

JSNA: DEVELOPING WELL

Primary, Secondary and Transition to Adulthood

Children aged 5 to 19 face a range of transition stages, namely from primary to secondary school and the beginning of adolescence through to adulthood.

The needs of children and young people in this wide age range vary greatly as it is a period of rapid growth and development. Many of the health problems that young people develop as they grow older are rooted in their experiences of childhood and adolescence. Importantly a sense of aspiration, achievement and security are intrinsically linked to young people's life chances and their long term wellbeing.

POPULATION

In 2011, 19% of the population were aged 5-19 inclusive, compared to 20.3% in 2001; 8.6% of the population were aged 5-11 (inclusive), 7.9% were 11-16 (inclusive) and 5.2% were 16-19 (inclusive). The 16-19 age group was the only one to increase since the 2001 Census, from 5.0% to 5.2%.

Breakdown by vulnerable groups

The proportion of children in poverty in Bolton was 22.7% in 2011, down from a peak of 25.2% in 2001¹. This is higher than the England average of 20.1%, but in line with similar areas. There are wide variations in levels of child poverty across the borough indicating a need for a targeted approach to tackling and mitigating child poverty in the borough, rather than a 'one-size-fits-all' response.

Bolton has a growing Black and Minority Ethnic Group (BME) population from 12.8% in 2001 to 20.6% in 2011. The proportion of BME children aged 5-19 has increased at a slightly higher rate from 16.9% in 2001 to 27.5% in 2011.

As at the 2011 Census, 2,172 (3.8%) of all 0-15 year olds (56,969 population) were limited in their day to day activities through ill health or a disability

The number of disabled children in England is estimated to be between 288,000 and 513,000 by the Thomas Coram Research Unit (TCRU). The mean percentage of disabled children in English local authorities has been estimated to be between 3.0% and 5.4%, through a survey of all Directors of Children's Services in England undertaken by the TCRU. If applied to the population of Bolton this would equate to between 1,822 and 3,280 children experiencing

¹ HMRC definition of child poverty.

some form of disability. At January 2012 there were 1,149 in Bolton schools receiving support because of their Special Educational Need.

LIFESTYLES

A smaller proportion of Bolton schoolchildren participate in physical education than regionally or nationally. This low participation rate is attributable to a severe drop-off at age 14+ when exam pressures heavily influence the school curriculum.

Obesity levels in Reception have remained consistent and generally below the national average but levels in Year 6 have seen an increase in recent years and are now above national and regional levels. The doubling of the prevalence of obesity between the starting and leaving primary school is of concern.

During the secondary phase young people start to display more risk taking behaviours with alcohol, tobacco and sexual health.

Surveys of young people report that 19% of 14-17 year olds in Bolton claim to smoke whilst 15% binge drink at least once a week. This is generally lower than surveys in other areas but low rates in the Asian population may be masking higher levels. There is some evidence that young people are using a range of drugs, some legal and some illegal (poly drug use). Alcohol, particularly binge drinking, is more prevalent in the 16-19 age group and is also linked with violence and sexual assaults. Smoking is a particular issue for pregnant teenagers where more than 50% smoke during their pregnancy.

Hospital admissions due to substance misuse and alcohol in 15-24 year olds is higher in Bolton than the national average and hospital admissions for children aged 0 to 17 due to injury is above the national average.

Children who start to smoke at this age are also more likely to be involved with other risk taking behaviours as they get older. The safe guarding needs for this age group are changing with risk taking behaviours becoming more prevalent and adolescence often bringing emotional problems which some parents do not feel adequately equipped to deal with. These issues can include bullying, depression, low self-esteem, self-harm and coping with parental problems.

HEALTH

Aged 5-11 years

- There are higher than average rates of emergency hospital admissions for asthma and lower respiratory tract infections.

- Whilst the rate for Bolton is not above the national average, there are big inequalities in emergency hospital admissions for diabetes with the most deprived population with significantly higher rates; almost certainly due to the higher proportion of BME population in this group.
- The effects of parental substance and alcohol misuse also can impact significantly on this age group.
- There is a major transition for this group from primary to secondary school which they need support with.

Aged 11-16 years

- Children's perception data from Healthy Schools Team indicates some of the needs of this age group. E.g. whether they feel safe, how confident they are, whether they like school. Support around adolescent issues is needed for this age group; it is a time of great change and often confusion for young people.
- There are high Chlamydia rates in 15 to 16 year olds, and one third of children under 16 are sexually active and so they need appropriate preventative advice and treatments. Teenage Pregnancy rates for Under 16s are starting to show a decrease in Bolton but these young people are often from complex families with multiple needs. The rate of legal abortions in teenagers in Bolton is similar to the regional average and but below the national average. Bolton tends to have a lower percentage of repeat abortions in teenagers than seen elsewhere in the country.
- School nurse drop in data also indicates a higher incidence of self-harm in this age group.
- Whilst most indicators relating to emotional wellbeing have shown positively better outcomes for Bolton children, there will inevitably be inequalities in such aspects of health across the borough.
- There is a strong link to deprivation with a higher prevalence of all issues in more deprived areas.

Aged 16-19 years

- Sexually transmitted infection rates are higher in 15 to 24 year olds than in the rest of the population alongside higher conception rates than the national average - particularly in deprived areas of the borough.
- Emotional health issues can be serious in this group with suicide in young men being a particular issue.

- It is also a time of transition to adulthood and moving from specialist paediatric and adolescent health services to adults.

We know that for some issues it is difficult to know what works best. For example reducing obesity levels amongst children is relatively new work and there is no definitive answer to how we best 'fix it'. As for most issues there will need to be a range of initiatives to resolve problems and we need to ensure these are based on best evidence and practice. The Healthy Schools Programme is key to helping schools and colleges ensure that their students can stay well.

Targeted interventions with those most at risk and in deprived areas of the borough can address a number of issues, helping reduce health inequalities. For example, working with those at risk of teenage pregnancy requires access to good quality relationship and sexual health education (including delaying early sex) and improved access to contraception as well as targeted programmes such as Teens and Toddlers. Supporting teenage parents also reduces poor outcomes for teenage mothers and their babies.

The Healthy Child programme includes many preventative aspects that support children and young people to stay well.

Adolescent Health Developments and holistic lifestyle approaches are known to help this age group to remain well and prevent harm.

Prevalence of mental health disorders varies by age and gender; with boys more likely to have experienced or be experiencing a mental health problem than girls. Children aged 11 - 16 are also more likely than 5-10 year olds to experience mental health problems. It is estimated that there are approximately 1,500 5-10 year olds and 2,500 11-16 year olds in Bolton with mental health disorders.

SOCIOECONOMIC AND GEOGRAPHICAL INEQUALITIES

Children in poverty

The proportion of children in poverty in Bolton was 22.7% in 2011, down from a peak of 25.2% in 2002². This is higher than the England average of 20.1%, but in line with similar areas. There are wide variations in levels of child poverty across the borough indicating a need for a targeted approach to tackling and mitigating child poverty in the borough, rather than a 'one-size-fits-all' response.

² HMRC definition of child poverty.

Education: Impact of poverty, ethnicity and special educational need on attainment

In 2012/13 the Free School Meal (FSM) attainment gap for those pupils achieving a level 4+ in Reading, Writing and Mathematics at Key stage 2 was in line with the North West and National figure at 19%. The Special Education Needs (SEN) attainment gap for Bolton is 1pp higher, at 54%, compared to a National average of 53%. The lowest attaining Ethnic groups were Travellers and Gypsy Roma children (23.5% achieving the standard), White and Black Caribbean Children (50% achieving the standard), any other ethnic group (65.7% achieving the standard) and any other White background (68.2% achieving the standard), the above ethnic groups had a gap of at least 10 percentage points when compared with the total cohort.

Also in 2012/13 Free School Meal (FSM) attainment gap for those pupils achieving 5 A*-C GCSE's including English and Maths at Key Stage 4 in Bolton was lower than the National average, 25.5% for Bolton compared with 26.7% nationally. The SEN gap was slightly higher when compared to national figures, 48.7% in Bolton and 47.2% in England. The lowest achieving ethnic groups were Gypsy Roma Children (7.7% achieving the standard), children from any other mixed background (44.8% achieving standard) and children from any other ethnic group (45.8% achieved the standard), these ethnic groups had a gap of at least 10 percentage points compared with the total cohort.

VULNERABLE GROUPS

There are a small, but significant, number of children and young people who require multiple services in response to very complex needs. These groups may include LAC, young people who are homeless, young offenders, young carers and young people with a range of more complex physical or mental health problems. In addition, children in need, including those subject to child protection plans and those at risk of sexual exploitation, need to be safeguarded.

The child concern model 'Framework for Action' is used to identify and support children and young people in need using four levels of vulnerability or concern. Good use of the Common Assessment Framework (CAF) should help with identification, assessment, analysis and action planning to safeguard those most vulnerable.

Disability may arise because of biological, social or environmental factors or a combination of these. The majority of disabled children have genetic or pre-natal causes, e.g. chromosomal abnormalities or infections during pregnancy. During early school years problems such as communication, behavioural, emotional, and social problems may arise, e.g. dyslexia and self-esteem issues. The increase in the rates of children identified as SEN is, in part, due to an increased survival rate among young people with severe and complex disability.

Aged 5-11 years

These children may not achieve their full potential without additional support. They will need health and social care input to ensure they achieve their optimum health. Some of these children already have identified mental health needs which will need support and/or treatment; often there is a need for whole family interventions for these issues. Some of these children and young people already have identified physical health needs which may need support/ treatment and services. There may also be a need for parental/carer support and multi-agency input.

Vulnerable children may need a different education than other students to cater for their specific needs such as a pupil referral unit, home tuition or specialist classes/schools or courses.

Vulnerable children need to be kept safe. They are more likely to need support and interventions to remain healthy both emotionally and physically. Suffering from abuse is more likely to happen to children who are already more vulnerable. They are more likely to need in depth and complex interventions.

Vulnerable children may be more likely to have emotional and mental health needs; they may have issues with confidence, self-esteem and resilience as well as higher rates of serious mental health conditions.

Vulnerable children are also more likely to have health problems of a more general nature. They often live in the more deprived areas of the borough and have experienced poorer parenting or issues such as domestic violence. This can impact on general health and wellbeing and they may be markedly under or over weight, and have higher rates of respiratory problems.

Aged 11-16 years

These children and young people are more likely to not attend school or other education provision; they may also not achieve their full potential without additional support. Often their needs are met by attending alternative education provision.

These children and young people already have identified social care needs, they may be subject to a child protection plan and need multi agency input from a range of services to improve outcomes.

Vulnerable young people in this age group may also need extra support to re-engage with education or to find work through specialist programmes

Domestic violence amongst this age group and level of vulnerability is high. These young people often do not realise what constitutes abuse and can be victims for long periods of time without seeking help.

Aged 16-19 years

Again, compliance with treatment regimes for long-term conditions can be problematic in this age group. Puberty and the onset of adolescence can also impact on these children and young people with the start of risk taking behaviour development. Self-harm and responding to peer pressure is high amongst this group.

In 2013, 5.3% of Bolton's 16 to 18 year olds were NEETs (not in education, employment, or training), which is a smaller proportion of the population than seen nationally and regionally.

There can be tensions about how issues are dealt with such as anti-social behaviour versus vulnerability and between needing to raise aspirations/develop resilience and limited resources.

This is also the point at which transition occurs from children and young people's health and care services into adult services, for those with complex needs this can be a stressful time.

Those with complex physical and mental health problems can be amongst the most vulnerable and often they are treated as adults in this age group and do not receive the help they require. Safeguarding this age group can be more challenging because they are becoming independent and moving into adulthood whilst remaining vulnerable. Those living independently at this age can be more vulnerable to homelessness, live in poverty and have poor nutrition and general health.

The proportion of children in Bolton who become looked after is higher than in England as a whole. At 31st March 2012 the rate was 80 per 10,000 children compared to 59 nationally. It was, however, slightly lower than the 84 per 10,000 children in authorities with similar levels of deprivation.

Actual numbers of Looked After Children in Bolton has grown year on year from 348 in March 2004 to 521 in March 2011. By March 2012 this had stabilised at 517 but 2013 saw yet another increase and the number of Looked After Children in Bolton at 31st March 2013 was 541. During the year ended March 2012, the total number of children admitted to the authority's care was lower than the total number of children discharged from the authority's care for the first time since 2003.

In 2012, Bolton's cohort of Looked After Children had a younger age profile than the national average with 34% being under the age of 5 compared to 25% nationally. Conversely, only 11% of Bolton's LAC were aged over 16 in 2012 compared to 20% nationally.

The proportion of Bolton's LAC who are placed in foster care is in line with the national average (76% in 2012) but a higher proportion than national average are placed with prospective adopters and placed with parents. The effect of this is that Bolton has a smaller proportion of Looked After Children in residential care than the national average, (7% in Bolton compared to 12% in England in 2012).

To meet their individual needs a small number of Looked After Children need to be placed outside of Bolton but this only applies to about 3% of the total LAC cohort.

Care Leavers have additional needs as they transition to independent living and may need additional support with employment, education and training and housing.

All ages

Children who are vulnerable, whatever their vulnerability, are at risk of abuse. This could take the form of physical, emotional or sexual abuse, neglect, social exclusion or domestic abuse. Keeping all children safe is a high priority for Bolton. Children of all ages need to be protected from physical abuse, emotional abuse, sexual abuse, child sexual exploitation, neglect, social exclusion and domestic abuse. The rate of referrals to Children's social care has increased over recent years and in 2011/12 was higher than national or statistical neighbour (SN) averages at 606 referrals per 10,000 children and young people compared to 533 and 585 respectively. However, the proportion of children and young people who ultimately became subject to a Child Protection Plan during 2009/12 was significantly lower than national or statistical neighbour averages at 39 per 10,000 compared to 46 and 58 respectively. Lead responsibility for ensuring that work to keep children safe is embedded within the work of all agencies in Bolton rests with Bolton Safeguarding Children's Board (BSCB).

Partners need to be able to share intelligence effectively to ensure that children are safeguarded, particularly those who are missing from education or missing from care

Children across all cultures, and including a significant proportion of children in the care of local authorities, can be at risk of sexual exploitation. The age range of children who are victimised through sexual exploitation has come down in recent years from the 16-18, to children under 16 years of age. Children and young people become involved in sexual exploitation for a variety of reasons. It may be as a consequence of parental conflict, physical violence, relationship problems, sexual abuse, bullying, truancy, or substance misuse (either by the child or by a member of their family). Children and young people can also be drawn into sexual exploitation via their friendships, the use of the internet, and other technology.

Close partnership working and multi-agency collaboration can be successful in relation to identifying young people at risk of unhealthy lifestyles/behaviours in childhood. Widespread

and consistent use of the CAF by professionals is vital in highlighting vulnerable young people.

USE AND EFFECTIVENESS OF SERVICES

Aged 5-11 years

There is a need to address school attendance issues with families, to improve educational achievement and ensure all children of this age group can be engaged in education. Safeguarding issues remain for this age group, with 33.3 children per 10,000 under 18s in Bolton subject to child protection plans. Children and young people need protecting from harm by early intervention. Safeguarding and child protection procedures need to be in place, there is a need for preventative programmes such as immunisation and vaccinations and accident prevention. The effects of parental substance and alcohol misuse also can impact significantly on this age group. There is a major transition for this group from primary to secondary school which they need support with.

Aged 11-16 years

Children and young people need to complete their education in order for them to develop into well balanced economically active adults with improved life chances. Children living in poverty are more likely to suffer ill health.

Children and young people with long term conditions need early support to ensure they receive the right treatments and can comply with programmes in order to prevent deterioration of their condition (this is particularly relevant in adolescent years when young people may not take treatments as they do not want to appear different from their peers).

Aged 16-19 years

Young people unable to complete their education are more at risk of living in poverty and suffering the ill health consequences that it brings. The safeguarding issues remain and are more likely to be in relation to risk taking behaviours. Serious sexual assaults on girls who are between 15 and 19 years of age are high in Bolton; these occur in the town centre and are linked to alcohol consumption of both victims and perpetrators. Substance misuse patterns in the borough for this group are changing with alcohol becoming more prevalent alongside poly drug use and 'party drugs'.

Emotional health issues remain and it is widely recognised that in times of recession and austerity then mental health problems are likely to increase.

The national Government 'Troubled Families' programme aims to find new ways of identifying families who are highly dependent on state support and place a particular drain on resources, services and their communities, for example by being long-term workless,

involved in crime and/or anti-social behaviour or not attending school. Such families often have additional problems for example substance misuse, mental health problems and relationship breakdown. This programme is part of the Greater Manchester Community Budget Pilot and represents an excellent opportunity to identify, implement and embed effective and joined up interventions to improve outcomes for these families. It is estimated that there are 830 families in Bolton who would be eligible for the programme.

All ages

A great deal of emphasis in Bolton is placed on the promotion of positive health and wellbeing and early intervention. Early Years and Family Support services provide preventative services focused on children and their families. Referrals are taken from a wide range of agencies. Community-based children's social care services are provided by three Referral and Assessment teams, three Safeguarding Teams and three Looked After Children's teams, supported by three teams for family support (which manage the borough's children's centres between them) and borough wide teams for children with a disability, youth offending, adoption, fostering, sexual exploitation, young people's substance misuse, and young people leaving care.

Play Services provide children with the opportunity to play safely, experience personal autonomy, discover their self-identity, and be active participants.

Behaviour Support Service works with school pupils and their families to tackle issues such as behavioural problems, bullying, school absence and school exclusion.

The Healthy Schools Programme defines health in its broadest sense and is therefore involved with issues as diverse as citizenship, raising attainment and emotional health and wellbeing as well as healthy eating, physical activity, drugs education, and sex and relationship education.

The 5-19 Service provides a wide range of activities for children and young people aged 5-19 years that aim to support young people's personal and social development – which includes developing important skills and qualities needed for life, learning, and work – and raise young people's aspirations.

Targeted Youth Support working to engage young people and provide diversionary activities for those most at risk of engaging in anti-social, risky, or extreme behaviours.

Educational Psychologists are concerned with children's learning and development and they aim to bring about positive change for children. They have skills in a range of psychological and educational assessment techniques and in different methods of helping children and young people who are experiencing difficulties in learning, behaviour or social adjustment.

Youth Offending Team works with 10-17 year olds in or at risk of being in the criminal justice system. It offers preventative and restorative programmes and supports young offenders to address underlying causes to prevent re-offending.

The above services work at various points along the emotional health and wellbeing spectrum.

Child and Adolescent Mental Health Services (CAMHS) support those at the more severe end of the spectrum with mental illness via three tiered services.

The joint policy document 'Promoting the Health of Looked After Children in Bolton' was last updated in October 2010 and sets out in detail the roles and responsibilities of all agencies to maintain and promote the health and wellbeing of Looked After Children and Young People. This includes the roles and responsibilities of:

The NHS: Dental Services, lead health professionals (Senior Nurse LAC, Specialist Practitioner Safeguarding, and Advanced Practitioner), primary care teams, designated professionals (designated doctor and nurse), the School Nursing Service and School Nursing lead professional, Health Visiting Service and lead professional, Community Nursing Service, CAMHS and Emotional Health Service for LAC and The Parallel Young People's Health Centre.

Between 200 and 250 households foster for Bolton at any given time. Council social care services manage a total of six Children's Homes, including two Short-term Breaks facilities for Children with Disabilities and an Adolescent Support Unit.

There is an emergency out of hours service providing social care cover across the borough.

Services in Bolton have a solid track record in protecting and promoting the health of looked after children. High numbers of children receive the required dental and optical checks. Similarly, a high number of Looked After Children in Bolton receive the required immunisations.

School drop-ins and the work of the Parallel Health Centre play a crucial role in ensuring that looked after children get the right health care. Bolton mental health practitioners have developed a pathway for Looked After Children's mental health and this works closely with the LAC pathway within CAMHS Bolton. There is now a Looked After Children pathway for CAMHS. All referrals accepted to CAMHS are initially seen via a 'Choice' appointment and the Choice clinician may then decide to refer to the LAC Pathway for consultation, assessment and intervention. The aim of this approach is to achieve adherence to the recent recommendations in the

NICE/SCIE document 'The physical and emotional health and wellbeing of looked after children and young people'.

To support the educational attainment of Looked After Children a Virtual School has been established. This together with personalised education plans for each child and designated teachers in schools has reduced school absence and greatly improved the educational achievements of Bolton's Looked After Children over the past three years.

Future service priorities include:

1. In step with the early help processes in Bolton, sufficient resources need to be available from CAHMS to ensure early access for those outside the Child Protection and LAC processes.
2. Early intervention to prevent the need for future intervention via Child Protection or the Looked After route.
3. Ensuring that children's needs are not overlooked during the integration of the health and social care system in Bolton.