Blackpool Joint Strategic Needs Assessment

Children's Needs Assessment
2015 DATA UPDATE

Blackpool health & wellbeing Board

SUPPORTED BY Blackpool Council

Supported by NHS Blackpool Clinical Commissioning Group

Children's Needs Assessment

Version: 1.0 (In revision – all sections)
Author: John Patterson (john.patterson@blackpool.gov.uk)
Support from: jenny.ingle@blackpool.gov.uk (data) , venessa.beckett@blackpool.gov.uk (policy)
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About this document

This is the 2015 data update of the 2012-13 needs assessment. It provides an interim summary report of data ahead of future redevelopments of the Joint Strategic Needs Assessment. From December 2015 content will be migrated to a live website which will be refreshed more frequently and allow for more detailed needs assessment topics. The first scheduled new topic will cover Special Educational Needs provision.

This document contains data updates for the below 5 subject areas which are considered to provide an overall framework for assessing need:

- Children are safe and protected from harm;
- Vulnerable children and families in need are provided with help and support;
- Children have a healthy start to life and maintain healthy lifestyles;
- Children develop well and achieve expected standards or beyond at all levels;
- Young people progress into Employment, Education or Training and aspire to reach their full potential.

Scope

The scope of this needs assessment is broad and limits analysis to establish types of need, their scale and extent in Blackpool. It includes evidence on the potential drivers, barriers or limiters of need where these are reasonable to establish. The assessment does not cover in depth levels of service or throughput unless explicitly outlined.

The target population is largely concerned with children aged 0-17 (inclusive). It also looks at some outcome data for those up to age 24 in some cases, particularly those leaving care and those not in employment education or training as this provides evidence that indicates if Blackpool meets the needs of its children.

A key component of needs analysis is comparability. Therefore where possible all headline data is taken from the most recent national statistics release and not performance data.

How to use this document

This document is aimed at providing a data reference point to support the evidence needs for the development and commissioning of services, strategies and provision. **The document is split into three broad sections covering safeguarding, health and educational outcomes.**

Each section provides a summary reference of key findings at the beginning and the table of contents provides an accessible reference for specific data needs.

Throughout the document data for Blackpool is used and compared to equivalent National statistics or Statistical Neighbours. Statistical neighbours provide a useful comparison group as they are chosen based on structurally similar characteristics (and therefore might be expected to have similar overall needs).

Links to other work

This work forms a detailed strategic needs assessment of children but there are clearly links to existing evidence. To avoid duplication additional material is available in several further reports:

On the general needs of all people in Blackpool: Blackpool *JSNA Core Chapters*.
On Children in Poverty: *Blackpool Child Poverty Needs Assessment*.

These are available on the **Blackpool JSNA Website**: http://**www.jsnablackpool.org.uk**

Detailed **performance information**: **The Business Intelligence Team produce detailed 'performance indicator' books on a range of topics that are updated very regularly and provide 'the very latest' figures** – however between national reporting periods these statistics have few comparators and therefore can't establish relative need. Please contact: mit@blackpool.gov.uk or mark.allsop@blackpool.gov.uk for more information

Contents

1. Introduction

As in previous editions this report is focused on the needs of children in Blackpool. It continues to provide a broad strategic view of over thirty topical aspects of need in the three themes of Safeguarding and Social Care, Health, Resilience and Wellbeing and Educational Attainment and Participation. It is intended to support, guide and help shape judgements on priorities and allocation of resources.

The analysis in the report is a single part of the wider Joint Strategic Needs Assessment process for Blackpool, ensuring that the JSNA has an element which is wholly focused on the needs of young people. The JSNA and its associated website are currently being redeveloped. This is to improve the speed of reporting on the evidence base and change the format to a series of live web pages that are more easily updated and accessible to all.

Since 2013 the context for this report remains broadly unchanged. There are an estimated 29,000 children in Blackpool, predicted to increase to 33,000 by 2033. They currently live in the most deprived authority in England and around a third of them are in relative economic poverty. Family circumstances are more diverse than ever with a reducing proportion of 'traditional' married/cohabiting parent families and increasing proportions of lone parent families or 'other' more complex family configurations.

In the safeguarding section, the report continues to identify a significant need for keeping children safe in Blackpool. The rate of referrals, children in need, child protection plans, domestic abuse incidents and looked after children remain amongst the highest in England. There are also key areas of work for families particularly around child sexual exploitation The OFSTED process that established an improvement board is now complete and a 'Getting to Good' Board has been established to continue the improvement journey.

The health resilience and wellbeing sections pick up on the health needs associated with the economic circumstances of Blackpool. There are a range of poor health outcomes for children with specific challenges around teenage conception, substance misuse and parental lifestyles as well as a range of wider determinants of health such as educational attainment and poverty where ongoing improvement will affect outcomes over the long term. Public Health has now fully transitioned into the Council enabling collaborative internal working to develop approaches to improving the health outcomes of all young people.

The education section suggests that early childhood development is poorer than many other authorities and early years support is needed to mitigate this. The section also provides some good indications of progress with the gaps between GCSE attainment narrowing and progression between key stages being close to the national level. At the same time there are indications of poor attainment in English and Maths and lower participation in Higher Education than the national levels.

More recently external funding is providing two key work areas in Blackpool with much needed investment: the Better Start big lottery investment to give 0-5 year olds the best start in life and Head Start programme aimed at supporting 10-15 year olds to increase their resilience. These programmes could both have lasting benefits for Blackpool children over the long term

The story behind the figures is that a vast range of services are being provided to the children of Blackpool, with the aim of meeting this need as far as possible. In part Blackpool is adept at identifying children in need because services have been designed to find them; an additional explanation for the high numbers of children identified across numerous topics

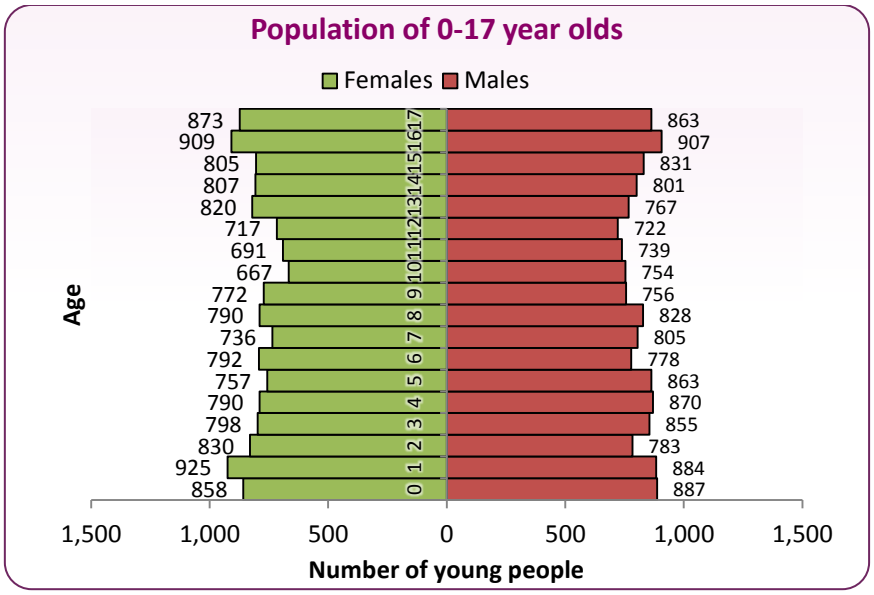
The findings of this needs assessment have changed very little since 2013 but this is in part due to the scale of the challenge that Blackpool faces - which in some cases, such as social care demand, might take years for Blackpool to see reductions in the level of need. In some cases such as Teenage conceptions and Youth offending – rates have improved substantially, closing the gap between Blackpool and England, but still remain as key areas of need.

2. Blackpool Context

This section introduces the population of children and places that population within the social and economic context of Blackpool. Understanding this population is key to identifying the potential scale of need in Blackpool, while understanding social context provides a useful insight into some of the influences on children's outcomes.

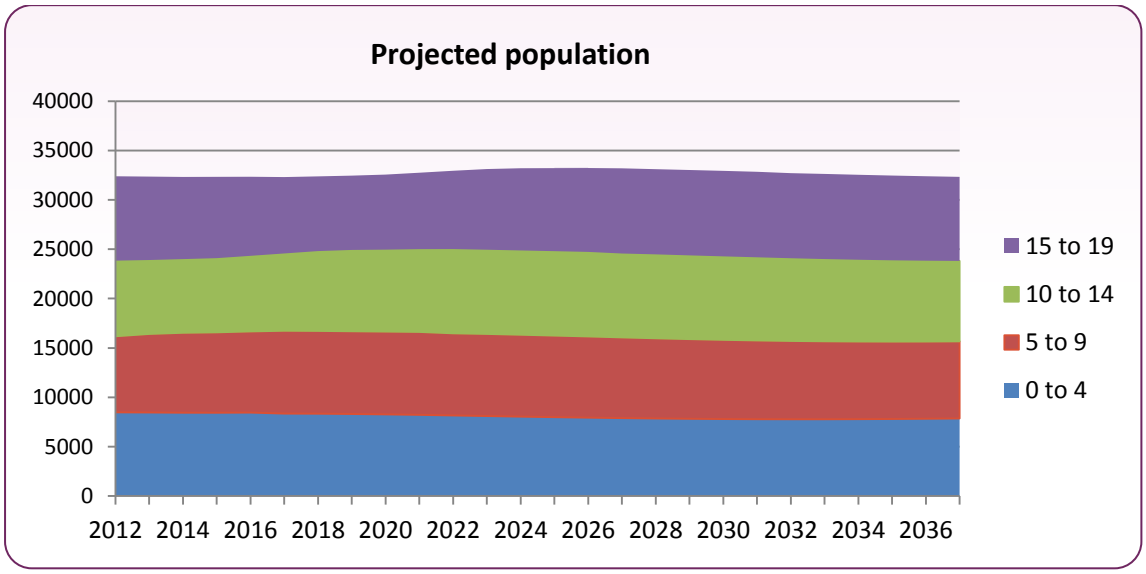
2.1. Population Context

The current population of 0-17 year olds in Blackpool is estimated to be 28,900, 20.3% of the total Blackpool population of 142,100. The chart below shows the breakdown of this total by age and sex bandings.



2.1.1. Long term population projections

The Office for National Statistics produces future population projections[1] for 5 year age bandings. They currently project that the overall young person population will remain fairly stable over the next 25 years. There are projected to be approximately 32-33,000 young people aged 0-19. A steady 23% of the Blackpool total.



[1] NB the word 'projection' is used instead of forecast as they do not take into account potential changes in future population or policy.

2.1.2. Spatial distribution

The map on the right shows the numbers of children aged 0-17 at the time of the 2011 Census at lower super output area level (LSOAs). Ward names are shown for reference.

Dark purple areas show where the highest numbers of children are located and may be indicative of areas where universal demand will naturally be higher for children's services.

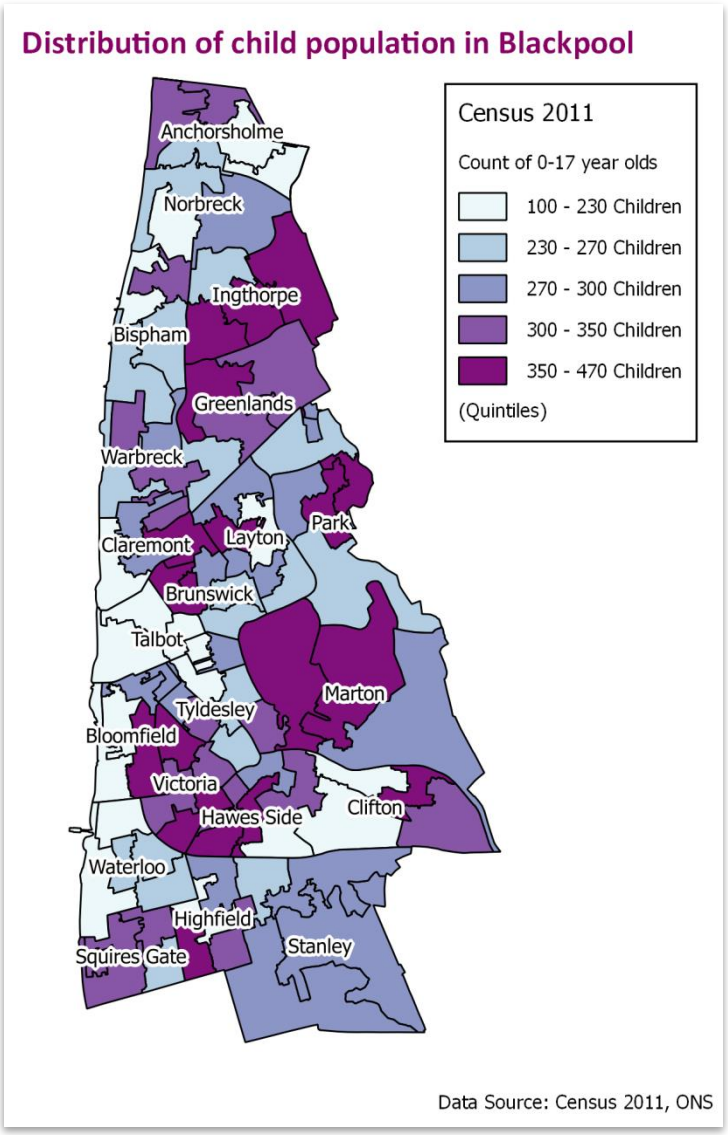
Pale blue areas have the lowest numbers of children.

LSOAs, or groups of LSOAs, with high relative numbers of children are in:

- Ingthorpe/Greenlands
- Park (Grange Park)
- Claremont/Layton/Brunswick (Not prom)
- Marton
- Bloomfield (Not Prom)
- Hawes Side/Clifton (West)

LSOAs, or groups of LSOAs, with high relative numbers of children are in:

- Norbreck
- Talbot (Town Centre)
- Clifton (East)
- Bloomfield (Prom side)
- Waterloo (Prom side)



2.1.3. Additional Populations

While the 0-17 age band is seen as the core age group for children and young people, it can be broken down in other ways. For example significant resources are assigned to supporting young children before they start school, typically those in the 0-4 age group. Further resources such as provision for young people not in education, employment or training follow the older 16-18 and 16-24 year age groups. Table 1 below summarises the population in these bandings.

Table 1: Population in selected age-bands

Age Band	Description	Blackpool (number)	Blackpool (% of Total Population)	England (% of Total Population)
0-4 years	*Early Years*	8,500	6%	6%
0-17 years	*General Needs*	29,000	21%	21%
16-18 years	*School Leavers*	5,300	4%	4%
16-24 years	*Young People*	15,600	11%	12%
5-16 years	*School Age*	18,800	13%	14%
0-24 years	*Extended Group*	41,100	29%	31%

Source: ONS Mid-Year Population Estimates 2013

2.2. Social and Economic Context

Research highlights that the environment in which children grow up influences their life chances (Leventhal & Brooks-Gunn, 2000) . There are a wide range of existing and ongoing research programmes which show differences in opinion on the significance of these influences and the size of their effects but generally still conclude impacts occur over both the short and long term. (Friedrichs, Galster, & Musterd, 2003).

From a family context, Blackpool has seen a small but notable demographic shift in the nature of family structures. Between the 2001 and 2011 Censuses of Population the number of traditional "married/cohabiting (living together as though married)" families reduced by -4.6%, while the number of lone-parent families increased by 6.4%. There has also been an increase in families with 'other,' presumably more complex, circumstances (ONS 2001, 2011).

The socio-economic-status of families is correlated with poor outcomes and in this context a number of Blackpool's children grow up in one of the poorest performing (statistically speaking) authorities in England. The English Indices of Deprivation is a useful baseline for comparing authorities as it combines a range of deprivation factors under a single measure. Using this index Blackpool is ranked the most deprived authority in England in 2015. (CLG, 2015)

In terms of income and employment, Blackpool has high proportions of individuals reliant on benefits as a source of income with out-of-work benefits, including Employment Support Allowance (ESA) and Job Seekers Allowance (JSA) at almost twice the national (Great Britain) level; currently 23% of Blackpool's Working Age Population, compared to 12.7% nationally (GB). The median weekly wage for those in full time employment is £137 less than the national equivalent, at just £386 per week. The resulting economic pressure means that 29% of all children in Blackpool are considered to be in relative poverty – the 14th highest level in England. (ONS 2014, DWP 2015, HMRC 2014)

From a health perspective, the health of people in Blackpool is generally worse than the England average and there are marked inequalities both between Blackpool and the national average, and within the town itself. Life expectancy for males the poorest in England at 74.3 years compared to 79.4 years. Life expectancy for females is similarly poor, at 80.1 years, compared to 83.1 years for England -the 3rd poorest after Manchester and Liverpool (ONS, 2012)

The *qualified* skills base in Blackpool is also poor with an estimated 13% of the working age population in Blackpool having no formal qualifications and just 22% having a level 4 qualification, compared to 36% for England. (ONS 2014)

Evidence from Blackpool's Child Poverty Needs Assessment highlights that many of these factors have intergenerational impacts resulting in an ongoing 'cycle of poverty' that is very difficult to break (Joseph Rowntree Foundation, 2006). Early intervention, and holistic multi-agency approaches are emerging as one potential solution but are highly resource intensive. Blackpool has also received a significant investment in the form of Big Lottery funded Better Start project which aims to deliver systems change and true early prevention for 0 to 3s in the 7 most deprived wards.

More recently significant changes to health services, welfare reform, local government budgets, school types and other policy initiatives will have a substantial short term and potentially long term impact on future children's outcomes.

Overall these figures highlight that the environment in which children in Blackpool grow up contains a significantly challenging context in which all services in Blackpool, including children's services need to operate. The range of social influences naturally creates a greater level of need in the local population than elsewhere and a correspondingly significant demand for services in Blackpool.

3. Section 1 – Safeguarding and Social Care

3.1. Key Points

- **REFERRALS AND ASSESSMENTS IN SOCIAL CARE**
- Blackpool has high referral rates into social care relative to other authorities and this creates significant service demand across all resulting work areas (Looked After, In Need, Disabled, Child Protection). It is suggestive of a high level of underlying need in the local population for social care.
- Many referrals to social care in Blackpool result an assessment that find a child is 'not in need' of social services. This suggests the need for ongoing development of service pathways and communication to the general residents about when services are necessary..
- Referral rates into social care have increased in Blackpool over the 2009-2015 period, while England rates have remained broadly level.

- **CHILDREN IN NEED, SUBJECT TO A CHILD PROTECTION PLAN, OR LOOKED AFTER**
- Blackpool had the 5th highest rate of Children in Need in England in 2013/14.
- Abuse and Neglect represent the biggest need areas for safeguarding children in Blackpool. The proportions of Children in Need under these categories are higher than the proportions for England as a whole.
- Blackpool had the 2nd highest rates of children subject to child protection plans in 2013/14 with the majority marked as at risk of multiple forms of abuse.
- Park, Claremont, Brunswick and Bloomfield wards have the highest rates of children with a child protection plan.
- Blackpool had the highest rate of looked after children in England in 2013/14.
- The rate of looked after children has increasing annually in Blackpool to 2012/14. A small drop in the rate occurred in 2013/14 however – the first drop since 2007/08
- Park and Bloomfield wards had the highest rates of looked after children across all wards in Blackpool.
- Looked after children have significantly poorer outcomes than other children in Blackpool. Health data suggests 36% have poor emotional and behavioural health, 5.5% have a substance misuse issue, 80% gain less than 5 GCSEs and 6.3% were convicted or given a final reprimand.

- **ADDITIONAL SAFEGUARDING AREAS**
- Domestic abuse is a significant issue in Blackpool with 3 times the rate of reported high risk cases than nationally reported.
- There were 734 children in households subject to a multi-agency risk assessment conference in 2013/14
- Child sexual exploitation is an ongoing challenge for all authorities in England and Blackpool continues to need specialist service provision in this area. The number of CSE referrals is increasing as awareness increases. Further work on CSE need is ongoing..

- **CHILDREN WITH DISABILITIES**
- 7 percent of episodes of need were for children with disabilities. Of these learning disabilities and autism present a substantial area of need for support services in Blackpool – 82% of referrals include one of these disabilities..
- In Blackpool, there are broadly 1000 children claiming disability living allowance the majority of these claims are for children with Behavioural and Learning Disabilities. Blackpool has a higher proportion of children claiming DLA for hyperkinetic syndromes than Lancashire.

3.2. Introduction and Policy Context

Safeguarding and social care is a broad term and describes all areas where children need some form of social support, from mild cases such as needing advice right through to severe incidents of child mistreatment. It is a priority area of need for Blackpool with rates of children needing support amongst the highest in England. This section considers the evidence available on levels of safeguarding need.

The process for Children's Safeguarding is complex with multiple pathways through the assessment and support process and opportunity for children to need several episodes of support throughout the year. Need will also vary in severity with some referrals taking less than a week to address (e.g. assessments leading to no need identified) and others taking several months to complete for example taking a child into care and placing them with a foster family.

A very general summary of the process is provided below as a means to helping interpret the figures available on each area. For more detailed information please see Department for Education guidance:

- **Stage 1: Referral**. Children and Families are referred to social care through an appropriate mechanism.
- **Stage 2: Assessment**. The nature of the need of the child / family is assessed so that the right support can be put in place. This is in the form of initial and core assessments and may encompass criminal investigations, multiagency discussions and conferences.
- **Stage 3: Supportive and Protective Action.** Support services are identified and provided. In cases where a child is at risk protective action is taken through the development of protection plans or by taking a child into care.
- **Stage 4: Ongoing review.** Children receiving support services are subject to regular reviews to ensure needs continue to be met. For example, Looked After Children are subject to a regular health assessment and dental checks.
- **Stage 5: Exit from services or care.** At some stage children will no longer require services. Either through a short service coming to an end, placement with adoptive parents, reaching legal adult status or being returned to their families.

There is a wide range of legislation procedures and guidance that all Local Authorities must take account of. Full discussion is outside the scope of this document but the core legislative framework is established through.

- The Children Act 1989 & 2004
- Working Together to Safeguard Children - Statutory guidance on procedures
- Framework for the Assessment of children and their families - Statutory framework
- Education Act 2002
- Homelessness Act 2002
- The Southwark ruling - provision of accommodation for homeless 16 & 17 year olds.

A full review of safeguarding was undertaken by Professor Eileen Munro and reported on findings in 2011 with a second report on progress in 2012. The Munro review made 15 recommendations which were largely around refocusing the safeguarding framework away from bureaucratic process and back toward providing effective support for children at risk. The report also highlighted that proactive, population based approaches to prevent occurrence of harm are more effective than simply dealing with the results. (Munro, 2011)

Nearly all recommendations were accepted in principle and in response, the DfE revised the 'Working Together' framework in March 2013 following a consultation on proposed changes. The new framework 'makes absolutely clear the legal framework and the expectations on different professionals'. The main changes from the proposals which were subject to consultation are [[Source: LGIU Briefing - April 2013]]:

- A greater emphasis on the needs of individual children being at the centre of all local safeguarding systems;
- Removal of the distinction between initial and core assessment and the 10 working day timescale for completion of the initial assessment, but retention for the time being of the current 45 working days national maximum timescale for completion of an assessment;

- Some clarification of specific responsibilities either of individual organisations (eg. health services) or in specific areas of practice (eg. information sharing or dealing with allegations);
- The guidance on Local Safeguarding Children Boards is now rather more explicit, with stronger accountability arrangements for their Chairs;
- Guidance on learning from Serious Case Reviews (SCRs) does not specify the learning model to be used; and
- A new national panel of independent experts is to be established to provide advice to LSCBs about the application of SCR criteria and the requirement to publish reports, to which LSCBs should have regard when making decisions about SCRs.

The Children and Families Act 2014 introduces a number of reforms to the adoption process to reduce delay and encourage more adopters, including giving adoptive parents the same pay and leave rights as birth parents. The Act also provides greater protection for looked after children and encourages 'fostering for adoption', as well as requiring local authorities to continue to support children in foster care placements when they leave care from 18 until age 21.

As part of ongoing arrangements, OFSTED inspect local authorities safeguarding arrangements to ensure relevant standards are being met. In July 2014, Blackpool's safeguarding and social care services and the Blackpool Safeguarding Children's Board were inspected and rated as 'requiring improvement'. The Department for Education's Notice to Improve was subsequently lifted in July 2015 and the Improvement Board has been replaced with a 'Getting to Good' Board which will continue to drive improvements to service delivery for vulnerable children across Blackpool.

The Children and Families Act 2014 also introduced a number of reforms to SEN and disability, and a code of practice setting out requirements of local authorities and partners came into force in September 2014. Some of the key aspects include:

- **The approach to identifying SEN was changed from service led to person centred**
- **Statements of SEN have been replaced by Education, Health and Care (EHC) Plans**
- **Approaches have to be outcome focussed and aspiration driven –** This has been a key ethos change away from the needs driven approaches used previously.
- **Increase to a 0-25 age range –** The Act covers young people to the age of 25, whilst previously it was to the end of schooling. Post school it covers when the young person is in education and/or training. Outcomes in terms of being in employment or an alternative are important.
- **Personal budgets –** If there is an EHC Plan the young person post 16, or parent, can have access to a personal budget for aspects of this.
- **Coproduction –** All strategic and personal plans have to be coproduced with parents and young people.
- **Local Offer –** the local authority must host an offer of all provision available within the area for CYP with SEND and their families
- **Joint Commissioning** – This has to occur between the CCG and local authority.
- **Mediation –** If there is a dispute about aspects of an EHC Plan the local authority or CCG has to commission independent mediation.
- **Early stages of support –** needs must be identified at as early stage as possible

While the statistics in this section are accurate at the date of reporting it is important to recognise that in response to the inspection Blackpool Council has initiated a wide range of reviews, changes and improvements which will change the landscape of services and will have an influence on future levels of need. Previous experiences of other authorities suggest that in the short term need and demand for services will increase.

3.3. Demand for social care services

As an illustration of the scale of social care need in Blackpool, the chart below shows a snapshot of the demand for children's social services[2] over the financial year 2013-14. Compared to the 2012 needs assessment demand has gone up but positive outcomes leading to an exit from safeguarding have also increased.

The diagram breaks the figures down to a number of 'staged' groups but due to the fluid nature of service provision caution should be taken in presuming each stage is a natural flow from the previous one.

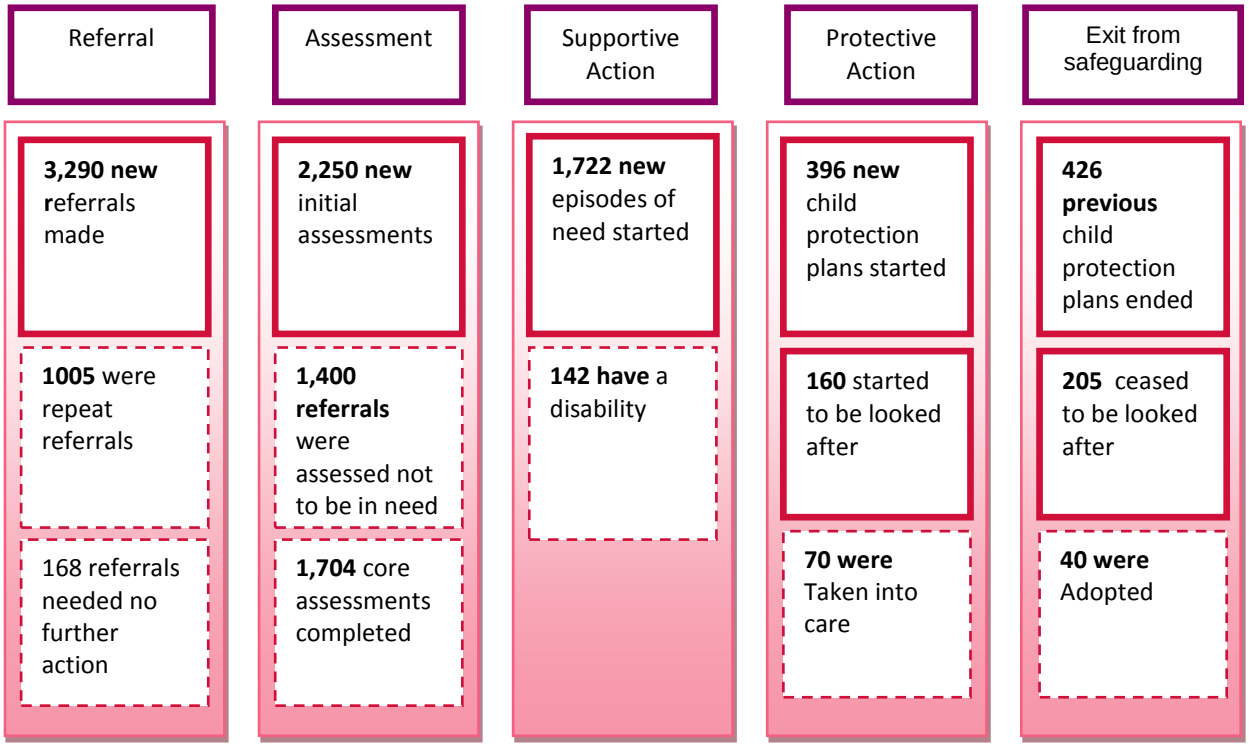


Diagram: Demand for Children's social care in Blackpool 2013-14

Sources: DfE SfRs 2015, Blackpool Council Business Intelligence Team Reports

Relative to England and other authorities the core needs groups of child protection, looked after children and children in other episodes of need are significantly higher than the majority of other authorities in England. The table below examines each of these items in more detail and the sections following provide additional context on each.

Table 2: Safeguarding Comparison- rates per 10,000 children under 18

Area	Referrals	Children in Need	Child Protection	Children looked after
Blackpool	*1,132.1*	1117.3	136.3	152
North West	*687.6*	723.2	63.9	81
England	*573.0*	680.5	52.1	60

Source: DfE – Children in Need and Looked After Children data releases – 2013/14

[2] Note: The Munro review established new guidance for assessments replacing core assessments and initial assessments with a single assessment process. Comparative data on single assessment will be published in 2015 but in the interim the above reflects a transition period.

3.4. Referrals and assessments in social care

> *"A **referral** is defined as a request for services to be provided by children's social care and is in respect of a child who is currently not assessed to be in need. A referral may result in an initial assessment of the child's needs, the provision of information or advice, referral to another agency or no further action.."*

Referrals are the entry point for children into the social care process and so provide a strong indication of demand for services by the local population. In the financial 2013-2014 year there were 3,290 new referrals to Children's Services, a rate of 1,132 referrals per 10,000 resident children. This was higher than the national average (573 per 10,000) and the majority of Blackpool's statistical neighbours (average 676 per 10,000).

Of the 3,290 original referrals:

- 1005 referrals (31%) were repeat referrals, i.e. regarding the same child or family. This is slightly higher than the national proportion (23%) though Blackpool shows a large reduction compared to 2010-2011 (36%) suggesting potential improvement in this area between 2010-11 and 2013-14.
- 168 (5%) referrals resulted in no further action, meaning they were determined to need no further assessment. This is lower than the equivalent 2011/12 figure of 393.

Assessment in Blackpool has changed since the 2012/13 needs assessment was produced. A new process introduced in 2014 now means that a decision on the nature of need is taken in one working day and this determines how a referral proceeds to various assessments. For full details of the current process please see guidance from the Blackpool Safeguarding board at: http://panlancashirescb.proceduresonline.com/index.htm

However as this data collection process is new there are, as yet, no nationally reported datasets from which to draw comparisons on relative need. The most recent data for 2013/14 reports on the former system of initial and core assessments and so this is reported below.

Again of all the 3,290 referrals made in 2013-14,

- 2,075 (74%) proceeded to an initial assessment, which was broadly similar to England (75%) and the neighbour set (74%).
- 49% of these initial assessments identified that the child was not in need i.e. no direct action was necessary. This was a much larger proportion than England (26%) and the neighbour set (24%).

Overall, by taking into account:

- the number of referrals which did not need an assessment,
- the referrals which led to the assessment that no action was necessary

48% of **all referrals** made in 2013/14 led to a determination that a child needed no further action. This is comparably higher than England as a whole at 35%.

Blackpool carried out 1,704 core assessments in 2013-14, a rate of 291 per 10,000 children and the 14th highest rate in England. Core assessments require more depth than the brief initial assessments and may include Section 47 inquiries which take place when a child is considered at risk of significant harm.

In terms of timely assessment, Blackpool completed the majority of initial assessments within acceptable timescales of 10 days for an initial assessment and 35 days for a core assessment. Blackpool performed better than England and its statistical neighbours on both these measures though ideally timely assessment would be universal and remain 100% for both measures.

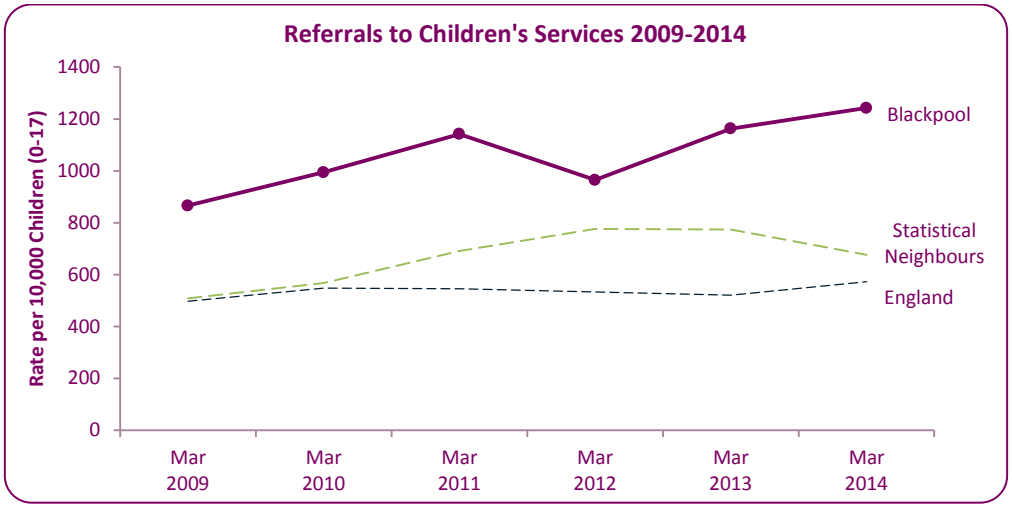
(Sources: DfE SFRs 2009-2012 "Characteristics of children in need" and Business Intelligence Team reports)

3.4.1. Trends in referrals and assessment

Over the last 6 years referrals to Children's Services have increased, from a rate of 866 per 10,000 children in 2009 to 1,242 per 10,000 children in 2012. There was a small drop in referrals in 2012 but referrals in 2014 reached their highest level in the last 6 year.

The trend for Blackpool's Statistical Neighbours increased between 2009 and 2013 but has reduced slightly in the 2014 reporting. England has remained broadly level throughout the period.

The gap between Blackpool and England in terms of referrals has widened with the rate of referrals in Blackpool now just over double the rate for England.

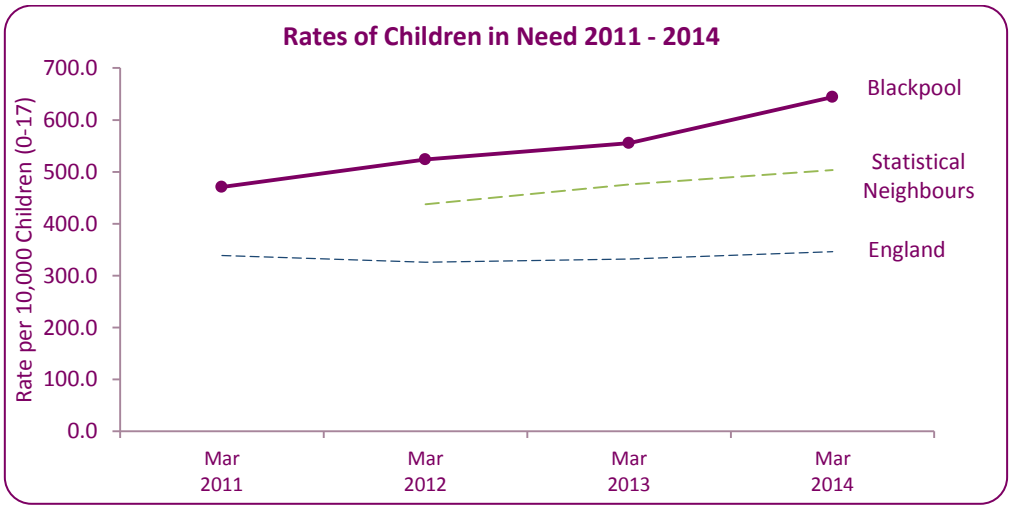


(Source: DfE SFRs 2009-2014 "Characteristics of children in need")

3.5. Children in Need

*"A child **in need** is one who has been assessed by children's social care to be in need of services. These services can include, for example, family support (to help keep together families experiencing difficulties), leaving care support (to help young people who have left local authority care), adoption support, or disabled children's services (including social care, education and health provision). "– Department for Education Definition*

An episode of need begins when an assessment recommends supportive action and ends when that support is no longer needed. At 31st March 2014, there were 1,884 active episodes of children in need in Blackpool. This was the 5th highest rate of need in England at 648 cases per 10,000 children. This is an increase in rate compared to the 2012 needs assessment. Throughout the whole of 2013-2014, 3,247 incidents of need were recorded, 1,722 of which began within the same year. This is also an increase in numbers compared to 2012.



(Source: DfE SFRs 2009-2014 "Characteristics of children in need")

In 2012-13, the majority of Children in Need were of white ethnicity. A very small proportion (c. 5%) was from other ethnic groups. This is broadly in line with the structure of Blackpool's population overall and does not suggest Children in Need are more prevalent amongst any particular ethnic group. This information was not published by the Department for Education in 2013/4.

Table 3: Children in Need by initial category of need

Category	Number	Blackpool %	National %
N1 - Abuse or neglect	1038	55%	47%
N2 - Child's disability or illness	126	7%	10%
N3 - Parent's disability or illness	138	7%	3%
N4 - Family in acute stress	162	9%	10%
N5 - Family dysfunction	124	7%	19%
N6 - Socially unacceptable behaviour	23	1%	2%
N7 - Low income	1-5	<1%	1%
N8 - Absent parenting	20	1%	3%
N9 - Cases other than children In need	1-5	<1%	1%
N0 - Not stated	251	13%	5%

Source: DfE SFR43_2014

Children needing safeguarding from abuse and neglect are the largest category of need in Blackpool with 55% of children having an episode of need falling under this category. This is higher than the national level. Disability and illness is the second biggest reason for need, slightly lower than the national level.

Children recorded as in need due to family dysfunction is substantially lower than England. Overall the data suggests that reducing levels of Abuse and Neglect is still the largest priority area for Blackpool.

(Sources: DfE SFRs 2009-2012 “Characteristics of children in need” and Business Intelligence Team reports)

3.6. Child Protection

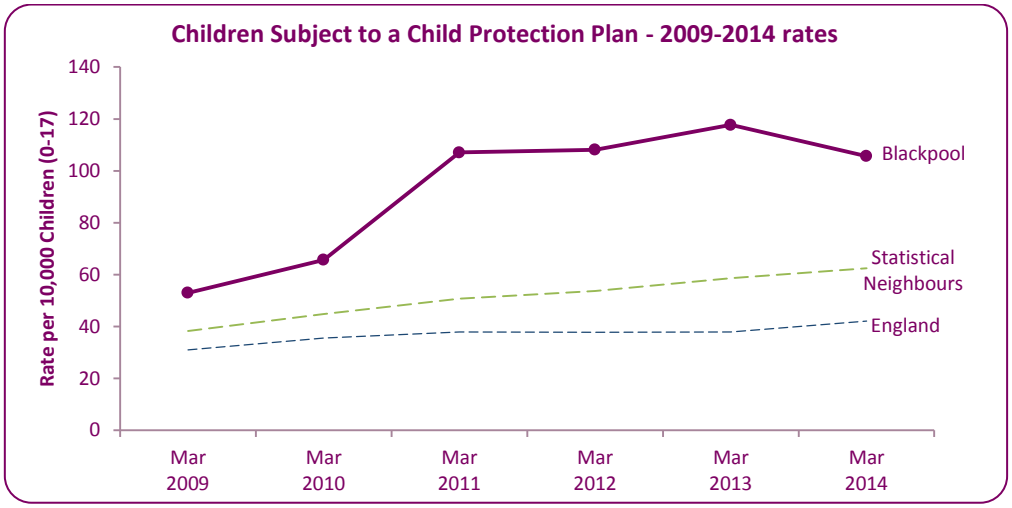
*"The local authority may carry out a section 47 enquiry to determine if it needs to take steps to safeguard and promote the welfare of the child. If concerns are substantiated then an initial child protection conference will be convened. At the **child protection** conference, the decision will be made as to whether the child needs to become the subject of a child protection plan and if they do, the initial category of abuse is recorded."*

In March 2014

- Blackpool had 307 children subject to a child protection plan.
- The 2nd highest rate of children with a child protection plan in England, at 106 per 10,000 children. Over double the rate for England at 42 per 10,000.

Over the entire 2013-14 year:

- 396 children became the subject of a child protection plan
- 426 children ceased to be subject to a plan.
- For plans that ended during 2013-14 about half of all children were subject to the plan for 6 months or less 54%.



The chart above shows the rates of child protection plans for 2009 to 2014. The number of children subject to a child protection plan increased sharply from 2010 to 2011 and has remained significantly higher than both Blackpool's statistical neighbours and England through to 2014.

Table 4: Initial Category of Abuse

	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple
Blackpool Number	112	9	22	87	166
Blackpool %	28%	2%	6%	22%	42%
England %	42%	11%	5%	33%	9%

Source: DfE SFR43_2014

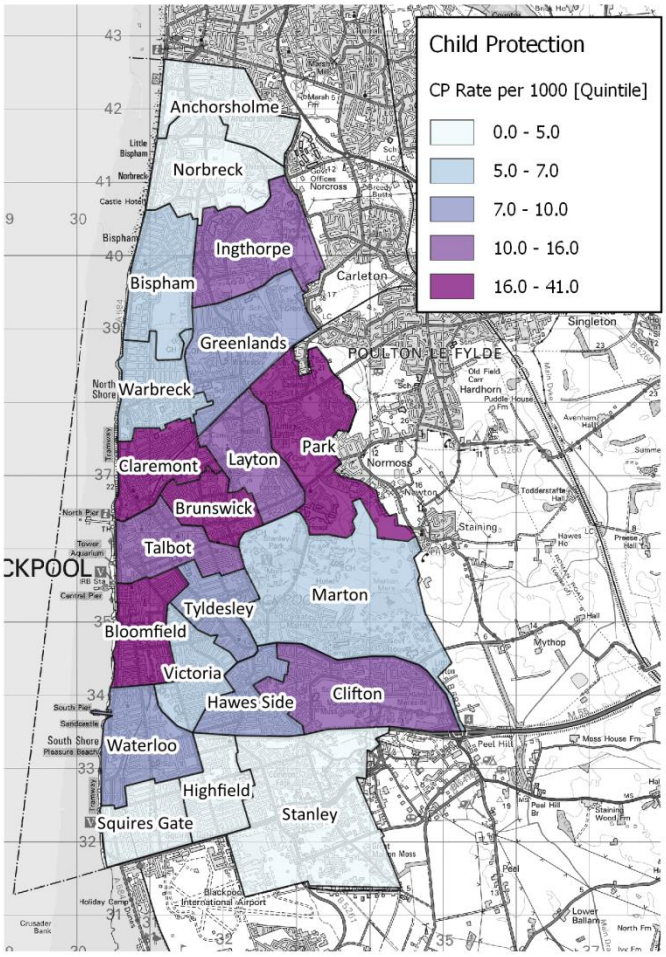
When a child is referred for a Child Protection Conference, the initial category of abuse is recorded. The largest initial category of abuse in 2014 was identified as "Multiple" (i.e. abuse across more than one category) accounting for 42% of all cases. This is almost four times higher than the national level (12%). Neglect (28% of cases) and Emotional abuse (22% of cases) also accounted for a high number of cases.

The map below shows the spatial distribution of child protection plans. The deeper the purple colour the higher the rate of protection plans per 1000 children.

There is a geographic concentration of need for Child Protection within Park, Claremont, Bloomfield, Brunswick Wards, though a small number of cases exist in all wards.

This is not dissimilar to the spatial pattern observed across a range of social indicators in Blackpool including deprivation, benefit claims and unemployment, free school meals, and child poverty.

Child Protection Plans - Ward Rates



Data Source: FrameworkI Business Intelligence 2015

An analysis of Children subject to child protection plans using MOSAIC, a geo-demographic profiling tool, highlighted that just over 65% of children are protected in households from two MOSAIC groups:

Group L	Transient Renters	45.23%
Group M	Family Basics	19.35%

The distribution of these groups across Blackpool may be a useful starting point for developing geographic or demographically targeted interventions.

3.7. Looked After Children

> "A **Looked after Child** ('LAC') is a child who is accommodated by the local authority, or a child who is the subject of an Interim Care Order, full Care Order, Emergency Protection Order, or placed for Adoption.

In 2014, Blackpool had a rate of looked after children of 152 per 10,000 children[i] equivalent to 445 children looked after. This was the highest rate of Looked After Children in England, followed by Wolverhampton, Torbay and Manchester. The demographic profile of looked after children shows that:

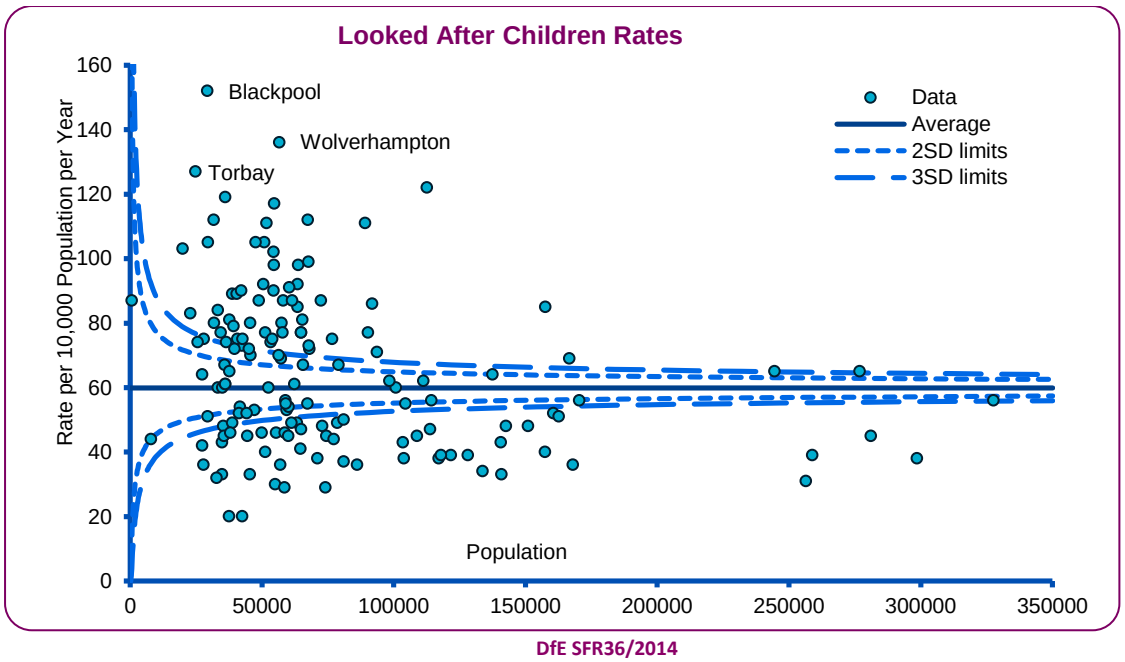
- Slightly more males than females are looked after (57% male, 43% female)
- The majority of looked after children are white ethnicity (93%)
- The ages of looked after children show a small bias towards younger age groups in Blackpool Council

Table 5: Age profile of Looked After Children

	Under 1	1 to 4	5 to 9	10 to 15	16 and over
Blackpool (number)	35	110	100	140	60
Blackpool %	7	25	23	31	14
North West %	6	20	24	35	16
England %	6	17	20	37	21

DfE SFR36/2014

The chart below, shows the rates of LAC for all local authorities in England. The further a point is above or below the central line the more the rate of looked after children deviates from the average. Some difference from average is expected, especially in areas with small populations of children such as Blackpool. Any point which sits outside of the funnel shape is deviating from the average in a way that suggests a special cause. The chart highlights that Blackpool has an extreme rate of looked after children relative to other authorities. One special cause consideration might be the level of deprivation in the town, or the policies adopted by the local authority. The majority of authorities with significantly high rates of looked after children are urban and there is a moderate relationship between the level of deprivation in an area and the corresponding rate of looked after children.



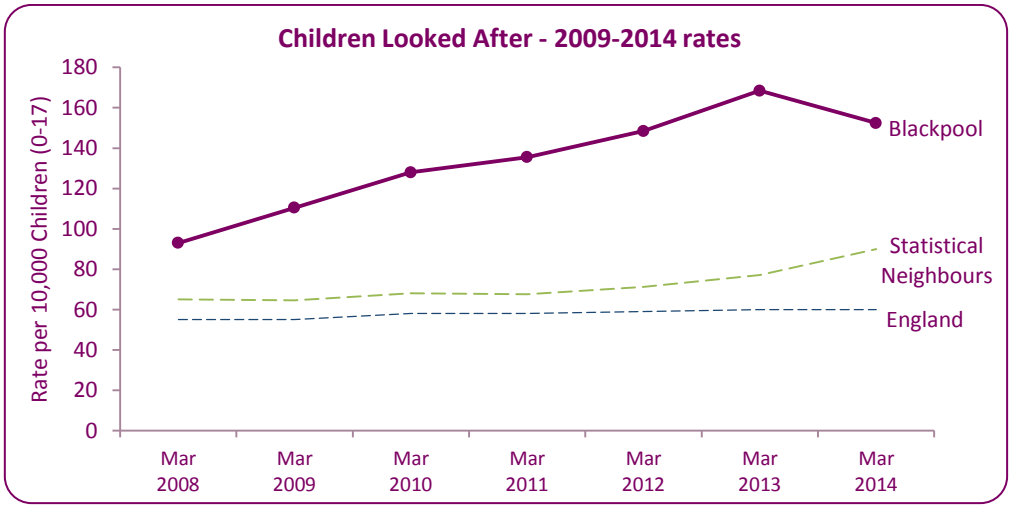
DfE SFR36/2014

During the 2013/14 period, 160 children became looked after and 205 stopped being looked after. This is a net change over the year of 55 children no longer needing to be looked after. This is the first year since 2009 that the net number of children looked after is lower by the end of the year and might suggest improvements in placements.

For new children becoming looked after during 2013/14 - abuse and neglect was the largest initial reason for becoming LAC, relevant in approximately 69% of all cases. A further 13% were taken into care due to the family being in acute distress, essentially a family crisis point requiring a safeguarding intervention.

For children who ceased being looked after the majority were returned to their families (65 children), adopted (40 children) or became subject to special guardianship orders (40 children). A special guardianship order confers parental responsibilities to the guardian but does not change the legal relationship of birth parents with their children.

The rate of looked after children has been on an upward increase for several years, moving from 88 per 10,000 children in 2007 to 152 per 10,000 in 2014. This is a near doubling of the annual rate of looked after children. However 2014 was also the first year that the rate of looked after children reduced since 2009. It will take further years to determine if this is the start of an improving trend. This trend is notably different than both England and the Statistical Neighbour set as highlighted in the chart below. Out of Blackpool's statistical neighbours only Torbay showed a sharp increase over the same period:



Source: DfE SFR36/2014

An analysis of Looked after Children using MOSAIC highlighted that just over 60% of looked after children originated from households in two MOSAIC groups:

Group L	Transient Renters	42.86%
Group M	Family Basics	20.74%

The distribution of these groups across Blackpool may be a useful starting point for developing geographic or demographically targeted interventions.

3.7.1. Legal Status of looked after children

The legal status of looked after children provides a small insight into the legal stage of the care process. Table 3 below shows this for 2013-14.

Table 6: Looked after children by legal status, October 2014

	Interim care order	Full care order	Freed for Adoption	Placement order	Accommodated under S20	Detained on child protection grounds	Youth justice
Blackpool (n)	60	210	<10	110	55	0	<10
Blackpool %	14%	47%	x	25%	12%	0%	x
England %	12%	46%	x	13%	28%	x	x

Source: SFR36/2014 – x = suppressed

- Blackpool has a similar proportion of looked after children on interim care orders to England. Interim care orders place children into care temporarily while a family is assessed, and grant equivalent powers to a full care order.
- Blackpool has a higher proportion of placement orders than England (+12%pp). Placement orders are issued to give the authority permission to find a suitable alternative home for a child.
- Accommodation under Section 20 (i.e. due to a criminal investigation) is substantially lower than England (-26%pp).
- The difference in the proportions for Section 20 and Placement orders suggest that for those children in Blackpool removing children from neglectful or abusive family relationships and care is more of a driver of the need for safeguarding than criminal intent or activity.

3.7.2. Placement Type

In terms of where looked after children are placed while in care, Blackpool shows no substantial differences from the England profile. The largest numbers of placements are made in foster families with a remainder placed in children's units, homes and hostels. This may provide some insight into levels of ongoing provision required to support the increasing Looked After population for example proactive recruitment of new Foster families or capacity checks on secure units and homes. Table 7 below shows the broad profile.

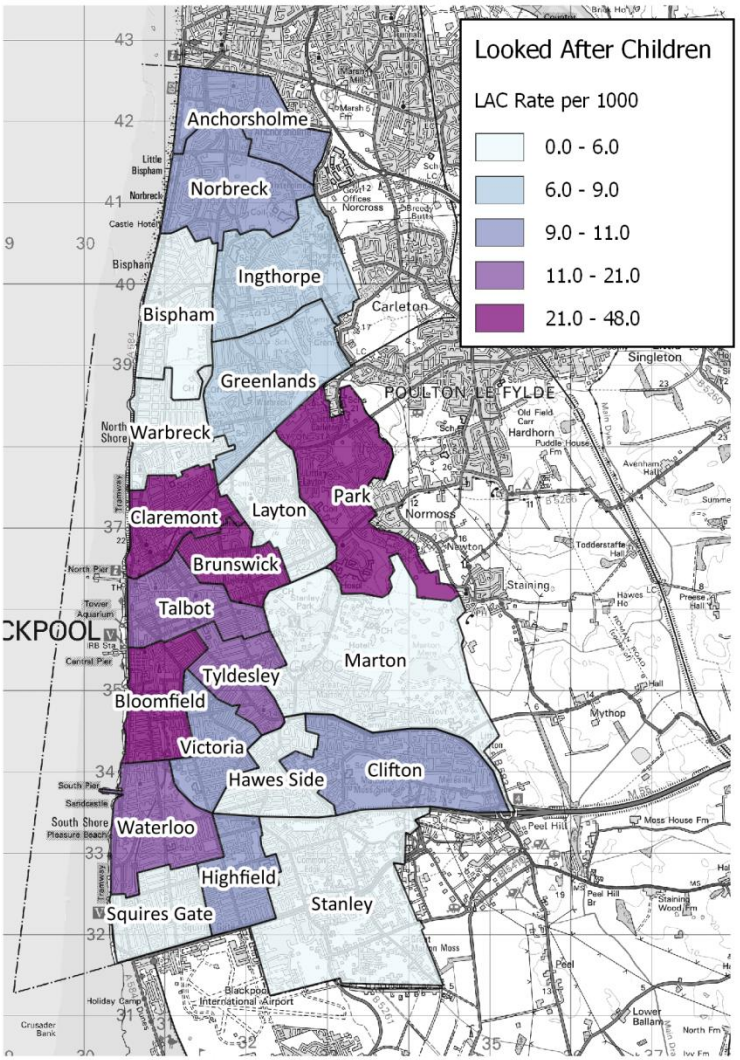
Table 7: Placement of children in care

	Blackpool (n)	Blackpool %	England %
Foster placements	320	72	75
Placed for adoption	45	10	5
Placement with parents	20	5	5
Other placement in the community	<5		3
Secure units, children's homes and hostels	40	9	9
Other residential settings	<5		2
Residential schools	0	0	1
Missing - Absent for more than 24 hours from agreed placement3	0	0	0
Other placement	0	0	0

Source: DfE SFR36/2014

3.7.3. Geographical Analysis of Looked After Children

Looked After Children - Ward Rates



Data Source: FrameworkI Business Intelligence 2015

The map on the left highlights the spatial distribution of Looked After Children by examining the recorded address at the time a child became looked after. Deeper purples represent a higher rate of children becoming looked after.

The map highlights the highest rates of children becoming looked after are in Park and Bloomfield wards with rates per 1000 population aged 0-17 at nearly triple the overall Blackpool rate (equivalent to 15 per 1000).

Brunswick also has a very high rate of looked after children compared to the Blackpool rate.

All wards in Blackpool have contained children who have been subject to LAC arrangements however, again presenting a 'background' level of need within the entire area.

3.7.4. Outcomes and Needs for Looked After Children

Outcomes for looked after children are frequently proven to be poorer than children who are never looked after. This section identifies some key areas for consideration in supporting looked after children. Note that the evidence on outcomes for children who have been subject to a child protection plan is not as well researched or monitored.

Behavioural and Emotional Health

The Strength and Difficulty Questionnaire (SDQ) is a standardised approach to assessing the emotional and behavioural health of children and has been shown to be a useful indicator of potential mental health need (Goodman & Goodman, 2012). The questionnaire scores children on a range between 0 and 40 with scores 17 and above being a cause for concern.

In Blackpool, 36% of looked after children who were assessed using the SDQ scored within this range for concern[ii]. The norm for British children is around 12%[iii]. This suggests looked after children are nearly 3 times more likely to have emotional and behavioural problems than typically expected across all children in Britain. Additionally the average (mean) score for looked after children was 13.8, much higher than the expected 'norm' of 8.8 for British children. (DfE SFR49/2014). This outcome is the same in 2014 as in the original 2012 report.

Table 8: Health, Dental and Developmental Checks for Looked After Children 2014

	Number of children looked after at 31 March (for at least 12 months)	Percentage of children whose immunisations were up to date	Percentage of children who had their teeth checked by a dentist	Percentage of children who had their annual health assessment	Percentage of under 5's whose development assessments were up to date
ENGLAND	**47,670**	87%	84%	88%	**80%**
Blackpool	335	96%	93%	76%	**100%**

Source: Department for Education 2015 – SFR49/2014

Educational Attainment

At KS4 the effects on educational outcomes are significant just 20% of looked after children gained 5 GCSE's at A*-C grade in 2014, compared to 53% for pupils who are not looked after in Blackpool3. Comparing nationally Blackpool Looked After Children performed slightly better on attainment 5 GCSEs (England: 16%) but historically poorer on GCSEs which include English and Maths. Additionally, a smaller proportion of Looked After Children in Blackpool make the expected levels of attainment for Key Stage 1 and Key Stage 2. (DfE SFR49/2014)

Resilience, Safety and Wellbeing

Research on wider outcomes and needs of looked after children highlights that Looked after Children are more likely to substance misuse, have poor interpersonal relationships, and have engaged in an activity they believed could get them into serious trouble (Williams, 2001)

In Blackpool, 6.3% of children who were looked after continuously for twelve months or more were convicted or given a final reprimand during the 2014 period. This is similar to the national level (5.6%). This figure has reduced over the last several years from 12.4% in 2010 to 11.2% in 2011 and now to 6.3%. This suggests improvement though some caution needs to be exercised due to the small number of children involved – only around 11 looked after children per year. (DfE SFR32/2012)

Substance misuse is also an ongoing need in Blackpool. In 2013/14, 5.4% of children looked after for at least twelve months were identified to have a substance misuse problem. This is higher than both the national (3.6%) and regional (3.4%) levels.

[3] In 2014 a number of methodology changes were made around performance measurement of GCSEs – this resulted in large drops in achievement proportions for all pupils.

3.7.5. Leaving Care and Adoption for looked after children

In Blackpool, 205 looked after children left care in 2014. 32% were returned home, 20% were adopted and 20% given a special guardianship order.

Table 9: Destinations of Care Leavers 2013/14

	Blackpool (n)	Blackpool %	England %
Returned home to live with parents or relatives	65	32%	34%
Adopted	40	20%	17%
Special Guardianship Orders	40	20%	11%
Residence order granted	15	7%	6%
Moved into independent living (with supportive accommodation)	15	7%	9%
Moved into independent living (with no formalised support)	15	7%	3%
Care taken by another LA	<5	x	0%
Sentenced to custody	<5	x	2%
Care ceased for any other reason	5	2%	16%

DfE SFR36/2014

Adoption is a particularly sensitive area and in Blackpool performance is measured over a number of indicators. Despite having the highest number of Looked After Children per 10,000 population, 20% of care leavers were adopted in 2014, slightly higher than the national average of 17%. Adoptions are increasing, in Blackpool 41 children were placed in 2014 compared to just 18 placed across the whole of 2010/11.

Table 10: Adoptions 2010/122 to 2013/14

	2010/11	2011/12	2012/13	2013/14
Numerator	18	17	22	41
Blackpool	**15.7%**	**14.5%**	**13.7%**	**20.0%**
Stat Neighbour	**17.8%**	**17.8%**	**17.7%**	**21.1%**
England	**11.0%**	**13.0%**	**14.0%**	**17.0%**

Source: Business Intelligence Team 2015

The total time taken for a child in Blackpool to be placed with an adoptive family increased sharply for 2008-2013, however in 2014 the average length has decreased. Note that the below average is a local Blackpool in-year figure that differs from the adoption scorecards produced nationally. The adoption score card has a long time delay due to the way it measures using a 3 year average and the below relates to in-year.

Table 11: Timeliness of key stages in the adoption process:

Year	Average Days				
Year Adopted	**Care to SHODPA**	**SHODPA to Plac Ord**	**Plac Ord to Matched**	**Matched to Placed**	**Total**
2010/11	396	49	295	24	763
2011/12	370	72	293	16	751
2012/13	496	90	295	26	907
2013/14	321	58	252	23	654
2014/15	206	51	304	15	576

Source: 2015 Adoption performance report (Average Days)

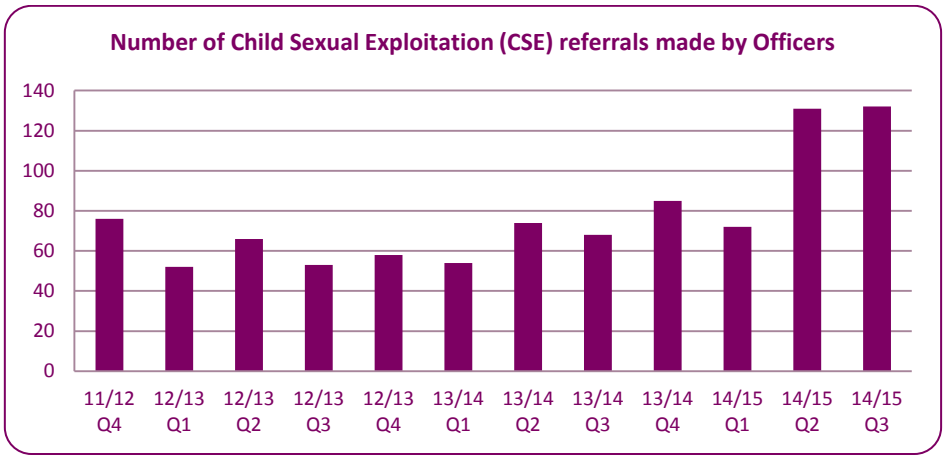
3.8. Child Sexual Exploitation

Please note Child Sexual Exploitation analysis is an ongoing area with further work planned in October 2015

Child Sexual Exploitation is a form of child abuse which generally involves children receiving something, for example money or drugs or perceived affection, in return for participating in sexual activity. This often but not always follows a period of grooming where the offender establishes the pretence of affection to create trust in the young victim. Child Sexual Exploitation is a national priority area and is an ongoing need in Blackpool.

The seriousness and criminal element to this activity means that offenders will naturally attempt to avoid detection by the Authorities. This makes assessing the actual prevalence or expected prevalence of CSE incredibly difficult. Ongoing multi-agency coordination is leading to improvements and initial work by Blackpool Council's Business Intelligence Team has identified a range of potential risk factors that may be measurable alongside recorded crime or referrals.

- For proven crimes, CSE is a factor in around 120 crimes per year (Source: Lancashire MADE). These crimes are more common in deprived Wards where the number of risk factors is greater.
- The number of referrals for CSE in Blackpool increased sharply in Quarter 2 and Quarter 3 of 2014/15 and this is largely attributed to increasing officer training and awareness of CSE.



Source: Business Intelligence 2015

3.8.1. Risk Factors for Child Sexual Exploitation

The Children's Commissioner report "If Only Someone Had Listened" (2013) provides a good summary of the vulnerabilities that indicate children who seem to be at higher relative risk of CSE.

Vulnerabilities prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang-association either through relatives, peers or intimate relationships
- Attending school with children and young people who are already sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence

• Young carer

Risk Factors for Child Sexual Exploitation

Multi agency working and information sharing are particularly key issues in tackling CSE and The Awaken Team is an established (2005) multi-agency, co-located team dedicated to tackling the sexual exploitation of young people in Blackpool. The team's formation brings together Social Workers, Police Officers, and Health and Education workers with joint operational protocols. The Awaken team has developed strong links with health, education and police service providers to recognise potential signs of exploitation and feed information into weekly tasking meetings.

The team also make proactive links into schools and GP surgeries to generate awareness of CSE, with one to one sessions and support for high risk or vulnerable individuals.

There have been a number of high profile reviews of practice and need in this area which provide useful guidance for commissioners of CSE services:

- In 2011, Bedfordshire University reviewed arrangements for CSE in a number of local authorities and made recommendations for all authorities in their *What's going on to Safeguard Children and Young People from Sexual Exploitation?*[4] report.

- In 2011, the Child Exploitation and Online Protection Centre reviewed a number of cases of the specific problem of 'localised grooming' in the *Out-of-Mind, Out-of-Sight*[5] report. The report highlighted that the majority of offenders were young males aged 18-24 and the majority of victims were female, though the report identified that difficulties in recognising male victims of sexual exploitation may mean they were underrepresented. A small proportion of offenders (4%) were female.

- In 2013, the Rochdale Borough Safeguarding Children Board (RBSCB) published a *Review of Multi-agency Responses to the Sexual Exploitation of Children*[6]. The review was commissioned to look at how agencies including the Council, Police, NHS, Crown Prosecution Service and other support services worked between 2007 and 2012 to safeguard children and young people at risk of sexual exploitation. The review looks at the responses through the lens of a single case study tracing events over five years

- In 2013, Professor Alexis Jay's Independent Inquiry into Child Sexual Exploitation [7]in Rotherham was commissioned by Rotherham council in October 2013 and published on 26 August 2014. Covering the period 1997 to 2013, it looked at how Rotherham's children's services dealt with child sexual exploitation cases. The report found evidence of sexual exploitation of at least 1,400 children in Rotherham in this period.

  Given the serious failings highlighted the Secretary of State for Communities and Local Government, Eric Pickles, appointed Louise Casey CB on the 10 September 2014 to carry out an inspection of Rotherham council in relation to the exercise of its functions on governance, children and young people and taxi and private hire licensing.

  Louise Casey's report [8]was published on 4 February 2015 and found widespread failings across the council's culture and services.

[4] http://www.beds.ac.uk/__data/assets/pdf_file/0004/121873/wgoreport2011-121011.pdf
[5] http://www.ceop.police.uk/Documents/ceopdocs/ceop_thematic_assessment_executive_summary.pdf
[6] http://www.rbscb.org/CSEReport.pdf
[7] http://www.rotherham.gov.uk/info/200109/council_news/884/independent_inquiry_into_child_sexual_exploitation_in_rotherham_1997_%E2%80%93_2013/2
[8] https://www.gov.uk/government/publications/report-of-inspection-of-rotherham-metropolitan-borough-council

3.9. Domestic Abuse involving children

Domestic abuse in Blackpool appears to be significantly high compared to Lancashire and England as a whole. Domestic abuse is an encompassing terms that describes intentional violent and abusive behaviour used to control and dominate a person inside an intimate or family relationship.

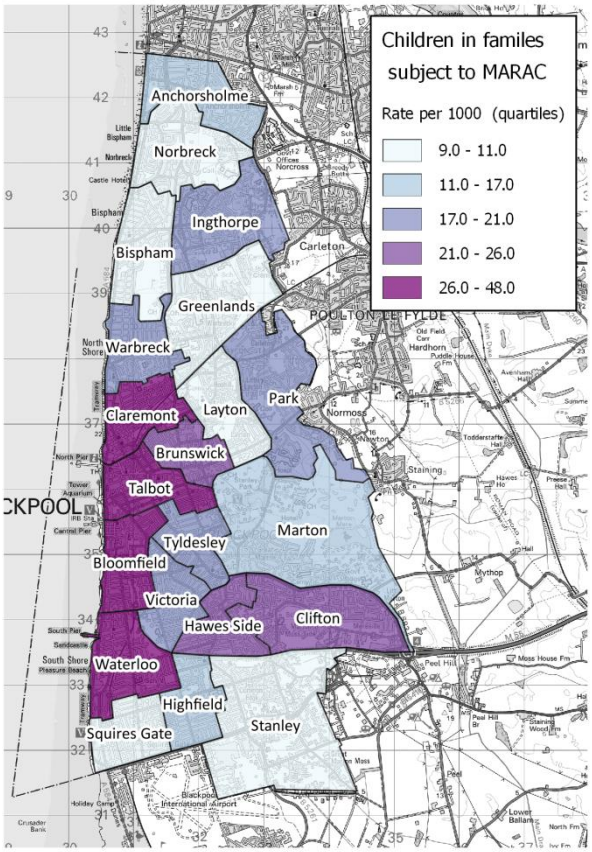
- In Blackpool, 1506 crimes were recorded with a qualifying factor of Domestic Violence. This is the highest rate in Lancashire at 10.6 per 1000 population, compared to a rate of 14.52 for Lancashire as a whole. (Source: Safer Lancashire MADE, 2014/15)
- In terms of ALL incidents reported there were approximately 4400 incidents which were classed as potential domestic violence. Reported incidents recorded by the police have reduced to 29.58 from 44.27 incidents per 1000 population between 2011/12 and 2014/15.

National research into domestic abuse highlights that it is a significantly under reported area and many victims forego taking forward formal criminal proceedings. It is likely that the underlying need is higher than reported statistics.

For high-risk abuse cases, referrals are made to a Multi Agency Risk Assessment Conference (MARAC) which will determine a risk management plan for all parties i.e. victim, perpetrator and associated children. MARAC conference data for Blackpool shows:

- Blackpool discussed 593 cases at a MARAC, a rate of 99 per 10,000 population - this was 3 times higher than the national rate of 32 per, 10,000 in 2014. 26% of cases were repeat victims.
- In 2014 the conferences identified 734 children were present in families and at risk of experiencing domestic abuse incidents.
- Males were victims in 7% of cases, compared to 5% for England.
- 16-17 year olds were victims in 4% of cases, compared to 2% for England.

Children in familes subject to MARAC - Ward Rates



Data Source: Blackpool MARAC Data 2015

Additional local case data for 2013/14 highlights

- The majority of children identified are infants with 40% of all children identified as aged under 5, and 39% aged between 5 and 11.
- Overall, there has been a small reduction in MARAC cases since the original needs assessment though not to a degree that suggests it is becoming less of a priority.

The map, left, shows the ward distribution of children in families subject to the MARAC process as a rate per 1000 children resident in the ward for 2013/14. The map only includes records where the home ward of children was known (approximately 75% of all records).

The central wards of Claremont, Talbot and Bloomfield are in the upper quintile the highest rates of children in families subject to MARAC. Waterloo also has a high rate and Clifton, Brunswick and Hawes Side fall into the second quintile and above average rates of children.

A further geo-demographic analysis of MARAC records highlighted that the majority (59%) of children in families subject to MARAC were from 2 MOSAIC types: M Family Basics and L Transient Renters

3.10. Children with Disabilities

In 2013/14, 142 new Children in Need were identified to have one or more disabilities (7.5%). This is slightly lower proportionally than in 2011/2012. The majority of children in need have a learning disability 55%, a physical disability 26% and autism 25%. The percentage of children in Need with a disability was lower than the national figure (-2%pp).

Table 12: Children in Need by Disability (Percentages)

	Blackpool Number	Blackpool %	England %
Learning	80	56.3	44.3
Autism/ Asperger Syndrome	37	26.1	29
Mobility	34	23.9	21.1
Consciousness	16	11.3	5.2
Communication	11	7.7	23
Behaviour	10	7	21.9
Personal Care	10	7	13.9
Vision	9	6.3	8.4
Incontinence	8	5.6	8.9
Other Disability	8	5.6	20.7
Hearing	6	4.2	5.4
Hand Function	0	0	5.3

Source: DfE SFR43_2014

A view on the wider prevalence of disabilities within the locality can be drawn from DLA claims. DLA is a disability benefit and children are eligible to claim. Blackpool has a similar proportion of claimants compared to England and Lancashire.

There were 1,040 under-16 year olds claiming DLA in 2015, approximately 4% of under-16s in Blackpool. This is similar to both the North West and England proportions. This number has remained fairly stable since 2012/13.

The majority of claimants (68%) claim for the following broad 5 reasons:

Table 13: % of all DLA claims by 0-17 year olds

Disease	Blackpool	North West	England
Learning Difficulties	37%	43%	39%
Behavioural Disorder	13%	10%	11%
Hyperkinetic Syndromes	13%	11%	13%
Neurological Diseases	7%	6%	7%
Epilepsy	4%	2%	2%

Source Data: DWP WPLS Feb 2015. Analysis by Corporate Development Team.

- Blackpool does not appear to differ greatly in any of these disability areas. Learning, behavioural and hyperkinetic syndrome disabilities account for over half of all claims.

4. Section 2 – Health, Resilience & Wellbeing

4.1. Key Points

- **HEALTH IN EARLY YEARS**
- Blackpool has a high infant mortality rate compared to national rates.
- Substance misuse, including smoking and alcohol use has significant effects on babies. Blackpool has the highest level of women smoking at delivery in England at 33%.
- While no population estimates are available at local authority level, alcohol consumption in pregnancy is currently considered a key area of work due to links with Foetal Alcohol Syndrome Disorders.
- Take up of Immunisations is high in Blackpool, although the proportion of children completing the full course of MMR immunisations is below the recommended World Health Organisation levels required to protect against outbreaks of vaccine preventable disease in the population. Immunisation rates of children in care are above the national average.
- Breastfeeding initiation rates in Blackpool are significantly poorer than England in slight decline.

- **HEALTH IN SCHOOLS AND ADOLESCENCE**
- Hospital admissions due to substance misuse in young people are very high relative to national levels, a rate of 100, per 100,000 under 18s for alcohol conditions and 264.1 for substance misuse age 15 to 24.
- The SHEU survey of health behaviours in school pupils suggests use of substances is reducing. The national What about YOUth survey highlighted however that the proportion of 15 year olds smoking (13.4%) is still a lot higher than England. Evidence reviews suggest actions should focus on educating children about healthy lifestyle choices, supporting children to stop, and ensuring products are not made available to children.
- Children who are overweight and obese are at levels similar to the national proportions but remain a priority in light of the position of England relative to Europe and the associated long term health needs of obese and overweight individuals. The proportion of obese children is substantially higher (more than double) in Year 6 compared to Reception.
- There is limited comparative data on mental health need of adolescents in Blackpool but admissions to hospital for self-harm are the highest in England. This would suggest that prevalence in Blackpool may be higher than standardised prevalence estimates suggest – with admissions only recognising acute need.
- Teenage conception rates have been reducing over the long term in Blackpool yet remain significantly higher than national levels.
- Blackpool has a reducing proportion of young people who are not in employment, education or training. Proportions are broadly similar to the Lancashire sub-region.
- Dental health in Blackpool appears to be poorer than England amongst 3, 5 and 12 year olds with all age bands having higher proportions of children with missing or decayed teeth .
- Blackpool has a significantly high rate of sexually transmitted infections in young people.

- **RESILIENCE AND WIDER DETERMINANTS**
- Health outcomes do not sit in isolation of the wider Blackpool context. Many issues are associated with child poverty and the levels of deprivation in Blackpool as measured by the Index of Multiple Deprivation and national Child Poverty data.
- Road traffic incident rates are higher than the national average. Speeding and pedestrian error have been identified as factors associated with these incidents, indicating issues of lack of road safety awareness amongst both drivers and pedestrians.
- First time entrants to the youth justice system have reduced to near national and regional levels. The strategic focus for youth offending is on providing support and restorative approaches for young offenders.

4.2. Introduction and Policy Context

Health and wellbeing in children is largely related to early support, preventative action and promoting lifestyle choices which improve health or mental wellbeing in both parents and children.

In early years and primary school, parental lifestyles during and after pregnancy are important with substance abuse including tobacco and alcohol during pregnancy being examples of key modifiable risk factors. Breastfeeding and immunising children can also improve early life chances.

The *Healthy Child Programme*[9] is a key early intervention and prevention public health programme at the centre of universal services for children and families; it offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices, adapted locally to address local needs.

Also a national priority the *Healthy Weight Healthy Lives* strategy [10] highlighted that there is a real need for local areas to address the problems of obesity with English levels of obesity far in excess of European counterparts.

In 2014/15 Blackpool was awarded £45 million by the Big Lottery to make a step change in supporting 0-5 year olds have the best start to life, and as a result of this provision of prevention and support services make a long term 10 year difference to outcomes in Blackpool.

From October 2015, public health will take over responsibility for commissioning 0-5 health services from NHS England. This includes things like the healthy child programme and family nurse partnership services.

In adolescence teenagers begin to take more risks in their behaviour and the *2007 Chief Medical Officer's report* [11]identified six principal, risk-taking behaviours that need to be considered and which remain important areas of work in Blackpool. These are:

- Tobacco use
- Alcohol and drugs
- Exposure to injuries and violence
- Physical inactivity
- Unhealthy diet
- High-risk sex

There is also an ongoing directive, through the *No Health Without Mental Health*[12] programme to improve access to psychological therapies for young people.

A second Big Lottery grant was also awarded to Blackpool under the Head Start initiative. This initiative focuses on mental health resilience in 10-15 year olds. At the same time the government set up a task force, led by MP Norman Lamb to explore what needs to be done to improve the emotional health and wellbeing of children and young people. The Taskforce made up of the Department of Health, Department for Education and NHS England produced *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.* The main recommendation is that Clinical Commissioning Groups lead the development and implementation of Emotional health and Wellbeing Transformational Plans, with involvement from key partners from the NHS, local authority, and third sector. The main proposals are around five areas to support young people with Mental Health needs:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable

[9] https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
[10] Healthy Weight Healthy Lives
[11] Chief Medical Officers Report
[12] https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

- Accountability and transparency
- Developing the workforce

The wider social context and social determinants – Health is as much about social determinants of health such as poverty and economic deprivation as well as environmental circumstances such as housing and access to services. Research has consistently evidenced and the *Dahlgren and Whitehead model* has become a universal component of health practice (The JSNA core chapters discuss social determinants in some detail).

Inequality in Health is also an ongoing issue for Blackpool and the national Marmot review of Health Inequalities recommended that inequality should receive increased policy focus through six priority actions. The Marmot review also applies the concept of 'Universal Proportionalism' which suggests that individuals should continue to have universal access to services but to make sure that access is proportional: i.e. those groups most in need should receive greater provision than groups with limited need.

The Public Health Outcomes Framework has specific provision for young people's indicators and recommendations for the future of monitoring children's outcomes have been made through the Children and Young People's Health Outcomes Forum[13].

Increasingly, positive approaches to health and development, where children and young people become agents of health promotion themselves, are being seen as a way to unlock some of the existing barriers to effective action on health inequities, so far characterised more by deficit or treatment-based approaches.

Children's Health was also the theme of the 2011/12 Annual Public Health report, which is available from the Blackpool JSNA website (http://blackpooljsna.org.uk/)

[13] http://www.dh.gov.uk/health/files/2012/07/CYP-Public-Health.pdf

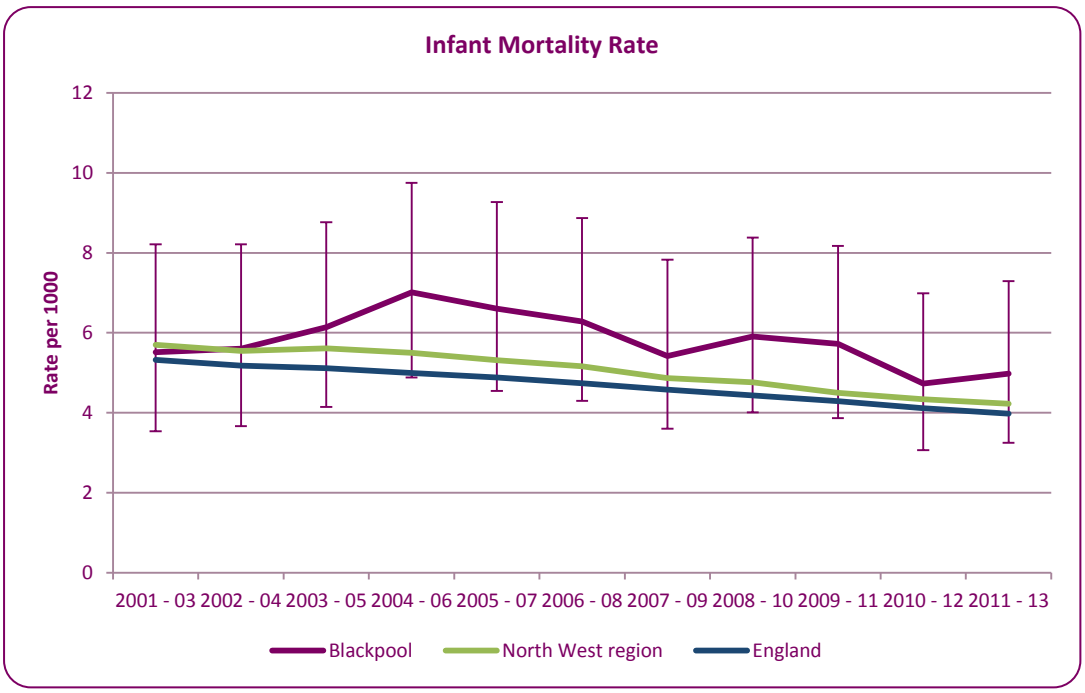
4.3. Health in Early years

Early year's health covers a wide range of support areas. It includes ensuring that children are immunised from childhood illnesses but covers a much wider range of activity around healthy lifestyle promotion, child development and on a much broader scale tackling social inequalities affecting children.

A recent development in early year's provision is the reform of Health Visiting as set out in the Health Visitor Implementation Plan 2011-2015 . The plan aims to increase the Health Visitor workforce and strengthen the offer of Health Visitors so that all families are offered a core programme of evidence based preventative health care and signposting or support to access a wide range of additional early years support.

4.3.1. Infant Mortality and Child Mortality

Infant and child mortality rates are indicators of health need in a local population, representing the number of deaths in Blackpool for children aged less than one year (infants) or 1-15 years (children). Blackpool experiences higher than average mortality rates for infants and children, however the actual numbers of deaths each year is small so the rates are subject to large annual variation and need to be interpreted with caution.



Source: Public Health England

The above chart shows annual data from 2001 to 2012. The data represents the crude rate of Infant deaths under 1 year of age per 1000 live births, in Blackpool Unitary Authority, North West, and England. In Blackpool during 2001-03 the Infant Mortality rate was 5.5; in comparison to North West 5.7 and England 5.3. The Infant Mortality rate in Blackpool during 2004-06 declined to 7, and was considerably higher than the North West 5.5 and England 5. During the period from 2011-13, the Infant Mortality rate in Blackpool 5 has increased and remains higher than the North West 4.2 and England 4.1. Due to the small numbers involved it is not possible to say with statistical confidence that Blackpool has a poorer infant mortality rate.

Similarly a small number of child deaths occur each year. The table below shows the data for the last 5 reporting periods and shows that for Blackpool the rate is currently similar to the England average after falling for several years. Over the past 30 years child death rates from respiratory and circulatory diseases in England and Wales have been falling, as they have for the whole population, reflecting advances in medical care and preventative measures generally. In 2013, congenital related conditions and cancers were the most common form of death for children aged under-16 years.

Table 14: Infant Mortality

	2007-09	2008-10	2009-11	2010-12	2011-13
Blackpool Number	7	7	6	6	4
Blackpool %	23.2	23.6	21.2	21.3	12.8
England Average	16.9	16.5	13.7	12.5	11.9

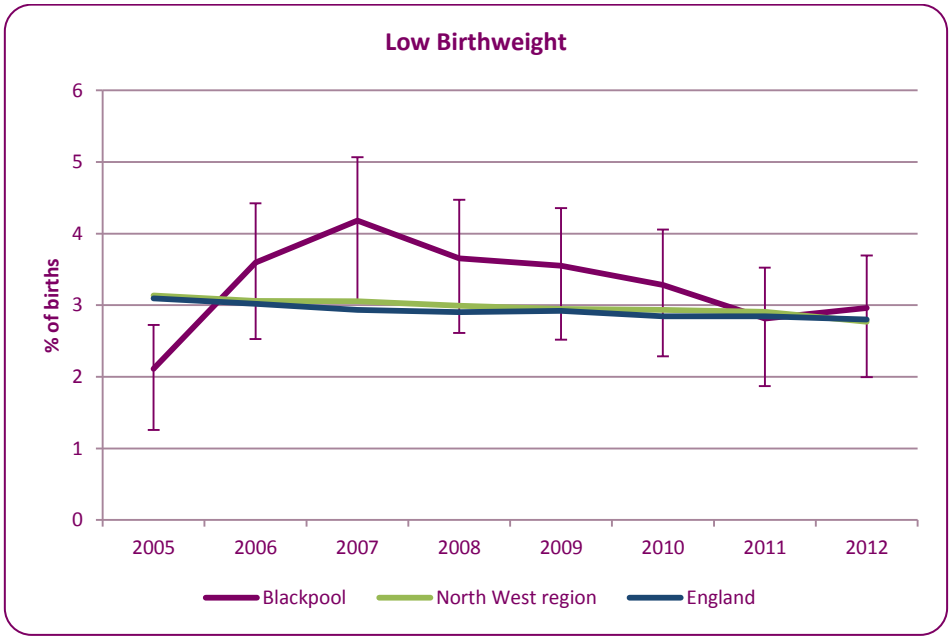
(Source: ONS mortality statistics 2013)

4.3.2. Low Birth Weight

Live births with a recorded birth weight under 2,500g (5 pounds 8 ounces) and a gestational age of at least 37 complete weeks. Low birth weight is defined as a birth weight of a live-born infant of less than 2,500 g regardless of gestational age.

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

This indicator is in line with the Government's direction for public health on starting well through early intervention and prevention. It has also been included in the Department of Health Business Plan within the context of addressing issues of premature mortality, avoidable ill health, and inequalities in health, particularly in relation to child poverty.



Source: Public Health England

The above chart shows annual data from 2005 to 2012. The data compares the proportion of live births that are Low Birth Weight babies in Blackpool Unitary Authority, North West, and England. In Blackpool during 2005 the rate was (2.1%); in comparison to North West (3.1%) and England (3.1%). The prevalence of low birth weight term babies in Blackpool during 2007 increased to (4.2%), and was considerably higher than the North West (3%) and England (2.9%). During the period from 2012, the rate of low birth weight term babies in Blackpool (3%) has increased and is similar to the North West (2.7%) and England (2.8%).

4.3.3. Lifestyle risks of Parents

Drinking and smoking are two modifiable risk factors to infants during pregnancy which have been shown to have a substantial impact on the development of the foetus and subsequent health of the child.

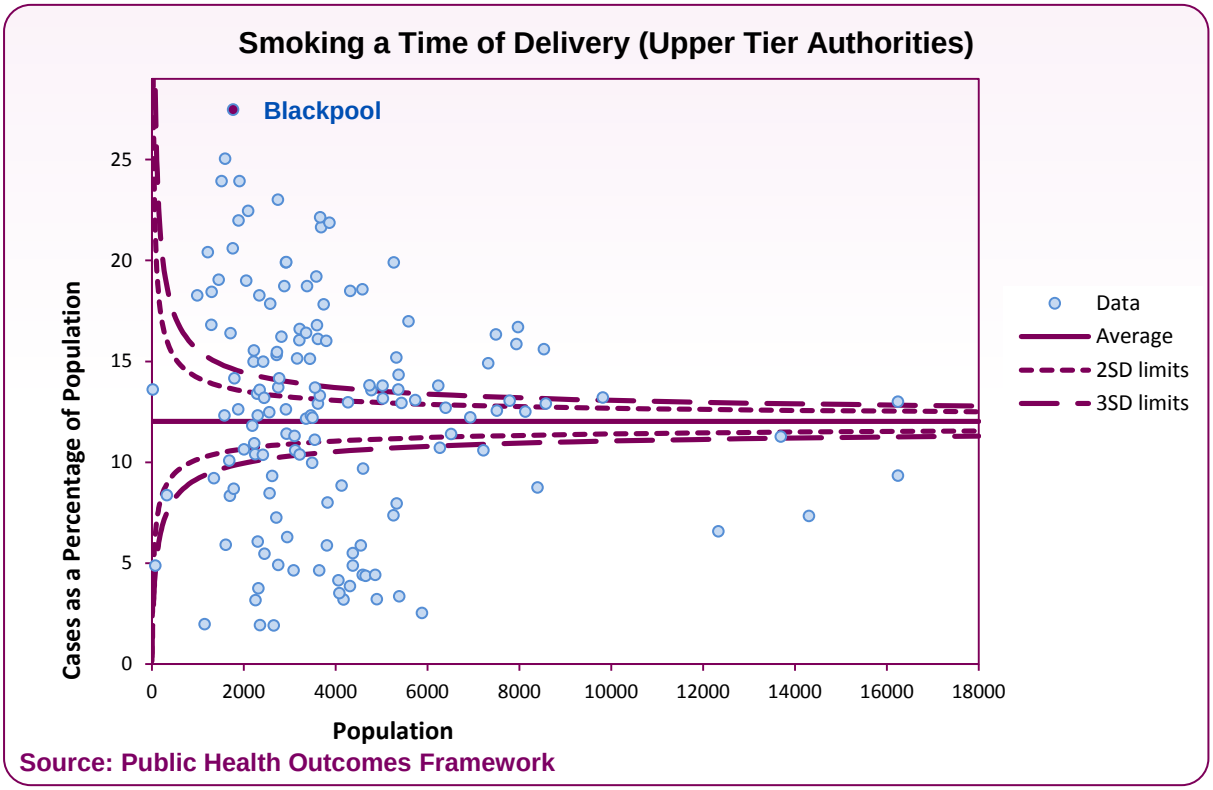
> *"Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy. It is estimated to contribute to 40% of all infant deaths, 12.5% increased risk of a premature birth and 26.3% increased risk of intrauterine growth restriction (Gardosi J, 2006)."*

Blackpool has the largest proportion (27.5%) of women recorded as Smoking at Time of Delivery (SATOD) in England, which is significantly higher (95% CI) than England (12%) and the North West (16.4%).

Intensive work has been carried out between the Directorate of Public Health and midwifery services at Blackpool Teaching Hospitals NHS Foundation Trust aimed at addressing the high levels of SATOD in Blackpool, which involved the introduction of Carbon Monoxide screening at the first appointment, and again at 36 weeks gestation. Over the last few years, SATOD has reduced a little (previously 33%) though remains a priority for health intervention.

Smoking at Time of Delivery

Women that have a positive screen are referred to a Blackpool Stop Smoking Service, and given the opportunity to opt out. The SATOD rate reduced in Blackpool from 33.2% in 2010-11 to 27.5% in 2013-14. However there has subsequently been an increase, and work in this area continues which includes engaging with local young women to see what interventions are better suited to the population of Blackpool.



Source: Public Health Outcomes Framework

Drinking during pregnancy

Alcohol consumption during pregnancy can seriously affect the development of the baby. Drinking in the first three months of pregnancy is associated with an increased risk of miscarriage and drinking heavily during pregnancy is associated with the development of a range of behavioural and learning disorders known collectively as foetal alcohol syndrome (FAS). Children affected by FAS have poorer educational attainment and require extra support at school.

There are no directly collected data available on the local incidence of FAS, but estimates have been produced by applying published incidence estimates to local births data. There is a health warning for this data and these crude estimates should be treated with some caution.

Published research has estimated that in Western countries as many as 9 per 1,000 live births involve children affected by FAS, PFAS or ARND ((Autti-Rämö, 2002) (BMA Board of Science, 2007). Of the children concerned, 10 to 15 per cent are affected by FAS, 30 to 40 per cent by PFAS (partial foetal alcohol syndrome), and nearly half by ARND (alcohol related neurodevelopmental disorders).

Applying these to the average live births to Blackpool residents of 1700 per year would give:

FAS, PFAS or ARND = 15 per year
FAS = 1-2 per year
PFAS = 4-6 per year
ARND = 7-8 per year

4.3.4. Immunisation

Immunisation is a proven effective strategy for reducing childhood morbidity and mortality from vaccine preventable diseases (VPDs) e.g. measles, mumps, rubella and pertussis. To reduce the threat of outbreaks and epidemics of VPDs, high coverage rates are required to achieve 'herd immunity'; the concept that vaccinated individuals are less likely to be a source of infection and therefore reduce the risk of unvaccinated individuals being exposed to infection help to prevent large outbreaks and epidemics.

Mumps Vaccination

Mumps is a highly contagious infection spread by a paramyxovirus. The virus can travel in the air through coughs and sneezes, it may be on surfaces people touch, such as door handles or it can be picked-up from cups, cutlery, bowls or plates. The most common symptom of mumps is swollen salivary glands (parotid) glands in the neck, sometimes referred to as a 'hamster face' appearance. The swelling can be on one or both sides of the neck.

Cases of mumps have reduced; there were 2,224 confirmed cases of mumps in England and Wales in 2014, compared to 3,524 in 2013. Mumps can be prevented in 95% of cases by having the routine MMR vaccination in childhood.14

Measles Vaccination

Measles is a viral disease of childhood that presents with a rash and fever (often with initial cough and cold symptoms). It can cause significant illness in children, and complications include ear infections, pneumonia, meningitis and encephalitis. Death occurs in 1 in 2,500-5,000 cases. A severe degenerative condition of the brain (sub-acute sclerosing pan-encephalitis) causing permanent severe brain damage occurs in 1 in 8,000 cases under the age of 2, Measles can be prevented by MMR single vaccination.

Two courses of single Measles Mumps and Rubella (MMR) jabs are required for permanent immunity against Mumps Measles and Rubella; the first single MMR course is given between 13-18 months, the second "booster" course is given at 3 ½ years onwards.15

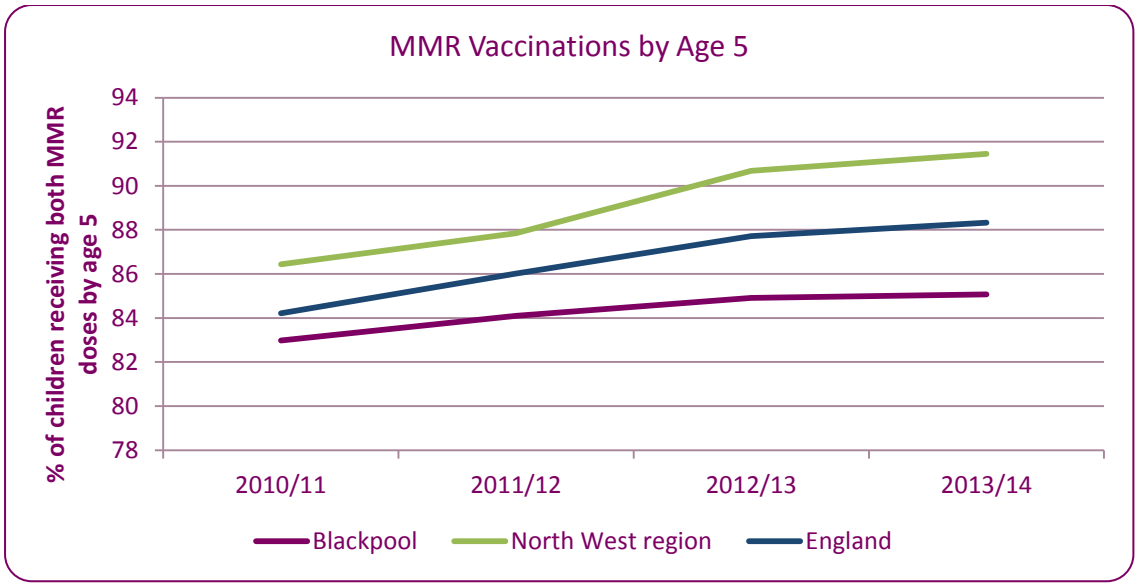
Rubella Vaccination

Rubella also called German measles or three-day measles is a very contagious disease caused by the Rubella virus. The virus causes fever, swollen lymph nodes behind the ears and a rash that starts on the face and spreads to the torso and then to the arms and legs. Rubella is no longer very common because most children are immunized beginning at 12 months of age.

[14] http://www.webmd.boots.com/children/guide/mumps
[15] http://www.childrensimmunisation.com/measles/

Rubella is spread person-to-person by breathing in droplets of respiratory secretions exhaled by an infected person. It may also be spread when someone touches his or her nose or mouth after their hands have been in contact with infected secretions (such as saliva) of an infected person.

Rubella is prevented by immunisation and is part of the Measles, Mumps and Rubella (MMR) vaccine series administered to children beginning at 12 months of age.16



Source: Cover of Vaccination Evaluated Rapidly (COVER) data published by PHE

The above chart shows immunisation data from 2010-11 to 2013-14. The data states the proportion of children aged 5yrs that have received both doses of the Mumps Measles and Rubella vaccination (MMR) in Blackpool Unitary Authority (UA) and England.

The data indicates that for children at age 5 years the proportion who have received a single MMR vaccination dose in Blackpool has increased from 83% in 2010-11 to 85% in 2013-14, this is slightly poorer than England (88%) and the North West (91.5%).

The WHO recommends a population coverage of MMR vaccination of 90% in order to support management or prevention of outbreaks. At Age 2 – 91% of children have had their first MMR, but this is dropping off by Age 5.

[16] http://www.familymanagement.com/childcare/facts/rubella.facts.html

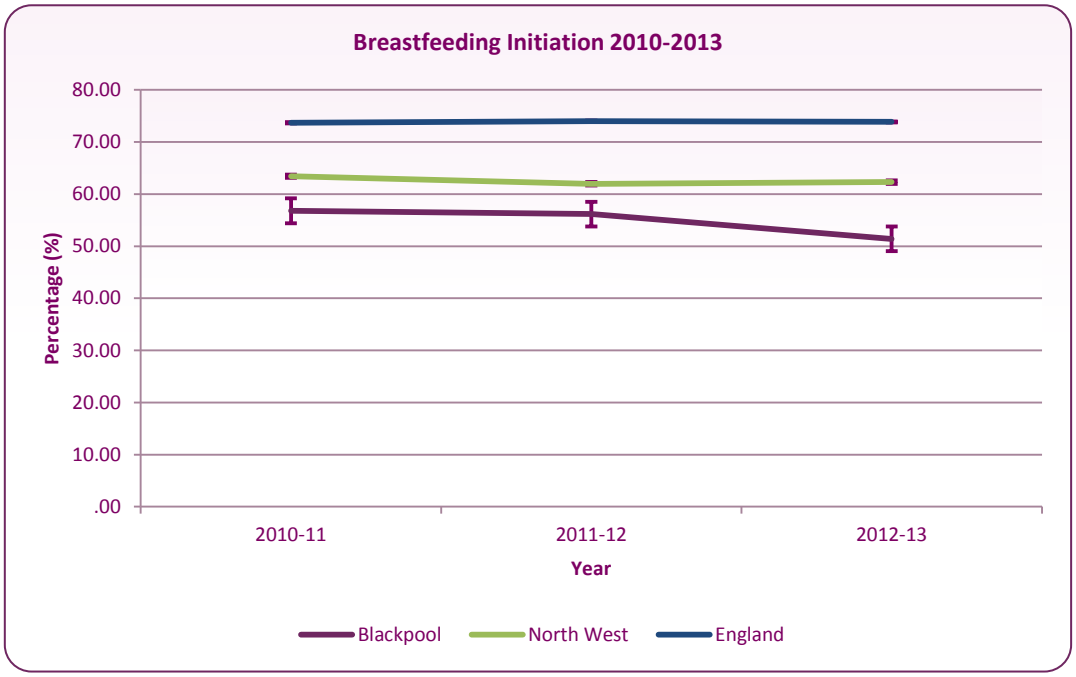
4.3.5. Breastfeeding

Breastfeeding is good for babies and is recommended for about the first 6 months of a baby's life. The health benefits of breastfeeding babies are considered to be; reduced chance of diarrhoea and vomiting, fewer chest and ear infections, not as much chance of being constipated or developing eczema and less likelihood of becoming obese. The health benefits of breastfeeding babies for mothers are; reduces the risk of developing certain ovarian and breast cancers, a lower risk of developing diabetes and hip problems.

PLEASE NOTE – DUE TO DATA QUALITY CONCERNS OF PUBLIC HEALTH ENGLAND REVISED BREASTFEEDING PREVALENCE AT 6-8 WEEKS HAS NOT BEEN RELEASED FOR 2013-14 for sub-England geographies.

Percentage initiating breastfeeding

The below chart measures the percentage of mothers who give their babies' breast milk in the first 48 hours after delivery. The numerator is the number of mothers initiating breast feeding and the denominator is the total number of maternities.



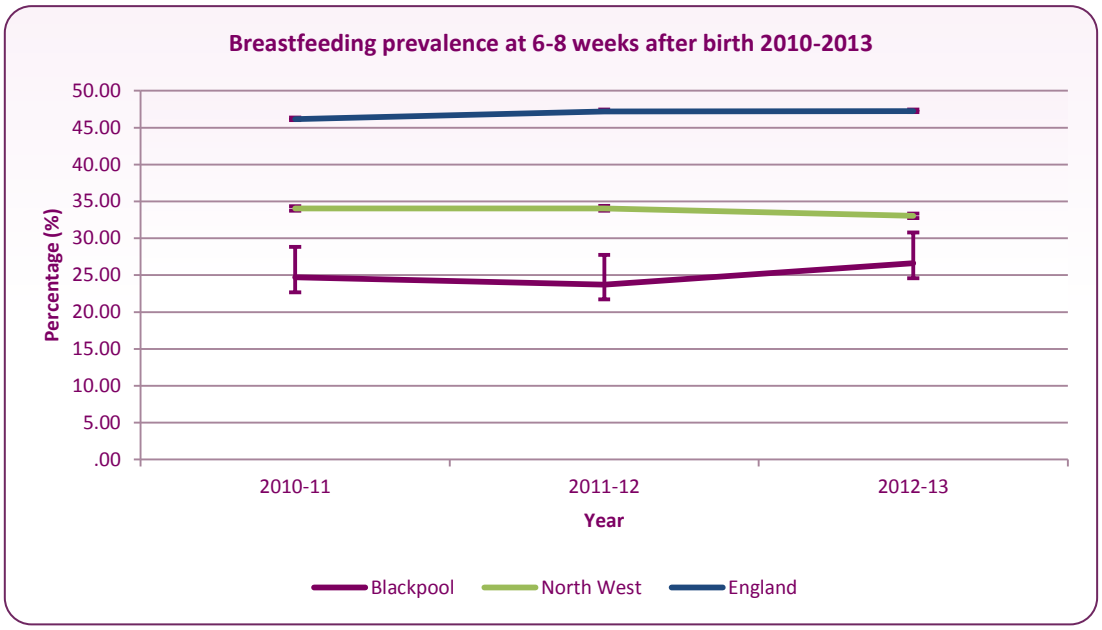
Source: Public Health England

The above chart shows annual data from 2010 to 2013. The data compares the rate of Breast Feeding initiation after birth in Blackpool Unitary Authority, North West, and England. In Blackpool during 2010-11 the rate was (56.8%); in comparison to North West (63.4%) and England (73.7%). The rate of Breast feeding initiation prevalence in Blackpool during 2011-12 declined to (56.2%), and was lower than the North West (62%) and England (74%). During the period from 2012-13, the rate of Breast feeding initiation for Blackpool (51.4%) has dropped and remained significantly lower than North West (62.3%) and England (74%).

Breastfeeding initiation	2010-11	2011-12	2012-13
Blackpool	56.81	56.16	51.42
North West	63.44	61.98	62.31
England	73.69	74.00	73.86

Breastfeeding at 6 to 8 weeks

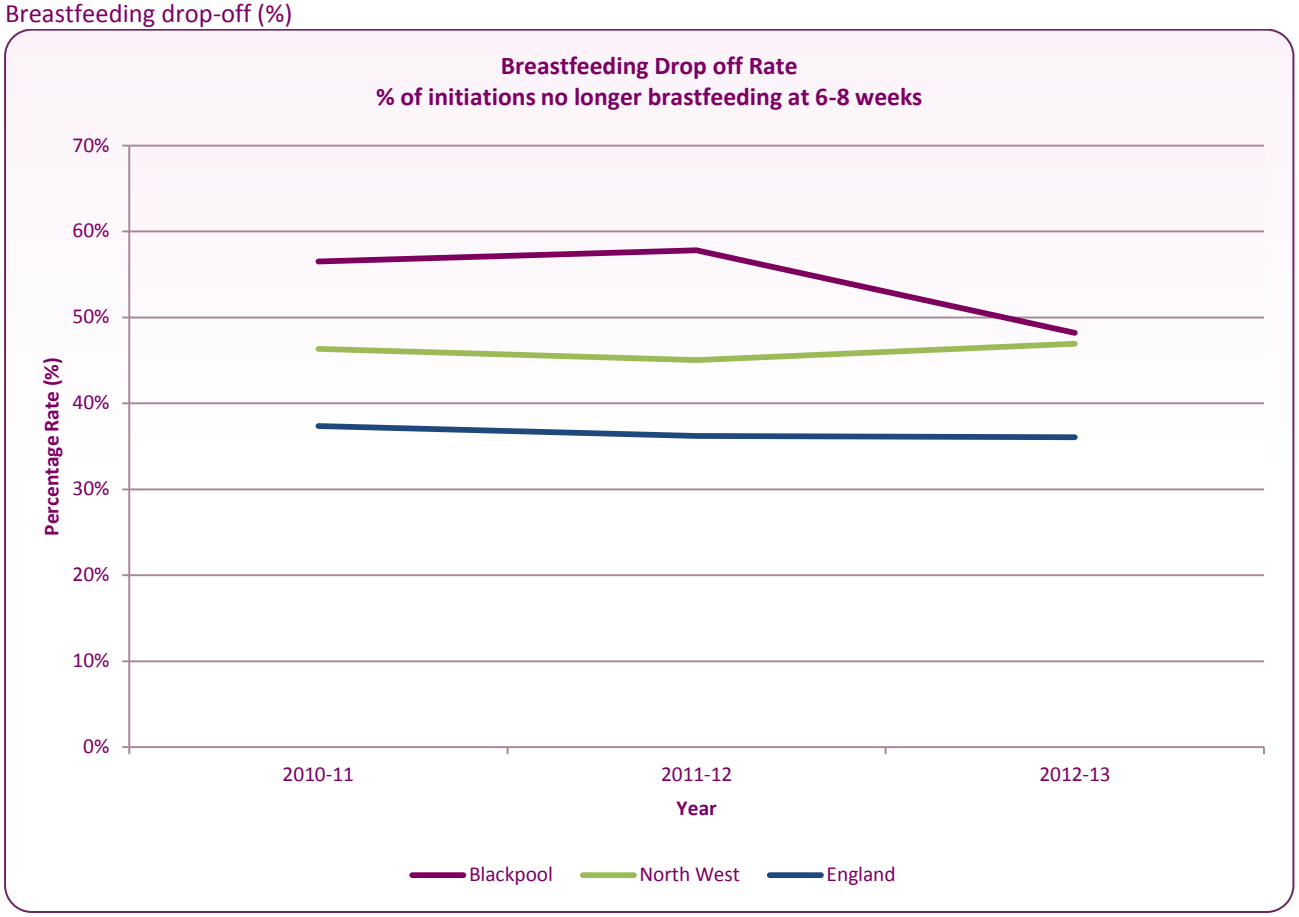
This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age.
Source: Public Health England



The above chart shows annual data from 2010 to 2013. The data compares the rate of Breast Feeding prevalence at 6-8 weeks after birth in Blackpool Unitary Authority, North West, and England. In Blackpool during 2010-11 the rate was (25%); in comparison to North West (34%) and England (46.1%). The rate of Breastfeeding prevalence in Blackpool during 2011-12 declined to (24%), and was considerably lower than the North West (34%) and England (47.2%). During the period from 2012-13, the rate of Breastfeeding for Blackpool (26.6%) and has increased compared to previous years but remains consistently lower than North West (33%) and England (47.2%).

Breastfeeding prevalence at 6-8 weeks after birth	2010-11	2011-12	2012-13
Blackpool	24.70	23.70	26.63
North West	34.03	34.06	33.05
England	46.14	47.21	47.22

Breastfeeding drop-off (%)



Source: Public Health England

The drop off rate is the difference between Breastfeeding initiation from birth, and the number of mothers that continue to breastfeed at 6-8 weeks. The above chart shows annual data from 2010 to 2013, the data compares the Breastfeeding drop off rate after birth in Blackpool Unitary Authority, North West, and England. In Blackpool during 2010-11 the percentage rate was (57%); in comparison to North West (46%) and England (37%). The rate of Breastfeeding drop off in Blackpool during 2011-12 increased to (58%), and was considerably higher than the North West (45%) and England (37%). During the period from 2012-13, the rate of Breast feeding for Blackpool (48%) and has reduced compared to previous years but remains consistently higher than North West (47%) and England (36%). However though the Breastfeeding drop off rate has improved over the last 12 months this is highlighted in the increasing number of mothers breastfeeding at 6-8 weeks and may be also influenced by the lower numbers of women breast feeding at initiation.

Breastfeeding drop off rate	2010-11	2011-12	2012-13
Blackpool	57%	58%	48%
North West	46%	45%	47%
England	37%	36%	36%

4.4. Health in Schools and Adolescence

Following early years, the school years and adolescence are where other potential public health issues arise. Children and teenagers are able to begin to have more control over their diet potentially leading to poor oral health or excess weight. They are able to try risky behaviours potentially leading to substance addiction or misuse, conceptions or sexually transmitted infections. Underlying mental health issues begin to manifest or develop in reaction to school and home experiences. All of these have a direct influence on the health of a child but also an indirect influence on future outcomes such as educational attainment, employment or adult health. Available data on these areas is explored in the following sub-sections.

In line with the changes to Health Visiting, the Department for Health has also promoted changes to school nursing through the School Nursing Vision and School Nursing Development Plan. The core principles are similar to those for Health Visitors with School Nurses taking a more central role in promoting health in early years and making appropriate links to other universal services.

Hospital Admissions for Children in Blackpool 2013-2014

- 100 admissions per 100,000 young people (15-24 years) due to an alcohol specific condition, compared to 40.1 per 100,000 in England. This is the highest rate in England
- 264.1 admissions per 100,000 young people (15-24 years) for substance misuse compared to 81.3 per 100,000 in England. This is the highest rate in England.

4.4.1. Substance misuse, Smoking and Alcohol

Prevalence of smoking, alcohol and other substance misuse in Blackpool has been identified as significantly higher than elsewhere in the North West with significant effects on life expectancy and mortality as highlighted in the Blackpool JSNA Core Chapters. Various research papers have shown links between smoking in adolescence and adverse childhood experiences, and others have shown links between smoking in adolescence and alcohol consumption or illicit substance misuse.

While clinics and treatment provide a means for dealing with the impact of substance misuse, preventative actions which promote responsible attitudes to drinking alcohol, reduce the likelihood of taking up a smoking or drug taking habit, and limit the availability of illicit/illegal products are likely to be most effective in improving health.

From an impact on services perspective Blackpool had significantly high levels of hospital admissions for children and young people (see insert), at nearly twice the national level in both cases for alcohol and substance misuse admissions.

In terms of prevalence in the population the data is more limited and reliant on surveys of the school population.

Nationally, results from the Smoking, Drinking and Drug Use Survey (2013) show that secondary school pupils aged 11 to 15 are far less likely to use alcohol or drugs than their counterparts were a decade ago. Of the pupils who responded to the survey, 39% said they had drunk alcohol at least once, down from 61% in 2003; and 9% said they had drunk alcohol in the past week, down from 25% in 2003. For illicit drugs, 16% said they had used them at some point, 11% had used them in the past year and 6% in the past month. Cannabis was the most commonly used drug (7% said they took it in the last year) but use has been declining since 2001 (when 13.4% reported it). Importantly, the survey highlights the increasing risk of drug use among pupils who truant or have been excluded from school and whose circumstances or behaviour already make them a focus of concern.

Locally, Blackpool has continued to survey school age children using the SHEU survey. The SHEU is a survey carried out in primary and secondary schools.

Schools opt in or out on a voluntary basis preventing the use of a more accurate random sampling methodology and potentially biasing the results toward participating schools. However, few schools choose not to participate and this means that some emphasis can be placed on ‘trends’ observed in the survey and still be relevant to a large proportion of school children.

The results of the previous three SHEU surveys highlight improving trends across all areas of substance use in Blackpool with overall levels of reported substance issues for drugs, alcohol and tobacco reducing. These are highlighted in the list and chart below.

Drugs, Alcohol and Tobacco – evidence from the Blackpool SHEU surveys 2015:

Primary School

Drugs

- 14% of primary school pupils said they were 'fairly sure' or 'certain' they knew someone personally who used drugs (not as medicines). This figure is the same as 2012, but lower than reported in the 2009 (17.0%) and 2007 (21.0%) surveys.

- 35% of Year 4-6 primary pupils reported that their parents had talked to them about drugs and 27.0% stated that their teachers had talked with them about drugs. 48% of pupils did not mention anyone had talked to them about drugs.

Alcohol

- In 2015, 6% of Year 4-6 primary school pupils said they had an alcoholic drink in the last 7 days. Those who reported drinking alcohol referred to spirits, shandy, wine, beer/lager. Nearly all those who drank said their parents knew but a small proportion said their parents never knew.

Smoking

- In 2015, 3% of Year 4-6 primary school pupils claimed to have tried smoking once or twice, and just 1% said they smoke and wouldn't give up.

Secondary School

Drugs

- In Year 8, 10% of boys had been offered cannabis, rising to 30% by year 10. A similar rise between these two years is also true for girls – from 7% in year 8 to 32%.

- A range of other drugs were offered to a smaller proportion of year 8-10 pupils – these ranged from steroids offered to 4% of pupils through to legal highs offered to 9%. Year 10 pupils were more likely to be offered drugs.

- The 2015 survey shows that 18% of pupils stated they had been offered cannabis, compared with 19% in 2012, 20.0% in 2009 and 26.0% in 2007.

- 10% of pupils claimed to have actually taken one of the drugs mentioned. Year 10 pupils were substantially more likely to have taken drugs than their Year 8 counterparts.

Alcohol

- 15% of pupils drank alcohol the previous week in 2015 compared with 21% in 2012, 28% in 2009 and 34% in 2007.

- Most of those who reported drinking alcohol said it consumed at home with parents knowing or at a friend or relations home. 4% of pupils consumed alcohol at a party or nightclub.

Smoking

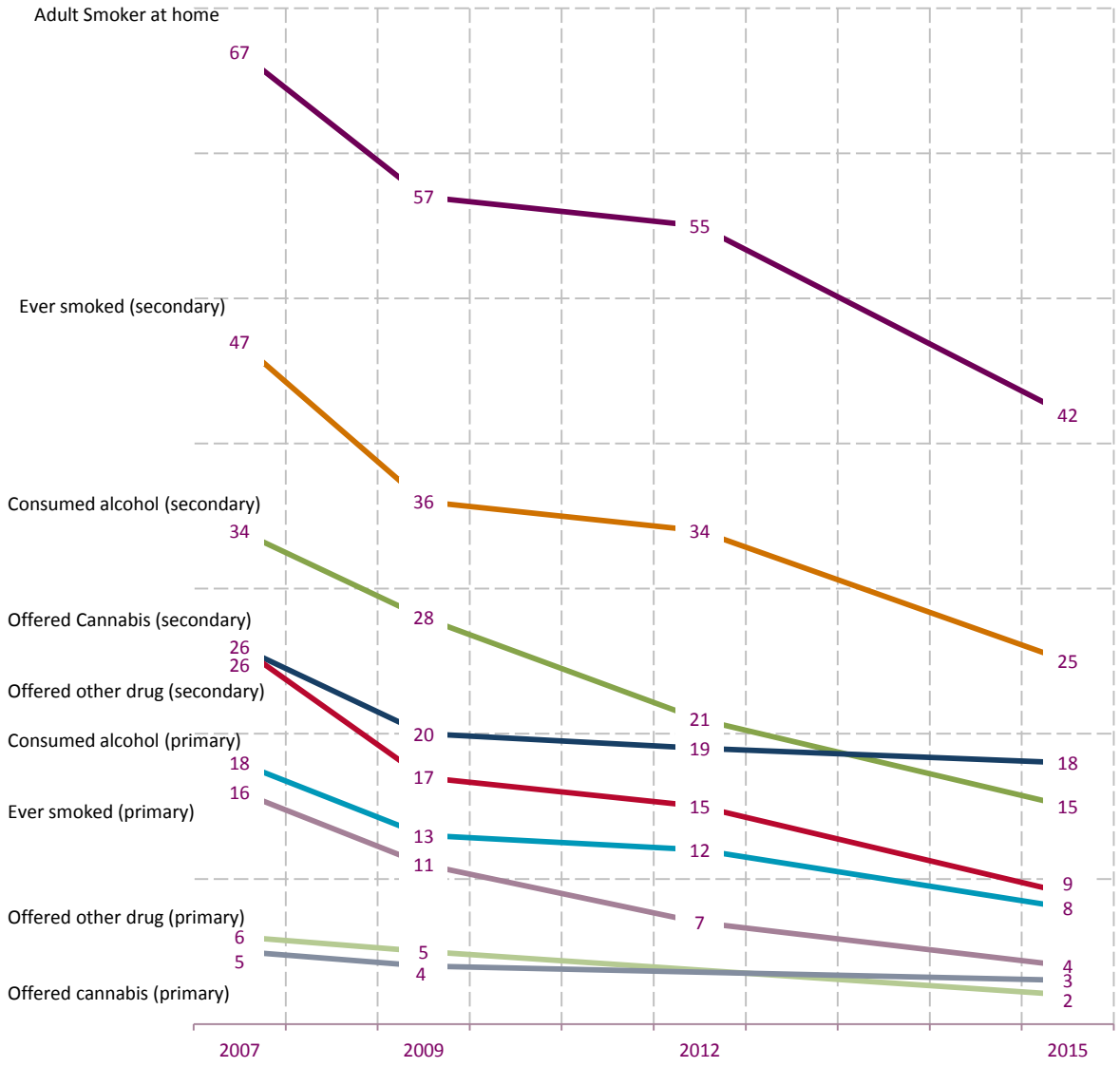
- 42% of pupils in 2015 said that someone smokes at home compared with 55% in 2012, 57% in 2009 and 67% saying the same in 2007.

- 75% of pupils in 2015 said they have never smoked at all. This compared with 66% in 2012, 63% in 2009 and 53% in 2007.

- 36% of pupils have tried an e-cigarette and three quarters tried these without ever smoking

The chart below presents data from all SHEU surveys to demonstrate the trends in reporting.

Pupils responses to Substance Use issues - %



Source: Blackpool Council, NHS Blackpool commissioned SHEU Surveys

Despite a clearly positive trend in smoking reduction amongst school age children, prevalence remains high in Blackpool. In 2014 Public Health England released results of the What about YOUth survey on smoking prevalence in 15 year olds. The dataset suggest that Blackpool has the 3rd highest level of children smoking in England at 13.4% of 15 year olds, compared to 8.2% for England as a whole

In addition, the nature and implications of substance misuse change over time as new substances are created or the potency of existing substances are improved. For example the increasing strengths of cultivated cannabis being used by adolescents are leading to increases incidence of depression and other psychological disorders amongst young people.

The association between cannabis uses, depression, conduct problems, tobacco smoking, excessive drinking and use of illicit drugs shows a malignant pattern of comorbidity that may lead ultimately to further negative outcomes. Preventing this will require more than health education about drug issues, and it will need close involvement of child and adolescent mental health services. Adapted from (Rey, Sawyer, Raphael, Patton, & Lynskey, 2002)

4.4.2. Healthy Weight

Achieving Healthy Weight in Childhood

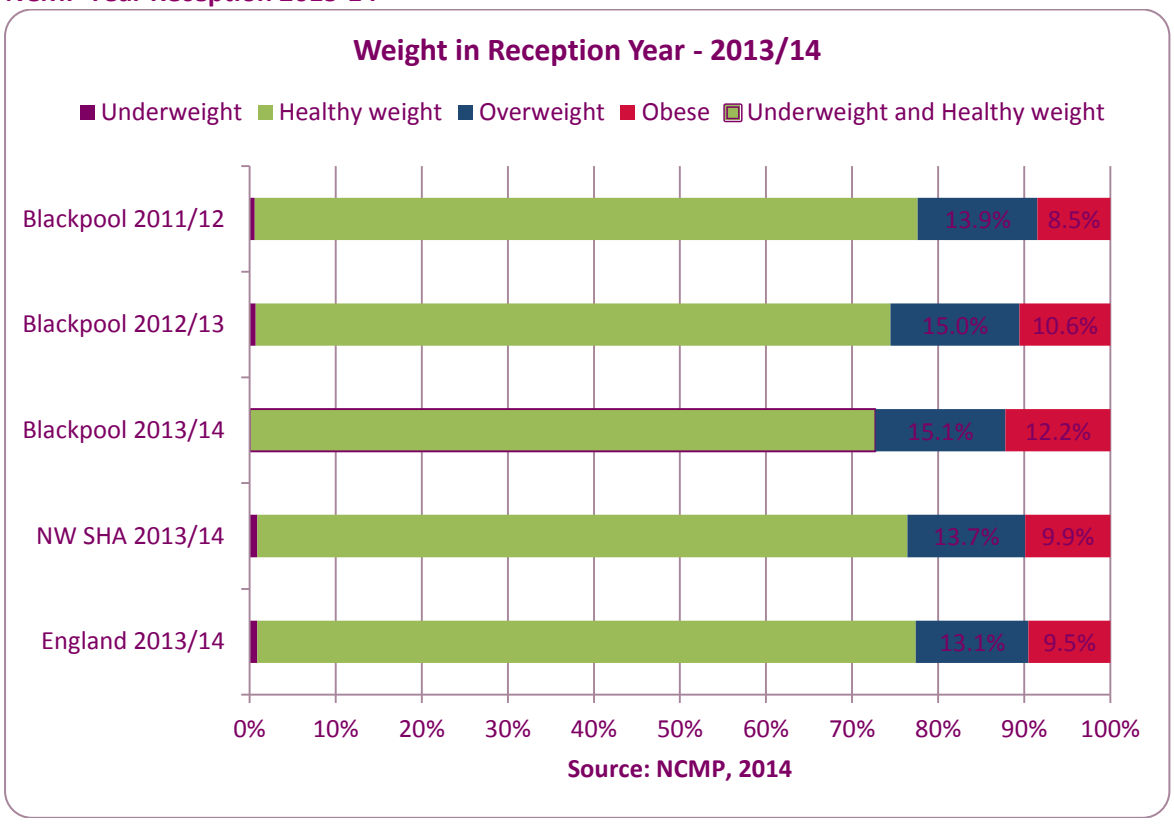
Excess weight in children is a major public health issue in the UK and Western world it is a complex condition, with serious social and psychological dimensions, affecting virtually all ages and socioeconomic groups. In children and adolescents the associated morbidities include hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction and exacerbation of existing conditions such as asthma. Future trends provided by the Government Office for Science's Foresight make it clear that without effective action this could rise to almost nine in ten adults and two-thirds of children being overweight or obese by 2050.

Definition

Body Mass Index (BMI) classification in children

BMI is a measure of weight status that adjusts for height. BMI is a person's weight in kilograms divided by the square of their height in metres. The British 1990 growth reference (UK90) for BMI is used to determine weight status according to a child's age and sex. Children whose BMI is between the 85th and less than the 95th centile are classified as overweight and those at or above the 95th centile are classified as obese. This definition is commonly used in the UK for population monitoring rather than clinical purposes. For clinical (individual) assessment, children whose BMI is between the 91st and less than the 98th centile are classified as overweight and those at or above the 98th centile are classified as obese.

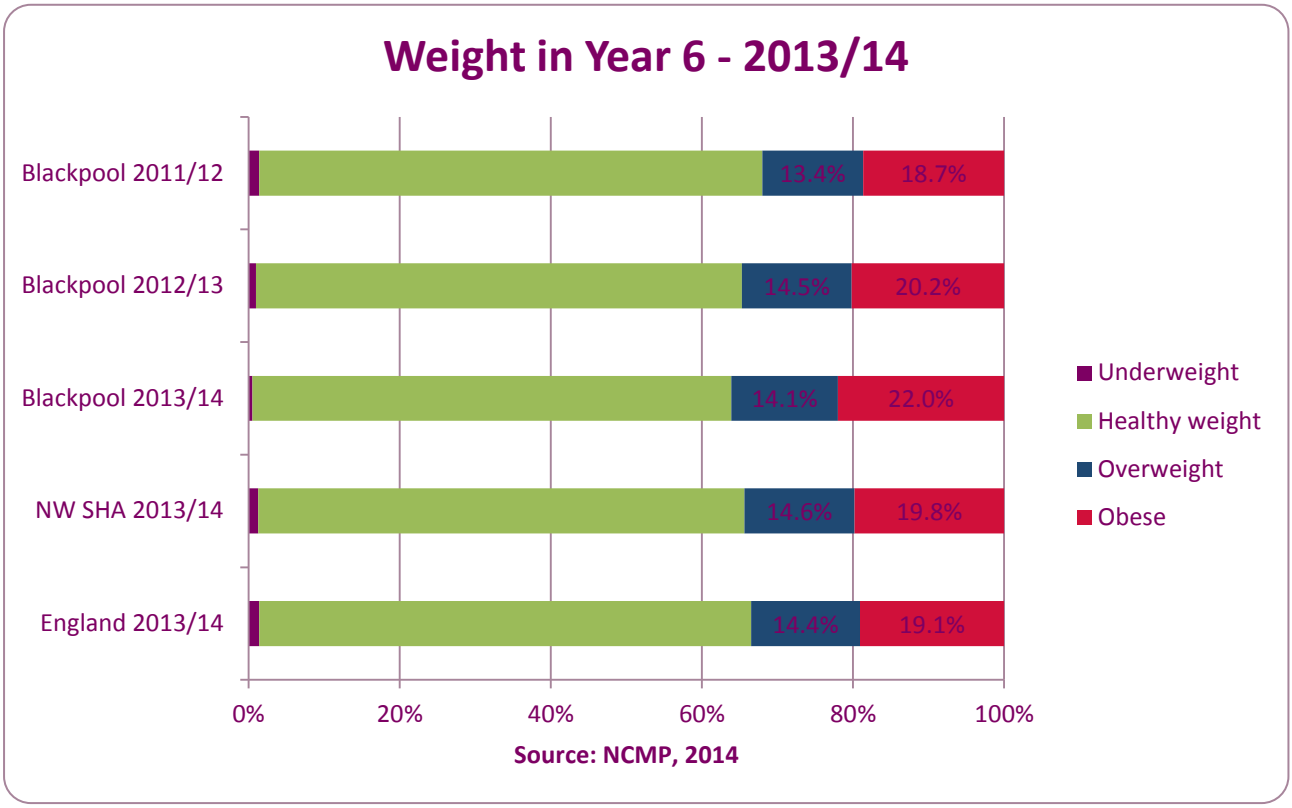
NCMP Year Reception 2013-14



- In Blackpool 12.2% of reception year (2013-14) children are measured as obese, and this is higher than the North West 9.9% and England 9.5%.
- For Reception Year children that are measured as overweight in Blackpool 15.1% are higher than the North West 13.7% and England 13.1%.
- The proportion of Reception Year children that have been measured as healthy weight and underweight in Blackpool is 72.7% - a combined figure due to small numbers. However the percentage of healthy weight children in the North West 75.6% and England 76.5%.

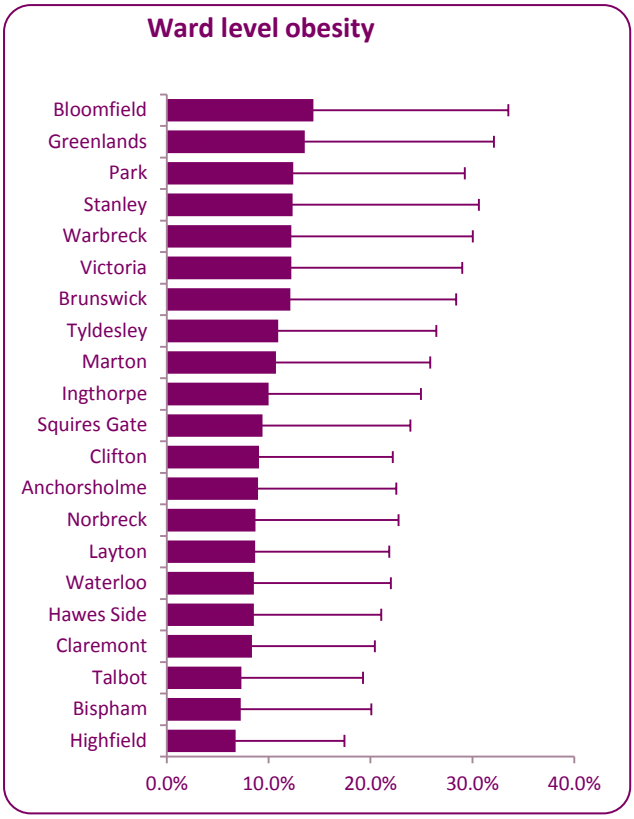
- For Reception Year children that are measured as underweight the percentage in the North West 0.9% and England 0.9%.

National Childhood Measurement Programme – 2013-14



Source: NCMP 2013-14

- In Blackpool 22% of Year 6 (2013-14) children are measured as obese, and are higher than the North West 19.8% and England 19.1%.
- The data also indicates that for Year 6 children that are measured as overweight in Blackpool 14.1% are higher than the North West 14.6% and England 14.4%.
- The proportion of Year 6 children that have been measured as healthy weight in Blackpool is 63.4%, which is lower than the North West 64.3% and England 65.1%.
- For Year6 children that are measured as underweight in Blackpool 0.5%, are lower than the North West 1.3% and England 1.4%.



Obesity in Blackpool – Spatial Distribution

The chart on the left highlights differences in the average proportion of overweight children by Ward in Blackpool. The confidence intervals on estimates at this geography are very wide meaning it is not possible to say there is a difference between any two areas in Blackpool however this might still be a useful indication of the levels of potential obesity in priority areas for targeted intervention.

SHEU survey 2015 statistics

The Blackpool SHEU survey 2015 highlighted the following areas.

Healthy Eating

- There is a gender element to beliefs about weight and this also shifts with age. There is a change in the proportions of girls who say they would like to lose weight between primary and secondary schools. 42% of Year 6 girls, 50% of Year 8 girls and 62% of Year 10 girls said they would like to lose weight.
- Boys are less likely to feel they would like to lose weight – in year 10 30% of boys said this compared to 65% of girls.

- 27% of Blackpool primary pupils in 2015 and in 2012 said that they had 5 or more portions of fruit and vegetables the day before. This compares with 26% in 2009 and 35% of Blackpool pupils in the 2007 survey who said the same.

- Approximately half (48%) of secondary school pupils stated that they ate fruit or vegetables 'on most days' in the 2015 survey. This compared with a figure for 'fresh fruit' of 31.0% in 2012 of 35.0% in 2009 and 39.0% in 2007.

- 28% of Year 10 girls in Blackpool said they had nothing for lunch the day before compared with 18% of girls in the SHEU reference sample.

Physical Activity

Physical activity is important for the health of children of all ages, irrespective of their weight. The Chief Medical Officer has issued guidelines on the amount and intensity which should be achieved (Start Active, Stay Active 2011).

- 84% of pupils in 2015 said they enjoyed physical activity 'quite a lot' or 'a lot'. 78% said this in 2012, 86% said this in 2009 compared with 83% in 2007.

- This trend is repeated for secondary school pupils, of which 67% of pupils in 2015 said that they enjoyed physical activity. This compared with 60% in 2012, 84% in 2009 and 72% in 2007.

The PE and Sports School Survey ran from 2005 to 2010 and provided an indicator of 5-16 year olds participating in at least 2 hours PE per week. Data for Blackpool showed an upward trend over that period from 51% in 2005 to 78% in 2010, though still falling short of the overall level for all pupils nationally at 86%. The PE and Sports survey is no longer being collected. National data from the Taking Part survey shows that 69% of primary age children have taken part in any sport 'in the last week' and 90% of secondary age children. Primary and secondary pupils were more likely to have taken part in swimming or football.

4.4.3. Views of young people on health services (National)

As part of the development of the Public Health Outcomes Framework a 'rapid review' exercise was carried out nationally to gather the views of young people on health services. The review concluded that young people:

- Understand that peer pressure and advertising can work against healthy choices;
- Need better information and advice about healthy lifestyles;
- Believe that too many public health campaigns are aimed at adults;
- Connect being healthy with 'things to do' in their area and access to public transport and sports facilities;
- Want involvement in the design, development and evaluation of child friendly campaigns and services;
- Recognise and value the role of the school in encouraging healthy behaviour; and
- Recognise there is a place for social media and want a trusted internet source of accurate health information.

In 2015, the quality care commission delivered the results of the first ever child survey on inpatient and day case care in hospitals. Some key findings are repeated below:

- Children, young people and their parents felt their overall experiences of care were good. On a scale of 0 to 10, 87% of children and young people rated their experience as seven or above (88% of parents and carers agreed). 9 However, children with a mental health condition or learning disability awarded lower scores, with 5% awarding overall experience scores between 0 and 2. In comparison, no children who did not have these conditions gave such low scores

- Children with a mental health condition or with a long term disability and their parents were generally more likely to answer 'no' to a range of questions about whether they felt their needs had been met.

- The survey found that 89% of children, and 91% of parents and carers of younger children, experienced children's services that felt safe. Similarly, the majority of parents or carers stated that the hospital room or ward that their child was in was 'very clean' (67%) or 'quite clean' (30%).

- Children with long-term physical disabilities, or those with a mental health condition or learning disability, did not always have access to necessary equipment.

- Four in 10 (41%) parents and carers did not feel that the staff treating their child were 'definitely' aware of their child's medical history. Parents of children aged 0-7 highlighted the biggest concern when asked this question, with 45% saying staff did not always seem aware of such information.

- However, the parents and carers of children with a mental health condition or learning disability, and those with physical disabilities, had the lowest confidence that staff 'always' knew medical histories (figure 3).

- 12-15 year olds felt there was not enough to do on their wards

- 20% of 8-15 year olds did not like the food they were given in hospital

Looking at results for Blackpool Teaching Hospitals NHS Foundation Trust, the sample was low but suggested the trust recorded results roughly equivalent to the national sample for all questions.

4.4.4. Mental Health

Clearly mental health difficulties in adolescence will have a major impact on immediate outcomes, such as educational attainment. A brief survey of the literature available on Children's Mental Health also suggested that there was some relationship to outcomes in later life with several international studies identifying some links specifically to substance misuse.

In 2011, the Department for Health launched *No Health without Mental Health*[17] strategy. The strategy sets out some broad changes in overall approach to providing mental health services with a continued focus on personal choice, improved outcomes and a life course approach from birth through to older years.

At the same time the DoH launched a second phase of their improving access to psychological therapies (IAPT, www.iapt.nhs.uk) programme, which aims to give patients greater access to treatment that may help anxiety and depression, with the *Talking Therapies: A four year plan of action* report[18]. The report expanded the scope of the IAPT programme to include children and young people.

There is little direct data on the nature of mental health need in Blackpool, though it is perceived to be high relative to other areas and some suggestions from hospital admissions data that supports this. Locally the CAMHS service currently receives around 450-500 referrals per year (Source: NHS Blackpool, Dataset Reports).

The prevalence of mental health disorders in 5-16 year olds is estimated to be 1,920 children (ChiMat, 2014). The table below shows prevalence estimates for Blackpool though it is important to know that these are EXPECTED prevalence. I.e. they take national research and determine what the prevalence would look like in an area if it matched the 'typical' profile.

Table 15 Prevalence estimates of mental health disorders of children

Disorder Category	Number of children aged 5-16
All Mental health disorders	1,920
Conduct disorders	1,190
Emotional disorders	745
Hyperkinetic disorders	325
Less common mental health disorders	255
Neurotic disorders (NB: aged 16 to 19)	925
Autistic spectrum disorders	125

Source: ChiMat "CAMHS Needs Assessment" Accessed Feb 2012

The use of prevalence estimates suggests only the expected numbers in an area, if conditions in the area are consistent with those in the sample population used to determine prevalence. In reality areas have a range of different socio-economic influences which will increase or decrease the actual level of prevalence in the population.

Additional data for Blackpool highlights a high hospital admission rate for mental health disorders in 0-17 year olds - a rate of 155 per 100,000 compared to 87.2 per 100,000 nationally. This would equate to around 45 children per year.

[17] https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

[18] https://www.gov.uk/government/publications/talking-therapies-a-4-year-plan-of-action

Self-Harm

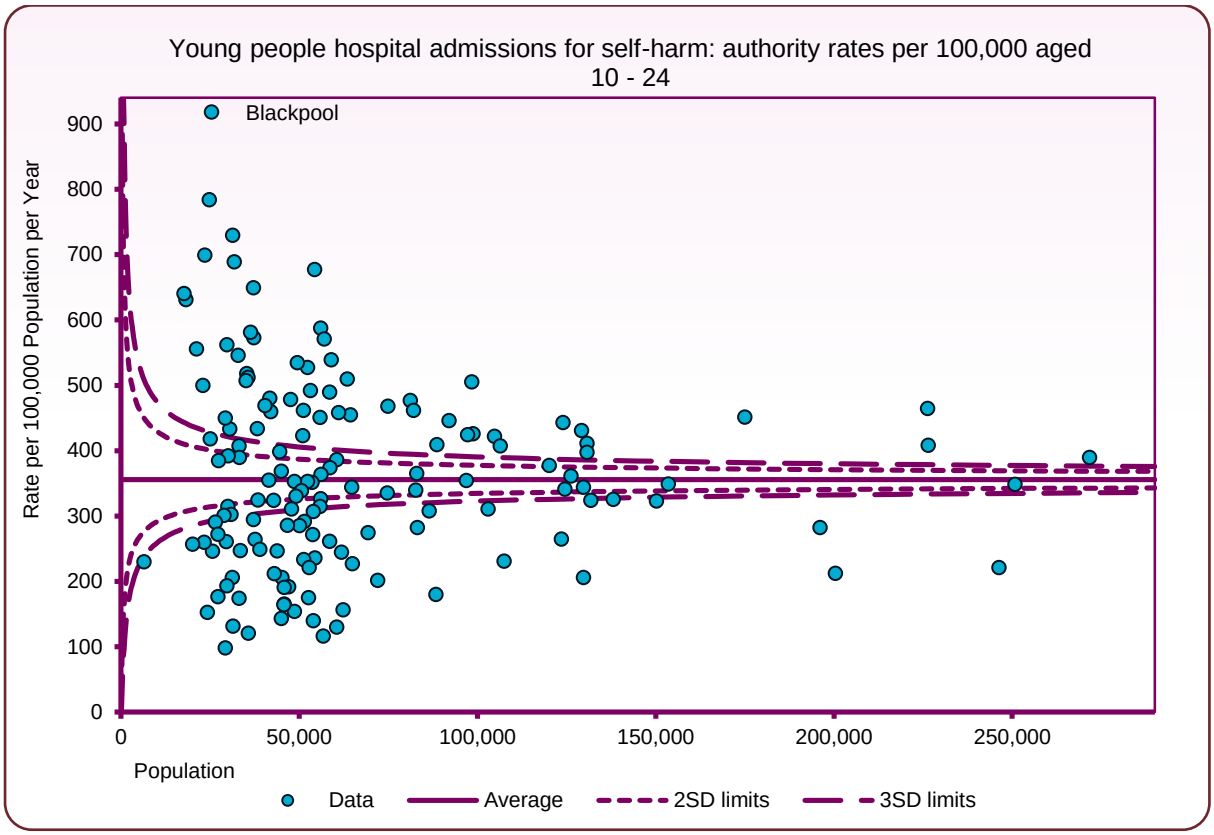
Self-harm can occur at any age but is most common in adolescence and young adulthood. Females are more likely to self-harm than males. It is estimated that in Great Britain between 4.6% and 6.6% of people have self-harmed (NICE, 2004). Self-harm is one of the top five causes of acute medical admission in the UK (NICE, 2004).

However, even this might be an under-estimate. In a school survey, 13% of young people aged 15 or 16 reported having self-harmed at some time in their lives and 7% as having done so in the previous year. Following an act of self-harm the rate of suicide increases to between 50 and 100 times the rate of suicide in the general population and men who self-harm are more than twice as likely to die by suicide as women. In addition the risk increases greatly with age for both men and women.

Other than direct contact with the health service, someone who has self-harmed may have contact with another agency non-health worker (e.g. counsellor, teacher, police) or through a helpline. In 2001, the Samaritans had more than 3 million verbal contacts. They estimate that their volunteers explored suicidal feelings with callers in more than one-quarter of these. Someone may also have contact with a primary care team, ambulance staff and NHS Direct.

Public Health England include the self-harm indicator as Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

In addition rates of self-harm in 2010/11 to 2012/13 for those age 10-24 were the highest in England at 917.8 admissions per 100,000 0-17 year olds, compared to 352.3 per 100,000 nationally. (Source: PHOF, Hospital Admissions as a result of self-harm 2010-11 to 2012/13)



The rate of admissions has increased from 503 per 100,000 in 2008-10 to 917.8 in 2012-13. This is very different to the national trend which has remained broadly level over the same period.

4.4.5. Suicide in young people

Suicide in children is a complex area. The number of events within a population is very rare but important consideration in ongoing delivery in Mental Health and Safeguarding processes. For a thorough analysis and recommendations in this area please see the Anonymised Lancashire Thematic Review[19] report (see Footnote for link).

As a short summary, there were 25 child deaths due to their own action across the pan Lancashire area (including the local authority areas of Blackpool, Blackburn with Darwen and Lancashire) between 2008 and March 2014. In 2013 - 10 of these cases were reviewed in-depth and found the following shared themes:

- Males (8 out of the 10)
- Hanging as a method of death in 8 of the cases
- 7 of the children and young people were part of a reconstituted family
- 6 of the children and young people were known to different services
- 6 children and young people were from ethnic minority backgrounds
- 5 of the children and young people lived within a dysfunctional family life (this included the following factors this list is not exhaustive – sofa surfing, drugs, alcohol); additionally, it is interesting to note all 5 of these children and young people were a part of a reconstituted family).
- All the children and young people had identifiable emotional stressors (e.g. exam stress, transitional issues, argument with boyfriend/ girlfriend/ parent or carer etc)
- 5 children and young people and/or parent/carer were known to Mental Health Services
- Fewer than 5 children and young people were known to self-harm
- Fewer than 5 children and young people had Special Educational Need
- Fewer than 5 were known to the Youth Offending Team (YOT) and
- Lancashire Constabulary

The report also identified, from national research sources, that predicting and therefore preventing suicide in children is extremely difficult but that ensuring appropriate provision for children exhibiting emotional distress or mental health issues such as self-harm, where self-harm is an indicator of emotional distress is a particularly key area of work.

It is important to note that none of the 10 deaths reviewed actually carried a final coroner verdict of 'suicide' the report goes into some detail on the reasons for this but one significant issue is the need to establish suicidal intent beyond all reasonable doubt, which is particularly difficult in these cases.

The report also found a lack of provision for specialist, post-suicide, bereavement care for families (Including siblings) across Lancashire

4.4.6. Teenage Conceptions

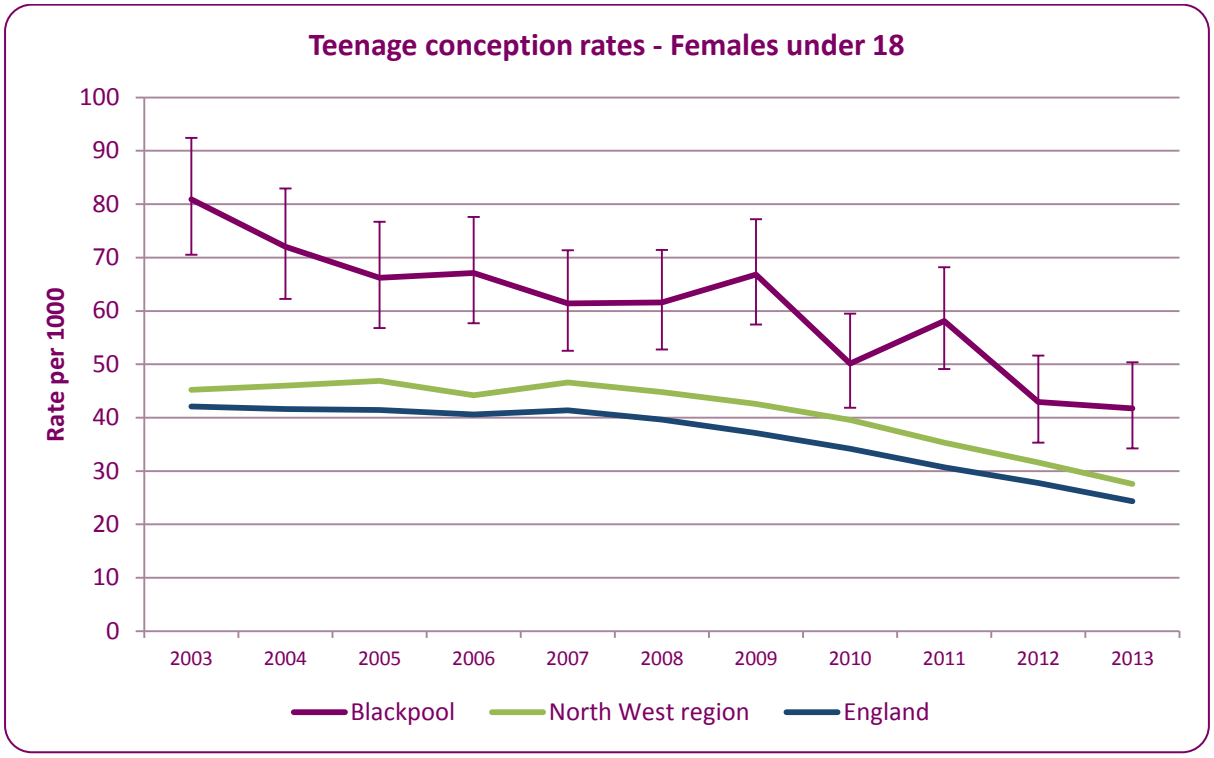
Blackpool had the 3rd highest teenage pregnancy rate in English upper tier authorities at the end of 2013, with a conception rate of 41.8 per 1000 15-17 year olds. This equates to approximately 108 conceptions per year.

Rates of teenage pregnancy in Blackpool have fallen substantially in the longer term from a peak rate in 2003 of 80.9 per 1000, dropping to 41.7 per 1000 in 2013. This is a drop of around 100 fewer teenage conceptions each year.

The chart below shows the 15-17 year olds conception rate for Blackpool compared with that for the North West and England.

The table below shows the 15-17 year olds conception rates for Blackpool each year compared with that for the North West and England. It demonstrates that while significant improvements have been made teenage pregnancy remains higher in Blackpool.

[19] *Suicide Thematic Review*, http://www.lancashire.gov.uk/corporate/web/viewdoc.asp?id=99175



National and Regional under 18 conception data: Female Population 15-17 (1998 – 2010)

Table 16 Under 18 Conception - 1999- 2011 - Rate per 1000 females aged 15-17

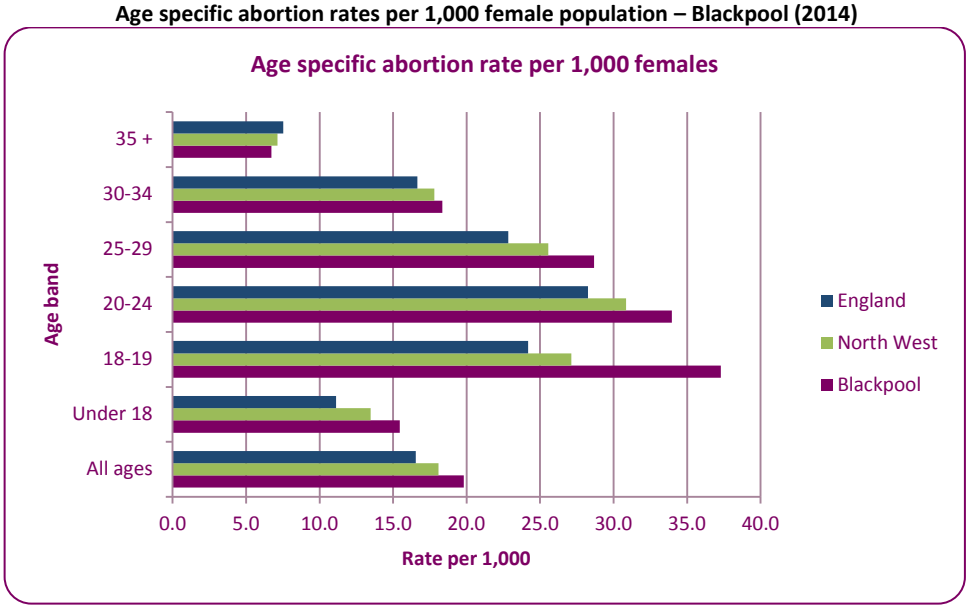
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Blackpool Number	217	193	176	182	170	175	183	130	149	112	108
Blackpool %	80.9	72.0	66.1	67.1	61.4	61.5	66.7	50.1	58.0	42.9	41.7
North West %	45.2	45.9	46.9	44.2	46.6	44.8	42.5	39.5	35.3	31.6	27.5
England %	42.1	41.6	41.4	40.6	41.4	39.7	37.1	34.2	30.7	27.7	24.3

Source: Teenage Pregnancy Unit and ONS

Teenage pregnancy is a complex issue linked to deprivation and low aspirations. Work to improve emotional literacy, increase access to LARC conception, quality PSHE in schools together with increased aspirations of young people in Blackpool is required to continue to reduce teenage conceptions in Blackpool.

Blackpool has seen no significant change since 2009 in the overall rate of termination of pregnancy (all ages), which remains slightly higher than the rate for both NW and England. The 18-19 rates have increased since 2009 and are significantly higher than NW or National rates

Age specific abortion rates per 1,000 female population – Blackpool (2014)



Source: Department of Health

A complete JSNA assessment on Teenage Pregnancy was produced in 2012 for all Lancashire authorities, including Blackpool. The "Under-18 conceptions in the Lancashire sub-region 2011/12 – Lancashire JSNA[20]" report. This report provides a detailed analysis of Teenage Pregnancy rates and risk factors. The report identified that Bloomfield, Brunswick, Claremont, Park, Talbot, Victoria wards in Blackpool show significantly higher levels of teenage pregnancy than England.

[20] The report is available from:
http://www3.lancashire.gov.uk/corporate/web/?siteid=6107&pageid=35232&e=e

4.4.7. Sexual Health

Sexually transmitted infections (STIs), including HIV, remain one of the most important causes of illness due to infectious disease among young people (aged between 16 and 24 years old). If left untreated, many STIs can lead to long-term fertility problems (e.g. with Chlamydia or Gonorrhoea). Infection with HIV or the strains of Human Papillomavirus (HPV) that cause cervical cancer can lead to long-term illness and possible death. (Health Protection Agency, 2008)

In total, there were 1,102 acute sexually transmitted infections in 15-24 year olds in Blackpool. This was a rate of 6,420infections per 100,000 population aged 15-24, compared to 3,432.7per 100,000 nationally. (ChiMat, 2014)
Young people (aged 16-24 year sold) are the age group most at risk of being diagnosed with a sexually transmitted infection, accounting for 65% of all chlamydia, 50% of genital warts and 50% of gonorrhoea infections diagnosed in genitourinary medicine clinics across the UK in 2007. (Health Protection Agency, 2008)

A detailed Blackpool Sexual Health Needs Assessment was produced in 2013 and is available here http://blackpooljsna.org.uk/library-of-reports/

4.4.8. Dental Health

NHS Dental Epidemiology Programme for England Oral Health Survey of 12 year old Children 2008/2009 highlighted a mean number of decayed, missing and filled teeth for Blackpool of 1.08, significantly higher than the England average of 0.74. Approximately 43% of children examined had some indication of tooth damage compared to 33% in England. http://www.nwph.net/dentalhealth/survey-results-12.aspx

A survey aimed at 5 year olds ran in 2012/1321 and found a mean number of decayed, missing and filled teeth of 1.81, significantly higher than the England mean of 0.94. The percentage of children with any indication of decay, missing or filled teeth was 37%, compared to 25% in England.
http://www.nwph.net/dentalhealth/survey-results.aspx?id=1

A 2013 survey on 3 year olds found a mean number of decayed, missing and filled teeth of 0.63, significantly higher than the England mean of 0.36. The percentage of children with any indication of decay was 17%, compared to 11 % in England. http://www.nwph.net/dentalhealth/survey-results%203%2812_13%29.aspx

[21] The five year old survey required positive consent from parents/guardians for the check to take place which has introduced some bias to the results. See the official report for discussion of the implications of this.

4.5. Resilience and wider determinants of health

The social determinants of public health have been widely documented and the Dahlgren and Whitehead model placing the individual in context of lifestyle, social and economic factors is at the forefront of JSNA. This social impact on health is no different for children than adults. This section explores a few specific areas.

Several area share themes with other sections of this report and so link directly to the relevant commentary.

4.5.1. Child Poverty

> *"Poverty and social inequalities in childhood have profound effects on the health of children, and their impact on health continues to reverberate throughout the life course into late adulthood. Three-year-olds in households with incomes below about £10,000 are 2.5 times more likely to suffer chronic illness than children in households with incomes above £52,000"* (End Child Poverty, 2008).

The Blackpool Child Poverty Needs assessment identified clear links between health and poverty. In particularly the analysis reported links between low social status or high deprivation and the following:

- Smoking
- Asthma
- Accidents
- Birth Weight
- Oral Health
- Growth (height)
- Mental Health

This Child Poverty Needs Assessment report is available on the Blackpool JSNA website. Tackling child Poverty is one of Blackpool Council's priorities and where possible work should ensure that the impact on Child Poverty in Blackpool has been considered.

Child Poverty Measure

The local area child poverty measure is the Children in Low-Income Families Local Measure produced by HMRC and is "children living in families in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60per cent of national median income."

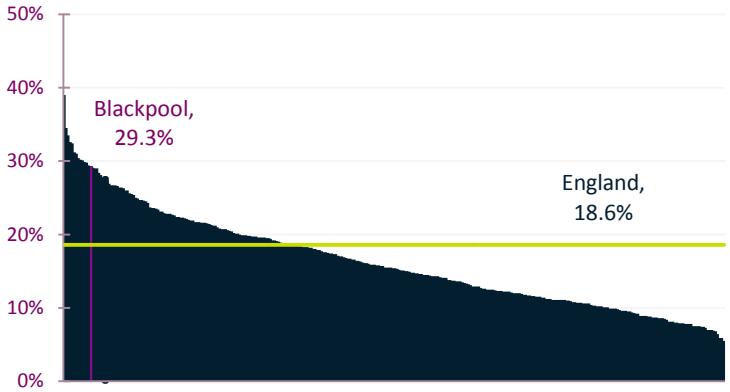
Data is released annually but covers a time period 2 years prior to that date e.g. the most recent data is for 2012. The reason for this delay is that the measure is based on actual reported family income rather than surveys or estimates and is available down to small areas including wards.

2012 Position

The chart right, shows the % of children in low income families in 2011, compared to all authorities in England and to the English average. It highlights

- **9,145 children** in Blackpool live in low income families
- This accounts for **29.3% of all children**
- Blackpool ranks **14th highest in England.**

Children in Low-Income Families 2012

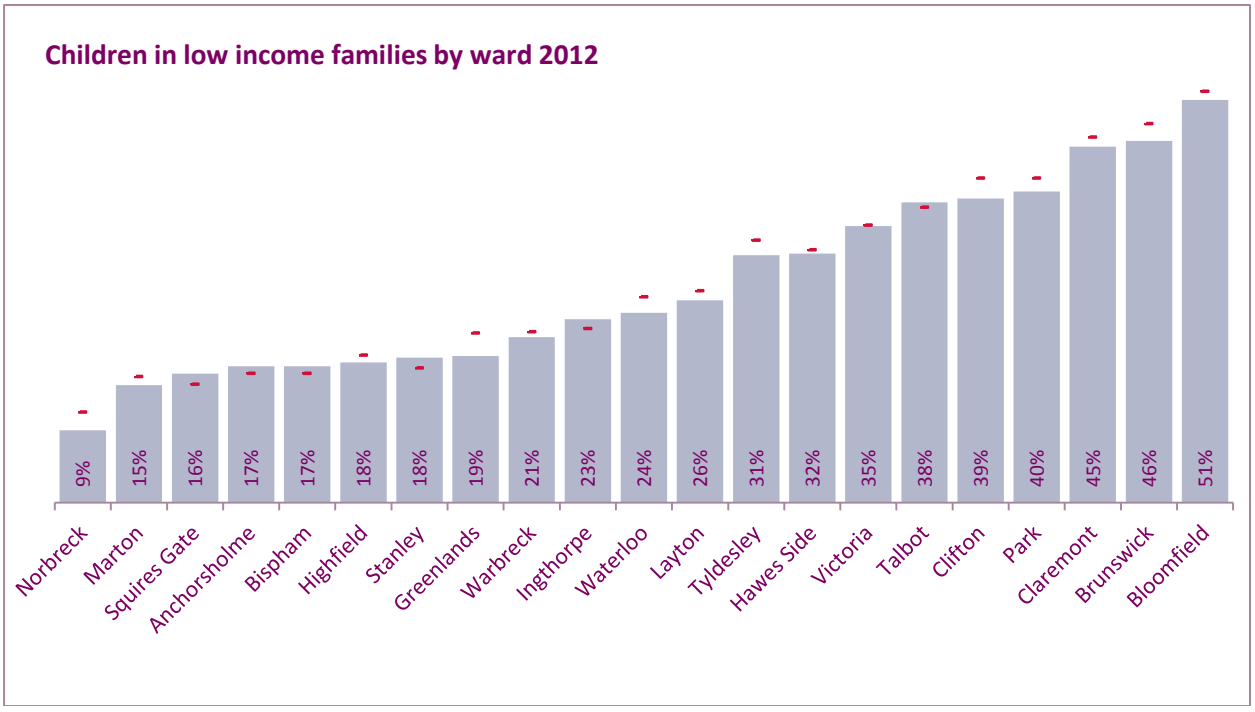


Changes since 2011

- Overall, in percentage terms Blackpool has seen a small reduction in the proportion of children in poverty between 2011 and 2012. Reducing from 9,425 children (30.2%) to 9,145 (29.3%). This ends a trend of decline from 2008-2011.
- Despite this improvement, Blackpool ranked more poorly nationally. From 21st highest in 2011 to 14th in 2012. This is because while Blackpool reduced by -0.9%pp the average reduction across all Local Authorities was a stronger -1.6%pp. Other areas improved at a faster rate.
- A further factor is that in 2012 the income distribution changed nationally with generally lower incomes. The low income threshold, which is 60 per cent of the median income, fell from £218 in 2011 to £204 in 2012. Other measures of welfare reform were also introduced. This might mean families previously considered to have poor incomes are no longer counted, but their circumstance may remain the same.

Ward Distribution

- **All wards** have some children living in poverty.
- **Bloomfield, Claremont, Brunswick, Park and Clifton** wards each have more than 40% of children in poverty.
- Half of Blackpool's wards rank amongst the 20% of all wards nationally with the highest levels of children in poverty.



Family demographics

- 86% of children in poverty live in **families claiming Income Support or Job Seekers** Allowance
- 67% of children in poverty live in **lone parent families**
- 33% are **young children aged 0-4**, 12% are dependents aged 16-19
- 56% live in 1-2 child families, 44% live in families with 3 or more children
- In total there are around **4,900 families with low incomes** in Blackpool.

Detailed map of Child Poverty

The map on the right shows the distribution of children in low income households in Blackpool for small areas.

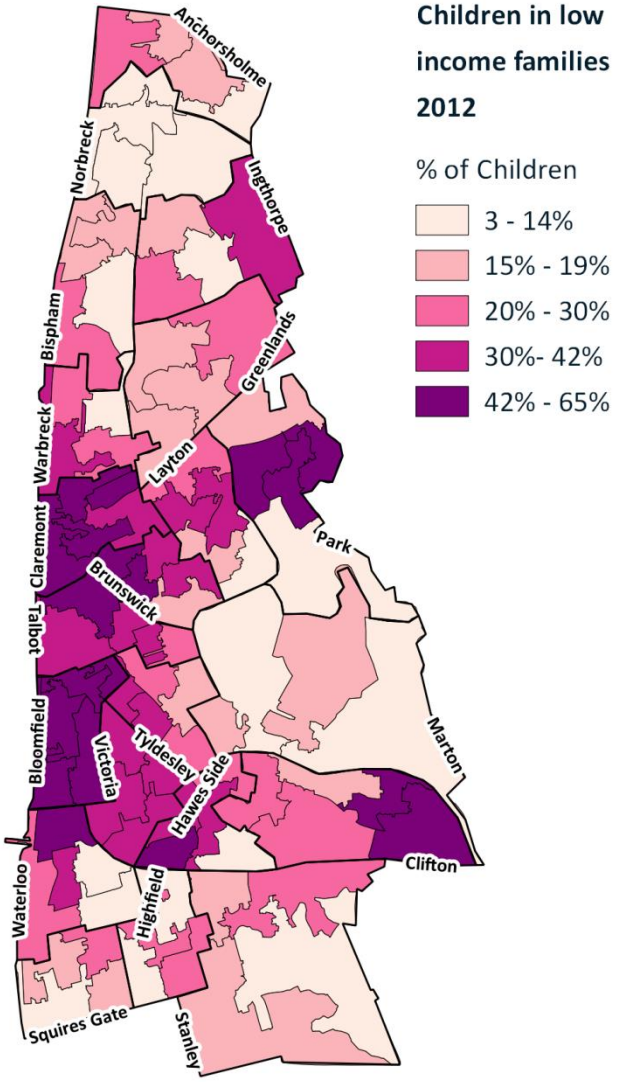
- The largest percentages of children in low income households are in the central areas of Blackpool.
- Bloomfield, Brunswick, Claremont, Park and Clifton have several pockets of children in poverty above 42% of all children in those areas.

The map of poverty shares many similarities with maps for:

- Child Protection Plans
- Indices of Deprivation 2015
- Free School Meals Recipients
- Out-of-work Benefit claimants

The Blackpool Child Poverty Needs Assessment also highlighted potential links (not cause and effect) between child poverty and:

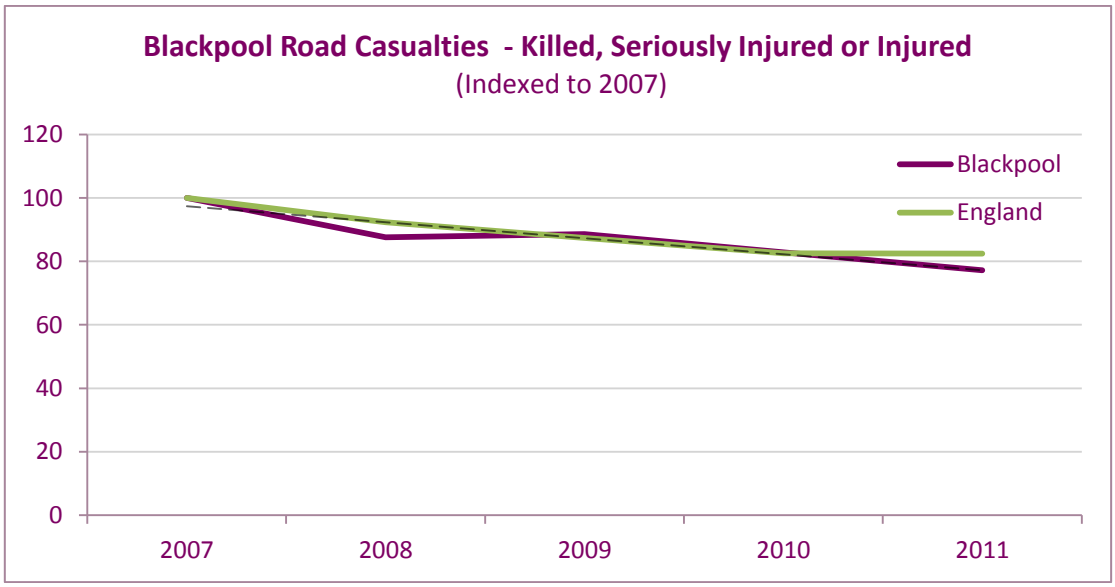
- Employment
- Education & Skills
- Health outcomes
- Areas with higher Crime levels
- Areas with high Fuel poverty
- Teenage pregnancy



4.5.2. Road safety

The numbers of children who are casualties of road accidents each year is relatively small, the outcomes are potential severe (death or serious injury).

In 2011, there were 81 incidents featuring children on Blackpool roads, with 15 of these resulting in a child being killed or seriously injured. Overall however, between 2007 and 2011, the total number of traffic casualties (killed, seriously injured or mildly injured) has declined. Using an indexed comparison, this improvement has followed at a similar pace to the national trend over the same period. (Chart and Table below)



Department for Transport – Various Tables – 2007-11

Table 11: Children, Killed Seriously Injured, or Injured 2007-2011

	2007	2008	2009	2010	2011
Blackpool	105	92	93	87	81
England	20,805	19,202	18,172	17,168	17,150

Department for Transport – Table Ras30039 - 2011

In terms of casualties, the number of incidents which resulted in a child being killed or seriously injured are very small but showed an increase between 2010 and 2011 of 6 children.

Table 12: Children, Killed Seriously Injured 2007-2011

	2007	2008	2009	2010	2011
Blackpool KSI	15	9	9	9	15

Department for Transport – Table Ras30039 - 2011

Analysis by the Department for Transport in a 2009 report "Child casualties in road accidents" highlighted that for pedestrian casualties, pedestrian error was a contributory factor in a majority of cases. E.g. "Not looking" was a factor present in 73% of cases and "In a hurry" was a factor in 30% of cases". Additional work by the Lancashire Road Safety Partnership identified speeding as a substantial additional factor in 16% of cases. (Lancashire Road Safety Strategy 2011, 2011)

Additionally, the 2009 Department for Transport research highlighted that the majority of accidents take place on Urban roads, and that there are peak accident levels during the journey to and from school and in the afternoons on weekends. (DfT, 2009)

4.5.3. Children in Care

See Section 3.7.3 for information on the health outcomes associated with entering care.

4.5.4. Housing and Homelessness

Homelessness is one area where Blackpool suggests better performance than elsewhere. In 2013/14 Blackpool had a family homelessness rate of 0.3 per 1000 compared to 1.7 per 1000 for England. This is around 20 homeless families in Blackpool each year. However interpretation of this figure may need some caution as Blackpool has a high level of private rented accommodation stock (the Census suggests 26% nearly twice the national private rented proportion of 16%) and some indications of high levels of Houses in Multiple Occupation. This might mean it is easier for families in crisis to find cheap, low quality accommodation and while not homeless may live in poor quality conditions. Early results from the South Beach transience pilot have identified numerous issues with housing quality and provided support to 140 children in the area (Transience Pilot Progress Report to Blackpool Scrutiny Committee, October 2012)

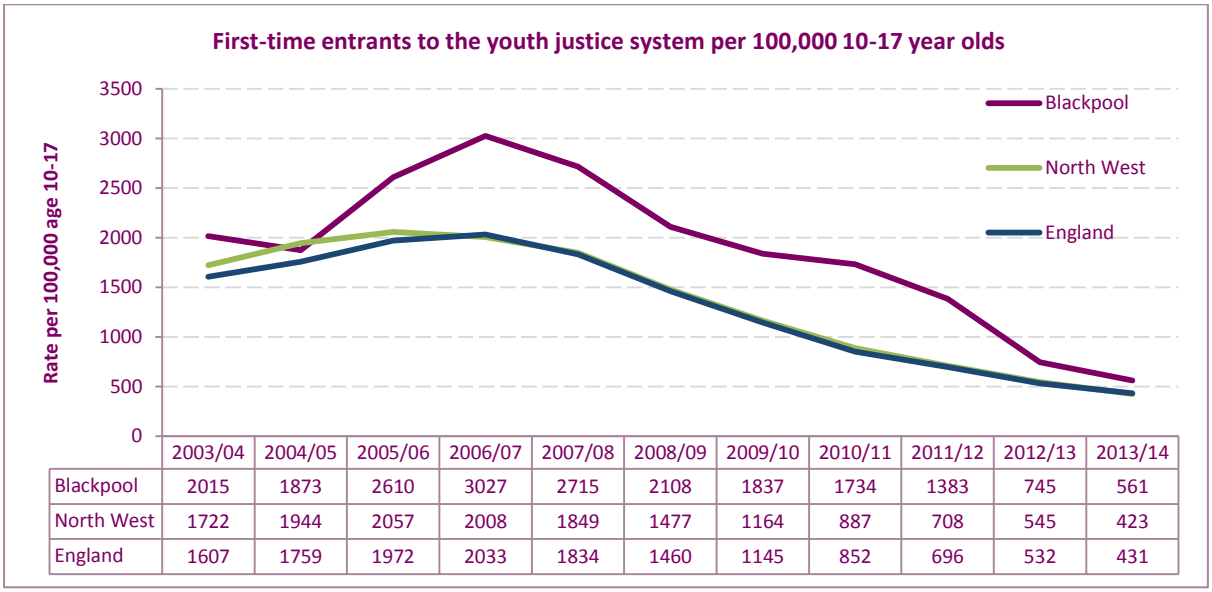
Recent evidence on housing conditions and decency in private sector housing at Blackpool level is unavailable.

4.5.5. Youth Offending

Youth Offending is a key area of work for Blackpool. The Blackpool YOT team have produced a Youth Justice Strategy which will focus on reducing the rate of offending. A key element to this is recognising that young offenders are generally vulnerable young people in need of support services and that therefore the focus should be on restorative and diversionary processes which route young people away from the criminal justice system and custody and toward support services.

Research on the health needs of Young Offenders has highlighted relationships with substance misuse, smoking, poor mental health. A report by the care quality commission "Let's Talk About It" (CQC, 2006) found that 18% of children and young people in contact with the Youth Justice System (YJS) had physical health needs, 42% had substance misuse issues and 44% had emotional or mental health problems.

- Between 2003 and 2014 Blackpool has seen a substantial reduction in First Time Entrants with rates reducing to just above that of the National and North West levels (see Chart, below).
- The number of first time entrants has dropped from a peak of 431 in 2006/07 to just 71 in 2013/14



	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Blackpool	2015	1873	2610	3027	2715	2108	1837	1734	1383	745	561
North West	1722	1944	2057	2008	1849	1477	1164	887	708	545	423
England	1607	1759	1972	2033	1834	1460	1145	852	696	532	431

Analysis of the demographics of Youth Offending found that males aged 14-17 from deprived areas of Blackpool (particularly FY1, FY3) are the most likely demographic to offend.

In addition 70% of all offenses in 2011/12 were in three categories Violence Against the Person (33%), Theft and Handling Stolen Goods (19%) and Criminal Damage (19%).

4.5.6. Child Development and Education

Education, Health and Poverty are intrinsically linked with all three repeatedly associated in academic research and policy reports. A study of the 1958 British cohort identified child development and education as a key indicator and also highlighted relationships between social class and these effects, though socio-economic status appears to have a greater impact during adolescence than early years. (Keating & Hertzman, 1999)

Child Development was also selected as an indicator of Health Inequalities in the Marmot review of health inequality and in Blackpool the proportion of children attaining a good level of development at age 5 was also significantly poorer than England, with 54% attainment in Blackpool compared to England at 60% (Source: Department for Education). A good level of development is equivalent to scoring 6 or more points in all areas of the Early Years Foundation Stage Profile. See the Education section for more exploration of this topic.

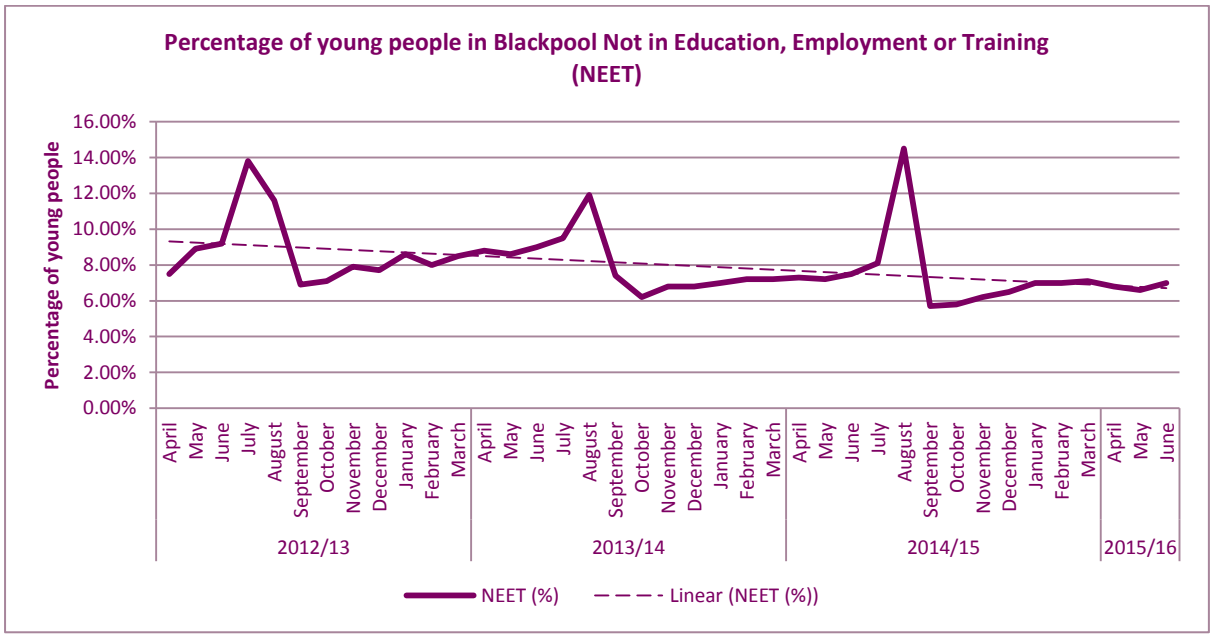
4.5.7. Economic Resilience

Unemployment and Poverty are both correlated with a range of health issues. It is important to consider these economic drivers as a wider determinant health and resilience to be tackled alongside the direct clinical needs.

Employment and training

One of the most vulnerable economic groups is young people not in employment, education or training (NEET) as the outcomes for this group in terms of joining and remaining in the labour market are poor without intervention.

The chart below shows the proportion of NEET 16-19 year olds on a monthly basis. There is a clear seasonal element with NEET figures rising rapidly in July (when courses start to end) and reducing quickly in September when courses begin and young people find learning or training placements. This then gradually rises over the year as young people leave. Useful indicators are therefore the proportion of NEET in October as this is the first stable indication of NEET levels. Additionally, comparing October estimates to peak levels in the following June may be useful to consider as an indicator of attrition – how many students within a year leave their destination and become NEET.



Source: Via Partnership, Monthly NEET Reports. Analysis by Blackpool Corporate Development Team

5. Section 3 – Aspiration, Attainment, Ambition

5.1. Key Points

- **ATTAINMENT AND PROGRESS**
- Children in Blackpool perform more poorly across the EYFSP profile compared to national performance. The need for early support in supporting children's development as research highlights that one of the greatest factors in determining later attainment (e.g. at KS2 and KS4) is previous attainment.
- In Phonics, the overall proportion of children passing the year 1 screening test is similar to England, though support is needed for children on free school meals with 39% of this group not attaining the required level.
- The proportion of children attaining the expected level at Key Stage 1 is broadly similar to national levels.
- The proportion of children attaining the expected level at Key Stage 2 is similar to national levels.
- **Blackpool has proportionally fewer children attaining above the expected levels at Early Years Foundation Stage, Key Stage 1 and Key Stage 2 and proportionally more achieving below the expected level. This difference in distribution suggests that the higher performing pupils increase the proportion of children meeting the expected level but that a degree of underachievement is masked.**
- At GCSE / Key Stage 4 level, Blackpool attains similarly to national levels for all areas except 5 A*-C grades including English and Maths.
- 89% of pupils make the expected levels of progress in English between KS1 and 2 and a similar proportion for Maths.
- Progress in Mathematics between KS2 and KS4 is substantially below England with 49.7% of pupils meeting the expected level of progress in Blackpool, compared to 68.7% nationally.
- In Blackpool, a slightly smaller percentage of young people attain any level 2 qualification by age 19 than England.
- In Blackpool, a slightly smaller percentage of young people attain any level 3 qualification by age 19 than England.

- **ATTAINMENT BY PUPIL CHARACTERISTICS**
- Children on Free School Meals are less likely to attain 5 A*-Cs at GCSE compared to All Pupils in Blackpool and All Pupils nationally.
- Children on Free School Meals in Blackpool are slightly more likely (+2%pp) to attain 5 A*-Cs at GCSE compared to all children on Free School Meals in England
- (in 2014, SEND data was not published to protect confidentiality) but the 2013 needs assessment found that children with Special Educational Needs, or School Action Pupils have significantly poorer levels of attainment than the overall level of attainment in Blackpool and England; and that this is also true when comparing performance to their national peer group, suggesting this is a key area of need for Blackpool
- Pupils with English as their second language generally attain equal to or better than all pupils in Blackpool and England though their numbers are relatively small

- **PARTICIPATION IN FURTHER AND HIGHER EDUCATION**
- Proportionally more pupils from Blackpool participate in further education providers in Blackpool than England as a whole.
- Proportionally fewer pupils from Blackpool progress to higher education. This is the same for all levels of higher education study (i.e. degree, masters and PhD).

5.2. Introduction and Policy Context

A number of fundamental changes to the education system have been introduced in recent years, which are expected to have a significant impact on the way that education is structured and delivered, aimed at raising standards in schools and attainment levels of pupils. The below presents some of the key areas to consider in terms of policy change

Academisation

Prior to this the Academies Act 2010 extended the scope for all schools to become academies gaining independence from the local authority and greater freedom around the curriculum, and pay and conditions for staff. This is one of the most significant ongoing areas of change with definite impact on schools in Blackpool - in response Blackpool Council continues to provide services to schools under new agreements where schools purchase previously provided services e.g. HR, Data management from the Authority.

School Reform

In November 2010 the Schools White Paper *'The Importance of Teaching*[22]*'* set out radical reforms to the schools system, ultimately giving schools greater autonomy and placing teachers at the centre of school improvement; it set out plans to transform the teaching profession and committed government to remove unnecessary duties, guidance and processes. Many proposed changes were enacted in the Education Act 2011.

Pupil Premium

In order to address the inequalities that exist between children eligible for free school meals and their peers, the Pupil Premium was introduced in April 2011, the funding is paid direct to schools who decide how the premium should be spent in line with the White Paper aims to give greater autonomy to schools. This presents a challenge for authorities and schools to work together to ensure that this funding is used to greatest effect.

Teacher Assessments

Key Stages are points of assessment and expected progress. For the majority of assessments at Key Stages 1 to 3 traditional external marking of tests has been replaced with Teacher Assessments. Teacher assessments replace external examinations with a teacher based determination on the progress of the pupil within the prescribed framework and curriculum. A systematic review found that compared with external tests, teacher assessments generally were of appropriate quality so long as they took place in an environment where steps are taken to moderate the results. (Harlen, 2005)

Changes to the EYFS and Criticisms of the EYFS

The early year's foundation stage has recently been subject to significant change (Statutory Framework for the Early Years Foundation Stage, 2012). The core emphasis of the stage remains unchanged however which is to ensure that children and young people are assessed for their general level of development across a wide range of early expected behaviours.

There has been a range of debate on the adequacy of EYFS and whether children are 'ready' for some of the learning goals at 0-5, especially some criticism of the levels required by the Communication, Language and Literacy, and Problem-Solving, Reasoning and Numeracy goals (DfE, 2010). For this needs analysis however, the differences between England as a whole and Blackpool is a useful indicator as regardless of whether the scales are too rigid or too high, as these scales affect all children universally, our interest is the relative difference.

[22] https://www.gov.uk/government/publications/the-importance-of-teaching-the-schools-white-paper-2010

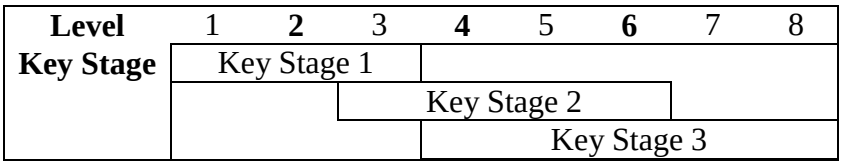
5.3. School Attainment and Progress

This section looks at the overall attainment at the Early Years Foundation Stage through to Key Stage 4 and beyond. The analysis is for all pupils, providing an indication of the overall position of Blackpool relative to elsewhere. For information on the attainment of specific needs groups please see Section 9.4

In Early Years Foundation stage infants are assessed against the Early Years Foundation Stage Framework. This framework awards points to children who demonstrate various levels of ability across 17 early learning goals.

In schools, the approach to monitoring pupil attainment in England is through assessment against levels of achievement against national curriculum guidelines. Each level outlines the expected abilities that a pupil should demonstrate with level 1 being the lowest and level 8 the highest. At each assessment stage, called a Key Stage, there is an expected level of attainment, for example in Key Stage 1, the expected level is 2. In addition pupils are expected to make progress between key stages. For example pupil's achieving level 2 in KS1 will hopefully make 2 levels of progress by KS2 and achieve level 4.

Overall attainment is measured through GCSE qualifications (or equivalents). Pupils take a number of subject exams and are awarded a grade between A* and G. Ideally pupils will receive 5 or more A*-C grades or equivalent. Often English and Maths being two of these subjects is desirable.



5.3.1. Early Years Foundation Stage

A revised EYFSP was introduced in 2013, and requires practitioners to make a best fit assessment of whether children are emerging, expected or exceeding against 17 early learning goals (ELGs) (see methodology document for further information on the ELGs).

Children have been deemed to have reached a good level of development (GLD) in the new profile if they achieve at least the expected level in the ELGs in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy. These are 12 of the 17 ELGs.

The table below shows the difference in EYFS between Blackpool and England. Areas highlighted in blue indicate a higher proportion of children in Blackpool fall into the 'emerging' and 'expected' categories than England.

Areas highlighted in red indicate a lower proportion of children in Blackpool fall into the 'exceeding' category than England and the 'at least expected'.

For example, in "communication and language - understanding", Blackpool has 4%pp more pupils than England achieving 'expected', but 8% fewer achieving 'exceeding'.

Table: EYFS Scorecard – difference between Blackpool and National achievement at the EYFS

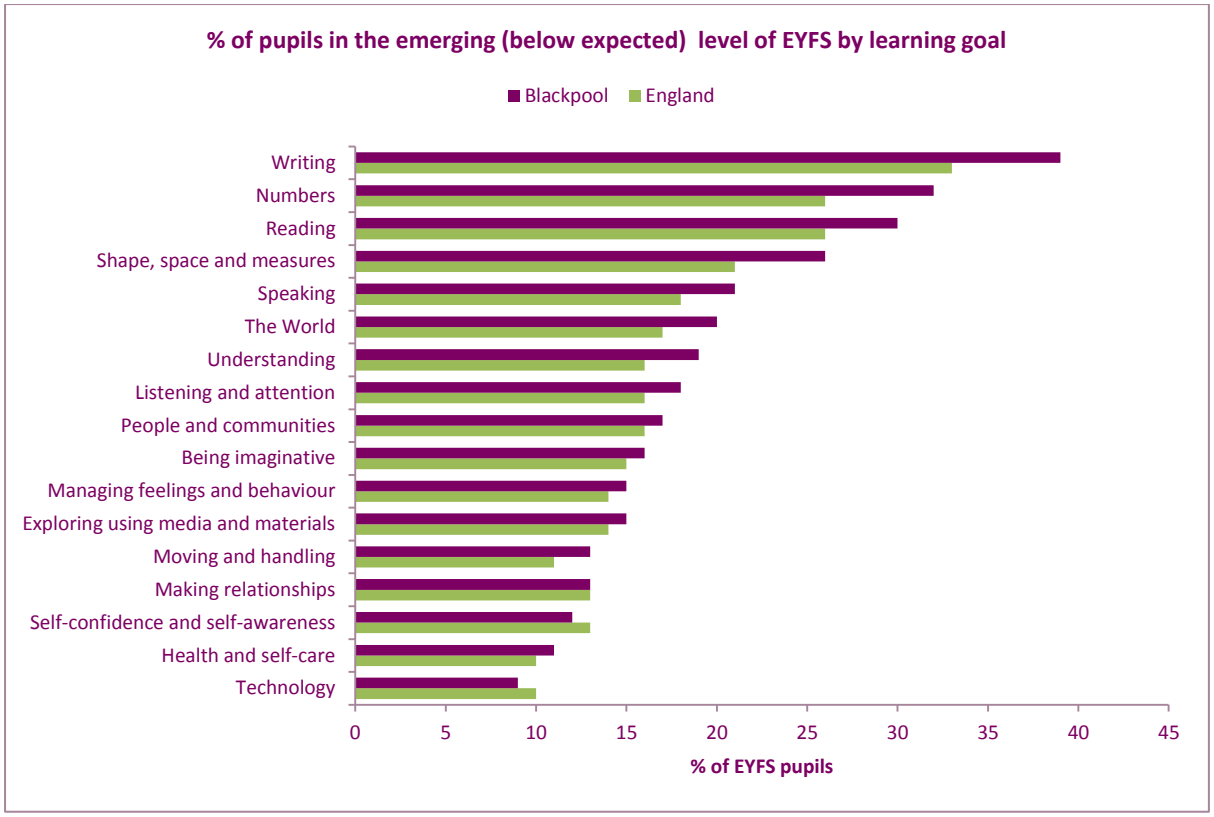
Category	Sub-Category	Emerging	Expected	Exceeding	*At Least Expected*
Communication and Language	Listening and attention	2	5	-6	-1
	Understanding	3	4	-8	-4
	Speaking	3	4	-6	-2
Physical Development	Moving and handling	2	3	-5	-2
	Health and self-care	1	7	-8	-1
Personal, Social and Emotional Development	Self-confidence and self-awareness	-1	6	-6	0
	Managing feelings and behaviour	1	5	-6	-1
	Making relationships	0	5	-6	-1
Literacy	Reading	4	2	-6	-4
	Writing	6	0	-5	-5
Mathematics	Numbers	6	0	-6	-6
	Shape, space and measures	5	2	-7	-5
Understanding the World	People and communities	1	5	-6	-1
	The World	3	5	-8	-3
	Technology	-1	8	-7	1
Expressive arts, designing and making	Exploring using media and materials	1	4	-4	0
	Being imaginative	1	5	-6	-1

The table highlights that:

- Children in Blackpool are **proportionally more likely to be at "emerging" or "expected" stages**".
- There are **proportionally fewer children 'exceeding" the EYFS** compared to England overall.
- As a result of higher 'emerging' and lower 'exceeding' pupils the net proportions of children 'at least expected' is lower.

The chart below ranks the differences in attainment from high to low to highlight areas where children are not working securely:

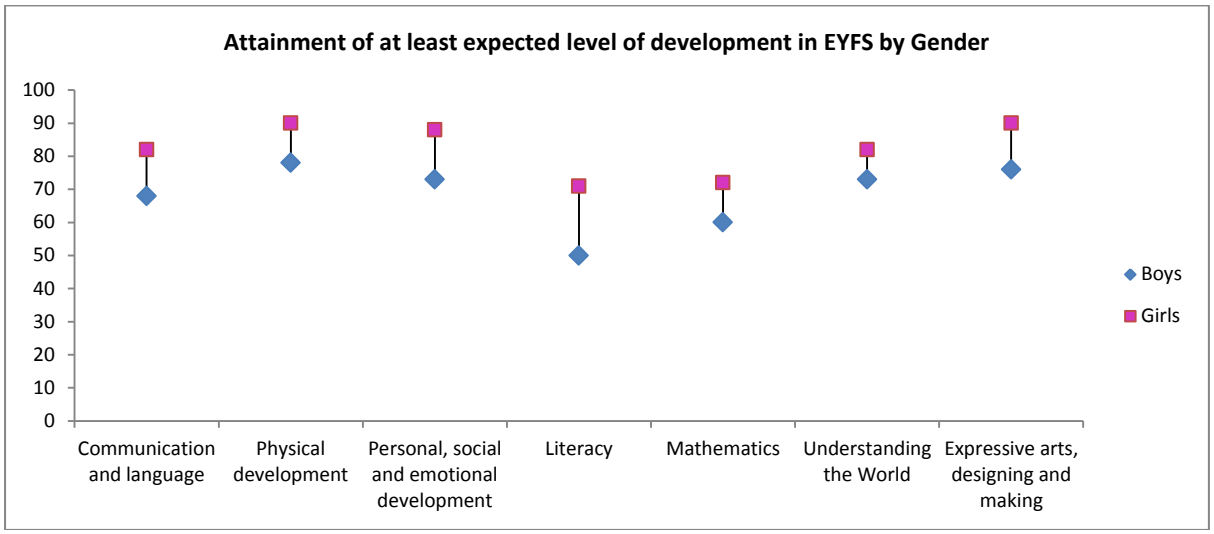
- The biggest differences between groups working securely are writing (-12%p) and calculating (-10%p) with a smaller proportion of Blackpool children attaining those levels than all pupils in England.
- Blackpool has a smaller proportion of children working 'beyond' the EYFS in both linking sounds and letters, numbers as labels and for counting. Social development and disposition also scored poorly.



A good level of development is achieving 'expected' in the prime learning goals which form 12 of the 17 areas of learning.

- **46% of Children in the EYFS were <u>not</u> working 'at a good level of development'** in all 12 categories in 2014. This is the 20rd highest level in England.

- The early year's foundation stage data suggests several notable differences in attainment with **females outperforming males** in all categories. The **gaps are largest in literacy.** See, chart below.



5.3.2. Phonics Screening Test

The Year 1 phonics screening check introduced in 2012 is a new statutory assessment for all children in Year 1. In Blackpool **27% of pupils did not attain the required level of phonics decoding**, broadly similar to all pupils in England at 26%.

When taking into account various demographics, **Children on Free School Meals performed more poorly** with 39% not achieving the desired phonics level. Girls on free school meals performed slightly better than boys however, at 63% and 59% respectively.

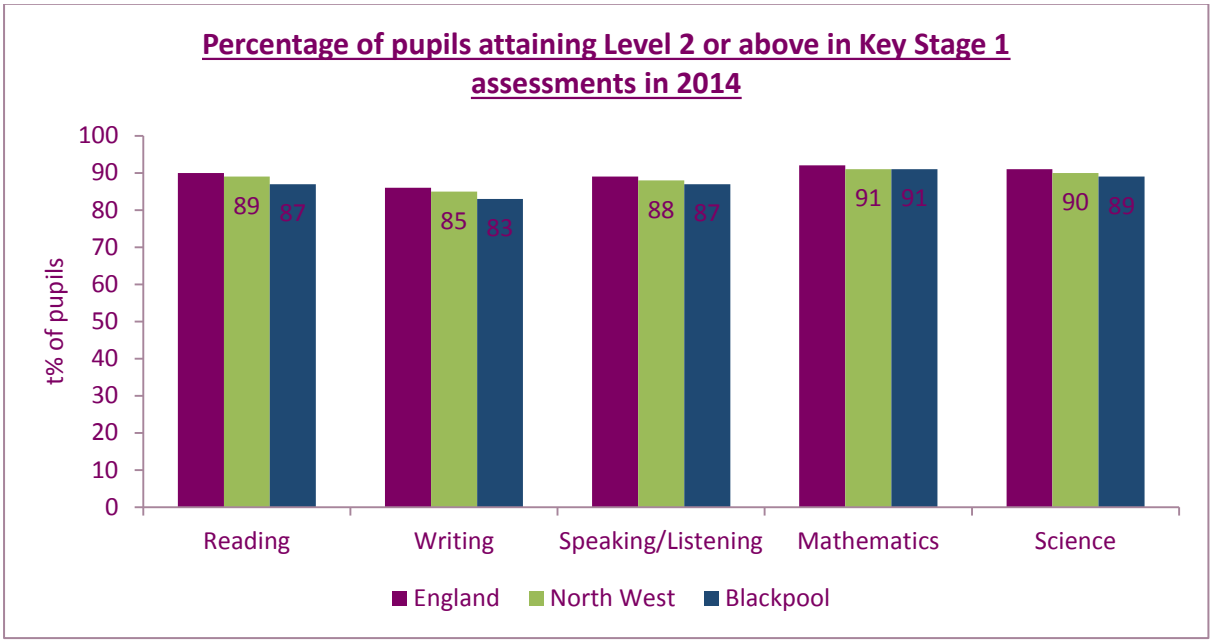
Pupils with statements or on school action also performed less well with between 61% and 80% not attaining, dependent on which indicators are chosen i.e. SEN, School Action, School Action+.

5.3.3. Key Stage 1 – Attainment

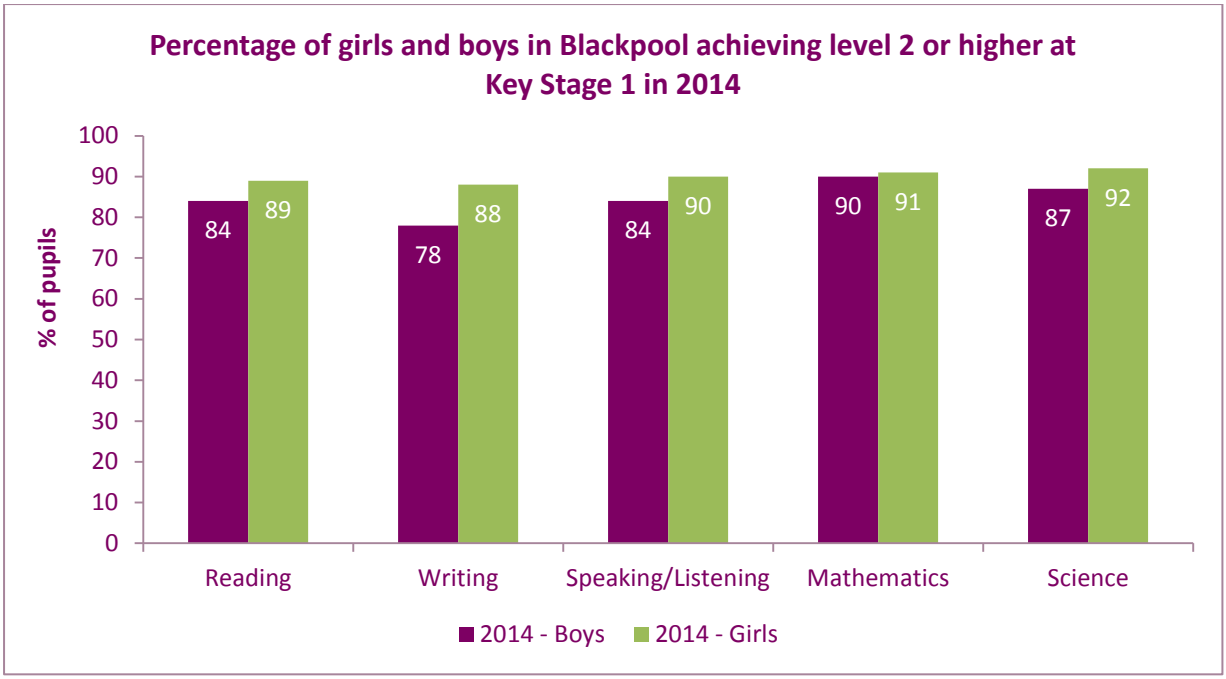
Key Stage 1 assessment takes place in Year 2 of primary school. It is the first assessment of knowledge of traditional topics associated with school i.e. maths, science, reading, writing. It involves various tasks and tests administered informally within the classroom.

The expected level of attainment at Key Stage 1 is Level 2. The chart below highlights attainment in each of the 5 subject areas. This is measured by teacher assessment.

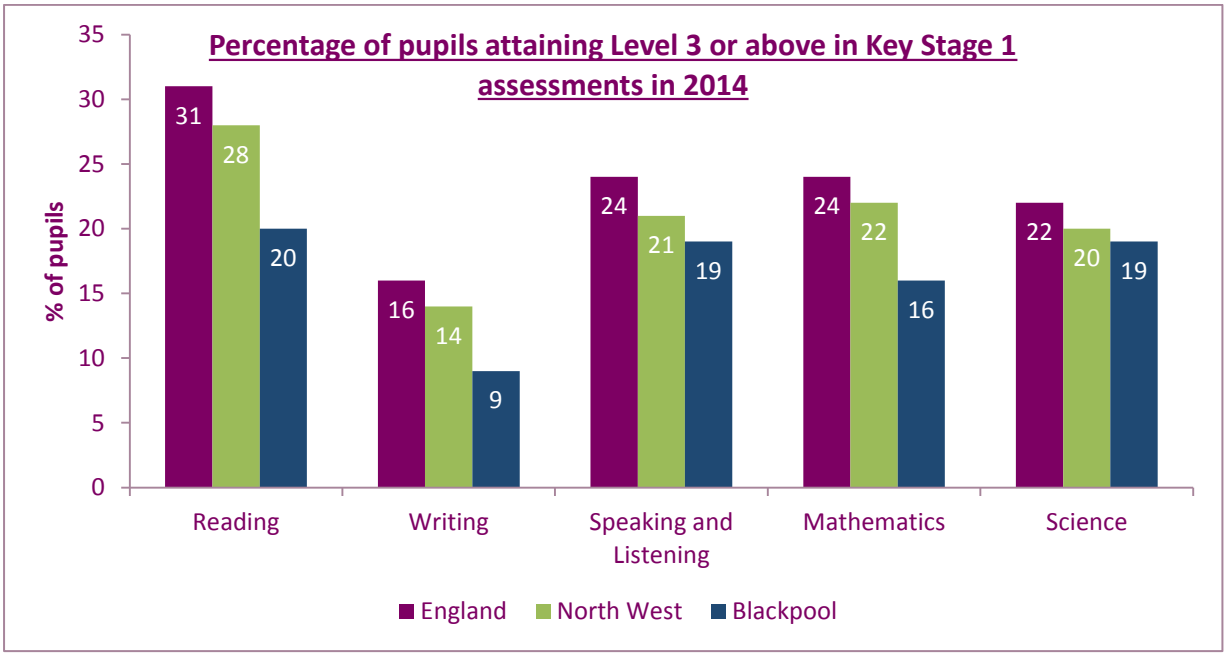
According to the most recent figures, for 2013/14, the percentage of Blackpool pupils achieving Level 2 or above in Key Stage 1 assessments is slightly lower, by 2 or 3 percentage points, than for the whole of England in each of the 5 assessed subject areas.



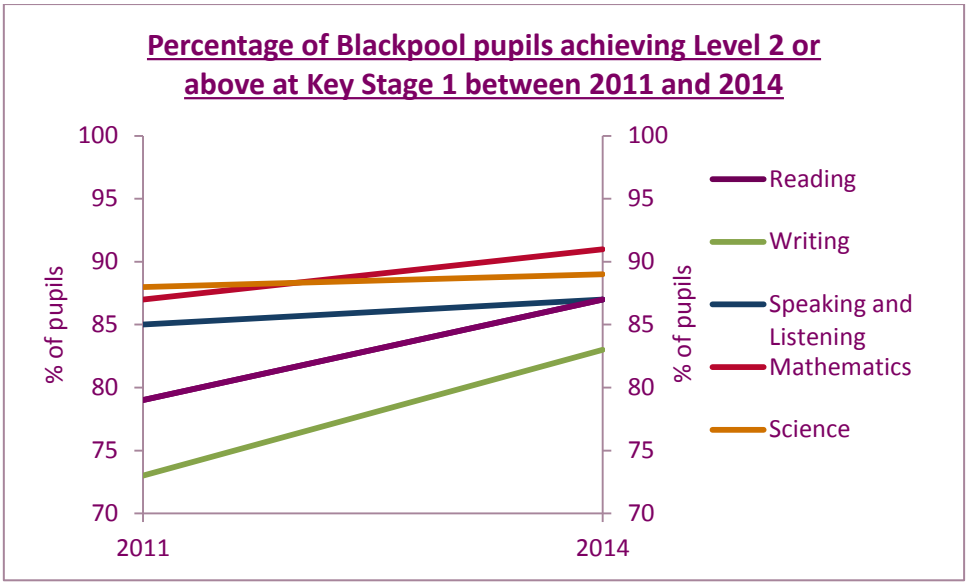
Nationally girls tend to achieve slightly better at Key Stage 1 than boys. This is also the case in Blackpool with boys achieving between 2 or 3 percentage points less in all subjects areas with the exception of Mathematics where the difference between the achievement of boys and girls is only 1 percentage point.



The gap in achievement between England and Blackpool pupils widens considerably when looking at the percentage of pupils who achieve Level 3 or higher at Key Stage 1. This is particularly clear in the reading assessments as 31% of pupils nationally achieve Level 3 or above compared to only 20% of Blackpool pupils, a drop of -11 percentage points. The gap between the difference in achievement narrows in the other 4 subject areas, with a difference of 7 percentage points in Writing, 5 percentage points in Speaking and Listening, 8 percentage points in Mathematics and 3 percentage points in Science.



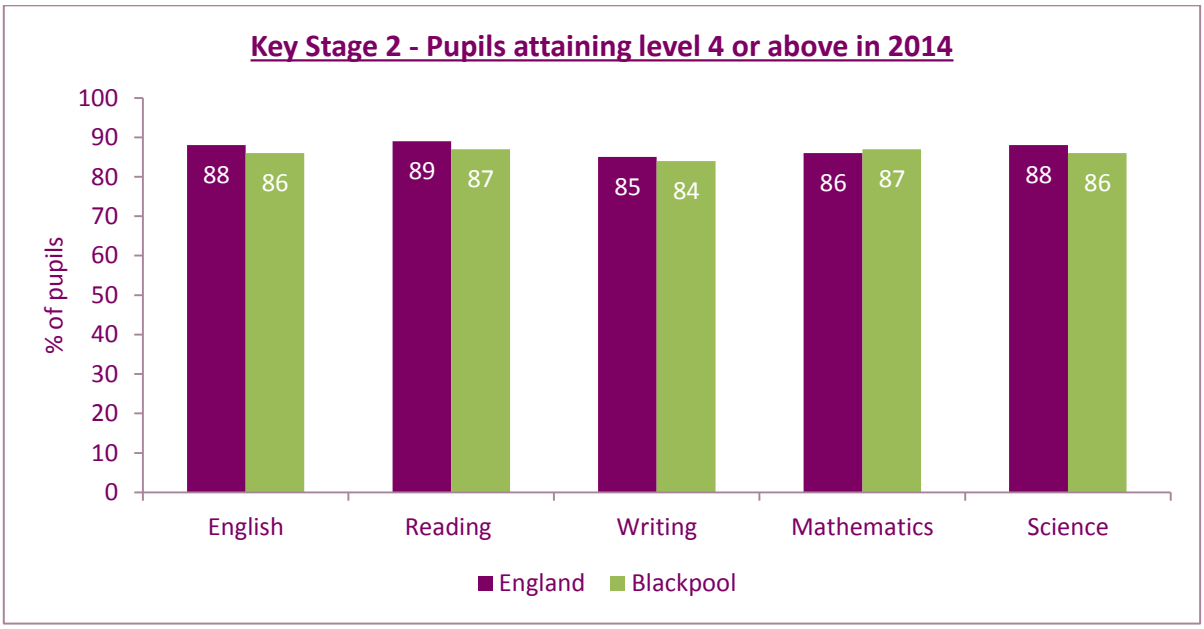
Over the last 4 years the achievement of Blackpool pupils at Key Stage 1 has been increasing, particularly in Reading and Writing where there has been an increase by 8 and 10 percentage points respectively.


Percentage of Blackpool pupils achieving Level 2 or above at Key Stage 1 between 2011 and 2014
100
95
90
85
80
75
70
% of pupils
2011
2014
Reading
Writing
Speaking and Listening
Mathematics
Science

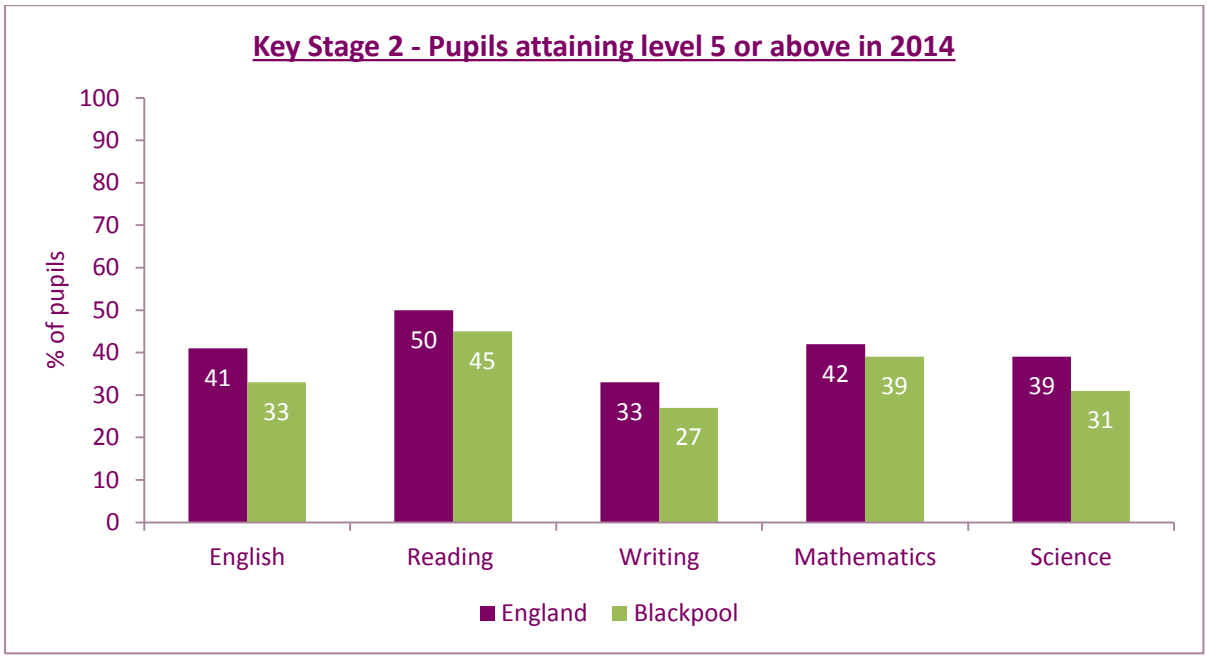
5.3.4. Key Stage 2 – Attainment

Key Stage 2 assessment takes place in Year 6 of primary school. It involves both teacher assessment and tests. The expected level of attainment at KS2 is level 4 or above.

At Key Stage 2 the difference between the percentage of pupils achieving level 4 or higher in Blackpool, compared with the rest of England, is marginally lower in all subject areas except Mathematics where Blackpool pupils achieve better by 1 percentage point.



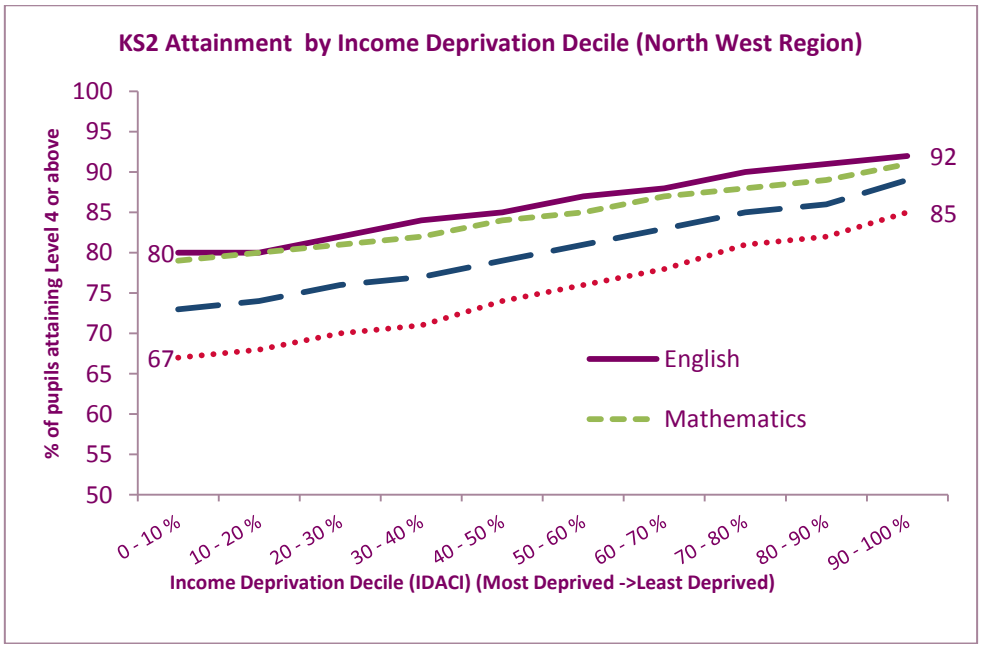
The proportion of pupils achieving Level 5 or higher at Key Stage 2 is lower in Blackpool than for the rest of the country. The largest gaps are in English and Science, with an 8 percentage point difference respectively. The smallest gap in attainment is in Mathematics. When considering the attainment of pupils in Science at Key Stage 1 it is evident that the proportion of pupils achieving the higher grade, of Level 3 at Key Stage 1 and Level 5 at Key Stage 2, drops in comparison to the national figure when at Key Stage 2. The gap between those achieving the higher grade from Key Stage 1 to Key stage 2 narrows in the other subject areas.



Attainment of Level 4 at Key Stage 2 has improved from 2013, rising from 74% up to 79%. This rise of 4%pp is the same as the improvement for England over the same period, meaning the gap remains broadly similar.

National research highlights that at KS2 girls perform generally better than boys and that there is a correlation between deprivation and overall attainment. To highlight this relationship in more detail the chart below shows the inequality in attainment by Income Deprivation Decile, as identified in the Income Deprivation Affecting Children Index, 2010.

- Overall the proportion of pupils attaining level 4 in reading, writing and mathematics is -18%pp lower for children living in the 10% most income deprived areas than for those living in the least deprived 10%.



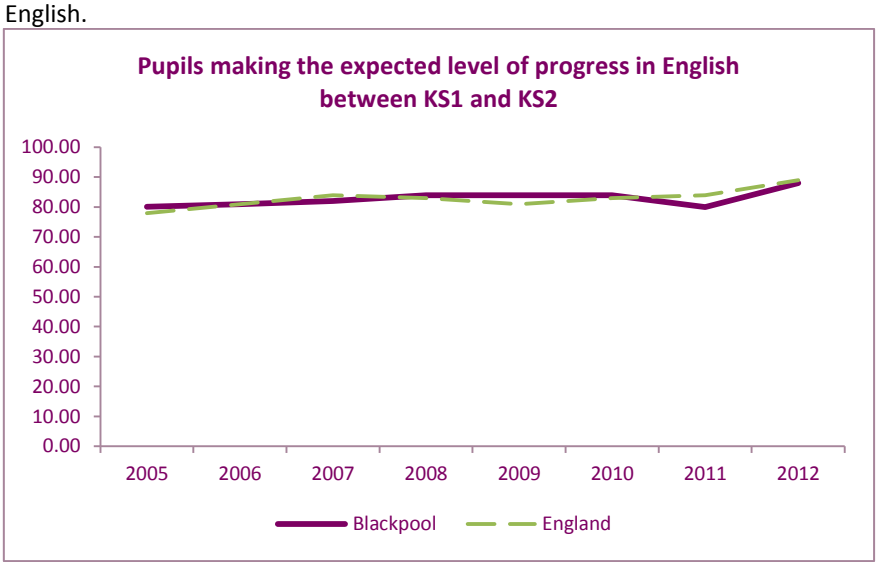
This evidence is useful for demonstrating the need for policy interventions, such as the pupil premium to be used as effectively as possible to ensure those with high income deprivation (the most likely to claim free school meals) receive additional support.

5.3.5. Progress between KS1 and KS2

Considering that all children achieve different levels at KS1, with some lower and some above others, it is useful to look at how much progress children make between Key Stages. E.g. if we expect children to make 2 levels of progression between KS1 and 2, then a child who scores level 1 in KS1 might only be expected to reasonably attain a level 3.

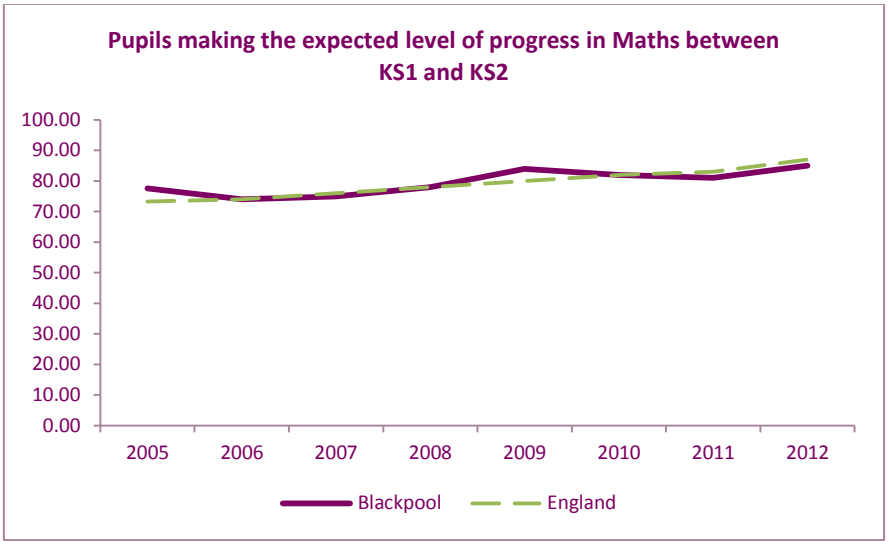
The chart below highlights the proportion of children making the expected level of progress in English.

- Blackpool has broadly followed the national trend in terms of overall progression between KS1 and KS2 in English.



The next chart, below shows the expected level of progress in Mathematics between KS1 and KS2.

- Blackpool has broadly followed the national trend in terms of overall progression between KS1 and KS2 in Maths.



5.3.6. Key Stage 4 (GCSE) – Attainment

Key Stage 4 is the term for the final 2 years of compulsory school education - between ages 14 and 16 - and generally is assessed through GCSE examinations, though there are a range of other qualifications that are often awarded instead such as NVQs.

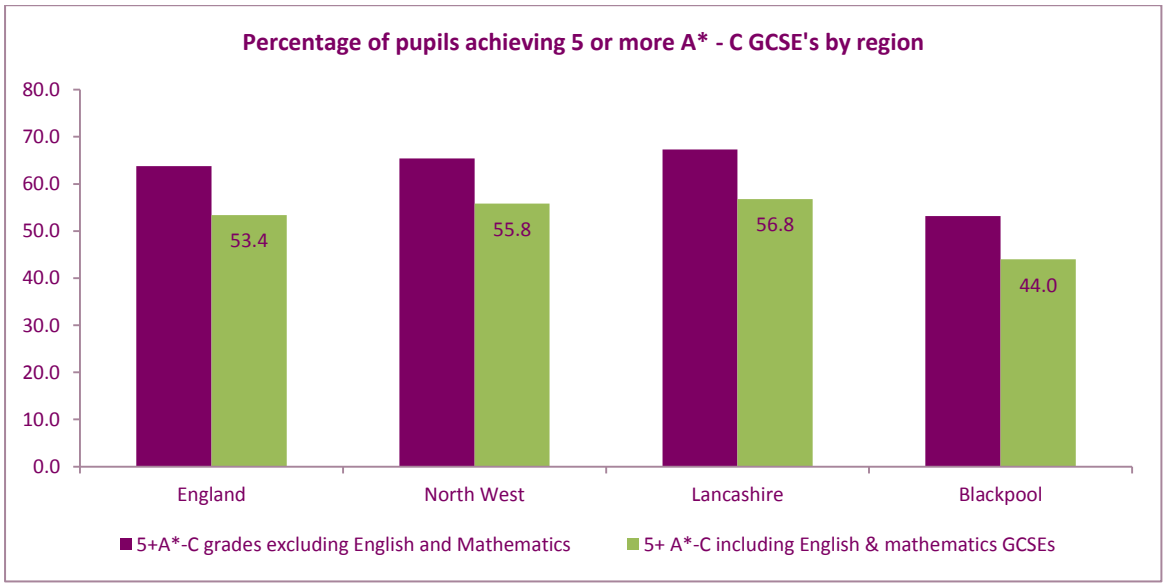
Blackpool has **generally similar attainment** to England for the following number and grades of awards:

- 5 or more A* to C graded subjects.
- 5 or more A* to G graded subjects.
- 5 or more A*to G graded subjects with English and Maths as two of the 5.
- Any passes.

Blackpool has **poorer attainment overall** than England for just one category of grades and number of awards:

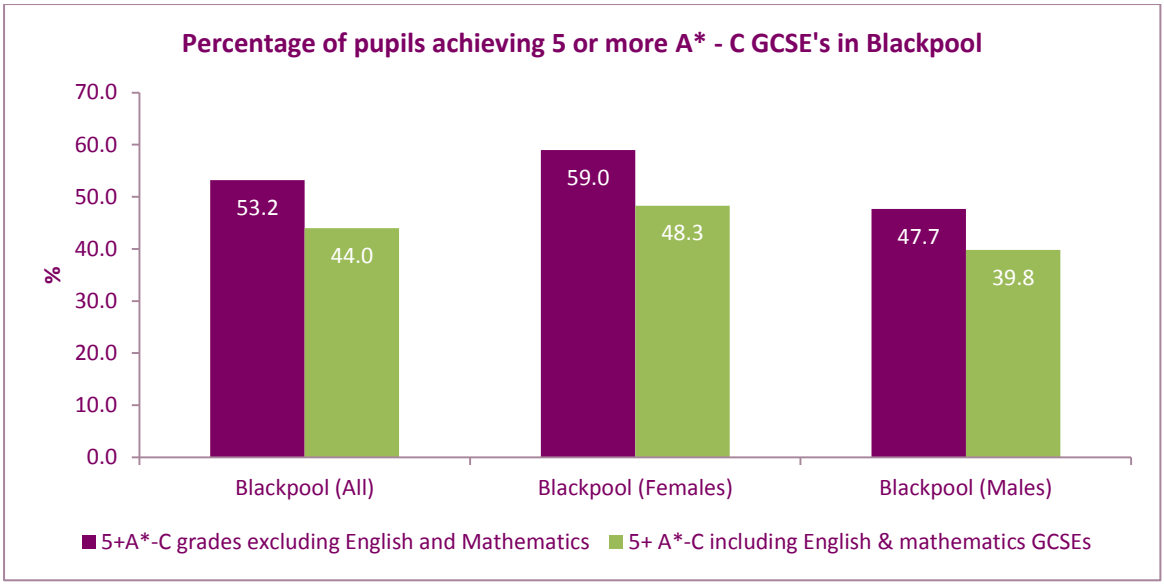
- 5 or more A*-C graded subjects, with English and Maths as two of the 5.

The most recent figures, for 2013/14, indicate that Blackpool falls significantly behind the rest of England when comparing GCSE attainment at the end of Key Stage 4. Just 53.2% of all Blackpool pupils achieve 5 or more GCSEs at grade A* - C compared with a national figure of 63.8%. The comparison is more striking when compared with Lancashire as a whole, which on average has 67.3% of all pupils achieving at least 5 good GCSEs.

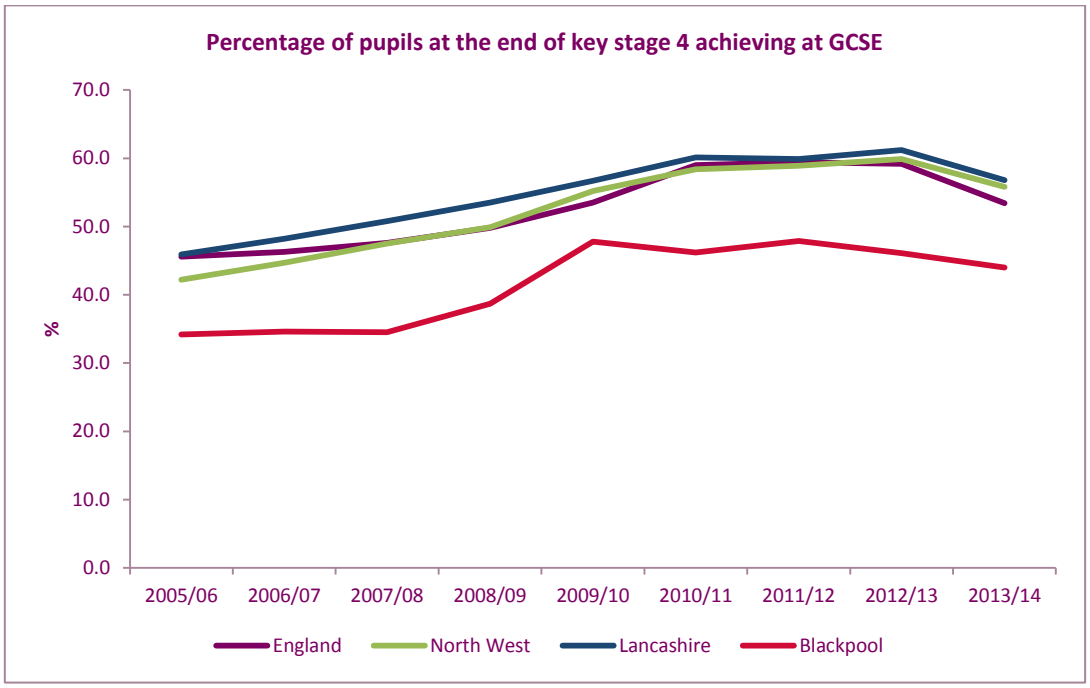


Nationally the achievement of 5 A*-C falls by approximately 10 percentage points when English and Mathematics are included. This is also the case for Blackpool with only 44% of Blackpool pupils achieving 5 good GCSEs when English and Maths are included, compared with 56.8% in Lancashire.

Nationally, girls tend to have better GCSE attainment than boys - by 12 percentage points on average, with 70.2% achieving 5 or more good GCSEs compared with only 57.7% of boys. In Blackpool the figures show the same pattern with 59% of girls achieving good grades compared with only 47.7% of boys. The gap between boys and girls in Blackpool slightly narrows when including English and Maths with 48.3% of girls achieving good grades in comparison to 39.8% of boys.



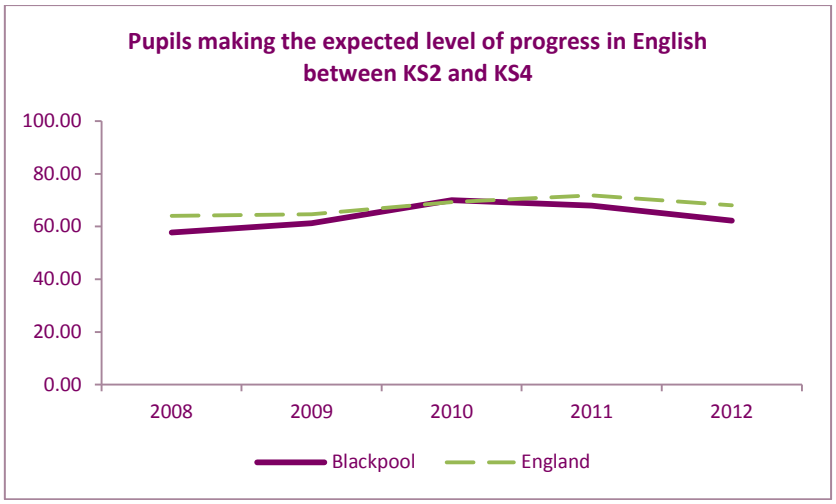
GCSE attainment has risen steadily in Blackpool over the last 9 years, as has the attainment for England and Lancashire. However, in Blackpool this rise has not been consistent year on year. There were dips in performance in 2009/10 and again in 2011/12. This was not seen nationally, as the success rate for England continued to increase year on year. Most recently however attainment has dropped for both Blackpool (-2%pp) and England (-6%pp). The drop in achievement is consistent across the majority of areas and is most likely due to changing GCSE guidelines around sitting, and re-sitting, GCSE's that came into effect in 2013/14. It did not drop as much in Blackpool and the gap between England and Blackpool has narrowed between 2012/13 and 2013/14



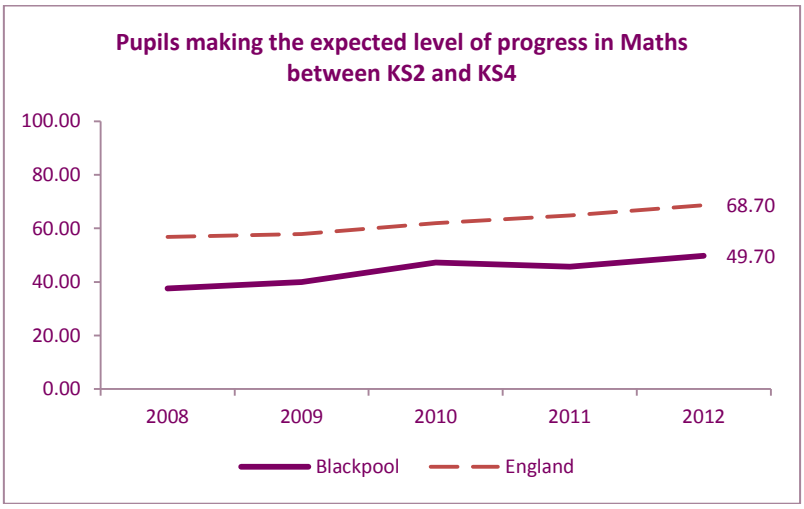
Looking at the same chart for attainment where English and Maths is included in the 5 A* to C grades, performance has improved but the gap between England and Blackpool has not narrowed. The need for English and Mathematics is an ongoing debate in the academic vs vocational discussion. A Centre for cities report found a strong correlation between high unemployment and poor Maths and English attainment and argues greater emphasis on attainment in these areas (Centre for Cities, 2011)

5.3.7. Progress between KS2 and 4

In terms of expected levels of progress between KS2 and KS4, Blackpool performs slightly below average in English.



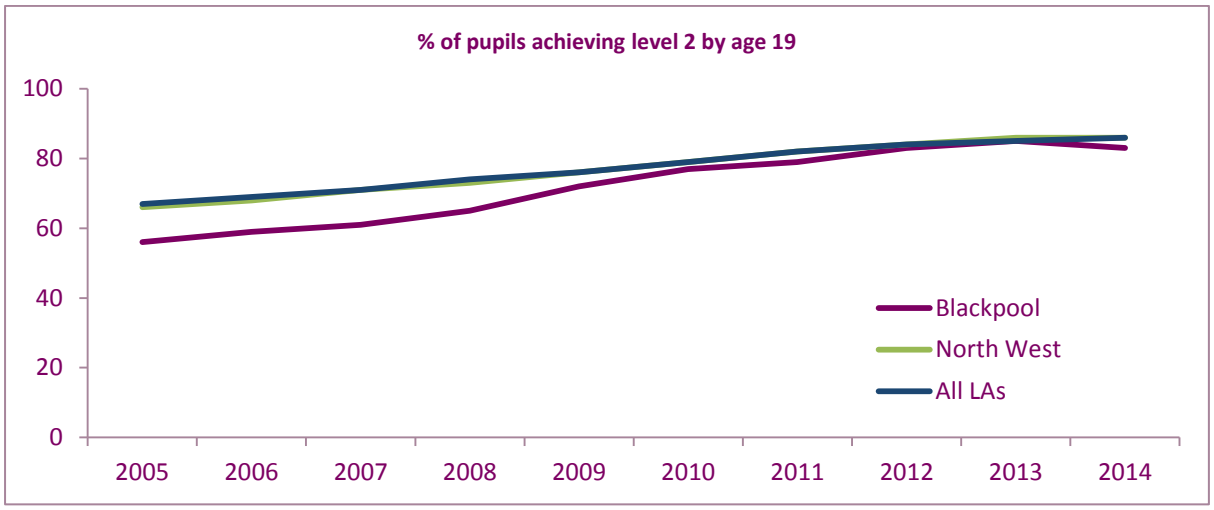
Progress in Mathematics is substantially lower with 49.7% of pupils meeting the expected level of progress in Blackpool, compared to 68.7% nationally.



5.3.8. Education by Age 19

Attainment by age 19 is a useful indicator of overall progression within formal education as there are always individuals who having attempted a qualification and received a poor grade, or who having never achieved a qualification might retry. There are also those who pursue vocational qualifications following school.

A level 2 qualification is broadly equivalent to a 5 or more GCSE's at A*-C grade. In Blackpool, a slightly smaller percentage of young people attain any level 2 qualification by age 19 than England. The gap **between Blackpool and England narrowed** between 2007 and 2012 and now remains broadly equal in 2014.



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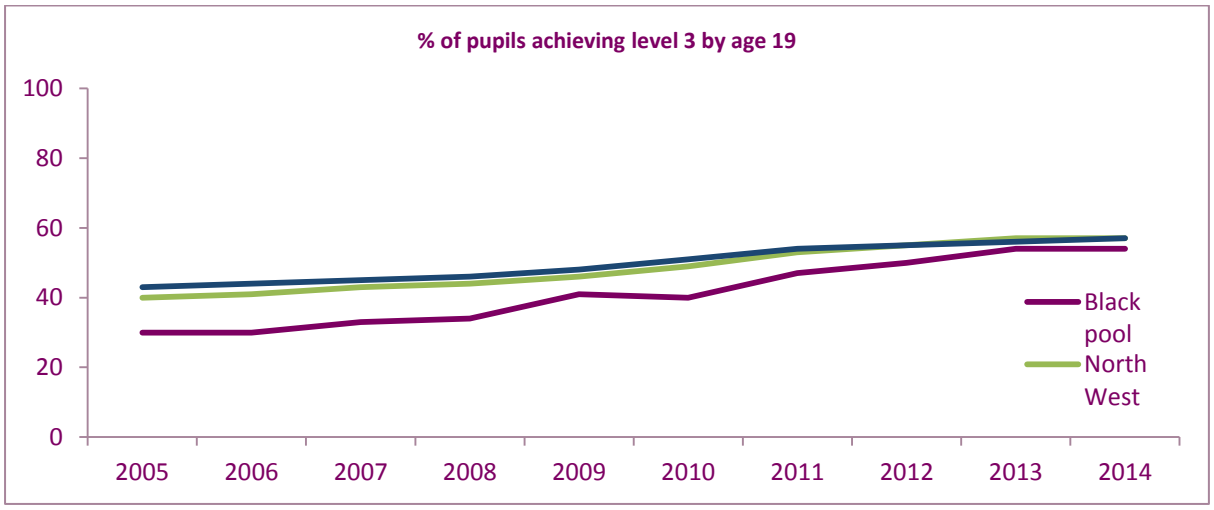
A level 3 qualification is broadly equivalent to attaining 2 A levels. Overall Blackpool is substantially lower than England. The percentage increased between 2007 and 2012 at a similar rate to national increases meaning the gap between Blackpool is remaining broadly stable rather than widening.



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Nationally, there are increasing proportions of young people attaining Level 2 and 3 qualifications through A levels and through vocational training that are not apprenticeships.

Similar to other levels of attainment, 19 year olds who received free school meals are less likely to achieve a level 2 or 3 qualification by age 19 than those who did not receive free school meals. In Blackpool, just 36% of FSM attained level 3, compared to non-FSM where 59% had attained level 3 by age 19.

5.4. Attainment by Pupil Characteristics – KS4

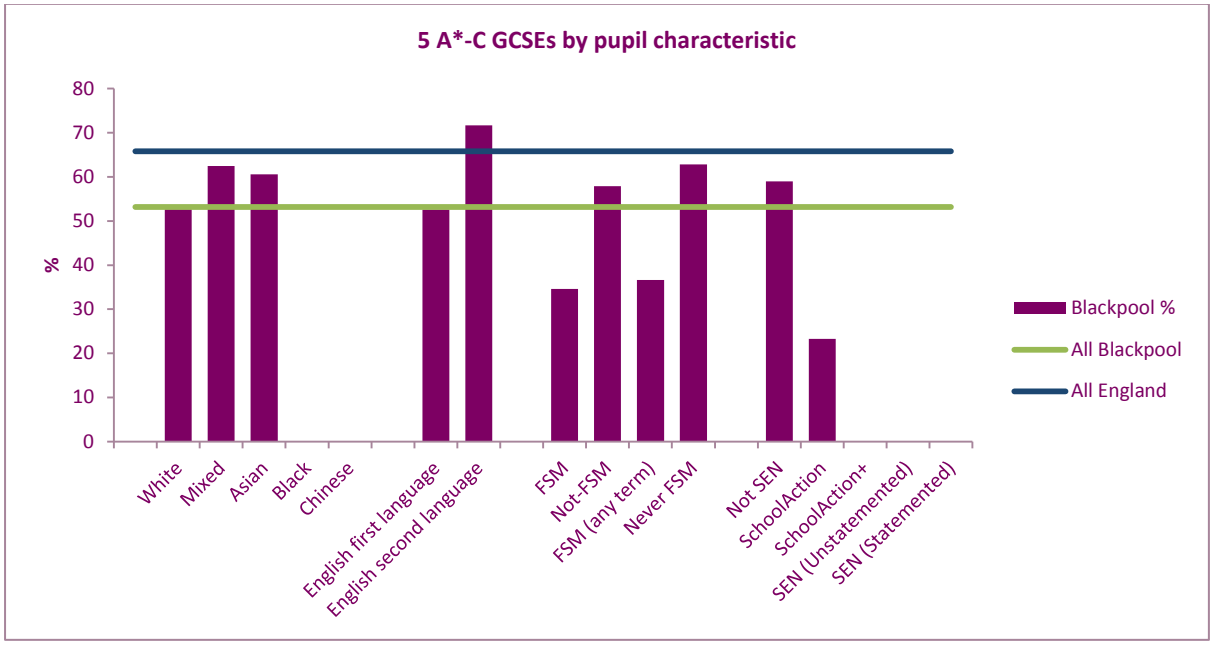
Looking at the differences between demographic groups in attainment is essential in highlighting which groups have the greatest relative need for support. This section shows gap analysis for children on FSM, by Ethnicity, by SEN status and where English is a Pupils second language.

The Blackpool Child Poverty Needs Assessment found that children on free school meals, an indicator of low income, attain consistently poorer across all Key Stages than their counterparts.

5.4.1. Comparative attainment by Pupil Characteristic

Looking across all pupil characteristics, the chart below presents the overall proportion of pupils attaining 5 A*-C grades at Key Stage 4.

- The following have **similar or better levels of attainment** to the overall level of attainment in Blackpool (All) :
    - Ethnicity (Mixed, White, Asian), English Language Ability whether as a first or second language, children without special educational needs (Non-SEN), children not on free school meals (Non-FSM) children.
- The following have **poorer levels of attainment** than the overall level of attainment in Blackpool
    - Children ever on Free School Meals or School Action Pupils.
- All characteristic groups, aside from those with English as a second language, have poorer overall attainment than for all pupils in England.
- There are **large differences** between:
    - FSM compared to Non-FSM pupils
    - Not SEN and SchoolAction pupils. 2013/14 data for SEN statemented was not published to protect confidentiality.



Source: Department for Education 2013/14

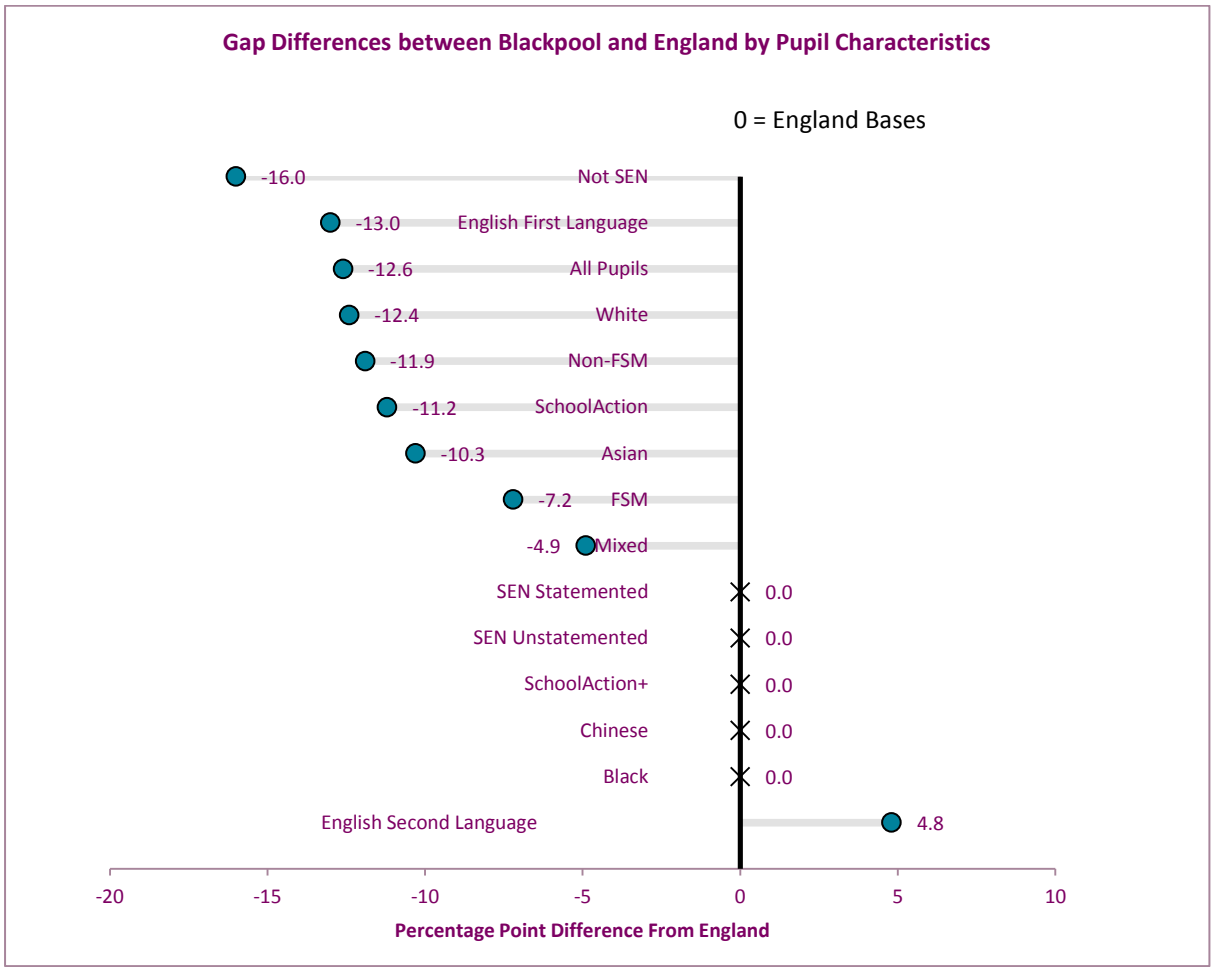
Overall there are clear differences in attainment for pupils in different characteristic groups. These differences are largely already known with numerous Department for Education reports focusing on these gaps and trying to close them.

5.4.2. Size of Gap by Characteristics (same group comparison)

The previous section highlighted attainment of pupil groups compared to all Blackpool pupils which naturally brought out some expected differences but attainment is also relative between groups – a fairer question might be: **how does Blackpool attainment for pupils on free school meals compare to the attainment of pupils on free school meals nationally?**

The chart below highlights these differences by showing the gaps between Blackpool pupils with a given characteristic and all pupils in England in the same characteristic group. If the gap is positive (further to the right) then a higher proportion of Blackpool pupils achieve 5 or more A*-C grades than England, within the characteristic group. For example, the gap between children with English as a second language is +4.8%pp higher than the attainment for all children with English as a second language than England. This means more pupils in this group in Blackpool attain 5 A*-C grades than their peers in England.

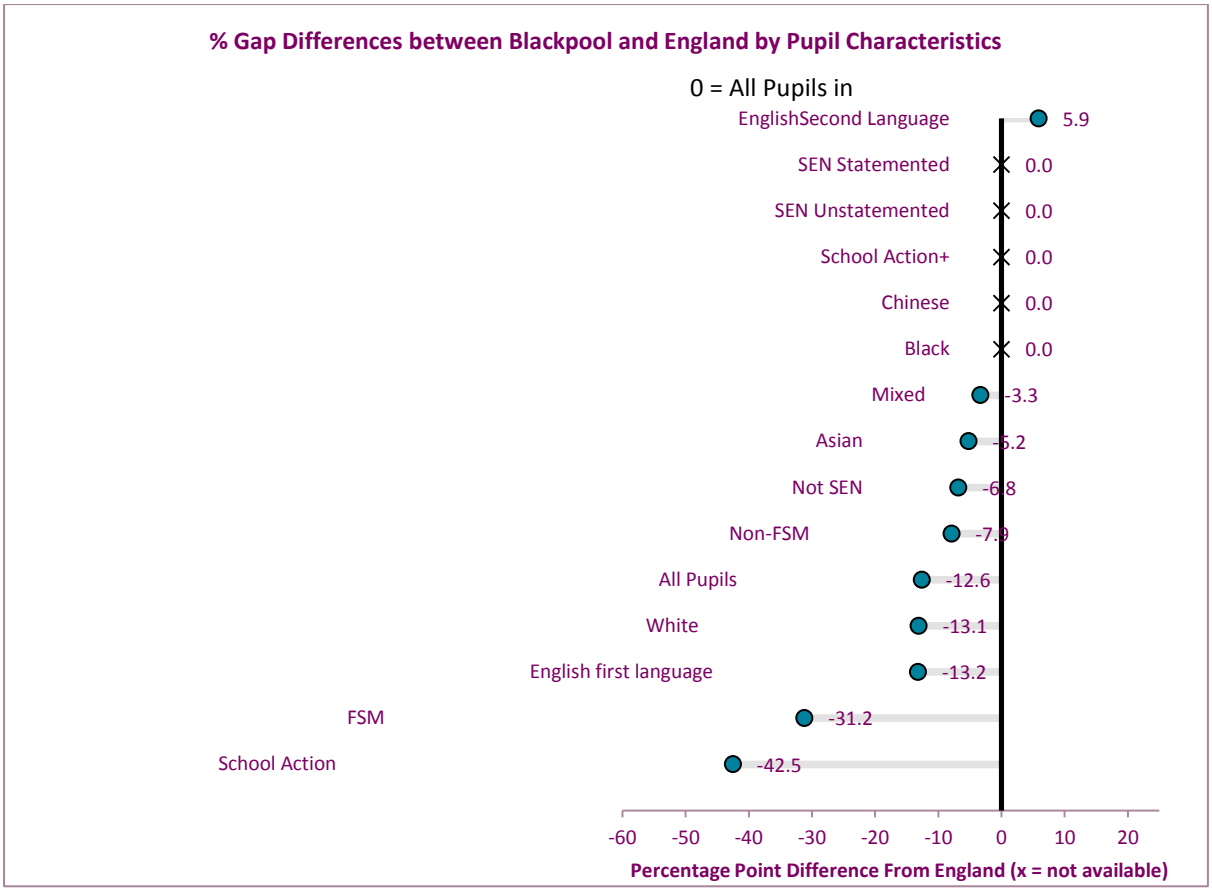
The percentage of pupils attaining 5 A*-C GCSEs was **higher** in the below groups, ***than all pupils in the same group nationally***	The percentage of pupils attaining 5 A*-C GCSEs was **lower** in the below groups, ***than all pupils in the same group nationally***
• English as a second language	• Not SEN • English as First Language • White • Non-FSM and FSM • Mixed



5.4.3. Size of Gap by Characteristics (compared to all pupils)

Comparing pupils within the same characteristic group is helpful in establishing how well, relatively, Blackpool supports pupils in those groups to achieve. It is also useful to keep a view on the distances between characteristic groups and the entire attainment level across England for all pupils.

The percentage of pupils attaining 5 A*-C GCSEs was **higher** in the below groups, ***than all pupils nationally***	The percentage of pupils attaining 5 A*-C GCSEs was **lower** in the below groups, ***than all pupils nationally***
• English as a second language	• Not SEN • English as First Language • White • Non-FSM and FSM • Mixed



This analysis highlights some expected trends in the gaps between attainment - those pupils in groups associated with poor attainment are substantially less likely to gain 5A*-Cs than All Pupils attainment in England.

5.5. Further and Higher Education

Following compulsory education there are a range of options for young people though policy emphasis is often placed on options which include a learning component. Research on the impact on further education has identified that completing further education courses or training is associated with a range of benefits. These include economic benefits such as increased job opportunities to higher salaries or promotions but also a range of non-quantifiable social benefits such as improved confidence, health, social interactions (Department for Business Innovation & Skills, 2013).

Statistics on Further Education are limited and are generally focused on participation rather than achievement. Statistics on Higher Education are available at cost and have been purchased from the Higher Education Statistics Agency for this assessment[23].

5.5.1. Further Education / Participation

In terms of the Further Education participation, the Not in Employment Education or Training group has been discussed briefly in Section 8.2.7. The table below presents data for those in some form of Education or Work Based Learning. In Blackpool, a larger proportion of 16 & 17 year olds went to 6th Form College or other FE than England as a whole.

Table 13: Participation of 16 & 17 year olds in Further Education Settings

Local Authority	Any Education or Employment training	*Any education*	*Further education college*	*Other further education*	*Sixth form*	*Apprentice-ships or Employment with training*	combination of training/ education/ employment	Destination not sustained
ENGLAND	91%	88%	34%	3%	50%	6%	1%	6%
North West	90%	88%	38%	4%	44%	7%	1%	6%
Blackpool	89%	87%	43%	6%	38%	6%	2%	7%

Source: Department of Education, 2012/13

5.5.2. Higher Education / Participation

Please note that the higher education data was paid for in 2013 and an update was not purchased in 2015, however it is unlikely that the findings below are not still broadly valid.

The table below shows the percentage of people within the given age range who are registered as students in higher education.

Table 14: Participation in Higher Education

	17 years and under	18-20 years	21-24 years	**Total 16 - 24 year olds**
England (% of population)	0.52%	31.18%	13.21%	**16.57%**
Blackpool (% of population)	0.26%	23.68%	8.77%	**11.79%**

Source: HESA 2011/12

Of all young people aged between 16 and 24 in Blackpool 11.79% are recorded as being in Higher Education, this is compared to a national figure of 16.57% a difference of -4.78%pp. For all age ranges Blackpool is below the national average, however the percentage difference is greater in the 18 – 20 age range with a percentage difference of -7.5%pp.

[23] If you are interested in this data for ages beyond 24 year olds please contact the Corporate Development & Engagement Team who can supply appropriate tables.

The table below shows the percentage of the population (within the given age ranges) undertaking various levels of higher education courses. Only 0.39% of young people in England aged between 21 and 24 go on to Doctorate level of study, however this is very slightly lower in Blackpool sa only 0.14% of the population within the same age range go on to take a PhD qualification. A similar case applies for Masters level of study with a difference of -0.57%pp between that of England and Blackpool. Interestingly however there is very little difference between the numbers of students undertaking other postgraduate qualifications in Blackpool when compared with the national figure.

Table 15: Participation by Level of Study in Higher Education

Level of study	England			Blackpool		
	17 years and under	18-20 years	21-24 years	17 years and under	18-20 years	21-24 years
Doctorate	0.00%	0.00%	0.39%	0.00%	0.00%	0.14%
Masters	0.00%	0.01%	1.37%	0.00%	0.00%	0.80%
Other Postgraduate	0.00%	0.01%	0.71%	0.00%	0.00%	0.70%
First degree	0.11%	29.13%	9.21%	0.03%	22.09%	5.90%
Foundation degree	0.01%	1.07%	0.46%	0.00%	0.64%	0.28%
Other Undergraduate	0.39%	0.96%	1.05%	0.23%	0.96%	0.96%
Total	0.52%	31.18%	13.21%	0.26%	23.68%	8.77%

Source: HESA 2011/12

Amongst 18 to 20 year olds there is a difference of -7.04%pp between the percentage of students studying for their first degree in Blackpool compared with the whole of England. This trend continues for young people aged between 21 and 24 with a -3.31%pp difference. Overall this means that there is a negative difference of -4.04%pp young people in Blackpool between the ages of 16 and 24 studying for a first degree.

Table 16: Subject of Study in Higher Education

Subject	% England	% Blackpool
Biological sciences	12.08%	11.21%
Business & administrative studies	11.79%	11.96%
Creative arts & design	**11.62%**	**13.39%**
Social studies	9.71%	8.46%
Languages	**7.45%**	**5.64%**
Subjects allied to medicine	6.66%	7.30%
Engineering & technology	**5.52%**	**3.90%**
Physical sciences	5.45%	6.93%
Historical & philosophical studies	5.38%	5.32%
Law	4.32%	5.08%
Education	**4.09%**	**6.23%**
Computer science	3.95%	3.95%
Mass communications & documentation	3.57%	4.54%
Mathematical sciences	2.57%	1.87%
Medicine & dentistry	1.97%	0.99%
Architecture, building & planning	1.93%	2.10%
Agriculture & related subjects	0.99%	0.91%
Combined	0.76%	0.25%

Veterinary science	0.20%	0.00%

Source: HESA 2011/12

When looking more closely at the data it has also been found that in general males are more likely to study subjects related to maths or science (subjects such as engineering, architecture, computer science and business). This trend is also seen in Blackpool. Nationally females study subjects more aligned to the arts, education and languages, again Blackpool shows the same correlation.

In terms of Blackpool there are a number of subjects which do show a variance in the ratio between males and females when compared with figures for England. For instance, a greater percentage of females go on to study creative arts than boys in Blackpool with a difference of 6.24%pp compared with a difference of 4.18%pp in England. Students studying engineering subjects in Blackpool also show a variance to the national trend with the gap between males and females being much narrower (difference of 5.75%pp) than that of England (difference of 9.01%pp).

6. Glossary

BIS or Business Innovation & Skills	Central government department responsible for business development, innovation promotion and skills development
Child Protection Conference	A meeting between key workers from multiple agencies e.g. social workers, police and the family of a child to discuss the best action plan for safeguarding a child
Child Protection Plan	A plan to protect a child from abuse or neglect
Children in Need or CiN	Children referred to adult social care who have been identified to have a support need
CLG or Communities and Local Government	Central government department responsible for supporting local government and local communities
Core Assessment	A detailed assessment to determine the nature of social care need
CSE or Child Sexual Exploitation	Term used to refer to children who are vulnerable or have been victims of sexual abuse
DLA or Disability Living Allowance	A state benefit provided to anyone with a disability (soon to be replaced by a similar benefit called a Personal Independence Payment)
DoH or Department for Health	A central government department responsible for health services in England
EYFS or Early Years Foundation Stage	The legal framework for the measurement of early years child development
EYFSP or Early Years Foundation Stage Profile	See Above
FE or Further Education	Broad term to describe post compulsory education at college or sixth form level e.g. A-level
GCSE or General Certificate of Secondary Education	The qualification awarded on completion of a secondary subject
HE or Higher Education	Broad term to describe post compulsory education at university standards e.g. Degree
Initial Assessment	A brief assessment to determine whether a child has a social care need
JSA or Job Seeker Allowance	A state benefit meant to support individuals in seeking employment
KS1 or Key Stage 1	The legal term for education in the infant stage of primary school (Years 1 & 2)
KS2 or Key Stage 2	The legal term for education in the junior stage of primary school (Years 5 & 6)

KS3 or Key Stage 3	The legal term for education in Years 7 to 9 of Secondary School
KS4 or Key Stage 4	The legal term for education in Years 10 to 11 of Secondary School
Looked After Child or LAC	A child which has been taken into care by the authority.
MARAC or Multi Agency Risk Assessment Conference	A multi agency meeting to determine an action plan for protecting victims of domestic abuse, supporting perpetrators to prevent further abuse and safeguarding children
MMR	Acronym for Measles Mumps and Rubella – often used to describe the immunisation against these viruses
NCMP or National Child Measurement Programme	A national programme of monitoring the weight of children in Reception and Year 6 of school
SDQ or Strengths and Difficulties Questionnaire	A measurement questionnaire to assess the emotional health of children
Section 47	Inquiry into whether the nature of abuse or neglect of a child has involved a criminal activity
SEN or Special Education Needs	The term used to describe children with a special support need in school. Children may be statemented (i.e. have a legally required summary of those special needs and a supporting action plan) or unstatemented

7. References

[i] **Children looked after by local authorities in England (SFR20/2012) – Department For Education**
[ii] **Outcomes for children looked after by local authorities in England (SFR32/2012la)**
[iii] **Normative SDQ Data from Britain, Youth in Mind (2000)**

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