



# Health needs assessment of school-aged children in Warwickshire and school nursing service review

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# EXECUTIVE SUMMARY

## Rationale for the needs assessment and school nursing service review

There are over 92,100 5-19 year olds residing in Warwickshire. The Warwickshire Joint Strategic Needs Assessment (JSNA) has identified the following local priorities for children and young people: unequal educational attainment across the county and looked after children (LAC). Other priorities include rising childhood obesity with age, physical inactivity, smoking, alcohol and substance misuse, sexual health including teenage conceptions, mental wellbeing, and vulnerable communities (including children living in poverty, children with disability and complex needs, and children subject to child protection plans).

*The Healthy Child Programme (HCP) 5-19 years old* is the national early prevention and intervention public health programme providing a good practice framework of a universal service for all children and young people and additional services for those with specific needs. The school nursing service is a key service in supporting children and young people in the developing years to have the best possible health and education outcomes. It is expected to lead, coordinate and provide needs based public health services to deliver the Healthy Child Programme to the 5–19 years population.

Since April 2013, Warwickshire County Council is responsible for commissioning the school nursing service in the county. The health needs assessment of school-aged children and school nursing service review therefore aims to provide information regarding the health needs of this population group and inform the commissioning of the local universal school nursing service.

## Health care needs of school-aged children

**Significant socio-economic and health disparities** exist in Warwickshire both on a geographic and population group basis. Income deprivation affecting children is greater and most concentrated in Nuneaton and Bedworth. Overall, the health of school-aged children there is also worse than in the rest of Warwickshire. There is a growing evidence base of the link between health and wellbeing and educational outcomes. Over one third of pupils in Warwickshire do not achieve a minimum level of educational attainment, with only 54% of pupils in Nuneaton and Bedworth and 57% in North Warwickshire achieving five or more GCSEs A\*-C. **The educational attainment gap** between those pupils eligible for Free School Meals, and those who are not, has increased slightly over the last few years. The gap between those pupils eligible for Free School Meals and those who are not is widest in Stratford-on-Avon District.

**Obesity** is a major issue in Warwickshire, with one in five reception age children in Warwickshire being classed as overweight or obese, but this increases to almost one in three by the time they have reached Year 6 age. In Reception, the proportion of obese children in 2012/13 varies from 5% in

Warwick District to 11% in Nuneaton and Bedworth Borough. In Year 6, the proportion of obese children varied from 13% in Warwick District to 21% in Nuneaton and Bedworth Borough.

**Smoking** in children is an important public health challenge, as around two-thirds of people who have smoked take up the habit before the age of 18. 11% of secondary school pupils in Warwickshire state that they have smoked once or twice and a further 8% have smoked a few times. One in five college students state that they are frequent smokers. In terms of **alcohol use**, 8% of young people aged 11-16 say that they are drinking 'about every week' and 2.2% 'most days'. The proportion of children drinking alcohol has decreased over the recent years, however, the proportion of young people who drink every week is higher in Warwickshire than the national average. Young people in the North of the county drink alcohol more frequently than those in the South and the East. 92% of 11-16 year olds say that they have never taken **illegal drugs**. 2% say that they were taking drugs about every week, with further 2% reporting that they take illegal drugs most days. Cannabis is the most commonly used illegal substance. It has been shown that young people who are regularly truant or who are excluded from school are more likely to have used illicit drugs in the past.

**Teenage parenthood** is recognised to have links with issues such as lack of continuation in education, poverty, social isolation and unemployment. Teenage conception and early motherhood is associated with poorer physical and mental health, for both the mother and the child. There are marked differences in the rate of under-18 conceptions across Warwickshire, with the conception rate being the highest in Nuneaton and Bedworth, and in North Warwickshire. A quarter of secondary school pupils who had had sex report that they did not use any contraception last time they had sex and 7% did not know if they had used contraception. **Chlamydia infection rates** are consistently higher in Nuneaton and Bedworth and Rugby than in the rest of the county.

National research suggests that the burden of **mental health problems** in children and young people is significant. Overall, 8% of 5 to 10 year olds and 12% of 11 to 16 year olds have a mental health disorder causing distress or causing considerable impact to their day to day life. Half of all lifetime mental health problems emerge before the age of 14. There were 132 admissions as a result of self-harm (117.9 per 100,000) among 0-17 year olds in Warwickshire in 2011/12 which is a similar rate to the England average.

There are 554 looked after children (LAC) aged 5-17 in Warwickshire. Looked after children (LAC) are amongst the most vulnerable children and young people in the society. The physical and mental health of looked-after children is known to be significantly poorer than that of the general child population. Looked-after young people experience a significantly higher rate of teenage conception, involvement in risky sexual activity, abusive relationships, smoking, and alcohol and drug use. Nuneaton and Bedworth have the highest rate of LAC. Attainment figures for looked after children are significantly lower than those achieved by non-looked after children in the county. Only 77% of LAC in Warwickshire have their health assessed annually. There is a difference across Warwickshire, with a

lower percentage of LAC having their annual health assessment in Stratford-on-Avon and Warwick Districts.

**Other groups of children with associated additional risk factors** and potential additional health needs include children in need of social care services and children with child protection plans. The highest numbers of these children live in Nuneaton and Bedworth. Targeted appropriate support should be available also to children and young people who are disabled, have special education needs (SEN), have complex or long-term health needs, or have mental health problems requiring multidisciplinary approach. Children with long-term conditions or disabilities can find it difficult to maintain attendance and access the resources that schools offer. The highest proportion of pupils persistently absent from school due to medical and unauthorised reasons is in Nuneaton and Bedworth. There is a large gap between the education attainment of children with and without SEN.

Some **children** may be **at a higher risk of health and lifestyle issues due to their family background** (e.g. children from families with serious mental health, drug or alcohol problems, families where parents grew up in care, parents with learning difficulties, families living in poor housing, homeless families or those living in temporary accommodation, refugee children and asylum seekers, travellers, families with a young parent). The Young Carer project has identified 924 young carers under the age of 18 in Warwickshire. Young carers are more likely to report ill health than their peers. Many young carers provide a substantial amount of care and come from hidden and marginalised groups, including children caring for family members with mental illness or a substance dependency. There are 991 'priority' families in Warwickshire which have been identified due to a combination of such factors as crime/anti-social behaviour, educational issues, living out of work benefits, living in the most deprived areas etc. Nearly half of them reside in Nuneaton and Bedworth.

## **Local School Nursing Service**

There are a total of 58 school nursing staff in Warwickshire (40.51 wte), with more staff working in the North of the county which is the area of greatest health needs. The school nursing service in Warwickshire primarily has a clinical and safeguarding focus. Action plans for the health improvement activities to be delivered by the school nursing staff are not always based on the analysis of the local health needs. A limited service is provided to 17-19 year olds. School nurses are not involved in reviewing vision and hearing screening data and systematically identifying and following up children with incomplete immunisations, apart from children who are looked after. Health assessment and review questionnaires are sent to the parents of children at reception age and Year 6 (only to the parents of children who have taken up a school place), but until now no data have been collected on how many questionnaires were returned and how many children needed a follow-up and were actually followed up. The service offers weekly drop-in sessions in the majority of secondary schools. The location and timing of the drop-ins does not appear to be very flexible. No data is collated on the number of different groups of vulnerable children that the school nursing service has identified, is in contact with, and no information is collected regarding the outcomes of the interventions.

## Recommendations

In order to improve the health and wellbeing of school-aged children and reduce the health inequalities across Warwickshire between different groups of children, the school nursing service has to have a strong public health focus based on the identified priority health needs of the local population. The service should be available to all school children within Warwickshire and be flexible to meet their needs. It is important to ensure that programmes and services target people across the inequality profile, but the health of the most disadvantaged should be the top priority. More attention needs to be given to data collection on activities and outcomes of the interventions provided by the school health team. Such data will inform any future service evaluation and commissioning of the service.

The challenges for commissioning and provision of health improvement service for school-aged children include:

- Balancing the individual health and wellbeing needs with addressing community needs at a local level;
- Changing the culture of the current service to one which addresses a range of public health needs of children and young people identified in the locality profiles;
- Utilising specialist public health skills and skill mix of the workforce;
- Working across individual schools and communities

## INTRODUCTION

This document aims to describe the health care needs of school-aged children in Warwickshire and to review the local school nursing service to inform the commissioning of the service to promote, improve and protect the health and wellbeing of children and young people in the county.

The introduction section provides a summary of the national policy and evidence base, and sets the local policy context in the area. Two key national documents “The Healthy Child Programme From 5-19 years old” and “Getting it right for children, young people and families. Maximising the contribution of the school nursing team: vision and call to action” are summarised in a greater detail.

## National background

| Year | Policy  | Source   |
|------|---|--|
| 2003 | <i>Every Child Matters</i> adopts a broad perspective going beyond a central concern with protecting children at high risk of ‘significant harm’ to safeguarding the health and welfare of all children and their families.   | Department of Health (DH)                            |
| 2004 | <i>The Children Act</i> provides the legislative spine on which the reform of children’s services is based. It aims to improve and integrate children’s services, promote early intervention, provide strong leadership, and bring together different professionals in multi-disciplinary teams in order to achieve positive outcomes for children, young people and their families.      | Parliament   |
| 2004 | <i>National Service Framework for Children, Young People and Maternity Services: a ten year strategy</i> that sets the direction of travel to improve the health and well-being of the nation’s children and young people and improve maternity services.   | DH   |
| 2004 | <i>ECM: Change for Children</i> heralds a ‘shift to prevention whilst strengthening protection’ arguing that differences in the health and welfare experiences of all children can only be addressed through a public health approach.  | Department for Education and Skills (DfES)           |
| 2004 | <i>Choosing Health</i> public health white paper calls for school nursing teams to be part of the wider health improvement workforce, working with clusters of primary schools and their related secondary school, reviewing children and young people’s health, supporting the use of children’s personal health guides.   | DH   |
| 2005 | <i>Common Core of Skills and Knowledge for the Children’s Workforce</i> to underpin specialist expertise: effective communication and engagement with children, young people and families; child and young person development; safeguarding and promoting the welfare of the child; supporting transitions; multi-agency working; and implementation of the information sharing protocol. | DfES   |
| 2007 | <i>The Children’s Plan: Building Brighter Futures</i> aims to strengthen support for all families during the formative early years of their children’s lives, take the next steps in achieving world class schools, involve parents fully in their children’s learning, and help to make sure that young people have safe, interesting and exciting things to do outside of school.       | Department for Children, Schools and Families (DCSF) |
| 2007 | <i>Care Matters – Time for Change</i> sets out the steps to be taken, together with local delivery partners, to improve the outcomes of children and young people in care.  | DfES   |

|      |   |  |
|------|---|--|
| 2007 | <i>You're Welcome quality criteria: Making health services young people friendly</i> sets out principles that will help health services (including non-NHS provision) become young people friendly.   | DH   |
| 2007 | <i>Aiming High for Disabled Children: Better Support for Families</i> includes a core offer of standards for information, transparency, assessment, participation and feedback.   | DCSF and DH  |
| 2008 | <i>Healthy Weight, Healthy Lives</i> sets out the Government ambition to be the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight.  | Cross-Government Obesity Unit/ DH/ DCSF                      |
| 2009 | <i>Healthy Lives, Brighter Futures: The Strategy for children and young people's health</i> presents the Government's vision for children and young people's health and wellbeing. It sets out how we will build on progress through: world-class outcomes; high quality services; excellent experience in using those services; and minimising health inequalities.  | DCSF and DH  |
| 2009 | <i>The Protection of Children in England: Action Plan</i> sets out the Government's response to Lord Laming's recommendations. It outlines how all of central Government will work together with local government and front line services including teachers, teaching assistants, school governors, staff in Children's Centres and early years settings, child care workers and other partners working with children to drive forward reform of child protection services across England. | HM Government  |
| 2009 | <i>Promoting the Health and Well-being of Looked After Children</i> revised guidance is statutory on local authorities and also on primary care trusts and strategic health authorities.  | DH and DCSF  |
| 2009 | <i>Delivering Better Oral Health. An evidence-based toolkit for prevention.</i>   | DH   |
| 2009 | <i>Healthy Child Programme From 5-19 years old</i> is best practice public health guidance for the early intervention and prevention describing a universal progressive service for children, young people and their families.  | DH and DCSF  |
| 2010 | <i>Teenage Pregnancy Strategy: Beyond 2010</i> sets out how we want to build on the existing Teenage Pregnancy Strategy to strengthen its delivery in all local areas and make further progress towards halving the under 18 conception rate and improving outcomes for teenage parents and their children.   | DCSF and DH  |
| 2010 | <i>Fair Society, Healthy Lives: the report of the Marmot review</i> provides a comprehensive analysis of the state of health inequalities in England and identifies key areas for future action across the social determinants of health. These include action on the early years; education; skills and life chances; work; a healthy standard of living; sustainable communities, and prevention.   | Strategic Review of Health Inequalities in England post-2010 |
| 2012 | <i>Getting it right for children, young people and families Maximising the contribution of the school nursing team: Vision and Call to Action.</i>  | DH   |
| 2013 | <i>A Framework for Sexual Health Improvement in England</i> provides the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively.   | DH   |
| 2013 | <i>Improving Children and Young People's Health Outcomes: a system wide response</i>  | DH   |



In addition, the National Institute for Health and Care Excellence (NICE) has published evidence based guidance addressing the public health needs in children and young people including preventing sexually transmitted infections and under 18 conceptions, promoting physical activity, social and emotional wellbeing, preventing the uptake of smoking, tackling alcohol use, obesity, preventing unintentional injuries, increasing immunisation uptake and other relevant guidance. There is also a separate NICE guidance on looked-after children and young people.

## The Healthy Child Programme 5-19

*The Healthy Child Programme 5-19 years old* (Department of Health and Department for Children, Schools and Families 2009) is the early prevention and intervention public health programme for children, young people and their families, providing a good practice framework of a universal service appropriate for all children and young people and additional services for those with specific needs and risk factors.

The focus of the Healthy Child Programme is on prevention and early intervention, key health priorities, safeguarding, health reviews, screening, immunisation programmes, signposting of services, environments that promote health, and support for parents and carers (**Table 1**). Priorities for the programme should be set locally in response to assessed needs. The national health priorities which are covered by the Healthy Child Programme include health inequalities; emotional health, psychological wellbeing and mental health; promoting healthy weight; long-term illness and disability; teenage pregnancy and sexual health; smoking, drugs and tobacco.

**Table 1.** A brief overview of the Healthy Child Programme activities by age groups (for more detail refer to the publication on the Department of Health website).

| <b>Level</b>                                | <b><u>5-11 years</u></b>   | <b><u>11-16 years</u></b>  | <b><u>16-19 years</u></b>  |
|---|--|--|--|
| <b>Community/<br/>Universal<br/>service</b> | <ul style="list-style-type: none"> <li>• Liaison with HV service at school entry to provide info to parents and primary care</li> <li>• Transfer of info HV to SN &amp; GPs (pre-school).</li> <li>• Completing health assessment at the reception year</li> <li>• Vision and hearing screening responsibility</li> <li>• Emotional health, psychological wellbeing &amp; mental health support</li> <li>• Promote healthy weight – NCMP</li> <li>• Providing support for addressing additional needs</li> </ul> | <ul style="list-style-type: none"> <li>• Health review Yr6/7</li> <li>• Engaging with primary care in mid-teens</li> <li>• Immunisations</li> <li>• Emotional health and psychological wellbeing and mental health support (including early identification of eating disorders)</li> <li>• Promotion of healthy weight</li> <li>• Contraceptive and sexual health services, and chlamydia screening</li> <li>• Identification of additional needs</li> <li>• Support for parents/carers</li> <li>• Safeguarding</li> </ul> | <ul style="list-style-type: none"> <li>• Sharing information about a YP support needs in respect of personal, social and health issues with the FE institution</li> <li>• Immunisations</li> <li>• Access to emotional health, psychological &amp; mental wellbeing support</li> <li>• Lifestyle prevention and behaviour change: sexual health, chlamydia screening, physical activity, stop smoking, alcohol &amp; drugs</li> <li>• Support to those working with 16-19 yr olds</li> </ul> |

|   |   |   |  |
|---|---|---|--|
|   | <ul style="list-style-type: none"> <li>• Parent &amp; carer support</li> <li>• Safeguarding</li> </ul>  |   | <ul style="list-style-type: none"> <li>• Parent &amp; carer support</li> <li>• Safeguarding</li> </ul>   |
| <b>Progressive service (Universal Plus/ Universal Partnership Plus)</b> | <ul style="list-style-type: none"> <li>• Immunisation for 'at risk' children</li> <li>• Support for children with emotional, psychological and mental health needs</li> <li>• Support info &amp; signposting for obese children &amp; parents</li> <li>• Identifying children and families with particular vulnerabilities</li> <li>• Multiagency working where required to address the needs of specific groups at risk children &amp; families</li> <li>• Partnership working with those involved in the care of LAC</li> <li>• Annual health reviews for LAC</li> <li>• Support for those with SEN, complex health needs and young carers</li> <li>• Support/referral for parents and carers (including parents with drug/ alcohol problems, smokers, mental health problems, learning difficulties, domestic violence)</li> </ul> | <ul style="list-style-type: none"> <li>• Immunisation for at risk C &amp; YP</li> <li>• Emotional health, psychological wellbeing and mental health</li> <li>• Management (information, signposting and referral) of overweight and obese YP</li> <li>• Smoking cessation</li> <li>• Annual health reviews for LAC</li> <li>• Identifying and supporting children with complex health and welfare needs, young carers</li> <li>• Targeted support for YP with SEN, drug and alcohol issues</li> <li>• Support children and families in contact with Youth justice system</li> <li>• Support/referral for parents/ carers with specific needs</li> </ul> | <ul style="list-style-type: none"> <li>• Immunisations for 'at risk' YP</li> <li>• Access to professional consultation and referral for young people at risk of and/or experiencing poor mental health</li> <li>• Identifying and supporting of at-risk YP (including with complex health and welfare needs, LAC, SEN)</li> <li>• Behaviour change and support: Sexual Health, Chlamydia, Physical Activity, Stop smoking, Alcohol &amp; Drugs.</li> <li>• Care leavers review</li> <li>• YP in youth justice system – transition planning</li> <li>• Support for parents and carers, including young parents</li> </ul> |

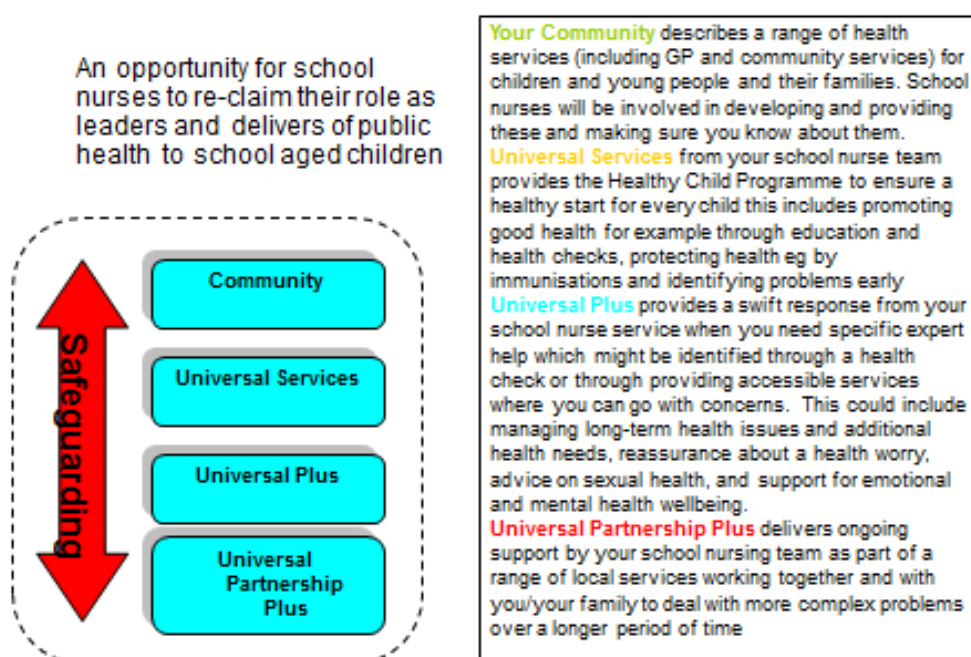
## School nursing vision

School nurses are key public health professionals in supporting children and young people in the developing years 5-19 to have the best possible health and education outcomes. *Getting it right for children, young people and families - Maximising the contribution of the school nursing team: Vision and Call to Action* (Department of Health, 2012) describes a new model for delivering School Nursing Services. The model is set within the context of the Healthy Child Programme 5-19 and is further underpinned by the Public Health and NHS Outcome Frameworks (Department of Health 2012), and the 'You're Welcome' criteria, describing accessible health services for young people (Department of Health 2011).

The service vision is a school nursing service that is visible, accessible and confidential. The model has four levels outlining the continuum of support for children and young people through the school

nursing services and multi-disciplinary working (**Figure 1**). School nursing is a Universal Service, which intensifies its delivery offer for children and young people who have more complex and longer-term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus). Safeguarding is important at all levels of the service. For the more detailed overview of the model please refer to the **Appendix 1**.

## The vision and model for school nursing



**Figure 1.** The Department of Health vision and model for school nursing.

The experience of children and young people in early and developing years is critical to health and educational outcomes, in that they set the course for adult life. High quality school nursing services can make a real difference to setting down strong foundations for good life chances and support children and young people in the choices they make about their health.

## Local background

The Warwickshire Joint Health and Wellbeing Strategy takes the life course approach emphasising that poor health and wellbeing are the consequence of a wide range of factors that people experience over the course of life. There are significant health inequalities across Warwickshire. Warwickshire Joint Strategic Needs Assessment (JSNA) is produced in partnership across Health and Social Care in Warwickshire and aims to establish shared, evidence based consensus on the key local priorities informing the Health and Wellbeing strategy and commissioning plans

(<http://www.warwickshire.gov.uk/jsna>). The assessment has identified the following local priorities for children and young people in Warwickshire: unequal educational attainment across the county and

looked after children (LAC). The number of LAC in Warwickshire has increased and their outcomes are traditionally poorer than for non-looked after children. Other priorities include rising childhood obesity with age, physical inactivity, smoking, alcohol and substance misuse, sexual health including teenage conceptions, mental wellbeing, and vulnerable communities (including children living in poverty, children with disability and complex needs, and children subject to child protection plans).

The three key priorities of the 2012 Warwickshire's Children and Young People's Plan were achievement, health and safeguarding (<http://warwickshirect.wordpress.com/children-young-peoples-plan/>).

## SCHOOL-AGED CHILDREN HEALTH NEEDS ASSESSMENT

### Population

The total population of Warwickshire in mid-2012 was estimated at 547,974, of which the population of children and young people aged 5-19 was 92,110 (16.9%).<sup>1</sup> The distribution of 5-19 year old school-aged children by Borough/District was as follows: Nuneaton & Bedworth 22,187, Warwick 21,761, Stratford-on-Avon 19,603, Rugby 18,098 and North Warwickshire 10,461.

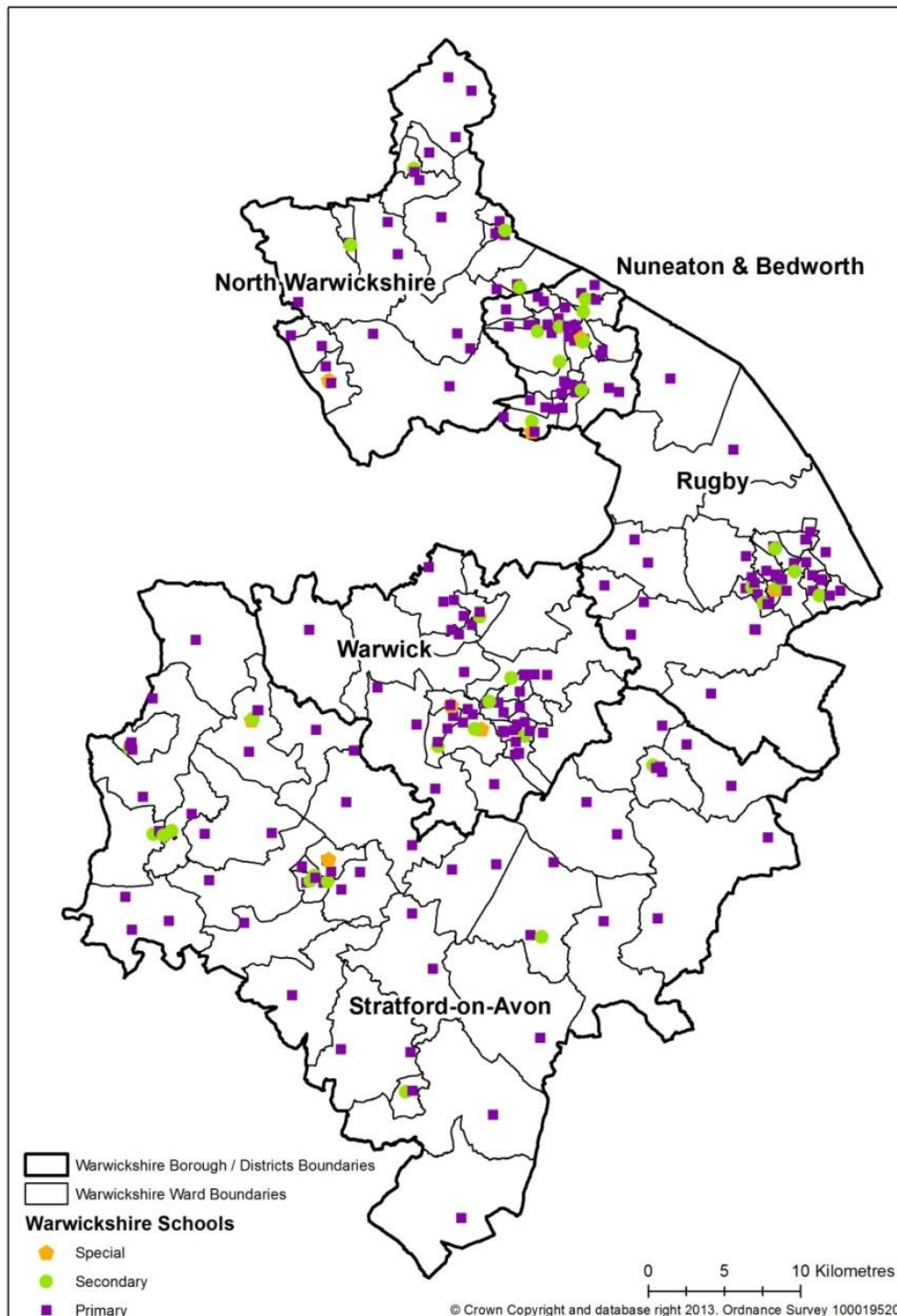
There are 235 State funded schools in Warwickshire: of these 35 are secondary schools, 191 are primary schools and 9 are special schools (**Figure 2** and **Table 2**).

**Table 2.** The number of State Funded schools and the number of pupils by Borough/District (maintained schools and academies only).

| District/<br>Borough   | Number of schools |           |          | Number of pupils      |                    |                     | Total<br>number<br>of<br>pupils |
|------------------------|-------------------|-----------|----------|-----------------------|--------------------|---------------------|---------------------------------|
|                        | Primary           | Secondary | Special  | Reception -<br>Year 6 | Year 7-<br>Year 11 | Year 12-<br>Year 14 |                                 |
| North<br>Warwickshire  | 25                | 5         | 1        | 4,931                 | 4,016              | 486                 | <b>9,433</b>                    |
| Nuneaton &<br>Bedworth | 36                | 7         | 3        | 9,659                 | 6,670              | 587                 | <b>16,916</b>                   |
| Rugby                  | 35                | 6         | 1        | 7,794                 | 5,348              | 952                 | <b>14,094</b>                   |
| Stratford-on-<br>Avon  | 54                | 11        | 2        | 8,848                 | 7,582              | 1,584               | <b>18,014</b>                   |
| Warwick                | 41                | 6         | 2        | 9,052                 | 5,684              | 1,370               | <b>16,106</b>                   |
| <b>Warwickshire</b>    | <b>191</b>        | <b>35</b> | <b>9</b> | <b>40,284</b>         | <b>29,300</b>      | <b>4,979</b>        | <b>74,563</b>                   |

Data Source: January 2013 School Census. Note: District is based on school address.

<sup>1</sup> Office for National Statistics, mid-2012 population estimates

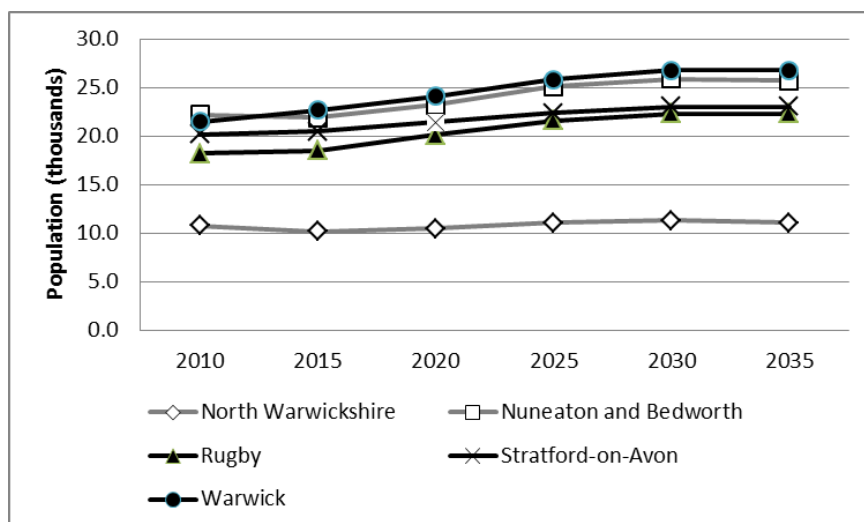


**Figure 2.** Locations of primary, secondary and special schools across Warwickshire (maintained schools and academies only). Data Source: School Census January 2013.

During the last ten years, there has been an increase of 20% in the annual number of births in Warwickshire.<sup>2</sup> The increased population of children will bring with it increased demand on services in the near future. The total population of the school aged population (5-19 years old) is expected to

<sup>2</sup> Quality of Life Report 2013/2014. Warwickshire Observatory 2013.

reach 99,000 by 2020 and 109,000 by 2030. The highest % population change from 2010 to 2035 is expected in Warwick with a 25% increase, followed by Rugby (23%), and Nuneaton and Bedworth (16%).<sup>3</sup> In absolute figures, Warwick and Nuneaton and Bedworth are projected to have the highest numbers of children aged 5-19 (**Figure 3**).



**Figure 3.** Population projections for school-aged children by District/ Borough (in thousands).

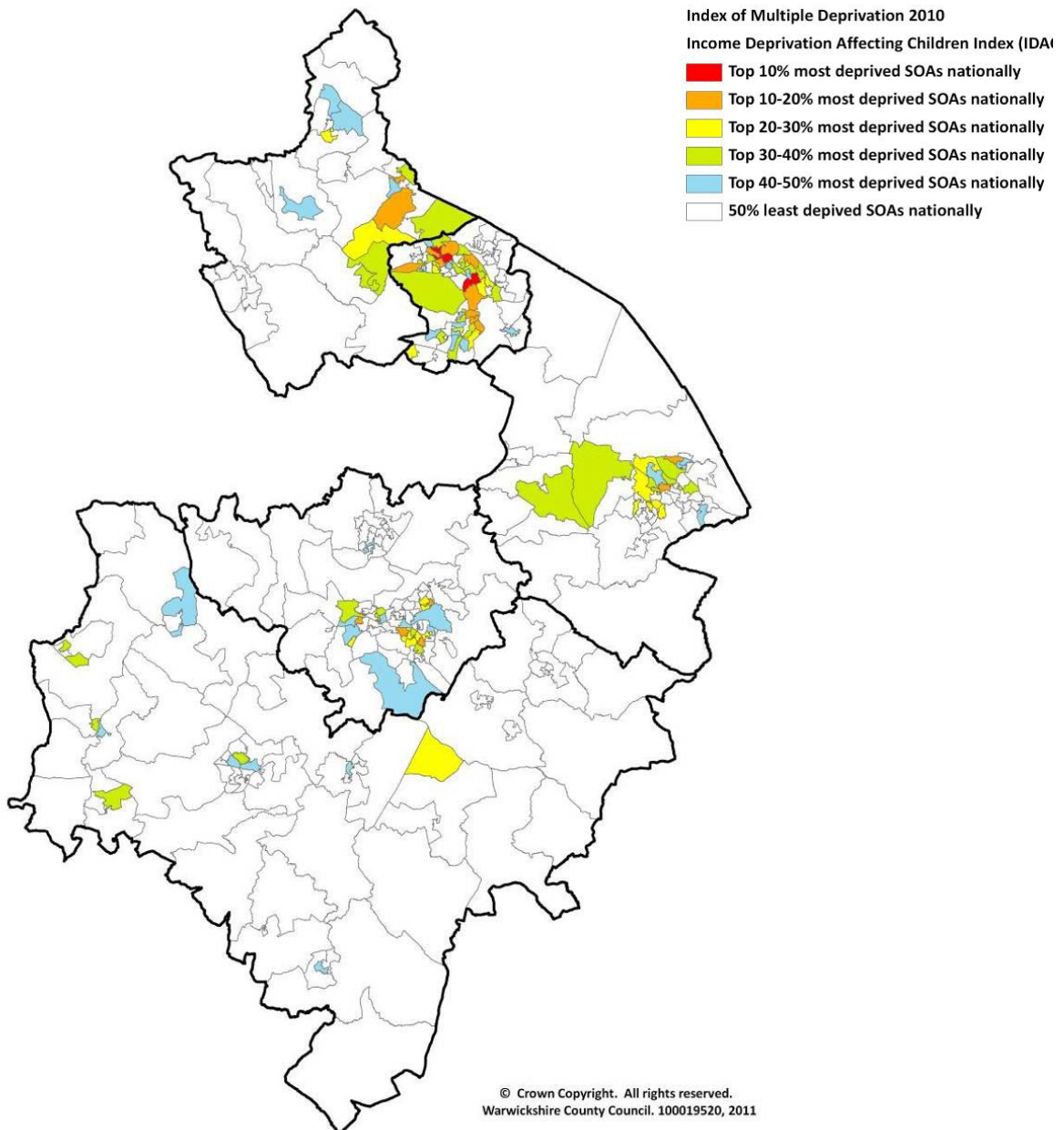
Numbers of children and young people permanently excluded from school have decreased over the years. In 2012/2013, 20 children were permanently excluded due to such reasons as persistent disruptive behaviour, physical abuse against another pupil or adult, damage to property and drug and alcohol use.<sup>4</sup>

In Warwickshire, significant disparities exist both on a geographic and population group basis. Income deprivation affecting children is greater and most concentrated in Nuneaton and Bedworth (**Figure 4**). It is important to ensure that programmes and services target people across the inequality profile, but the health of the most disadvantaged should be the top priority. In line with the Sir Michael Marmot report on health inequalities<sup>5</sup> the highest priority should be given to children from pre-conception through to adolescence.

<sup>3</sup> Population Projections Unit, Office for National Statistics (ONS) 2012.

<sup>4</sup> Support for Children in Schools Report (Item 6) for the Children and Young People Overview and Scrutiny Committee meeting, Warwickshire, Nov 2013.

<sup>5</sup> Fair society, healthy lives. The Marmot review. Strategic Review of Health inequalities in England post-2010: The Marmot review, 2010.



**Figure 4.** Index of Multiple Deprivation – Income Deprivation Affecting Children across Warwickshire (Data Source: Indices of Multiple Deprivation 2010 - Warwickshire Report, Warwickshire Observatory 2011)

## Public health challenges

### Educational attainment

Education is a key determinant of health in later life. There is also a growing evidence base of link between health and wellbeing and educational outcomes, for example, children with higher levels of emotional, behaviour, social and school wellbeing, on average, do better in exams and are more

engaged at school.<sup>6</sup> Young people who continue in learning post 16 are more likely to attain higher levels of qualifications and have increased earnings over their lifetime.

Over the past few years, Warwickshire has consistently performed above the national average in terms of GCSE attainment. This has continued in 2012 when 63% of pupils obtained five or more GCSEs at grades A\*-C including English and Maths. This compares with 59% nationally. Despite improvements in school performance in Warwickshire, in 2012, 37% of the county's pupils did not attain five or more A\*-C grades including English and Mathematics at GCSE level (what is generally regarded as a minimum level of educational attainment). In addition, variation in attainment persists across different parts of the county and different population groups. While 69% of pupils achieved five or more A\*-C GCSEs in Stratford-on-Avon and 68% in Warwick District, the corresponding figure was only 54% for Nuneaton and Bedworth and 57% for North Warwickshire.<sup>7</sup> However, even within these areas, considerable differences exist at a very local level.<sup>8</sup> Such variation in educational attainment is likely to exacerbate health inequalities in the future. Furthermore, these variations may become greater with more schools taking up academy status.

Aside from these geographic variations in educational attainment in the county, there are also stark differences relating to different socio-economic groups. School meal eligibility is one way of measuring deprivation affecting children. 10.4% (7,939) of Warwickshire's children are eligible and claiming Free School Meals.<sup>9</sup> There is a higher proportion of pupils claiming Free School Meals in Nuneaton and Bedworth than in the other districts/ boroughs.<sup>10</sup>

Importantly, the attainment gap between those pupils eligible for Free School Meals, and those who are not, has increased slightly over the last few years. In 2012, this reached its widest point in the last 4 years with a 36 percentage point gap in attainment. Interestingly, at a District and Borough level, in 2012, the attainment gap between those pupils eligible for Free School Meals and those who are not was widest in Stratford-on-Avon District at 41 percentage points.<sup>11</sup> This may reflect the fact that in the midst of affluence, less egalitarian societies fare worse than more egalitarian ones; unequal distribution of income in a society poses an additional hazard to the health of the individuals living in that society. Some caution, however, needs to be exercised in relation to interpreting district level figures. The relatively small numbers means a higher propensity for figures to fluctuate year on year making an assessment about performance on an annual basis more problematic.

The Mosaic grouping is one form of presenting household level socio-economic differences. It provides a detailed and accurate understanding of the demographics, lifestyles and behaviour of all

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<sup>6</sup> L Morrison Gutman & J Vorhaus 2012 The impact of pupil behaviour and wellbeing on educational outcomes. Institute of Education, University of London  
<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RB253.pdf>

<sup>7</sup> Quality of Life Report 2013/2014. Warwickshire Observatory 2013.

<sup>8</sup> Warwickshire Joint Strategic Needs Assessment 2012/2013

<sup>9</sup> School Census 2011, ChiMat Healthy School Profile Data 2013

<sup>10</sup> Child Poverty District Profiles. Warwickshire Observatory 2009.

<sup>11</sup> Quality of Life Report 2013/2014. Warwickshire Observatory 2013.



individuals and households in the UK. In 2012, the proportion of children gaining five or more GCSE grades A\*-C or equivalent including GCSE English and Mathematics was 90% for Mosaic Group C (containing many of the most wealthy and influential residents), but only 34% for children from Mosaic Group O (containing of the most disadvantaged people, including significant numbers who have been brought up in families which have been dependent on welfare benefits for many generations).

## Childhood obesity

The latest national figures from the National Child Measurement Programme (NCMP) for 2012/13 show that in Warwickshire, 12.2% of children in Reception are overweight and 8.1% are obese. By Year 6, the prevalence of being overweight has increased to 14.7% and being obese to 16.5% (**Table 3**).

**Table 3.** Prevalence of Overweight and Obese children in Warwickshire (by residence), West Midlands, England and two statistical comparator counties.

| Area                  | Overweight |                           |            |                           | Obese      |                           |            |                           | Number of children measured |         |
|-----------------------|------------|---------------------------|------------|---------------------------|------------|---------------------------|------------|---------------------------|-----------------------------|---------|
|                       | Reception  |                           | Year 6     |                           | Reception  |                           | Year 6     |                           | Reception                   | Year 6  |
|                       | Prevalence | 95% confidence interval ± | Prevalence | 95% confidence interval ± | Prevalence | 95% confidence interval ± | Prevalence | 95% confidence interval ± |                             |         |
| Warwickshire          | 12.2%      | 0.8%                      | 14.7%      | 1.0%                      | 8.1%       | 0.7%                      | 16.5%      | 1.0%                      | 5,896                       | 4,985   |
| North Warwickshire    | 13.1%      | 2.7%                      | 14.1%      | 2.8%                      | 9.9%       | 2.3%                      | 19.0%      | 3.2%                      | 624                         | 583     |
| Nuneaton and Bedworth | 13.1%      | 1.7%                      | 15.9%      | 2.0%                      | 10.7%      | 1.5%                      | 20.8%      | 2.3%                      | 1,546                       | 1,252   |
| Rugby                 | 11.7%      | 1.9%                      | 16.0%      | 2.3%                      | 7.3%       | 1.5%                      | 16.7%      | 2.4%                      | 1,143                       | 965     |
| Stratford-on-Avon     | 11.0%      | 1.8%                      | 11.9%      | 2.0%                      | 8.1%       | 1.6%                      | 13.3%      | 2.1%                      | 1,194                       | 1,029   |
| Warwick               | 12.2%      | 1.7%                      | 15.3%      | 2.1%                      | 5.0%       | 1.2%                      | 13.1%      | 1.9%                      | 1,389                       | 1,156   |
| Worcestershire        | 13.8%      | 0.9%                      | 14.4%      | 1.0%                      | 9.1%       | 0.7%                      | 17.6%      | 1.0%                      | 5,785                       | 5,096   |
| Staffordshire         | 14.3%      | 0.8%                      | 14.9%      | 0.8%                      | 9.7%       | 0.6%                      | 18.6%      | 0.9%                      | 8,340                       | 7,308   |
| WEST MIDLANDS         | 12.7%      | 0.3%                      | 14.9%      | 0.3%                      | 10.0%      | 0.2%                      | 20.6%      | 0.3%                      | 65,130                      | 55,607  |
| ENGLAND               | 13.0%      | 0.1%                      | 14.4%      | 0.1%                      | 9.3%       | 0.1%                      | 18.9%      | 0.1%                      | 586,332                     | 487,817 |

Data source: The Health and Social Care Information Centre, Lifestyle Statistics / Public Health England, Children, Young People and families NCMP Dataset

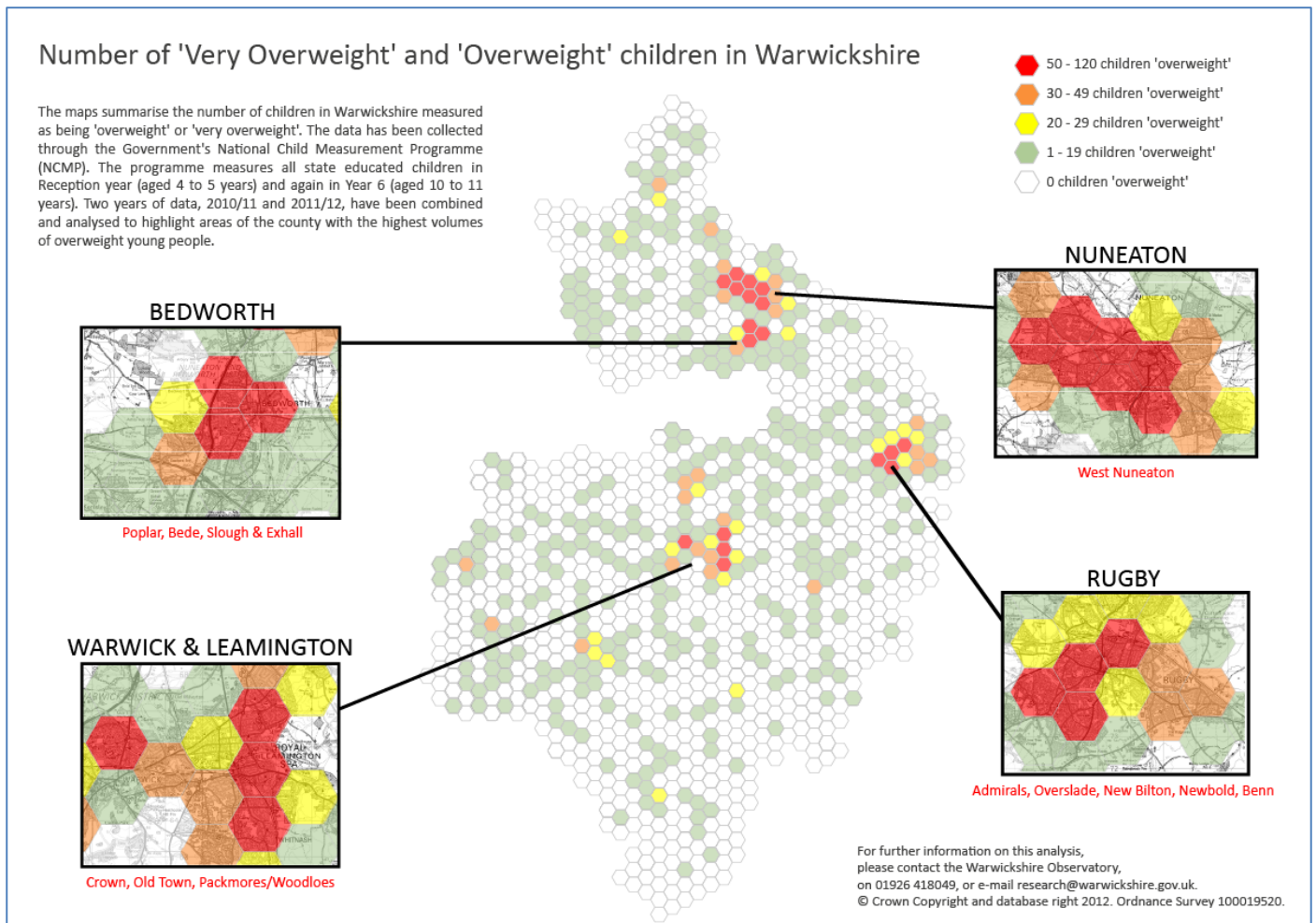
Compared with 2011/12, in Reception, the proportion of obese children in Warwickshire (8.1%) was slightly higher than in 2011/12 (7.7%). In Year 6, the proportion of obese children (16.5%) was lower than in 2011/12 (17.4%). Nationally, the proportions of obese children in Reception and Year 6 have stabilised for the first time since the programme started.

The prevalence of childhood obesity increases with age as larger proportions of Year 6 children are classed as being overweight or obese than Reception age children. One in five reception age children in Warwickshire are classed as being overweight or obese, but this increases to almost one in three by the time they have reached Year 6 age. In Reception, the proportion of obese children in 2012/13 varied from 5.0% in Warwick District to 10.7% in Nuneaton and Bedworth Borough. In Year 6, the proportion of obese children varied from 13.1% in Warwick District to 20.8% in Nuneaton and Bedworth Borough (increasing from the previous year's figure of 19.9%).

Obesity can have a severe impact on people's health. There is an increased risk of type 2 diabetes, some cancers, heart and liver disease, respiratory disease and mental disorders with associated

increased health care cost. Evidence supports the need to instil healthy lifestyle choices and behaviour at a young age to reduce risks in later life.<sup>12</sup>

Using data from the National Child Measurement Programme (NCMP), areas within Warwickshire with the highest volume of overweight/obese children have been identified by the JSNA as shown in **Figure 5** below highlighting a number of 'hotspots' primarily in the urban areas of Warwick, Leamington Spa, Bedworth, Nuneaton and Rugby.<sup>13</sup>



**Figure 5.** The distribution of overweight and obese children across Warwickshire

Most wards in Warwickshire do not have significantly different levels of obesity prevalence among Year 6 children compared to the overall prevalence even when three years of data are combined. Of the eight wards with significantly higher prevalence rates than the Warwickshire average, three are in Nuneaton & Bedworth Borough with three in North Warwickshire Borough.<sup>14</sup>

<sup>12</sup> Fair society, healthy lives. The Marmot review. Strategic Review of Health inequalities in England post-2010: The Marmot review, 2010.

<sup>13</sup> Warwickshire Joint Strategic Needs Assessment 2012/13

<sup>14</sup> Quality of Life Report 2013/2014. Warwickshire Observatory 2013.

These areas should be targeted by the services with the view to encourage healthy eating and exercise. In Warwickshire, only 53.6% of school-aged children (5-18years) participate in at least 3 hours of high quality physical education and sport a week, which is significantly worse than the England average (55.1%).<sup>15</sup> Warwickshire's Annual Pupil Survey also asks about physical activity. In the 2013 survey, 72% of pupils felt they were either 'very physically active' or 'quite physically active'. Sixty five percent of pupils said that they were physically active at least three times a week and only 4% of pupils advised that they never did any physical activity. Each physical activity had to last at least half an hour or more and could range from such activities as walking to school through to dancing or football. There was little difference in the results of primary and secondary school pupils.<sup>16</sup>

Overall, only 18% of pupils said that they eat at least five portions of fruit and vegetables per day. 14% of secondary school pupils and 27% of primary school pupils ate five or more fruit and vegetables per day. 14% of secondary school pupils ate only one portion of fruit and vegetables per day compared to 7% of primary school pupils. The survey results also reveal that 86% of primary school pupils eat breakfast either most days or every day compared to 64% of secondary school pupils. As in 2012, the results for the percentages of pupils who state that they never or rarely eat breakfast show a marked difference between primary and secondary schools; 6% for primary schools compared to 24% for secondary schools. In 2012, more primary school pupils ate lunch either every day or most days; 94% compared to 83%. There was also a difference in the results for those that either never or rarely eat lunch. The survey shows that 2% of primary school pupils either never or rarely eat lunch. This result is lower than the secondary school pupils result (7%).<sup>17</sup>

## **Smoking, alcohol and substance misuse**

Smoking in children is a major public health problem. Around two-thirds of people who have smoked take up the habit before the age of 18.<sup>18</sup> The TellUs4 survey conducted in 2009 suggested that overall, 2% of children and young people in Warwickshire were smoking regularly compared to 4% in England.<sup>19</sup> According to the Warwickshire's Annual Pupil Survey in 2013, 98% of primary school pupils and 75% of secondary school pupils had never smoked cigarettes. 11% of secondary school pupils stated that they have smoked once or twice and a further 8% have smoked a few times. For secondary school pupils who had responded and advised that they smoke, 41% revealed that they usually get cigarettes from a friend and 38% revealed that they usually get them from a shop or off-licence. 43% of college students declared they never smoked cigarettes, but one in five said they were a frequent smoker.<sup>20</sup>

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<sup>15</sup> ChiMat (Child and Maternal Health Observatory) Child health Profile for Warwickshire 2013 (data from 2009/10)

<sup>16</sup> Warwickshire's Annual Pupil Survey 2013

<sup>17</sup> Warwickshire's Annual Pupil Survey 2013

<sup>18</sup> Preventing the uptake of smoking by children and young people. NICE Public Health Guidance 2008 (PH14)

<sup>19</sup> Chimat Healthy Schools Profile <http://atlas.chimat.org.uk/IAS/dataviews/healthyschoolsprofile>

<sup>20</sup> Warwickshire's Annual Pupil Survey 2013

Young women are more likely to smoke than older women. Prevalence of smoking in pregnancy is high in Warwickshire, with 18% of women smoking at the time of delivery in 2012/13 which is statistically significantly higher than the national figure (13%). This equates to more than 1,000 babies a year being born to mothers in Warwickshire who smoke.<sup>21</sup>

Most young people aged 11-16 (90.2%) in Warwickshire in 2012 reported that they have either never drunk alcohol or done so only a few times. Within this statistic, 28.5% of young people report that they have never drunk alcohol. 7.6% were drinking 'about every week' and 2.2% 'most days'. The proportion of children drinking alcohol has decreased in recent years, however comparisons with national data suggest that a proportion of young people who drink every week is higher in Warwickshire than the national average. It should be noted that drinking 'about every week' does not provide an indication of the quantity of alcohol consumed on a weekly basis. There is no local data on the amount of alcohol consumption by young people.<sup>22</sup> National research shows no clear trend in consumption since 2007. In 2011, the mean amount of alcohol consumed by pupils who had drunk in the last week was 10.4 units (down from 12.7 unit in 2010). Half of pupils' mean weekly consumption (10.4 units) was accounted for by beer, lager and cider (5.2 units). This was considerably more than the reported consumption of spirits (1.9 units), alcopops (1.6 units) or wine (1.4 units).<sup>23</sup>

Young people in the North of the county (North Warwickshire and Nuneaton and Bedworth) drink alcohol more frequently than those in the South (Warwick and Stratford) and the East (Rugby). 10.5% drink alcohol at least every week in the North, compared to 8.8% in the South and 8.4% in the East.<sup>24</sup>

The rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol, such as alcohol overdose, has decreased in the 2008-11 period compared to 2004-07. Overall rates of admission in the 2008-11 period are similar to the England average.<sup>25</sup>

In 2012, in Warwickshire, 91.7% of young people (11-16 year olds) said that they had never taken illegal drugs. 99.8% of Year 7 (aged 11 and 12) had never taken illegal drugs. By Year 11 (aged 15 and 16), only 80.2% had never taken illegal drugs. 10% of pupils in Year 11 said they had taken illegal drugs once or twice, and 6% a few times. 1.9% said that they were taking drugs about every week, 1.9% reporting that they take illegal drugs most days. Cannabis is the most commonly used illegal substance. 2.8% of young people in Warwickshire had used cannabis in the last four weeks. 0.3% of young people had used solvents, glue or gas in the last four weeks. 0.7% of young people had used other drugs (eg. cocaine) in the last four weeks.<sup>26</sup>

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<sup>21</sup> Health and Social Care Information Centre Lifestyle Statistics 2012/13

<sup>22</sup> Young People and Substance Misuse in Warwickshire Needs Assessment. Aug 2012

<sup>23</sup> Fuller, E. (ed.) Smoking, drinking and drug use among young people in England in 2011, NHS Information centre.

<sup>24</sup> Young People and Substance Misuse in Warwickshire Needs Assessment. Aug 2012

<sup>25</sup> ChiMat Child Health Profile 2013

<sup>26</sup> Young People and Substance Misuse in Warwickshire Needs Assessment. Aug 2012

Nationally, of those young people who take drugs, cannabis and volatile substances are the most commonly used. Research suggests that the most common reason for pupils to have used drugs on the most recent occasion was 'to get high or feel good' (47%). The next most common reasons were 'to see what it was like' (27%) followed by 'I had nothing better to do' (23%) and 'my friends were doing it' (20%). 27% of 11-15 year olds that have been offered drugs have refused them at least once. The main reason for refusal was 'I just didn't want to take them' (42%). Other common reasons were the belief that taking drugs is wrong, concerns about addiction, and the dangers of taking drugs. The reasons for refusing drugs differed by age, with older pupils more likely to report that they had refused because they didn't want to take drugs or because the drugs were too expensive.<sup>27</sup>

The standardised rate of hospital admissions due to substance misuse for 15-24 year olds, is slightly lower in Warwickshire than England average, however the difference is not statistically significant.<sup>28</sup>

It has been shown that young people who truant or who are excluded from school are more likely to have used illicit drugs in the past.<sup>29</sup> Effort to reduce illicit drug use will go a long way to improve educational standards and future health and wellbeing.

Presentations at Accident and Emergency (A&E) Departments for alcohol and drug poisonings also give an indication of the harm caused by substance misuse. In 2011/12, there were 184 presentations of a young person attending A&E services for alcohol or drug poisoning in the three main hospitals serving the county. On average, between 3 and 4 young people under 18 are attending A&E each week for alcohol or drug poisoning. Most of those presenting were from Nuneaton and Bedworth Borough (36%) or Warwick District (19%). However, it should be noted that young people attending hospitals outside Warwickshire (e.g. Robert Peel Hospital, Tamworth) were not recorded in this data. There is no quarterly pattern to the number of presentations. Most presentations are on Friday and Saturday nights, but presentations occur throughout the week.<sup>30</sup>

## **Sexual health and teenage pregnancy**

Teenage pregnancy is associated with deprivation, as both a cause and effect. Teenage parenthood is recognised to have links with issues such as lack of continuation in education, poverty, social isolation and unemployment. Furthermore, educational attainment is reported to be lower and economic inactivity higher in children born to teenage mothers. Children of teenage mothers are also found to be more likely to become teenage parents themselves, thus potentially proliferating many of these issues for future generations. It is widely understood that teenage conception and early motherhood can be associated with poor physical and mental health, for both mother and child. Children born to teenage mothers are more likely to suffer negative outcomes throughout childhood and later life than children born to mothers who delayed pregnancy beyond their teenage years.

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<sup>27</sup> Fuller, E. (ed.) Smoking, drinking and drug use among young people in England in 2011, NHS Information centre.

<sup>28</sup> ChiMat Child Health Profile 2013

<sup>29</sup> Young People and Substance Misuse in Warwickshire Needs Assessment. Aug 2012

<sup>30</sup> Young People and Substance Misuse in Warwickshire Needs Assessment. Aug 2012

Problems for teenage mothers include increased risk of mental health issues following pregnancy, and poor birth outcomes such as low birth weight babies and higher rates of neonatal mortality.<sup>31</sup>

The rate of under-18 conceptions in Warwickshire for 2011 was 30.9 per 1,000 females aged 15-17, which equates to 299 conceptions. Whilst the 2011 rate is in line with the national figure, it represents one of the highest figures in comparison to Warwickshire's statistical neighbours.<sup>32</sup> There are marked differences across Warwickshire, with the conception rate (for the period 2009-2011) being 48.8 per 1,000 in Nuneaton and Bedworth, and 42.3 in North Warwickshire, compared with 24.3, 28.1 and 28.5 in Stratford-on-Avon, Rugby and Warwick, respectively.<sup>33</sup>

In 2011/12, in Warwickshire 84 women became teenage mothers, with 1.4% of delivery episodes where the mother was aged less than 18 years. This is not significantly different than England average (1.3%).<sup>34</sup>

In 2011, there were 2,015 acute diagnoses of sexually transmitted infections (including chlamydia) in 15-24 year olds with the crude rate being significantly lower than the national average in this age group.<sup>35</sup> Young people aged 16-24 population are at higher risk of chlamydia due to higher sexual activity in this age group. In 2011, the rate per 1,000 in this age group was 8.12, compared to 1.33 per 1,000 in the general population. Inequalities in the rate of chlamydia amongst the districts have been observed, with consistently highest rates across within Nuneaton and Bedworth and Rugby.<sup>36</sup>

According to the Warwickshire's Pupil Survey 2013, 82% of pupils had never had sex. 68% of secondary school pupils used contraception when they last had sex, 25% did not use any contraception and 7% did not know if they used contraception. The survey results also reveal that 70% of pupils used condoms, 12% used the contraceptive pill and a further 9% of pupils used both methods of contraception.<sup>37</sup> Sex education is an essential component of health promotion and should be taken seriously in schools.

## Mental wellbeing

Around half of all lifetime mental health problems emerge before the age of 14.<sup>38,39</sup> Research suggests that overall, 7.7% of 5 to 10 year olds and 11.5% of 11 to 16 year olds have a mental health disorder causing distress to the child or causing considerable impact on the child's day to day life. For Warwickshire, it was estimated that in 2012, 1,755 of 5 to 10 year olds and 2,500 11 to 16 year

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<sup>31</sup> Quality of Life Report 2013/2014. Warwickshire Observatory 2013.

<sup>32</sup> Warwickshire Joint Strategic Needs Assessment 2012/13

<sup>33</sup> Quality of Life Report 2013/2014. Warwickshire Observatory 2013.

<sup>34</sup> ChiMat Child Health Profile 2013

<sup>35</sup> ChiMat Child Health Profile 2013

<sup>36</sup> Warwickshire Joint Strategic Needs Assessment 2012/13

<sup>37</sup> Warwickshire's Annual Pupil Survey 2013

<sup>38</sup> Kim-Cohen, J et al (2003). Prior juvenile diagnoses in adults with mental disorder. Archives of General Psychiatry 60: 709-17

<sup>39</sup> Kessler, RC et al (2005). Lifetime Prevalence and Age-of-onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry 62 (6): 593-602

olds had a conduct disorder, 860 and 1,895 had an emotional disorder, 575 and 535 had a hyperkinetic disorder, and 470 and 535 had less common disorders, respectively. It is also estimated, that in 2012, 16,785 of Warwickshire's population aged 17 years and younger may have experienced mental health problems appropriate for response from CAMHS (Children and Adolescent Mental Health Services) Tier 1 (professionals, whose main role and training are not in mental health), 7,835 from Tier 2 (specialist trained mental health professionals), 2,070 from Tier 3 (Service provided by a multi-disciplinary team for children with more complex mental health needs) and 85 from Tier 4 (services may be offered in residential, day patient or outpatient settings for children with severe and/or complex problems).<sup>40</sup>

There were 68 hospital admissions for mental health conditions among 0-17 year olds in 2011/12 in Warwickshire (60.8 per 100,000) which is significantly lower than the England average (91.3 per 100,000). There were 132 admissions as a result of self-harm (117.9 per 100,000) which is not significantly different from the England average (115.5 per 100,000 0-17 year olds).<sup>41</sup>

Children with poor psychological wellbeing are less likely to do well in education. Schools need to have a whole-school approach to promoting the social and emotional skills and provision for training teachers in mental health/emotional wellbeing issues.

## Communicable diseases and uptake of immunisation

In 2011-2012, the percentage of children in Warwickshire immunised by their fifth birthday was higher than in the West Midlands and the England average (**Table 4**). The uptake of immunisation has increased over the last six years.<sup>42</sup>

**Table 4.** % of children who had completed their immunisation course by 5<sup>th</sup> birthday.

|               | Completed MMR immunisation course by 5th birthday (%) | Completed Diphtheria, Tetanus, Polio immunisation course by 5th birthday (%) | Completed Hib immunisation course by 5th birthday (%) | Completed Diphtheria, Tetanus, Polio, Pertussis booster immunisation course by 5th birthday (%) | Annual HPV vaccine uptake - Year 8 girls (aged 12-13) who had received all three doses (%) |
|---------------|---|--|---|---|--|
| Warwickshire  | 93.7  | 98.4   | 97.8  | 96.6  | 89.3   |
| West Midlands | 87.5  | 96.6   | 96.0  | 89.9  | 87.8   |
| England       | 86.0  | 95.4   | 94.9  | 87.4  | 86.8   |

Source: Health Protection Agency (Public Health England)

<sup>40</sup> ChiMat CAMHS Needs Assessment 2012

<sup>41</sup> ChiMat Child Health Profile 2013

<sup>42</sup> Chimat Service Snapshot - Vaccination and Immunisation in Warwickshire

## Accidents

Among 5–9 year old boys nationally, the third most common cause of death is traffic accidents. Unintentional injuries and accidents are the leading cause of mortality among all secondary school children (10–19 years).<sup>43</sup>

There were significantly fewer emergency hospital admissions (1,276) following injury among 0-17 year olds in Warwickshire in 2011/12 than nationally (114.0 and 122.6 per 10,000, respectively). However, 18.7 children aged 0-15 in Warwickshire were killed or seriously injured in road traffic accidents per 100,000 population during 2009-2011, which is not significantly lower than the England average (22.1 per 100,000 children aged 0-15).<sup>44</sup>

In 2012, there were 144 reported road casualties in Warwickshire among 0-15 year olds, and 727 among 16-29 year olds. For males and females, the number of casualties sharply increase when children reach 16, with the highest numbers in young people aged 17-21. Among road casualties in 0-15 year olds in 2012, 123 could be classed as slight and 21 as serious. There were no fatal casualties in this age group in 2012. The majority of all casualties (70) in 0-15 year old children were car/ taxi casualties, 43 pedestrian casualties, 17 pedal cycle casualties, 10 minibus/ coach casualties. Looking at serious casualties, the majority (13) were pedestrian casualties.<sup>45</sup>

## Dental health

The results of the National Oral Health Survey of 5 year old children conducted in 2011/12 showed that the mean severity of tooth decay in children aged five years (based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – decayed/missing/filled teeth (d3mft)) in Warwickshire was significantly lower (0.56) when compared to the England average (0.94). This could be partly explained by fluoridation. Nuneaton & Bedworth had the highest caries levels in the county (1.04 d3mft) and Warwick District the lowest (0.30 d3mft).<sup>46</sup>

## Vulnerable children and young people

### Looked after children (LAC)

Looked after children are amongst the most vulnerable children and young people in society and local authorities and their partner agencies have a corporate parenting responsibility to improve the life chances for the children and young people who are in their care. The concept of “corporate parenting” was introduced with the launch of the *Quality Protects* programme in 1998. The principle is that the

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<sup>43</sup> Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays. Chapter 7. Life stage: School Years.

<sup>44</sup> ChiMat Warwickshire Child Health Profile March 2013.

<sup>45</sup> Reported Road Casualties. Warwickshire Annual Report to 31 December 2012. Issue: 1. Warwickshire County Council.

<sup>46</sup> Oral Health survey 2011/12, National Dental Epidemiology Programme  
<http://www.nwph.net/dentalhealth/survey-results5.aspx?id=1>



local authority is the corporate parent of children in care, and thus has a legal and moral duty to provide the kind of support that any good parents would provide for their own children. This includes enhancing children's quality of life as well as simply keeping them safe.

The physical and mental health of looked-after children is known to be significantly poorer than that of the general child population.<sup>47</sup> A survey by Meltzer et al. (2003) showed that 45% of looked-after children aged 5 to 17 were assessed as having a mental disorder compared to 10% of the general child population. Two-thirds of all children in care were reported by their carers as having at least one physical complaint. Looked-after young people experience a significantly higher rate of teenage conception and teenage motherhood when compared to the non-care population; they may be more vulnerable to involvement in risky sexual activity, or exploitative and abusive relationships. Young people in care are also four times more likely than their peers to smoke, use alcohol and misuse drugs.<sup>48</sup>

According to the latest data, there are 721 LAC in Warwickshire (including asylum seekers).<sup>49</sup> 554 of these children are aged 5-17 and 167 aged 0-4. The majority of LAC have a main need category of 'Abuse and Neglect'. The number of LAC has been increasing year on year with more of this increment experienced in Rugby Borough. However, in absolute figures, and per 100,000 population, Nuneaton and Bedworth have the highest numbers of LAC (267 children). Attainment figures for looked after children are significantly lower than those achieved by non-looked after children in the county.<sup>50</sup> The Dartington Social Research Unit (<http://dartington.org.uk>) through its various steering groups (safeguarding, early intervention, health and business intelligence) works with Children services to reduce the number of LAC.<sup>51</sup>

There is a statutory requirement for LAC to undergo a health assessment and dental review on entry to care and at least annually thereafter. These assessments are designed to identify otherwise unrecognised health needs, and should lead to a health plan which forms part of the overall care plan. Although evidence for these assessments as a health screening tool is limited, they demonstrate benefits for health promotion and ensure inter-agency communication between health and social care. Only 76.7% of LAC in Warwickshire had their annual health assessment in 2012 (compared to 86.35 nationally). 91% of LAC had their immunisations up-to-date. 86% had their teeth checked by a dentist.<sup>52</sup> School nurses currently offer review health assessments to looked after children from school entry until the end of year 11. They see children without specific health concerns or where the health

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<sup>47</sup> Meltzer, M., Gatward, R., Corbin, T., et al (2003) *The Mental Health of Young People Looked After by Local Authorities in England*. TSO (The Stationery Office).

<sup>48</sup> *Care Matters: Time for Change*. Department for Education and Skills. White Paper 2007.

<sup>49</sup> LAC Population Demographics Summary, 31 January 2014. Business and Commissioning Intelligence (BCI), Strategic Commissioning, People Group, Warwickshire County Council.

<sup>50</sup> Warwickshire Joint Strategic Needs Assessment 2012/2013

<sup>51</sup> The Dartington Social Research Unit. <http://dartington.org.uk>. [accessed 03/09/2013]

<sup>52</sup> ChiMat. Department for Education 2012.

<http://atlas.chimat.org.uk/IAS/dataviews/tabular?viewId=251&geold=4&subsetId=>

needs have previously been identified and met and they do not require on-going review by a paediatrician.<sup>53</sup> According to the most recent data, school nurses were responsible for 382 children across Warwickshire.<sup>54</sup>

## **Children subject to a child protection (CP) plan**

As with the national picture, referrals to children's social care in Warwickshire have risen steadily by 18% from 5,911 in 2009/10 to 6,998 referrals in 2011/12. Figures also show a 33% rise in the number of children made the subject of Section 47 enquiries<sup>55</sup> (Section 47 of the Children Act 1989 places a duty on Local Authorities to make inquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these inquiries indicate the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare. The investigation forms a core assessment, which is an in-depth assessment of the nature of the child's needs).

2.8% (3,184) of all children were reported to be in need in Warwickshire in 2012 (children who were referred to children's social care services, and who had been assessed, usually through an initial assessment, to be in need of social care services). This is lower than the national figure of 3.3%. 41.2% of Warwickshire's children in need were because of abuse and neglect, 10.2% because of their disability or illness, 2.0% because of parent's disability or illness, 13.9% because of family in acute stress, 23.1% because of family in dysfunction.<sup>56</sup>

In total, at the end of 2013 there were 546 children subject to a child protection plan in Warwickshire. 340 of these children were aged 5-17. The number of children subject to a child protection plan per 100,000 population was highest in Nuneaton and Bedworth.<sup>57</sup>

## **Other groups of vulnerable children**

Other groups of children and young people with associated additional risk factors (as described in the Annex E of the Healthy Child Programme 5-19 Years) for whom targeted appropriate support should be available include (but not exclusively):

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<sup>53</sup> Information provided by the Designated nurse for looked after children, Integrated and Community Care Division South Warwickshire NHS Foundation Trust

<sup>54</sup> Healthy Child Programme Audit 2013.

<sup>55</sup> Warwickshire Joint Strategic Needs Assessment 2012/2013

<sup>56</sup> ChiMat. Department for Education 2012.

<http://atlas.chimat.org.uk/IAS/dataviews/tabular?viewId=283&geoid=4&subsetId=>

<sup>57</sup> Child Protection Population Demographics Summary, 31 January 2014. Business and Commissioning Intelligence (BCI), Strategic Commissioning, People Group, Warwickshire County Council.

## **Children and young people who are disabled, have special education needs, have complex or long-term health needs, or have mental health problems requiring multidisciplinary approach**

Children with long term illness/disability are a very diverse group, ranging from children with highly complex needs requiring support across health, social services and education, to children who require less additional support. It is estimated that in Warwickshire around 17,900 children aged 5-19 have a longstanding illness or disability. According to the estimates from a national survey of Directors of Children's Services, between 3,144 and 5,659 children in Warwickshire have some form of disability. Around 50 children are severely disabled. The prevalence rates of children and young people with mild disabilities are found to be higher for those from semi-skilled manual and unskilled manual family background, while severe disability is more common among children from semi-skilled manual families.<sup>58</sup>

Children with long-term conditions or disabilities can find it difficult to maintain attendance and access the resources that schools offer. For example, according to national survey of school students aged 11–15 years with a long-term condition or disability, just under a third (31%) felt it impacted negatively on their participation in school.<sup>59</sup>

National data show that children who have a limiting illness are more likely to be obese or overweight, particularly if they also have a learning disability.<sup>60</sup> People with learning disabilities are also more likely to experience mental health problems. Promotion of healthy lifestyles, provision of information and guidance, and identifying needs at an early stage is required to improve health and wellbeing, and increase the numbers of those physically and mentally disabled people living positive and fulfilling lives.<sup>61</sup>

19% (14,352/74,563) of children attending State funded schools in Warwickshire in 2013 have Special Educational Needs (SEN). 8.6% (6,415/74,563) of children had 'School Action Plus' or 'Statement' (the child's needs were such that the school needed advice and support from external services). Of these children, 45% (2,896/6,415) had a learning difficulty as the primary reason for their SEN, 20% (1,275/6,415) had behavioural, emotional and social difficulties, 15% (950/6,415) had speech, language and communication needs, 12% (739/6,415) had autistic spectrum disorder, 4% (226/6,415) had physical disability, 2% (155/6,415) had vision, hearing or multi-sensory impairment. The vast

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<sup>58</sup> Child and Maternal Health Intelligence Network ChiMat Disability Needs Assessment. Accessed Nov 2013.

<sup>59</sup> Brooks F, Magnusson J, Klemnera E, Spencer N, Morgan A. HBSC England National Report: World Health Organization Collaborative Cross National Study. Hatfield: CRIPACC, 2011

<sup>60</sup> ChiMat report on disability and obesity: the prevalence of obesity in disabled children. Jul 2011

<sup>61</sup> Warwickshire Joint Strategic Needs Assessment 2012/2013

majority (92%, 13,264/14,352) of children with SEN attended mainstream schools.<sup>62</sup> There is a notable gap between the education attainment of children with and without SEN.<sup>63</sup>

There are 9 state funded special schools in the county with a total population of 1,088 pupils. The current distribution of State funded special schools is as follows: one in the North Warwickshire with a population of 135, one in Rugby with 138 children, three in Nuneaton and Bedworth with 387 children, two in Stratford-on-Avon with 198 children and one in Warwick District with 230 children.<sup>64</sup>

## **Children and young people whose family background puts them at higher risk**

These include children and young people from families with serious mental health, drug or alcohol problems, children from families where a family member is in custody, families where parents grew up in care, parents with learning difficulties, families living in poor housing, homeless families or those living in temporary accommodation, refugee children and asylum seekers, travellers, families with a young parent, single parent families, families where main language is not English, BME children, families where obesity is prevalent, children who have had little health surveillance and screening during their early years.

The Priority Families programme is a new way of targeting help and support to families with complex needs. 991 **'priority' families** in Warwickshire have been identified so far, 93 of which meet all 3 of the national criteria and the remaining 896 meet 2 of the national criteria and any 1 of the following local criteria<sup>65</sup>:

- Not in Education, Employment or Training (NEET) or at risk of NEET
- On integrated offender management
- Geographical filter (living in a Police Partnership Priority Area and/or living in 10% most deprived nationally)
- Over the last three years have been on a Child Protection Plan or are Looked After Children

The national criteria are:

- Crime/anti-social behaviour (Households with 1 or more under 18-year-old with a proven offence in the last 12 months and/or Households where 1 or more member has an anti-social behaviour order, anti-social behaviour injunction, anti-social behaviour contract, or where the family has been subject to a housing-related anti-social behaviour intervention in the last 12 months)
- Education (Households affected by truancy or exclusion from school, where a child: has been subject to permanent exclusion; has had 3+ fixed school exclusions across the last 3 consecutive terms; is in a Pupil Referral Unit or alternative provision because they have

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<sup>62</sup> January 2013 Warwickshire School Census

<sup>63</sup> Warwickshire Joint Strategic Needs Assessment 2012/2013

<sup>64</sup> January 2013 Warwickshire School Census

<sup>65</sup> Warwickshire Priority Families Update, Warwickshire County Council Nov 2013  
[www.warwickshire.gov.uk/priorityfamilies](http://www.warwickshire.gov.uk/priorityfamilies).

previously been excluded or for the purposes of improving their behaviour; has been placed in specialist provision within a mainstream school for the purposes of improving behaviour which is comparable to the use of alternative provision; Is not on a school roll; or has had 15%+ unauthorised absences from school across the last 3 consecutive terms or evidence of a pattern of poor attendance that gives the Head Teacher an equivalent level of concern)

- Households which have an adult on Department for Work and Pensions out of work benefits (Employment and Support Allowance, Incapacity Benefit, Carer's Allowance, Income Support and/or Jobseekers Allowance, Severe Disablement Allowance).

The current total of 991 families can be disaggregated as follows:

|                       |           |
|-----------------------|-----------|
| North Warwickshire -  | 57 (6%)   |
| Nuneaton & Bedworth - | 478 (48%) |
| Rugby -               | 184 (19%) |
| Stratford -           | 84 (8%)   |
| Warwick -             | 154 (16%) |
| Unknown -             | 1 (0.1%)  |
| Out of County -       | 32 (3%)   |

Children from **families with substance misuse problems** are likely to be at a higher risk of neglect, physical and emotional abuse, poverty, exposure to drugs and drug-taking equipment in the home, domestic violence, psychological distress and depression. The impact of parental substance misuse can vary depending on many factors, including age. 5-9 year olds may be more likely to miss the health review, have poorer school attendance, depression and anxiety. 10-14 year olds may be at a higher risk of early smoking, drinking and drug use, poor academic performance poor self-esteem, emotional disturbance, conduct disorders (e.g. bullying, sexual abuse), offending and criminality. Children aged 15 years and above may have increased risk of problem alcohol and drug use, pregnancy, sexually transmitted diseases, lack of educational attainment, suicide risk. Children whose parents use drugs or alcohol may also have young caring responsibilities, either for their parents directly or for siblings.<sup>66</sup>

Findings from the UK national household surveys suggest that around 30% of children under 16 live with at least one binge drinking parent, 8% with at least two binge drinkers, 4% with a lone binge drinking parent, 8% of children live with an adult who had used illicit drugs within that year, 2% with a class A drug user, 7% with a class C drug user, 3.6% children in the UK lived with a problem drinker

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<sup>66</sup>Identifying and supporting children affected by parental substance use. Resource for schools. Alcohol and Drug Education and Prevention Information Service (ADEPIS) by Adfam, <http://mentor-adepis.org/identifying-supporting-pupils-affected-parental-substance-misuse/>

who also used drugs, 4% lived in a family where problem drinking co-existed with mental health problems.<sup>67</sup>

Research suggests that up to 30% of adults with **mental health problems** have dependent children.<sup>68</sup> Many parents with mental health problems parent their children effectively; however, there can be associated safeguarding risks in some families, and/or potential for children and young people with a mentally ill parent to take on extensive caring roles. Additionally, children of parents with mental health problems are at increased risk of living in poverty and developing mental health difficulties themselves.

Data from the National Survey of adults with **learning disabilities** in England found that around one in fifteen of adults with learning disabilities had a child.<sup>69</sup>

14.1% (13,600) of children aged under 16 years in Warwickshire live in **poverty**. This is significantly lower than England average (20.6%).<sup>70</sup> 1.6 out of 1,000 households (353) with a dependent child (or a pregnant woman) were unintentionally homeless and eligible for assistance in 2011/12. The rate of family homelessness is similar to the English average.<sup>71</sup>

6.1% (14,037) of families in Warwickshire were **lone parent families** with dependent children.<sup>72</sup>

For 7% (5,150/74,563) of children attending State Funded Schools in Warwickshire in 2013, **English was not their first language**. It was not their first language for 10% of children attending a school in Rugby Borough and Warwick District, 8% in Nuneaton and Bedworth, but only for 3% in Stratford-on-Avon and 1% of children in North Warwickshire. 15% (11,193/74,563) of children were from an ethnic group other than White British (which includes Cornish, English and Scottish). Indian and any other White Background were the largest BME groups. 21% of children in Rugby Borough and 20% in Warwick District were from an ethnic group other than White British, compared to 10% in Stratford-on-Avon, 15% in Nuneaton and Bedworth and 6% in North Warwickshire. Traveller of Irish Heritage was the ethnic group for 0.1% (62/74,563 of children), with the largest number (23 children) in Nuneaton

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<sup>67</sup> Manning, V et al, (2009) New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *BMC Public Health* 2009, **9**:377.

<sup>68</sup> What about the children? Joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems. Ofsted report 2013 <http://www.ofsted.gov.uk/resources/what-about-children-joint-working-between-adult-and-childrens-services-when-parents-or-carers-have-m>

<sup>69</sup> Emerson, E et al. 2005, Adults with learning difficulties in England, 2003/4 <http://www.hscic.gov.uk/article/2021/Website-Search?productid=1847&q=learning+difficulties&sort=Relevance&size=10&page=1&area=both#top>

<sup>70</sup> CHiMat Child Health Profiles <http://atlas.chimat.org.uk/IAS/dataviews/tabular?viewId=98&geold=4&subsetId=> using HM Revenue & Customs 2011 Data on the proportion of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income.

<sup>71</sup> CHiMat data on homelessness <http://atlas.chimat.org.uk/IAS/dataviews/tabular?viewId=113&geold=4&subsetId=>

<sup>72</sup> 2011 Census Profile for Warwickshire [http://www.warwickshireobservatory.org/observatory/observatorywcc.nsf/0/564F4491F9BD888E80257B030030D501/\\$file/Warwickshire.pdf](http://www.warwickshireobservatory.org/observatory/observatorywcc.nsf/0/564F4491F9BD888E80257B030030D501/$file/Warwickshire.pdf)

and Bedworth. Gypsy/Roma was the ethnic group for 0.2% of children in State Funded Schools (156/74,563) with the largest number in Rugby (65 children).<sup>73</sup>

There are significant differences in educational attainment according to gender and ethnicity. Girls do better than boys at both foundation stage and at GCSE within each ethnic group. At foundation stage, Chinese, white and children with mixed ethnicity do best. Children from Gypsy, Roma and Traveller backgrounds do worse than anyone else. Boys eligible for free school meals who are from white British, Irish and some, but not all, black communities also fare worse than other groups. Girls eligible for free school meals from white British and Irish backgrounds do only marginally better than their male counterparts.<sup>74</sup> There are also health inequalities between different ethnic groups. For example, the National Child Measurement Programme reveals substantial variation in obesity prevalence by ethnic group for both Reception and Year 6 children. Boys in Year 6 from all minority groups are more likely to be obese than White British boys. For girls in Year 6, obesity prevalence is especially high for those from Black African and Black other ethnic groups. Some of these differences may be due to the influence of factors such as deprivation and, possibly, physical differences such as height.<sup>75</sup>

### **Children who suffer from bullying or whose absenteeism is a concern**

19% of children, who responded to the Annual Pupil Survey 2013 in Warwickshire, stated that they had been bullied in the last 12 months.<sup>76</sup> Another source (Tellus 4 survey that represents the views of a sample of children and young people in school years 6, 8 and 10), suggests that 9% of pupils were subject to bullying (compared to 9.6% nationally).<sup>77</sup>

In 2011-12, 1.7% (1,081/64,834) of school enrolments aged 5-16 (statutory school age) and attending State-funded schools in Warwickshire were persistent absentees due to illness, and medical/dental appointments (absent for around 15 per cent or more of all possible sessions). Persistent absenteeism for medical reasons was the highest among Key stage 3 (2.0%, 355/17,971) and Key stage 4 pupil enrolments (2.7%, 324/12,171). Nuneaton and Bedworth had the highest % of persistent absentees due to medical reasons (1.9%, 284/15,272) followed by Stratford-on-Avon (1.8%, 283/15,353). The lowest absenteeism due to medical reasons was in Rugby (1.4%, 172/12,166) and Warwick District (1.5%, 206/13,521). 0.7% (473/64,834) of pupil enrolments were persistently absent due to unauthorised reasons (other than such unauthorised reasons as Family holiday not agreed, Arriving late, or if the reason had not been recorded yet). Nuneaton and Bedworth had the highest proportion of persistent absentees due to unauthorised reasons (1.2, 185/15,272), while Warwick

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<sup>73</sup> Warwickshire January 2013 School Census

<sup>74</sup> Fair society, healthy lives. The Marmot review. Strategic Review of Health inequalities in England post-2010: The Marmot review, 2010.

<sup>75</sup> National Child measurement Programme. Public Health England 2014.  
[http://www.noo.org.uk/NOO\\_about\\_obesity/inequalities#d6892](http://www.noo.org.uk/NOO_about_obesity/inequalities#d6892)

<sup>76</sup> Warwickshire's Annual Pupil Survey 2013

<sup>77</sup> ChiMat Healthy Schools Local area Profile

<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=9&geoTypeId=4>

District had the lowest (0.4%,55/13,521). Unauthorised persistent absenteeism was the highest in Key stage 4 (2.3%, 278/12,171).<sup>78</sup>

## Young carers

According to the Carers' Trust national research, young carers are twice as likely to report that their health is 'not good' compared with peers who provide no care. Young carers aged 16-18 are also twice as likely as their peers to be NEET.

According to the latest Population Census data, there are over 3,500 young carers providing unpaid care in Warwickshire (**Table 5**). The number of young carers known to the Young Carer Project in Warwickshire was 924 for under 18 year old carers and 113 for young adult carers (18-25 years).

**Table 5.** Numbers and % of young people providing unpaid care in Warwickshire by number of hours of care provided per week.

| Total nr. providing some unpaid care | % of total population aged 0-24 providing unpaid care | 1-19 hours per week | % providing 1-19 hours per week | 20-49 hours per week | % providing 20-49 hours per week | 50+ hours per week | % providing 50+ hours per week |
|--------------------------------------|---|---------------------|---------------------------------|----------------------|----------------------------------|--------------------|--------------------------------|
| 3,589                                | 2.3   | 2,761               | 76.9                            | 435                  | 12.1                             | 393                | 14.2                           |

Source: Population Census 2011

The Young Carer Project data for 'known cared-for' puts 53% of young carers caring for adults (**Table 6**).

**Table 6.** 'Cared-for' individuals' characteristics that are known to the Young Carer Project.

|  | Adult cared-for | Child cared-for | Total known cared-for |
|--|-----------------|-----------------|-----------------------|
| Physical disability or illness   | 257             | 140             | 397                   |
| Learning disability  | 9               | 152             | 161                   |
| Mental health issue  | 87              | 36              | 123                   |
| Alcohol or substance misuse  | 18              | 2               | 20                    |
| Total number of individuals cared-for by a young carer where characteristics are known | 371             | 330             | 701                   |

Source: WYCP Performance Report 2012-2013

Many young carers nationally come from hidden and marginalised groups, including children caring for family members with mental illness or a substance dependency.<sup>79</sup>

<sup>78</sup> Persistent Absence data 2011-12 covering 5 half terms, Business and Commissioning Intelligence, Strategic Commissioning, People Group, Warwickshire County Council

<sup>79</sup> Children's Society, Hidden from View: the experiences of young carers in England.



## **Children and young people, who are not in education, employment or training (NEET) and children and young people engaging in or at increased risk of engaging in risk-taking behaviour**

3.6% (660) young people aged 16-19 years in Warwickshire who were not in education, employment or training (NEET) in 2012/13. The numbers of NEETs are not uniform across the county, with higher numbers and percentages in North Warwickshire 4.1% (82 young people) and Nuneaton and Bedworth 4.6% (224 young people). There are a range of issues associated with young people in the NEET category including drug dependency and teenage pregnancy.<sup>80</sup>

## **Children and young people in contact with Youth Justice System**

In 2011-2012, for every 100,000 10-17 year olds in the population of Warwickshire, 514 received their first reprimand, warning or conviction. This is lower than the national average of 712 per 100,000.<sup>81</sup> Nuneaton and Bedworth has the highest proportion of 10-17 young people offending, while Stratford-on-Avon has the lowest proportion.<sup>82</sup> Many children and young people who come into contact with the Youth Justice System have health and social care needs which go unrecognised and unmet. They have higher levels of problem drinking, use of illegal drugs and use of volatile substances. These increase the risk of young people committing an offence as well as having a detrimental effect on their general health and well-being. Evidence has been found of a higher engagement in crime by male children of adolescent mothers. National estimates also suggest that around 39% of young women under the age of 21 in prison are mothers, and 25% of young men are fathers. It is estimated that 25 to 30% of children and young people in the Youth Justice System have learning disabilities, and that this increases to 50% of those in custody. Self-harm is an issue of concern in relation to children and young people in the Youth Justice System, particularly those in the secure estate. Nationally, there is a particularly high incidence of depression and self-harm among young women in custody.<sup>83</sup>

# **SCHOOL NURSING SERVICE REVIEW**

## **National policy and evidence**

In England, school nurses are identified as key public health professionals in supporting children and young people in the developing years to have the best possible health and education outcomes. They are expected to lead, coordinate and provide services to deliver the Healthy Child Programme (HCP) to the 5–19 years population. School nurses are seen as critical in supporting the care of children with complex needs, long-term conditions and disability in schools; promoting health-promoting behaviours

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<sup>80</sup> Quality of Life Report 2013/2014. Warwickshire Observatory 2013.

<sup>81</sup> ChiMat Youth Justice Needs Assessment  
<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=28&geoTypeld=4>

<sup>82</sup> Children and mental health services assessment for Warwickshire 2013

<sup>83</sup> ChiMat Youth Justice Needs Assessment  
<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=28&geoTypeld=4>

including healthy eating and healthy weight initiatives; and enabling schools to enhance the mental health and emotional wellbeing of their students.<sup>84</sup>

While not all school-aged children attend school regularly, the amount of time most children spend in a school setting provides a large window of access to this population.

Responding to local need, the school nursing service should work with other professionals to support schools in developing health reviews at school entry and key transitions, managing pupils' wellbeing, medical and long-term condition needs and developing schools as health-promoting environments.<sup>85</sup>

School nurses can also have a significant expert role to play in the delivery of PSHE, with some evidence suggesting that they are perceived by young people as offering authoritative and credible information.<sup>86</sup>

The health assessments for looked after children and young people aged 5 years and older must be undertaken annually according to the statutory Guidance on Promoting the Health and Well-being of Looked After Children.<sup>87</sup> All school-aged children identified as requiring safeguarding support should receive a holistic health assessment by a health professional who knows the child best and/ or has worked more closely with the child e.g. due to previous ongoing health needs. In many cases this will be the GP or paediatrician. If health needs are identified then there must be a case management care approach. The health assessment should be undertaken prior to the initial Child protection conference. The health professional must attend a core group and subsequent groups if there is a health problem with accompanying assessment notes. If no health needs have been identified, the health professional submits the health assessment and findings.

The evidence base relating to the impact of school nurses on the health of the school-aged population is small and relatively weak. Models for the assessment of the impact of school nursing on health outcomes and determinants of health require development.<sup>88</sup> There appears to be little in the literature that constitutes evidence for the effectiveness of the school nurse as a health promoter.<sup>89</sup> Elements that appear to have a positive contribution to the effectiveness of school health promotion include use of theory, addressing social influences, especially social norms; addressing cognitive-behavioural skills, training of facilitators (such as peers) and including multiple components. Other elements that may be effective include parent involvement and a larger number of sessions, specific behavioural focus, addressing determinants and interactive methods. Knowledge-only approach

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<sup>84</sup> Getting it right for children, young people and families - Maximising the contribution of the school nursing team: Vision and Call to Action. Department of Health, 2012

<sup>85</sup> Healthy Lives Healthy People: Our Strategy for Public Health England Nov 2010

<sup>86</sup> Crouch V, Chalmers H. The role of the school nurse. In: Aggleton P, Dennison C, Warwick I, editors. Promoting Health and Wellbeing Through Schools. London: Routledge; 2010.

<sup>87</sup> Statutory Guidance on Promoting the Health and Well-being of Looked After Children.

<http://media.education.gov.uk/assets/files/pdf/s/promotinghealth.pdf>

<sup>88</sup> Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays. Chapter 7. Life stage: School Years.

<sup>89</sup> Wainwright P, Thomas J & Jones M. Health promotion and the role of the school nurse: a systematic review. Journal of Advanced Nursing, 2000, 32(5), 1083-1091

appears to be ineffective. The results suggest that an integrative program is feasible and could be efficient.<sup>90</sup>

## Local school nursing service

Information regarding the school nursing service was acquired from the provider (the South Warwickshire Foundation Trust), discussions with the Professional Lead for School Nursing and other school nursing staff, observations of school nursing practice, the results of the past audits and evaluations of the service by the Professional Lead and the Healthy Child Programme Audit (see **Appendix 2** for summary findings from the audit) completed in December 2013.

There are a total of 58 school nursing staff in Warwickshire: 3 Band 7 clinical leaders, 3 Band 7 practice teachers, 18 Band 6 school nurses, 9 Band 5 community staff nurses, 4 Band 4 primary years advisors, 14 Band 3 school health assistants (including two hearing screeners for the county) and 7 Band 2 health care support workers delivering 40.51 whole time equivalents (wte) of service (**Table 7**). The budget for 2013/14 was nearly £2.2 million (including special schools). The budget currently excludes 5 Change4Life advisors (band 3, not included in the above figures) as they are funded separately. With a pupil (5-16) population of 69,584 (in State funded schools according to the Winter School Census 2013), the expenditure is equivalent to £31 per pupil (£29 per pupil in the 5-19 age group).

**Table 7.** Numbers of wte school nursing staff across Warwickshire and number of staff per 1,000 children (November 2013)

|  | North (North Warwickshire, Nuneaton and Bedworth) | East (Rugby) | South (Stratford-on-Avon and Warwick) | Warwickshire Total |
|--|---|--------------|---------------------------------------|--------------------|
| wte band 7 (6 employees)                           | 1   | 1.71         | 2.4                                   | 5.11               |
| wte band 6 (18 employees)                          | 5.25  | 2.27         | 5.06                                  | 12.58              |
| wte band 5 (9 employees)                           | 5.21  | 0            | 2.3                                   | 7.51               |
| <b>wte nurses total (33 employees)</b>             | <b>11.46</b>                                      | <b>3.98</b>  | <b>9.76</b>                           | <b>25.2</b>        |
| <b>wte band 2-4 total (25 employees)</b>           | <b>8.08</b>                                       | <b>2.1</b>   | <b>5.13</b>                           | <b>15.31</b>       |
| <b>total wte (58 employees)</b>                    | <b>19.54</b>                                      | <b>6.08</b>  | <b>14.89</b>                          | <b>40.51</b>       |
| No of pupils in state funded schools (5-16)        | 25,276  | 13,142       | 31,166                                | 69,584             |
| <b>Total wte bands 5-7 per 1,000 pupils (5-16)</b> | <b>0.45</b>                                       | <b>0.30</b>  | <b>0.31</b>                           | <b>0.36</b>        |
| <b>Total wte bands 2-4 per 1,000 pupils (5-16)</b> | <b>0.32</b>                                       | <b>0.16</b>  | <b>0.16</b>                           | <b>0.22</b>        |
| <b>Total wte all bands per 1,000 pupils (5-16)</b> | <b>0.77</b>                                       | <b>0.46</b>  | <b>0.48</b>                           | <b>0.58</b>        |

<sup>90</sup> Peters LWH, Kok G, Ten Dam GTM, Buijs GJ and Paulussen TGWM. Effective elements of school health promotion across behavioral domains: a systematic review of reviews. BMC Public Health 2009, 9:182

|  |             |             |             |             |
|--|-------------|-------------|-------------|-------------|
| No of pupils in state funded schools (all ages, but excluding those in FE) | 26,349      | 14,094      | 34,120      | 74,563      |
| <b>Total wte per 1,000 pupils (all ages, but excluding those in FE)</b>    | <b>0.74</b> | <b>0.43</b> | <b>0.44</b> | <b>0.54</b> |
| No of CYP aged 5-19 residing in Warwickshire                               | 32,648      | 18,098      | 41,364      | 92,110      |
| <b>Total wte per 1,000 children aged 5-19 residing in Warwickshire</b>     | <b>0.60</b> | <b>0.34</b> | <b>0.36</b> | <b>0.44</b> |

Sources: School Health Team, South Warwickshire NHS Foundation Trust, Warwickshire County Council

More wte staff work in the North than in Rugby and in the South (**Table 8**), which is the area of the greatest health need. However, this is also the area where there are two unfilled vacancies. In the North, there are 1,671 resident CYP (aged 5-19) per 1 member of staff, compared with 2,977 in the East, and 2,778 in the South. There are 2,206 pupils aged 5-16 per 1 school nurse attending state funded schools in the North, compared with 3,302 pupils in the East and 3,193 pupils in the South.

In the North of the county special schools (total of 522 pupils) form part of the band 5 caseload (two band 5 staff have mainstream schools and one or two special schools between them). In the South (including Rugby, total of 566 pupils) special schools are covered by two band 6 nurses, 1 band 5 nurse and 1 band 3 school health assistant (total of 2.04 wte).

A very limited service is currently provided to 17-19 year olds in the county. 17-19 year olds in the sixth forms attached to the senior school have access to drop-in sessions held within secondary schools.

There is a named nurse for every school, including independent schools (although the school nursing service does not cover independent schools). Most independent schools pay for their own nurses. There are schools that do not have their own school nurses (e.g. no nurse in a charity school with severe behaviour problems). Very few of the independent schools have approached the school nursing service for staff training.

The school nursing service in Warwickshire currently has a clinical focus. For example, in the special schools, the school nurses lead on the health plans of children where there may be a need for an emergency medication and deliver sessions to the school staff how to administer medication. A considerable proportion of the time is spent dealing with incontinence problems in school-aged children providing Tier 1 service as well as running regular enuresis clinics. A considerable proportion of time is also spent on dealing with children with safeguarding concerns, although the results of the audit show that not all staff have completed/ or are up to date with the appropriate level of the safeguarding training. No data are collected on the number of child protection cases dealt by school nurses by Borough/ District, but limited evidence from several diaries suggest that nurses may be taking part in a child protection meeting/ conference almost every day, which would equal to each child protection case followed up every month regardless of need. Nevertheless, according to the

results of the audit by the professional lead, only one third of children have their health assessments completed prior to the initial conference.

Action plans for the activities to be delivered in the school are usually agreed at the start of the school year based on discussion with teachers, but are not specifically based on the analysis of the local data. E.g. sexual health and contraception activities in secondary schools predominantly take place in the South with very low number of such activities in the North. Smoking prevention work also concentrates predominantly in the South. A major proportion of classroom based activities is delivered in primary schools and is focused around medicine safety, and hand washing. There are no documented classroom/ school based health promotion activities on mental health and wellbeing or physical activity. Work with school staff appears to be limited to training around anaphylaxis, asthma and epilepsy.

Health assessment and review questionnaires are sent to the parents of children at reception age and Year 6, but until now no data have been collected on how many questionnaires were returned and how many children needed a follow-up and were followed up. Children who are home schooled do not receive health assessment questionnaires. School nurses are not involved in reviewing vision and hearing screening data and increasing the uptake of screening. They are also not systematically identifying and following up children with incomplete immunisations, apart from children who are looked after.

The service offers weekly drop-in sessions in the majority of secondary schools and monthly sessions in some primary schools but no information is collected on how many of these clinics actually took place, and effectiveness of these. The location and timing of the drop-ins is not very flexible. All drop-ins are offered in schools apart from the contraception and sexual health advice and these take place only in the South. Advice to pupils is provided face-to-face. According to the senior school pupils' survey conducted by the school nursing service, the majority, 71% (140/197) of those who responded prefer to communicate with the school nurse this way. Texting, however, was indicated as the next preferred method (12%), followed by e-mail (8%), phone (5%) and other methods, including social networking. 26% of pupils said that they did not know how to access their school nurse. 81% were happy about the place where they could see the school nurse, but 19% were not. School was the preferred place where to see the school nurse for the majority of pupils, but for 14% (15/103) of those who named the preferred place, the preferred setting was outside the school (e.g. a clinic or a youth club).

82% of all contacts with the school nursing service (including during drop-ins) appear to be for other reasons than the advice on the main public health issues. This may be partly due to record keeping and coding issues. Based on the health needs assessment of the school-aged children, there are many more children that would fall within the Universal Plus category due to such needs as obesity, mental health issues, sexual health advice and substance misuse than in the Universal Partnership Plus, but this is not reflected in the figures obtained from the audit.

No data is collected on the number of different groups of vulnerable children that the school nursing service is in contact with, and no information is recording regarding the outcomes of the interventions provided. The proportion of Looked after Children who have their annual health assessment is lower than the national average. There is a difference across Warwickshire, with particularly low % of annual health assessments in Stratford-on-Avon and Warwick Districts.

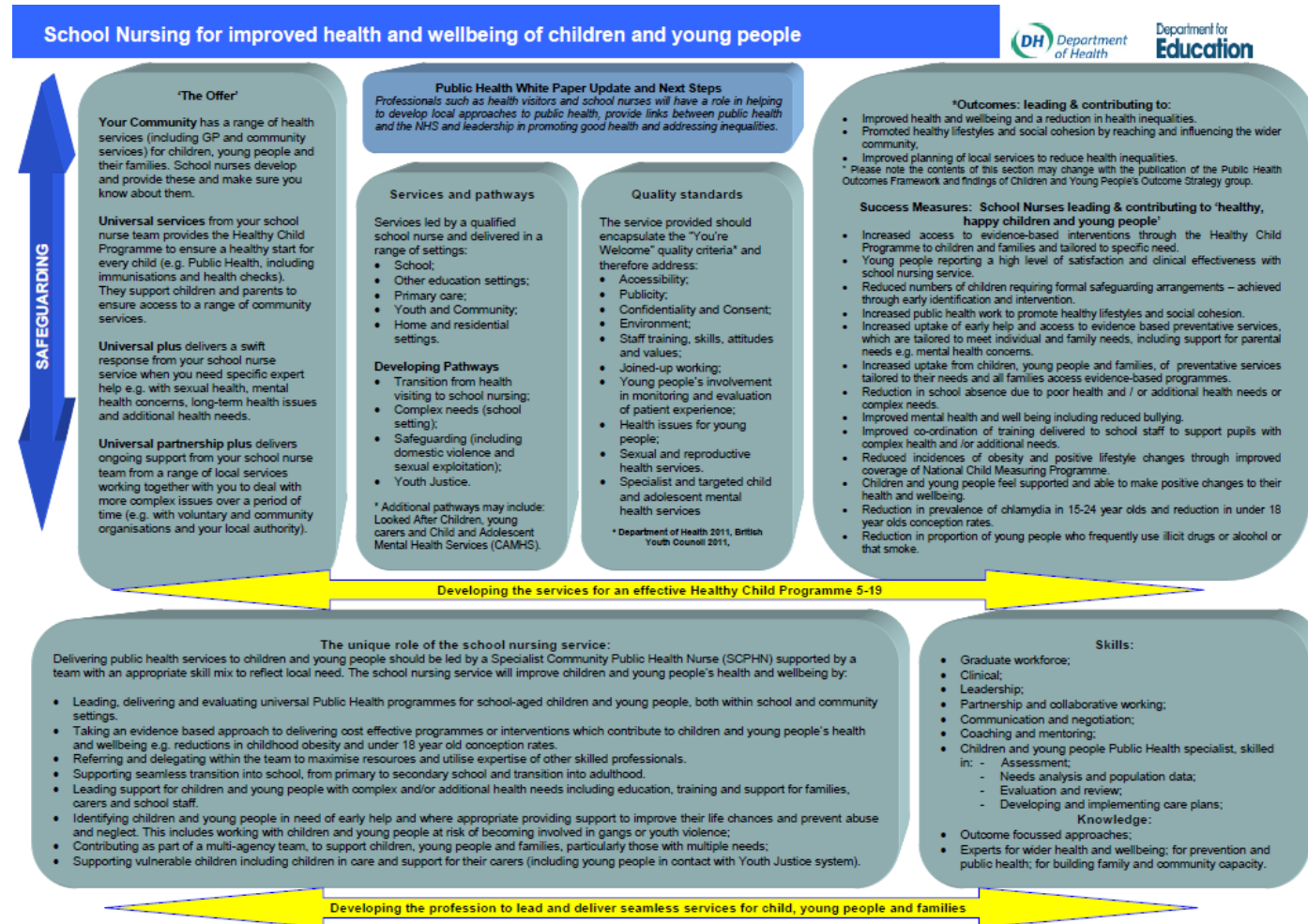
## RECOMMENDATIONS

- The school nursing service needs to have a stronger public health focus to improve the health and wellbeing of school-aged children and young people in Warwickshire.
- Since currently a large proportion of time is taken up by safeguarding work, the responsibilities regarding safeguarding should be clarified in the new service specification, discussed and agreed at the board level, and integrated in the local safeguarding protocols.
- In order to reduce the health inequalities between different groups of children and geographical areas, the health promotion activities and interventions delivered by the school nursing team should be based on the identified up-to-date health needs of the school-age population taking into account the disparities and priorities in different parts of the county.
- The service should link with the Public Health Commissioner to gain up-to-date information on local health profiles.
- The name of the service should be changed to the Health Improvement Service for School-Aged Children or similar to reflect the skill-mix and the breadth of the service.
- Taking into account the feedback from the users, the service should offer more flexibility in terms of how the service can be contacted, means of communication, location and timing of appointments/ advice sessions to meet the local needs, and be provided across the year.
- The service should work across individual schools and community and be available to all school-aged children and young people living in Warwickshire, not only those who attend school.
- The service should be extended to include 17-19 year olds.
- More attention needs to be given to data collection on activities of the school health team. The activity and outcomes measures in the service specification need to be strengthened. Such data will inform any future service evaluation and commissioning of the service.
- It should be considered how the uptake of health assessments/ reviews at reception age and year 6/7 could be increased. Children who are home schooled should also receive a health assessment. Any tool used/ developed/ introduced should reflect the requirements of the Healthy Child Programme and help to identify children with additional needs. Working together with health visitors and schools to avoid duplication in other assessments is required. It should also be considered how the data collected as part of the health assessments/ reviews could be collated and analysed further, as it is potentially a rich source of data on the health of all school –aged children across Warwickshire.

- It should be ensured that the activities delivered by the service are based on the latest evidence base and that robust evaluation process is in place to evaluate the effectiveness of the interventions.
- The Healthy Child Programme Audit should be repeated in November 2014 to check that the recommendations from the 2013 audit have been implemented.
- The collaboration between different services needs to be improved including transition between health visiting and school nursing and the transition into adulthood.
- The provider needs to ensure that all staff have been trained to the appropriate level, and up-to-date with the training including in safeguarding, Making Every Contact Count (MECC), behaviour change, have a supervision and training and development plan and annual appraisal.
- School nursing staff engagement in the service audits should be increased to ensure ownership and continuous service improvement.

# APPENDIX 1

## The School nursing vision and model





## **APPENDIX 2**

### **Summary findings from the Healthy Child Programme audit**

The Healthy Child Programme (5-19) audit was undertaken in November-December 2013. The proforma for the audit was designed to inform the Strategic Commissioning Review. The indicators were structured using the model described in the Department of Health 2012 service vision for school nursing "Getting it right for children, young people and families. Maximising the contribution of the school nursing team: vision and call to action". The results of the audit were presented for the whole of Warwickshire providing data for the last year and separately for the North, East and South of the county. The Audit form was completed by the Warwickshire's professional Lead for school nursing. The professional Lead also provided verbal further clarification on data and information submitted.

#### **Service overview**

- Children, young people and family services (South Warwickshire Foundation Trust) which includes the school nursing service have a shared vision.
- Schools have partnership agreements with the school nursing service. These do not include school health/ locality profiles, and the action/health improvement plans are not necessarily based on the identified needs of the local population.
- User satisfaction has been measured in a number of ways over the last few years (e.g. survey of senior school pupils attending school drop-in clinics, the survey of teachers regarding partnership agreements). The school nurses do evaluations of the health education sessions delivered in schools, but the results are kept locally. Health days are also evaluated and answers are usually excellent or good.
- "You're Welcome" self-review tool is used to assess if the service is young people friendly.
- Not all school nursing staff are up-to-date with the appropriate level of safeguarding training. There is variation between school nursing staff in the North, East and South, with lower % of staff up-to-date with the relevant level of safeguarding training in the South.
- Whole team has signed up to MECC (Making Every Contact Count), but there is no information collected on how many have actually completed the training.
- All staff in the East have training needs identified in their annual appraisal, with 99% of staff in the South and 93% in the North.

#### **Care pathways/ protocols/ policies**

- School nursing service adheres to the South Warwickshire Foundation Trust's policies for child protection and domestic abuse (SWH-00511).
- School nursing service follows the Trust's and National guidelines for LAC.

- Health visiting standard is used for transition from health visiting to school nursing services for vulnerable children and those with complex needs. There is no specific pathway for transition of vulnerable children to adult services.
- There is no local pathway for young carers. Two school nurses will attend national training in March 2014 to become young carer champions.
- School nursing service follows the referral pathways to CAMHS. There is a single point of entry and self-harm guidelines.
- For sexual health and termination of pregnancy, the school nurse team follows the joint agency pathway that was developed by Respect Yourself.
- For drug and alcohol misuse, the service follows Compass strategy and referral.
- For smoking cessation, the school nursing service follows the Heart Foundation pathway.
- Regarding weight management of children and families, school nurses follow up underweight children identified by the NCMP and the rest of the years.
- There is a standard in place for children moving into area from another county/country.
- School nursing staff follow A&E standard for contact (there are criteria for contact following A&E attendance and professional judgement is used).
- Letters and leaflets are given to WCC service responsible for children who do not attend school but are eligible for school place (there are approximately 147 of home-schooled children in the county). These letters are sent once when the WCC team has the first contact with the family. The school nursing team does not have access to the details of the children and do not do health and development assessment at the reception age and Year 6 for these children. If there are problems in children who do not attend school, the problems are picked up ad hoc, e.g. via A&E reports.
- School nursing staff follow the national/local directive for priority families.

## **Community/ Universal Service**

- In the past year, the majority classroom based sessions covered puberty (for both years 5 and 6 with the highest number of sessions in the South) and drug/ alcohol safety/ medicine safety (with the highest numbers delivered in the North of the county. Most of these sessions were on medicine safety for primary school children Year 1-2).
- There were also over 100 classroom based sessions on healthy eating/ lunchboxes (with majority of sessions in the North). In 18 schools (mostly in Rugby) there were also whole school assemblies on healthy eating. There were also over 100 classroom based sessions on dental health (half in the North and half in the East with none in the South) and hand washing (sessions in primary schools, e.g. on hand washing, are usually delivered by the support staff).
- There were 89 classroom based sessions on hygiene, with the majority of sessions in the North. 12 schools had a whole school event (assemblies) on head lice.

- Other topics covered in the classroom based sessions were contraception and STIs (with majority sessions in the South). 15 schools (had smoking health days) and there were also 62 smoking stands (with the majority of these in the South).
- Several classroom based sessions were delivered on testicular cancer and cervical cancer (HPV immunisation).
- Seven schools (all in the North) had a sun safety whole school event. There was one Safety Town event over 3 days covering 24 schools children in the North and 14 schools also had general safety events (with the majority of the events in the North).
- Parents' events were attended by the school nursing service only in 32 schools, and the majority of the schools were in the South.
- There were no documented activities on mental health and wellbeing specifically, and sessions/ events on increasing physical activity.
- Training for teachers covered anaphylaxis (119 schools, with 70 schools in the South), asthma (52 schools with 24 schools in the South), and epilepsy (34 schools).
- Parents of children at school entry and school transition (Year 6) are sent health assessment questionnaires by the Child Health Department, but information on how many were returned, needed follow-up and were followed-up was not collected last year.
- The Child Health Department holds information on vision and hearing screening at school entry, but these data are not accessed by the school nursing team.
- The service estimates that there were over 900 drop-in advice over the last academic year offered in secondary schools, with the highest number of sessions in the North. No information, however, is collected systematically regarding the number of sessions actually held. All these drop-ins were in schools and usually during lunch times. Apart from these, there were also 399 sessions offered only in the South outside the school setting ("the Base" on contraception/sexual health).
- Fewer than 65% of senior schools had weekly drop-in sessions, with the proportion of schools who offered weekly drop-in sessions lower in the South. The average session usually lasted for 3/4 hour and the estimated average number of pupils seen per session is three.
- Drop-in sessions were also offered in 16 primary schools (15 of these were in the North). These drop-ins were usually held monthly. Two of the special schools offered drop-in sessions.
- There were nearly 41,000 contacts with the school nursing service from April to November 2013 recorded on CPAS the system used by the provider. 8% of these contacts were to provide one-to-one mental health & wellbeing advice. 6% of contacts were to provide smoking advice. 2% of contacts were to offer parenting advice, 1% of contacts on healthy eating, physical activity and healthy weight issues, and 1% contacts regarding substance misuse, including alcohol. All other 34,000 contacts (nearly 83%) appear to be for other reasons. It should be noted that there is an issue regarding coding of school nursing activities.
- From April 2012 to October 2013, 139 young people had signed up to quit smoking. The majority of pupils who had quit at four weeks, were in the South.

- School nursing service does not provide advice to years 12,13/ Sixth form unless the Sixth form is attached to the senior school and young people come to the drop-in at school. The exception is the “Base” project (contraception and sexual health advice) accessible by the Sixth Form students in the South.

### **Universal Plus/ Universal Partnership Plus Service**

- The school nursing team provides Universal Plus/ Universal Partnership Plus Service, but no information is specifically collected on the number of different groups of at-risk/ vulnerable children the school nursing team is in contact with and how many are receiving ongoing support.
- 24 enuresis clinics (each lasting about three hours) are held per month, with half of these in the North.
- The school nursing service does not collect information on how many children are identified and referred further because of incomplete immunisations, not registered with a GP or a dentist.
- Only 76% of all LAC have an annual health assessment, with only 69% of children in Stratford-on-Avon and 68% of children in Warwick District having an annual health assessment.
- There are 553 children and young people with CAF where a school nurse is involved, with the highest number in the South (197), followed by North (191) and East (165).
- Over the last year, school nurses had written 465 health care plans for children with long-term medical conditions/ disabilities. The majority of these are thought to be on anaphylaxis, asthma and epilepsy.
- Analysis of several school nurse diaries based in the North suggests that each school nurse takes part in 18.9 child protection conferences/ meetings per month (i.e. on average each nurse would take part in one meeting/ conference per day). No information is collected centrally on the child protection cases dealt per nurse. If the nurses were involved in all child protection cases, each nurse on average would have a caseload of 19 children. If they each had taken part in 18.9 child protection meetings a month, then it would mean that on average they would have taken part in one meeting for every case monthly.