coherent direction and approach.

Through the plan we will ensure that priorities are appropriately addressed by partner governing bodies by developing bridging arrangements and ensuring that the plan reflects the priorities of each of the governing bodies. The key governing bodies are:

- The Children and Young People's Alliance
- Surrey Safeguarding Children's Board
- The Schools Forum
- The Youth Justice Partnership Board

- The Corporate Parenting Board
- Surrey Health and Wellbeing Board

Through the Plan we will:

- Develop a shared commitment to deliver and implement actions to improve the health and wellbeing of children, young people and their families
- Provide a framework in line with the other delivery plans, within which to deliver services, ensuring that appropriate governance tools and monitoring arrangements are in place.
- Work together to agree our responsibilities and respective roles in delivering the Plan.

In addition to the key governing bodies identified we will also continue to work closely with the following partner agencies:

- Surrey Clinical Commissioning Groups
- Youth Justice Service
- Primary, Secondary and Special Schools and Phase Councils
- Police
- The Voluntary, Faith and Community Sector
- The NHS Commissioning Board
- Children's Centres
- Children and Adolescent Mental Health Services
- Health Visitors
- School Nurses
- Surrey and Borders Partnership

6. THE CHALLENGES

The changing needs of our children and young people

Whilst we know that the majority of children and young people in Surrey achieve the outcomes set out in the lifecourse outcomes with little additional support, there are communities and families who persistently experience poorer outcomes.

There is an upward trend in the number of children on a child protection plan from 713 in October 2011 to 938 in September 2012 and a 43%² rise in vulnerable children requiring social care support as Children in Need. Numbers of Looked after Children have also risen about 6% from October 2011 to September 2012 to 839.³ These children are likely to have experienced abuse or neglect, family dysfunction, acute distress in the family or have a significant disability or illness.

The JSNA identifies specific areas where we need to do better:

- Maternity health and support: breastfeeding beyond 6-8 weeks
- Childhood immunisation: Surrey is below the required uptake for immunity levels for some diseases including measles

² There has been a 43% increase in the children in need cases being worked in the teams (not including the child protection and looked after children cases).

³ Between July 2011-July 2012

- Healthy living: high levels of 16 year olds and over taking part in 'increasing risk' drinking; and childhood obesity concerns (1 in 4 children in year 6 in LA schools was either overweight or obese)
- Teenage pregnancy hotspots in Spelthorne, Reigate and Banstead and a higher than average teenage termination rate.

There are also families who experience particular disadvantage who are at higher risk of low health and wellbeing outcomes including:

- Children living in poverty and on the edge of poverty: 9.9% of 0-19 year olds are living in poverty which is approximately 23, 090 children.
- Many families are on the edge of poverty and likely to be affected by current welfare reforms and the wider economic climate.
- Those affected by domestic abuse: over half of children subject to a child protection plan were affected by domestic abuse and there appears to be a significant gap between children experiencing domestic abuse and those receiving services.
- Children living in a family where there is a disability who are more likely to experience poor outcomes as a result of the impact on the child and parents.
- Young carers: whilst we support about 1200 young carers this may represent as few as 10% of the young carer population. Young carers are more likely to suffer from emotional, behavioural and mental health disorders.
- Low attainment and engagement in services by Gypsy Roma and Traveller (GRT) communities: GRT women are about 20 times more likely to experience the death of a child than average.
- Looked after Children and care leavers are more likely to experience serious education and health inequalities.
- 17% of children live in lone parent households and have a greater risk of living in relative poverty and family instability.
- Unaccompanied asylum seeking children (approximately 190 known) are at risk of unmet mental health needs.

A full summary of the JSNA data can be found in Appendix 1.

Economic climate

There is an increasing demand for services and less money available to support services in their current form. The County Council has already made significant savings of £67 million in 2010/11, £59 million in 2011/12 and a further £71m in 2012/13. Over the business planning period of 2012/17 the total savings required across the County Council is £206m. Children, Schools and Families are expected to save £41m. However, given the state of the global and national economies, the financial situation is expected to worsen across the public sector.

There are also several external factors referenced earlier, such as welfare reform and the changes to the health system, which could impact on the achievement of the plan's priorities.

Within this climate of change, the Children's Health, Wellbeing and Safeguarding Plan will focus on what is most important for children, young people and their families based on evidence of need, providing value for money services and working in partnership to achieve the best outcomes for all. The plan will be delivered within the existing CSF budget.

7. IMPLEMENTATION

It is important that we can measure the changes to services we intend to make and the improvements in health and wellbeing outcomes we hope to achieve.

To effectively deliver this plan and future health and wellbeing strategies, we will therefore need to think differently about the information we collect and how we use this information to inform the services we deliver. This will include using data to understand the impact our services are having on children and young people and how well we are delivering this plan.

To help achieve this, the Children's Services Management Team (CSMT) will be responsible for monitoring the Health, Wellbeing and Safeguarding Plan on behalf of the Directorate. The plan is a one year plan. After one year it will be replaced by a visionary strategy for children linked to Surrey's joint health and wellbeing strategy. This will be supported by a partnership 3 -5 year health, wellbeing and safeguarding plan

Appendix 1 Summary of Joint Strategic Needs Analysis

1. Introduction

This report provides an overview of the needs of children and young people in Surrey. It draws on existing research predominantly in the [Joint Strategic Needs Assessment](#) (JSNA) to build a rounded picture of the overall health and wellbeing needs of the child population. The JSNA is an ongoing process with research on a variety of topics being continually undertaken.

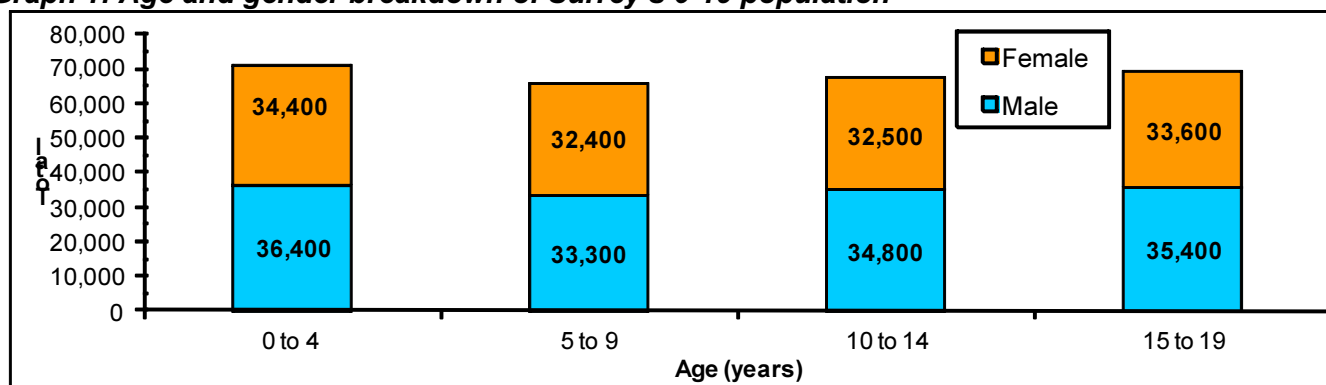
This overview begins by outlining the current situation for children and young people in Surrey and gives a brief overview of the identified Priority Places of need in the county. It moves on to look at areas where Surrey is performing well and where we could be doing things better. The report closes by looking at the children and young people most likely to be in need and where there are gaps in knowledge about the needs of children and young people in Surrey.

2. The current situation

Surrey's children and young people mostly experience good health, are safe, well educated and have good leisure and employment opportunities. Many families in Surrey benefit from higher than average socio-economic circumstances and opportunities that are related to this. There is a low rate of child poverty and young people report that Surrey is a very good place to grow up. The county and its children and young people however are not immune to the social and economic changes brought about through the current economic crisis.

There are approximately 272,800 children and young people aged 0-19 in Surrey. The distribution of these children and young people is spread fairly evenly across the different five-year age brackets. The Office of National Statistics predicts that this population will grow by 1.8% to 2018 and by 10.4% to 2033.

Graph 1: Age and gender breakdown of Surrey's 0-19 population



However, despite Surrey's reputation as a universally affluent and successful county, there are pockets of disadvantaged communities and groups who experience poorer outcomes. The overall rate of child poverty in Surrey is relatively low compared with national figures but the latest poverty figures showed that there is still a significant proportion, 9.9% of 0-19 year olds, living in poverty⁴, which are approximately 23,090 children and young people.

School Census data shows that in Surrey's schools there is an upward trend in the percentage and number of Black and Minority Ethnic (BME) pupils. From 2008-2011 the increase of BME pupils was

⁴ JSNA Chapter (2011) Children Living in Poverty

from 16.3% to 19.1% of all pupils, which is a 4,299 pupils⁵. There is also greater ethnic diversity, with nearly 190 languages spoken in Surrey's maintained schools in 2011⁶ and the percentage and number of BME pupils who speak a different language to English as their first language, also increasing from 2008-2011⁷.

4. What we do well

There are some key areas where Surrey performs well and these have a positive impact on the outcomes and lives of Surrey's children and young people. These include early years and childcare, nursery and primary school, secondary schools, post-16, special schools & PRUs, fostering and adoption, and children's homes.

- 4.1 Children and young people in poverty** – The proportion of children and young people in poverty in Surrey is comparatively lower than many of its statistical neighbours. However, the number of families living in 'in work' poverty may be impacted by the Welfare Reforms currently being implemented by the Coalition Government.
- 4.2 Maternity health and support** – The proportion of women initiating breastfeeding in Surrey is high at 84%⁸. The county also has low infant mortality rates⁹. Practitioners have cited Children's Centres as a good source of local maternity support. However these rates are positive due to wider factors and other organisations who also contribute to the maternity health and support agenda.
- 4.3 Childcare** – Childcare provision has been assessed as being generally of good quality and provision of some types of childcare is good in some areas¹⁰.
- 4.4 Early years outcomes** – Outcomes for young children at the Early Years Foundation Stage (EYFS) are generally good. The proportion of Surrey pupils achieving the early learning goals improved from 64.1% in 2010 to 65.7% in 2011, exceeding the target for the year¹¹. The dental health of five-year-old children in the South East Coast Strategic Health Authority, which includes Surrey, is the best in the UK.¹² There are also a number of examples of good health practice for nutrition-related support for vulnerable young children, which have helped to reduce health inequalities within Surrey, including Baby Cafes and Healthy Eating for the Really Young (HENRY).
- 4.5 Educational attainment** – In general, children and young people in Surrey achieve well against most key education measures. Recent figures indicate that the attainment gap between the highest and lowest performers at the EYFS is falling¹³. Surrey is in the top quartile nationally for Key Stage 2 attainment¹⁴ and the percentage of pupils achieving 5 A*-Cs including Mathematics

⁵ These figures exclude the Ethnicity unknown figures

⁶ School Census data, (January 2011)

⁷ These figures exclude the Ethnicity unknown figures

⁸ JSNA Chapter (2011) Breastfeeding

⁹ JSNA Chapter (2011) Neonatal Care and Infant Mortality

¹⁰ EYCS (2010) Childcare sufficiency assessment report

¹¹ Education Performance Report – Summary, Surrey County Council (January 2012)

¹² JSNA Chapter (2009) Children and Young People

¹³ Education Performance Report – Summary, Surrey County Council (January 2012)

¹⁴ 2011 Key Stage 2 Results Briefing – Provisional Test Results, Surrey County Council (August 2011)

and English has risen by nearly four percentage points since 2009¹⁵. For post-16 education the Average Point Score (APS) per entry for 2011 continues the trend of improvement over the last four years¹⁶.

- 4.6 Young people who are participating in education, training or employment (PETE)** – As with all local authorities, Surrey saw an increase in young people who are not PETE in 2009/10; the adjusted average was 4.1%. However this improved to 3.9% (977) in 2010/11¹⁷.
- 4.7 Young people who offend**¹⁸ – A 60% reduction in first time entrants to the Youth Justice System has been achieved over the past three years (1499 in 07/08 to 568 in 10/11) and an even greater reduction in 2011/12 is anticipated. Joint partnership working with the police and the introduction of the Youth Restorative Intervention has been two major factors in this reduction.
- 4.8 Teenage conception rate** – Surrey currently has one of the lowest teenage conception rates in the country, which has gradually fallen over the last ten years.

5. Where we could do better

The JSNA highlights some key areas where outcomes could be improved for children and young people. These include:

- 5.1 Maternity health and support** – Despite a high proportion of women initiating breastfeeding in Surrey, six to eight week prevalence data suggests just 57% of women are still breastfeeding at six to eight weeks. This data is up 6% from 09/10 and should perhaps be reflected in the wording used here. This needs to improve to be in line with the World Health Organisation recommendation to exclusively breastfeed for at least six months.¹⁹ There is a Surrey wide Breastfeeding strategy 2010-2015 to address these issues in a co-ordinated way. The prevalence of breastfeeding at 6-8 weeks in 2011/12 Quarter 4 was 46.9% of all infants due a 6-8 weeks check nationally so our figures are higher than the national average.
- 5.2 Childhood immunisation**²⁰ – The percentage uptake across all childhood immunisations for Surrey continues to be lower than the Strategic Health Authority and national figures. Crucially, for some diseases, including measles, uptake is below immunity levels that prevent the spread of disease (usually between 85-95% of the population immunised).
- 5.3 Healthy living** – Seven out of the eleven boroughs within Surrey are in the highest ten nationally for the percentage of people aged 16 and over engaging in ‘increasing risk’ (formerly known as ‘hazardous’) drinking²¹. Latest figures also indicate that 88% of pupils in Surrey schools participate in more than two hours of PE and sport per week, below the 90% national average. 53% of Surrey children do not participate in more than three hours of PE and sport per week²².

¹⁵ Education Performance Report – Summary, Surrey County Council (January 2012)

¹⁶ Ibid

¹⁷ NEET Data, Surrey County Council 14-19 Performance Management Framework (Sept 2011)

¹⁸ All data from Surrey Youth Justice Service

¹⁹ JSNA Chapter (2011) Breastfeeding

²⁰ All data from JSNA Chapter (2011) Immunisation

²¹ JSNA Chapter (2011) Alcohol

²² JSNA Chapter (2011) Physical Activity

- 5.3 Sexually active teenagers** – Surrey did not achieve its 2010-11 target for screening 35% of sexually active young people under the age of 25 for Chlamydia infection. However, the numbers being screened are increasing yearly and those screened did have a similar positivity rate compared to the national average. Therefore, those that are screened are those that are most at risk of having Chlamydia²³. Additionally, whilst Surrey has one of the lowest teenage conception rates in the country, there are still areas in Surrey that have particularly high teenage conception rates, such as Spelthorne and Reigate and Banstead²⁴. There is also a higher than average teenage pregnancy termination rate in Surrey; approximately 200 babies are born to teenage mothers and around 280 teenagers have terminations in Surrey each year.²⁵
- 5.4 Parental and carers support** – Research indicates that children are more likely to become healthy and productive adults when their family life is stable.²⁶ It is important that we therefore support parents and carers who are facing a range of problems or who are experiencing change, for example separating parents, lone parents, military families, young parents and kinship carers.²⁷
- 5.5 Childcare**²⁸ – Over the County as a whole, 35% of parents report that they are not using as much childcare as they would like to allow them to work or train. Many of the parents reporting this fall into different groups, including lone parents, Black and Minority Ethnic (BME) parents, young parents, parents on low incomes, and parents with disabled children. Most of these parents report the cost of childcare being their main barrier. Parents also reported a lack of suitable provision for young people with a disability.
- 5.6 Children and young people known to social care** – There is an upward trend of 40% (February 2010; 511, September 2011; 723)²⁹ in the number of children on a Child Protection Plan. The number of vulnerable children requiring social care support as Children in Need has also risen by 20% over the same time period (February 2010; 2,725, September 2011; 3301). These children are likely to have experienced abuse or neglect, family dysfunction, acute distress in the family, or have a significant disability or illness.
- 5.7 Educational attainment**³⁰ - The educational attainment gap between children and young people receiving Free School Meals (FSM) and those who do not has remained high. In 2011, the educational attainment gap was 28% for level four plus in Mathematics and English at Key Stage 2. By the end of Key Stage 4, this gap widened to 30.1% for young people achieving 5 A*-C including Mathematics and English at GCSE. The attainment gap between those with Special Educational Needs (SEN) and those without is also persistently large. In 2011 the gap for the percentage achieving level four plus in Mathematics and English at Key Stage 2 was 55.9% and the gap for those achieving 5A*-C including Mathematics and English at Key Stage 4 was 54.6%. The Key Stage 2 results did see a narrowing of this gap by just over 3 percentage points from 2012, however the gap widened by just over 1 percentage points for the Key Stage 4 results. Despite performing better than the national average, in 2011 the percentage

²³ JSNA Chapter (2011) Sexual and Reproductive Health

²⁴ JSNA Chapter (2011) Teenage Pregnancy

²⁵ JSNA Chapter (2012) Teenage Sexual Behaviour

²⁶ JSNA Chapter (2012) Family Stability and JSNA Chapter (2012) Parenting

²⁷ JSNA Chapter (2012) Parenting

²⁸ All data from JSNA Chapter (2011) Children Living in Poverty

²⁹ All data from Briefing note – Activity trends for vulnerable children, Surrey County Council (October 2011)

³⁰ All data from Education Performance Report – Summary, Surrey County Council (January 2012)

achieving 2+ A level passes or equivalent (A*-E) dropped by 2.1 percentage points to 93.4%. As with last year, Surrey is ranked in the lower half of the group of 11 statistical neighbour authorities for all Key Stage 5 measures except the APS per entry where it is ranked 4th. A further issue is partnership working with independent school settings around issues such as safeguarding.

5.8 Persistent absenteeism (PA)³¹ – Pupils with some degree of Special Educational Needs (SEN) are three to four times more likely to become PA than those pupils with no SEN. Around one-third of pupils from a Traveller background are also classed as PA, a rate more than ten times as high as that seen amongst non-Traveller pupils. There were 3980 pupils in the 2007/08 cohort, 3521 in the 2008/09 cohort and 3226 in the 2009/10 cohort. Of these pupils, 5843 were PA in one year only (2435 in 07/08, 1553 in 08/09 and 1855 in 09/10). A total of 1650 were PA in two academic years (807 in 07/08 and 08/09; 633 in 08/09 and 09/10; 210 in 07/08 and 09/10). A further 528 pupils were PA in all three academic years. (Figures taken from respective January School Census data).

5.9 Transport³² – Surrey's children and young people report facing a range of problems accessing transport: cost, availability, frequency, lack of information, attitudes of transport staff and physical accessibility. Without adequate transport a young person may find it difficult to continue further education or access social activities. Many young people find that the lack of available bus services, particularly in rural areas, at the weekends and in the evenings, is a barrier that prevents them using other services. Young people also report not feeling safe when using public transport.

5.10 Young people who offend³³ – There is a small number of young people who commit a disproportionate number of offences, which has led to the Surrey Youth Justice Service adopting a new approach to working with these offenders.

6. Children and young people most likely to be in need

While most children in Surrey do well, some groups of children and young people have a higher risk of suffering poorer outcomes than their peers. Many of these groups are linked to one another, so some children and young people with the greatest need may be found in multiple groups. Many of these children and young people's needs are related to parental issues. In many cases the JSNA has highlighted where there are gaps in provision for these children and/ or a likely increase in demand.

6.1 Those whose parents have poor mental health – Children and young people whose parents have poor mental health have a four to five fold increased rate in the onset of emotional/conduct disorder in childhood³⁴.

6.2 Those living in lone parent households – An average of 17% of children and young people live in lone parent households. These children and young people have a greater risk of living in relative poverty (74% or 17,000 of the children and young people living in poverty) and being known to social care³⁵.

³¹ JSNA Draft Chapter (2012) Education – Behaviour and Attendance

³² All data from One in Ten Needs Assessment, Surrey County Council (2010)

³³ All data from Surrey Youth Justice Service

³⁴ JSNA Chapter (2011) Mental Health

³⁵ JSNA Chapter (2011) Children Living in Poverty

- 6.3 Those affected by domestic abuse** – Over half of children subject to a child protection plan were affected by domestic abuse and anecdotal evidence suggests incidence levels are rising³⁶. The number of referrals initiated into Children’s Services where there is a concern relating to domestic abuse from April-September 2011 was 428.³⁷
- 6.4 Those living in a family where there is a disability** – Children and young people in a family where there is a disability or are disabled themselves are more likely to have poorer outcomes across the board³⁸. Young people with disabilities aged 16 –18, for example, require better provision of education and social care support, particularly regarding short break opportunities, transition to adults’ services and appropriate placements.
- 6.5 Young carers** – New data suggests that the 1200 young carers Surrey supports each year represent as few as 10% of that population, not 40% as was previously thought³⁹. They are more likely to suffer emotional, behavioural and mental health disorders. Health, education and social care services need to be better at identifying and referring families with young carers, and raising awareness of their rights.
- 6.6 Those in or on the edge of poverty**⁴⁰ – Children and young people in poverty experience higher inequality and deprivation, and are more likely to experience poorer education, health and social outcomes than their more affluent Surrey peers. They are also more likely to experience substance misuse, including smoking, alcohol and drugs. A few groups of children and young people are more likely to be in this group, particularly those in workless households or low-income households; aged 0-10; in a family where there is a disability; and in lone parent households.
- 6.7 Gypsy, Roma and Traveller (GRT) children and young people**⁴¹ – In 2009, there were an estimated 2203 GRT children and young people aged 0-19 in Surrey. Surrey’s GRT children and young people have some of the poorest health and education outcomes when compared with Surrey’s children and young people generally. The proportion attaining 5 A*-C including Mathematics and English at GCSE is typically 55 percentage points less than for non-GRT peers, and GRT women are around 20 times more likely than other women to experience the death of a child. Barriers to accessing universal provision can include a lack of cultural sensitivity by service providers, poor accommodation and overcrowding, and transient lifestyles of some GRT.
- 6.8 Children and young people with Special Educational Needs (SEN)**⁴² – In January 2011 Surrey County Council recorded and administered 5345 statements of SEN. This equates to 3.8% of the total number of pupils in Surrey and approximately 2% of the 0 to 19 population. The percentage of pupils with statements of SEN has remained fairly constant over time. However, as part of the Improving Intervention Programme, the threshold at which children and young people receive a statement was raised recently. This has meant that, although the

³⁶ JSNA Chapter (2011) Children Subject to a Child Protection Plan

³⁷ JSNA Chapter (2012) Domestic Abuse

³⁸ JSNA Chapter (2011) Physical Disabilities

³⁹ JSNA Chapter (2011) Young Carers

⁴⁰ All data from: Families in Poverty Needs Assessment, Surrey County Council (2011)

⁴¹ All data from JSNA Chapter (2011) Gypsy, Roma and Travellers

⁴² JSNA Draft Chapter (2012) SEN

number of statements has remained constant, those with statements have more severe and complex needs than before.

6.9 Overweight or obese children and young people– Obesity can lead to a range of physical, emotional and mental health issues. Childhood obesity has also been linked to levels of deprivation and, as the level deprivation rise so does obesity prevalence.⁴³ Latest figures show that in Surrey, one in four children in Year 6 in Local Authority schools was either overweight or obese. For Surrey in 2009/10, obesity among 4–5 year olds (Reception year) was 6.7% and among 10–11 year olds (Year 6) was 13.9%.⁴⁴

6.10 Looked After Children (LAC) and care leavers –Both LAC and care leavers are more likely to experience education and health inequalities as well as behavioural, emotional or mental health disorders. Specifically they have a higher risk of teenage pregnancy, drug misuse⁴⁵, lower levels of educational attainment and lower post-16 participation than their peers, which is compounded by restricted training and labour market opportunities. In March 2012 there were 810 LAC⁴⁶. There are growing numbers of young people becoming homeless in the county⁴⁷ and care leavers are a large part of this group.

6.11 Unaccompanied (and former unaccompanied) Asylum-Seeking Children (UASC)⁴⁸ – In March 2011 there were approximately 190 UASC. The council has a duty to provide UASC who have not been looked after children (LAC) with the same level of leaving care services as indigenous LAC care leavers. However, this group is at risk of less support and access to services than indigenous groups because they do not receive a similar funding level. Mental health is usually the highest priority health care need for UASC, particularly victims and witnesses of sexual abuse, torture, oppression, poverty, war and issues related to separation and loss. UASC in Surrey have reported a number of concerns that contribute to a feeling of isolation, and have an overall detrimental effect on their general health. These include bullying, a lack of support in maintaining family and community links, a lack of effective communication with social workers and broken promises by authority figures.

6.12 Young people who offend⁴⁹ – They often have a range of issues in their lives and are frequently well known to local services through instability at home or in education and have needs that have not been met earlier. By the time these young people receive community sentences, they tend to be disengaged from mainstream services and lack positive links to their communities, resulting in higher rates of re-offending.

7. Gaps in knowledge

Gaps have been identified in our knowledge about the needs of children, young people and their families in Surrey. These include:

⁴³ JSNA Chapter (2011) Child Obesity

⁴⁴ JSNA Chapter (2011) Child Obesity

⁴⁵ JSNA Chapter (2011) Looked After Children

⁴⁶ Children's Service Performance Report card, Surrey County Council (March 2012)

⁴⁷ Surrey's Young People's Housing Plan 2010-2012, Surrey County Council

⁴⁸ JSNA Chapter (2012) Unaccompanied (and former unaccompanied) Asylum-Seeking Children

⁴⁹ All data from One in Ten needs assessment, Surrey County Council (2010)

- The estimated 2,000-3,000⁵⁰ children and young people with a disability who do not access any social care, education or health support services;
- The significant gap between the number of children experiencing domestic abuse and those receiving services⁵¹;
- The prevalence of alcohol and drug misuse among children and young people, and
- The number of children living with families who are unknown to the state.

Many of these needs may be adequately met within the community, family and universal settings, resulting in them not being reflected in our data. However, as stated above, a common theme running throughout the JSNA is that processes for collecting and sharing data need to improve to give us a clearer, shared picture of need. Therefore more efficient data collection and sharing can help to develop a more holistic picture and better understanding of need in Surrey.

There are certain areas or groups where there are known gaps in knowledge, which include:

- 7.1 Parents⁵²** – We know there are links between children’s outcomes and parental issues, such as mental health, substance misuse and obesity. However, our data itself tells us little about the how effectively we improve children’s wellbeing by working together to identify problems early on and support families across adults and children’s services. This also includes a gap in data collection that tells us about the whole family needs⁵³.
- 7.2 Gypsy, Roma and Traveller children and young people** – In many instances a lack of robust outcomes data, particularly for health outcomes, means it is difficult to assess the effectiveness of service provision for the GRT community⁵⁴.
- 7.3 Teenage sexual behaviour** – There is limited understanding of the sexual behaviour of Surrey’s young people, affecting the analysis of teenage pregnancy, conception and termination rates. Runnymede and Epsom and Ewell have both seen teenage conception rates fall over the past 10 years, proving significant reductions are achievable. However, identifying which combinations of interventions have led to success remains difficult. It is also unclear as to what drives Surrey’s higher than average teenage pregnancy termination rates and the effect of this on young people.
- 7.4 Need according to place** – Residents in the Priority Places often experience higher inequality and deprivation relative to the rest of Surrey. However the areas of high need for children and young people are spread across the whole county. Preliminary research has been carried out to map data about a range of children and young people’s needs (including Foundation Stage Profile results, numbers of children on the disability register, young people not participating in education, employment or training and teenage conceptions). This indicates that most need is not confined to very specific local areas. Therefore continued research is needed to gather a holistic picture of where need is greatest for children and young people.

8. Further information

More detailed data and fuller analysis of need can be found in the Joint Strategic Needs Assessment on the Surrey (<http://www.surreyi.gov.uk/>).

⁵⁰ JSNA Chapter (2011) Children with Disabilities

⁵¹ JSNA Chapter (2012) Domestic Abuse

⁵² Appendix 1 – JSNA further work 2011-12, Surrey County Council

⁵³ JSNA Chapter (2012) Parenting

⁵⁴ JSNA Chapter (2011) Gypsy, Roma and Travellers

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