North Yorkshire Children's Trust

BOARD MEETING

Wednesday 28th September 2016

12:45 for **13:00** CYPS Conference Room, County Hall

Time		Item		Young and Yorkshire Priority
13:00	1.	**Apologies**		
	2.	**Minutes of a meeting held on 8th June 2016**	**Encl.1**	
	3.	**Matters Arising**		
13:15	4.	**SEND Inspection Outcome (Jane le Sage)**	**Verbal**	**All**
13:30	5.	**Youth Justice (Lisa Gregoire - Parker)** • **Youth Justice Strategic update** • **Youth Justice National review and the implications for North Yorkshire**	**Encl.2**	**All**
13:50	6.	**Progress Against the Plan** • **Q1 Young and Yorkshire Performance Report** • **Proposed Revised Year 3 Targets** • **New Children and Young Peoples Plan – Progress update** • **Bringing the plan to life - Strengthening strategic alignment**	 **Encl.3** **Encl.4** **PowerPoint** **PowerPoint**	**All**
14:20		**Tea Break**		
14:30	7.	**Priority outcome update – Ensuring a healthy Start to Life (Rick Geer)**	**Encl.5 and PowerPoint**	**Priority Three**
15:00	8.	**Supporting outcome updates** • **Children feel safe and are safe – Safer Roads, Healthier Places (Fiona Ancell)** • **Fewer young people engage in risk taking behaviours - Young people's sexual health in North Yorkshire (Carly Walker)**	 **Encl. 6** **Encl. 7**	**Priority Three**
15:30	9.	**Future in Mind – Transformation Plans Refresh (Victoria Pilkington)**	**Encl. 8**	**Priority Three**
15:40	10.	**Forward Plan (incl. proposed 2017 meeting dates)**	**Encl. 9**	
15:45	11.	**Any Other Business –** **York University Impact Accelerator Account**		

***For Information Only:** CSSG Update, Vulnerability Checklist and Stronger Communities Quarter One Update*

Priority One	Ensuring Education is Our Greatest Liberator
Priority Two	Helping All Children Enjoy A Happy Family Life
Priority Three	Ensuring a Healthy Start to Life

North Yorkshire Children's Trust

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

Minutes of a meeting held on 8 June 2016

PRESENT:

BOARD MEMBERS:

Pete Dwyer (Chair)	Corporate Director – Children & Young People's Service (NYCC)
Carolyn Bird	Assistant Director, Strategy & Commissioning (NYCC CYPS)
Det Supt Nigel Costello	North Yorkshire Police
Professor Nick Frost	Independent Chair, North Yorkshire Local Safeguarding Children Board
Jayne Hill	Head of Children, Young People & Maternity, CCG Partnership Commissioning Unit
Stuart Mason	Headteacher, Thirsk School & Sixth Form College
Katie Needham	Consultant in Public Health (NYCC Public Health)
Helen Seth	NYPACT
David Sharp	Chief Executive, North Yorkshire Youth

OTHERS IN ATTENDANCE:

Steve Evans	Head of Performance & Intelligence (NYCC CYPS)
Laila Fish	Senior Commissioning Specialist, Senior Commissioning Specialist Children and Young People (incl Maternity). CCG Partnership Commissioning Unit
Jane le Sage	Assistant Director, Inclusion (NYCC CYPS)
Emma Hubert	Strategic Analyst (NYCC CYPS)
Alison Mayfield	Deputy Chief Nurse, HDFT (sub for Jill Foster)
Gemma Mann	Health Improvement Manager (NYCC HAS)
Stephen Miller	Public Health Intelligence Analyst (NYCC HAS)
Louise Rideout	Tactical Analyst (NYCC CYPS)
Heather Stuart	Student Health Visitor (Observer)
Marion Sadler	Business Support Manager (Notes)
Emma Thomas	Commissioning Manager, Children's Health Outcomes (NYCC CYPS)

		ACTION
1.0	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Cllr Janet Sanderson, Judith Hay, Angela North, Mychelle Taylor and Jill Foster.	
2.0	**BOARD REPRESENTATION** There were no changes to Board representation to note.	
3.0	**NOTES OF LAST MEETING HELD ON 16 MARCH 2016** AGREED: as an accurate record.	

4.0	**MATTERS ARISING** The following matters arising from the notes were discussed: 4.1 Item 8 – The Chair reported that the Annual Meeting of CSSG Chairs, Director of Children's Services and Independent Chair of the LSCB was now diaried for September. 4.2 Item 8 – Feedback from Craven CSSG workshop Clarification had been provided as follows: There were concerns raised at the January round of CSSG meetings regarding what was perceived as the withdrawal of an Asian community from services in the Ings Primary School area. The situation, highlighted through the Prevention Service, related to a high profile media case regarding the abuse of an Asian woman which resulted in the prosecution of an offender and following which there had been a number of instances where Asian girls had been removed from school PE activities on the grounds of religion, increased instances of elected home education and withdrawal of a group of Asian women from community events. As a result there was concern that while the numbers concerned were small, there was a withdrawal from services by the Asian community. Further investigation by community cohesion workers has provided sufficient reassurance that this was not the case and, following challenge from schools it is reported that the situation is now resolved although where children are being electively home educated this has continued.	
5.0	**HEALTHY START TO LIFE EVENT – FEEDBACK AND OUTCOMES** CONSIDERED: report, presented by Carolyn Bird, summarising feedback and outcomes from the health workshop held on 25 April 2016. Key themes and actions arising from the workshop were discussed and colleagues' input to this work was invited. It was reported that there was active involvement with Universities in Newcastle and York on engagement with young people via social media and work with District Councils. Katie Needham congratulated colleagues on an excellent event which engaged a wide range of agencies. There was a need to reflect and consider work to be taken forward into the new Children and Young People's Plan and within current commissioning and strategic planning activity. There remained a need for stronger engagement from the school community in improving children's outcomes further.	
6.0	**UNINTENTIONAL & DELIBERATE INJURIES**	
	CONSIDERED: report and presentation undertaken by Gemma Mann and Stephen Miller on unintentional injuries. Performance remained a concern with levels above national and statistical neighbours (CIPFA) based on hospital admissions data and a deteriorating trend at 0-4 and 5-14. The position for 15-24 year olds was a little more positive. The following issues were discussed: • Whether there were more accidents to children in North Yorkshire or a case that accidents resulted proportionately in more A & E admissions (as an in-patient). Jayne Hill clarified that as these were in-patient admissions, these injuries must have been of such a threshold that	

	they would have resulted in admission even if first point of contact were via primary care providers. • clarification that data related only to North Yorkshire children no matter where they were treated and not to non-North Yorkshire residents treated in North Yorkshire. • Wider contextual discussion about access to medical treatment out of GP surgery hours resulting in greater demand on A&E. • Opportunities to progress key areas for action via links to work being taken forward under Future in Mind particularly for secondary aged children and via other formal Partnerships such as 95 Alive Partnership. • Actions to date included work to develop a 0-19 pathway, toolkit and joint communication strategy, in liaison with Prevention Service and Healthy Child Programme with embedding of skills and signposting at every opportunity • Whether data showed trends in terms of gender and specific types of injury • Whether there was a possible impact of rurality and farming on increased prevalence of specific types of injuries. • Improving patient level data in relation to the Craven area. There was discussion about how the Trust and partner agencies could take forward specific areas of work through a variety of workstreams and what were the key messages to communicate via existing staff working with families. ACTION a) That the report be shared with CSSG Chairs and with CCG Transformation Board for further analysis. b) That a series of key messages for staff to use be produced.	**GM/SM**
7.0	**FUTURE IN MIND**	
	CONSIDERED: report, presented by Laila Fish, providing an update on progress made to date in terms of implementation of the FiM transformation plan and in particular in relation to the following two strands: • enhancement of the Eating Disorders service thus reducing waiting times and through the development of a hub and spoke model across North Yorkshire. A number of specialist staff would be recruited. • Mental health support to children and young people in North Yorkshire schools. The service specification was almost finalised and would shortly go out to tender thus providing a named mental health worker co-located with Prevention Service to work in schools alongside specialist CAMHS, healthy child programme and primary care. This would enable the upskilling of school staff to enhance their work with young people and was designed to reduce the number of cases requiring escalation to more acute services. The transformation plans would be refreshed annually, commencing in October 2016, and would include engagement with young people. The Chair reminded colleagues that although mental health workers would not be sat within the Council's single multi-agency screening team, it would remain the single route for referrals for support. There was disappointment expressed that the some aspects of the Transformation Plan would not now be progressed following the decision	

	that funding would not be ringfenced nor additional funding provided. It was stressed that in the Trust's view such funding should follow clearly stated strategic priorities as set out in the Health & Wellbeing Strategy and the FiM Transformation Plan.	
8.0	**SPECIAL EDUCATIONAL NEEDS AND DISABILITIES** CONSIDERED: report, presented by Jane le Sage, providing an update on progress against key priorities in the Strategy and on the new local area inspection of SEND arrangements. Progress was reported as follows: • Refresh and further development of the "Local Offer" together with the longer term strategy linked to the Local Authority's Community Directory • Work to strengthen engagement with parents/carers via the establishment of a virtual engagement group and further groups in Scarborough and Selby based on the Ryedale Special Families Group model. • Further engagement with children and young people to draw up a strategy to future engagement • Continued need for improvement in the timeliness of statements/EHCP with the LA committing additional investment to provide additional capacity in this area of work • Delivery of the Designated Medical/Clinical Officer role • Retention of responsibility by the Disabled Children's Service until such time that their educational provision ceases and work to ensure a smooth transition to adulthood is effected • Development of a new SEND Strategy which would shortly be taken forward for consultation with stakeholders. • Preparatory work for the new SEND Inspection of local area provision around how effectively the local area identifies, assesses and meets the needs of children and young people with SEND, improves outcomes and engages them in the co-production of services. Helen Seth, on behalf of NYPACT, welcomed the ongoing work in relation to engagement with parents/carers and children and young people. There was discussion about recent media coverage of a case of a young person with mental health issues being restrained by Police elsewhere in the UK and protocols and monitoring mechanisms in place within North Yorkshire in respect of Health and Police Services.	
9.0	**WHITE PAPER IMPLICATIONS**	
	CONSIDERED: presentation by Carolyn Bird outlining the implications of the recently published Government White Paper "Educational Excellence Everywhere" and subsequent statement to the Commons. Detail of the proposed direction of travel and draft legislation was still awaited. There was concern about the position and sustainability of small schools within the educational landscape set out in the White Paper. Stuart Mason indicated that there were a number of misconceptions that Academy Heads had greater freedoms than Heads within a LA maintained school and concerns amongst Heads about the timescale for significant change. There was a feeling that many North Yorkshire Heads would wish to see the continued good relationships with the LA regardless of structural form.	

	Helen Seth reported that there were significant levels of anxiety amongst parents of children with special educational needs and disabilities about potential for them not to be welcomed within academies, for higher levels of exclusion and the reduction in parental influence in an academised system. The Chair reported on the importance of collaborative arrangements and the need for a coherent structure which meets local needs and which are inclusive of the ambitions of all children and young people. There also remained risks around increasing fragmentation of the educational system together with the possible abolition of Schools Forums and their ability to pool budgets to invest in services to be accessed by all schools across the geographic footprint.	
10.0	**RECRUITING AND RETAINING VOLUNTEERS** CONSIDERED: report presented by David Sharp (North Yorkshire Youth) providing an overview of current volunteering activity taking place across North Yorkshire specifically around youth provision. Provision was well spread across the County using over 450 volunteer youth workers (equating to around £360K worth of activity based on two hours per week per person) working with around 1000 young people and delivering a wide range of projects and activities. A network of volunteer buddies was also in place primarily working with young people previously in receipt of targeted support via the Prevention Service. David briefed Trust colleagues on the volunteering opportunities for young people locally and sought support for the production of a bid to progress a Young Person's Volunteering Project further. There was discussion about • opportunities to join up the buddies scheme with Stronger Communities and Prevention Service work. • Developing access to organised youth activities on an inclusive basis across a wider footprint • Contribution of youth activity work in improving outcomes and reducing demand on high need services • Role of Children's Trust in removing barriers and commissioning services The Chair thanked David for his work in delivering universal youth activities.	
11.0	**QUARTER 4 PERFORMANCE AGAINST YOUNG AND YORKSHIRE PRIORITIES**	
	NOTED: Steve Evans presented the quarter 4 outturn performance report setting out progress to date against the priorities and outcomes of the children and young people's plan. The overall position remained positive with improving or stable performance in 64% of the indicators where updated performance data was available. Performance was discussed as follows: • Short and long term placements remained an area for further work (priority 2) • Hospital admissions remained above national average • Significant increase in rate of children and young people admitted for mental health conditions in comparison with previous two years. Katie Needham reminded the Trust of the importance of being mindful of the impact on individual lives of young people where targets have not been	

	met or where sufficient progress has not been made. There was consensus that guidance in the setting of appropriate targets which achieve a balance of challenge and improvement.	
12.0	**YOUNG AND YORKSHIRE ANNUAL REVIEW OF PROGRESS** CONSIDERED: report, presented by Steve Evans, updating the Board on progress achieved towards delivery of the aims and priorities set out in Children and Young People's Plan. Key achievements included: • The delivery of the Scarborough Pledge and "Achievement Unlocked" • Designation as a DfE Partner in Practice (one of only eight Authorities) • National success for the No Wrong Door Innovation Programme. There was discussion about addressing those targets which remained red and how significant progress should be demonstrated alongside potentially over ambitious targets set originally. There was consensus that whilst it was right to be ambitious about targets, timescales could in some cases be more realistic and account taken of key contributory factors to successful achievement of priorities. There was agreement that opportunities to align partner agencies' priorities, to connect to other key strategies, around employment and skills for example, and a recognition of the differing needs of specific geographic areas should be taken in the new Children and Young People's Plan. Consideration could also be given to the potential to develop a "child friendly" place, increase voluntary sector involvement and to increase capacity at a local level to support work through the Children's Strategy and Safeguarding Groups to drive improvement across universal priorities.	
13.0	**FORWARD PLAN**	
	NOTED: the forward plan was noted	
14.0	**ANY OTHER BUSINESS**	
14.1	**National Review of Safeguarding Boards** Nick Frost drew the Trust's awareness to the recent publication of the Wood Review of LSCB and proposals for the three lead agencies (Children's Services, Health and Police) to determine whether there is a need for a Safeguarding Board with removal of the statutory requirement to do so. There remained a need to have coherent safeguarding arrangements with a balance of freedoms to enable this to work successfully on a local and/or regional footprint.	
14.2	**Obesity strategy** Katie Needham reported that work had begun on the production of an obesity strategy.	
14.3	**Health and Wellbeing Strategy** The Chair reported that an update on "Start Well" would be taken to the July meeting of the Health and Wellbeing Board.	

14.4	**Young People's Campaign** Carolyn Bird made reference to work with NYCC Communications Unit to deliver a campaign showing young people in a positive light and how they contribute to major issues in society today.	
14.5	**DfE Partners in Practice** The Chair reported that work to finalise NYCC's proposal was in train with a bid, including extension of the No Wrong Door methodology to care leavers and young people with Social, Emotional and Mental Health Issues, being considered by DfE in late June.	
14.6	**0-5 Healthy Child Programme** Emma Thomas reported that the contract had been awarded to Harrogate & District NHS Foundation Trust.	
14.7	**LGC Awards** The Chair reported that North Yorkshire had won the LGC Innovation of the Year Award for No Wrong Door.	
14.8	**Director of Public Health's Annual Report 2015** Katie Needham reported that the report had been judged one of the top three reports nationally and commended for its accessibility.	
14.0	**DATE OF NEXT MEETING**	
	Wednesday 28 September 2016 at 12.45 pm, County Hall, Northallerton.	

North Yorkshire Children's Trust

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

28th September 2016

Youth Justice Service Update – Service Review

1.0 Purpose of Paper

1.1 This report will provide an overview on the national and local review of Youth Justice and progress to date.

2.0 Background

2.1 Since the introduction of the first multi-agency youth offending teams in 2000 there have been significant changes to the landscape. There has been a consistent reduction nationally in young people entering the Criminal Justice System and a subsequent impact on the numbers of young people being placed into custody. Whilst numbers entering services have reduced, it is widely acknowledged and evidenced that more cases are complex, with a range of interventions being needed to support the needs and welfare of the young person whilst ensuring that victims are represented and the public remain protected. In addition to this there has been significant change within the public sector affecting the financial position of most Local authorities and thus driving efficiencies across services.

3.0 *National Review*

A national review of the Youth Justice System commenced last year and was led by Charlie Taylor. An interim report was published in February 2016.

3.1 The final report was due to be released in July 2016. Due to the changes within Government this report has been delayed. There has been no indication on when the report will be published. Once the report is published it will be reviewed and used to inform future youth justice service delivery.

3.2 *Local Review – 2020 Programme*

North Yorkshire had recognised the need for change within the Youth Justice Service based on national and local factors as above. As part of the wider 2020 programme a project was commissioned to review the Youth Justice Service. The review had the following objectives:

- To analyse and document the current Youth Justice Service
- To research and document external relevant aspects
- To consider the information collected together with the context of the internal and external environment and identify options for further development, also considering those options which would not be viable and expanding where appropriate

- Research and document what other authorities (comparators, neighbouring authorities, those accepted as delivering best practice etc.) are doing in this area of practice
- Document likely direction of travel for Youth Justice services - emergent or policy-driven – i.e. the Charlie Taylor report

3.3 *Progress to date/Next Steps*

Based on the above objectives a full evaluation of the Youth Justice Service has been completed locally and a report has been written and presented to the Youth Justice Management Board in July 2016. This evaluation report identified eight high level options; all of which explored ways in which youth justice services could be delivered going forward. The outcome of board was to pursue the option that allowed for integration within NYCC Children Services whilst also retaining youth justice specialism. Work is currently underway with the service, partners and stakeholders to work up a model that will be presented to the Youth Justice Management Board in December 2016.

3.4 Following the model being approved by the Youth Justice Management Board the formal consultation on model will commence. This will start in January 2017. This will be followed by an assimilation process. In line with HR policies, procedures and timeframes it is envisaged that the new model will be ready for implementation in July 2017.

4.0 Recommendations

The board is asked to acknowledge the contents of the report. It is recommended that an update on the progress of the Youth Justice Review comes back to the board in the summer months of 2017.

Report prepared by:

Name Lisa Gregoire-Parker
Job Title Interim Head of Service for Youth Justice
Date of Report 15.9.2016

North Yorkshire Children's Trust

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

28th September 2016

Youth Justice Service Update – Strategic Plan

1.0 Purpose of Paper

1.1 This report will provide an overview on the key priorities that are identified in the Youth Justice Strategic Plan for 2016/17. This plan is a refresh of the 2015/16 plan. This refresh is in line with the Youth Justice Boards recommendation following the delay of the National Review of the Youth Justice System Report, which has been led by Charlie Taylor.

2.0 Background

2.1 There is a statutory duty to submit a Youth Justice Plan. The Crime and Disorder Act 1998, Section 40 sets out responsibilities for the youth offending partnership to produce an annual youth justice plan.

2.2 The Youth Justice Plan must be submitted to the Youth Justice Board and published in accordance with directions of the Secretary of State.

3.0 *Key Priorities*

The key priority in 2016/17 is to develop a new service model within the constraints of the national and local austerity context. This new approach must meet the needs of young people who offend and their parent/carers, and also of victims and communities. The Youth Justice Service will be working closely with all relevant stakeholders to ensure service continuity is maintained, and that an effective, affordable new service is designed and implemented.

3.1 The Youth Justice Service will also prioritise the following during 2016/17:

- **Reduce First Time Entrants**, by working with the Police and partners to successfully divert young people from the criminal justice system at a very early stage. The emphasis is to ensure that systems are in place to assess these young people at an early stage and respond to the needs and risks that are identified.
- **Reduce re-offending**, by continuing to focus on those young people who repeatedly offend and present the highest risk. The service will continue to work with partners to address issues that are increasing the risk of reoffending and seek to use protective factors to reduce that risk. The service is working closely with the Office of the Police and Crime Commissioner to demonstrate and report on a successful model of what works for the most persistent young offenders in terms of reducing both the frequency and seriousness of reoffending. In

addition, YJS is currently working with the NYCC Business Intelligent Department to produce a live data dashboard to support the service at both a strategic and operational level.

- **Reducing Custody**, by continuing to focus on young people who are in or at risk of custody. The service will ensure that good quality systems are in place, and that staff across the services understand what they need to do whenever a young person ends up in custody. The service will also ensure that the planning for young people's release from custody is started as soon as they are sentenced.
- **Continue to Improve Practice with Victim Engagement and Restorative Justice,** by delivering restorative practice and reparation that is meaningful to victims and ensure that it is integral to the work that is undertaken by the service. The service will continuously improve on levels of victim satisfaction and engagement and will deliver services in line with the 'Code of Practice for Victims of Crime'.
- **Continue to Improve Practice Child Sexual Exploitation,** by working with partners to effectively identify and prevent incidents of Child Sexual Exploitation. To support this staff within the service will receive the required training and management oversight.

3.2 The Youth Justice Plan has been presented to the Youth Justice Management Board and has been approved.

3.3 The plan will now be sent to the Youth Justice Board in line with the required timeframe for submission.

4.0 Recommendations

The board is asked to acknowledge the contents of the report. No action required.

Report prepared by:

Name Lisa Gregoire-Parker
Job Title Interim Head of Youth Justice
Date of Report 15.09.16

Young and Yorkshire

Quarter One Performance Report for the Children's Trust Board

QUARTER ONE 2016/17
JULY 2016

Contents:

Purpose and Background:

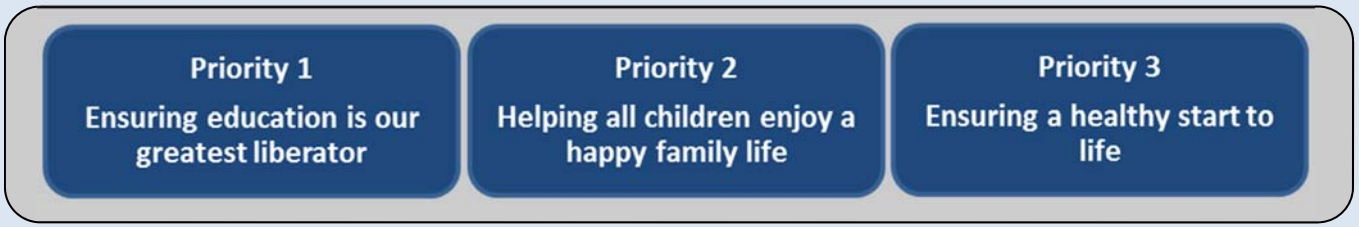
To provide the Board with an update on performance in Q1 and outturns for 2016/117 against a range of indicators from the Children and Young People's Plan "Young and Yorkshire". The arrangements to monitor progress against the priorities and supporting outcomes set out in the plan including the regular reporting of performance information to the Children's Trust Board.

This report highlights and provides reflection on progress to date and that anticipated against the indicators set out in the plan. As in previous performance reports, a full performance scorecard is included in the back of this report.

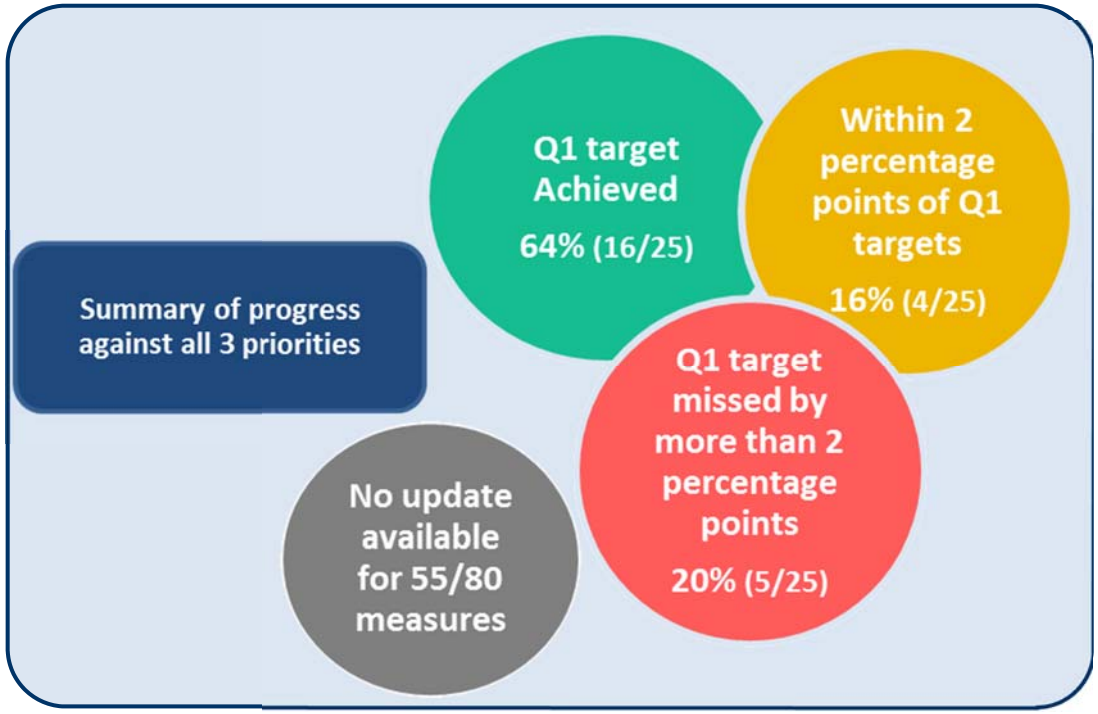
It should be noted that updated data items are not available for every performance indicator; only those measures for which new/updated information or data is available have been highlighted in this quarterly performance update. Where data is not available, these indicators are usually updated on an annual basis.

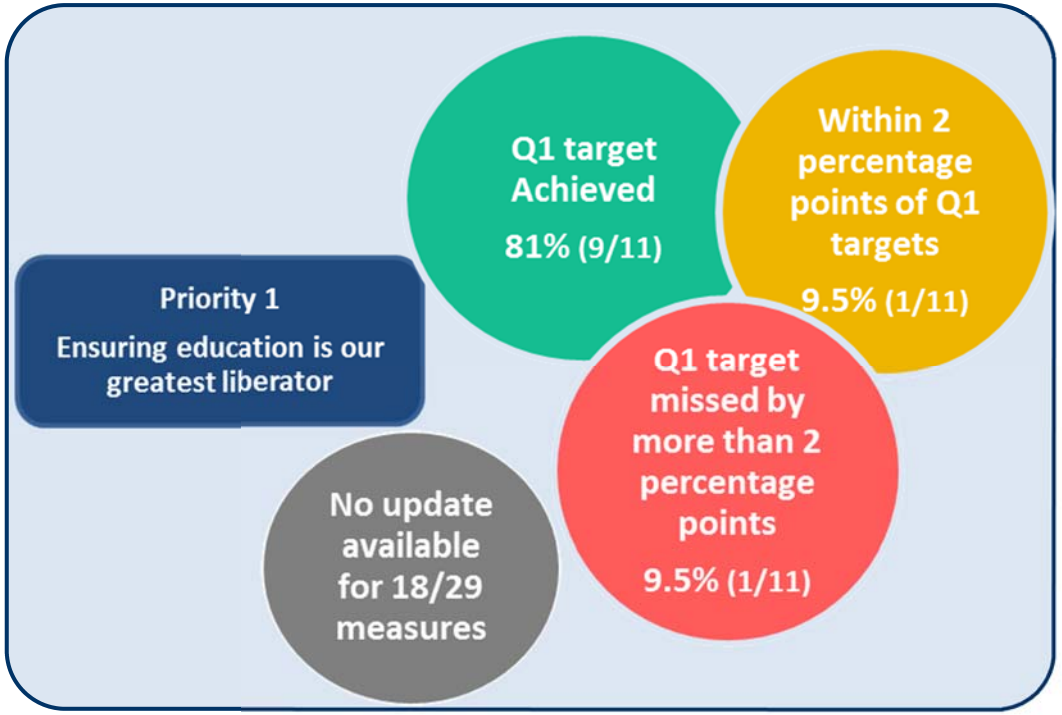
Progress against the plan:

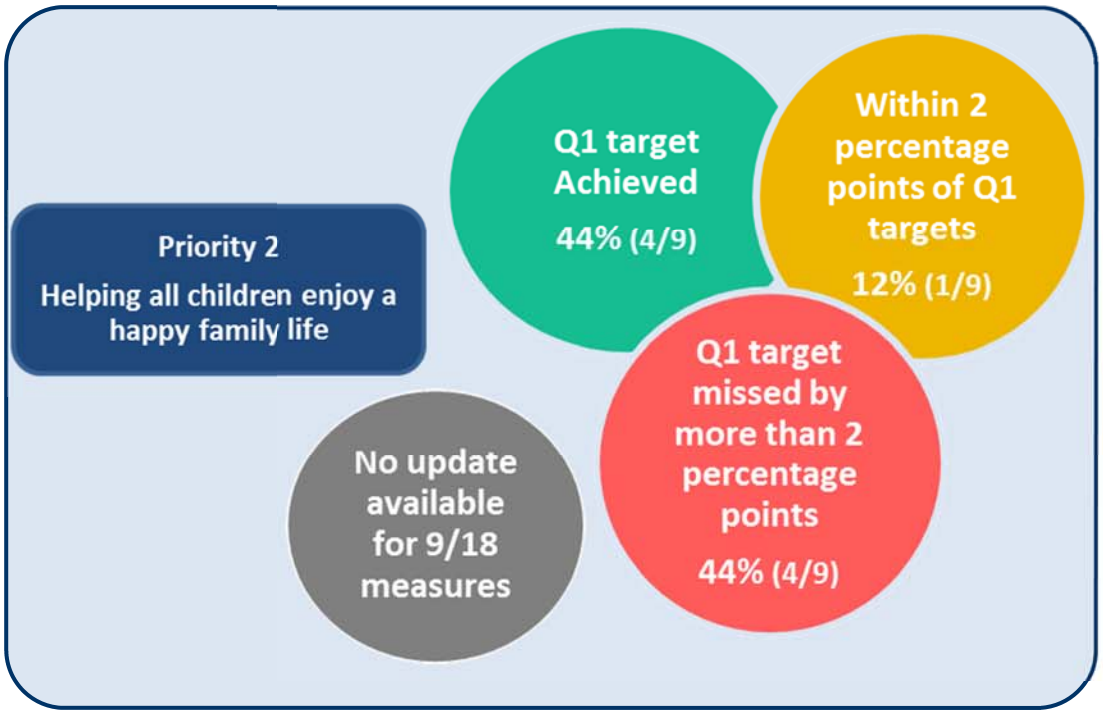
Data has been updated for 25 of the 80 indicators in Q1. Improving or at least stable performance has been observed in 80% of the indicators where updated performance data was available. In quarter 1 targets have been achieved or exceeded in 16 instances.

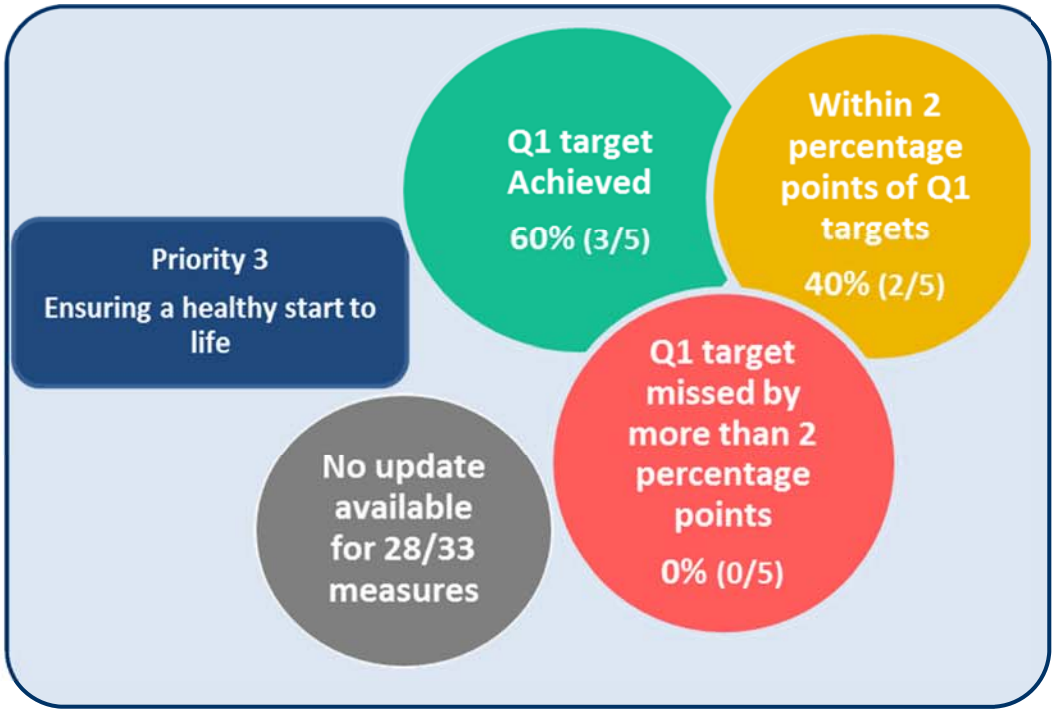


Position in Q1 2016/17 Against Targets









Priority One: Ensuring Education is our Greatest Liberator

Of note, attainment data will be available for Quarter 2 and 3.

Green Measures

1.0

The latest data from Watchsted indicates an improvement during the quarter in two of the main indicators in relation to the percentage of North Yorkshire pupils attending a school (primary or secondary) graded as good or outstanding which is currently at 89.8%. This can be broken down by Primary and Secondary school pupils:

- Percentage of pupils in good or outstanding primary schools - 91.6%
- Percentage of pupils in good or outstanding secondary schools 87.5%

The percentage of childcare and early years settings rated good or outstanding by Ofsted is currently at 97.5% in quarter one, which is already well above our end of year target of 87%. North Yorkshire is now performing above the national average in 4 of the above indicators.

1.1

For the fifth consecutive quarter the target for the percentage of secondary pupils in alternative provision being offered full time provision has been met. The current quarterly target is 100%.

1.2

The percentage of young people aged 16-19 who are not in education, employment or training (NEET) continues to decline, and is currently at 3.1%, 0.8% below target.

The percentage of SEND children aged 16-18 who are not in education, employment or training (NEET) has slightly increase from quarter four from 4.3% to 4.5% however this is still below our target of 6.6%.

1.3

Total school absence (sessions missed due to authorised and unauthorised absence)
Has slightly increased from 4.1% to 4.3% however it remains below our target of 4.65%.

The Persistent absence rate (percentage of pupils absent from more than 15% of possible sessions) has continued to decline, at the end of quarter one this was 3.22%.

1.4

The quarter one figure for the percentage of secondary school pupils with one or more fixed period of exclusion from school has reduced by half to 1.6% from 3.4% at the end of 15/16.

There has also been a reduction in the percentage of permanent exclusions (secondary school pupils as a percentage of the school register). The end of year figure for 15/16 was 0.17%, at the end of quarter one this is 0.06%.

Amber Measures

2.0

The number of young people aged 16-25 with special educational needs or disability (SEND) undertaking a personalised learning pathway has remained stable in Q1, with a total of 39.

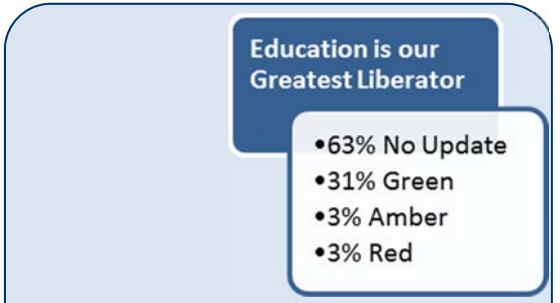
Red Measures - Areas for Development

3.0

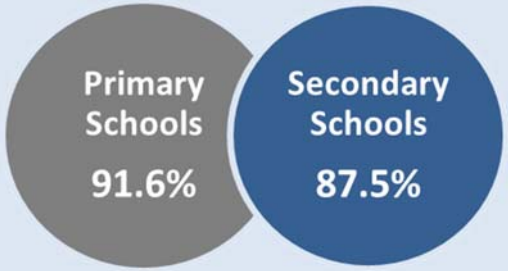
The percentage of Education Health and Care Plans issued within 20 weeks (excluding exceptions) has decreased by 9.26% to 71.74% in quarter one. North Yorkshire currently performs above the National average (59.2%) and above our statistical neighbours (51%).

There is no figure including exceptions as there weren't any this quarter, it should also be noted that the method for recording exceptions has changed.

This measures continues to be a key challenge. Requests for assessment have increased sharply over the past year. Also, further work will, continue to improve timeliness of issuing new EHCPs, assess the quality of plans and ensure that protocols to cease plans are followed and completed in a timely manner.

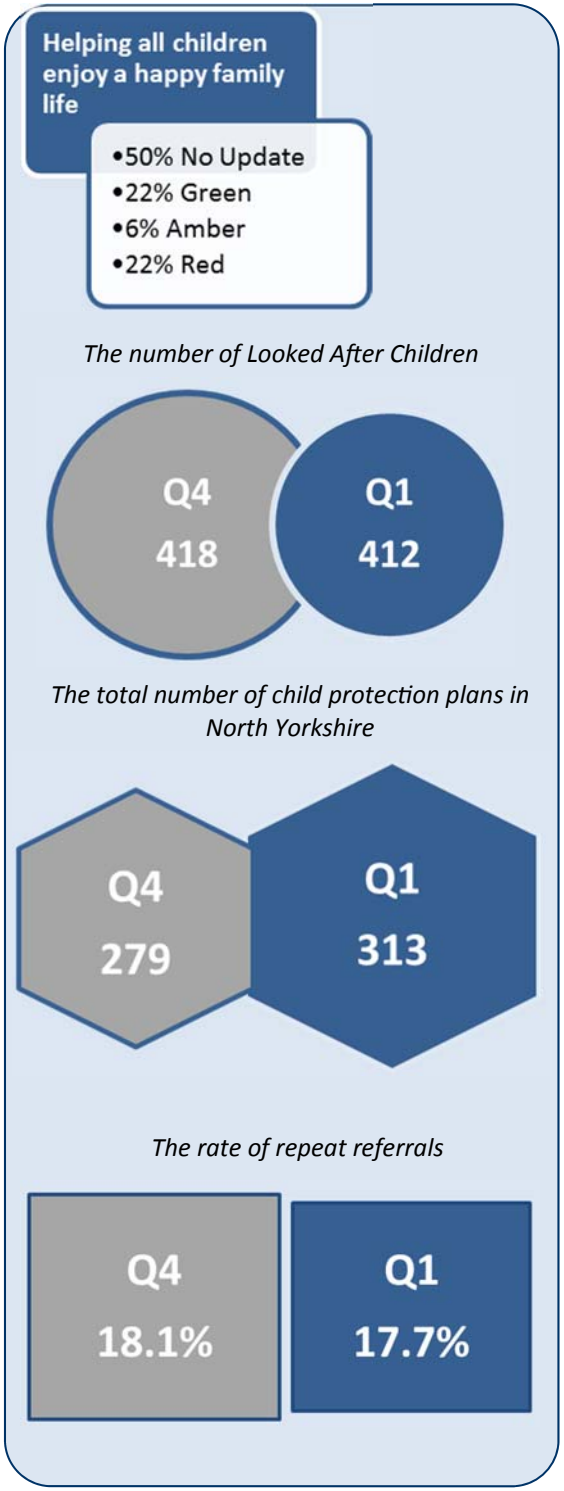


Percentage of pupils in a good or outstanding primary/secondary school



The percentage of young people aged 16-19 who are NEET

Priority Two: Helping All Children Enjoy A Happy Family Life



Green Measures

1.0

The number of referrals to Children's Social Care fell slightly in the first quarter of 2016/17, from 977 at the end of 2015/16 down to 943 this quarter – a reduction of 34 referrals from the previous reporting period which continues the general downward trend for this indicator. This general reduction reflects a change in process rather than a change in the threshold which is applied to cases becoming referrals, as the MAST processes, introduced in 2014/15, have resulted in more contacts now being transferred to the Prevention Service or being provided with information and advice where they would previously have been referred to Children's Social Care.

1.1

The number of looked after children at the end of Q1 fell for the fourth quarter in a row, down from 418 at the end of 2015/16 to just 412 at the end of the first quarter of 2016/17. North Yorkshire currently records the lowest number of looked after children for six years, which is in sharp contrast to the national trend of continued increases in the care population. The Council is now well placed to achieve its target to safely reduce the number of looked-after children to 400 by 2020, although any further decreases in the care population are likely to become increasingly challenging as the service continues to manage an increasingly complex caseload of looked after children.

1.2

Following successive quarterly decreases throughout the whole of last year, the total number of Child Protection Plans (CPP) in place in North Yorkshire at Q1 increased by 44 this quarter, from 279 at Q4 up to 313. Despite the increase, there has been an overall general trend of lowering numbers of Child Protection Plans since the middle of 2014/15. This long-term reduction is a reflection of the on-going work to strengthen service practice but case file audits will also be undertaken to further ensure safeguarding in this area.

1.3

A low rate of repeat referrals can suggest that the help children and families have received has addressed their risks and needs and ensured sustained improvements. The figure for Q1 of 17.7% repeat referrals shows a continued drop this quarter, from 18.1% in the previous quarter and suggests that more cases are being closed when positive and sustained changes have been made. This has brought North Yorkshire below the last known national rate of 24.0% and with the statistical neighbour average which stood at 18.8%.

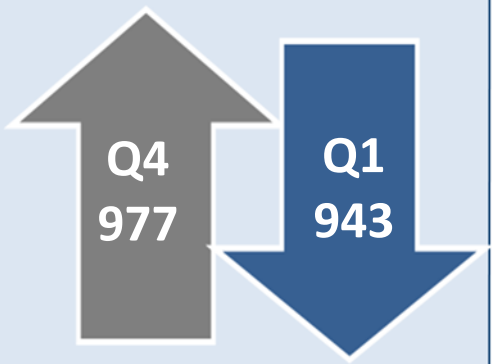
Amber Measures

2.0

At the beginning of quarter one the percentage of families turned around as a result of a developing stronger families intervention is 9.5%.

Of note, the cohort used to calculate this measures is 2700.

The number of referrals to Children's Social Care



Priority Two: Helping All Children Enjoy A Happy Family Life

Red Measures - Areas for Development

3.0

During Q1 23.5%, 24 children, were subject to a plan for a second or subsequent time, which represents a further reduction (improvement) from the Q4 rate of 25.3%. A high percentage of children assigned a new child protection plan for a second or subsequent time (repeat CPP) might suggest that plans have been closed too early before families have been supported to make sustainable changes. However, continued auditing of repeat child protection plans has reassured the service that repeat plans are unrelated to previous plans in most instances and initial plans have net been ended prematurely. ***This measure is currently red as the target was set at 15%, the suggested revised target is 20% (North Yorkshire's year 1 target).***

3.1

The short term placement stability rate in North Yorkshire of 9.7%, is still lower (better) than both the last known national rate (10%) and the percentage for North Yorkshire's nearest statistical neighbours (10.5%). However, there have also been successive quarterly increases in the local percentage figure over the past six months, although the actual number of children in short term placements remains relatively stable. The overall low rate of short term placement stability in North Yorkshire is largely due to high quality foster care placements and the strong relationship that foster carers develop with the children they care for. ***This measure is currently red as the target was set at 6.5%, the suggested revised target is 9% which would take this measure to amber.***

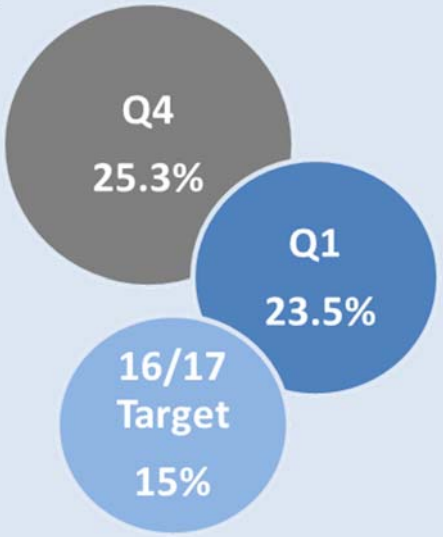
3.2

At the end of Q1 the rate of long term placement stability for North Yorkshire was 69.6% (equivalent to seven out of ten children), compared with 68% nationally and 68.6% for similar local authorities. Although placement stability becomes increasingly challenging as the number of looked after children continues to fall, the service continues to work to improve against both these measures as part of its commitment to ensure the highest standards in all aspects of service provision. *This measure is currently red as the target was set at 78%, the suggested revised target is 68% (the last known National figure) this change would take this measure to green.*

3.3

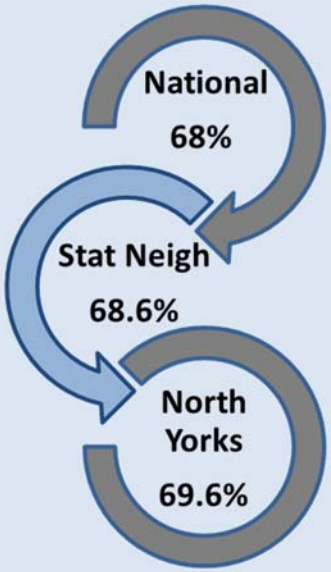
The percentage of looked after children placed more than 20 miles from their home address has fallen slightly in Q1 to 35.7% in comparison to 35.9% at the end of quarter 4.

North Yorkshire retains a significant number of looked after children who are placed twenty miles or more from their family home . However looked after children can be placed further away to ensure they have the right placement and support with a North Yorkshire specialist carer.

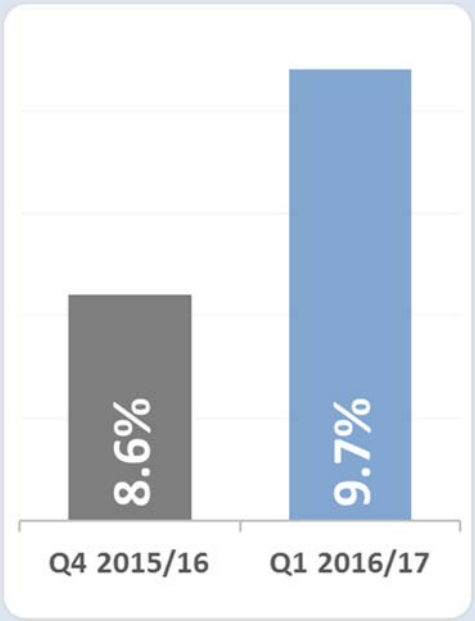


The percentage of new child protection plans that are second or subsequent plans

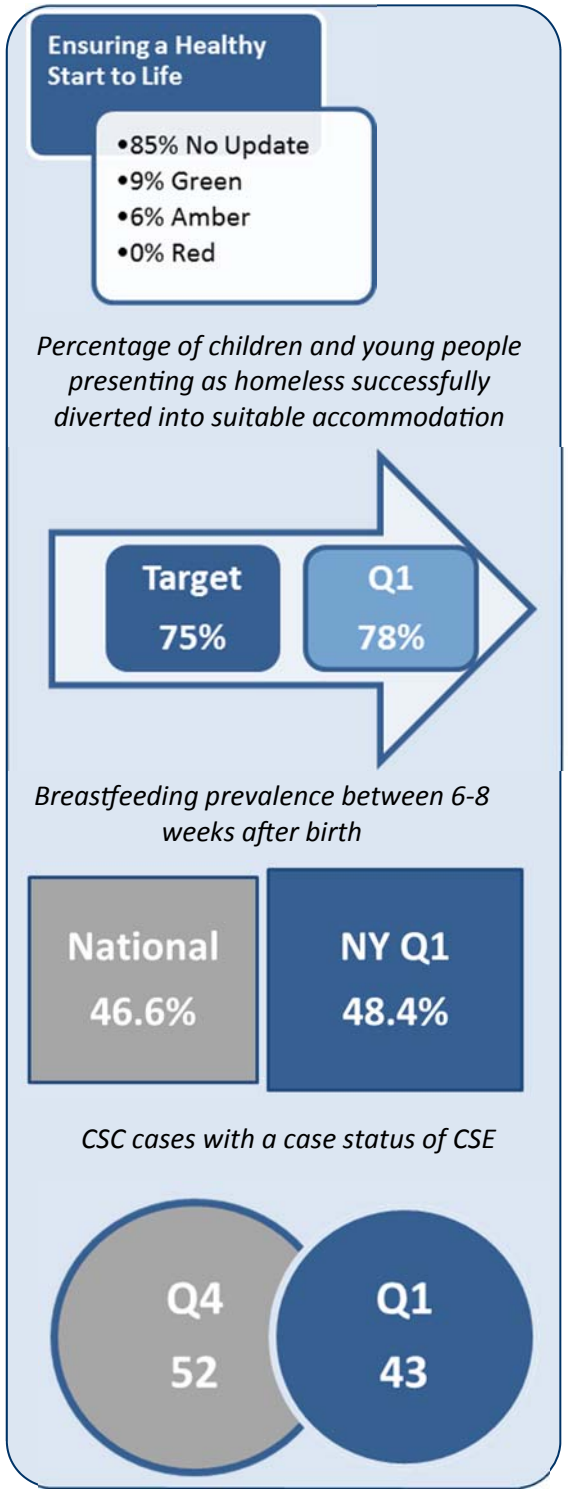
The percentage of looked after children whose placement has lasted two years or more - Long term placement stability



The percentage of looked after children who experience three or more placements in the year - Short term placement stability



Priority Three: Ensuring A Healthy Start To Life



Green Measures

1.0

Homeless hubs across the County continue to divert the overwhelming majority of children and young people presenting as homeless into suitable accommodation. At the end of Q1 300 young people were place into suitable accommodation (78%).

It should be noted that young people may present at hubs as homeless, however that young person may just be having issues at home which could potentially lead to homelessness. This is one factor leading to a high number of young people enquiring as homeless.

1.1

The percentage for breastfeeding prevalence between 6-8 weeks after birth is now available, North Yorkshire is currently at 48.4% , above our target of 47%. North Yorkshire is also above the last known National figure of 46.8%.

1.2

Positively the number of cases open to Children's Social Care which have a case status of CSE has decreased from 52 to 43 at the end of quarter one.

Amber Measures

2.0

There are a number of different health checks which are regularly undertaken to monitor the health needs of looked after children and the rate of children with the various checks in place in North Yorkshire remains consistently high. The percentage of eligible looked after children who had an up to date health assessment at the end of Q1 was 84.4% (255 out of 302) compared with 83.2% at the end of 2015/16. It is worth noting that most children without an up-to-date health assessment will be due to refusals (24) rather than being overdue (22) (where children will have been offered a health assessment but have declined).

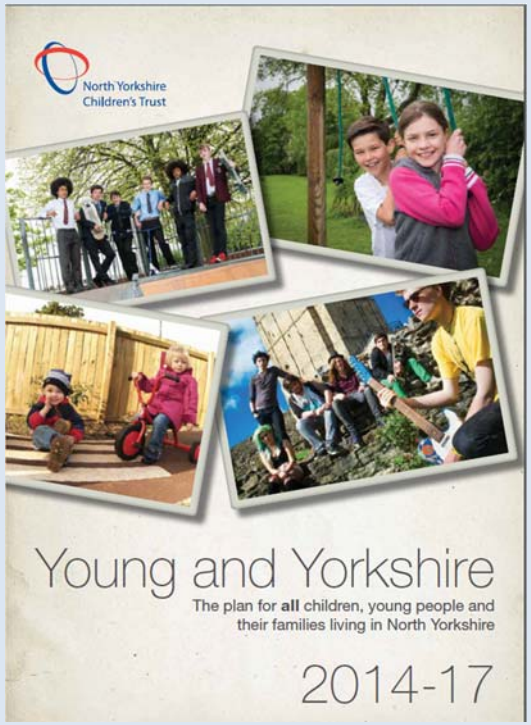
The figure for North Yorkshire of 84.4% is in line with the most recent figure for similar local authorities (83.6%) but is less than the (last known) national average rate of 88.4%. Overall, the percentage of looked after children who have an up-to-date health assessment has improved steadily over the past two years. As the service continues to work ever more closely with colleagues in health we can expect the local rate for the County to draw level with and eventually exceed the national rate.

2.1

For dental checks (looked after children also), at the end of Q1 85.8% of eligible children (259 out of 302) had received an up-to-date dental check, which shows a slight drop from the previous quarter (88.7%), but the rate of up-to-date dental checks in North Yorkshire still continues to exceed the last known national rate (84.4%) and the percentage for similar authorities (77.7%).

Apart from the various objective indicators of children's health the Council also collects a range of important softer, subjective information from children including the Growing Up in North Yorkshire (GUNY) Survey - a large, self-completion survey of around 15,000 children overall, including 46 looked after children in 2014. As reported previously, feedback from the most recent survey in 2014 showed that looked after children were generally happy overall but less likely to be happy than other children and had lower levels of emotional resilience compared with children in the general population. The next survey will be administered this year and feedback from looked after children will be reported at Q2.

Report prepared by:
Performance & Intelligence Team
Children and Young People's Service. Room SB217 County Hall
PandO@northyorks.gov.uk
01609 532533



Recommendations

1.0
Views of the Board are welcomed on any or all of those indicators contained in the scorecard and are invited to consider any areas of particular note or concern where they feel they would wish to see greater emphasis.

2.0
The Board notes the updated scorecard and the progress made towards the targets set out in "Young & Yorkshire".

Report prepared by:
Louise Rideout
Tactical Analyst
CYPS Strategy & Commissioning
July 2016

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of children reaching a good level of development in the Early Years Foundation Stage	2013/14	5% above national	50.00%	x		Available in Q2	52%	▼	53.10%	▼	
	2014/15	6% above national	61.1%	x	✓		60.0%	▲	61.4%	▼	
	2015/16	7% above national	66.6%	x	✓		66.3%	▲	68.6%	▼	
	2016/17	TBD					69.3%				
The percentage of pupils reaching Level 4 or above in Reading, Writing and Maths at Key Stage 2 - Review measure in October See comments	2013/14	In line with national	73.1%	x		Available in Q2	76.0%	▼	75.2%	▼	There are no Levels at KS1 and KS2 from 2016. The new measure similar to this is Ex+ RWM (Expected level or more). Comparisons shouldn't be made between this measure and previous years.
	2014/15	1% above national	77.0%	x	✓		79.0%	▼	79.4%	▼	
	2015/16	2% above national	79.0%	x	✓		80.0%	▼	80.3%	▼	
	2016/17	TBD									
The percentage of pupils achieving 5 GCSEs at A* to C including English and Maths	2013/14	7% above national	65.40%	x		Available in Q2	59.2%	▲	62.1%	▲	Not available until Autumn term. From this year 5 A*-C inc English and Maths is no longer considered the main KS4 indicator
	2014/15	8% above national	60.1%	x	x		52.6%	▲	58.8%	▲	
	2015/16	9% above national	62.4%	x	x		57.3%	▲	60.2%	▲	
	2016/17	TBD									
The percentage of pupils making expected progress in reading at Key Stage 2 - Review measure in October See comments	2013/14	1% above national	87%	x		Available in Q2	88.0%	▼	86.2%	▲	Not available until Autumn term - change in assessments at KS2, new methodology not available yet
	2014/15	2% above national	91%	x	✓		91.0%	▬	89.8%	▲	
	2015/16	3% above national	91.0%	x	✓		91.0%	▬	90.8%	▲	
	2016/17	TBD									
The percentage of pupils making expected progress in writing at Key Stage 2 - Review measure in October See commentds	2013/14	In line with national	91.0%	x		Available in Q2	92.0%	▼	90.6%	▲	Not available until Autumn term - change in assessments at KS2, new methodology not available yet
	2014/15	1.5% above national	93.0%	x	✓		93.0%	▬	92.1%	▲	
	2015/16	2% above national	94.0%	x	✓		94.0%	▬	93.5%	▲	
	2016/17	TBD									
The percentage of pupils making expected progress in mathematics at Key Stage 2 - Review measure in October See comments	2013/14	In line with national	85.0%	x		Available in Q2	88.0%	▼	85.9%	▼	Not available until Autumn term - change in assessments at KS2, new methodology not available yet
	2014/15	1% above national	88.0%	x	✓		89.0%	▼	87.7%	▲	
	2015/16	2% above national	87.0%	x	✓		90.0%	▼	87.9%	▼	
	2016/17	TBD									
The percentage of pupils making expected progress in English at Key Stage 4 - Review in October if available	2013/14	1% above national	71.0%	✓		Available in Q2	70.4%	▲	70.1%	▲	Not available until Autumn term
	2014/15	2% above national	69.7%	x	x		72.3%	▼	71.5%	▼	
	2015/16	3% above national		x	✓		72.5%		73.2%		
	2016/17	TBD									
The percentage of pupils making expected progress in mathematics at Key Stage 4 - Review in October if available	2013/14	3.5% above national	75.4%	✓		Available in Q2	70.7%	▲	72.3%	▲	Not available until Autumn term
	2014/15	4.5% above national	69.2%	x	x		66.6%	▲			
	2015/16	5% above national	73.2%	✓	x		68.2%	▲	71.0%	▲	
	2016/17	TBD									
The percentage of pupils who attend a good or outstanding school	2013/14		76.2%			Green	80.0%	▼	Not available		Current position, as at 16/08/16
	2014/15	In line with national	80.0%	✓	✓		76.0%	▲			
	2015/16	2% above national	86.4%	✓	✓		81.9%	▲			
	2016/17	4% above national	89.9%	✓	✓		85.1%	▲			

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of childcare and early years settings rated good or outstanding by Ofsted	2013/14		87.0%			Green	79.0%	▲	83.7%	▲	Current Position, as at **01/07/2016** Includes - Childcare on non-domestic - Childcare on domestic - Day nursery - Nursery unit of independent schools - Pre-school playgroup - Maintained nursery schools Does not include childminders.
	2014/15	85%	90.9%	✓	✓		Not available				
	2015/16	86%	94.8%	✓	✓		Not available				
	2016/17	87%	95.7%	✓	✓						
The percentage of Education Health and Care Plans (EHCP) issued in 20 weeks (excluding exceptions)	2013/14		93.30%			Red	64.30%	▲	75.00%	▲	The method that Exceptions were being recorded has changed , so fewer exceptions are being applied.
	2014/15	95%	93.30%	x	✓		Not available		Not available		
	2015/16	95%	81.00%	x	x		Not available		Not available		
	2016/17 Q1	95%	71.74%	x	x						
	Q2	95%									
	Q3	95%									
	Q4	95%									
The percentage of people who felt that involvement in their Education Health and Care Plan had a positive impact	2013/14					Data to be drawn from the Personal Outcome Evaluation Tool (POET).					Baseline and future targets to be determined.
	2014/15										
	2015/16										
	2016/17										
The number of young people aged 16-25 with special educational needs or disability (SEND) undertaking a personalised learning pathway	2013/14		25			Amber					
	2014/15	35	27	x	✓						
	2015/16	38	39	✓	✓						
	2016/17 Q1	40	39	x	✓						
	Q2	40									
	Q3	40									
	Q4	40									
Total school absence- sessions missed due to authorised and unauthorised absence	2013/14		5.1%			Green	5.2%	▲	5.0%	▲	As at end of Quarter One. Includes Academy figure
	2014/15	4.95%	4.1%	✓	✓		4.50%	▲	4.27%	▼	
	2015/16	4.80%	4.3%	✓	✓		Not available				
	2016/17	4.65%	4.3%								
Persistent absence rate- percentage of pupils absent from more than 15% of possible sessions	2013/14		4.3%			Green	4.6%	▲	4.2%	▲	As at end of Quarter One. Includes Academy figure
	2014/15	4.15%	3.4%	✓	✓		3.6%	▲	3.2%	▲	
	2015/16	4.00%	3.22%	✓	✓		Not available				
	2016/17	3.85%	3.22%								

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of secondary school pupils with one or more fixed period of exclusion from school	2013/14		3.6%			Green	4.3%	▲	3.9%	▼	To allow oversight, data has been provided on a financial year basis within this scorecard. This will be preplaced with academic year data when it is available.
	2014/15	3.50%	3.5%	✓	✓		3.6%	▲	3.1%	▲	
	2015/16	3.40%	3.4%	✓	✓		Not available				
	2016/17 Q1	3.30%	1.6%	✓	✓						
	Q2	3.30%									
	Q3	3.30%									
	Q4	3.30%									
Permanent exclusions- secondary school pupils as a percentage of the school register	2013/14		0.10%			Green	0.10%	▬	0.10%	▬	
	2014/15	0.09%	0.10%	x	x		0.13%	▲	0.12%	▼	
	2015/16	0.08%	0.17%	x	x		Not available		Not available		
	2016/17 Q1	0.07%	0.06%	✓	✓						
	Q2	0.07%									
	Q3	0.07%									
	Q4	0.07%									
The percentage of secondary pupils in alternative provision offered full time provision (does not include those with a medical referral)	2013/14		100.0%			Green	Not available		Not available		All offered full time provision; 72% have taken the full offer.
	2014/15	100%	100.0%	✓	✓		Not available				
	2015/16	100%	100.0%	✓	✓		Not available				
	2016/17 Q1	100%	100.0%	✓	✓						
	Q2	100%									
	Q3	100%									
	Q4	100%									
The percentage of looked after children achieving Level 4 or above in Reading, Writing and Maths at Key Stage 2 - Review in October, Use progress measure	2013/14	50%	33.0%			Available in Q2	55.0%	▼	50.5%	▼	Target does not take cohort into account. DfE will be switching to a rolling 3 year average to take account of this. Should also look at progress between KS1 and 2. Also does not take into account how many have an EHCP.
	2014/15	55%	52.0%	x	✓		48.0%	▲			
	2015/16	58%	35.0%	x	✓		Not available				
	2016/17	TBD									
The percentage of looked after children achieving 5 GCSEs A*-C including English and Maths - Review in October, Use progress measure	2013/14	15%	4.0%	x		Available in Q2	14.1%	▼	18.6%	▼	Target does not take cohort into account. This % represents 4/41 and only 8 achieved L4 at KS2 so would only expect a maximimum of 8/41 to achieve this outcome. Also does not take into account how many have an EHCP
	2014/15	18%	16.2%	x	✓		12.0%	▲			
	2015/16	20%	9.7%	x	✓		Not available				
	2016/17	TBD									
The percentage of looked after children who make expected levels of progress between the end of Key Stage 2 and Key Stage 4 (3 levels including at P scales) - Review in October	2013/14	55%	48%	x		Available in Q2					
	2014/15	60%	Not available								
	2015/16	65%	Not available								
	2016/17	TBD									
The percentage of looked after children of post compulsory school age who are in education, training or employment	2013/14	73%	70.0%			Available in Q2	Not available		Not available		
	2014/15	76%	81.0%	✓	✓		Not available				
	2015/16	79%	Not available	Not available	Not available		Not available				
	2016/17	TBD									
The attainment gap between pupils eligible for free school meals and other pupils: The percentage of children reaching a good level of development in the Early Years Foundation Stage	2013/14		20%			Available in Q2	36%	▲			
	2014/15	19%	23%	x	x		19%	▼			
	2015/16	17%	24%	x	x		18.0%	▼			
	2016/17	15%									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The attainment gap between pupils eligible for free school meals and other pupils: Level 4 or above in Reading, Writing and Maths at Key Stage 2 - Review in October	2013/14	2% wider than national	26%		x	Available in Q2	19%	▼	27%	▲	See comments on KS2 above for 16/17
	2014/15	1% wider than national	21.8%	x	x		16.3%	▼			
	2015/16	Gap with National Closed	20.0%	x	x		17.0%	▼			
	2016/17	TBD									
The attainment gap between pupils eligible for free school meals and other pupils: GCSEs at A* to C including English and Maths	2013/14	3% wider than national	31.7%		x	Available in Q2	26.7%	▼	33.1%	▲	
	2014/15	1% wider than national	33.0%	x	x		27.0%	▼	35.3%	▲	
	2015/16	Gap with National Closed	34.7%	x	x		27.9%	▼	32.6%	▼	
	2016/17	TBD									
The attainment gap between pupils with statements or Education, Health and Care plans and other pupils: Reading, writing and maths at Key Stage 2 - Review in October, See comments	2013/14	In line with national without overall reduction	70.0%		x	Available in Q2	74.0%	▲			See comments on KS2 above for 16/17
	2014/15	Gap reduced by 2%	63.1%	✓	✓		67.1%	▲			
	2015/16	Gap reduced by 4%	68.0%	x	✓		66.0%	▼			
	2016/17	TBD									
The attainment gap between pupils with statements or Education, Health and Care plans and other pupils: 5 GCSEs at A* to C including English and Maths	2013/14	In line with national without overall reduction	62.2%		✓	Available in Q2	61.2%	▼			
	2014/15	Gap reduced by 2%	56.4%	✓	✓		63.7%	▲			
	2015/16	Gap reduced by 4%	44.7%	✓	✓		44.6%	▼			
	2016/17	TBD									
The percentage of young people aged 16-19 who are not in education, employment or training (NEET) - Review in October, See comments	2013/14		4.3%			Green	5.2%	▲	4.6%	▲	
	2014/15	4.1%	3.4%	✓	✓		Not available	Not available			
	2015/16	4.0%	3.3%	✓	✓		Not available	Not available			
	2016/17 Q1	3.9%	3.1%	✓	✓						
	Q2	3.9%									
	Q3	3.9%									
	Q4	3.9%									
The percentage SEND children aged 16-18 who are not in education, employment or training (NEET) - Review in October, See comments	2013/14		7.0%			Green	Not available	Not available			
	2014/15	6.8%	7.1%	✓	x		Not available	Not available			
	2015/16	6.7%	4.2%	✓	✓		Not available	Not available			
	2016/17 Q1	6.6%	4.5%	✓	✓						
	Q2	6.6%									
	Q3	6.6%									
	Q4	6.6%									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of families 'turned around' as a result of a Developing Stronger Families intervention	2013/14		61%			Amber	45%	▲	44%	▲	Data is required on an annual basis although a figure can be supplied per quarter to show progress. The cohort changed from 2830 in Q4 to 2700 in Q1.
	2014/15	85%	100%	✓	✓		99%	▲			
	2015/16	10% (Phase 2)	9.1%	x							
	2016/17 Q1		9.5%		N/A						
	Q2				N/A						
	Q3				N/A						
	Q4	25% (Phase 2)			N/A						
The percentage of Prevention Service cases closed because the situation of the child had improved sufficiently to allow safe de-escalation to universal services.	2013/14					Available end of 16/17					Reported for the first time in Q4.
	2014/15	Baseline to be set									
	2015/16	Baseline	53%								
	2016/17	TBC									
The percentage of children, young people and their families' that are satisfied with the Prevention Service.	2013/14					Available end of 16/17					Reported for the first time in Q4 based on survey responses completed from December 2015- March 2016. This is the percentage of children, young people and their families who are satisfied or very satisfied overall with their involvement with the Prevention Service. Note: This has replaced the average score increase in
	2014/15	n/a									
	2015/16	Baseline	97.7%								
	2016/17	TBC									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
Repeat Incidents of Domestic Abuse (where a child was present)*	2013/14		1345			No target set to risk rate against					* Proxy- data shown is for incidents of domestic involvement where a child was present (NY Police); cumulative totals are shown in brackets. Although a child may have been present they may not be aware of the incident. This data set counts all children present as one incident i.e. there could be three children at the same incident and this will be recorded as one incident. Some incidents are one-offs and others are repeated incidents. Incidents including violence against the person; arson and criminal damage; sexual offences; public order offences; burglary; theft and other offences occurring in a domestic seting are included within reported figures. There has been a general increase in the number of incidents over the last two years. However, in quarter
	2014/15	Baseline to be set	1623								
	2015/16 Q1	n/a	499								
	Q2	n/a	538 (1037)								
	Q3	n/a	504 (1541)								
	Q4	n/a	577								
	2016/17 Q1	n/a	538								
	Q2	n/a									
	Q3	n/a									
	Q4	n/a									
The number of referrals to children's social care	2013/14		454.5 (5,386)			Green					
	2014/15	430 per 10k population	455.2 (5,394)	x	✓						
	2015/16	420 per 10k population	340.2 (4024)	✓	✓						
	2016/17 Q1	410 per 10k population	80.3 (943)								
	Q2	410 per 10k population									
	Q3	410 per 10k population									
	Q4	410 per 10k population									
The total number of looked after children	2013/14		460 (38.8 per 10k)			Green	60 per 10K	▲	49.7 per 10k		
	2014/15	444	448 (36 per 10k)	x	✓						
	2015/16	430	418 (35.3 per 10k)	✓	✓						
	2016/17 Q1	418	412 (35 per 10K)	✓	✓						
	Q2	418									
	Q3	418									
	Q4	418									
The percentage of referrals to children's social care that are repeat referrals	2013/14		24%			Green	24.90%	▲			A referral is classed as a repeat referral if the previous referral was within 12 months
	2014/15	23%	25.30%	x	x						
	2015/16	22%	22.60%	x	✓						
	2016/17 Q1	20%	17.7%	✓	✓						
	Q2	20%									
	Q3	20%									
	Q4	20%									
The total number of children subject to a child protection plan (rate per 10,000)	2013/14		35.4			Green	37.9	▲	33.9	▲	The number of children that have a child proctection plan at the end of the quarter
	2014/15	34	34.7	x	✓						
	2015/16	33	23.6 (279)	✓	✓						
	2016/17 Q1	32	26.7 (313)	✓	✓						
	Q2	32									
	Q3	32									
	Q4	32									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of new child protection plans that are second or subsequent plans	2013/14		22.50%			Red	14.90%	▼	15.40%	▲	X/Y*100 X = Of the children looked after in the denominator, the number who had a previous CP plan at any point in time Y = The total number of children who had become subject to a CP plan during the quarter
	2014/15	20%	19.20%	✓	✓						
	2015/16	18%	22.60%	x	x						
	2016/17 Q1	15%	23.50%	x	x						
	Q2	15%									
	Q3	15%									
	Q4	15%									
The percentage of children, young people and their families' that are satisfied with the Children and Families Service	2013/14					Available end of 16/17					Reported for the first time in Q4 based on survey responses completed from December 2015- March 2016. This is the percentage of children, young people and their families who are satisfied or very satisfied overall with their involvement with the Children & Families Service. Note: This has replaced the percentage of children and young people reporting that their lives have improved as a result of Children's Social Care intervention as data is not available.
	2014/15	n/a									
	2015/16	Baseline	93%								
	2016/17	TBC									
The average time taken entering care to moving in with an adoptive family (DfE Adoption Scorecard, threshold one)	2013/14		564			Available end of 16/17	647	▲	643	▼	
	2014/15	547	557	x	✓		628	▲	617	▼	
	2015/16	487	Not available								
	2016/17	426									
The percentage of care leavers at 19, 20 and 21 that are in suitable accommodation	2013/14		96%			Available end of 16/17	88%	▲	86%	▲	
	2014/15	96%	94%	x	x		77.80%	▲	80.20%	▲	
	2015/16	96%	Not available								
	2016/17	97%									
The percentage of care leavers aged 19, 20 and 21 that are in education, employment or training	2013/14		70%			Available end of 16/17	66%	▲	59%	▲	
	2014/15	72%	68%	x	x		45%	▲	46.20%	▲	
	2015/16	74%	Not available								
	2016/17	76%									
The Percentage of care leavers who have lived in accommodation where they felt safe since leaving care	2013/14					No robust measure in place, no proxy indicator identified					No robust measure in place, no proxy indicator identified
	2014/15	Baseline to be set	Not available								
	2015/16	TBC when baseline set	Not available								
	2016/17	TBC when baseline set									
The percentage of care leavers who when they left care felt ready and prepared to leave care	2013/14					No robust measure in place, no proxy indicator identified					No robust measure in place, no proxy indicator identified
	2014/15	Baseline to be set	Not available								
	2015/16	TBC when baseline set	Not available								
	2016/17	TBC when baseline set									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of looked after children who experience three or more placements in the year	2013/14		7.0%			Red	11.0%	▼	10.6%	▼	X/Y*100 X = Of the children looked after in the denominator, the number who had three or more separate placements during the year. Y = The total number of children who were looked after at the end of the quarter/year A child being placed for adoption with their existing foster carers is not included as a change of placement for the purposes of this indicator.
	2014/15	7.0%	7.8%	x	x		11.1%	▼	11.0%	▼	
	2015/16	6.5%	8.6%	x	x						
	2016/17 Q1	6.5%	9.7%	x	x						
	Q2	6.5%									
	Q3	6.5%									
	Q4	6.5%									
The percentage of looked after children whose placement has lasted two years or more	2013/14		73.0%			Red	67.0%	▲	62.1%	▲	X/Y*100 x = of y, all who have been living in the same placement for at least two years, i.e. at the end of the quarter have been in the same placement continuously for more than 729 days. Children who are placed for adoption at 31 March are now only to be included in the numerator if their previous care placement, plus the adoptive placement have together lasted more than 729 days. y = All children aged under 16 at the end of the quarter who had been looked after for 2.5 years or more (i.e. for more than 912 days)
	2014/15	75.0%	64.2%	x	x						
	2015/16	78.0%	66.5%	x	x						
	2016/17 Q1	78.0%	69.6%	x	x						
	Q2	78.0%									
	Q3	78.0%									
	Q4	78.0%									
The percentage of looked after children placed more than 20 miles from their home address	2013/14		37.9%			Red	24.0%	▼	15.7%	▲	X/Y*100 X = the number of LAC placed more than 20 miles from home Y = the number of LAC as at the end of the quarter
	2014/15	36.0%	38.6%	x	x						
	2015/16	34.0%	35.9%	x	✓						
	2016/17 Q1	32.0%	35.7%	x	✓						
	Q2	32.0%									
	Q3	32.0%									
	Q4	32.0%									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of children reporting that they had been bullied at or near school in the last 12 months	2012 KS2	Baseline	23%			Available in Q2					
	KS3/4	Baseline	18%								
	2013										
	2014 KS2	21%	21%	✓	✓						
	KS3/4	16%	19%	x	x						
	2015										
	2016 KS2	20%									
	KS4	15%									
The percentage of SEND Children reporting that they had been bullied at or near school in the last 12 months	2012 KS2	Baseline	32%			Available in Q2					
	KS3/4	Baseline	30%								
	2013										
	2014 KS2	32%	26%	✓	✓						
	KS3/4	30%	32%	x	x						
	2015										
	2016 KS2	31%									
	KS3/4	29%									
The percentage of children and young people who communicate with (chat or message) online with people they have met online and don't know in real life	2012 KS2		Not available			Available in Q2					
	KS3/4		26%								
	2013										
	2014 KS2	Baseline	12%								
	KS3/4	Baseline	22%								
	2015										
	2016 KS2	8%									
	KS3/4	18%									
The percentage of children and young people who have experienced someone writing or showing things to hurt or upset them online (with text, pictures or video)	2012 KS2		8%			Available in Q2					
	KS 3/4		21%								
	2013										
	2014 KS2	Baseline to be set	14%								
	KS3/4	Baseline to be set	20%								
	2015										
	2016 KS2	8%									
	KS3/4	18%									
Hospital admissions caused by unintentional and deliberate injuries to children under 15 years per 100,000	2013/14		111.2			Available end of 16/17	103.8	▼			
	2014/15	108.9	126.5	x	x		111.2	▼			
	2015/16	104.7	119.8	x	x		109.6	▼			
	2016/17	100.4									
Children killed or seriously injured in road traffic accidents (rate per 100k)	2013/14		24.5			Available end of 16/17	20.7	▼	14.7	▲	
	2014/15	23.3	22.6	✓	✓		19.1	▼			
	2015/16	22.1	24.6	x	x		17.9	▼			
	2016/17	20.9									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The number of cases open to Children's Social Care which have a case status of CSE	2014/15	Baseline to be set	51			Green					Open referrals as at the end of the quarter with a Case Status of CSE
	2015/16 Q1	TBC	54	Not available	✓						
	Q2	TBC	46	Not available	✓						
	Q3	TBC	48	Not available	✓						
	Q4	TBC	52	Not available	x						
	2016/17 Q1	TBC	43	Not available	✓						
	Q2	TBC		Not available							
	Q3	TBC		Not available							
	Q4	TBC		Not available							
The number of child sexual exploitation prosecutions/ convictions	2013/14					Not available- working with NYP to determine workable indicator.					Not available- working with NYP to determine workable indicator.
	2014/15										
	2015/16										
	2016/17										
Number of children and young people presenting as homeless successfully diverted into suitable accommodation	2013/14		1,232 (69%)			Green					Every young person who enquiries at a Hub is considered at risk of homeless by the Service - numbers reflect the number of young people who enquired at a Hub and have had a positive final outcome e.g. into suitable accommodation
	2014/15	71%	1,529 (90.5%)	✓	✓						
	2015/16	73%	2177(79%)	✓	✓						
	2016/17 Q1	75%	300 (78%)	✓	✓						
	Q2	75%									
	Q3	75%									
	Q4	75%									
The rate of children and young people admitted to hospital for mental health conditions per 100,000	2013/14		76.8			Available end of 16/17	87.6	▲			
	2014/15	88.0	71.8	✓	✓		87.2	▲			
	2015/16	88.0	96.3	x	x		87.4	▼			
	2016/17	84.0									
The rate of children and young people admitted to hospital as a result of self-harm	2013/14		322.9			Available end of 16/17	346.3	▲			
	2014/15	299.4	310.6	x	✓		352.3	▲			
	2015/16	290.1	383.4	x	x		398.8	▲			
	2016/17	280.9									
The percentage of children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/Edinburgh Mental Wellbeing Scale (KS4)	2014 KS2	Baseline to be set	34%			Available in Q2					
	KS3/4	Baseline to be set	22%								
	2015										
	2016	36%									
		24%									
The percentage of children and young people with a high measure of resilience	2012 KS2		32%			Available in Q2					
	KS3/4		24%								
	2013										
	2014 KS2	33%	38%	✓	✓						
	KS3/4	25%	20%	x	x						
	2015										

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
	2016 KS2	34%									
	KS3/4	26%									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of SEND children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/Edinburgh Mental Wellbeing Scale (KS4)	2013					Available in Q2					
	2014 KS2	Baseline to be set	35%								
	KS3/4	Baseline to be set	18%								
	2015										
	2016 KS2	*38%*									
	KS3/4	*20%*									
The percentage of babies born with a low birth weight	2013/14		2.1%			Available end of 16/17	2.8%	▲			
	2014/15	1.90%	1.7%	✓	✓		2.8%	▲			
	2015/16	1.87%	2.5%	x	x		2.8%	▲			
	2016/17	1.85%									
Breastfeeding initiation rate	2013/14		74.00%			Available end of 16/17	73.90%	▲			
	2014/15	74.50%	76.90%	✓	✓		73.90%	▲			
	2015/16	75.00%	73.8%	x	x		74.30%	▼			
	2016/17	76.00%									
Breastfeeding prevalence at 6-8 weeks after birth	2013/14		46.8%			Green	46.6%	▲			No data available for North Yorkshire – Public Health England cite data quality issues
	2014/15	46.0%	Not available				Not available				
	2015/16	46.5%	Not available								
	2016/17 Q1	47.0%	48.4%	✓	✓						
	Q2	47.0%									
	Q3	47.0%									
	Q4	47.0%									
Admissions to Accident & Emergency by 0-5 year olds (rate per 1000)	2013/14		333.3			Available end of 16/17	510.8	▲			
	2014/15	333	355.1	x	x		525.6	▲			
	2015/16	328	363.4	x	x		540.5	▲			
	2016/17	326									
The percentage of children aged 4 or 5 (reception) who have excess weight	2013/14		21.3%			Available end of 16/17	22.2%	▲			
	2014/15	18.6%	22.0%	x	x		22.5%	▲			
	2015/16	17.9%	21.0%	x	✓		21.9%	▲			
	2016/17	17.1%									
The percentage of children aged 10 or 11 (Year 6) who have excess weight	2013/14		28.4%			Available end of 16/17	33.3%	▲			
	2014/15	28.1%	30.7%	x	x		33.5%	▲			
	2015/16	27.8%	30.1%	x	x		33.2%	▲			
	2016/17	27.4%									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The percentage of children and young people who engage in 5 hours or more physical activity per week	2012 KS2		63%			Available in Q2					
	KS3/4		50%								
	2013										
	2014 KS2	65%	58%	x	x						
	KS3/4	52%	51%	x	✓						
	2015										
	2016 KS2	66%									
	KS3/4	53%									
The percentage of looked after children who have an annual health assessment	2013/14		77.1%			Amber	87.3%	▼			X/Y*100 X = the number of LAC with a health assessment Y = the number of looked after children at the end of the quarter that have been looked after for more than a year
	2014/15	80.0%	82.9%	✓	✓		84.4%	▼			
	2015/16	83.0%	83.2%	✓	✓						
	2016/17 Q1	86.0%	84.4%	x	✓						
	Q2	86.0%									
	Q3	86%									
	Q4	86.0%									
The percentage of looked after children who have an annual dental check	2013/14		78.2%			Amber	82.4%	▼			X/Y*100 X = the number of LAC with a dental check Y = the number of looked after children at the end of the quarter that have been looked after for more than a year
	2014/15	81.0%	86.8%	✓	✓		88.4%	▼			
	2015/16	84.0%	88.7%	✓	✓						
	2016/17 Q1	86.0%	85.8%	x	✓						
	Q2	86.0%									
	Q3	86.0%									
	Q4	86.0%									
The percentage of SEND children and young people who engage in 5 hours or more physical activity per week	2012 KS2		45%			Available in Q2					
	KS3/4		44%								
	2013										
	2014 KS2	47%	52%	x							
	KS3/4	46%	43%	x							
	2015										
	2016 KS2	49%									
	KS3/4	48%									
The rate of under 18 conceptions per 1,000 15-17 year old females	2013/14		21.4			Available end of 16/17	27.7	▲	24.3	▼	
	2014/15	20.4	17.1	✓	✓		24.3	▲			
	2015/16	19.4	16.7	✓	✓		22.8	▲			
	2016/17	18.5									
The rate of hospital admissions due to alcohol specific conditions (for under 18 year olds per 10,000)	2013/14		45.8			Available end of 16/17	42.7	▼			
	2014/15	41.6	46.5	x	x		40.1	▼			
	2015/16	36.2	39.1	x	✓		40.1	▲			
	2016/17	30.8									

Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
							National		Statistical Neighbours		
		Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
The rate of hospital admissions due to substance misuse (15-24 year olds per 100,000)	2013/14		67.6			Available end of 16/17	75.2	▲			
	2014/15	67.6	66.4	✓	✓		81.3	▲			
	2015/16	67.4	83.5	x	x		88.8	▲			
	2016/17	67.2									
The percentage of children and young people who had smoked at least one cigarette in the last 7 days (KS 3/4)	2012 KS2		0%			Available in Q2					
	KS3/4		8%								
	2013										
	2014 KS2	0%	0%	✓	✓						
	KS3/4	7%	5%	✓	✓						
	2015										
	2016 KS2	0%									
	KS3/4	6%									
The percentage of children and young people who had at least one alcoholic drink in the last 7 days	2012 KS2		8%			Available in Q2					
	KS3/4		32%								
	2013										
	2014 KS2	0%	1%	x	✓						
	KS3/4	7%	24%	x	✓						
	2015										
	2016 KS2	0%									
	KS3/4	6%									
The percentage of children and young people who have used cannabis in the last month (Secondary)	2014	Baseline to be set	6%			Available in Q2					
	2015										
	2016	5%									
The percentage of children and young people who have used any drug in the past (Secondary Schools)	2014	Baseline to be set	9%			Available in Q2					
	2015										
	2016	7%									
First time entrants to the youth justice system aged 10-17 (per 100,000 population)	2012/13		471			Available end of 16/17	556	▲	550	▼	
	2013/14		365	✓	✓		436	▲	390	▼	
	2014/15	453 (5% reduction)	394	✓	✓		402	▲	380	▲	
	2015/16	439 (further 3% reduction)	Not available								
	2016/17	430 (further 2% reduction)									

North Yorkshire Children's Trust

NORTH YORKSHIRES CHILDREN'S TRUST BOARD
YOUNG AND YORKSHIRE YEAR 3 TARGETS
28th September 2016

1.0 Purpose of Paper

1.1 This paper sets out the proposed revised year 3 targets for the measures continuously identified as "red" (with unrealistic targets) in the Young & Yorkshire scorecard throughout 2015/16. These measures were highlighted within the second annual report of Young & Yorkshire, as a reminder:

- For the first priority in our plan - **Education is Our Greatest Liberator**, there were 10 targets missed (10 out of 29).
- The second priority – **Helping all Children Enjoy a Happy Family Life**, there were 3 targets missed (3 out of 18).
- The third priority**, Ensuring a Healthy Start to Life**, there were 9 targets missed (9 out of 33).

2.0 Red Measures/Areas for Development

2.1 Proposed year 3 targets for the measures identified as red have now been set following conversations with Assistant Directors and Service Managers. These targets remain challenging but are more realistic for Services to achieve.

2.2 The same methodology for revising targets hasn't been used for each measure, however targets have been set whilst carefully considering:

- Previous/current National outturns
- Previous/current Regional outturns
- North Yorkshires improvement between year 1 and 2
- Aiming to maintain our current position

2.3 It must be noted that a number of Educational "red" measures are yet to have revised targets set due to changes in the way attainment will be measured. These measures will be reviewed in October. A full revised scorecard can be found in **Appendix A**.

3.0 Recommendations

3.1 Children's Trust Board to endorse the proposed changes to year 3 targets.

Report prepared by:
Louise Rideout
CYPS Strategy & Commissioning
September 2016

Education is Our Greatest Liberator	North Yorkshire 14/15 Outturn	North Yorkshire 15/16 Outturn	National 15/16 Outturn	North Yorkshire original Year 3 Target	Revised Year 3 Target	Methodology for revised target
The percentage of children reaching a good level of development in the Early Years Foundation Stage	**61.1%**	**66.6%**	**66.3%**	**7% above National**	**2% above National**	**North Yorkshire performs in line with the National average for this measure, or just above. A target to be 2% above is more realistic.**
The percentage of pupils reaching Level 4 or above in Reading, Writing and Maths at Key Stage 2	**77%**	**79%**	**80%**	**2% above National**	**Review in October – review entire measure**	**There are no Levels at KS1 and KS2 from 2016. The new measure is Ex+ RWM (Expected level or more). Comparisons shouldn't be made between this measure and previous years.**
The percentage of pupils making expected progress in mathematics at Key Stage 2	**88%**	**87%**	**90%**	**3% above National**	**Review in October – review entire measure**	**Not available until Autumn term - change in assessments at KS2, new methodology not available yet**
The percentage of Education Health and Care Plans (EHCP) issued in 20 weeks (excluding exceptions)	**93.3%**	**81%**	**64.3% (2014)**	**95%**	**95%**	**Target for Year 3 will remain, North Yorkshire currently performs above the National average (59.2%) and above our statistical neighbours (51%).**
The percentage of looked after children achieving Level 4 or above in Reading, Writing and Maths at Key Stage 2	**52%**	**35%**	**52%**	**58%**	**Review in October – review entire measure**	**Target does not take cohort into account. DfE will be switching to a rolling 3 year average to take account of this. Should also look at progress between KS1 and 2. Also does not take into account how many have an EHCP.**

The percentage of looked after children achieving 5 GCSEs A*-C including English and Maths	**16.2%**	**9.7%**	**13.8%**	**20%**	**Review in October – review entire measure**	**Measures to be reviewed in October – using progress measure.**
The attainment gap between pupils eligible for free school meals and other pupils: The percentage of children reaching a good level of development in the Early Years Foundation Stage	**23%**	**24%**	**18%**	**15%**	**17%**	**Carried forward the year 2 target of 17%.**
The attainment gap between pupils eligible for free school meals and other pupils: Level 4 or above in Reading, Writing and Maths at Key Stage 2	**21.8%**	**20%**	**17%**	**Gap with National closed**	**Review in October – review entire measure**	**There are no Levels at KS1 and KS2 from 2016. The new measure is Ex+ RWM (Expected level or more). Comparisons shouldn't be made between this measure and previous years.**
The attainment gap between pupils eligible for free school meals and other pupils: GCSEs at A* to C including English and Maths	**33%**	**34.7%**	**27.9%**	**Gap with National closed**	**Gap with National closed**	**The year 2 target has been kept the same moving into year three of the plan.**
The attainment gap between pupils with statements or Education, Health and Care plans and other pupils: Reading, writing and maths at Key Stage 2	**63.1%**	**68%**	**66%**	**Gap reduced by 4%**	**Review in October – review entire measure**	**There are no Levels at KS1 and KS2 from 2016. The new measure is Ex+ RWM (Expected level or more). Comparisons shouldn't be made between this measure and previous years.**

Happy Family Life	North Yorkshire 14/15 Outturn	North Yorkshire 15/16 Outturn	National 15/16 Outturn	North Yorkshire original Year 3 Target	Revised Year 3 Target	Methodology for revised target
The percentage of new child protection plans that are second or subsequent plans	**19.2%**	**22.6%**	**16.6%**	**15%**	**20%**	**Use the 14/15 target (start of the plan) of 20% – our percentage is increasing however the narrative below explains the reason behind this.**
The percentage of looked after children who experience three or more placements in the year	**7.8%**	**8.6%**	**10%**	**6.5%**	**8.6%**	**Used the North Yorkshire 15/16 outturn for the year 3 target.** **At least we should maintain our current position.**
The percentage of looked after children whose placement has lasted two years or more.	**64.2%**	**66.5%**	**68%**	**78%**	**68%**	**Used the 15/16 National outturn for the year 3 target.**

Performance – Assurance to CYPLT and Children's Trust Board

For (at least two of) the three measures mentioned above, the percentage increase in repeat CPPs and short-term placement stability both result from changes (reductions) in their respective denominators, rather than under-performance which results in an increase in their percentage rates.

For example, for repeat CPPs, between 2014/15 and 2015/16 the overall number of CPPs fell by 131, from 410 to 279, and the number of repeat CPPs also fell (by 26) from 102 in 2014/15 to 76 in 2015/16 – which is good. However, the *increase* in the percentage of repeat CPPS between this period is the result of a significantly smaller denominator now for this indicator because this rate is calculated as a proportion of a changing (i.e. falling) number of plans and therefore the resulting percentage will naturally *increase*. It's the same principal for short-term placement stability where the denominator (the total number of LAC) has also reduced significantly which has consequently pushed up the short-term stability rate measure. The methodology has stayed the same but the denominator(s) used to calculate the formula are changing over time in a way which is unfavourable for us in relation to these performance measures.

To resolve this; firstly revised year 3 targets have been set. Secondly, moving forward into year 3 of the plan actual numbers will be reported alongside percentages which will provide a truer picture of our performance which is more positive than what is currently reported.

Ensuring a Healthy Start to Life	North Yorkshire 14/15 Outturn	North Yorkshire 15/16 Outturn	National 15/16 Outturn	North Yorkshire original Year 3 Target	Revised Year 3 Target	Methodology for revised target
Hospital admissions caused by unintentional and deliberate injuries to children under 15 years per 100,000	**126.5**	**119.8**	**109.6**	**100.4**	**116.0**	**Used the 15/16 Regional outturn for the year 3 target.**
Children killed or seriously injured in road traffic accidents	**22.6**	**24.6**	**17.9**	**20.9**	**24.6**	**Used the 15/16 North Yorkshire outturn for the year 3 target.** **At least we should maintain our current position.**
The rate of children and young people admitted to hospital for mental health conditions per 100,000	**71.8**	**96.3**	**87.4**	**84**	**87.4**	**Used the 15/16 National outturn for the year 3 target.**
The rate of children and young people admitted to hospital as a result of self-harm	**310.6**	**383.4**	**398.8**	**280.9**	**367.9**	**Used the 15/16 Regional outturn for the year 3 target.**
Admissions to Accident & Emergency by 0-5 year olds (rate per 1000)	**355.1**	**363.4**	**540.5**	**326**	**354.9**	**Used the last 2 years local improvement mean for the year 3 target.**
The percentage of children aged 4 or 5 (reception) who have excess weight	**22%**	**21%**	**21.9%**	**17.1%**	**20.4%**	**0.7% decrease between year 1 and 2, this has been carried forward and North Yorkshire will aim to reduce this again by 0.7% by the end of year 3.**
The percentage of children aged 10 or 11 (Year 6) who have excess weight	**30.7%**	**30.1%**	**33.2%**	**27.4%**	**29.6%**	**0.5% decrease between year 1 and 2, this has been carried forward and North Yorkshire will aim to reduce this again by 0.5% by the end of year 3.**
The rate of hospital admissions due to alcohol specific conditions (for under 18 year olds per 10,000)	**46.5**	**39.1**	**40.1**	**30.8**	**39.1**	**Used the 15/16 North Yorkshire outturn for the year 3 target.** **At least we should maintain our current position.**
The rate of hospital admissions due to substance misuse (15-24 year olds per 100,000)	**66.4**	**83.5**	**88.8**	**67.2**	**83.5**	**Used the 15/16 North Yorkshire outturn for the year 3 target.** **At least we should maintain our current position.**

Appendix A – Revised Young and Yorkshire Scorecard

Education is Our Greatest Liberator

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
1	The percentage of children reaching a good level of development in the Early Years Foundation Stage	2013/14	5% above national	50.00%	x		Available in Q2	52%	▼	53.10%	▼	
		2014/15	6% above national	61.1%	x	✓		60.0%	▲	61.4%	▼	
		2015/16	7% above national	66.6%	x	✓		66.3%	▲	68.6%	▼	
		2016/17	2% above national	70.0%				69.3%	▲			
2	The percentage of pupils reaching Level 4 or above in Reading, Writing and Maths at Key Stage 2 - Review measure in October See comments	2013/14	In line with national	73.1%	x		Available in Q2	76.0%	▼	75.2%	▼	There are no Levels at KS1 and KS2 from 2016. The new measure is Ex+ RWM (Expected level or more). Comparisons shouldn't be made between this measure and previous years.
		2014/15	1% above national	77.0%	x	✓		79.0%	▼	79.4%	▼	
		2015/16	2% above national	79.0%	x	✓		80.0%	▼	80.3%	▼	
		2016/17	In line with national	51.1%								
3	The percentage of pupils achieving 5 GCSEs at A* to C including English and Maths	2013/14	7% above national	65.40%	x		Available in Q2	59.2%	▲	62.1%	▲	2014/15- Changes in measure should not be compared. 16/17 data not available until Autumn term. From this year 5 A*-C inc English and Maths is no longer considered the main KS4 indicator
		2014/15	8% above national	60.1%	x	x		52.6%	▲	58.8%	▲	
		2015/16	9% above national	62.4%	x	✓		57.3%	▲	60.2%	▲	
		2016/17	5% above national									
4	The percentage of pupils making expected progress in reading at Key Stage 2 - Review measure in October See comments	2013/14	1% above national	87%	x		Available in Q2	88.0%	▼	86.2%	▲	Not available until Autumn term - change in assessments at KS2, new methodology not available yet
		2014/15	2% above national	91%	x	✓		91.0%	▬	89.8%	▲	
		2015/16	3% above national	91.0%	x	✓		91.0%	▬	90.8%	▲	
		2016/17	TBD									
5	The percentage of pupils making expected progress in writing at Key Stage 2 - Review measure in October See commentds	2013/14	In line with national	91.0%	x		Available in Q2	92.0%	▼	90.6%	▲	Not available until Autumn term - change in assessments at KS2, new methodology not available yet
		2014/15	1.5% above national	93.0%	x	✓		93.0%	▬	92.1%	▲	
		2015/16	2% above national	94.0%	x	✓		94.0%	▬	93.5%	▲	
		2016/17	TBD									
6	The percentage of pupils making expected progress in mathematics at Key Stage 2 - Review measure in October See comments	2013/14	In line with national	85.0%	x		Available in Q2	88.0%	▼	85.9%	▼	Not available until Autumn term - change in assessments at KS2, new methodology not available yet
		2014/15	1% above national	88.0%	x	✓		89.0%	▼	87.7%	▲	
		2015/16	2% above national	87.0%	x	✓		90.0%	▼	87.9%	▼	
		2016/17	TBD									
7	The percentage of pupils making expected progress in English at Key Stage 4 - Review in October if available	2013/14	1% above national	71.0%	✓		Available in Q2	70.4%	▲	70.1%	▲	Not available until Autumn term
		2014/15	2% above national	69.7%	x	x		72.3%	▼	71.5%	▼	
		2015/16	3% above national	73.2%	x	✓		72.5%	▲	73.2%	▬	
		2016/17	TBD									
8	The percentage of pupils making expected progress in mathematics at Key Stage 4 - Review in October if available	2013/14	3.5% above national	75.4%	✓		Available in Q2	70.7%	▲	72.3%	▲	Not available until Autumn term
		2014/15	4.5% above national	69.2%	x	x		66.6%	▲			
		2015/16	5% above national	73.2%	✓	x		68.2%	▲	71.0%	▲	
		2016/17	TBD									
9	The percentage of pupils who attend a good or outstanding school	2013/14		76.2%			Green	80.0%	▼	Not available		Current position, as at 16/08/16
		2014/15	In line with national	80.0%	✓	✓		76.0%	▲			
		2015/16	2% above national	86.4%	✓	✓		81.9%	▲			
		2016/17	4% above national	89.9%	✓	✓		85.1%	▲			

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
10	The percentage of childcare and early years settings rated good or outstanding by Ofsted	2013/14		87.0%			Green	79.0%	▲	83.7%	▲	Current Position, as at **01/07/2016**
		2014/15	85%	90.9%	✓	✓		Not available				Includes - Childcare on non-domestic - Childcare on domestic - Day nursery - Nursery unit of independent schools - Pre-school playgroup - Maintained nursery schools
		2015/16	86%	94.8%	✓	✓		Not available				
		2016/17	87%	95.7%	✓	✓						Does not include childminders.
11	The percentage of Education Health and Care Plans (EHCP) issued in 20 weeks (excluding exceptions)	2013/14		93.30%			Red	64.30%	▲	75.00%	▲	Changed The method that Exceptions were being recorded has changed , so fewer exceptions are being applied. Comparions should not be made to previous years.
		2014/15	95%	93.30%	x	✓		Not available		Not available		
		2015/16	95%	81.00%	x	x		59.20%	▲	51.00%	▲	
		2016/17 Q1	95%	71.74%	x	x						
		Q2	95%									
		Q3	95%									
		Q4	95%									
12	The percentage of people who felt that involvement in their Education Health and Care Plan had a positive impact	2013/14					Data to be drawn from the Personal Outcome Evaluation Tool (POET)					Baseline and future targets to be determined.
		2014/15										
		2015/16										
		2016/17										
13	The number of young people aged 16-25 with special educational needs or disability (SEND) undertaking a personalised learning pathway	2013/14		25			Amber					
		2014/15	35	27	x	✓						
		2015/16	38	39	✓	✓						
		~~2016/17~~ Q1	40	39	x	✓						
		Q2	40									
		Q3	40									
		Q4	40									
14	Total school absence- sessions missed due to authorised and unauthorised absence	2013/14		5.1%			Available end of 16/17	5.2%	▲	5.0%	▲	
		2014/15	4.95%	4.1%	✓	✓		4.50%	▲	4.27%	▼	
		2015/16	4.80%	4.3%	✓	✓		Not available				
		2016/17	4.65%									
15	Persistent absence rate- percentage of pupils absent from more than 15% of possible sessions	2013/14		4.3%			Available end of 16/17	4.6%	▲	4.2%	▲	
		2014/15	4.15%	3.4%	✓	✓		3.6%	▲	3.2%	▲	
		2015/16	4.00%	3.22%	✓	✓		Not available				
		2016/17	3.85%									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
16	The percentage of secondary school pupils with one or more fixed period of exclusion from school	2013/14		3.6%			Green	4.3%	▲	3.9%	▼	To allow oversight, data has been provided on a financial year basis within this scorecard. This will be preplaced with academic year data when it is available.
		2014/15	3.50%	3.5%	✓	✓		3.6%	▲	3.1%	▲	
		2015/16	3.40%	3.4%	✓	✓		Not available				
		2016/17 Q1	3.30%	1.6%	✓	✓						
		Q2	3.30%									
		Q3	3.30%									
		Q4	3.30%									
17	Permanent exclusions- secondary school pupils as a percentage of the school register	2013/14		0.10%			Green	0.10%	–	0.10%	–	
		2014/15	0.09%	0.10%	x	x		0.13%	▲	0.12%	▼	
		2015/16	0.08%	0.17%	x	x		Not available		Not available		
		2016/17 Q1	0.07%	0.06%	✓	✓						
		Q2	0.07%									
		Q3	0.07%									
		Q4	0.07%									
18	The percentage of secondary pupils in alternative provision offered full time provision (does not include those with a medical referral)	2013/14		100.0%			Green	Not available		Not available		All offered full time provision; 72% have taken the full offer.
		2014/15	100%	100.0%	✓	✓		Not available				
		2015/16	100%	100.0%	✓	✓		Not available				
		2016/17 Q1	100%	100.0%	✓	✓						
		Q2	100%									
		Q3	100%									
		Q4	100%									
19	The percentage of looked after children achieving Level 4 or above in Reading, Writing and Maths at Key Stage 2 - Review in October, Use progress measure	2013/14	50%	33.0%			Available in Q2	55.0%	▼	50.5%	▼	Target does not take cohort into account. DfE will be switching to a rolling 3 year average to take account of this. Should also look at progress between KS1 and 2. Also does not take into account how many have an EHCP.
		2014/15	55%	52.0%	x	✓		48.0%	▲			
		2015/16	58%	35.0%	x	✓		Not available				
		2016/17	TBD									
20	The percentage of looked after children achieving 5 GCSEs A*-C including English and Maths - Review in October, Use progress measure	2013/14	15%	4.0%	x		Available in Q2	14.1%	▼	18.6%	▼	Target does not take cohort into account. This % represents 4/41 and only 8 achieved L4 at KS2 so would only expect a maximimum of 8/41 to achieve this outcome. Also does not take into account how many have an EHCP
		2014/15	18%	16.2%	x	✓		12.0%	▲			
		2015/16	20%	9.7%	x	✓		Not available				
		2016/17	TBD									
21	The percentage of looked after children who make expected levels of progress between the end of Key Stage 2 and Key Stage 4 (3 levels including at P scales) - Review in October	2013/14	55%	48%	x		Available in Q2					
		2014/15	60%	Not available								
		2015/16	65%	Not available								
		2016/17	TBD									
22	The percentage of looked after children of post compulsory school age who are in education, training or employment	2013/14	73%	70.0%			Available in Q2	Not available		Not available		
		2014/15	76%	81.0%	✓	✓		Not available				
		2015/16	79%	Not available	Not available	Not available		Not available				
		2016/17	79%									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
23	The attainment gap between pupils eligible for free school meals and other pupils: The percentage of children reaching a good level of development in the Early Years Foundation Stage	2013/14		20%			Available in Q2	36%	▲			
		2014/15	19%	23%	x	x		19%	▼			
		2015/16	17%	24%	x	x		18.0%	▼			
		2016/17	17%	20.6%								
24	The attainment gap between pupils eligible for free school meals and other pupils: Level 4 or above in Reading, Writing and Maths at Key Stage 2 - Review in October	2013/14	2% wider than national	26%		x	Available in Q2	19%	▼	27%	▲	No levels anymore see comments on KS2 above, See comments on KS2 above for 16/17
		2014/15	1% wider than national	21.8%	x	x		16.3%	▼			
		2015/16	Gap with National Closed	20.0%	x	x		17.0%	▼			
		2016/17	TBD	25.6%								
25	The attainment gap between pupils eligible for free school meals and other pupils: GCSEs at A* to C including English and Maths	2013/14	3% wider than national	31.7%		x	Available in Q2	26.7%	▼	33.1%	▲	Correct SFR figures
		2014/15	1% wider than national	33.0%	x	x		27.0%	▼	35.3%	▲	
		2015/16	Gap with National Closed	34.7%	x	x		27.9%	▼	32.6%	▼	
		2016/17	Gap with National Closed									
26	The attainment gap between pupils with statements or Education, Health and Care plans and other pupils: Reading, writing and maths at Key Stage 2 - Review in October, See comments	2013/14	In line with national without overall reduction	70.0%		x	Available in Q2	74.0%	▲			No levels anymore see comments on KS2 above
		2014/15	Gap reduced by 2%	63.1%	✓	✓		67.1%	▲			
		2015/16	Gap reduced by 4%	68.0%	x	✓		66.0%	▼			
		2016/17	TBD	43.6%								
27	The attainment gap between pupils with statements or Education, Health and Care plans and other pupils: 5 GCSEs at A* to C including English and Maths	2013/14	In line with national without overall reduction	62.2%		✓	Available in Q2	61.2%	▼			
		2014/15	Gap reduced by 2%	56.4%	✓	✓		63.7%	▲			
		2015/16	Gap reduced by 4%	44.7%	✓	✓		44.6%	▼			
		2016/17	Gap with National Closed									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
28	The percentage of young people aged 16-19 who are not in education, employment or training (NEET) - Review in October, See comments	2013/14		4.3%			Green	5.2%	▲	4.6%	▲	changing and there will be no need to follow up clients who are 19 years old. As part of this change the performance criteria for Local Authorities has also changed and instead of the NEET clients and the "unknown" clients being measured separately they will now be combined for the 16 – 18 age range so the measure will now be "NEET + Unknown".
		2014/15	4.1%	3.4%	✓	✓		Not available	Not available			
		2015/16	4.0%	3.3%	✓	✓		Not available	Not available			
		2016/17 Q1	3.9%	3.1%	✓	✓						
		Q2	3.9%									
		Q3	3.9%									
		Q4	3.9%									
29	The percentage SEND children aged 16-18 who are not in education, employment or training (NEET) - Review in October, See comments	2013/14		7.0%			Green	Not available	Not available			changing and there will be no need to follow up clients who are 19 years old. As part of this change the performance criteria for Local Authorities has also changed and instead of the NEET clients and the "unknown" clients being measured separately they will now be combined for the 16 – 18 age range so the measure will now be "NEET + Unknown".
		2014/15	6.8%	7.1%	✓	x		Not available	Not available			
		2015/16	6.7%	4.2%	✓	✓		Not available	Not available			
		2016/17 Q1	6.6%	4.5%	✓	✓						
		Q2	6.6%									
		Q3	6.6%									
		Q4	6.6%									

Helping All Children Enjoy a Happy Family Life

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
30	The percentage of families 'turned around' as a result of a Developing Stronger Families intervention	2013/14		61%			Amber	45%	▲	44%	▲	Data is required on an annual basis although a figure can be supplied per quarter to show progress. The cohort changed from 2830 in Q4 to 2700 in Q1.
		2014/15	85%	100%	✓	✓		99%	▲			
		2015/16	10% (Phase 2)	9.1%	x							
		2016/17 Q1		9.5%		N/A						
		Q2				N/A						
		Q3				N/A						
		Q4	25% (Phase 2)			N/A						
31	The percentage of Prevention Service cases closed because the situation of the child had improved sufficiently to allow safe de-escalation to universal services.	2013/14					Available end of 16/17					Reported for the first time in Q4.
		2014/15	Baseline to be set									
		2015/16	Baseline	53%								
		2016/17	TBC									
32	The percentage of children, young people and their families' that are satisfied with the Prevention Service.	2013/14					Available end of 16/17					Reported for the first time in Q4 based on survey responses completed from December 2015- March 2016. This is the percentage of children, young people and their families who are satisfied or very satisfied overall with their involvement with the Prevention Service. Note: This has replaced the average score increase in
		2014/15	n/a									
		2015/16	Baseline	97.7%								
		2016/17	TBC									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
33	Repeat Incidents of Domestic Abuse (where a child was present)*	2013/14		1345			No target set to risk rate against					* Proxy- data shown is for incidents of domestic involvement where a child was present (NY Police); cumulative totals are shown in brackets. Although a child may have been present they may not be aware of the incident. This data set counts all children present as one incident i.e. there could be three children at the same incident and this will be recorded as one incident. Some incidents are one-offs and others are repeated incidents. Incidents including violence against the person; arson and criminal damage; sexual offences; public order offences; burglary; theft and other offences occurring in a domestic seting are included within reported figures. There has been a general increase in the number of
		2014/15	Baseline to be set	1623								
		2015/16 Q1	n/a	499								
		Q2	n/a	538 (1037)								
		Q3	n/a	504 (1541)								
		Q4	n/a	577								
		2016/17 Q1	n/a	538								
		Q2	n/a									
		Q3	n/a									
		Q4	n/a									
34	The number of referrals to children's social care	2013/14		454.5 (5,386)			Green					
		2014/15	430 per 10k population	455.2 (5,394)	x	✓						
		2015/16	420 per 10k population	340.2 (4024)	✓	✓						
		2016/17 Q1	410 per 10k population	80.3 (943)								
		Q2	410 per 10k population									
		Q3	410 per 10k population									
		Q4	410 per 10k population									
35	The total number of looked after children	2013/14		460 (38.8 per 10k)			Green	60 per 10K	▲	49.7 per 10k		
		2014/15	444	448 (36 per 10k)	x	✓						
		2015/16	430	418 (35.3 per 10k)	✓	✓						
		2016/17 Q1	418	412 (35 per 10K)	✓	✓						
		Q2	418									
		Q3	418									
		Q4	418									
36	The percentage of referrals to children's social care that are repeat referrals	2013/14		24%			Green	24.90%	▲			A referral is classed as a repeat referral if the previous referral was within 12 months
		2014/15	23%	25.30%	x	x						
		2015/16	22%	22.60%	x	✓						
		2016/17 Q1	20%	17.7%	✓	✓						
		Q2	20%									
		Q3	20%									
		Q4	20%									
37	The total number of children subject to a child protection plan (rate per 10,000)	2013/14		35.4			Green	37.9	▲	33.9	▲	The number of children that have a child proctection plan at the end of the quarter
		2014/15	34	34.7	x	✓						
		2015/16	33	23.6 (279)	✓	✓						
		2016/17 Q1	32	26.7 (313)	✓	✓						
		Q2	32									
		Q3	32									
		Q4	32									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
38	The percentage of new child protection plans that are second or subsequent plans	2013/14		22.50%			Red	14.90%	▼	15.40%	▲	Revised target for year 3 of the plan - the year 1 target has been carried forward to year 3.
		2014/15	20%	19.20%	✓	✓						
		2015/16	18%	22.60%	x	x						
		2016/17 Q1	20%	23.50%	x	x		16.60%	▼			
		Q2	20%									
		Q3	20%									
		Q4	20%									
39	The percentage of children, young people and their families' that are satisfied with the Children and Families Service	2013/14					Available end of 16/17					Reported for the first time in Q4 based on survey responses completed from December 2015- March 2016. This is the percentage of children, young people and their families who are satisfied or very satisfied overall with their involvement with the Children & Families Service. Note: This has replaced the percentage of children and young people reporting that their lives have improved as a result of Children's Social Care intervention as data is not available.
		2014/15	n/a									
		2015/16	Baseline	93%								
		2016/17	TBC									
40	The average time taken entering care to moving in with an adoptive family (DfE Adoption Scorecard, threshold one)	2013/14		564			Available end of 16/17	647	▲	643	▼	
		2014/15	547	557	x	✓		628	▲	617	▼	
		2015/16	487	Not available								
		2016/17	426									
41	The percentage of care leavers at 19, 20 and 21 that are in suitable accommodation	2013/14		96%			Available end of 16/17	88%	▲	86%	▲	
		2014/15	96%	94%	x	x		77.80%	▲	80.20%	▲	
		2015/16	96%	Not available								
		2016/17	97%									
42	The percentage of care leavers aged 19, 20 and 21 that are in education, employment or training	2013/14		70%			Available end of 16/17	66%	▲	59%	▲	
		2014/15	72%	68%	x	x		45%	▲	46.20%	▲	
		2015/16	74%	Not available								
		2016/17	76%									
43	The Percentage of care leavers who have lived in accommodation where they felt safe since leaving care	2013/14					No robust measure in place, no proxy indicator identified					No robust measure in place, no proxy indicator identified
		2014/15	Baseline to be set	Not available								
		2015/16	TBC when baseline set	Not available								
		2016/17	TBC when baseline set									
44	The percentage of care leavers who when they left care felt ready and prepared to leave care	2013/14					No robust measure in place, no proxy indicator identified					No robust measure in place, no proxy indicator identified
		2014/15	Baseline to be set	Not available								
		2015/16	TBC when baseline set	Not available								
		2016/17	TBC when baseline set									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
45	The percentage of looked after children who experience three or more placements in the year	2013/14		7.0%			Amber	11.0%	▼	10.6%	▼	Revised target for year 3 of the plan - the new target is inbetween the 15/16 outturn for NY and the National 15/16 outturn
		2014/15	7.0%	7.8%	x	x		11.1%	▼	11.0%	▼	
		2015/16	6.5%	8.6%	x	x		10.0%	▼	10.5%	▼	
		2016/17 Q1	9.0%	9.7%	x	x						
		Q2	9.0%									
		Q3	9.0%									
		Q4	9.0%									
46	The percentage of looked after children whose placement has lasted two years or more	2013/14		73.0%			Green	67.0%	▲	62.1%	▲	Revised target for year 3 of the plan - the new target is the 15/16 National outturn.
		2014/15	75.0%	64.2%	x	x						
		2015/16	78.0%	66.5%	x	x						
		2016/17 Q1	68.0%	69.6%	x	x		68.0%	▲			
		Q2	68.0%									
		Q3	68.0%									
		Q4	68.0%									
47	The percentage of looked after children placed more than 20 miles from their home address	2013/14		37.9%			Red	24.0%	▼	15.7%	▲	X/Y*100 X = the number of LAC placed more than 20 miles from home Y = the number of LAC as at the end of the quarter
		2014/15	36.0%	38.6%	x	x						
		2015/16	34.0%	35.9%	x	✓						
		2016/17 Q1	32.0%	35.7%	x	✓						
		Q2	32.0%									
		Q3	32.0%									
		Q4	32.0%									

Ensuring a Healthy Start to Life

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
48	The percentage of children reporting that they had been bullied at or near school in the last 12 months	2012 KS2	Baseline	23%			Available in Q2					
		KS3/4	Baseline	18%								
		2013										
		2014 KS2	21%	21%	✓	✓						
		KS3/4	16%	19%	x	x						
		2015										
		2016 KS2	20%									
		KS4	15%									
49	The percentage of SEND Children reporting that they had been bullied at or near school in the last 12 months	2012 KS2	Baseline	32%			Available in Q2					
		KS3/4	Baseline	30%								
		2013										
		2014 KS2	32%	26%	✓	✓						
		KS3/4	30%	32%	x	x						
		2015										
		2016 KS2	31%									
		KS3/4	29%									
50	The percentage of children and young people who communicate with (chat or message) online with people they have met online and don't know in real life	2012 KS2		Not available			Available in Q2					
		KS3/4		26%								
		2013										
		2014 KS2	Baseline	12%								
		KS3/4	Baseline	22%								
		2015										
		2016 KS2	8%									
		KS3/4	18%									
51	The percentage of children and young people who have experienced someone writing or showing things to hurt or upset them online (with text, pictures or video)	2012 KS2		8%			Available in Q2					
		KS 3/4		21%								
		2013										
		2014 KS2	Baseline to be set	14%								
		KS3/4	Baseline to be set	20%								
		2015										
		2016 KS2	8%									
		KS3/4	18%									
52	Hospital admissions caused by unintentional and deliberate injuries to children under 15 years per 100,000	2013/14		111.2			Available end of 16/17	103.8	▼			Used the 15/16 Regional outturn for the year 3 target.
		2014/15	108.9	126.5	x	x		111.2	▼			
		2015/16	104.7	119.8	x	x		109.6	▼			
		2016/17	116.0									
53	Children killed or seriously injured in road traffic accidents (rate per 100k)	2013/14		24.5			Available end of 16/17	20.7	▼	14.7	▲	Used the 15/16 North Yorkshire outturn as the year 3 target.
		2014/15	23.3	22.6	✓	✓		19.1	▼			
		2015/16	22.1	24.6	x	x		17.9	▼			
		2016/17	24.6									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
54	The number of cases open to Children's Social Care which have a case status of CSE	2014/15	Baseline to be set	51			Green					Open referrals as at the end of the quarter with a Case Status of CSE
		2015/16 Q1	TBC	54	Not available	✓						
		Q2	TBC	46	Not available	✓						
		Q3	TBC	48	Not available	✓						
		Q4	TBC	52	Not available	x						
		2016/17 Q1	TBC	43	Not available	✓						
		Q2	TBC		Not available							
		Q3	TBC		Not available							
		Q4	TBC		Not available							
53	The number of child sexual exploitation prosecutions/ convictions	2013/14					Not available- working with NYP to determine workable indicator.					Not available- working with NYP to determine workable indicator.
		2014/15										
		2015/16										
		2016/17										
56	Number of children and young people presenting as homeless successfully diverted into suitable accommodation	2013/14		1,232 (69%)			Green					Every young person who enquiries at a Hub is considered at risk of homeless by the Service - numbers reflect the number of young people who enquired at a Hub and have had a positive final outcome.
		2014/15	71%	1,529 (90.5%)	✓	✓						
		2015/16	73%	2177(79%)	✓	✓						
		2016/17 Q1	75%	300 (78%)	✓	✓						
		Q2	75%									
		Q3	75%									
		Q4	75%									
57	The rate of children and young people admitted to hospital for mental health conditions per 100,000	2013/14		76.8			Available end of 16/17	87.6	▲			Used the 15/16 National outturn for the year 3 target.
		2014/15	88.0	71.8	✓	✓		87.2	▲			
		2015/16	88.0	96.3	x	x		87.4	▼			
		2016/17	87.4									
58	The rate of children and young people admitted to hospital as a result of self-harm	2013/14		322.9			Available end of 16/17	346.3	▲			Used the 15/16 Regional outturn for the year 3 target.
		2014/15	299.4	310.6	x	✓		352.3	▲			
		2015/16	290.1	383.4	x	x		398.8	▲			
		2016/17	367.9									
59	The percentage of children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/Edinburgh Mental Wellbeing Scale (KS4)	2014 KS2	Baseline to be set	34%			Available in Q2					
		KS3/4	Baseline to be set	22%								
		2015										
		2016	36%									
			24%									
60	The percentage of children and young people with a high measure of resilience	2012 KS2		32%			Available in Q2					
		KS3/4		24%								
		2013										
		2014 KS2	33%	38%	✓	✓						
		KS3/4	25%	20%	x	x						
		2015										
		2016 KS2	34%									
		KS3/4	26%									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
61	The percentage of SEND children and young people with a high measure of resilience	2012 KS2		24%			Available in Q2					
		KS3/4		19%								
		2013										
		2014 KS2	25%	28%	✓	✓						
		KS3/4	20%	17%	x	x						
		2015										
		2016 KS2	26%									
		KS3/4	21%									
62	The percentage of SEND children and young people with a high score on the Stirling Children's Wellbeing Scale (KS2) and the Warwick/Edinburgh Mental Wellbeing Scale (KS4)	2013					Available in Q2					
		2014 KS2	Baseline to be set	35%								
		KS3/4	Baseline to be set	18%								
		2015										
		2016 KS2	*38%*									
		KS3/4	*20%*									
63	The percentage of babies born with a low birth weight	2013/14		2.1%			Available end of 16/17	2.8%	▲			
		2014/15	1.90%	1.7%	✓	✓		2.8%	▲			
		2015/16	1.87%	2.5%	x	x		2.8%	▲			
		2016/17	1.85%									
64	Breastfeeding initiation rate	2013/14		74.00%			Available end of 16/17	73.90%	▲			
		2014/15	74.50%	76.90%	✓	✓		73.90%	▲			
		2015/16	75.00%	73.8%	x	x		74.30%	▼			
		2016/17	76.00%									
65	Breastfeeding prevalence at 6-8 weeks after birth	2013/14		46.8%			Green	46.6%	▲			No data available for North Yorkshire – Public Health England cite data quality issues
		2014/15	46.0%	Not available				Not available				
		2015/16	46.5%	Not available								
		2016/17 Q1	47.0%	48.4%	✓	✓						
		Q2	47.0%									
		Q3	47.0%									
		Q4	47.0%									
66	Admissions to Accident & Emergency by 0-5 year olds (rate per 1000)	2013/14		333.3			Available end of 16/17	510.8	▲			
		2014/15	333	355.1	x	x		525.6	▲			
		2015/16	328	363.4	x	x		540.5	▲			
		2016/17	326									
67	The percentage of children aged 4 or 5 (reception) who have excess weight	2013/14		21.3%			Available end of 16/17	22.2%	▲			1% decrease between year 1 and 2, this has been carried forward and North Yorkshire will aim to reduce this again by 1% by the end of year 3.
		2014/15	18.6%	22.0%	x	x		22.5%	▲			
		2015/16	17.9%	21.0%	x	✓		21.9%	▲			
		2016/17	20.4%									
68	The percentage of children aged 10 or 11 (Year 6) who have excess weight	2013/14		28.4%			Available end of 16/17	33.3%	▲			0.5% decrease between year 1 and 2, this has been carried forward and North Yorkshire will aim to reduce this again by 0.5% by the end of year 3.
		2014/15	28.1%	30.7%	x	x		33.5%	▲			
		2015/16	27.8%	30.1%	x	x		33.2%	▲			
		2016/17	29.6%									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
69	The percentage of children and young people who engage in 5 hours or more physical activity per week	2012 KS2		63%			Available in Q2					
		KS3/4		50%								
		2013										
		2014 KS2	65%	58%	x	x						
		KS3/4	52%	51%	x	✓						
		2015										
		2016 KS2	66%									
		KS3/4	53%									
70	The percentage of looked after children who have an annual health assessment	2013/14		77.1%			Amber	87.3%	▼			X/Y*100 X = the number of LAC with a health assessment Y = the number of looked after children at the end of the quarter that have been looked after for more than a year
		2014/15	80.0%	82.9%	✓	✓		84.4%	▼			
		2015/16	83.0%	83.2%	✓	✓						
		2016/17 Q1	86.0%	84.4%	x	✓						
		Q2	86.0%									
		Q3	86%									
		Q4	86.0%									
71	The percentage of looked after children who have an annual dental check	2013/14		78.2%			Amber	82.4%	▼			X/Y*100 X = the number of LAC with a dental check Y = the number of looked after children at the end of the quarter that have been looked after for more than a year
		2014/15	81.0%	86.8%	✓	✓		88.4%	▼			
		2015/16	84.0%	88.7%	✓	✓						
		2016/17 Q1	86.0%	85.8%	x	✓						
		Q2	86.0%									
		Q3	86.0%									
		Q4	86.0%									
72	The percentage of SEND children and young people who engage in 5 hours or more physical activity per week	2012 KS2		45%			Available in Q2					
		KS3/4		44%								
		2013										
		2014 KS2	47%	52%	x							
		KS3/4	46%	43%	x							
		2015										
		2016 KS2	49%									
		KS3/4	48%									
73	The rate of under 18 conceptions per 1,000 15-17 year old females	2013/14		21.4			Available end of 16/17	27.7	▲	24.3	▼	
		2014/15	20.4	17.1	✓	✓		24.3	▲			
		2015/16	19.4	16.7	✓	✓		22.8	▲			
		2016/17	18.5									
74	The rate of hospital admissions due to alcohol specific conditions (for under 18 year olds per 10,000)	2013/14		45.8			Available end of 16/17	42.7	▼			Used last 2 years local improvement mean of 7% for the year 3 target.
		2014/15	41.6	46.5	x	x		40.1	▼			
		2015/16	36.2	39.1	x	✓		40.1	▲			
		2016/17	39.5									
75	The rate of hospital admissions due to substance misuse (15-24 year olds per 100,000)	2013/14		67.6			Available end of 16/17	75.2	▲			Used the 15/16 Local outturn as the year 3 target. There has been an increase at a National and Regional level for this measure. At least we should maintain our current position.
		2014/15	67.6	66.4	✓	✓		81.3	▲			
		2015/16	67.4	83.5	x	x		88.8	▲			
		2016/17	83.5									

Ref	Measure	Reporting period	North Yorkshire Performance					Performance comparators				Comments
			Target	Outturn	Target achieved	Improving or stable performance in comparsion to position at the beginning of the plan	Risk rating (2 % points within target amber, 2% points or more red)	National		Statistical Neighbours		
								Outturn	NY Performance compared with outturn	Outturn	NY performance compared with outturn	
76	The percentage of children and young people who had smoked at least one cigarette in the last 7 days (KS 3/4)	2012 KS2		0%			Available in Q2					
		KS3/4		8%								
		2013										
		2014 KS2	0%	0%	✓	✓						
		KS3/4	7%	5%	✓	✓						
		2015										
		2016 KS2	0%									
		KS3/4	6%									
77	The percentage of children and young people who had at least one alcoholic drink in the last 7 days	2012 KS2		8%			Available in Q2					
		KS3/4		32%								
		2013										
		2014 KS2	0%	1%	x	✓						
		KS3/4	7%	24%	x	✓						
		2015										
		2016 KS2	0%									
		KS3/4	6%									
78	The percentage of children and young people who have used cannabis in the last month (Secondary)	2014	Baseline to be set	6%			Available in Q2					
		2015										
		2016	5%									
79	The percentage of children and young people who have used any drug in the past (Secondary Schools)	2014	Baseline to be set	9%			Available in Q2					
		2015										
		2016	7%									
80	First time entrants to the youth justice system aged 10-17 (per 100,000 population)	2012/13		471			Available end of 16/17	556	▲	550	▼	
		2013/14		365	✓	✓		436	▲	390	▼	
		2014/15	453 (5% reduction)	394	✓	✓		402	▲	380	▲	
		2015/16	439 (further 3% reduction)	Not available								
		2016/17	430 (further 2% reduction)									

North Yorkshire Children's Trust

NORTH YORKSHIRE'S CHILDREN'S TRUST BOARD
Priority Outcome Update
September 2016

1.0 Purpose of Paper

1.1 To present to Children's Trust Board the findings from the Healthy Start to Life Priority Outcome Update.

1.2 To illustrate the granular level variations which exist in North Yorkshire across a range of health measures and the wider determinants of health which may warrant further investigation by Children's Trust Board.

2.0 Background

2.1 The current thematic review was produced in October 2015. One year on, some of the detail contained within the review requires updating to better reflect the current evidence base.

2.2 The analysis contained in this report complements the previous thematic review. However, the analysis contained in the refresh provides a new perspective in a way which supports Children's Trust Board to continue delivering a progressive agenda across the County.

2.3 The analysis explores the wider determinants of health in more depth and how these can compromise the health, well-being and life chances of children and young people living in North Yorkshire.

3.0 Key components of the report/review

3.1 The report contains an Executive Summary which provides an overview of the key findings. The detailed analysis is contained in appendices at the end of the report.

3.2 The report is structured around five key thematic areas, which are:

- Re-emerging dimensions of poverty
- Health promotion
- Child health in the perinatal period
- Long-term conditions in children and young people
- Mental health

3.3 Where appropriate, analysis of the information and intelligence is presented at granular level to identify inequalities which exist across different geographical boundaries.

3.4 The report sets out a handful of leadership challenges for Children's Trust Board to consider.

3.5 The contents of the report will shape the refresh of Young and Yorkshire from 2017.

3.6 To accompany the report, a profile has been developed which includes a series of charts and info graphics shaped around the five thematic areas.

4.0 Recommendations

4.1 Children's Trust Board to consider the scope of the refreshed priority outcome update.

4.2 Children's Trust Board to consider the leadership challenges.

4.3 Children's Trust Board to provide comment relating to the final design of the report.

Report prepared by:
Rick Geer
Public Health Intelligence Specialist
September 2016

North Yorkshire Children's Trust

North Yorkshire Children's Trust Board

Priority Outcome Update – Ensuring a Healthy Start to Life

September 2016

Final Draft

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Foreword

This report builds on and complements the previous analysis set out in the Healthy Start to Life thematic review published in 2015 and recent reports by the Director of Public Health. The format of this report differs from those presented to Children's Trust Board recently. We have made the analysis sharper and more engaging, whilst retaining depth and quality. Key findings are summarised in the first few pages of this report whilst the detailed analysis is contained in appendices at the end of the report.

Aspects of this report provide updated figures for well documented national and local issues, for example obesity or childhood injury rates. However, we believe that much of the analysis provides a new perspective in a way which supports Children's Trust Board to continue delivering a progressive agenda across the County.

The report continues to explore the effects of inequality on children and young people across the County, a key factor in preventing young people from maximising their potential. So our work has not simply focussed on key indicators of children's health. The analysis casts its net much further by considering the wider determinants which can compromise the health, well-being and life chance of children and young people living in North Yorkshire.

Whilst our focus is particular to North Yorkshire, the effects of national policy clearly plays a substantial role in shaping health outcomes for children & young people. Some of these are socio-economic factors such as the legacy of recession, national fiscal policy such as deficit reduction and the pace of economic growth and creation of good quality jobs.

Many of the issues identified in this analysis form part of complex socio economic web of interrelated factors, spanning the remits of many organisations and policy areas. Therefore this report doesn't try to explain or justify the cause and effect between interconnected issues, nor does it provide recommendations. Our work does however shine a spotlight on evidence which places North Yorkshire as an outlier in comparison to comparator or national statistics.

Where possible we have attempted to provide a granular perspective on variations across the County at Lower Super Output, Clinical Commissioning Group or District level. The evidence base identifies inequalities which exist across different geographical boundaries. By focusing on these small area inequalities, it is possible to determine variations across the social gradient from the most deprived to the least deprived areas. It is hoped that this approach will assist Children's Trust Board to consider opportunities which warrant further investigation, or for expanding the reach of its work by growing its network of influence.

Executive Summary

The report is structured around five key thematic areas and the measures included in each section illustrate variations in inequality. These thematic areas are covered in the following five appendices.

1) **Re-emerging dimensions of poverty**
2) **Health promotion**
3) **Child health in the perinatal period**
4) **Long-term conditions in children and young people**
5) **Mental health**

As with recent reports our findings have been framed around a handful of leadership challenges for Children's Trust Board to consider. The contents of this report will help to shape the refresh of Young and Yorkshire from 2017.

Re-emerging dimensions of poverty

This thematic area partly considers the interrelationship between deprivation, poverty and post-recession economic environment. Whilst evidence exists to show a strengthening of the national and local economic position, the long-term effects of austerity and sluggish economic outlook are predicted to be seen for many years to come.

The Child Poverty Act of 2010 commits successive governments to the eradication of child poverty by 2020. The Institute of Fiscal Studies suggests that child and working age poverty will increase across the UK over the next decade partly in response to the recession. North Yorkshire is not immune from this.

New research[1]shows the large number of families now accessing food-banks and hardship funds resulting from chronic family hardship and new types of family poverty such as fuel poverty and food poverty which are increasingly common and widespread. The North Yorkshire Local Assistance Fund (NYLAF) provides emergency support for vulnerable adults to move into or remain in the community and to help families under exceptional pressure to stay together. Applicants are eligible for up to two awards of emergency food and/or utility top-up in any twelve month period. Recent trend data shows that there was a period of high demand for the fund in North Yorkshire during the months October to March 2015-16. The significant increase was due to emergency applications of food and utility top-ups.

We know that poor quality housing is linked with children's health (especially respiratory illnesses and asthma) which is exacerbated by cold weather conditions because families simply can-not afford to heat their homes properly. Fuel poverty can have huge implications for children's health and North Yorkshire is no exception. In fact, one in every eight households in North Yorkshire currently experiences fuel poverty – that is equivalent to over 33,000 households in North Yorkshire alone – and in some parts of the County, such as Scarborough, these rates increase significantly. Not surprisingly, many low income households will make daily decisions around *'heating or eating'* that will inevitably compromise their family health, whilst the increased usage of food-banks and hardship funds to mitigate the effects of fuel and food poverty reflects the increased incidence of new forms of deprivation, including up to 5,000 cases of food poverty in North Yorkshire.

This analysis provides a range of new statistics and interpreted intelligence to highlight the correlation between the new kinds of poverty and poor family health. The report encourages

[1] Garthwaite, K (2016). Hunger Pains: Life inside food bank Britain

the Children's Trust Board to consider the implications of this for future strategic service delivery. The report also recognises the increased usage of the local emergency support fund (NYLAF) which has recorded unprecedented demand in recent years and raises questions about whether the Children's Trust Board might wish to extend invitations to this type of agency in future.

Health promotion

The second thematic area covered in this report is health promotion. Particular focus is given to some of the key issues which impact on the health and well-being of children during the school years and into adolescence.

Two of the main areas of focus in this section are*: childhood obesity* and *dental decay*. Nationally, there are concerns about the rise of childhood obesity and its persistence into adulthood. Dental decay is regarded as a significant health challenge and social problem nationally. As both of these areas are identified as being a high priority at a national level, further attention is required to investigate the scale of these issues in North Yorkshire. In particularly, the relationship between different variables such as obesity and deprivation is examined. Analysis of the evidence base shows that there is a direct correlation between the two variables and that the percentage of pupils recorded as obese in Reception year and Year 6 is highest in the most deprived quintiles than the least deprived quintiles. In geographical terms, Richmondshire (10.4%) had the highest proportion of obese children in reception year where *one in ten* children were measured as obese. Hambleton (17.6%) had the greatest proportion of obese children in year 6 where nearly *two in every ten pupils* were obese.

Dental decay is another important public health challenges in North Yorkshire. Survey data for 2012 and 2015 shows that oral health across each of the districts has generally improved over time however there are still some disparities. The greatest change observed was in Richmondshire where there was a marked decrease in mean decayed missing and filled teeth (dmft) between the two surveys from 1.4 to 0.7. To the contrary, Ryedale was the only district where there was an overall increase in the mean dmft between the two surveys from 0.3 to 0.5.

Other areas where the information and intelligence has been analysed in more depth includes:

- Child mortality
- Unintentional injuries
- Alcohol related admissions
- Chlamydia screening
- Immunisations

Child health in the perinatal period

The analysis presented across this thematic area explores some of the risk factors associated with a woman's health which occur before and during birth which can strongly influence the health of their new born child.

Deprivation, births outside marriage and maternal age under 20 are all factors associated with an increased risk of perinatal and infant mortality. The infant mortality rate in North Yorkshire has remained consistent since 2007-09 and is lower than the England and Yorkshire and Humber averages.

At CCG level in 2011-13, NHS Vale of York CCG had the highest perinatal mortality rate at 7.4 per 1,000. To the contrary, NHS Harrogate and Rural District CCG had the lowest rate at 5.3 per 1,000.

Across North Yorkshire in 2013, the neonatal mortality and stillbirth rate varied quite significantly at district level ranging from 2.5 per 1,000 in Hambleton to 17.4 in Richmondshire. In actual fact, Richmondshire had the highest rate across the whole of England.

The inequalities seen across North Yorkshire for a number of measures such as low birth weight could be attributable to the lifestyle choices of the mother. There is a wide evidence base to show that smoking during pregnancy can lead to premature birth and a range of other health effects including low birth weight. Children who are born into poverty are at greater risk of being born early and having a low birth weight at full term. Across North Yorkshire, variations can be seen at district level; recent figures show that Scarborough (3.3%) had the highest proportion of low birth weight babies and Richmondshire (1.5%) had the lowest percentage.

Pregnancy in under-18 year olds can lead to poor health and social outcomes for both the mother and child with a large proportion of pregnancies leading to abortion. Teenage conception rates in North Yorkshire have remained consistently below the England average since 1998 and continue to decline. However, wide ranging inequalities can be seen. In 2014, the teenage conception rate in Scarborough was 24.9 per 1,000. In actual fact, Scarborough was the only district in North Yorkshire where the teenage conception rate was higher than the England average of 22.8 per 1,000. To fully understand these variations, teenage conception data has been analysed at ward level to determine which wards have consistently high rates of teenage conception over time.

Long term conditions in children and young people

Long term conditions affect not only the health of a child but also the quality of life and their general well-being. The analysis presented for this thematic area is focused around three long-term conditions which can compromise the health and well-being of children and young people. These are*: asthma, epilepsy and diabetes*. These three conditions have been chosen for further detailed analysis as they represent the most common long-term conditions in childhood nationally. However, as asthma affects *one in every 11* children, this is regarded as the commonest long-term medical condition of the three. The interpreted intelligence provides more detailed information about emergency hospital admission rates and the length of time spent in hospital. As already discussed, cold, damp fuel poor households lead to poor health outcomes in children and young people and could contribute to the variations in rates of hospital admission seen across North Yorkshire.

Unplanned hospitalisation for asthma, diabetes and epilepsy in children and young people under 19 is a national quality indicator in the NHS Outcomes Framework. Analysis of the information and intelligence shows that NHS Scarborough and Ryedale CCG had the highest rates of emergency hospital admissions for both epilepsy and diabetes in children aged under 19 out of all the CCG's within North Yorkshire in 2013/14. In actual fact, out of 211 CCG's nationally, NHS Scarborough and Ryedale ranked 209th for having the highest rates of diabetes emergency admissions and 208th for epilepsy admissions. However, admission rates for epilepsy in NHS Scarborough and Ryedale CCG have almost halved since 2010/11 and the current rate (based on 2013/14 data) is 209.8 per 100,000. Furthermore, it should be noted that some children will be admitted to hospital on multiple occasions, increasing overall admission rates. Research shows that there is a significant relationship between deprivation and emergency hospital admissions in children for asthma and epilepsy in England - as deprivation increases, admission rates increase. Admission

rates will also be dependent on how effectively the condition is managed and controlled and there is strong evidence that the self-management behaviours initiated in adolescence remain with them throughout life.

Mental health

Nationally, mental health problems affect about *one in ten* children and young people. At district level, Scarborough (9.7%) had the highest percentage of any mental health disorder among 5-16 year olds, and Harrogate (8%) had the lowest.

Nationally, hospital admissions for self-harm have increased in recent years with admission rates for young women being significantly higher than admissions for young men. In North Yorkshire in 2014/15, the rate of hospital admissions as a result of self-harm among children and young people was 383.4 per 100,000 aged 10-24 years. This rate conforms to the national rate of 398.8. Children and young people with mental health problems such as an eating disorder may engage in self-injurious behaviours. In North Yorkshire in 2013, estimates suggest that 7,395 children and young people in North Yorkshire aged 16-24 years had a potential eating disorder.

Mental health disorders during pregnancy and the postnatal period can have serious short and long-term consequences for the health and well-being of a women and her child. In North Yorkshire in 2012, estimates suggest that 704 women required support during pregnancy or in the postnatal period.

However, post natal depression can also impact on the father and can have serious effects on a child's psychosocial development. Fathers who have been given space to develop their fathering role are less prone to postnatal depression and are more likely to develop a strong bond to their baby.

Conclusions

The report highlights that the overall health and well-being of children and young people living in North Yorkshire is generally very good but also shows significant variations for some measures which intersect with a range of geographic and demographic characteristics. Perhaps most notably there is a clear slope of health inequalities which runs across the county from west to east, where North Yorkshire's most intractable health issues are concentrated in the East of the county and especially in the coastal strip from Whitby to Scarborough. The analysis also shows that the gradient of health inequality is largely but not entirely attributable to the wider determinants of health, especially those associated with deprivation and poverty. This report presents new data about the new and re-emerging dimensions of poverty such as fuel and food poverty which appear to compound existing health problems for certain groups of people in the population.

Consistent with feedback from the recent health summit, this report suggests that the long-standing health issues identified in North Yorkshire cannot be resolved in the short-term or by a single or small group of agencies. In order to tackle the stubborn problem of health variation, a longer-term strategy might be needed which incorporates the support of a wider range of agencies and develops a broader plan for health equality in North Yorkshire – perhaps over a ten year period.

It's very reassuring to note that children and young people growing up in North Yorkshire are generally very healthy overall but they are not exempt from some of the big national health problems and we should not be complacent about our previous achievements and our current position. We need to continue to use our collective resources to ensure that the

health and well-being of all children and young people in North Yorkshire is maximised and supports children to achieve their full potential.

Critical questions and leadership challenges

1) To what extent could Children's Trust Board influence wider multi-agency discussions to tackle the inequalities and variations?

2) Considering some of the system-wide inequalities identified across this thematic area, what opportunities exist for Children's Trust Board to widen its reach to develop stronger relationships with Housing, Economic Development and Health to address some of the key determinants of health?

3) Given resource constraints, are there any particular areas which Children's Trust Board regard as a priority and could be given greater attention in Young and Yorkshire two?

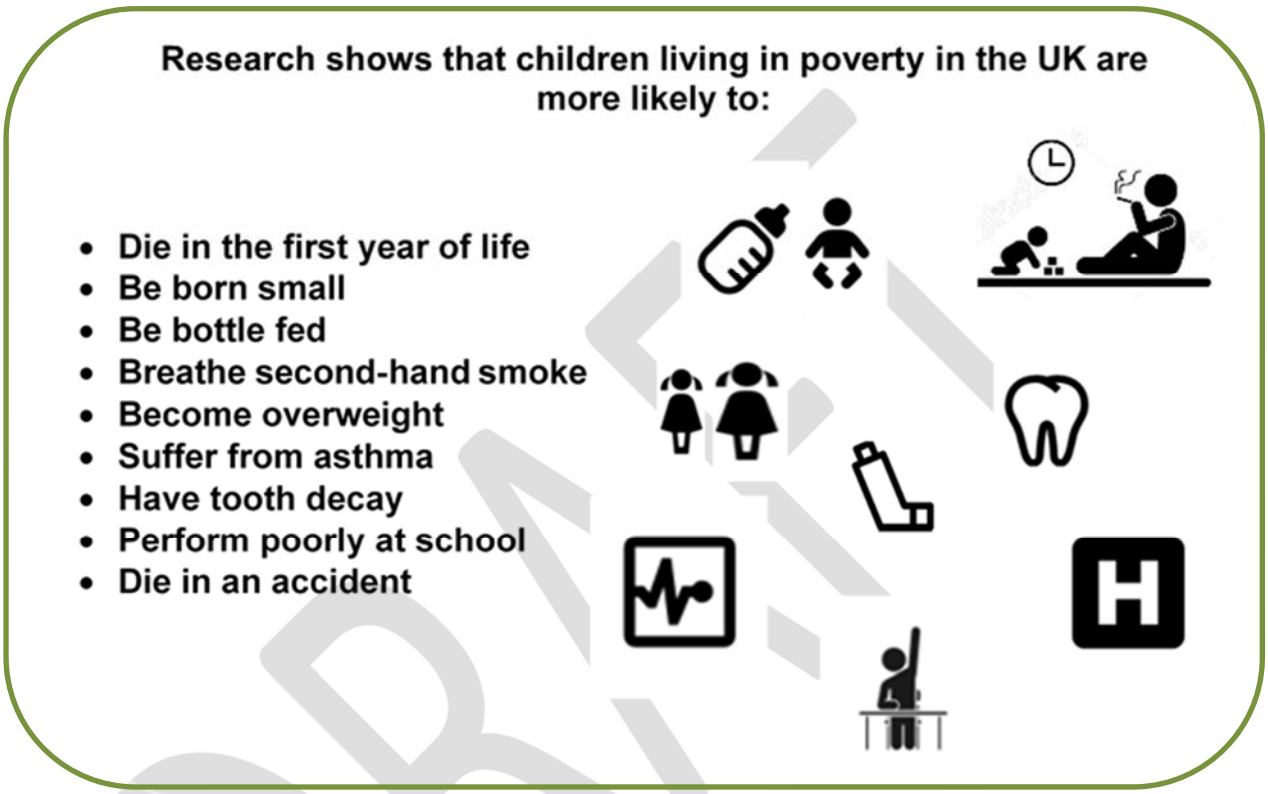
4) To what extent could Children's Trust Board influence and shape some of the variations in health disparity identified at small area level across the slope of health inequalities?

5) Is it worthwhile pursuing collaboration with academic experts in the scheme of public health to help us to pioneer new models of health prevention?

Appendix one: New dimensions of poverty

Research shows that inequality will impact people on low incomes and vulnerable groups the most, including children, young people, single-parent families, unemployed people, ethnic minorities, migrants and older people[2].

Child poverty and deprivation are important issues for public health. Poor health associated with child poverty can impede a child's potential and development, and can impact on future life chances.



Recent analyses by the Institute of Fiscal Studies of current policies implemented in the UK in response to the economic environment identified that children are among those groups being hit hardest[3]. These reforms have increased and compounded the extent and nature of poverty and deprivation nationally and (re)created new dimensions of poverty as families struggle to cope with the increasing financial strain. Recent research[4] shows the large number of families now accessing food-banks and hardship funds resulting from chronic family hardship and new types of family poverty such as fuel poverty and food poverty which are increasingly common and widespread. We know that poor quality housing is linked with children's health (especially around respiratory illnesses and asthma) which is exacerbated by cold weather conditions that can lead to dampness because some families simply can-not afford to heat their homes properly. Fuel poverty can have huge implications for children's health and North Yorkshire is no exception. In actual fact, one in every eight households in North Yorkshire currently experiences fuel poverty, which is equivalent to over 33,000 households in North Yorkshire alone – and in some parts of the County, such as Scarborough, these rates increase significantly. Research undertaken at a national level

[2] Anderson P, McDaid D, Basu S, Stuckler D (2011) Impact of economic crises on mental health. Copenhagen: World Health Organization European Office.

[3] Browne, J. The impact of austerity measures on households with children. Institute of Fiscal Studies, 2012

[4] Garthwaite, 2016

shows that 20% of parents living in fuel poverty regularly go without food so that their children can eat[5].

The information and intelligence below examines the increased usage of the local emergency support fund (NYLAF) which has recorded unprecedented demand in recent years.

Child poverty and health outcomes

Child poverty[6] in North Yorkshire (10.8%) was below the England average (18.6%) in 2013. However, in Scarborough there were 3,285 children or 19.2% aged under 16 living in poverty. To the contrary, there were 1,920 children experiencing poverty in Harrogate, which equates to 7.4% of the population aged under 16.

The Marmot Review (2010) suggests that there is evidence that child poverty leads to premature mortality and poor health outcomes for adults and that reducing the number of children who are living in poverty should improve adult health outcomes and increase healthy life expectancy[7]. In North Yorkshire, life expectancy for males born between 2012 and 2014 is 80.3 years. This was lower than female life expectancy which was 84 years[8]. Variations at district level show that male life expectancy at birth was highest in Richmondshire (81.4 years) and lowest in Scarborough (78.2 years). Life expectancy for females was highest in Hambleton (85.2 years) and lowest in Scarborough (83 years) as illustrated in figure 1. As such, a male baby born in Scarborough today can expect to live more than three years less than a male baby born in Richmondshire and a female baby born in Scarborough can expect to live two years less than one born in Hambleton.

[5] Cooper, N., Purcell, S. and Jackson, R. (2014) 'Below the breadline: The Relentless Rise of Food Poverty in Britain', Church Action on Poverty, Oxfam, Trussell Trust

[6] HM Revenue and Customs: Child poverty is defined as the percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16's only

[7] Public Health Outcomes Framework

[8] Office for National Statistics

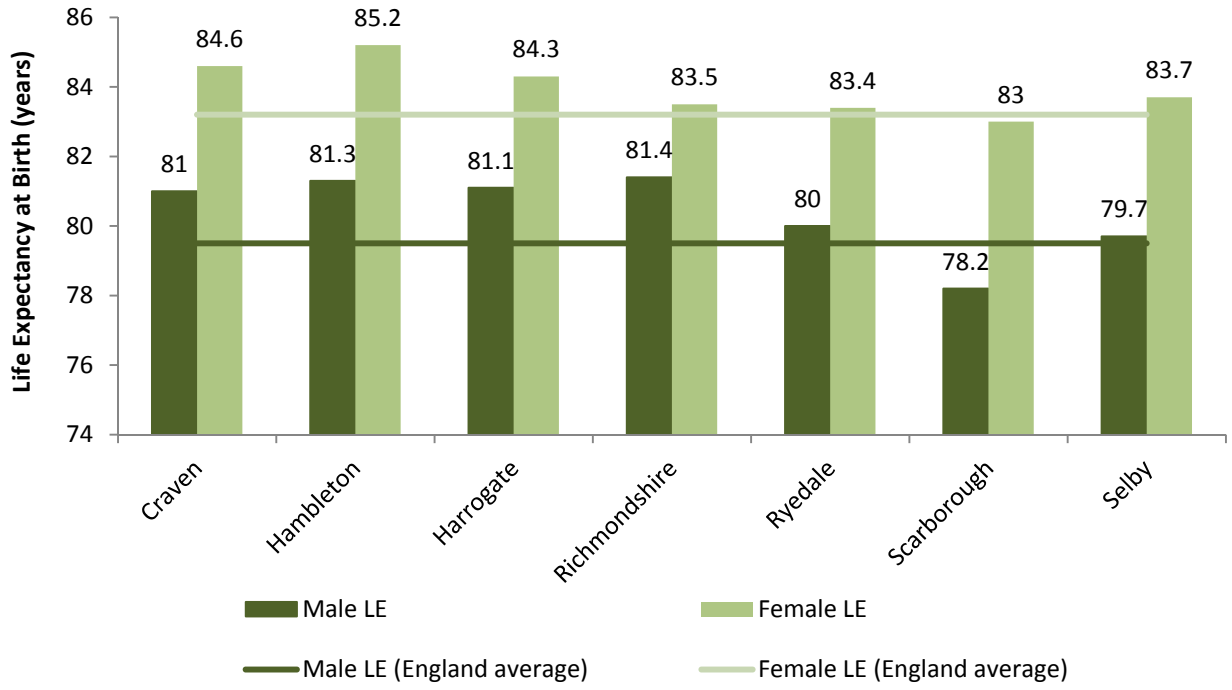


Figure 1: Male and Female life expectancy at birth in 2012-14. Source: ONS

When plotted against one another, there is a strong correlation between child poverty rates and geographical variations in life expectancy. As mentioned above, life expectancy at birth for both males and females was lowest in Scarborough which recorded the highest levels of child poverty across the county (figure 2). Similarly, in Selby, life expectancy for males was lower than the average for North Yorkshire and levels of child poverty were above average. In Harrogate, life expectancy was above the North Yorkshire average for both males and females, and levels of child poverty were reported at 7.4%, the lowest for all districts across North Yorkshire.

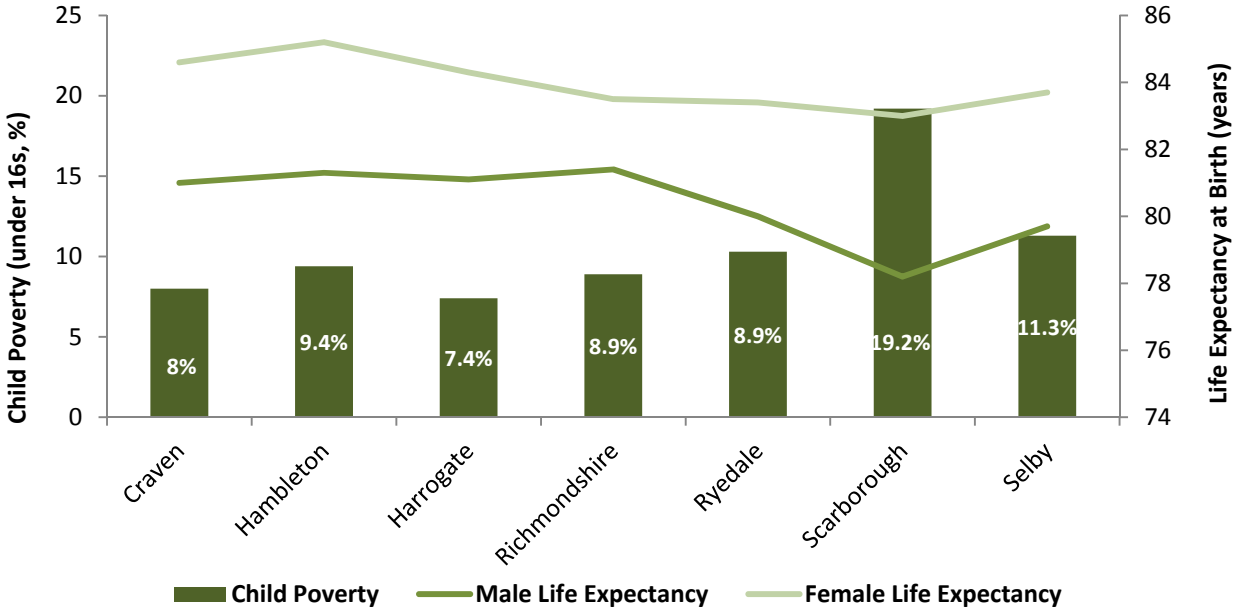


Figure 2: Child poverty against male and female life expectancy. Source: ONS (life expectancy 2012-14) and DWP (child poverty, 2013).

Social welfare

Findings suggest that in times of economic crisis informal social welfare can provide people with a place to turn to for support whether to borrow money, or to supply food or shelter or to get advice on sources of help[9]. The adverse effects of economic downturn are reduced where people are members of social organisations, such as religious groups or sports clubs where social support and sources of help are available for families. There may be opportunities for North Yorkshire County Council to reduce inequalities associated with social welfare through the Stronger Communities programme with the aim of improving the well-being of children and young people.

Food banks

In the past decade, the use of food banks has increased with 1,084,604 people receiving a three day emergency food pack in the UK in 2014/15 from the Trussell Trust alone[10]. This compares with just 128,627 people in 2011/12.

During the first six months of 2013, frontline services (Children's Centres, organisations providing debt advice, faith organisations and organisations supporting people who are homeless or at risk of homelessness) reported that they encountered between 3,535 and 5,178 incidences of food poverty across North Yorkshire[11]. This equates to an average of 726 incidences of food poverty per month.

North Yorkshire Local Assistance Fund

The NYLAF provides emergency support for vulnerable adults to move into or remain in the community and to help families under exceptional pressure to stay together[12]. Applicants are eligible for up to two awards of emergency food and/or utility top-up in any twelve month period. There was a period of high demand for the fund during the months October to March 2015-16 (figure 3) and the significant increase was due to emergency applications of food and utility top-ups.

[9] Webpage: http://www.fph.org.uk/the_impact_of_the_uk_recession_and_welfare_reform_on_mental_health#8

[10] http://www.trusselltrust.org/stats.

[11] Harrogate and Ripon Centres for Voluntary Service, North Yorkshire Emergency Food Provision Research Project, July 2013

[12] North Yorkshire Local Assistance Fund, Annual Report 2015/16

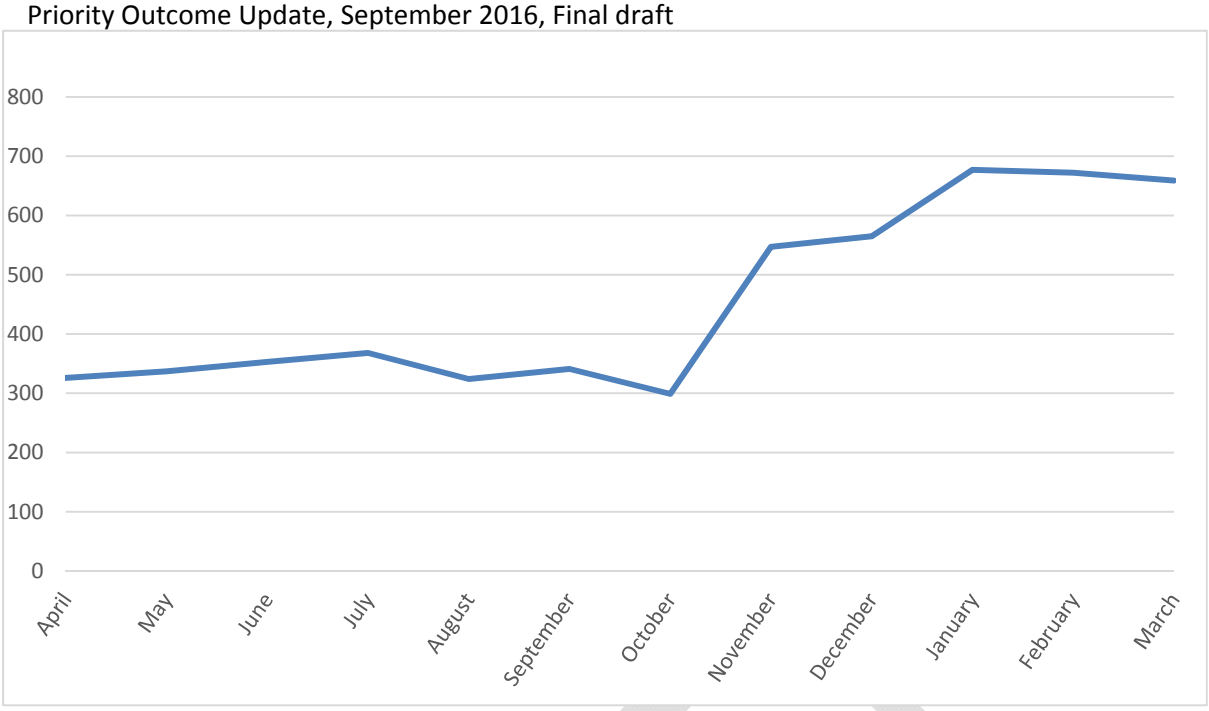


Figure 3: Trends in applications for the NYLAF in 2015/16. Source: NYLAF Annual Report, 2015/16

Welfare reforms in recent years may be impacting on the number of application to the NYLAF and might also contribute to the rise[13]. Scarborough (56%) has seen the highest number of applications, followed by Harrogate (14%) and Selby (13%). In Scarborough, the strong link between issues such as deprivation, unemployment and benefit take-up are expected to contribute to the high demand for emergency NYLAF support here (figure 4). Emergency awards of food and then utility top-ups were the two most awarded items from the Fund in 2015/16.

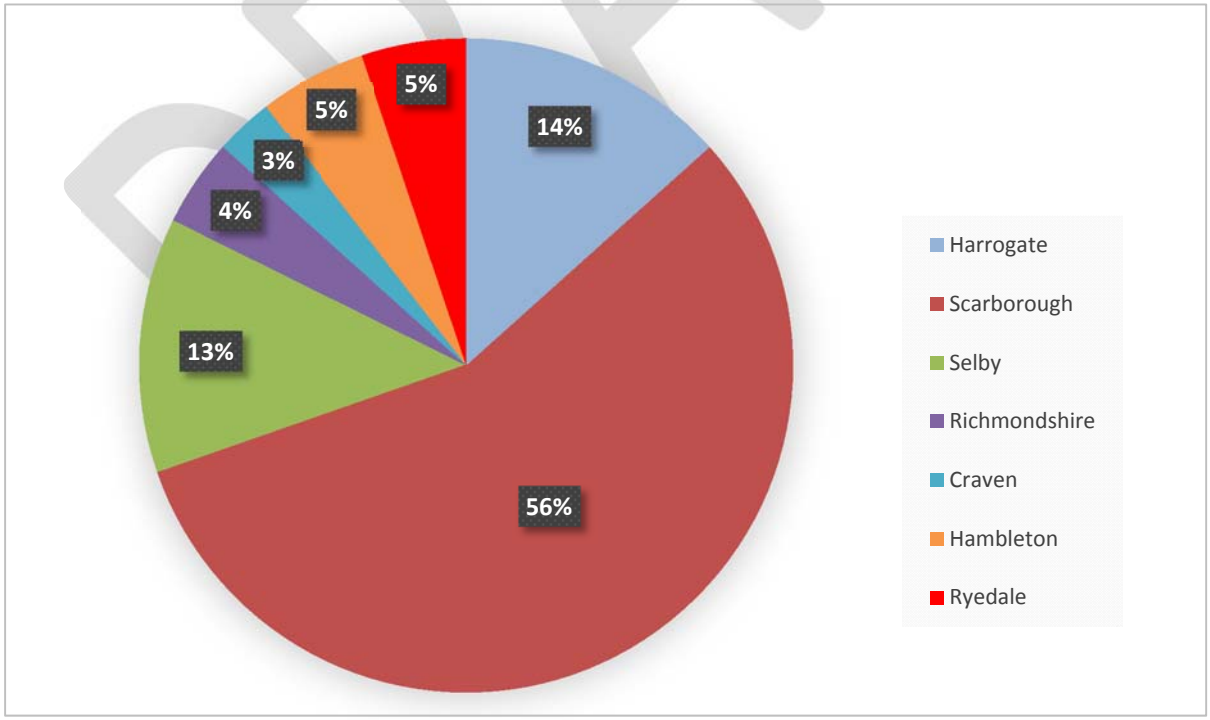


Figure 4: Proportion of NYLAF applications by District. Source: NYLAF Annual Report, 2015/16

[13] North Yorkshire Local Assistance Fund, Annual Report 2015/16

Income and poverty

Income variations

Out of all of the districts in North Yorkshire, Selby had the highest median average gross annual income at £27,378 in 2015 (figure 5). This equates to a gross weekly income per household of £527. Although median average gross annual income is highest in Selby, levels of child poverty are above the North Yorkshire average. Selby is well-connected to employment opportunities in urban centres such as the West Yorkshire conurbation and York. This is reflected in the higher than average gross annual income.

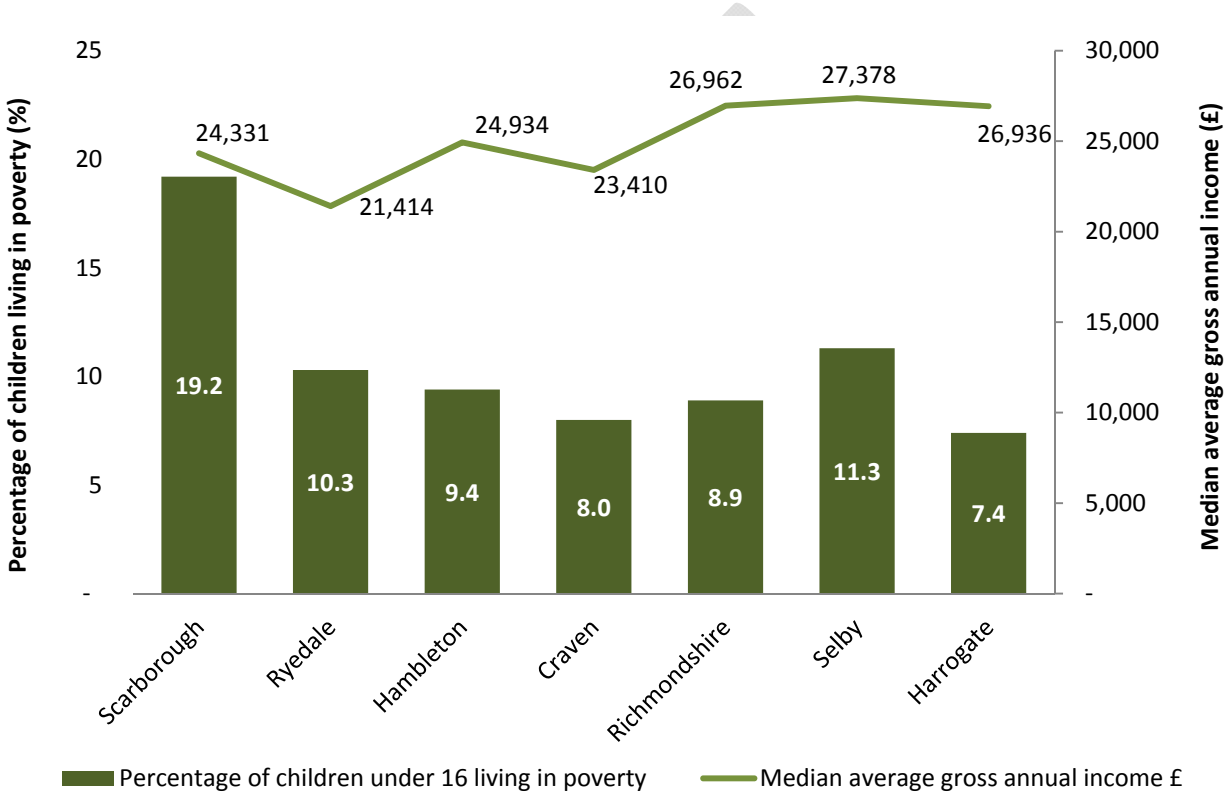


Figure 5: Median average gross annual income and child poverty. Source: Nomis (income data) and HM Revenue and Customs (child poverty)

Income Deprivation Affecting Children Index (IDACI) is an indicator contained as part of the Indices of Deprivation suite of indicators. The IDACI is derived from data on children aged 0 to 15 living in Income Support families; Jobseeker's Allowance families; Pension Credit (Guarantee) families; Child Tax Credit; and Working Tax Credit Income Support families not already counted.

NHS Scarborough and Ryedale CCG (19.8%) had the highest percentage of children aged 0 to15 living in income deprivation and NHS Harrogate and Rural District CCG (8%) had the lowest proportion (figure 6).

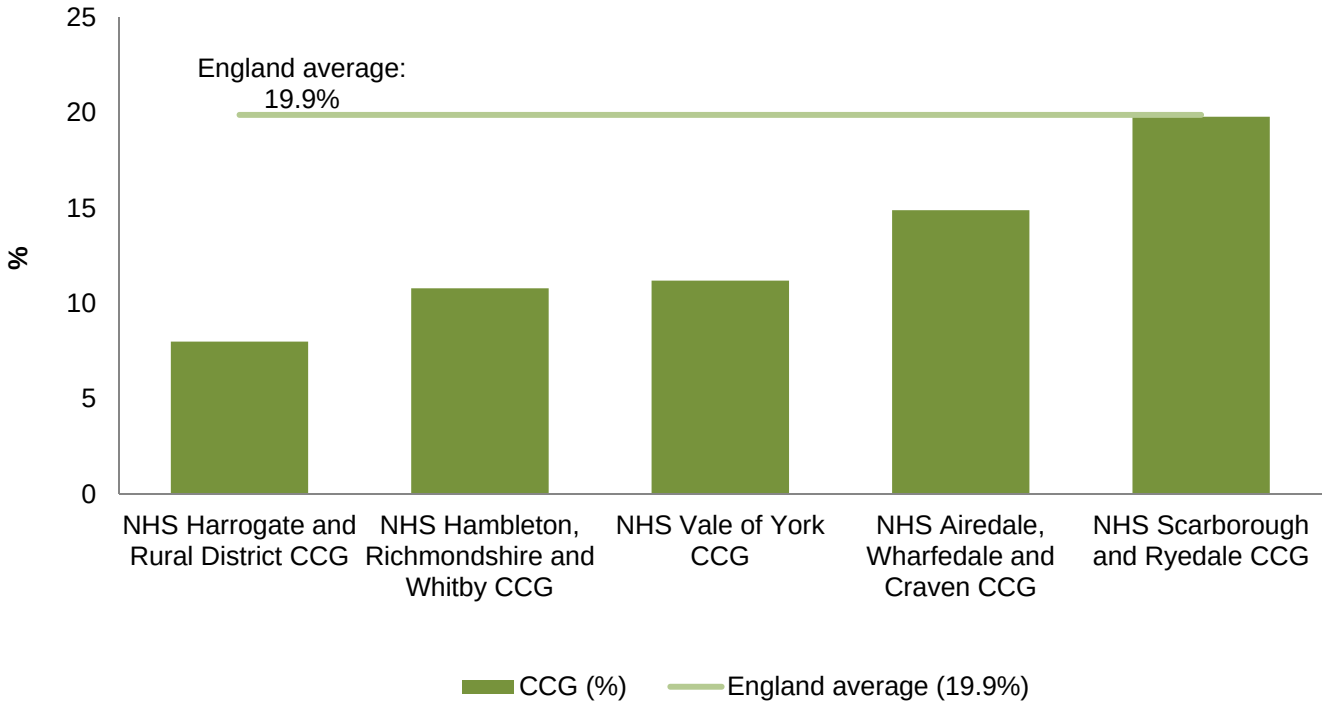


Figure 6: Income Deprivation Affecting Children Index (IDACI): the percentage of children living in income deprivation by CCG in 2015. Source: DCLG, Indices of Deprivation 2015

The LSOA's in North Yorkshire which are among the 20% most deprived LSOA'S in England have been identified in figure 7. These pockets of income inequality are located in Scarborough, Selby and Harrogate districts.

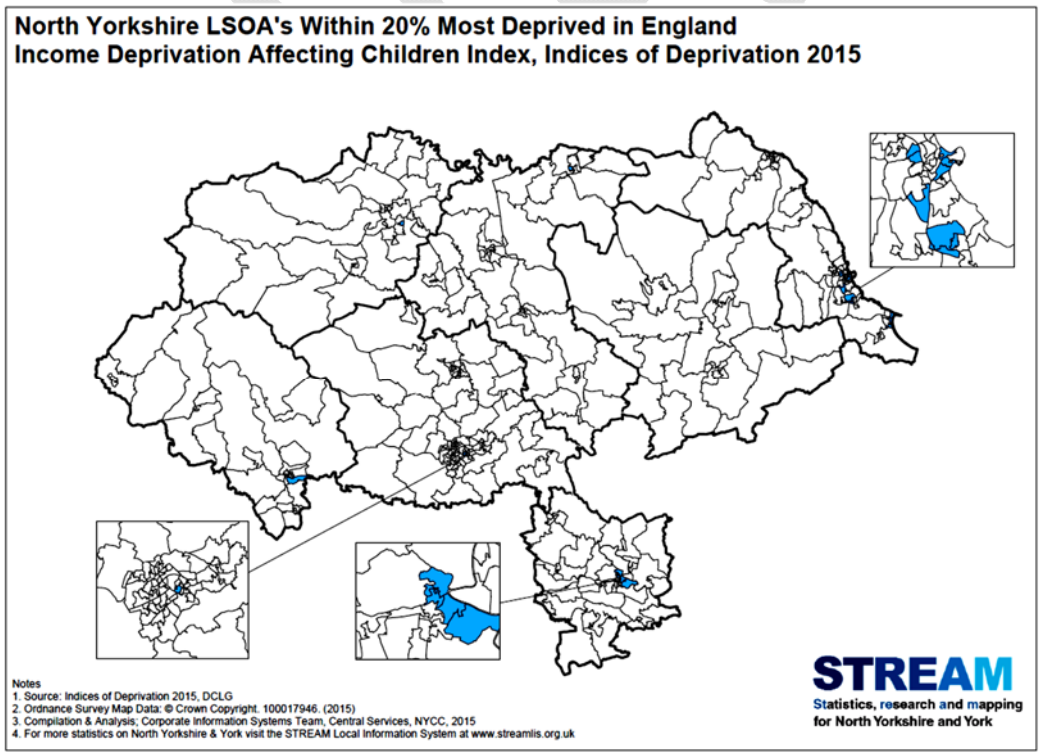


Figure 7: North Yorkshire LSOA's within the 20% most deprived in England. Source: IMD 2015, DCLG

Housing and poverty

Fuel poverty

A broad evidence base shows that poor quality housing conditions affect some aspects of child development and well-being. Research conducted by the Marmot Review Team highlighted that low temperatures are strongly correlated with a range of negative health outcomes, including excess winter deaths[14]. The three key elements in determining whether a house is fuel poor or not are:

- Household income
- Fuel prices
- Fuel consumption

In North Yorkshire in 2014, 12.8% of households were fuel poor. This equates to 33,353 households[15]. Children living in poor quality housing are increasingly at risk of poorer general health and respiratory health problems, including asthma[16]. In North Yorkshire in 2014/15, the rate of hospital admissions for asthma was 180.6 per 100,000 aged under 19 years which was lower than the England average of 216.1[17]. In North Yorkshire in 2014, the proportion of households experiencing fuel poverty ranged from 15.9% of households in Ryedale to 9.4% in Selby (figure 8).

When data is examined at granular level (LSOA level), fuel poverty is an issue in some of the most sparsely populated rural communities in North Yorkshire, which could be a reflection of pockets of older housing stock and insulation problems (figure 9).

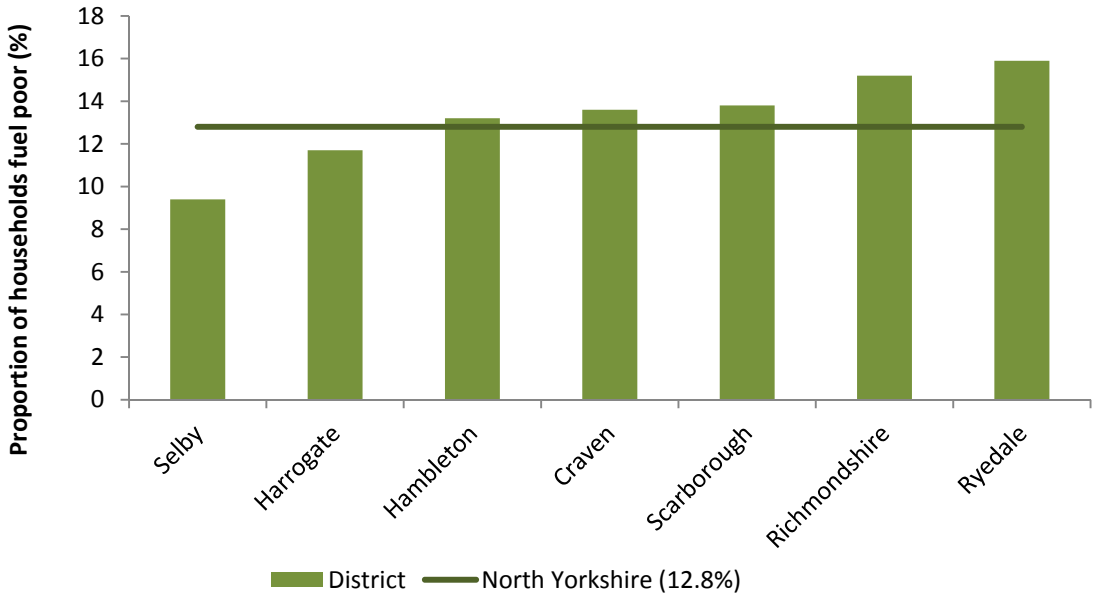


Figure 8: Proportion of fuel poor households by district in 2014. Source: Department of Energy and Climate Change.

[14] Marmot Review Team (UCL Institute of Health Equity), 2011: The Health Impacts of Cold Homes and Fuel Poverty

[15] Department of Energy and Climate Change

[16] Shelter. http://england.shelter.org.uk/campaigns_/why_we_campaign/housing_facts_and_figures/subsection/?section=the_impact_of_bad_housing

[17] Hospital Episode Statistics, Health and Social Care Information Centre

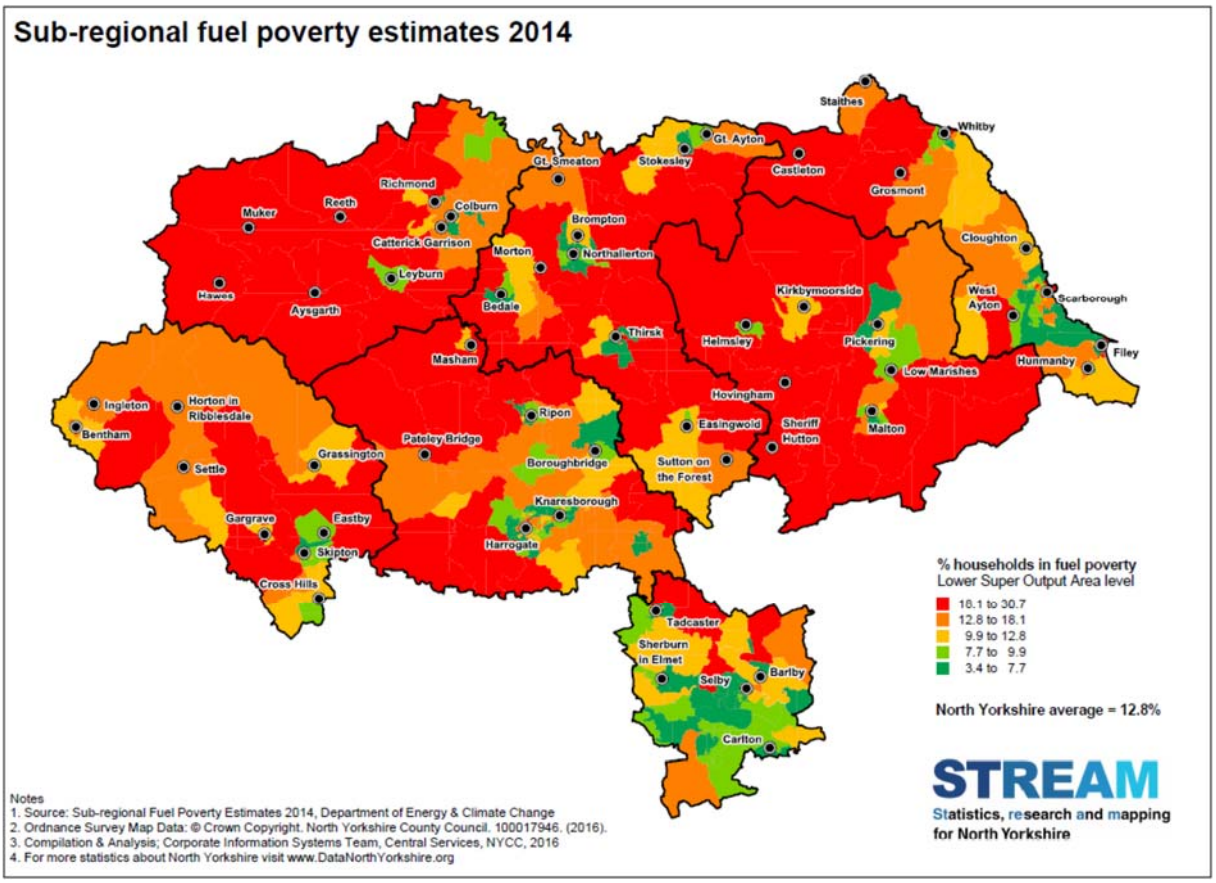


Figure 9: Sub-regional fuel poverty estimates, 2014. Source: Department for Energy and Climate Change (DECC).

Overcrowding

Overcrowded households present a number of implications relating to the health and well-being of children and young people. Living in an overcrowded household can cause stress in children and young people, and can impact negatively on a child's educational and emotional development, thus affecting their ability to thrive in school. Overcrowded and noisy households have been associated with poor sleep patterns in children[18]. In North Yorkshire in 2011, 2.2% of households were overcrowded which was below the national average of 4.8%. This equates to 5,540 households[19]. The proportion of households which were overcrowded varies by district, ranging from 2.7% in Scarborough to 1.5% in Hambleton (Figure 10).

[18] Fabian Society (2006) *Narrowing the Gap: The final report of the Fabian Commission on Life Chances and Child Poverty.* London: Fabian Society

[19] ONS Census 2011. An overcrowded household is a household with an occupancy rating of -1 or less. An occupancy rating of -1 implies that a household has one fewer bedroom than the standard requirement. Data source: ONS Census

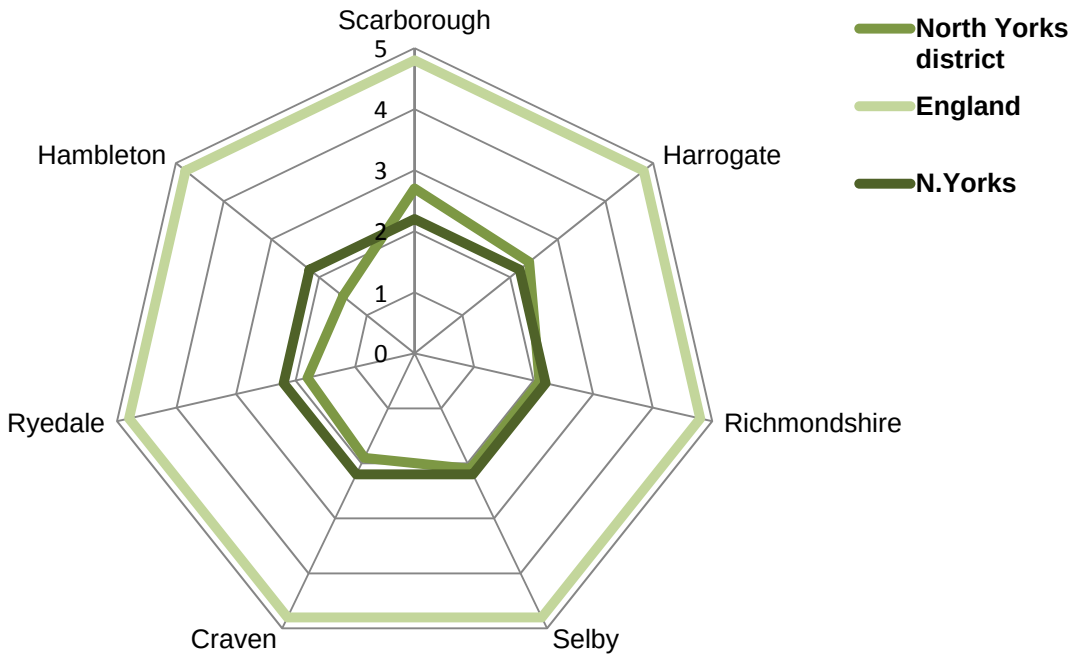


Figure 10: Overcrowded Households by District in 2011. Source: ONS 2011 Census

Homelessness

The post-recession period has seen an overall increase in levels of homelessness nationally. Statutory homelessness is associated with severe poverty and is a social determinant of health. It is also correlated with adverse health, education and social outcomes, particularly for children. In North Yorkshire in 2014/15, the rate of statutory homelessness was 1.4 per 1,000 which was similar to the Yorkshire and Humber average and lower than the England average of 2.4 per 1,000 (figure 11).

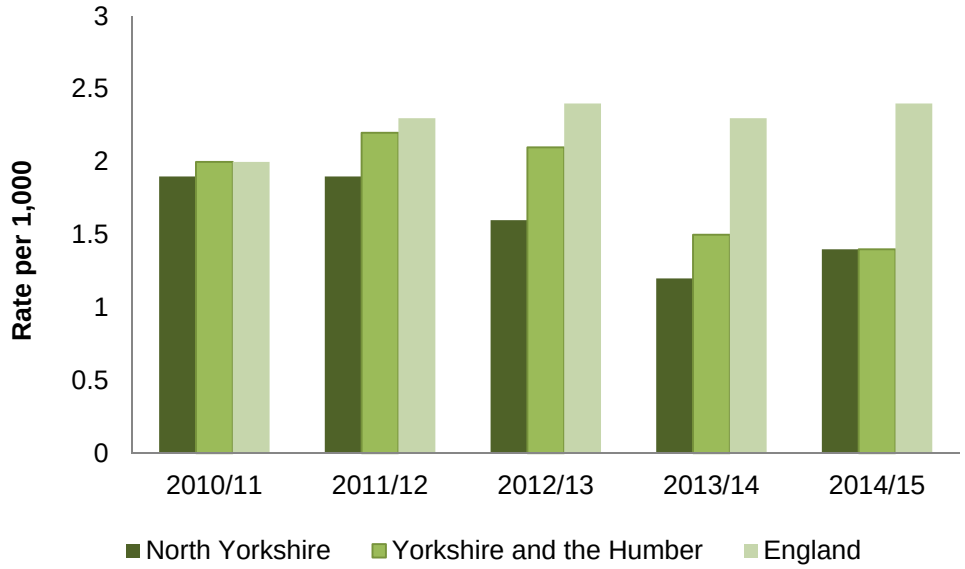


Figure 11. Statutory Homelessness: 2010/11 to 2014/15. Source: Department for Communities and Local Government.

School readiness

'School readiness' relates to a child's cognitive, social, and emotional development that will enable effective learning and participation at school. School readiness starts at birth and continues through the early years when young children acquire social and emotional skills and resilience necessary for success in school and life. The percentage of pupils in North Yorkshire achieving a good level of development at the early years foundation stage has increased by 5.6% from 61% in 2013/14 to 66.6% in 2014/15[20]. As such, North Yorkshire's performance is similar to England (66.3%) and Yorkshire and Humber (64.6%) averages. However, performance is slightly below the average for our statistical neighbours, which was 68.6%.

[20] Department for Education, EYFS profile

Appendix two: Health Promotion

This appendix provides data and intelligence on some of the key issues which can impact on the health and wellbeing of children and young people both during the early years and into adulthood. Focus is given to some of the health challenges which need to be addressed during childhood which includes injury, obesity and tooth decay.

Child mortality

The child mortality rate in North Yorkshire in 2012-14 was 11 per 100,000 children aged 1 to 17 years. This was similar to the England rate of 12[21]. This equates to 13 deaths per year.

Child injury represents one of the commonest causes of death after the age of 1 year and many of these deaths are potentially avoidable. The Public Health team at North Yorkshire County Council have previously (in May 2016) explored the key issues relating to childhood injuries and have examined the scale of the issues, evidence base and priorities for action[22]. Some of the findings from this research are outlined below.

Unintentional injuries

Childhood injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related experiences[23]. Thematic analysis of Young and Yorkshire 2015 found that injuries in children were an area of concern in North Yorkshire and that many of these injuries are preventable. Furthermore, findings show that hospital admissions caused by injuries in children aged 0 to 14 years was one of only two areas in which North Yorkshire performed *significantly worse* than the England average[24]. For children aged 0 to 14 years, admission rates in North Yorkshire are comparable to those seen in a number of similar local authorities including Somerset, Warwickshire and East

[21] Office for National Statistics

[22] Findings are presented in the report: A Report on Childhood Injuries in North Yorkshire, produced by the Public Health Team at North Yorkshire County Council, May 2016

[23] PHE, ChiMat

[24] A Report on Childhood Injuries in North Yorkshire, produced by the Public Health Team at North Yorkshire County Council, May 2016.

Sussex (figure 12).

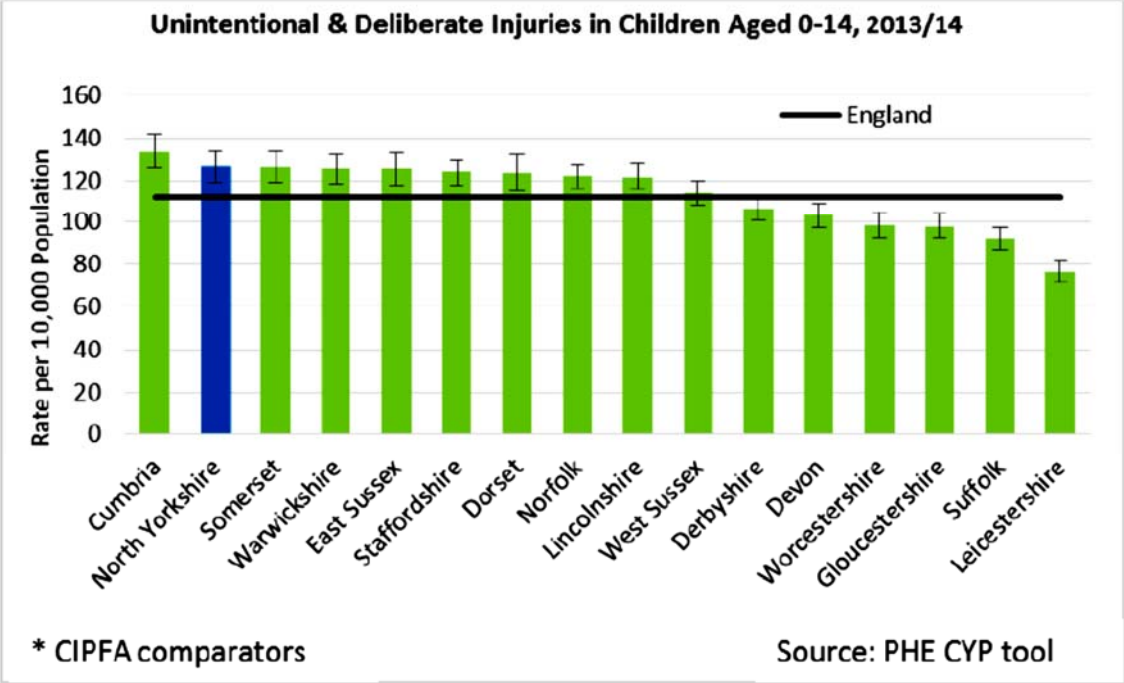


Figure 12: Unintentional and deliberate injuries in children aged 0 to 14, 2013/14. Source: PHE CYP tool.

Following the publication of these initial findings, the latest data in the 2016 North Yorkshire Child Health Profile shows that hospital admissions caused by injuries in children aged 0 to 14 and 15 to 24 years remains *significantly worse* than the England average. For children aged 0 to 14, the rate of admissions in North Yorkshire was 119.8 per 10,000 and 143.9 per 10,000 in children aged 15 to 24[25].

Childhood obesity

The World Health Organisation (WHO) acknowledges that childhood obesity is one of the most serious public health challenges for the 21st century. Furthermore, obese children are likely to be absent from school, have lower self-esteem, suffer from bullying and require more medical care than health weight children[26].

In North Yorkshire in 2014/15, 8.1% of children in reception year were measured as obese compared to 9.1% in England. By year 6, 15.2% of children in North Yorkshire were measured as obese compared to 19.1% in England[27].

There is a close association between childhood obesity levels and socioeconomic deprivation. Nationally, obesity levels in children living in the 10% most deprived areas of the country is more than double that of children living in the least deprived 10% of areas[28]. In North Yorkshire, the percentage of pupils recorded as obese in Reception year and Year 6 is

[25] Hospital Episode Statistics (HES)
[26] National Obesity Observatory, Obesity and mental health, 2011. Webpage: http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf
[27] HSCIC, NCMP
[28] Public Health England, 2015. Patterns and trends in child obesity. Slideset: www.noo.org.uk/slide_sets

higher in the most deprived quintiles than the least deprived quintiles, thus conforming to the national trend (figure 13).

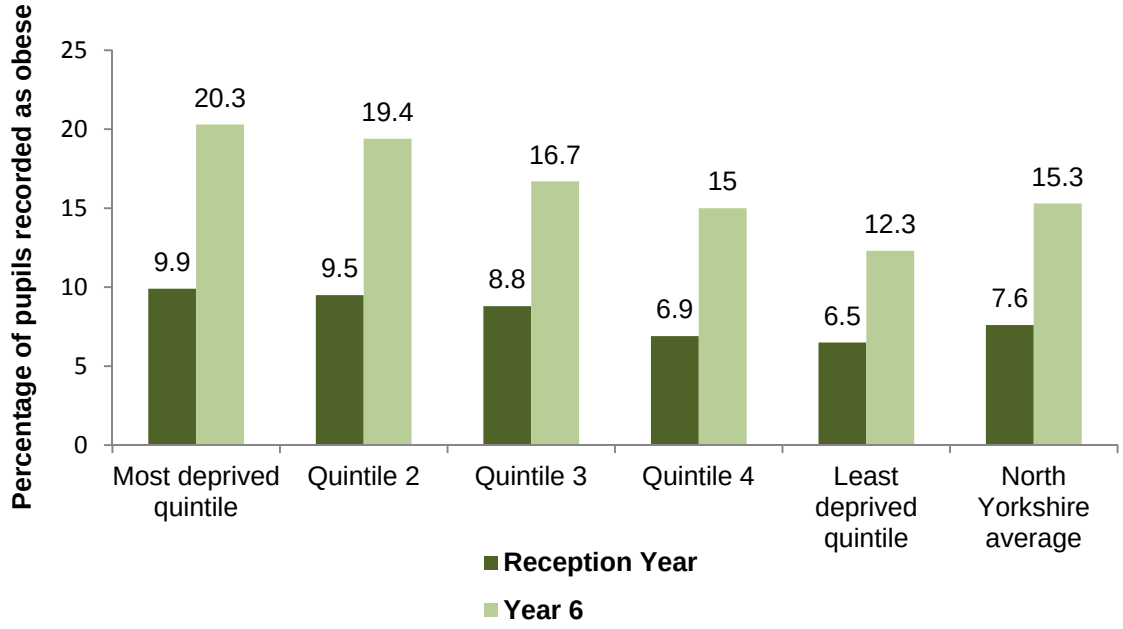


Figure 13: Prevalence of obesity among children in Reception (aged 4 to 5 years), 5 years data combined (2010/11 to 14/15). Based on deprivation quintiles in England. Source: Health and Social Care Information Centre, National Child Measurement Programme

When examined at district level, Richmondshire (10.4% or 45 pupils) had the highest proportion of obese reception year children compared to Ryedale (6.2% or 26 pupils) which had the lowest. Richmondshire and Selby were the only two districts where the average proportion of obese children was above the England average (figure 14).

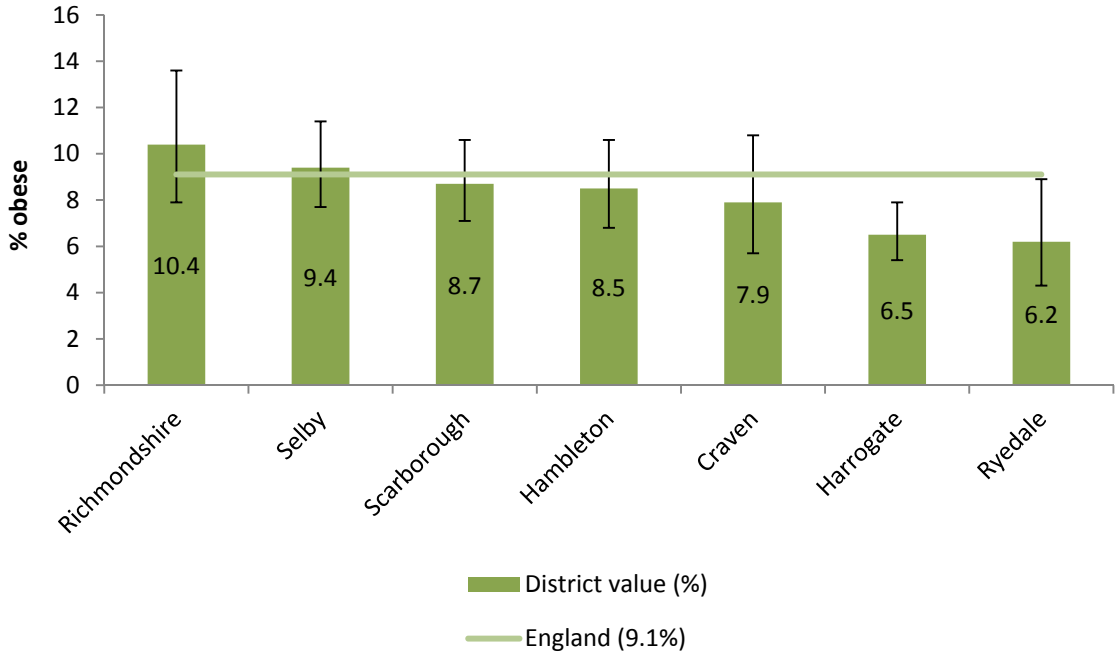


Figure 14: Reception year obesity variations by district. Source: HSCIC, NCMP

In year 6, Hambleton (17.6% or 133 pupils) had the highest proportion of obese children and Harrogate (11.9% or 160 pupils) had the lowest (figure 15).

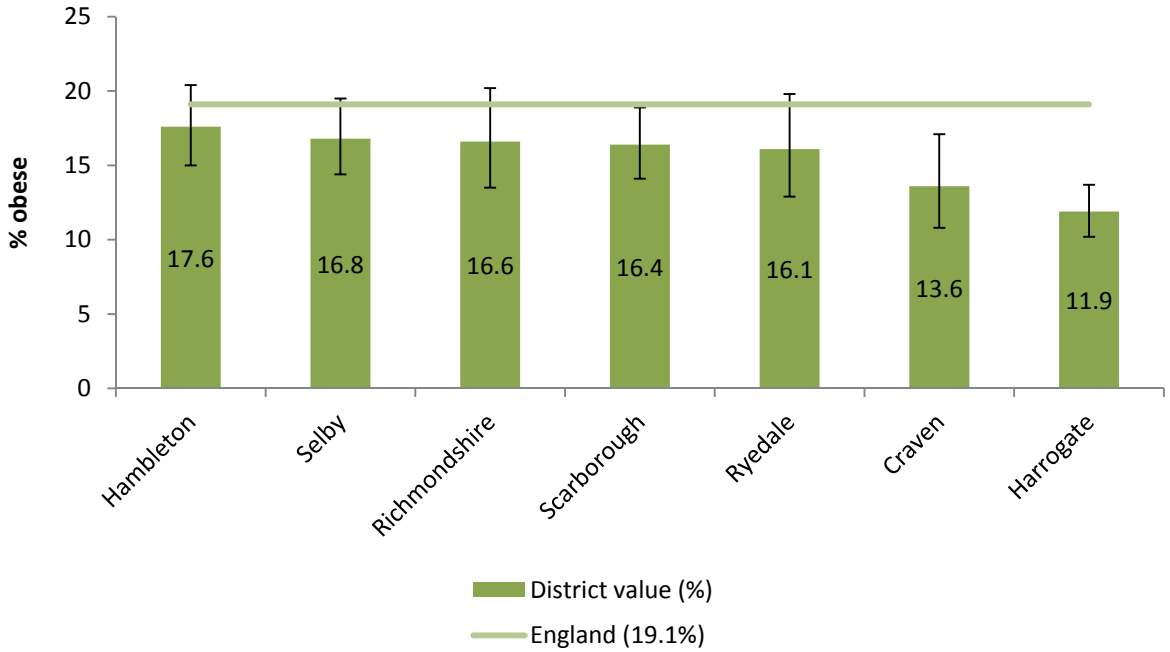


Figure 15: Year 6 obesity variations by district. Source: HSCIC, NCMP

The government's recent Plan for Action[29] sets out a range of measures to significantly reduce childhood obesity by supporting healthier choices such as reducing the amount of sugar in food and drinks. Programmes to reduce obesity in school children include doubling the Primary PE and Sport Premium and investing £10 million a year into school healthy breakfast clubs. Other options to reduce childhood obesity include: providing healthier food options in deprived areas, reducing the availability of sugary drinks from vending machines and enforcing tighter planning controls for hot food takeaways, particularly in the vicinity of schools and parks. Other opportunities for changing individual lifestyle and behaviour are identified in the strategy: *Healthy Weight, Healthy Lives: Tackling overweight and obesity in North Yorkshire 2016-2026.*

Dental health

Tooth decay is a predominantly preventable disease. Tooth decay in children can result in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. In North Yorkshire, survey results[30] show that the mean severity of dmft in children aged five years was 0.6 in 2015. This was lower than the England average of 0.8.

In North Yorkshire in 2014/15, 79.3% of five year old children were free from dental decay. This equates to 1,442 children. This was better than the England average, 75.2%[31].

In 2012, the prevalence of tooth decay in five year old children was significantly higher in Richmondshire compared to the other districts in North Yorkshire. A comparison of children's oral health survey data for 2012 and 2015 by district shows that the greatest change in mean

[29] HM Government, Childhood Obesity: A Plan for Action. Published 08/2016
[30] National Dental Epidemiology Programme for England, oral health survey of five year old children, 2015
[31] National Dental Epidemiology Programme for England, oral health survey of five year old children, 2015

dmft between the two years was in Richmondshire where the mean dmft decreased from 1.4 to 0.7. The least amount of change between the two surveys was in Harrogate and Ryedale was the only district where there was an overall increase in the mean dmft between the two surveys from 0.3 in 2012 to 0.5 in 2015 (figure 16).

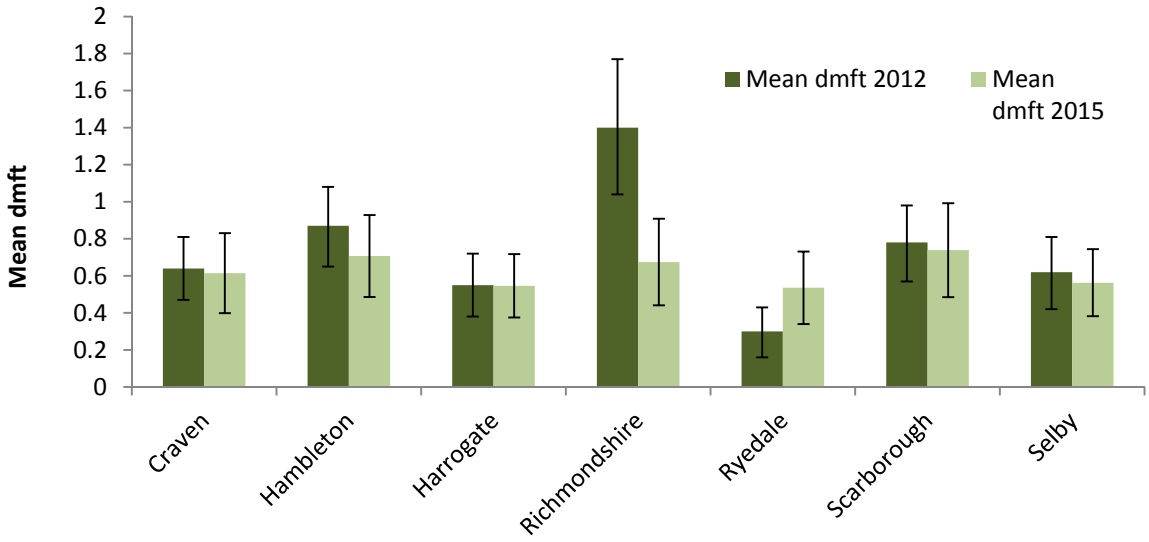


Figure 16: Mean dmft by district, 2012 and 2015. Source: National Dental Epidemiological Programme for England, Oral health survey of five year old children: 2012 and 2015.

Immunisations

MMR vaccination

The first Measles Mumps and Rubella (MMR) vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday.

In North Yorkshire in 2014/15, 94.9% of children received one dose of MMR vaccine on or after their first birthday and at any time up to their second birthday. This was higher than the England average of 92.3%.

Variations at CCG level show that NHS Airedale Wharfedale and Craven (95.6%) had the highest uptake of vaccination and NHS Vale of York (93.7%) had the lowest levels of uptake in 2014/15[32].

In North Yorkshire in 2014/15, 95.8% of children received one dose of MMR on or after their first birthday and at any time up to their fifth birthday. This was slightly higher than the England average of 94.4%. Furthermore, 91.5% of children received two doses of MMR on or after their first birthday and at any time up to their fifth birthday. This was above the England average which was 88.6%.

[32] Data reported in the Public Health Outcomes Framework. Indicator sourced from: http://digital.nhs.uk/catalogue/PUB18472

Dtap/IPV/Hib vaccination

The combined Dtap/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenza type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine).

In North Yorkshire in 2014/15, 96% of eligible children received three doses of Dtap/IPV/Hib vaccine by their second birthday. At CCG level, the highest proportion of children who received the Dtap/IPV/Hib vaccine was in NHS Airedale, Wharfedale and Craven CCG (97.9%). Uptake was lowest in NHS Hambleton, Richmondshire and Whitby (95.5%).

Influenza vaccination

Influenza (also known as the flu) is a highly infectious viral illness. The flu vaccination is offered to people who are considered to be at greatest risk of developing serious complications if they catch flu, including children and young people. In North Yorkshire in 2015/16, 43.6% of children aged 2 to 4 years old were vaccinated against the flu, compared to 34.4% nationally.

Children in care immunisation

In North Yorkshire in 2015, 95.5% (or 315 children) of children in care for at least 12 months had up to date immunisations. This was above the England average of 87.8%[33].

Human papillomavirus (HPV)

The Human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females to protect them against the main causes of cervical cancer.

HPV vaccine coverage for females aged 12 to 13 years in North Yorkshire is 83.8% which is lower than the England average of 86.7% in 2013/14[34].

The HPV immunisation programme is delivered through the HCP. The uptake of a complete three dose course of HPV vaccine in North Yorkshire has remained consistently lower than the national average during the period 2010/11 to 2013/14 (figure 17).

[33] Department for Education (DfE)
[34] Department of Health (DH)

Figure 17: Population vaccination coverage – HPV trends. Source: Department of Health

Risky behaviours

Substance misuse

Hospital admission rates due to substance misuse (age 15-24 years) in North Yorkshire increased from 66.4 per 100,000 in 2011/12-2013/14 to 83.5 per 100,000 in 2012/13-2014/15.

One of the most common reasons for hospital admissions in children and young people aged 0 to 24 years in North Yorkshire in 2014/15 was poisoning, which accounted for 22% of admissions[35]. Paracetamol was the most common substance identified in cases of poisoning, accounting for 57% of admissions. Of the 170 paracetamol related admission, 90 (53%) involved a young person aged 15 to 19[36].

Alcohol related admissions

Excessive alcohol consumption in under 18s is an avoidable cause of hospital admissions. In North Yorkshire in 2012/13-2014/15, the rate of hospital admissions in people aged under 18 years was 35.3 per 100,000. This was slightly lower than the England average of 36.6 per 100,000[37].

Sexual health

Chlamydia screening is recommended for all sexually active 15 to 24 year olds. In 2015, the chlamydia detection rate in North Yorkshire was 1,602 per 100,000, which was lower than the national average of 1,887[38]. When examined at district level, Richmondshire had the

[35] Most common reasons for admissions (primary diagnosis)
[36] A Report on Childhood Injuries in North Yorkshire: scale of the issue, evidence base and priorities for action. Report produced by NYCC Public Health Team, May 2016
[37] HSCIC, Hospital Episode Statistics
[38] Public Health England

highest detection rate of 2,738 per 100,000, whilst all other areas are below the England average.

Appendix three: Child health in the perinatal period

The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth[39]. Perinatal and maternal health are closely related to one another; lifestyle choices of mothers such as smoking during pregnancy can increase the risk of pregnancy complications, still births and low birth weight. The following analysis explores these issues in greater depth and examines the risk factors associated with adverse perinatal outcomes across North Yorkshire.

Mortality

Stillbirths and neonatal mortality

Deaths occurring during the first 28 days of life, or the neonatal period, are considered to reflect the health and care of both the mother and her new-born[40]. A still born baby is one born after 24 completed weeks of pregnancy with no signs of life. Across North Yorkshire in 2013, the neonatal mortality and stillbirth rate varied quite significantly at district level ranging from 2.5 per 1,000 in Hambleton to 17.4 in Richmondshire[41]. In actual fact, Richmondshire had the highest neonatal and stillbirth mortality rate across the whole of England. The England average rate was 7.3.

Perinatal mortality

In North Yorkshire in 2011-13, the perinatal mortality rate was 6.2 per 1,000 live births. At CCG level, NHS Vale of York CCG (7.4 per 1,000) had the highest perinatal mortality rate and NHS Harrogate and Rural District CCG (5.3 per 1,000) had the lowest[42].

Infant mortality

Deprivation, births outside marriage and maternal age under 20 are all factors associated with an increased risk of infant mortality. The infant mortality rate is the number of children who die before their first birthday per 1,000 live births. The infant mortality rate in North Yorkshire has remained consistent since 2007-09 at *3.4 per 1,000* population and is currently lower than the England and Yorkshire and Humber averages (figure 18).

[39] WHO definition

[40] Department of Health, 2007, Review of the health inequalities infant mortality PSA target

[41] NHS Outcomes Framework

[42] National Child and Maternal Health Intelligence Network

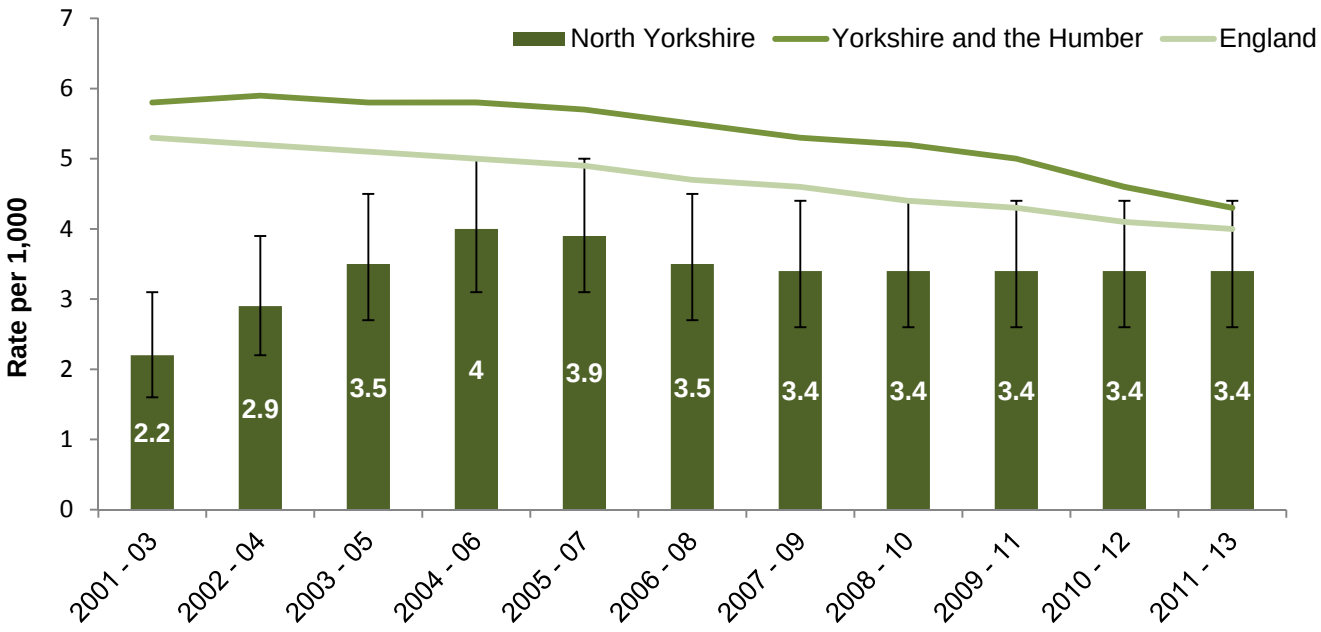


Figure 18: Infant mortality rates in North Yorkshire, Yorkshire and Humber region and England. Source: ONS.

A wide ranging evidence base shows that reducing infant mortality requires a multi-factorial approach to improve maternal health and nutrition, reduce teenage pregnancies and tackle the wider determinants of health.

Low birth weight

Low birth weight[43] increases the risk of childhood mortality and developmental problems for the child. Children who are born into poverty are more likely to be born early and have a low birth weight[44] and babies born to teenage mothers are at a greater risk of having a low birth weight[45]. Smoking during pregnancy and alcohol consumption in pregnancy are both factors individually associated with low birth weight babies. Those children who have a low birth weight at delivery have an increased risk of developing cardiovascular disease in adulthood[46].

The proportion of low birth weight of term babies born in North Yorkshire (2.3%) was better than the England average (2.9%) in 2014. However, across North Yorkshire, variations can be seen at district level (figure 19). In Scarborough, 3.3% (32 babies) of all babies born had a low birth weight compared to 1.5% (7 babies) in Richmondshire.

[43] Live births with a recorded birth weight under 2500g

[44] Spencer *et al.*, 1999

[45] Webpage: http://www.nhs.uk/news/2010/July07/Pages/teen-mothers-small-premature-births.aspx

[46] Leon, 1998, Fetal growth and adult disease. *European Journal of Clinical Nutrition* 52:S72– S82. [PubMed]

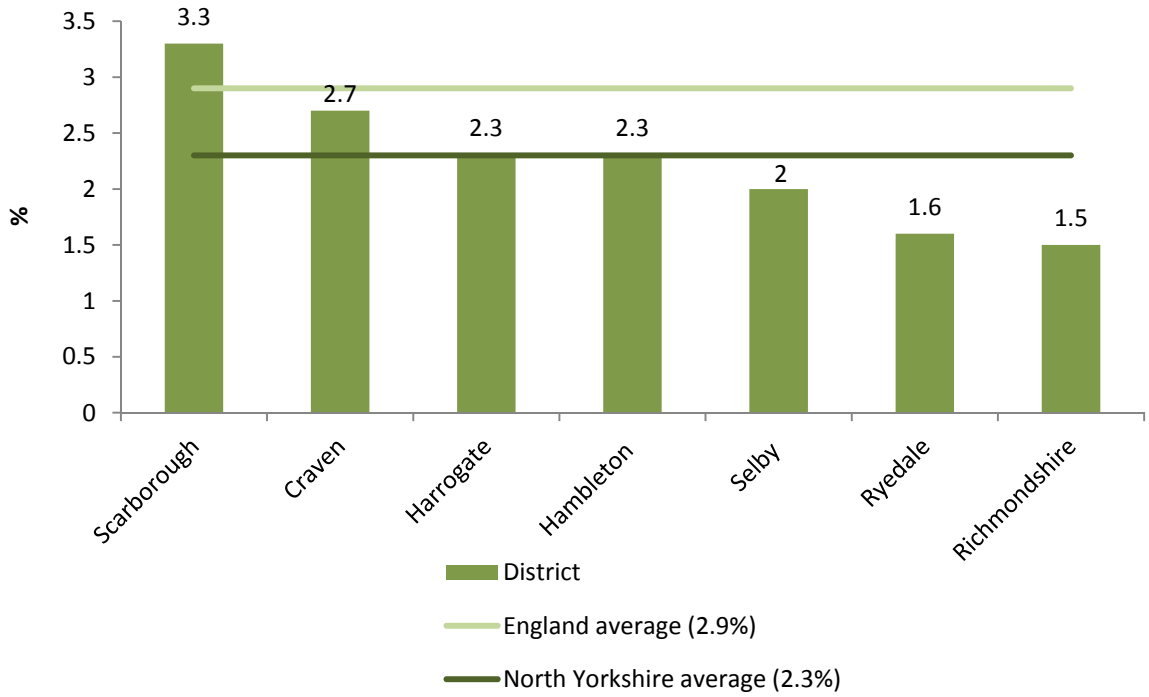


Figure 19: Percentage of low birth weight babies by district. Source: ONS

Teenage conceptions

Pregnancy in under-18 year olds can lead to poor health and social outcomes for both the mother and child with a large proportion of pregnancies leading to abortion. Teenage mothers are less likely to finish their education and have a higher risk of poor mental health than older mothers. Children of teenage mothers are at greater risk of poverty, poor housing and having poor nutrition[47].

Teenage conception rates in North Yorkshire have remained consistently below the England average since 1998 and continue to decline (figure 20). In North Yorkshire in 2014, approximately 17 girls (or 175 conceptions) aged under 18 conceived for every 1,000 females aged 15-17 years. The corresponding England rate was 22.8 per 1,000[48].

[47] Botting et al (1998) in Swann C, Bowe K, McCormick G, and Kosmin M. Teenage pregnancy and parenthood: a review of reviews. 2003. Health Development Agency.
[48] Office for National Statistics (ONS)

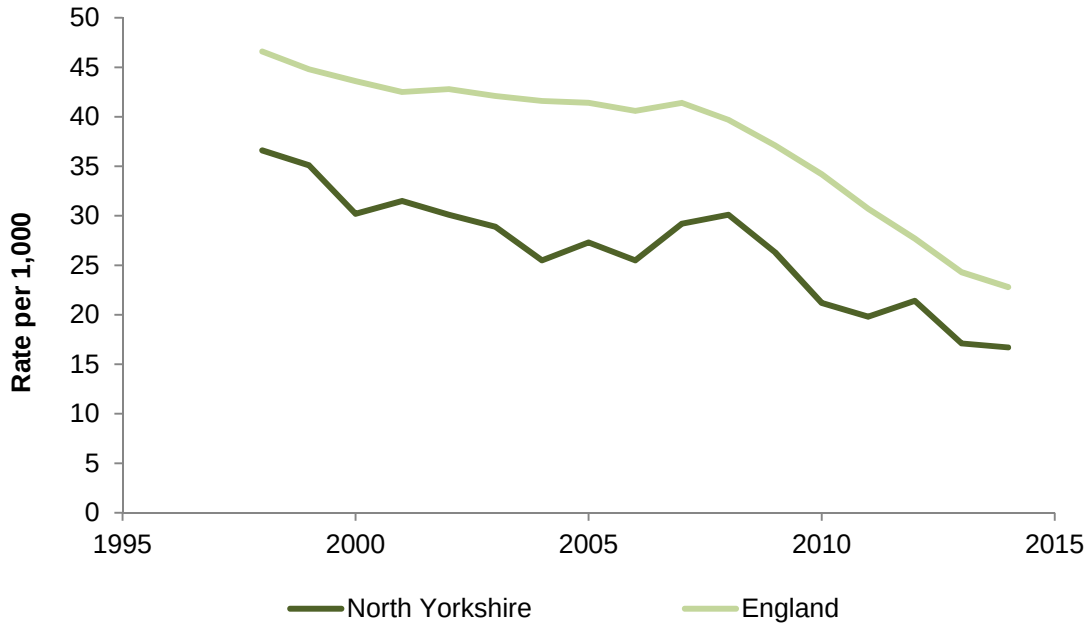


Figure 20: Teenage conception rates in North Yorkshire and England. Source: ONS

Across North Yorkshire, Scarborough (24.9 per 1,000) had the highest rate of under 18 conceptions and Craven had the lowest rate (9.7 per 1,000) in 2014 (figure 21). This equates to 43 conceptions in Scarborough and 10 in Craven[49]. Scarborough was the only district in North Yorkshire where the teenage conception rate was above the England average (22.8 per 1,000).

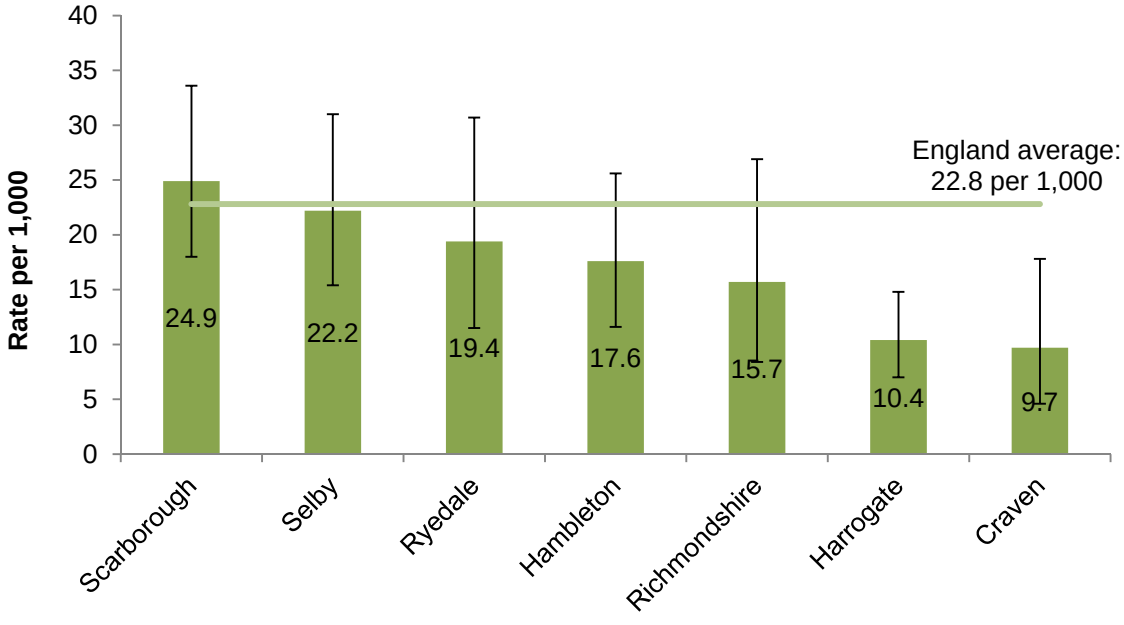


Figure 21: Teenage conceptions by district in 2014. Source: ONS

[49] ONS

Analysis[50] undertaken at ward level has identified those parts of North Yorkshire where teenage conception rates are highest over a five year period. Six wards were identified where teenage conception rates were among the ten highest wards during this period (figure 22). Eastfield Ward in Scarborough has gone from having the tenth highest teenage conception rate in North Yorkshire in 2009-11 to the second highest in 2011-13. Skipton South ward in Craven has gone from having the 9th highest rate in 2010-12 to the third highest rate in 2011-13. It should be noted that the teenage conception rate in all six wards was at least double the overall rate in North Yorkshire in 2011-13 which was 19.4 per 1,000.

District	Ward	2011-13			2010-12	2009-11
		U-18 Conception Rate	Rank*	Among Wards with 20% Highest Rate Nationally	Rank*	Rank*
Scarborough	Ramshill	105.26	1	Y	1	1
Scarborough	Eastfield	67.89	2	Y	5	10
Craven	Skipton South	57.47	3	Y	9	3
Selby	Selby North	56.74	4	Y	2	5
Scarborough	Central	53.46	6	Y	10	8
Scarborough	North Bay	51.85	7	N	6	2

* Rank: 1 indicates highest rate of under-18 conceptions among wards in North Yorkshire

Figure 22: Teenage conception rate and rankings by ward. Source: Under 18 Conceptions – North Yorkshire Hotspot Ward Profile, PH Team, North Yorkshire County Council (August 2016)

Smoking in pregnancy

Smoking in pregnancy can have detrimental effects for the growth and development of the baby and health of the mother. Effective smoking cessation programmes have been shown to reduce the prevalence of low birth weight in infants born to women who stopped smoking due to intervention[51].

In North Yorkshire in 2014/15, the percentage of mothers smoking during pregnancy was 12.6%. This was worse than the England average which was 11.4%. Variations at district level show that Scarborough (19.6%) had the highest proportion of mothers smoking at the time of delivery and Harrogate (8.1%) had the lowest.

Analysis was undertaken to explore the relationship between some of the key measures above and how strongly they correlate with deprivation at local authority level nationally (figure 23). Out of the four indicators selected, under 18 conceptions was the measure which most strongly correlated with deprivation score.

[50] Under 18 Conceptions – North Yorkshire Hotspot Ward Profile, PH Team, North Yorkshire County Council (August 2016)

[51] Bull et al. Prevention of low birth weight: assessing the effectiveness of smoking cessation and nutritional interventions. Health Development Agency, 2003

Indicator	Correlation coefficient (*r value*)*	Relationship
Under 18 Conceptions	*0.76*	**A strong positive linear relationship**
Low birth weight	*0.56*	**A moderate positive linear relationship**
Smoking in pregnancy	*0.47*	**A weak positive linear relationship**
Infant mortality	*0.46*	**A weak positive linear relationship**

Figure 23: Relationship between deprivation score from the IMD 2015 and different health related measures. Source: Public Health England, ChiMat. *The *r value* or the linear correlation coefficient measures the strength and direction of a linear relationship between two variables.

Breastfeeding initiation

It is widely recognised that babies who are breast fed have been shown to acquire developmental and cognitive advantages over children who are not breastfed. Fatty acids in breast milk act positively towards child development and overall health.

The percentage of mothers initiating breastfeeding in North Yorkshire in 2014/15 was 73.8%, which was similar to the England average of 74.3% (figure 24).

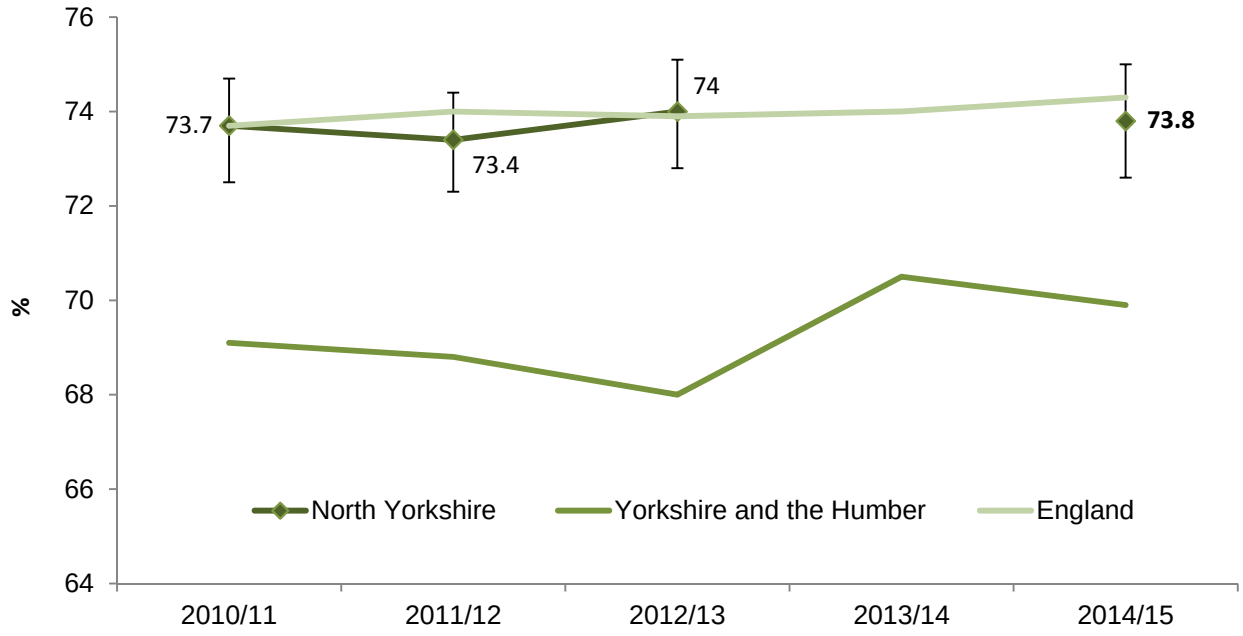


Figure 24: Breastfeeding initiation trends. Source: NHS England

Appendix four: Long-term conditions in children and young people

Long term conditions in children and young people can present themselves in a variety of ways. The following analysis focuses on asthma, epilepsy and diabetes (type I), which account for approximately 94% of emergency hospital admissions for children (under 19 years) with long-term conditions nationally[52]. The importance of reducing emergency admissions is recognised by the inclusion of an indicator measuring this patient outcome in the quality premium, the better care fund, and it is one of the outcome measures against which CCGs are required to set ambitions[53]. The analysis below identifies variations in emergency admissions for the above three conditions at district and CCG level. Information and intelligence is utilised from the Disease Management Information Toolkit (DMIT) produced by ChiMat to reflect the variations in emergency hospital admission rates, bed days and length of stay.

Unplanned hospital admissions for asthma, epilepsy and diabetes

In North Yorkshire in 2013/14, asthma accounted for half of all emergency admissions for the above three conditions, epilepsy for 28% and diabetes for 22% (figure 25). In England, asthma accounted for nearly 60% of total admissions for the three conditions, epilepsy, 23% and diabetes, 17%.

Admission rates will also be dependent on how effectively the condition is managed and controlled. There is strong evidence that the self-management behaviours initiated in adolescence remain with them throughout life[54].

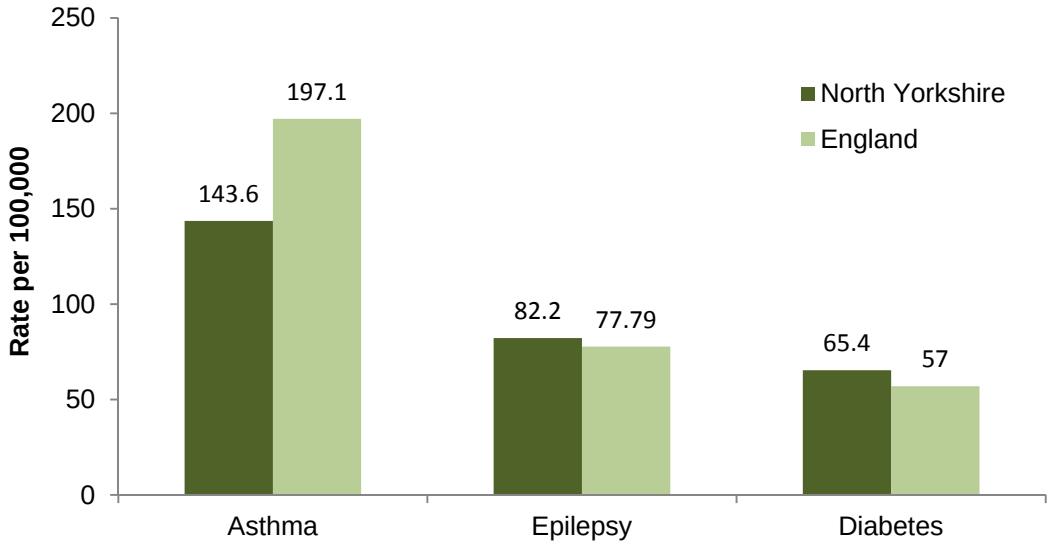


Figure 25: Hospital admissions for asthma, epilepsy and diabetes. Source: PHE, ChiMat, Disease Management Information Toolkit

[52] HSCIC, 2014

[53] NHS Outcomes Framework - Domain 2: Enhancing quality of life for people with long-term conditions. Improvement area - Reducing time spent in hospital by people with long-term conditions

[54] Sawyer et al, Adolescents with a chronic condition: challenges living, challenges treating. Lancet 2007;369(9571): 1481-9

Across the Yorkshire and Humber region, the rate of unplanned hospital admissions in under 19's varied significantly at district level in 2012/13 Quarter 4 (the latest data published), ranging from 165 per 100,000 in Scarborough to 43 per 100,000 in Selby. The England average was 77[55]. It should be noted that no data was available for Ryedale, Richmondshire or Craven districts.

Figure 26 shows the long-term trend of unplanned hospital admissions for asthma, epilepsy and diabetes in under 19's, comparing the rates of Selby, Scarborough and England over the period quarter one 2008/09 to quarter four 2012/13. Unplanned hospital admissions in Scarborough have remained consistently higher than the England average since quarter two 2008/09.

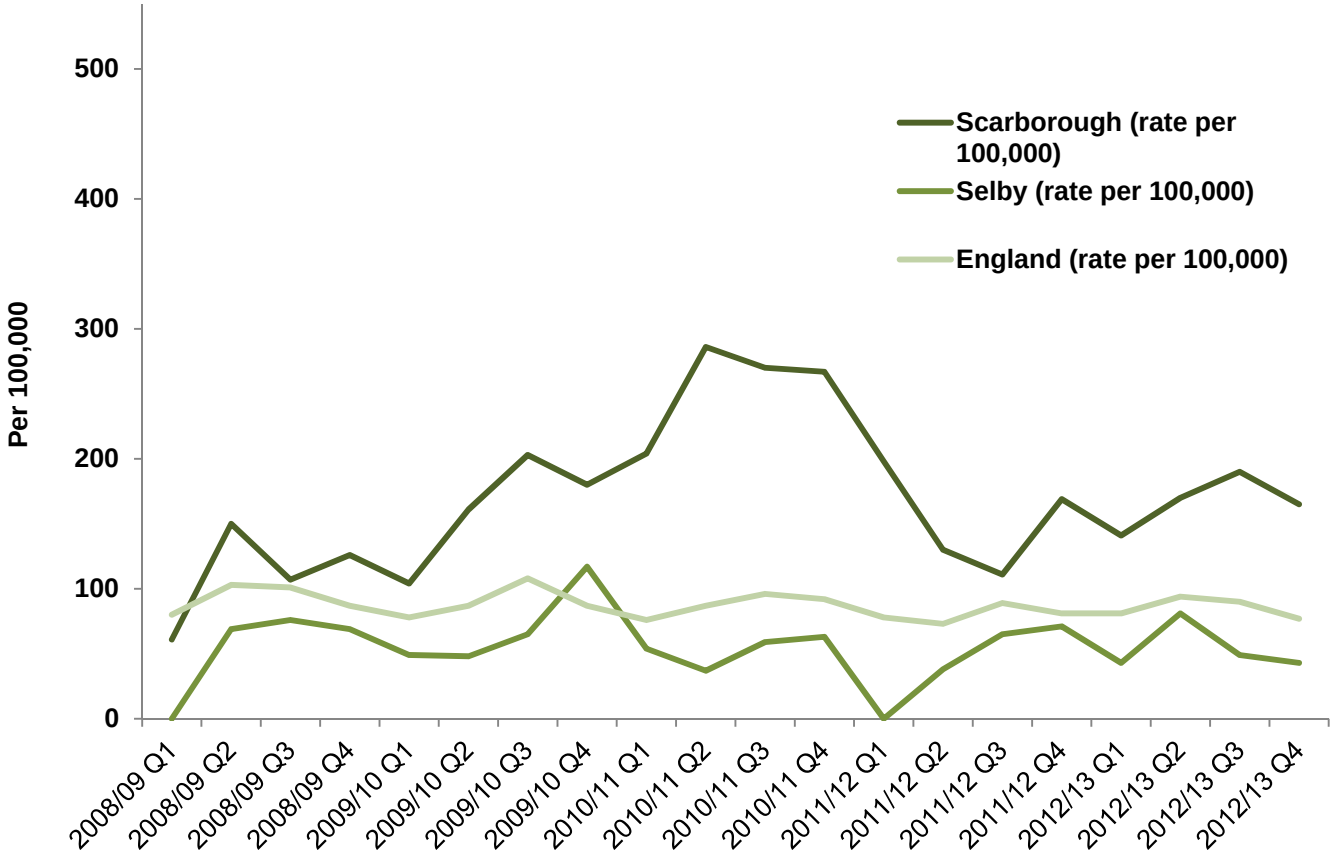


Figure 26: Unplanned hospitalisation for asthma, epilepsy and diabetes in under 19's.
Source: NHS Outcomes Framework

Asthma

Nationally asthma effects one in every 11 children and the prevalence of asthma in England is the highest in the world[56]. Children living in poor quality housing stock, where damp and mouldy conditions prevail, are at an increased risk of asthma.

Rates of hospital admissions solely for asthma in North Yorkshire in people aged under 19 have remained consistently below the national and regional averages (figure 27).

[55] NHS Outcomes Framework
[56] https://www.asthma.org.uk/about/media/facts-and-statistics/

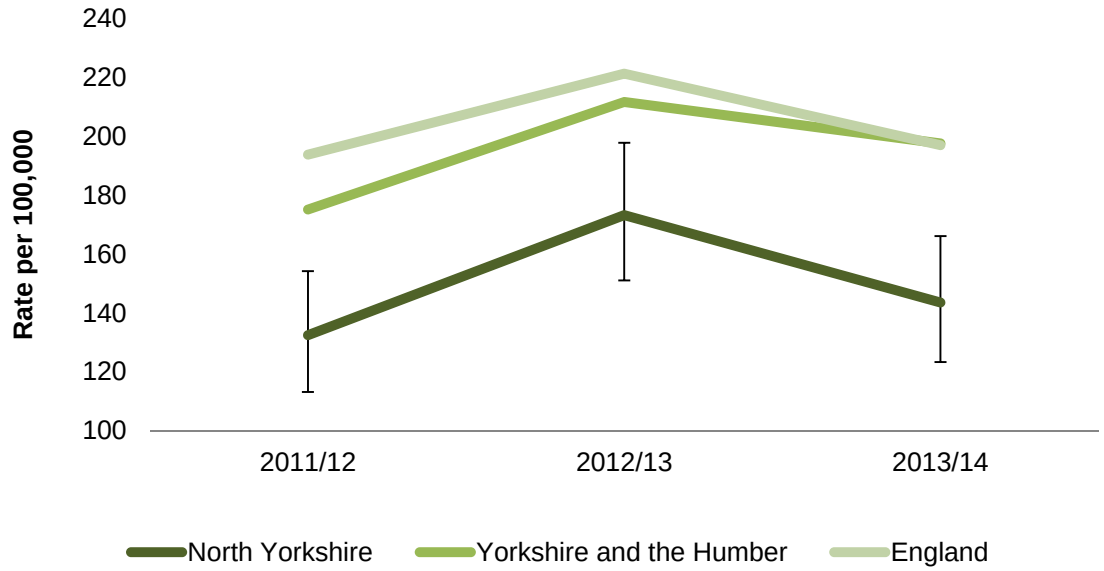


Figure 27: Hospital admissions for asthma in children and young people aged under 19. Source: Hospital Episode Statistics, Health and Social Care Information Centre

Research shows that there is a significant association between deprivation and child emergency hospital admissions for asthma across England: *as deprivation increases, admission rates increase*[57] (figure 28). A similar relationship exists between deprivation and epilepsy admissions but not for diabetes.

Figure 28: Emergency admission rates for asthma among 0 to 18 year olds and IMD 2015 scores by CCG. Source: Public Health England, National Child and Maternal Health Intelligence Network. Disease Management Information Tool (DMIT).

[57] PHE ChiMat briefing, Children with long-term conditions in the North-West: Emergency hospital admissions for asthma, diabetes and epilepsy 2008/09 (March 2011)

In 2013/14, asthma admissions were highest in Airedale, Wharfedale and Craven (340.6 per 100,000) and lowest in NHS Hambleton, Richmondshire and Whitby CCG (104.1 per 100,000) as illustrated in figure 29.

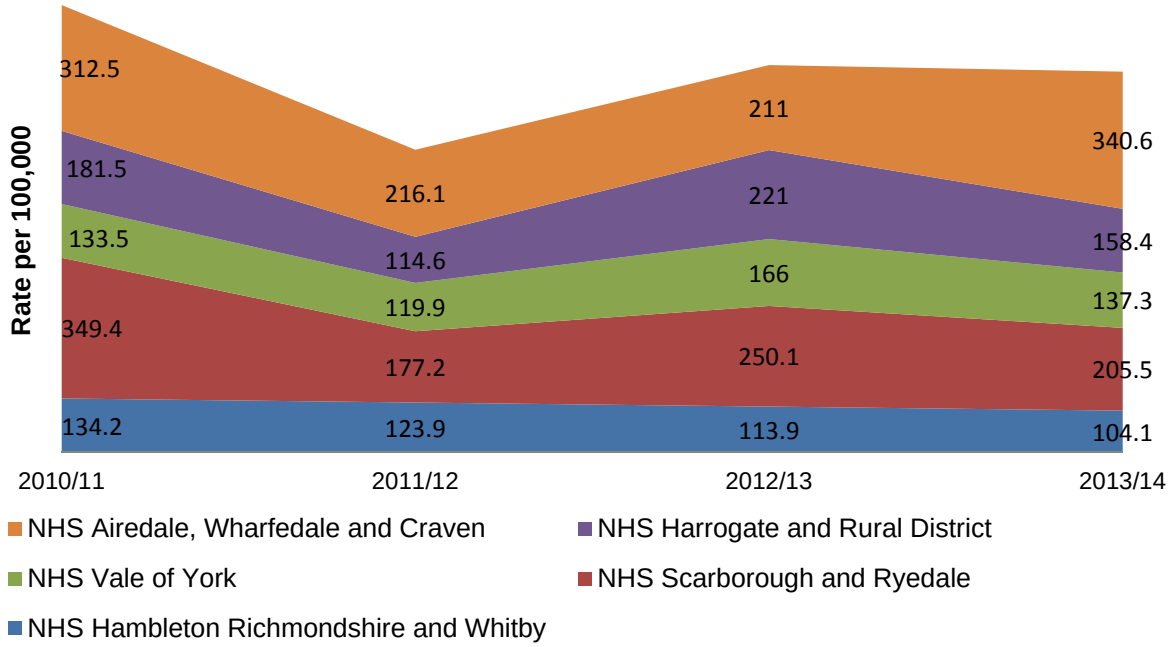


Figure 29: Asthma admissions in children and young people aged under 19 by CCG. Source: National Child and Maternal Health Intelligence Network. Disease Management Information Tool

Recent research at a national level concluded that greater policy focus on primary care provision is needed to reduce the risk of asthma exacerbations, hospitalisations and deaths, and reduce costs[58].

Epilepsy

Epilepsy is a group of neurological diseases characterised by epileptic seizures. Epilepsy is one of the most common serious neurological disorders seen in primary care.

The rate of admissions for children (aged under 19) with epilepsy in North Yorkshire in 2013/14 was 82.2 per 100,000. This was similar to the England average of 77.8.

In 2013/14, epilepsy admission rates were significantly higher in NHS Scarborough and Ryedale CCG (209.8 per 100,000) than any other CCG's in North Yorkshire. In fact, admission rates were over four times higher in NHS Scarborough and Ryedale CCG compared to NHS Hambleton Whitby and Ryedale CCG, where the rate of admissions was 50.3 per 100,000 (figure 30). Out of 211 CCG's nationally, NHS Scarborough and Ryedale ranked 208 for emergency admissions. However, in 2013/14, admission rates in NHS Scarborough and Ryedale CCG have almost halved since 2010/11. It should be noted that some children will be admitted to hospital on multiple occasions, increasing admission rates where this commonly occurs.

[58] Mukherjee, M et al (2016): The epidemiology, healthcare and societal burden and costs of asthma in the UK and its member nations: analyses of standalone and linked national databases

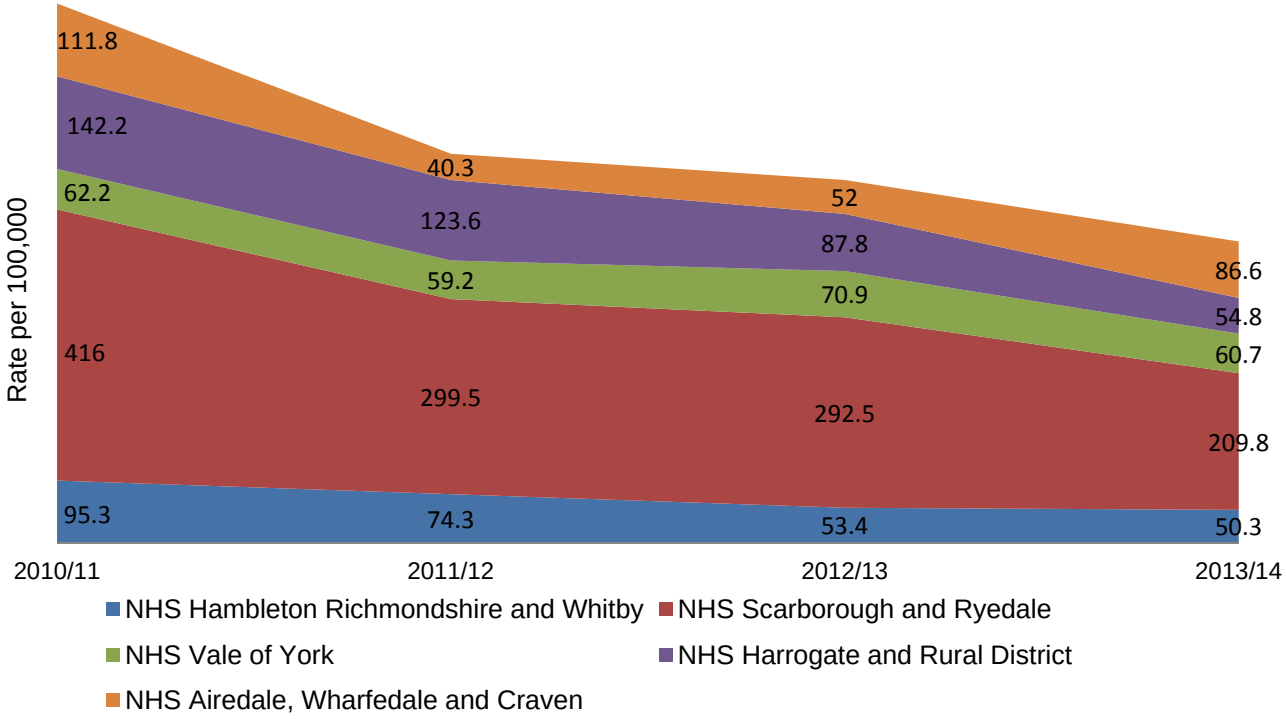


Figure 30: Epilepsy admissions in children and young people aged 19 years and under by CCG. Source: National Child and Maternal Health Intelligence Network. Disease Management Information Tool

Diabetes

Nationally, concerning trends have been identified in prevalence of obesity in children with type 1 diabetes as they reach adolescence[59]. In 2013/14, hospital admission rates for diabetes ranged from 53.5 per 100,000 in NHS Vale of York CCG to 124.2 per 100,000 in NHS Scarborough and Ryedale CCG (figure 31). The rate of hospital admissions in NHS Scarborough and Ryedale was significantly higher than the North Yorkshire and Humber rate of 63.5 per 100,000. In actual fact out of 211 CCG's nationally, NHS Scarborough and Ryedale ranked 209 as having the highest rates of diabetes emergency admissions.

[59] RCPCH (2015) National Paediatric Diabetes Audit Report, 2013-14

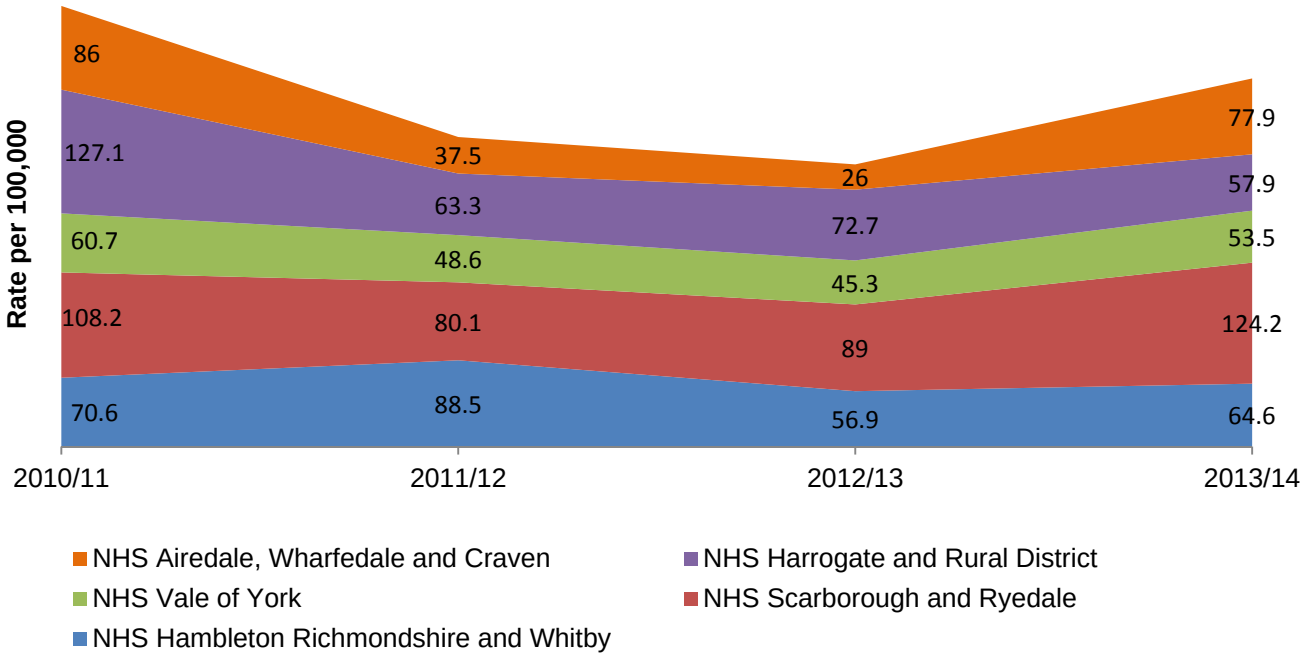


Figure 31: Diabetes admissions in children and young people aged 19 years and under by CCG. Source: National Child and Maternal Health Intelligence Network. Disease Management Information Tool

Length of stay in hospital

The average length of stay in hospital can give an indication of the severity of a child's symptoms at the time of admission, or the effectiveness of the management of the condition in hospital, or a combination of the two. In general, a shorter length of stay suggests better identification, management and treatment of the condition.

The length of stay in hospital for asthma in 2013/14 ranged from 1 day in NHS Harrogate and Rural District CCG to 1.5 days in NHS Scarborough and Ryedale. The national average was 1.2 days (figure 32).

For epilepsy, the length of stay varied from 0.5 days in NHS Harrogate and Rural District to 1.4 days in NHS Vale of York. The national average was 1.93 days.

The length of stay for diabetes was higher than asthma and epilepsy for all of the CCG's in North Yorkshire in 2013/14, ranging from 1.6 days in Vale of York CCG to 3.4 days in NHS Scarborough and Ryedale. The national average was 2.18 days.

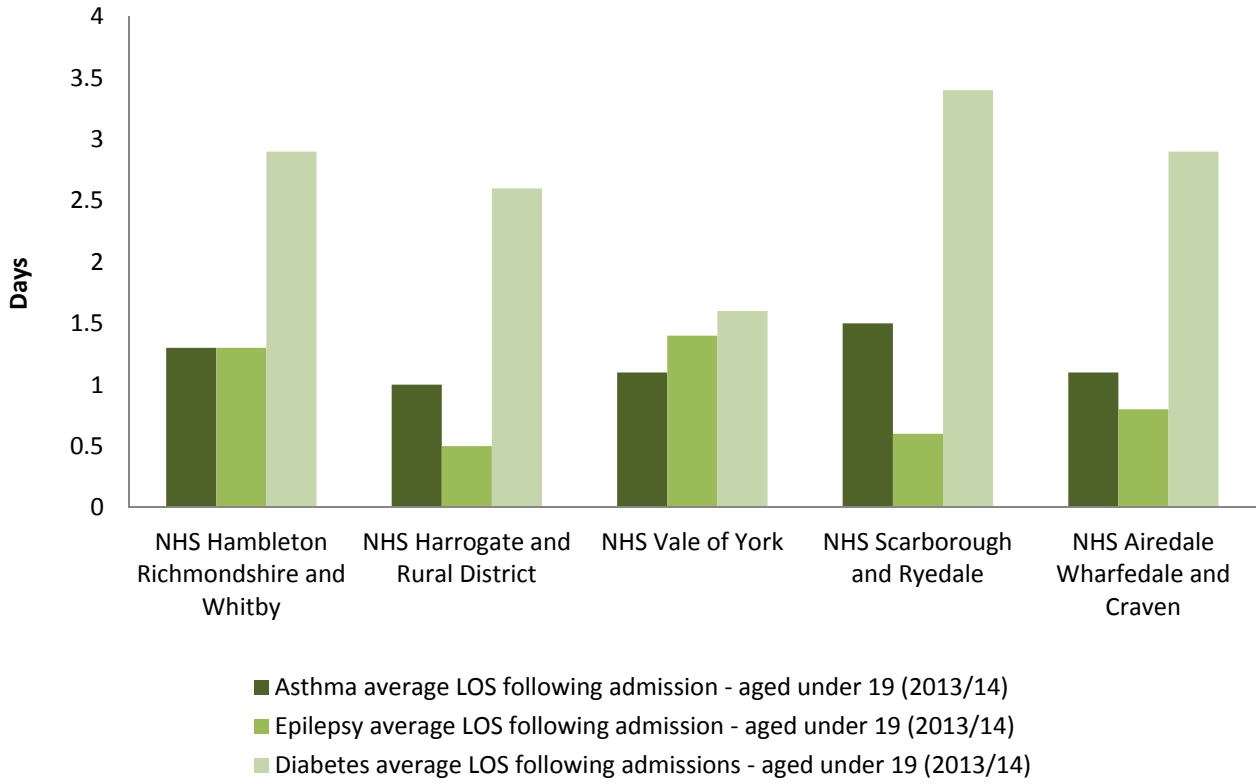


Figure 32: Length of stay (days) for asthma, epilepsy and diabetes (under 19 year olds), 2013/14. Source: National Child and Maternal Health Intelligence Network. Disease Management Information Tool

Bed days

The emergency bed day rate is deduced by calculating the number of bed days by the number of admissions. This calculation provides an indication of the relative pressure that the condition has on hospital services.

The rate of bed days for asthma varied from 140 per 100,000 in NHS Hambleton, Richmondshire and Whitby to 369.5 in NHS Airedale Wharfedale and Craven in 2013/14. The national average was 242.1 per 100,000 (figure 33).

The rate of bed days for epilepsy ranged from 27.4 per 100,000 in NHS Harrogate and Rural District to 119.9 per 100,000 in NHS Scarborough and Ryedale. The national average was 153.9 per 100,000.

The rate of bed days for diabetes was highest in NHS Scarborough and Ryedale CCG (432.4 per 100,000) and NHS Vale of York (89.6 per 100,000) had the lowest rate. The national average rate was 129.7.

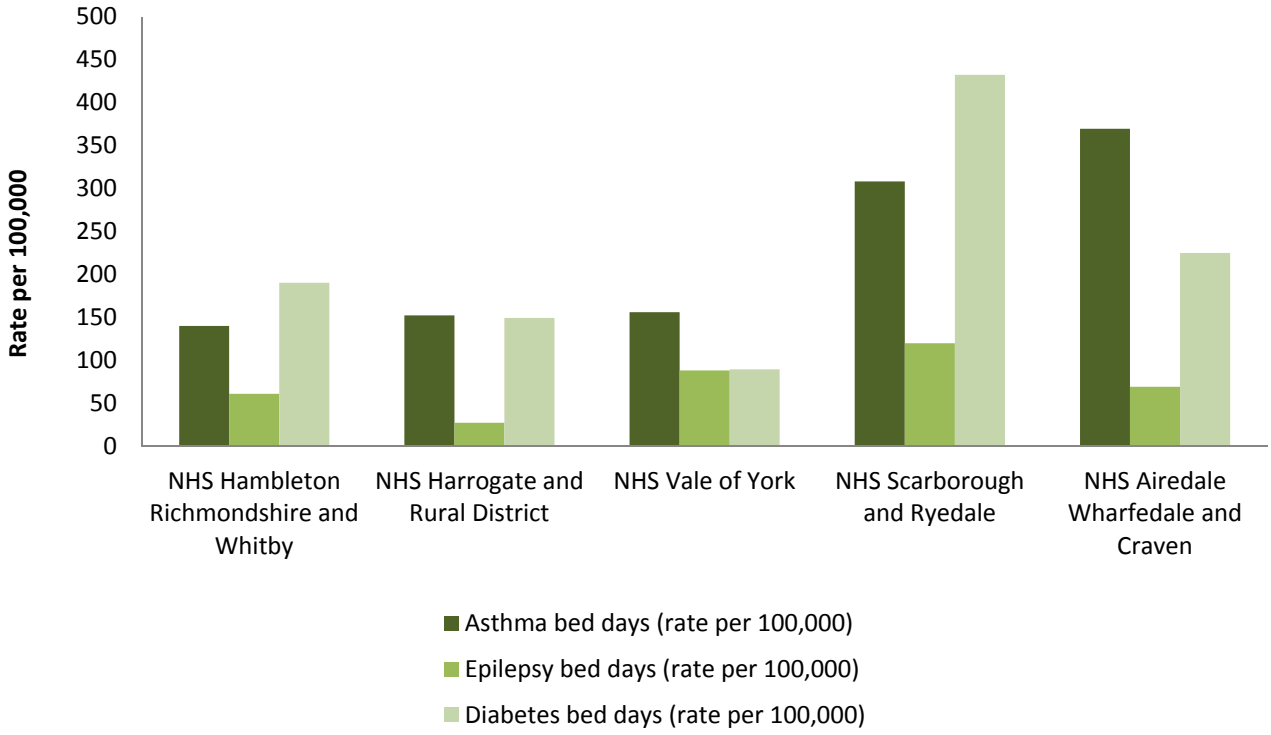


Figure 33: Bed days for asthma, epilepsy and diabetes (under 19 year olds) by CCG, 2013/14

Appendix five: Mental Health

Nationally, mental health problems affect about *one in ten* children and young people[60]. Early intervention to support children and young people with mental health and emotional well-being issues is very important. Half of adult mental health problems (excluding dementia) start before the age of 15 and 75% by age 18[61]. Failure to treat mental health disorders in children can have a detrimental impact on their future life prospects.

This section reflects on the scale of mental and emotional health issues in children and young people growing up in North Yorkshire.

Prevalence of mental health and emotional disorders

In North Yorkshire in 2014, estimates suggest that 8.6% of the population aged 5 to 16 years had a mental health disorder. This was lower than the England average of 9.3%. At district level, Scarborough (9.7%) had the highest percentage of any mental health disorder among 5 to 16 year olds, and Harrogate (8%) had the lowest[62].

In North Yorkshire in 2014, 3.3% (or 2,624 children) of children aged 5 to 16 were estimated to have an emotional disorder which includes anxiety and depression. This was lower than the England average of 3.6%[63].

Emotional and mental wellbeing of 'looked after children'

Evidence suggests that looked after children (LAC) are approximately four times more likely to have a mental health disorder than all children generally[64]. This highlights the importance of improving the mental health of children and young people who are looked after.

In North Yorkshire in 2014, 81% of eligible looked after children had an emotional and behavioural health assessment. This was higher than the England average of 68%[65].

The emotional well-being of LAC is assessed based on a strengths and difficulties questionnaire score (SDQ) for children aged 5 to16 (inclusive). Without an indicator covering this group, there would be a risk of an even greater increase in rates of undiagnosed mental health problems, placement breakdown, alcohol and substance misuse, convictions and care leavers not in education, employment or training. A higher score indicates greater difficulties, a score below 14 is considered normal; 14-16 is borderline cause for concern and 17 and over is a cause for concern (figure 34). North Yorkshire had an overall score of 13.4 in 2014/15 and this is within the normal range.

However, in North Yorkshire, the proportion of LAC with an SDQ score that is considered to be of concern has steadily increased in recent years. In 2011/12, 39% (98 children) of LAC had an SDQ score that was considered *of concern*, increasing to 41% (107 children) in

[60] Webpage: https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people

[61] Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU). http://dunedinstudy.otago.ac.nz/

[62] PHE, Public Health Outcomes Framework

[63] Public Health Outcomes Framework (Children and Young People 's Mental Health and Wellbeing, fingertips

[64] NSPCC, Achieving emotional wellbeing for looked after children: a whole system approach. June 2015

[65] Department for Education

2012/13[66]. This suggests the need to address individual health care needs of LAC so that these issues do not become a greater concern at a later stage.

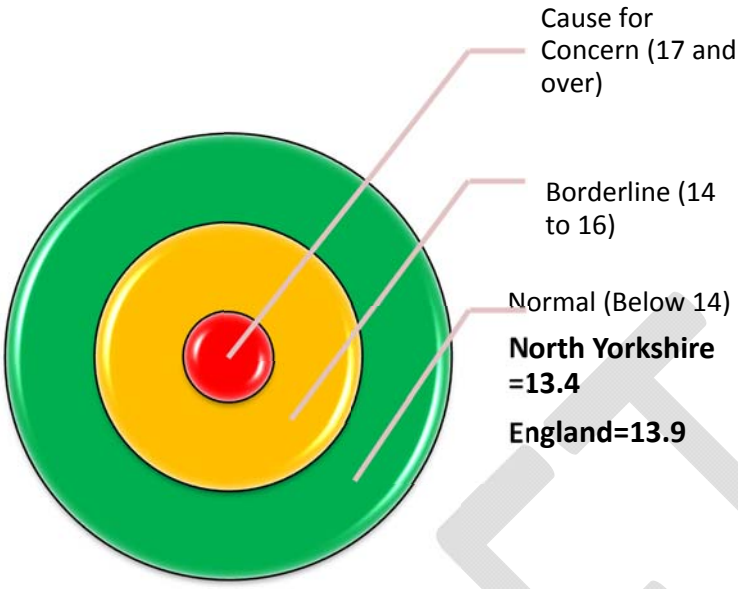


Figure 34: SDQ average score for LAC in North Yorkshire in 2014/15. Source: Department for Education

Self-harm

Nationally, hospital admissions for self-harm have increased in recent years and admission rates for young women are higher than admissions for young men. In North Yorkshire in 2014/15, the overall rate of hospital admissions as a result of self-harm was 383.4 per 100,000 aged 10-24 years. This was similar to the England average rate of 398.8[67].

Children and young people with mental health problems such as an eating disorder may engage in self-injurious behaviours. In North Yorkshire in 2013, estimates show that 7,395 children and young people in North Yorkshire aged 16-24 years had a potential eating disorder[68].

Perinatal mental health

One of the most common perinatal mental health problems is postnatal depression. Just three per cent of CCG's in England have a strategy for commissioning perinatal mental health services and a large majority have no plans to develop one[69].

Mental health disorders during pregnancy and the postnatal period can have serious short and long-term consequences for the health and well-being of a women and her child. In North Yorkshire in 2012, estimates suggest that 704 women required support during pregnancy or the postnatal period[70]. The economic costs of perinatal mental health in the UK are highlighted in figure 35. Nationally, 28% of perinatal mental health costs relate to the

[66] Department for Education
[67] Hospital Episode Statistics, Health and Social Care Information Centre
[68] Estimate from Adult Psychiatric Morbidity Survey 2007
[69] Bauer et al (2014) The costs of perinatal mental health problems. Personal Social Services Research Unit
[70] NICE benchmarking rate (12%) applied to number of maternities

mother and 72% relate to the child. Factors which increase the risk of a women experiencing poor maternal mental and emotional health include:

- Domestic violence and relationship difficulties
- A traumatic birth
- Financial worries
- A history of stillbirths and miscarriages
- Social isolation

Post-natal depression in men has been shown to have serious effects on a child's psychosocial development[71]. Fathers who have been given space to personally develop their fathering role are less prone to postnatal depression and are more likely to develop a strong bond to their baby[72].

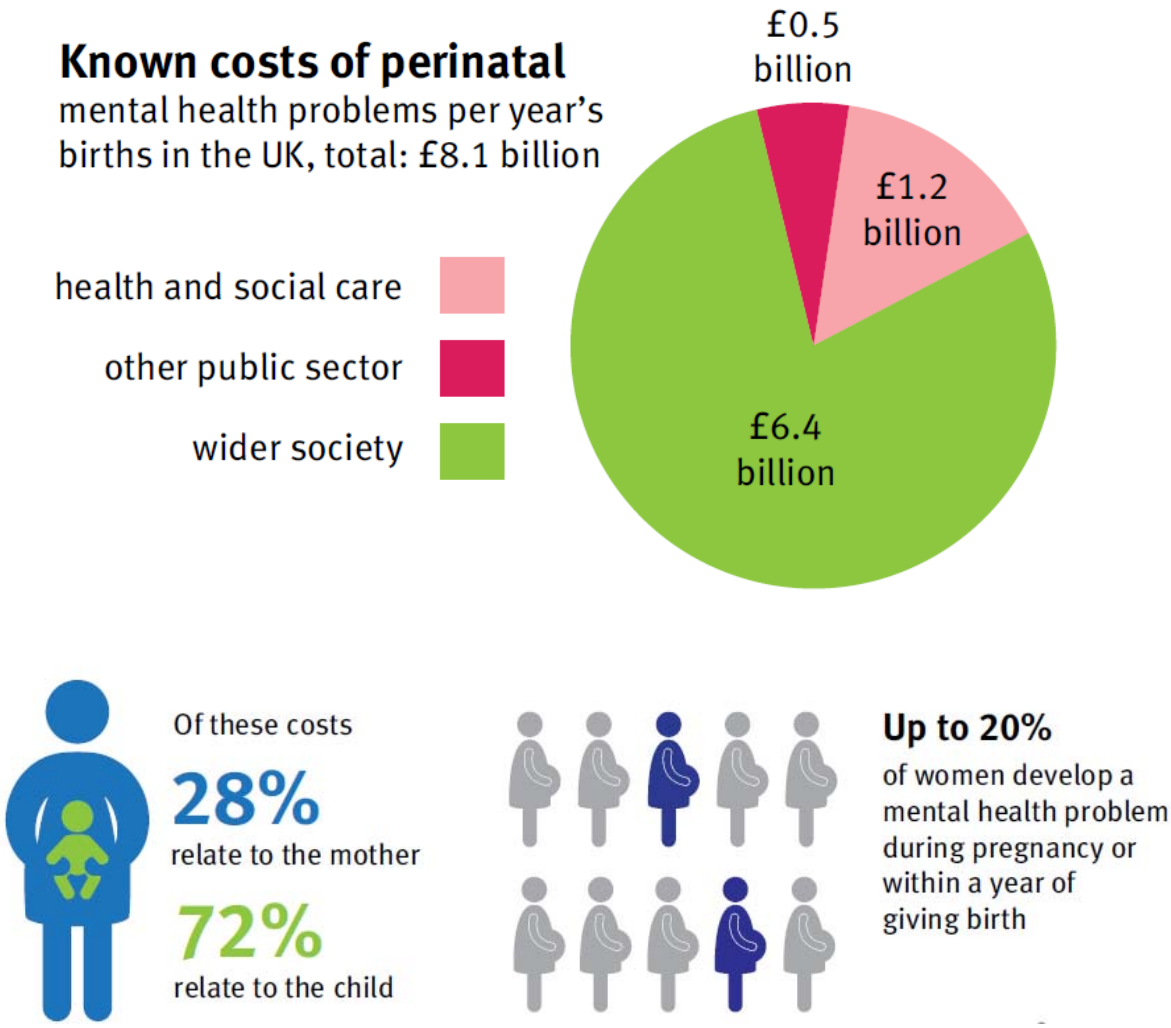


Figure 35: Known costs of perinatal mental health.
Source: Centre for Mental Health, Costs of perinatal mental health problems:
Webpage: https://www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems

[71] Hanington L, Ramchandani P, Stein A. Parental depression and child temperament: assessing child to parent effects in a longitudinal population study. Infant behavior & development. 2010 Feb;33(1):88–95
[72] Burgess A., 1997, *Fatherhood reclaimed: the making of the modern father*. London: Vermillion

Learning disabilities and poor mental health

Children and young people with a learning disability are more likely to experience poor mental health than the general population[73]. In North Yorkshire in 2014, the rate of children with learning disabilities known to schools was 19.2 per 1,000. This was lower than the England average of 33.7[74].

Children with autistic spectrum disorders (ASD) have a combination of difficulties with verbal communication, interacting with other children or adults. In North Yorkshire in 2014, the rate of children known to schools with autism was 9.3 per 1,000 population. This was slightly below the England average of 10.8. This equates to 823 pupils[75].

Children recorded with ASD as a primary need form the largest proportion of children with a North Yorkshire funded Statement of SEN or Education, Health and Care (EHC) plan[76]. The proportion of the entire Statement or EHC plan population which this cohort represents has increased from 22% (399) in June 2015 to 25% (504) at the end of June 2016. National figures for this cohort show a 1.4% increase from 24.5% in 2015 to 25.9% in 2016[77]. Trend data for 2016 suggests that a further 90 EHC plans will be issued in the calendar year for children with a primary need of ASD, which highlights the need for appropriate provision for this aspect of the learning disabled population.

[73] Allington-Smith, P. (2006) Mental health of children with learning disabilities Adv *Psychiatr Treat, 12*(2), 130-138

[74] Department for Education, Special Educational Needs in England

[75] Department for Education, Special Educational Needs in England.

[76] NYCC CYPS data on the Synergy database

[77] https://www.gov.uk/government/collections/statistics-special-educational-needs-sen

Priority Outcome Update

Profile to Accompany Report

Summary

The information and intelligence presented below and in the corresponding ‘Healthy Start to Life’ priority outcome report illustrates some of the granular level variations which exist in North Yorkshire across a range of health measures and the wider determinants of health.

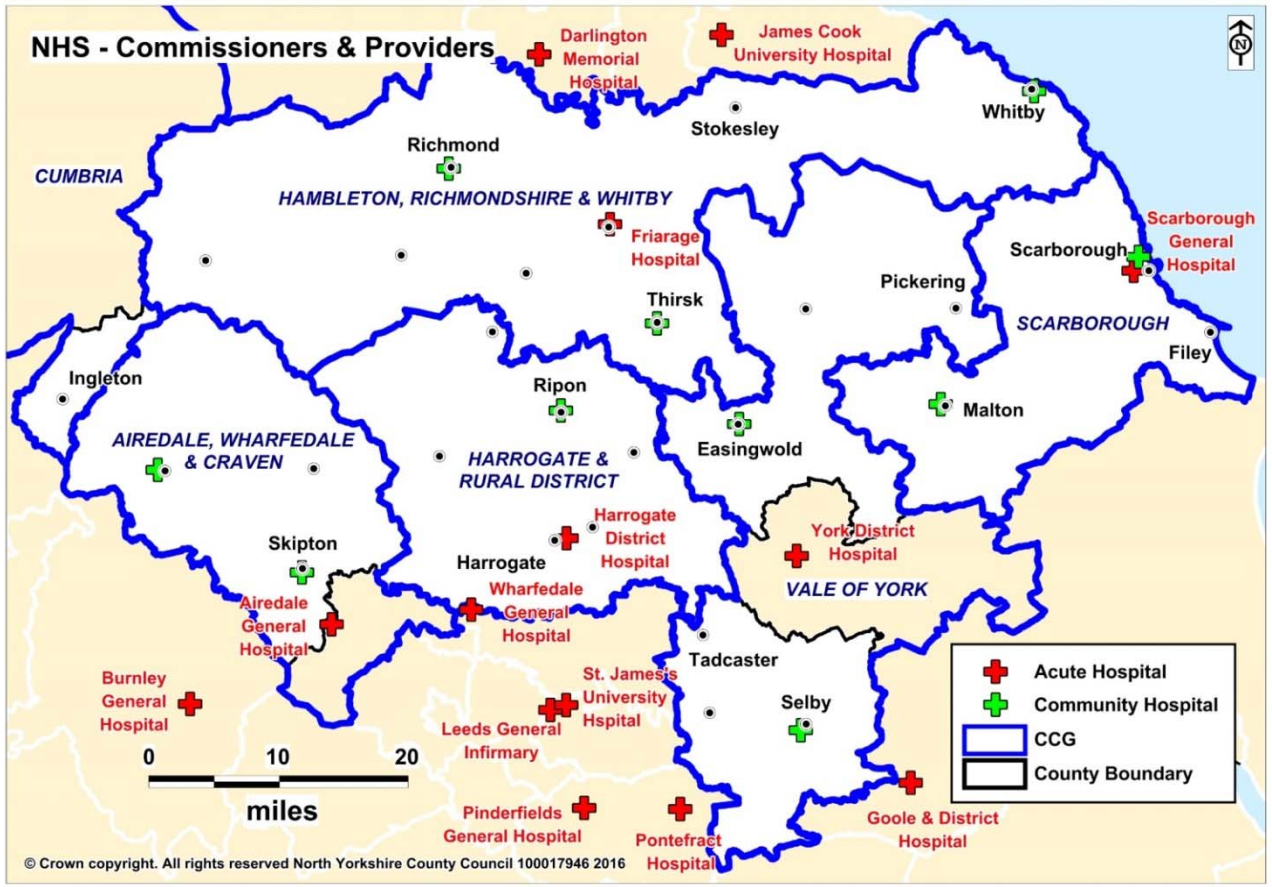
The interpreted intelligence explores how the wider determinants of health can compromise the health and well-being of children and young people living in North Yorkshire. The report and data presented below is structured around five thematic areas. These are:

- **Re- emerging dimensions of poverty**
- **Health promotion**
- **Child health in the perinatal period**
- **Long-term conditions in children and young people**
- **Mental health**

District and National Park boundaries in North Yorkshire

North Yorkshire County Council

Clinical Commissioning Groups (CCG's) in North Yorkshire

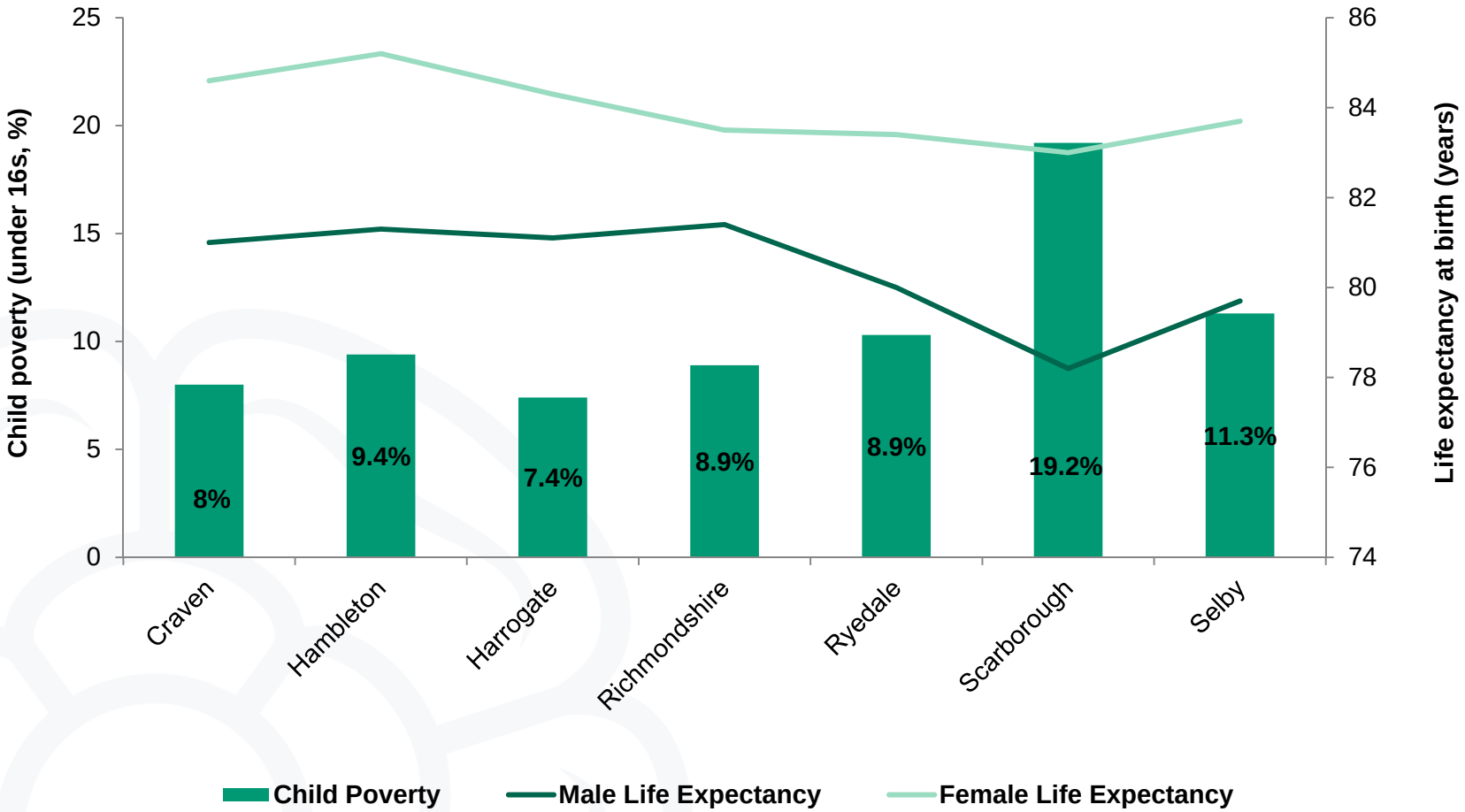


North Yorkshire County Council

Re-emerging dimensions of poverty

North Yorkshire County Council

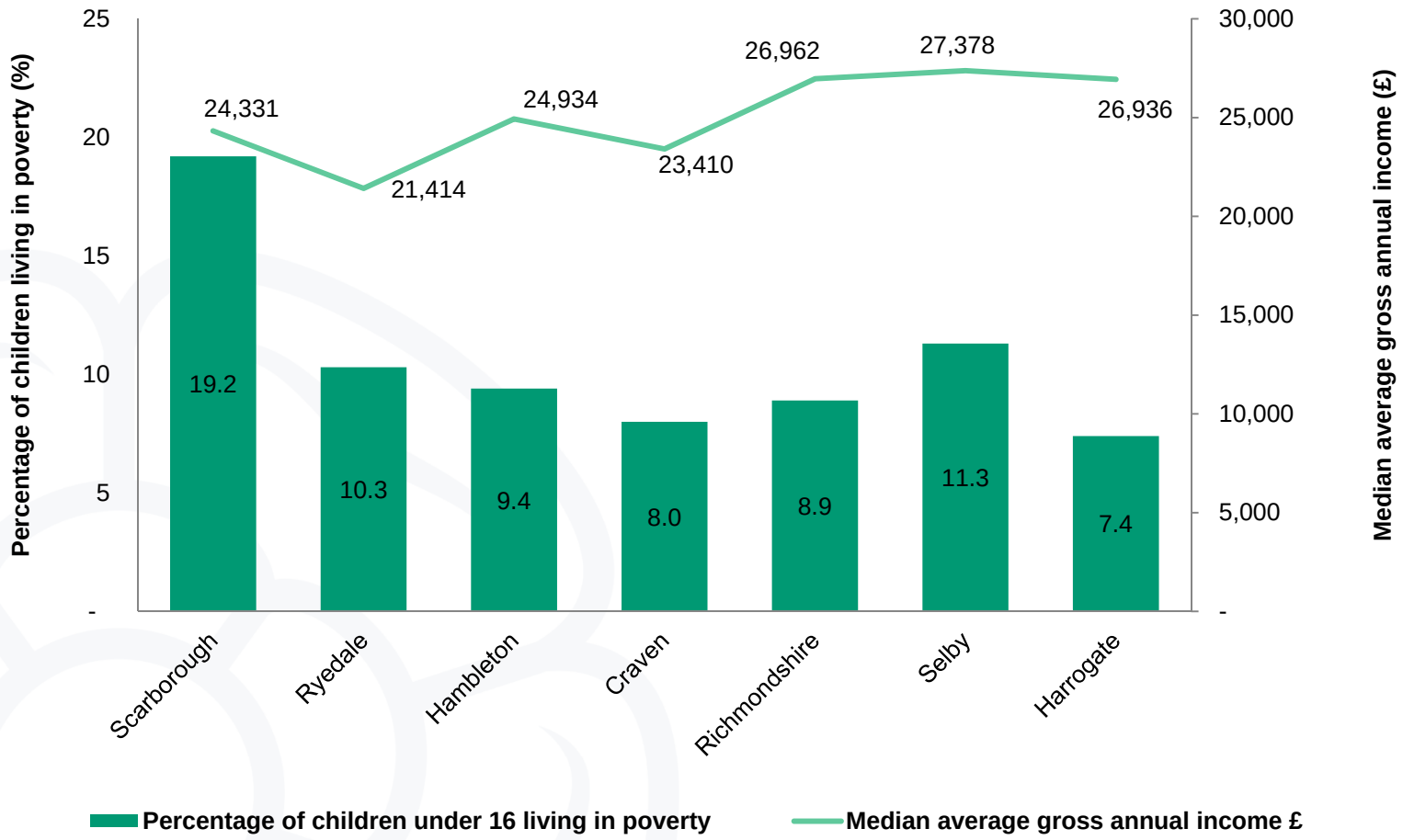
Child poverty and life expectancy



Source: ONS (Life expectancy) and HM Revenue and Customs (Child poverty)

North Yorkshire County Council

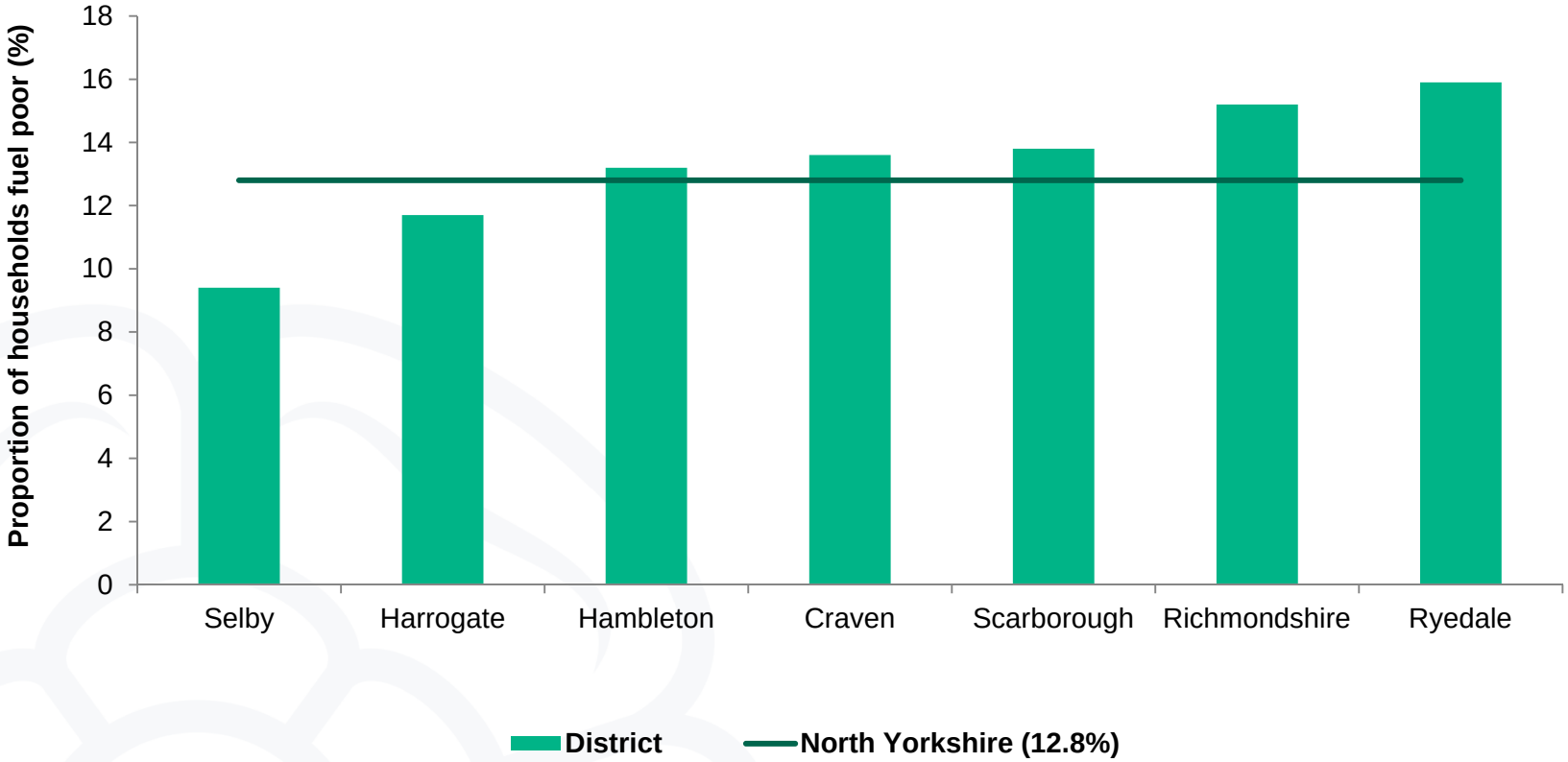
Median average gross annual income and child poverty



Source: HM Revenue and Customs (Child poverty) and Nomis (Median average gross annual income)

North Yorkshire County Council

Fuel poor households by district, 2014

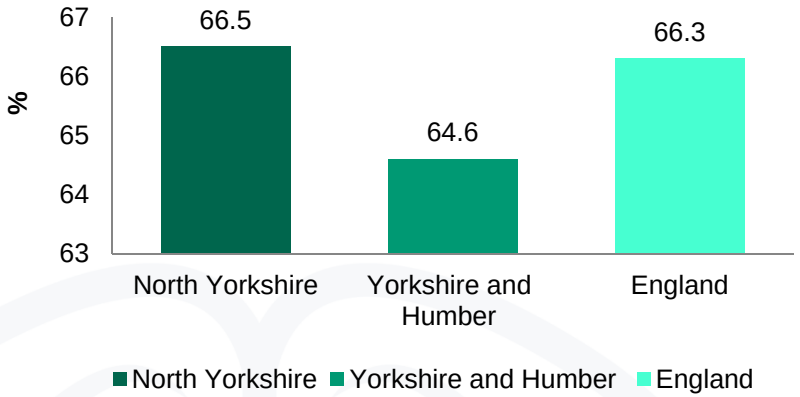


Source: Department of Energy and Climate Change

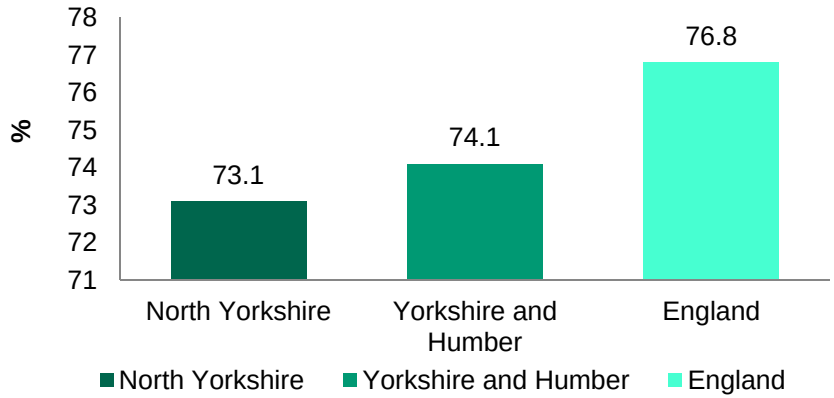
North Yorkshire County Council

School readiness

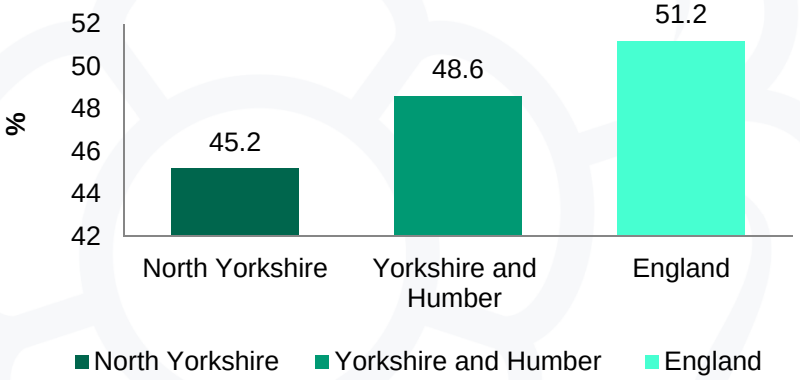
Percentage of children achieving a good level of development, 2014/15: Reception Year



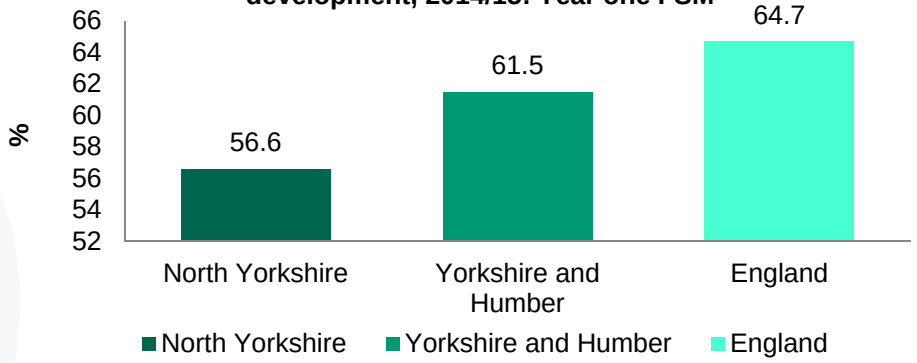
Percentage of children achieving a good level of development, 2014/15: Year one



Percentage of children achieving a good level of development, 2014/15: Reception Year FSM



Percentage of children achieving a good level of development, 2014/15: Year one FSM



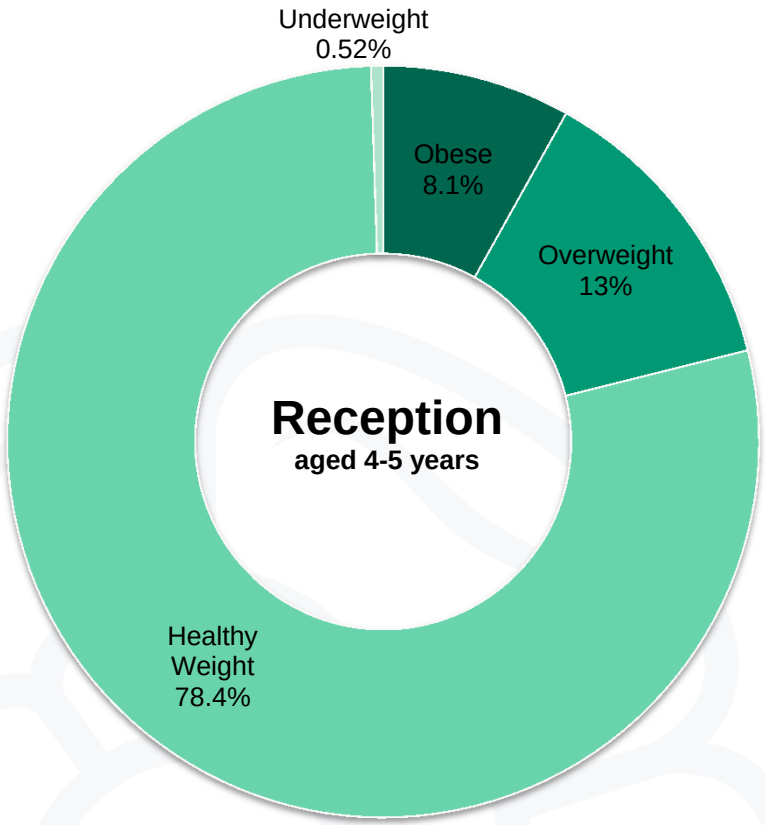
Source: Department for Education (DfE), EYFS Profile

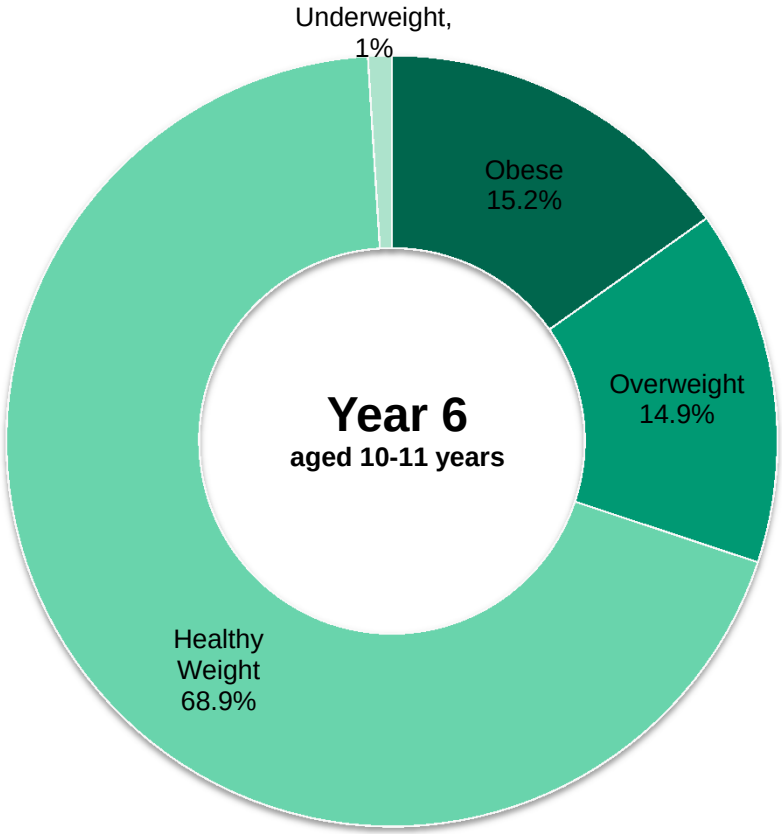
North Yorkshire County Council

Health promotion

North Yorkshire County Council

Childhood obesity in 2014/15



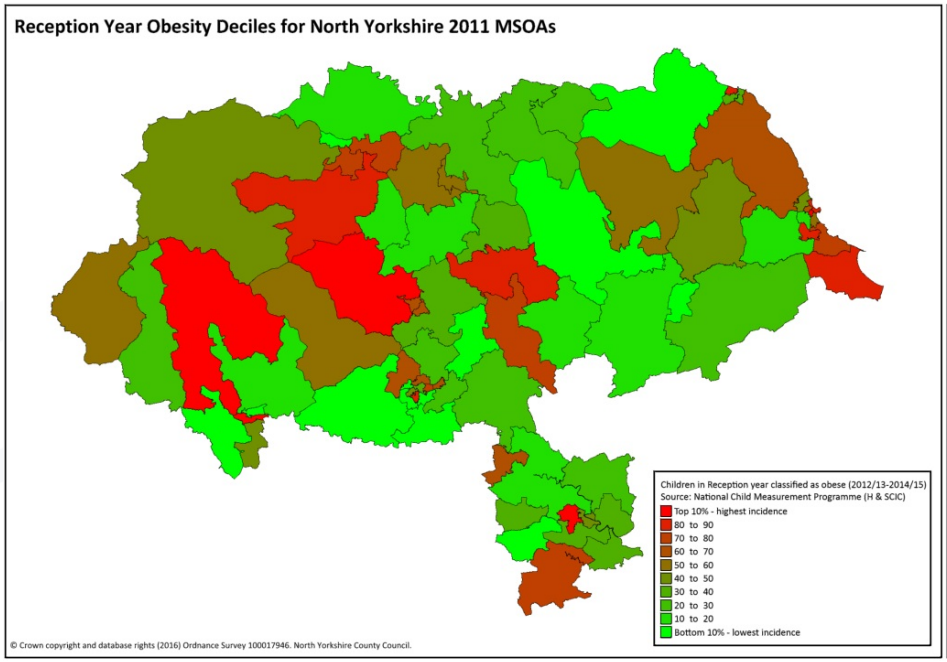


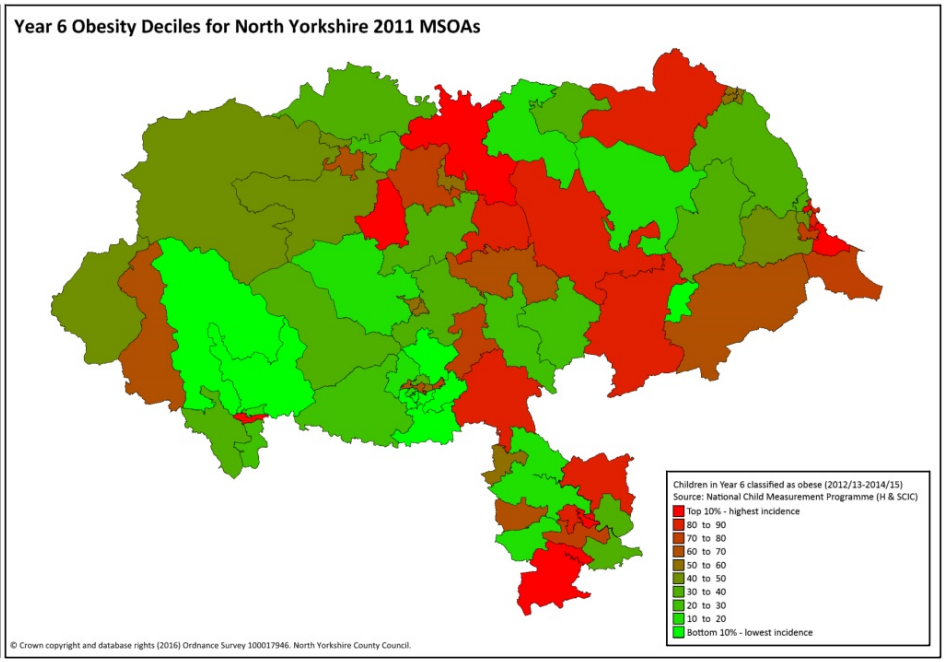
This analysis uses the 2nd, 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as underweight, healthy weight, overweight and obese. These thresholds are the most frequently used for population monitoring within England.

Source: Health and Social Care Information Centre, NCMP

North Yorkshire County Council

Prevalence of childhood obesity in 2014/15 by middle super output area

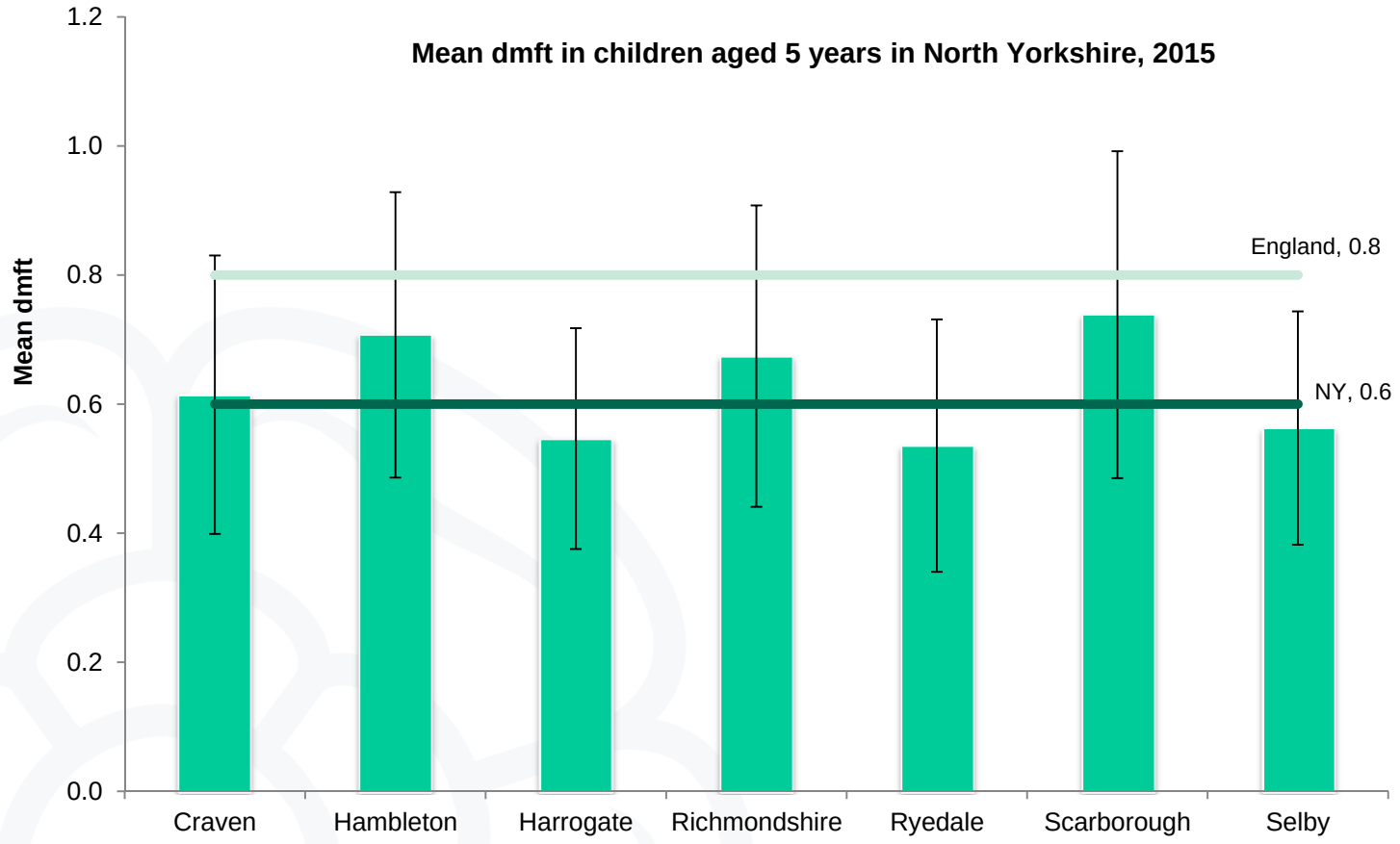




Source: Health and Social Care Information Centre, NCMP

North Yorkshire County Council

Decayed missing and filled teeth (dmft)



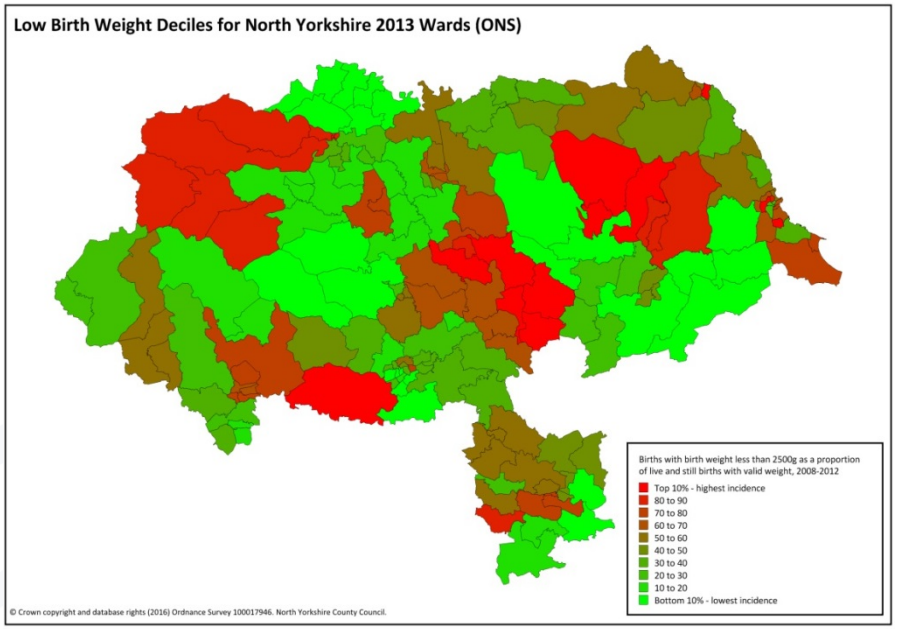
Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children, 2015

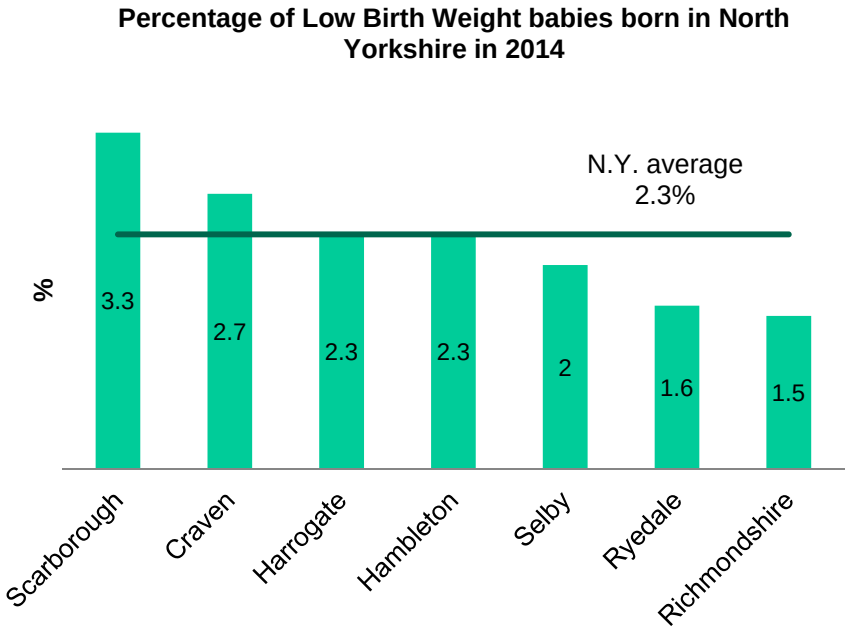
North Yorkshire County Council

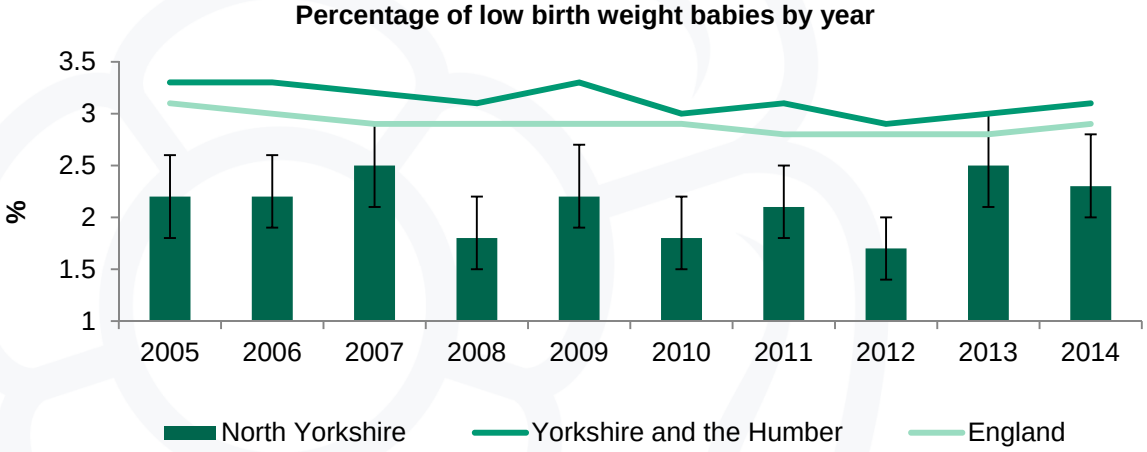
Child health in the perinatal period

North Yorkshire County Council

Low birth weight



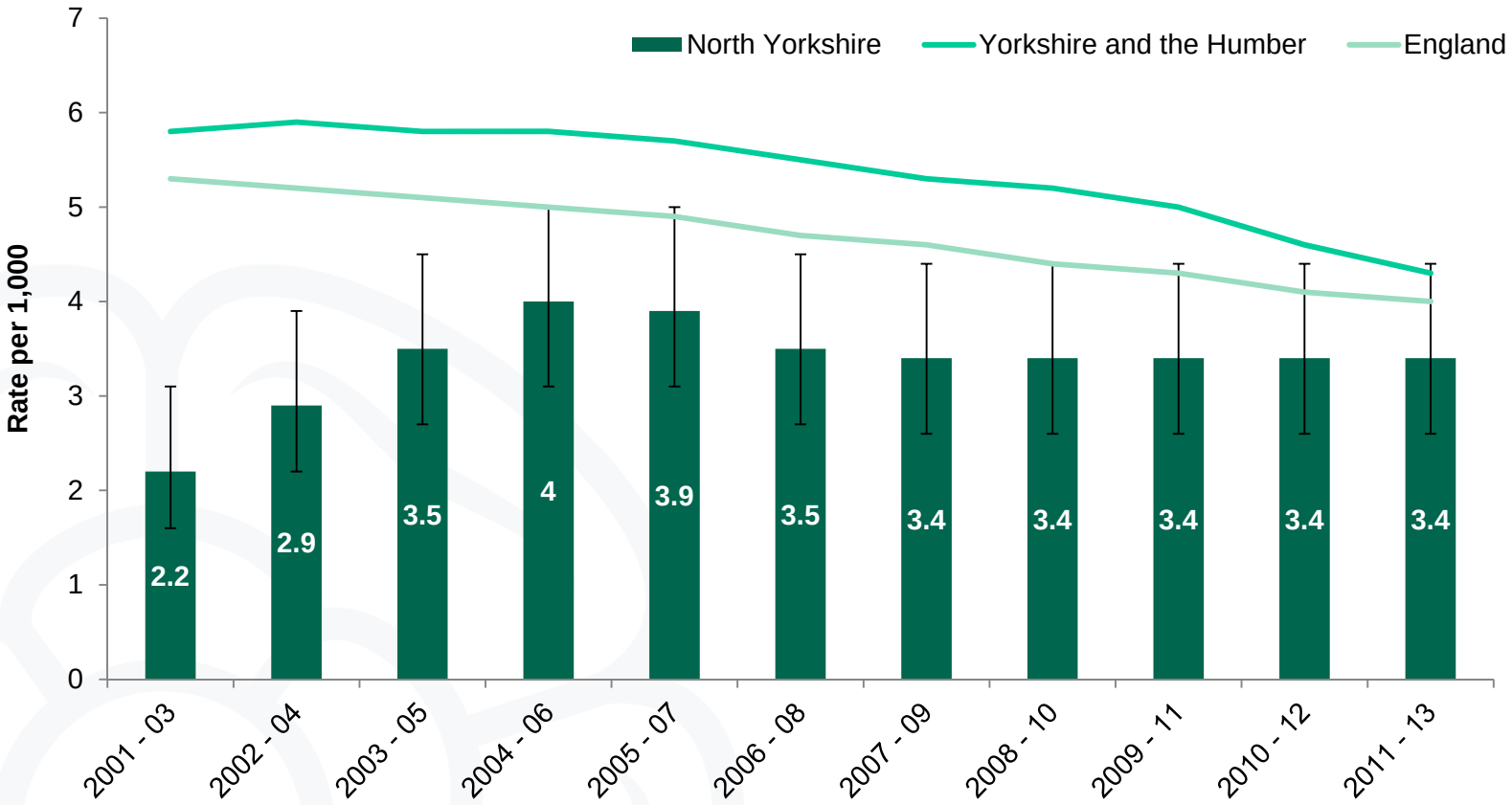




Source: ONS

North Yorkshire County Council

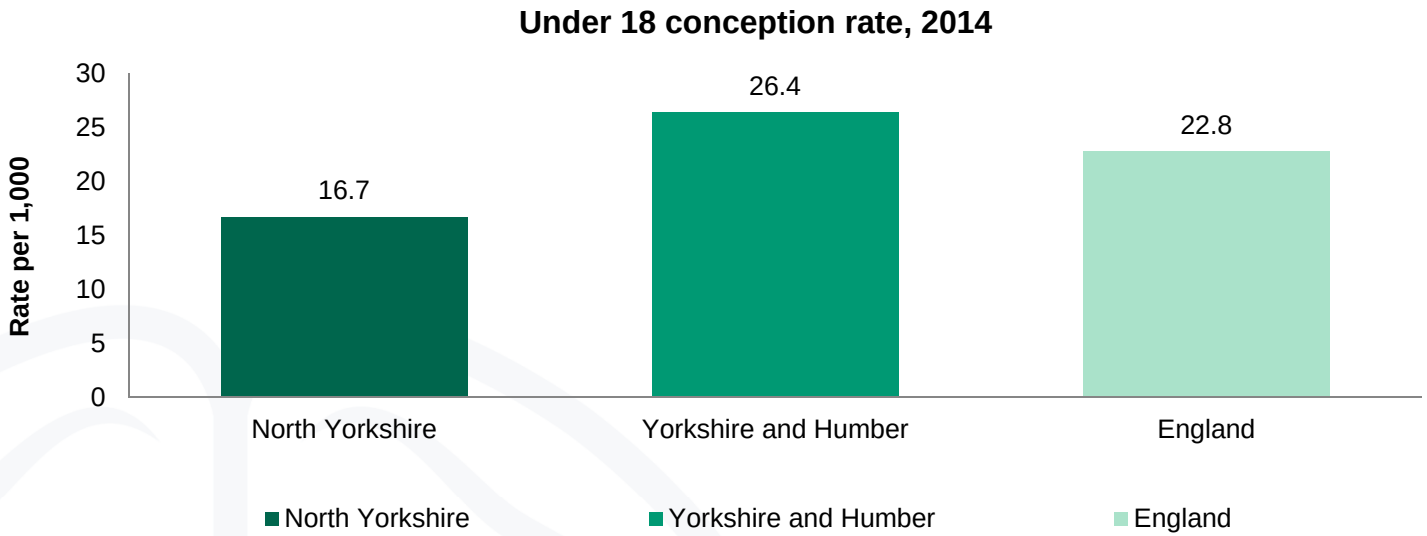
Infant mortality

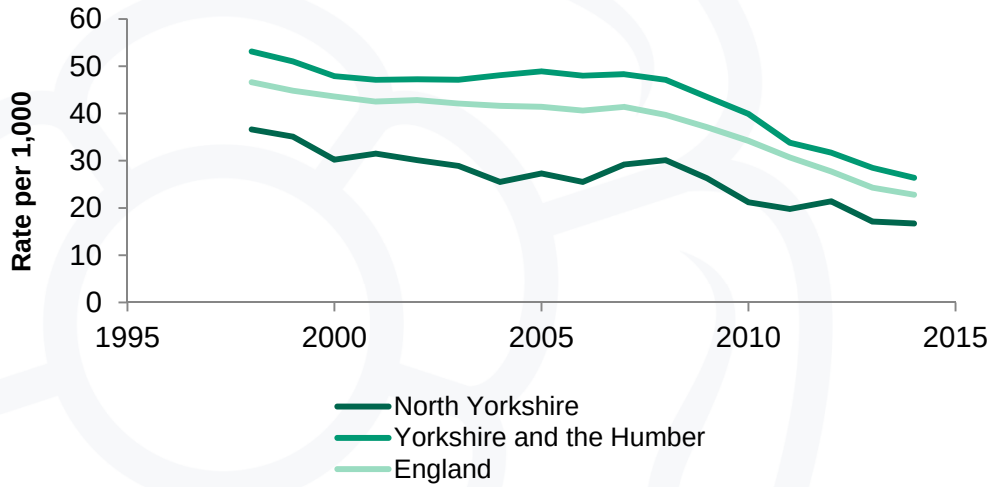


Source: ONS

North Yorkshire County Council

Teenage conception rate

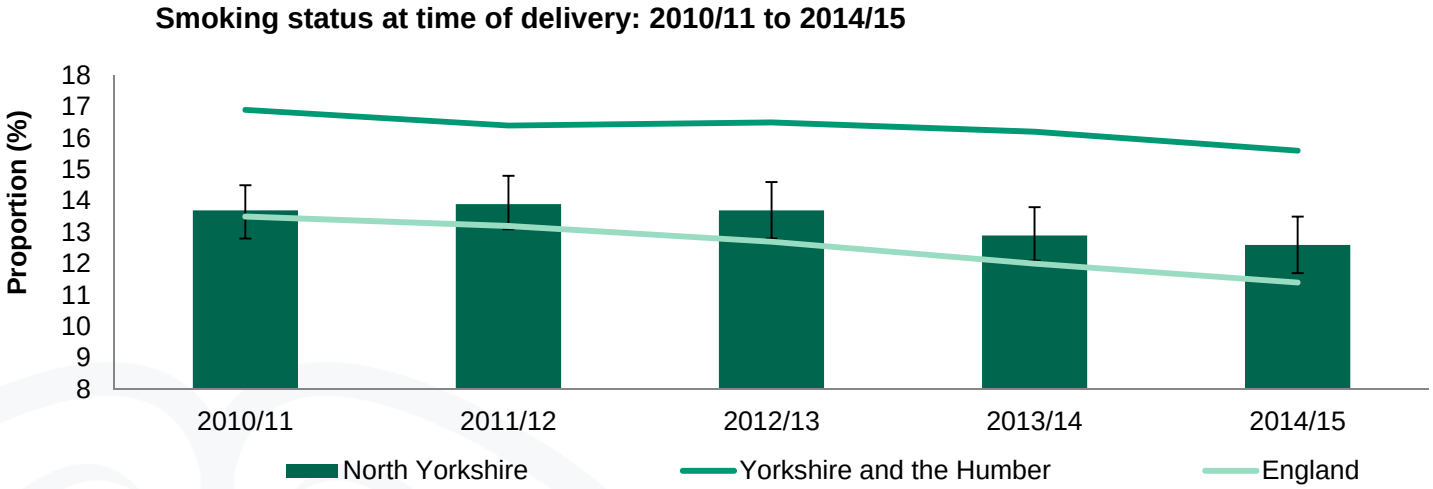


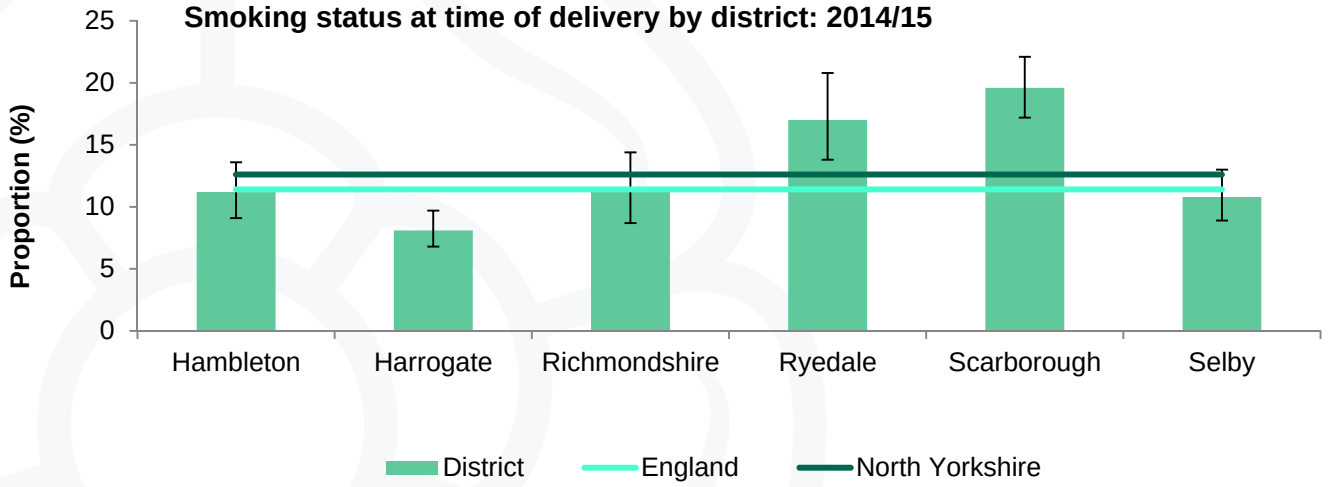


Source: ONS

North Yorkshire County Council

Smoking status at time of delivery





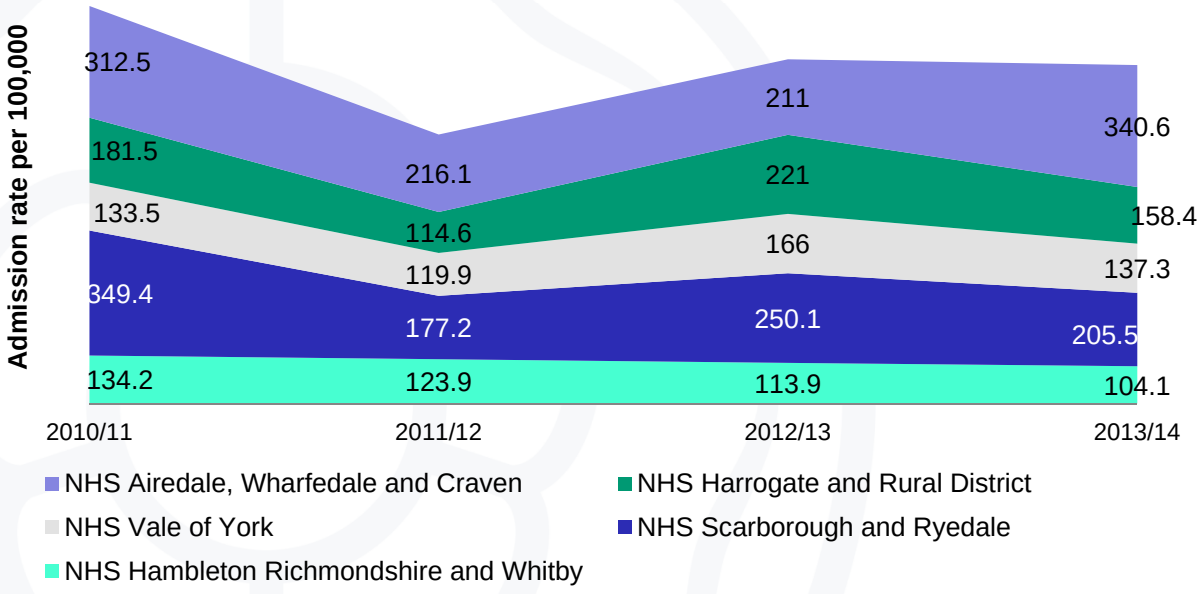
Source: Health and Social Care Information Centre

North Yorkshire County Council

Long-term conditions in children and young people

North Yorkshire County Council

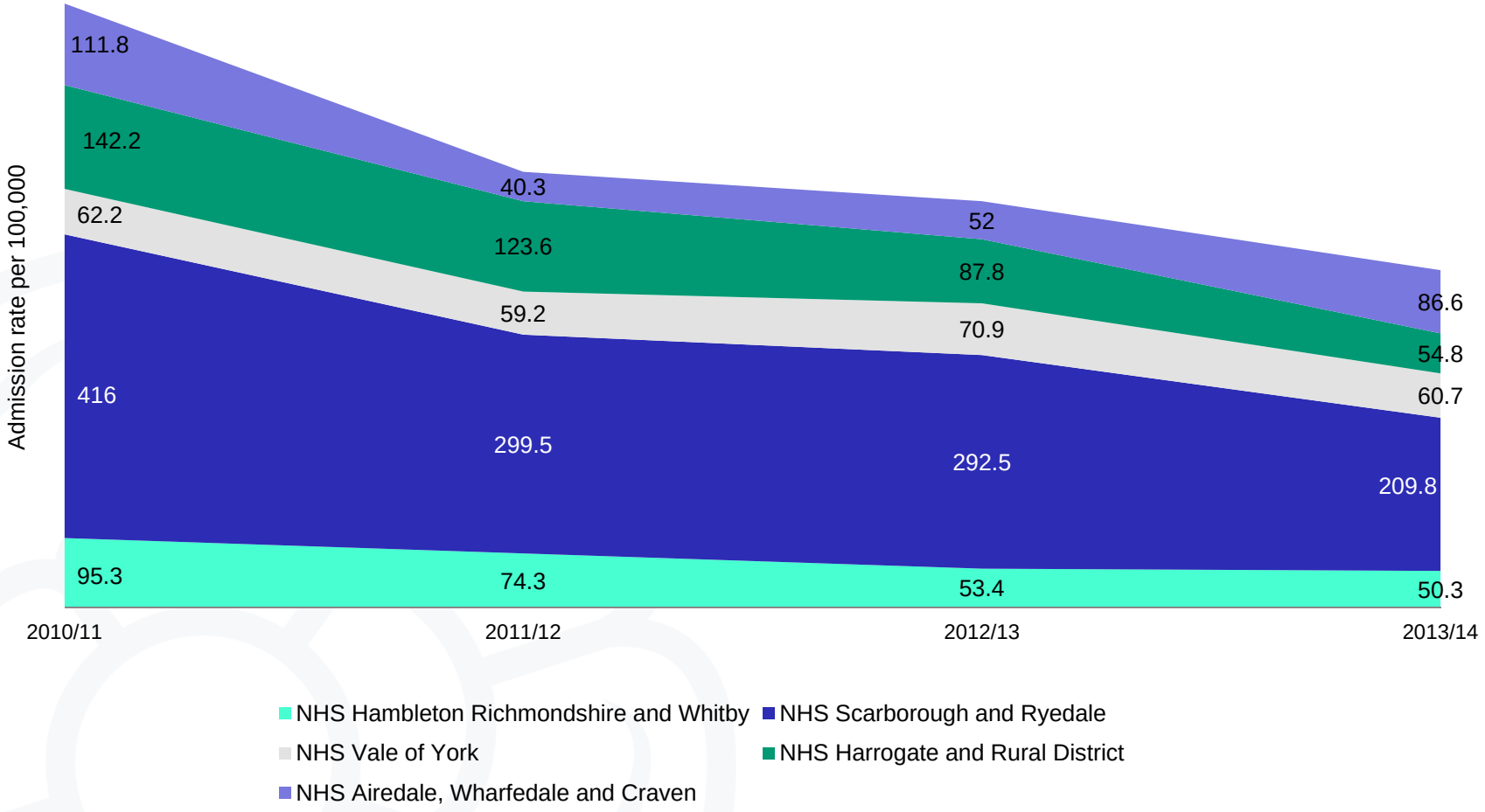
Hospital admissions for asthma in under 19's



Source: Public Health England, National Child and Maternal Health Intelligence Network

North Yorkshire County Council

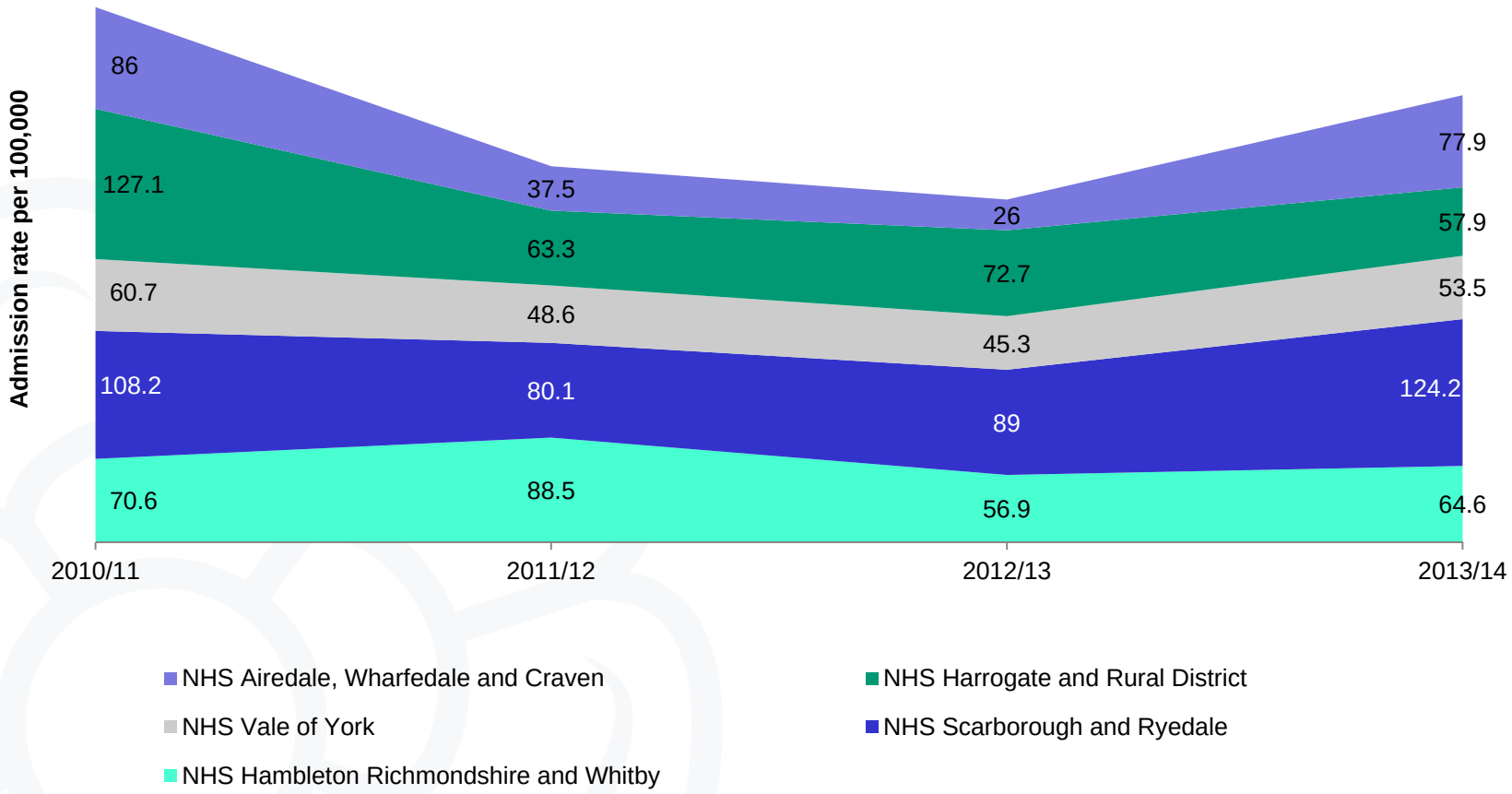
Hospital admissions for epilepsy in under 19's



Source: Public Health England, National Child and Maternal Health Intelligence Network

North Yorkshire County Council

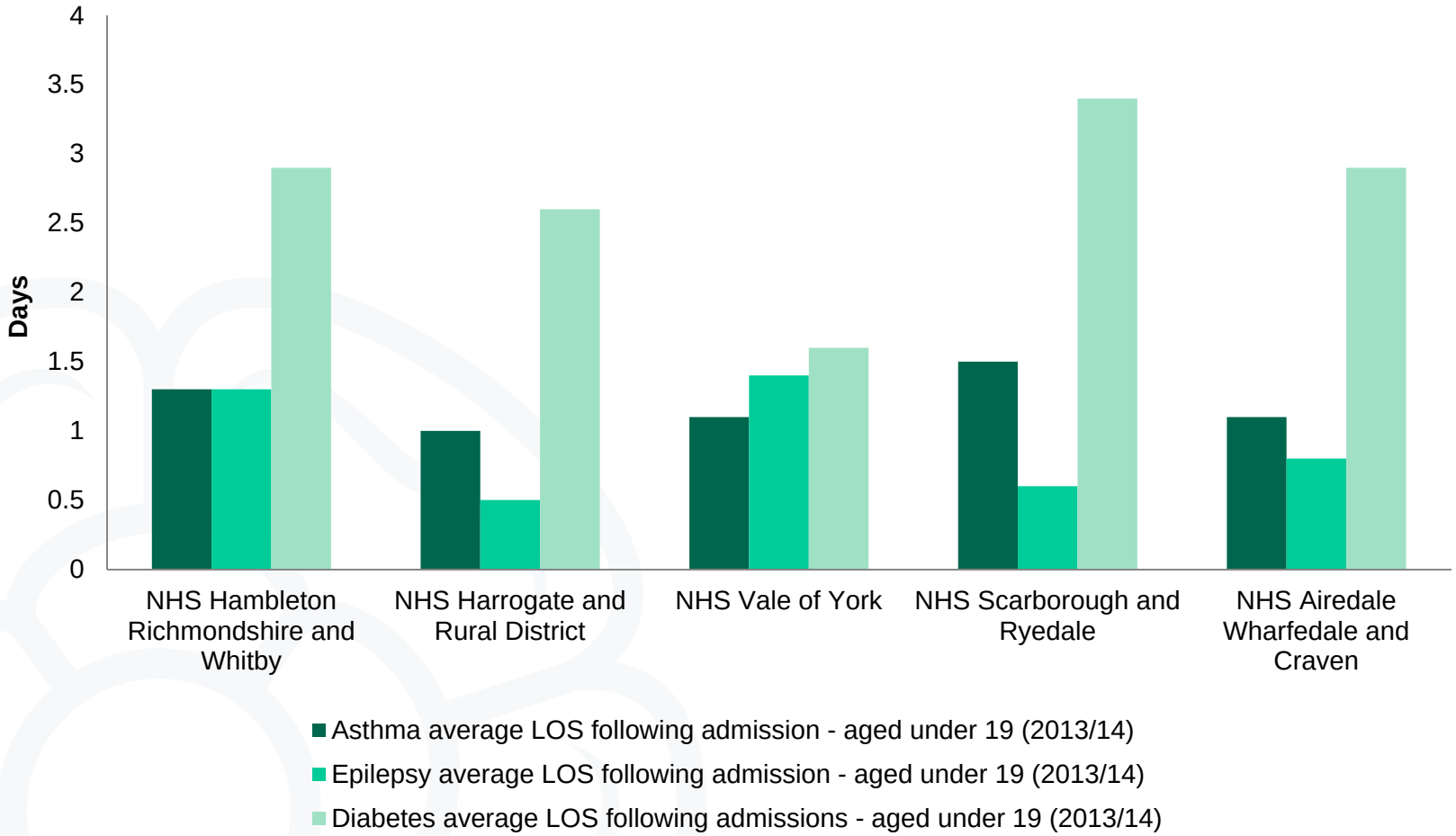
Hospital admissions for diabetes in under 19's



Source: Public Health England, National Child and Maternal Health Intelligence Network

North Yorkshire County Council

Length of stay in hospital



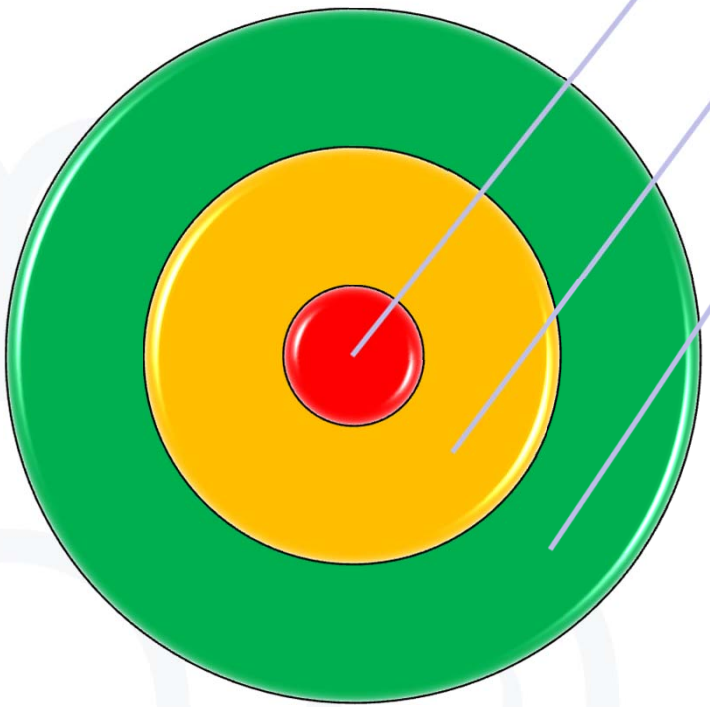
Source: Public Health England, National Child and Maternal Health Intelligence Network

North Yorkshire County Council

Mental health

North Yorkshire County Council

Emotional well-being of looked after children



Cause for Concern (17 and over)

Borderline (14 to 16)

Normal (Below 14)

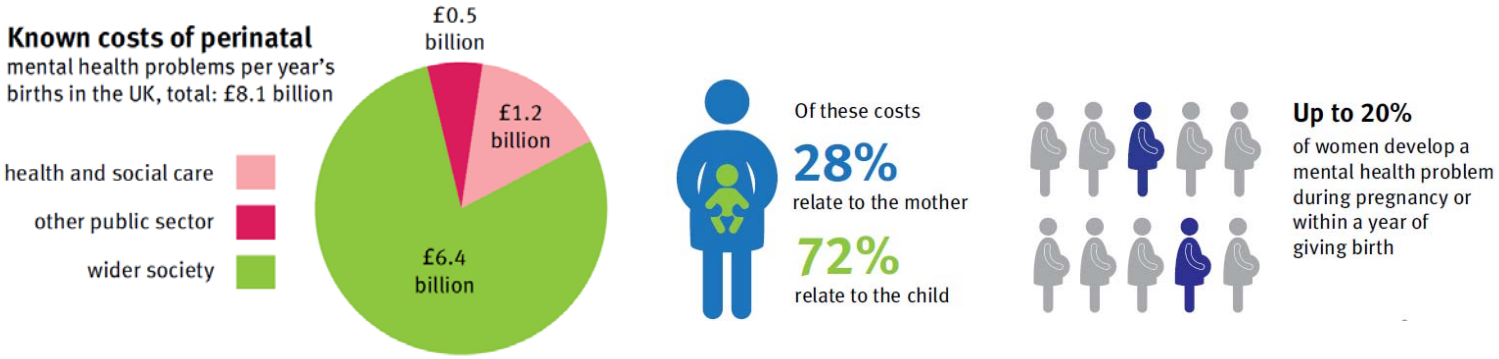
North Yorkshire =13.4

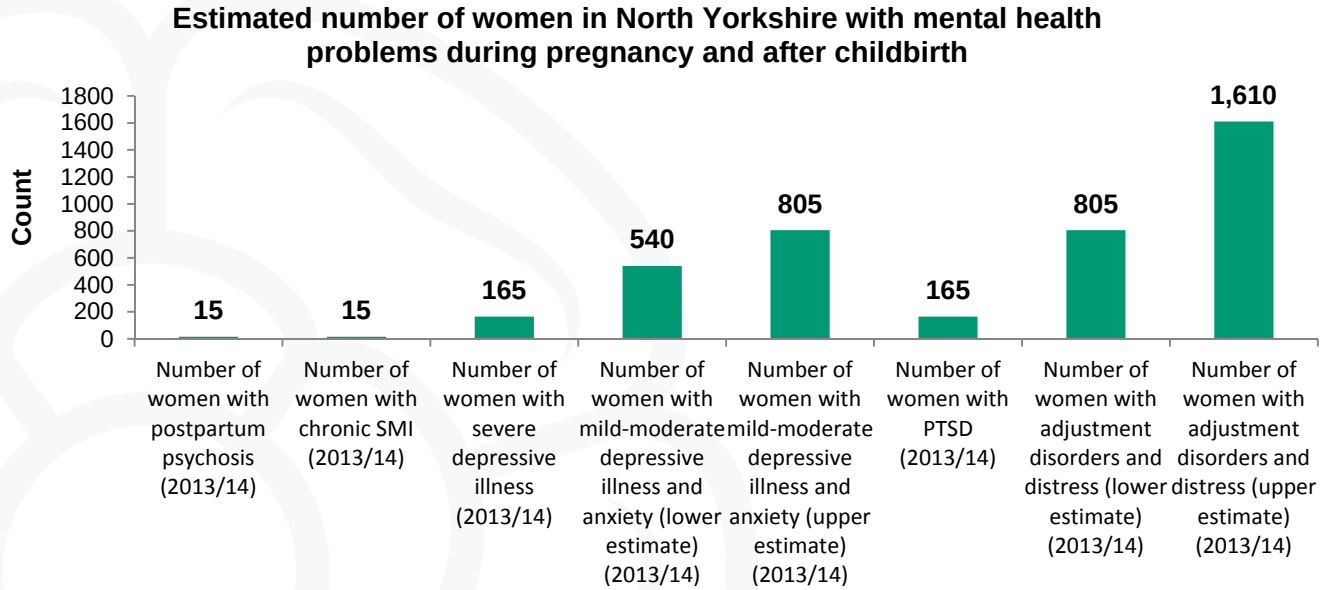
England=13.9

Source: Department for Education

North Yorkshire County Council

Perinatal mental health





Source: Centre for Mental Health, Costs of perinatal mental health problems:
Webpage: https://www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems

North Yorkshire County Council

North Yorkshire Children's Trust

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

28 September 2016

Road Safety Education and Training

1.0 Purpose of Paper

1.1 This paper provides a summary of child casualty statistics together with an overview of road safety education and training currently provided within North Yorkshire

2.0 Background

2.1 National Context

Britain's roads are very safe by all international comparisons. We remain second only to Sweden in terms of global road safety, with 2014 witnessing the third lowest number of road deaths since records began. In 2015 road deaths reduced by 2%, there was a 3% decrease in the number of people seriously injured and the overall numbers of casualties reduced by 2%. With an increase in traffic of 1.6% this represents an actual 4% reduction* however, the numbers of people killed or seriously injured in the first three months of 2016 have increased significantly; by 13% more deaths and 14% more Killed/Seriously Injured (KSI).

**Road Casualties Great Britain 2015, Department for Transport June 2016.*

These fluctuations demonstrate that road safety requires constant and continuing effort and investment to achieve and sustain its effect. The Government recognises the importance of road safety through the Department for Transport's Business Plan 2015-2020, which emphasises the Government's pledge to make journeys better, simpler, faster and more reliable through a five year plan that supports jobs, enables business growth, and brings our country closer together. Specific Road Safety Grant funding ceased in 2011 and has not been replaced.

Integrating road safety into wider policy areas at national and local levels is acknowledged as an important element of achieving safety and other objectives. Environment and health are key agendas that compliment, and are complemented by, road safety initiatives and it is recognised that there are significant benefits and added strengths in achieving joint objectives, sharing resources and greater efficiency when these agendas are united.

2.2 Safe Systems Approach

Nationally and in North Yorkshire, the Safe System approach has been adopted. This pragmatic approach recognises that we can never entirely eradicate road collisions because there will always be some degree of human

error; that when collisions do occur the human body is inherently vulnerable to death or injury and because of this we should aim to manage our infrastructure, vehicles and speeds to reduce crash energies to levels that can be tolerated by the human body. The “five pillar” strategic approach for managing road safety and creating a safer system focusses on:

- Safer Roads and Infrastructure
- Safer Vehicles
- Safer Speeds
- Safer Road Users
- Post-Crash Response

2.3 **A national cycle and walking investment strategy** is currently under development by the Government, which acknowledges that roads where people are safe and feel safe encourage more active travel.

This is accompanied by an Access fund that will provide grants from 2017 for promotional and training programmes that encourage and help more people to get into cycling and walking.

The county council is preparing a bid to this fund that will focus on increasing walking and cycling in the Scarborough, Harrogate and Skipton areas.

The Government is making available separate funding through the Local Economic Partnership towards the cost of building and improving infrastructure.

2.4 **Local context for North Yorkshire:**

Approximately 600,000 people live in the County, which has one of the largest road networks in England, with 6000 miles of A, B and C class roads. Due to a significant rural population (38%) living in smaller villages and communities, the likelihood of being injured in a collision is statistically higher than in a metropolitan area.

With most of the county sparsely populated, the road network is the main means of transport connecting small towns and villages. The distance between these small communities means that people travel greater mileage to access work, education and services. This increases their exposure to the risk of road injury by virtue of the miles travelled on these rural roads.
The county also sees tens of thousands of visitors who travel to, in and around the county, primarily on the rural roads.

The North Yorkshire Local Transport Plan 4 supports the growth of walking and cycling by prioritising the maintenance of the existing infrastructure and improving access to it.

2.5 **Data summary and tables**

Annually on average 750 children and young people (aged 0-24 years) are injured on North Yorkshires roads. This represents approx one third of all casualties in the county. Of these, 110 are killed or seriously injured. The majority of these are aged 16 to 24 years, are travelling in a car (as either driver

or passenger) and nearly 70% live within the county. Approximately 73% are injured on rural roads.

In the 0 to 15 years age group, child pedestrians make up the majority of those killed and seriously injured. Approximately 46% are injured in urban areas and 54% in rural areas. They are almost all seriously hurt rather than killed – fatalities to children are, thankfully, very rare.

Figure 1. All children and Young Person Casualties in North Yorkshire 2012-2015

All Children and Young Person Casualties in North Yorkshire 2012-2015							
	Baseline (Avg 10-14)	2012	2013	2014	2015	2015 vs baseline	Statistically significant change
Pedestrian	73	81	68	59	71	-2.5%	
Pedal Cyclist	42	44	49	43	54	28.6%	
Car / Taxi Occupants	491	493	483	447	465	-5.3%	
Bus	17	10	12	27	23	35.3%	
Others	99	107	96	107	102	3.2%	
Boys	438	448	444	404	443	1.1%	
Girls	284	287	264	279	272	-4.1%	
Age 0 to 3	18	16	17	23	17	-5.6%	
Age 4 to 7	37	44	43	33	42	12.3%	
Age 8 to 10	36	40	32	36	29	-18.5%	
Age 11 to 13	50	43	40	50	47	-5.2%	
Age 14 to 15	37	46	26	32	47	27.0%	
Age 16 to 19	252	238	253	229	253	0.5%	
Age 20 to 24	292	308	297	280	280	-4.2%	
All children and young people (0-24)	722	735	708	683	715	-0.9%	

Figure 2. Annual Average, Children & Young People Road Casualties by Age 2011-2015

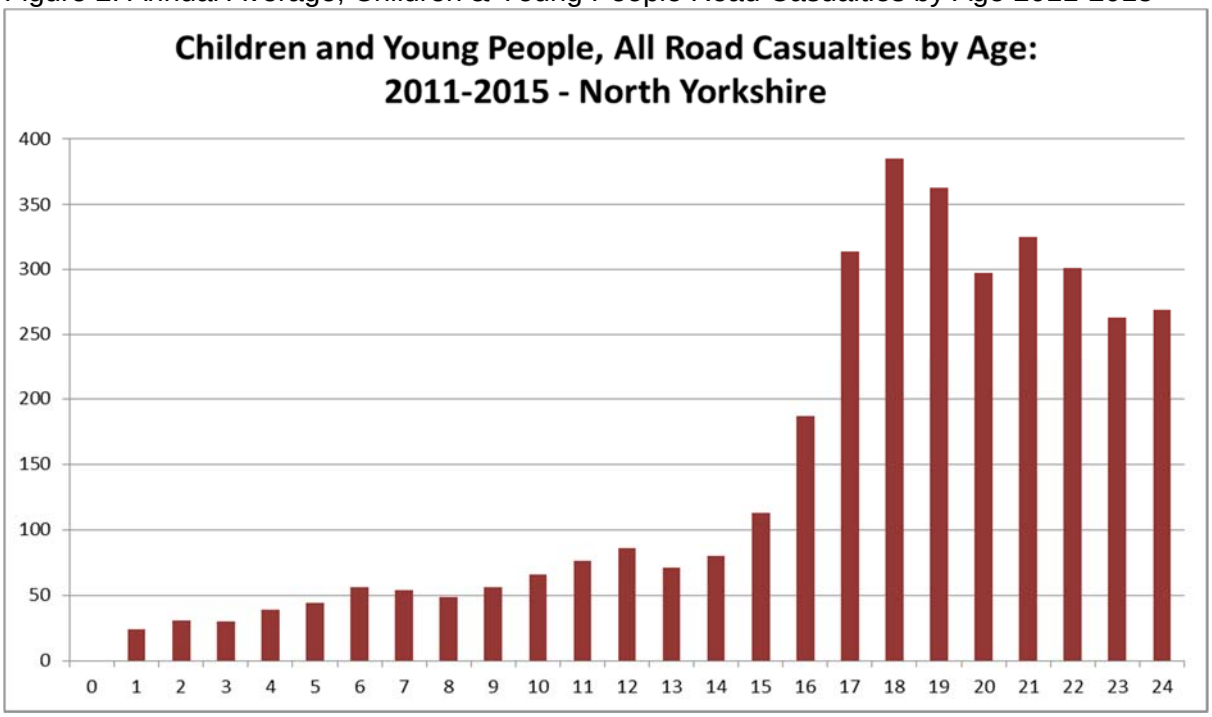


Figure 3. Annual Average, Children & Young People, Killed or Seriously Injured 2011-2015

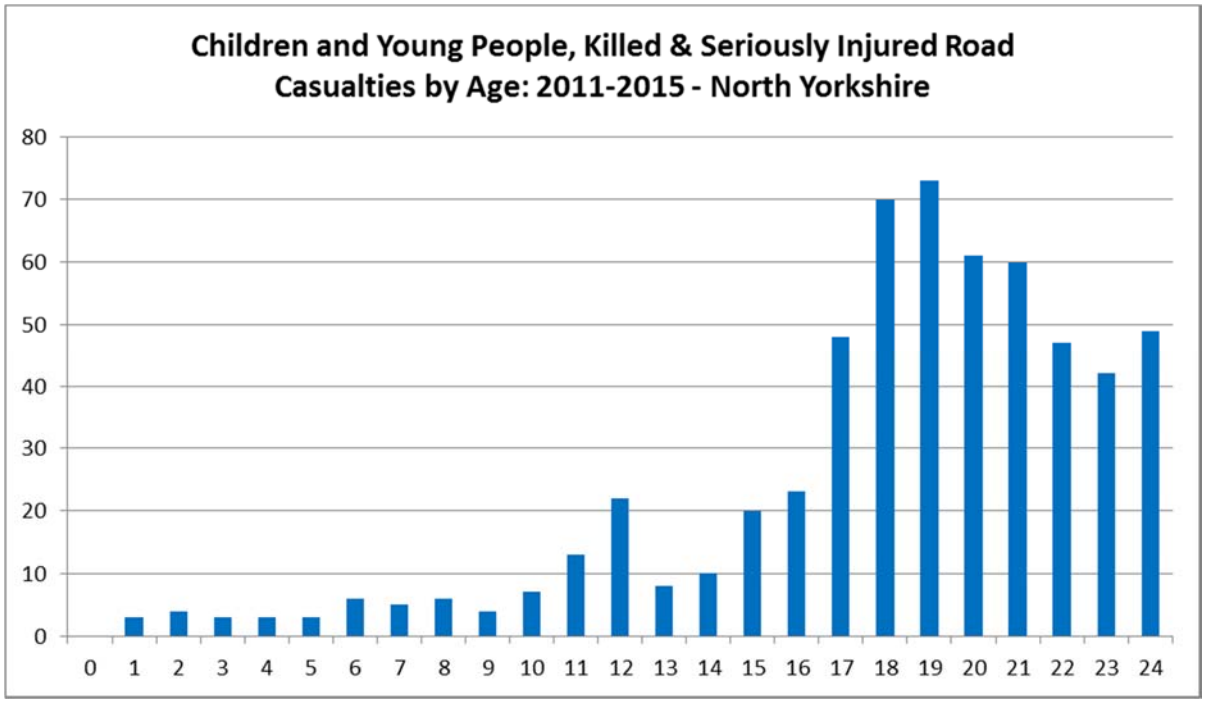
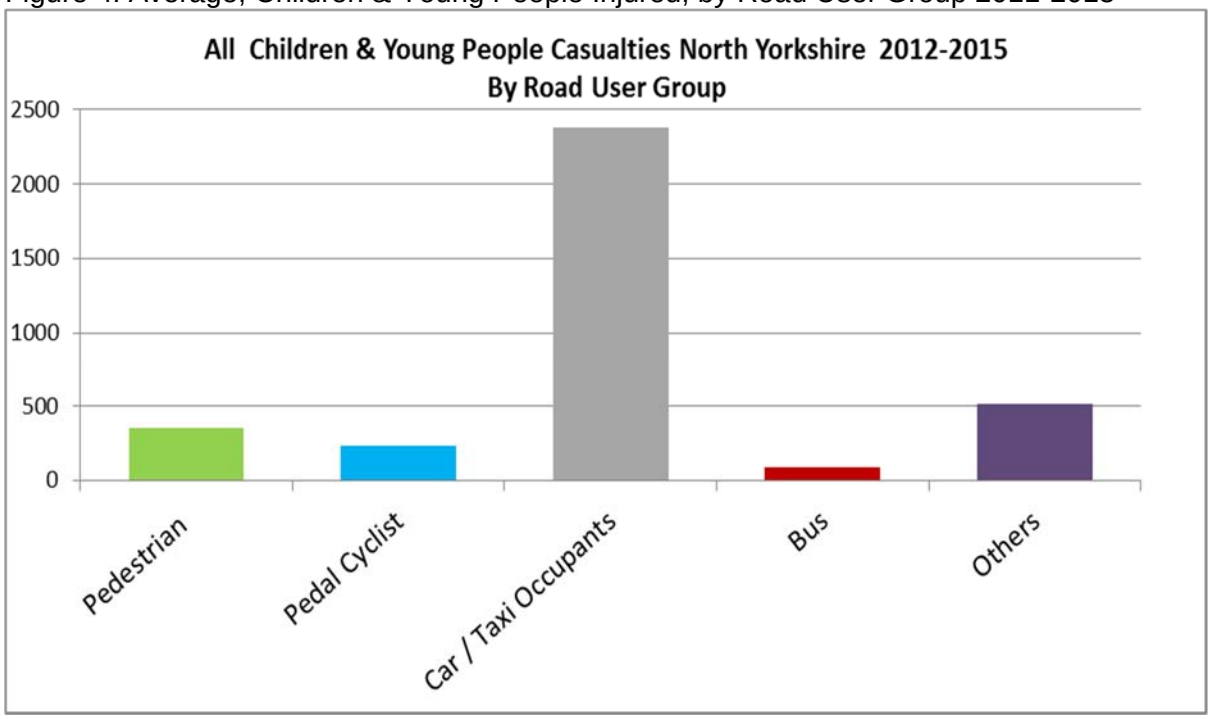


Figure 4. Average, Children & Young People Injured, by Road User Group 2011-2015



2.6 Analysis of the causations and factors affecting children and young people ages 0 - 24 years

When road traffic collisions are investigated by the police, they use a number of ”causation factors” to record behaviours or issues that they consider contributed to the collision and subsequent injuries.
Most of the children injured on our roads were pedestrians. In the last 5 years the most frequent causation factors in 0 to15 year old road injuries were:-

1) Pedestrian failed to look properly
2) Pedestrian careless / reckless / in a hurry
3) Pedestrian crossed road masked by stationary or parked vehicles
4) Pedestrian failed to judge vehicles path or speed
5) Vehicle failed to look properly
6) Pedestrian dangerous action in the carriageway e.g. playing

Most of the young people (aged 16-24 years) injured on our roads were car drivers or passengers. In the last 5 years the most frequent causation factors for 16 to 24 year olds were:-

1) Driver lost control
2) Driver failed to look properly
3) Driver careless / reckless / in a hurry
4) Driver poor turn or manoeuvre
5) Driver inexperienced or learner
6) Driver failed to judge other persons path or speed
7) Driver travelling too fast for conditions
8) Driver impaired by alcohol

Young drivers make up 7% of the driving population but are involved in 25% of the collisions. Inexperience, together with risk-taking behaviour and passenger distractions are significant factors behind this over-representation of road injuries to this age group.

2.7 North Yorkshire Road Safety Services

The Councils Road Safety and Travel Awareness Team comprises 8 posts – Team Leader, Data Analyst, Project Officer, Driver Training Officer and four Road Safety & Travel Awareness Officers. These four Road Safety & Travel Awareness Officers are based in Highway Area offices and between them have responsibility for Road Safety Education, Training and Publicity programmes across all seven Council Districts. Each officer is a lead member of their local multi-agency Road Safety Group that brings together police, fire, local council and highways engineers to deliver the county wide priorities and to address

local issues. Additionally there is a term time only Road Safety Assistant for each of the 7 Districts, who organises the Bikeability cyclist training programme and allocates instructors to courses.

The ethos of the Service reflects the same values of the North Yorkshire Children's Board in that we aspire for all road users to feel safe and be safe.

The Road Safety Team is an integral part of the 95 Alive York and North Yorkshire Road Safety Partnership. This partnership comprises NYCC, Public Health, City of York, the District Councils, North Yorkshire Police, the Office of the Police & Crime Commissioner, North Yorkshire Fire & Rescue Service and Highways England.

The 95 Alive partnership vision is to:

"Seek to make travelling in York and North Yorkshire safer, and act in a way that inspires the trust and confidence necessary to make people feel safer too."

Resources are targeted to address specific safety concerns, whether they are particular groups of road users, especially vulnerable users, or at particular locations in the county where there are clusters of crashes.

We apply the following principles in addressing road safety issues:

- **Education** – We will help road users to understand how to use the road network safely and to realise how their actions affect others
- **Engagement** – We will work with local people and partners to promote and deliver a safer road network
- **Enforcement** – We will work with the police who seek to deal with anyone who is responsible for breaking the law
- **Engineering** – We will make roads safer through appropriate design for all road users, for example the provision of improved crossings or road maintenance

2.8 Public Health priorities

There is a clear link between the distinctive North Yorkshire public health agenda and the ambitions of the 95 Alive Partnership "Safer Roads, Healthier Places" Strategy. This strategy is currently being refreshed and is due to be re-published in November 2016. This agenda also aligns with the "Young and Yorkshire" priority that "all children feel safe and are safe"; for this ambition to be realised it is crucial that these agendas are, and continue to be, integrated.

2.9 The rate of children Killed and Seriously Injured (KSI) is a key measure within the Young and Yorkshire performance scorecard. Data highlights that the rate of children KSI on the County's roads is significantly higher than the national picture. Although the rate recorded across North Yorkshire has remained relatively stable over the last three years (between 23 and 25 per 100,000

population), the gap between North Yorkshire and England has widened in the same period (from 3.5 per 100,000 in 2011-13 to 6.7 per 100,000 in 2012-14).

2.10 It is also important to recognise that improving road safety links to other public health, and Children's Trust Board priorities. For example, realisation of the aims of the "Healthy Weight, Healthy Lives" Strategy through the promotion of physical activity such as cycling and walking to school, will support a reduction in childhood obesity and other priority areas within the overarching aim of "more children and young people lead healthy lifestyles".

2.11 Clear priorities and actions in terms of improving road safety for children and young people have been identified within the Safer Roads, Healthier Places Strategy and surround coordinated multi-agency delivery of evidence based interventions, such as the Bikeability programme. Aligning priorities set by the Children's Trust Board, the York and North Yorkshire 95 Alive Partnership and the Health and Wellbeing Board, and strengthening integrated working across agencies, is vitally important if we are to achieve our collective ambition of improving outcomes for children and young people within the County.

3 Road Safety Education and Training programmes

3.1 **Background** – in this country there is no legal requirement for schools to provide any form of road user education at any stage. Since every child will use the road network one way or another every day of their life and doing so presents their highest risk of premature death or injury, this is frankly extraordinary. Government is not minded to adjust the core national curriculum but in North Yorkshire learning how to use the roads to travel safely is seen to be essential for every child. Therefore, we have worked with CYPS to develop a set of age appropriate Road User Learning Outcomes and a sequence of programmes and resources that address relevant issues at each stage of education from Pre-school through to college and learning to drive. This curriculum resource has been provided to every school and includes appropriate road user Learning Outcomes for each key Stage that can be achieved within the core curriculum subjects and other outcomes. We believe that if every school adopted and achieved these outcomes, we would see a step change in children's knowledge and skills as road users across the county which we believe would make a significant difference to their ability to recognise and divert from potential risks on the roads.

3.2 Our programmes:

Pre-school:-

Walk-Wise

Walk-Wise is an educational pack specially designed for children aged under five and their parents, with a large scale version for Early Years Settings to use. WalkWise is currently provided free of charge in Harrogate, Scarborough and Selby, where there are areas of social deprivation that are linked with a higher risk of a child being injured on the roads. It is a read along and watch together

package based around a set of stories which create lots of opportunity to talk about road safety. It includes in-car safety and walking themes. Additional resources are provided which are both interactive and child friendly. These include small world play, role play and creative activities. Currently 3500 parents enrol in the programme every year.

Children at Primary:-

In Car – Child restraints
We provide a comprehensive range of resources, car seat checks and demonstrations for the public and practitioners on legal and safety aspects of in car safety. The team includes accredited child car seat fitters who deliver clinics at community venues across the county.

Bikeability Plus
Bikeability Plus is a cycle training initiative funded by the Department for Transport. After a successful pilot programme early this year, we have secured government funding to offer the programme again this year, as follows:

- The “Bikeability Balance” programme offers foundation cycle training for 4 to 6 year olds on balance bikes (push along bikes without pedals). This year we have funding to train 240 students. We would like to offer this programme more widely, on a contributory basis and are currently developing the means to do so

- The “Bikeability Fix” programme enhances the Bikeability scheme by offering basic “look after your bike” cycle maintenance sessions for Year 5 and 6 students. We have funding to train 70 students this year.

Road Safety Curriculum Resource
Every school in North Yorkshire has been provided with a Road Safety Curriculum resource pack which enables road safety to be integrated into the curriculum in key stages 1 through 4 with well researched and age-appropriate Learning Outcomes. The lesson plans link to the national curriculum framework so can be used to meet statutory requirements and to promote Personal Development and Well-being, Maths, Geography, languages and Science, without taking any time away from the core curriculum.

The Road Safety Team offers a curriculum advisory service to schools and provides an extensive range of resources on the partnership website, www.roadwise.co.uk including a pedestrian training guide and walk to school resources. It is difficult to gauge how many teachers use this resource and we would welcome help in promoting it to schools and teachers.

We also provide support and practical help to schools following a road casualty related incident.

Our online resources on our Roadwise website are very well used. The main schools and children's pages of the website receive an average of 350 views per month with the green cross code page receiving an average of 800 views per month. There is a comprehensive Teacher Area full of resources, lesson plans, themes and links to other resources. Children's and Parents areas are also on the site with activities, information and ideas.

Sustainable/Healthy Active Travel
Sustainable and healthy travel goes hand in hand with road safety initiatives. Road safety education and training provides opportunity for people to walk and cycle more safely. Sustainable travel projects need to include a safer road user element to facilitate modal shift to more walking and cycling.
This supports achievement of the Healthier Weight, Healthy Lives and the Young and Yorkshire strategy outcomes.

We work with schools and developers when they are drafting planning applications to help incorporate sustainable travel features and facilities in new developments and school expansions and to ensure that barriers to active travel are not inadvertently created.

The Education & Inspections Act, Section 76, places a general duty on local Authorities to promote sustainable travel to school. As part of our sustainable mode of travel strategy we:

- Promote sustainable travel to school
- Assist in the development of residential, business and school travel plans
- Assess the travel and transport needs of pupils
- Provide an advisory service and a range of journey planning resources to enable children to walk to school for some or all of their journey. This included initiatives such as walk to school month, park and stride, walking buses and the national Modeshift STARS programme which encourages a whole school approach to sustainable transport.

Junior Road Safety Officers (JRSO)
Junior Road Safety Officers are Year 5 pupils who relay key road safety messages to their whole school community. The pupils take part in fun learning activities which they can share with others, including School assemblies, notice boards and competitions. During their time in office, they are supported by the Road Safety and Travel Awareness Team and the school.

The Aims are:

- To reduce the numbers of children injured on the roads
- To promote a sense of responsibility and positive citizenship among children
- To enhance the importance of safety and active travel among pupils, parents and school staff
- To develop innovative ways of putting safety messages across

There are currently 50 schools and 5000 children participating in the programme.

Crucial Crew
This is a multi-agency initiative for Year 6 children prior to their transition to secondary school. It covers a range of topics including, fire, water, internet, electrical and road safety. Classes of children are divided into small groups and visit each workshop in rotation. Each workshop has a10 minute duration and the road safety session covers relevant subjects for that area, which may be seatbelts and passenger behaviour or use of cycle helmets, among other issues. Messages are conveyed and explored with the children through the use of props and interactive discussion.

Annually, approximately 6000 Year 6 students participate at 4 week or fortnight long events in Scarborough & Ryedale, Harrogate & Craven, Hambleton & Richmond and Selby & York.

Bikeability
Bikeability is the Department for Transport grant funded national standard cycle training programme which replaced the National Cycling Proficiency scheme.

This school based programme is delivered over 2 full days and to Year 6 and sometimes Year 5 or a mix) pupils. The students follow a modular syllabus which consists of a minimum of 2 hours off road tuition and 6 hours on road. After practice and assessment in the school playground, students progress to training in local streets, giving pupils a real experience of cycling on road in a supervised, risk assessed environment.

There are set standards in this nationally accredited training course and the children can earn badges and certificates.

We ensure that any child who can take the training does so, even if this is only the off-road sessions (Level1) and we adapt the training for children's needs. However, there is a set standard for on-road cycling (Level2) and, like the driving test, we only pass those children who meet the necessary standard – others receive a certificate of attendance.

Our scheme offers level one and two of the 3 tier programme and is currently offered free of charge to schools. Annually, over 4000 pupils are trained.

However, the number of places government will fund has, this summer, been reduced by 25% in order to reallocate some funding towards the "Bikeability Plus" programme extensions. We support these additional programmes but do not believe they should be funded by reducing the core on-road safety training that parents and schools want for their children. In light of these funding reductions, we are about to commence a review of the delivery and funding of Bikeability to see how best we can continue to provide this first formal road user training for our children.

Transition
Following the transition from primary to secondary school there is a significant increase in child pedestrian injuries as many start walking to school unsupervised for the first time. This reflects what happens nationally and is not

peculiar to North Yorkshire. We are running a pilot “Transition” programme working with primary and secondary schools and using teacher resources and a magazine style approach for the pupils and parents to encourage them to plan journeys to their new school.

Secondary:-

Drive Alive
Similar in format to Crucial Crew, Drive Alive is aimed at Year 10 and 11 students. Groups rotate around presenters who explore with the students a range of in car issues including driver distraction, passenger behaviour, seatbelts and drink/drugs. Approximately 1000 students at 6 targeted schools participate every year.

Learn and Live
Learn and Live is a multi-agency, pre and new drivers’ programme designed for presentation to whole year groups. The 1 hour session focusses on hazards, consequences and coping strategies for new drivers and passengers.
Approximately 800 students at 6 High schools participate annually and we intend to increase delivery in the future.

Young Drivers/Riders:-

Enhanced Pass Plus
The Enhanced Pass Plus Scheme is a post test programme that offers newly qualified drivers the opportunity to further develop their driving skills and reduce their insurance premiums. The course consists of six driving modules with a local instructor and one discussion group led by a Road Safety & Travel Awareness Officer. The scheme is based on the national Pass Plus Scheme but is specifically targeted toward dangers faced by new drivers on North Yorkshire’s road network:- rural roads, motorways and dual carriageways, night time driving, busy town centres and coping with extremes of weather. The courses are subsidised by NYCC and offer places for 120 students per year.

Motorcycles and Scooters
For many, scooters and small motorcycles provide affordable transport to college, work and local services, particularly those living in more isolated communities without access to public transport.
Whilst the majority of motorcyclists and scooter riders who are killed or seriously injured are over 25 years and riding large motorcycles, every year there are approximately 540 16 to 24 year olds injured on scooters or motorcycles. Most of these, 83%, are categorised as slight injuries.

We support the Wheels to Work programme where young people are loaned a scooter after completing the DAS Compulsory Basic Training course.

3.3 Co-funded programmes

Many of our programmes are jointly funded from our own revenue funding allocation together with Public Health and the Police and Crime Commissioner through the 95 Alive Partnership. We also work jointly with City of York Council on shared programmes and with wider regional authorities where there is a shared issue. These co-funding arrangements enable us to address shared issues and achieve common aims to greater effect.

4 Funding and governance

The NYCC Team is funded through the BES Highways revenue funding stream to ensure that the core statutory services are provided. They are an integral team within BES and are managed within the Highways provision.

Additional funding from Public Health is subject to a Service Level Agreement and to regular reports and programme management through Public Health and BES Senior Management Teams.

The 95 Alive Partnership has a Steering Group at senior officer level on which each partner agency is represented and which oversees and approves the programme, budget and delivery of the partnership Action Plan. Both Public health and BES have seats on this Group for North Yorkshire.

5 Recommendations

It is recommended that the Children's Trust Board accept this report and that they support the work of the Road Safety & Travel Awareness Team by:

- Promoting the Road Safety Service and programmes to schools and colleges to increase uptake of the Road Safety Curriculum and achieve the Learning Outcomes therein
- Support the delivery of the Bikeability programme as part of that wider Road Safety Curriculum.

Report prepared by:

Fiona Ancell
Road Safety & Travel Awareness Officer

14th September 2016

Young People's Sexual Health

A North Yorkshire Perspective

Report produced by the Public Health Team
September 2016

1.0 Introduction and Purpose of report

1.1 Young and Yorkshire rightly places a heavy emphasis on the health and wellbeing of children and young people, and one of the key overarching priorities is "Ensuring a Healthy Start to Life". Directly supporting this priority is an ambition to reduce the number of young people engaging in inappropriate risk-taking behaviour, an area which includes issues such as teenage pregnancy and sexually transmitted infections.

1.2 Supporting the work of the Children's Trust Board, the North Yorkshire Public Health Team has analysed data covering a range of issues to provide an overview of the sexual health of young people. This report aims to summarise the findings of this work and to outline actions being developed and implemented to improve the sexual health of young people across the County.

2.0 Background

2.1 Examination of many measures of sexual health highlights that in many ways young people (and the wider adult population) in North Yorkshire enjoy sexual health that is at least as good as, and in many ways better than, other communities across England. The County is characterised by low rates of under-18 conceptions, low rates of abortion and low rates of sexually transmitted infections (STIs) such as syphilis and gonorrhoea. However, the County faces a number of challenges, which include:

- Screening and detection of STIs (especially chlamydia in the 15-24 age group)
- Late diagnosis of HIV
- Hotspots across the County where the rate of teenage pregnancy remains stubbornly high

2.2 Recently commissioned services such as Yorsexualhealth and the Healthy Child Programme are now established and it was felt to be an opportune time to undertake detailed analysis into young people's sexual health to ensure resources are being targeted in the right areas. The aim of the analysis was to check:

- Direction of travel – how does the local picture compare to the national picture and is the sexual health of young people improving or getting worse?
- Activity – are services engaging with young people and is provision available in the right geographic localities? Do we know where the hotspots that require targeted intervention/services are?
- What should be the service priorities?

2.3 In addition to a detailed County-wide "deep-dive", profiles for each of the seven districts have also been prepared and shared with practitioners and partner agencies.

2.4 A workshop was subsequently held with practitioners and partner agencies to discuss the findings of the deep dive and to explore potential opportunities for future working.

3.0 What are the key areas for action?

3.1 Public Health England and the Local Government Association recommend that localities develop a "whole system" approach to reducing teenage pregnancy and improving the sexual health of young people. A strategic framework has been produced to inform development of effective local strategies. The framework includes 10 key factors, centred upon strategic leadership and accountability, summarised in the following diagram.

3.2 Of these factors, the strongest international evidence (UNESCO, WHO and NICE) for reducing teenage pregnancy and improving sexual health is the provision of comprehensive, high quality sex and relationships education (SRE), beginning before sexual activity. This should be taught by trained educators and include a range of topics such as consent, contraception and asking for advice. Evidence also highlights that comprehensive SRE needs to be combined with easy access to confidential advice in young people friendly contraceptive and sexual health services.

4.0 Who is at risk of early pregnancy and poor sexual health?

4.1 The strongest associated risk factors for pregnancy before 18 are:

- Free school meals eligibility
- Persistent school absence by year 9 (aged 14)
- Slower than expected progress between KS2 and KS3 (ages 11-14)

Other associated risk factors include:

- Looked after children and care leavers (3x rate of motherhood <18)
- Young people who have experienced sexual abuse and exploitation
- Young people with conduct disorders and mental health problems
- Teenagers with a previous pregnancy

4.2 However research (2013) found that "most young women conceiving before 18 do not have specific risk factors. …A teenage pregnancy prevention strategy that seeks to reduce conception rates by a substantial margin cannot concentrate on high risk groups alone". (DfE/IFS, 2013)

5.0 What did the analysis tell us about North Yorkshire?

5.1 The analysis confirmed that young people in North Yorkshire generally enjoy good sexual health. Diagnosis rates of syphilis and gonorrhoea are significantly below the national average, whilst the overall under-18 conception rate is among the lowest nationally.

5.2 Chlamydia screening and detection rates in the 15-24 age group are significantly lower in North Yorkshire than nationally, and has been for the last three years. More positively, screening and detection rates are improving and were higher in 2014 across all districts in comparison with 2012.

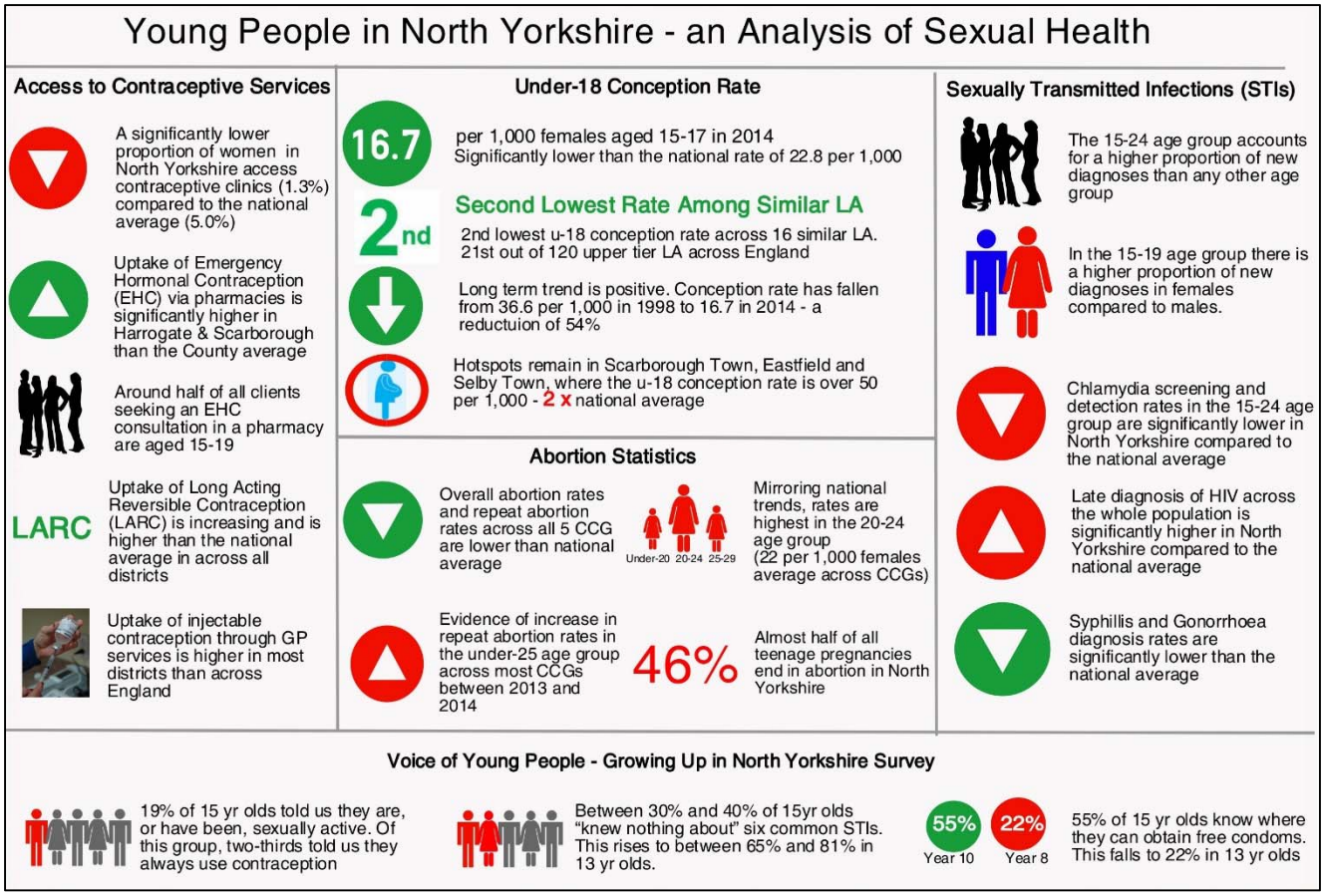
5.3 Although the overall number of new HIV diagnoses is relatively small[1] the proportion classified as late diagnoses is significantly higher in North Yorkshire than the national average.

5.4 The Growing Up in North Yorkshire Survey identified in 2014 that around 1 in 5 15 year olds were currently, or had been, sexually active. The survey also highlighted that between 30% and 40% of 15 year olds "knew nothing about" 6 common STI's[2] and that just over half of 15 year olds knew where they could obtain free condoms.

5.5 The following graphic summarises some of the key findings from the deep dive, whilst a more detailed overview can be found at Appendix 1.

[1] 40 new HIV diagnoses across North Yorkshire in the period 2012-14

[2] Genital herpes, genital warts, gonorrhoea, HIV, chlamydia & non-specific urethritis, pubic lice



6.0 What are we doing to improve the sexual health of young people?

6.1 The Young and Yorkshire Performance Scorecard includes the rate of under-18 conceptions as one of the key metrics to assess progress against the outcomes described under the Ensuring a Healthy Start to Life priority. A review of this metric highlights that the under-18 conception rate in 2012[3] was 21.4 per 1,000 15-17 year old females, with a target of 18.5 per 1,000 set out by the end of the Plan. The most recent data published by ONS[4] reported a rate of 16.7 per 1,000 in North Yorkshire, well below the end of Plan Target. This demonstrates the impact of action taken across a broad spectrum of agencies working together in support of the Children's Trust.

6.2 However, recognising that sexual health extends beyond teenage pregnancy, a multi-agency workshop was held in May to review the findings of the deep dive and to explore potential opportunities for future working. Feedback from the workshop was positive, and participants felt that good progress had been made in the following areas:

- Commissioning a county wide sexual health service with specific provision for young people including an outreach service
- Developing a county wide training programme for health and non-health professionals, although it was agreed this could be promoted further

[3] Most recent data available when Young and Yorkshire was launched
[4] 2014

- Developing a curriculum entitlement framework to support schools in delivering personal, social and health education (PSHE)
- Schools sharing good practice through a PSHE co-ordinator network
- Providing training for primary schools to enable teachers to deliver puberty sessions in schools (180-190 schools)
- Reducing the numbers of young people reporting they are sexually active (Growing up in North Yorkshire Survey)
- Establishing a programme for young parents that includes a focus on preventing 2nd unplanned pregnancies

In addition, participants identified the following areas which required further development and improvement:

- Improving access to sexual health services in rural areas. For example where uptake of emergency hormonal contraception (EHC) is high through pharmacists but there are no other services nearby. This could include establishing school based services
- Ensure appropriate agencies are aware of and access the condom distribution scheme
- Develop a core offer for sex and relationships education, including provision in school and the wider community e.g. youth groups
- Develop sex and relationships education packages for young people who are at risk of early pregnancy (such as young people not making expected progress at school or those engaging in risky behaviours). This would be delivered in partnership between the Healthy Child Programme and the Prevention Service.
- Ensure at risk groups receive good quality sex and relationships education and can access services
- Provide information for parents on how to talk to their children about sex and relationships education, through the Parenting Strategy
- Continue to increase uptake of Long Acting Reversible Contraception (LARC) amongst young people
- Strengthen the sexual health role of the Healthy Child Team e.g. providing contraception, delivering targeted sessions, seamless links to sexual health services
- Gather feedback from young people on how friendly and accessible services are (mystery shopper)
- Consider how schools can be supported to deliver good quality sex and relationships education.
- Developing a media and communications plan to promote key messages to young people, parents and services available
- Review provision in the hotspot wards against the whole systems approach (10 key factors)

6.3 It was recognised at the workshop that work is already underway to address many of the improvement areas that were identified. An action plan is being developed bring this work together, recognising the importance of a whole system approach, and to identify further action needed to address these priority areas.

7.0 Recommendations

7.1 The Board notes the report

7.2 The Board endorses the whole system approach to improving the sexual health of young people in North Yorkshire and the development of a plan to address identified priority actions

7.3 The Board considers the contribution Children's Safeguarding & Strategy Groups could make to support delivery of identified priority actions, or if there are other mechanisms/partnerships that could be engaged to support delivery

7.4 Agencies represented by the Children's Trust support and promote delivery of identified priority actions through their own organisations and wider partnerships/networks

Report prepared by:

Carly Walker, Health Improvement Manager, Public Health Team, NYCC
Stephen Miller, Public Health Intelligence Analyst, Public Health Team, NYCC

September 2014

Appendix 1

North Yorkshire County Council

Young People in North Yorkshire
An Analysis of Sexual Health

Summary and Key Findings

Introduction and Scope

The purpose of this paper is to summarise analysis of key data and statistics about the sexual health of young people across North Yorkshire to inform the following strategic themes:

- Direction of travel – how does the local picture compare to the national picture and is the sexual health of young people improving or getting worse?
- Activity – are services engaging with young people and is provision available in the right geographic localities? Do we know where the hotspots that require targeted intervention/services are?
- Service priorities and targets

The analysis is sub-divided into the following sections:

- Under-18 Conception Rates
- Abortion Statistics
- Sexual Health
- Access to Sexual Health and Contraceptive Services
- Responses to the Growing Up In North Yorkshire Survey

Data Sources

To inform the analysis data has been collated from a number of sources, including:

- Sexual and Reproductive Health Profiles (Public Health England)
- Under 18 Conception Statistics (ONS)
- Abortion Statistics (Department of Health)
- PharmOutcomes system
- HIV, sexual and reproductive health epidemiology (LASER) reports (Public Health England)
- NHS Contraceptive Services, England - 2013-14 (HSCIC)
- Community contraceptive clinics and Sexual and Reproductive Health Services, England - 2014-15 (HSCIC)
- Growing Up in North Yorkshire Survey (North Yorkshire County Council)

Under-18 Conception Rate

- Three year data demonstrates that under-18 conception rates across the County as a whole are significantly below the national average
- The long term trend remains downward, and local reductions in the rate observed between 2008/10 and 2011/13 remain consistent with those observed nationally (25%)
- Reductions in the rate can be observed across all districts between 2008/10 and 2011/13, with the largest reduction (49%) observed in Scarborough district
- However, single year data for 2014 points to a rising trend which may be emerging in Ryedale district
- Although the rate in Scarborough district remains the highest across the County, the gap between the district and the County has narrowed from 16.4 per 1,000 in 2008/10 to 16.4 per 1,000 in 2010/13
- Although there were only six wards across the County with a rate among the highest 20% in England, hotspots remain in Scarborough Town, Eastfield (Scarborough district) and Selby Town

Abortion Statistics

- Overall rates of abortion across the County are significantly lower than the national average
- The highest rates of abortion can be observed among females aged 20-24, and across CCG areas are generally similar to the national average. However, rates in this age group are significantly lower in the Scarborough & Ryedale CCG and the Vale of York CCG
- The rate of repeat abortion is typically below the national average across CCG areas. However, the rate of repeat abortion in the Airedale, Wharfedale and Craven CCG area was similar to the national average

- The percentage of repeat abortions increased between 2013 and 2014 across all CCG areas with the exception of Vale of York
- The percentage of repeat abortions in 2014 was highest in the Airedale, Wharfedale and Craven CCG area (27.9%), and above the national average (26.7%). Airedale, Wharfedale & Craven CCG was the only CCG in North Yorkshire above the national average.
- There is evidence of an increasing trend in the percentage of repeat abortions in the Harrogate & Rural District CCG, and it is plausible that that this percentage will exceed the national average in 2015.

Sexual Health

Chlamydia

- Chlamydia detection and screening among the 15 to 24 age group is significantly lower across North Yorkshire in comparison to national data, and has been for the last three years
- Chlamydia screening rates are highest in Richmondshire (above the national average), whilst detection rates are highest in the Scarborough district (above the national average). Screening rates were lowest in Ryedale district, whilst detection rates were lowest in Craven district
- More positively, chlamydia screening and detection rates are improving and were higher in 2014 across all districts in comparison with 2012
- The gap in chlamydia screening rates between males and females across the County is similar to that observed nationally
- The gap in chlamydia detection rates at district level and the national average has narrowed, but it is not yet clear if this improving trend is embedded

HIV

- HIV testing coverage across the County as a whole is significantly better than the national average, and the long term trend is positive
- However, trend analysis highlights deteriorating testing coverage in Craven district (which was significantly worse than the national average in 2014), and the district is among the 25% lowest across local authorities in England in respect of testing coverage in females
- Testing coverage in Selby district is not improving and remains significantly worse than the national average
- Late stage diagnosis remains significantly higher than the national average, although the gap between local and national rates has narrowed between 2011/13 and 2012/14

Other STI

- Testing and diagnosis rates are significantly lower than national averages, and are particularly low in Craven and Ryedale districts
- There is some evidence of a rising trend in syphilis diagnosis, although low rates and number of cases mean it is difficult to quantify and qualify the trend
- LASER reports highlight that higher proportion of new diagnoses in the 15-24 age group than in any other age group
- In the 15-19 age group there is a higher proportion of new diagnoses in females compared to males. This may indicate that males in this age group are reluctant to engage with testing and treatment services

Access to Sexual Health and Contraceptive Services

Sexual Health Services

- The percentage of females accessing sexual health services has remained stable between 2013 and 2014. However, the proportion of females accessing services remains lower in North Yorkshire compared to England. In 2014, the proportion of North Yorkshire females aged 16-24 accessing sexual health services was significantly lower than the national average
- Compared to national data, uptake of LARC via sexual health services is much higher in females in North Yorkshire. In contrast, the reverse is true of oral contraception, where uptake is much lower via sexual health services in North Yorkshire
- A much higher proportion of females accessing services provided by Harrogate District Foundation Trust cite LARC as their main contraceptive method compared to national data
- The number of females accessing emergency hormonal contraception (EHC) via sexual health services has remained stable over the last two years, although (mirroring overall access rates) the rate per 1,000 population is lower than those observed nationally

Access to EHC via Pharmacies

- The data suggests that uptake of EHC via pharmacies is higher than via sexual health services, although a like for like comparison cannot be drawn with data from sexual health services
- Uptake rates in both Harrogate and Scarborough districts is significantly higher than the County average, and much lower in Selby. It is not clear if this is as a consequence of demand or access to pharmacies providing the service
- Temporal analysis indicates that the highest number of client interactions occur on a Monday, with very few interactions on a Sunday. This highlights the weekend period as the most common time for unprotected sex, although it is unclear if reduced access to pharmacy services accounts for the low number of client interactions on a Sunday
- Around half of all clients were from the 15-24 age group

- Analysis does not suggest a correlation between rates of EHC uptake and deprivation or under-18 conceptions

GP Activity – Contraception

- Oral contraceptives account for around 80% of all contraceptive prescriptions, which mirrors the national picture
- Mirroring a national trend, the proportion of prescriptions relating to LARC methods is increasing
- Across the County as a whole, uptake of LARC via GP surgeries (excluding injection) has been significantly higher than the national average in the period 2010 to 2014, with uptake rates typically almost twice as high as those observed nationally
- The proportion of prescriptions relating to injectable contraception is higher in the Ryedale, Scarborough & Selby districts than in other districts, and is significantly higher than the national average in all districts with the exception of the Craven and Harrogate districts
- The proportion of prescriptions relating to contraceptive implants is significantly higher than the national average across all districts except Craven district

Growing Up in North Yorkshire Survey

- Around 1 in 5 young people in Year 10 were currently in, or had been in, a sexual relationship. The proportion was slightly lower than that reported in 2012. Of this group, two-thirds confirmed that they had always used contraception, and the proportion confirming contraceptive use was slightly higher than in 2012
- The proportion of young people in Year 10 from vulnerable groups (e.g. young carers, from a service family, have SEN etc.) who are sexually active is higher than the overall Year 10 cohort.
- Between 30% and 40% of young people in Year 10 "knew nothing about" six common STIs, whilst between 67% and 81% of young people in Year 8 either "had never heard of" or "knew nothing about" the same six STIs
- There was some evidence of confusion about whether the six common STIs could be treated and cured across both Year 8 and Year 10 respondents
- 1 in 5 young people in Year 8 knew where free condoms could be accessed. This rose to 1 in 2 young people in Year 10
- Awareness of local sexual health services was low among young people in Year 8 (1 in 10), but was better among young people in Year 10 (1 in 3). However, the proportion of young people accessing local services was low (6% in Year 10) in comparison to School Nurse drop-in services (13% in Year 10). This suggests that under-16s may be more likely to engage with services delivered in familiar settings which do not require the young person to make a non-routine journey

North Yorkshire Children's Trust

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

28th September 2016

Future in Mind – Local Transformation Plan Refresh
Children and Young People's emotional and mental health

1.0 Purpose of Paper

To update the Children's Trust Board on the progress made towards the transformation plans to improve children and young people's emotional and mental health, and to update the Board on the next steps with regards to the refresh of the plan.

2.0 Background

'Future in Mind' local transformation plans for each CCG were approved by NHS England in 2015. The transformation plans were written in partnership with colleagues from North Yorkshire County Council, City of York Council together with contributions from NHS England, young people, families and the voluntary sector. The plan submitted in 2015 was the first version and it was stated in guidance that plans should be live documents. To implement improvements through the whole pathway the priorities and commitment is to be planned over the next five years.

A CCG review of the stated priorities was undertaken in early 2016, and agreement was made to commit to the delivery of two of the main priorities stated in plans, both of which have good outcomes for children and young people's emotional and mental health. CCG's and the Local Authority recognise the importance of and continue to be supportive of the transformation required in children and young people's emotional and mental health services.

3.0 Progress

The implementation of the two main priorities have commenced this year. The first priority stated in Future in Mind and more recently in the commissioning guidance for Eating Disorders Service to ensure access and waiting times are improved. Tees, Esk and Wear Valley NHS Foundation Trust are the provider who are implementing an improved and enhanced service for children and young people with eating disorders. The service is underway with recruitment to additional posts and creating a hub and spoke model. CCG Commissioners will ensure the service will work towards meeting the new access and waiting time standards through attendance at the Eating Disorders Steering Group and through Quality and Performance meetings.

The second priority which is currently being implemented is the development of the School Mental Health and Wellbeing Project. A procurement for the project is underway, and the Invite to Tender closed on 16th September 2016, the moderation panel dates are planned in. The successful provider is expected to start implementation in January 2017. The outcomes of this project is to offer earlier intervention and support to children and young people with emotional and mental health issues. This is an innovative and welcomed approach for schools.

As part of the implementation plan (July 2016) for the Mental Health Five Year Forward View it stated '…..all local areas should have expended, refreshed and republished their Local Transformation Plans for children and young people's mental health by 31 October 2016. Refreshed plans should detail how local areas will use the extra funds committed to support their ambitions across the whole local system.'

The PCU on behalf of the North Yorkshire CCG's is working closely with North Yorkshire County Council to work towards this deadline. We envisage the refresh of plans to summarise the work undertaken so far and to articulate priorities over the next 12 months. The revised plan and priorities are currently being developed in line with planned consultation and engagement with stakeholders and young people. In addition the revised plan will bring together the four CCG's into one overall document.

The governance arrangements have been revised with NYCC and a new Social and Emotional Health Strategic Group will meet for the first time in September, in which the transformation plan will be included.

Implementation and updates of the transformation plan will continue to be managed by the Partnership Commissioning Unit Children and Young People's Commissioning team on behalf of CCG's, with continuing partnership working with local authorities.

4.0 Recommendations

It is requested that the refreshed transformation plan is shared with the board at the next meeting. It is recommended that the final sign off of the next version of transformation plan is delegated to the appropriate senior representative due to the limited time we have to meet the deadline of the end of October.

Report prepared by: Laila Fish, Senior Commissioning Specialist

Enclosure

NORTH YORKSHIRE CHILDREN'S TRUST

Forward Plan – 2016/17

Date	Performance and Delivery: Progress against the Plan	Ensuring Education is Our Greatest Liberator	Helping All Children Enjoy a Happy Family Life	Ensuring a Healthy Start to Life
7th December 2016	• Y&Y Q2 Performance Report • Annual self-assessment • Priority outcome update – Happy Family Life • A new Children and Young Peoples Plan • Annual Report – Voice, Participation and Influence (C&YP) • Update on The Promise 2 • GUNY Results Presentation • CSSG Update (for information)		• Priority outcome update – Happy Family Life • Update from North Yorkshire Safeguarding Board	• Update on Children's Obesity • Update on Unintentional injuries
TBC **March 2017**	• Y&Y Q3 Performance Report • Priority outcome update – Education is Our Greatest Liberator • A new Children and Young Peoples Plan • CSSG Update (for information)	• Priority outcome update – Education is Our Greatest Liberator		
TBC **June 2017**	• Y&Y Q4 Performance report • Annual Review of Young & Yorkshire – Year 3 • CSSG Update (for information)			

Proposed 2017 Meeting Dates

March 2017	22nd	SB202 Conference Room
June 2017	14th	
September 2017	27th	
December 2017	6th	

Executive Member Update – Stronger Communities
Children, Young People and Families

Quarter 1
1st April 2016 – 30th June 2016

Summary
The focus for 16/17 will see the programme building on the work with the Prevention Service and North Yorkshire Youth in 2015/16 to develop youth clubs. This year will see the rollout of a further 5 Youth Provider Networks while continuing to support the development of new volunteer led groups/activities for children and young people across the county.

The first quarter of 16/17 has seen the creation of another Youth Provider Network in Selby district which will offer support and advice to all providers of youth services in the area. In addition to the support and development of new youth services across the county as outlined below, this period also saw significant involvement to protect existing provision at Filey Childcare. Difficulties in the leadership was threatening the long term viability of the organisation. Intervention from Stronger Communities and other Council service areas led to the implementation of a crisis plan which has helped to stabilise the organisation.

More recently, discussions with CYPS has highlighted a need for further support for Families of Children with Disabilities and this will form a significant area of investment initially in Selby and then across the county.

Investment in Period

Children, Young People and Families
Number of projects in period: 6
Investment in period: £30,651

Total
Number of projects in period: 44
Investment in period: £216,626.25

Ref	District	Organisation	Project	Type	Total Cost (£)	Grant Awarded (£)
SC118	Craven	Yorkshire Housing	Youth Mentor Scheme	New Activity by Existing Group	15,000	15,000
SC144	Hambleton	Scribble Zone	Start-up grant for youth arts development project	New Group	1,000	1,000
SC162	Hambleton	Bagby Village Hall	Community Asset Ownership	Other	5,000	5,000
SC164	Harrogate	Arch Mediation	Business plan and marketing strategy	Capacity Building/OD	5,970	2,670
SC112	Richmondshire	The Upper Dales Wensleydale Community Partnership	Hawes and District Youth Club – music workshop and volunteer recruitment campaign	New Activity by Existing Group	1,981	1,981

SC114	Selby	Selby Swans Gymnastic Academy	To establish a gymnastic club for young people.	New Group	22,830	5,000

North Yorkshire
Safeguarding Children Board &
Children's Trust

Vulnerability Checklist

North Yorkshire
Children's Trust

North Yorkshire
Safeguarding
Children
Board
working together to safeguard children

North Yorkshire Safeguarding Children Board & the North Yorkshire Children's Trust

Title	Vulnerability Checklist
Version	3.1
Date	9 August 2016
Edited By	Barbara Merrygold, Divisional Manager - East, Children and Families Nick O'Brien, Safeguarding Group manager, Children and Families Haydn Rees Jones, NYSCB Policy and Development Officer

Update and Approval Process			
Version	**Group/Person**	**Date**	**Comments**
3.0	NYSCB Executive	20 July 2016	Baseline approved version
3.1	NYSCB P&DO	09/08/2016	Minor amendments to include links.

Issue Date	28 July 2016
Review Date	28 July 2018
Reviewing Officer	NYSCB Policy & Development Officer

Contents

Introduction

This vulnerability checklist is intended to help identify how children's needs might be met across universal, early help, targeted prevention and intensive/acute services.

All agencies working within North Yorkshire Children's Trust and North Yorkshire Safeguarding Children Board have a responsibility to address the needs of children and young people in their area. Effective joint working provides the framework in which children's needs are met across the spectrum.

The provision of prevention services should form part of a continuum of help and support to respond to the different levels

Where need is relatively low level individual services and universal services may be able to take swift action. For other emerging needs a range of prevention services may be required, coordinated through a common assessment (CAF). Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority Children's Social Care must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time.

Prevention, child centred services, support for families, the engagement of families, including children and young people, information sharing and improved coordination of services are at the heart of integrated working.

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains:

- The child's developmental needs, including whether they are suffering or likely to suffer significant harm;
- Parents' or carers' capacity to respond to those needs, and
- The impact and influence of wider family, community and environmental circumstances.

The interaction of these domains requires careful investigation. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family.

It is important to take a holistic view of the child's needs. A child or young person may have high levels of need, but these needs may well be met by the parents, wider family or community and the provision of services.

If the child or young person has additional needs which require additional coordination, an assessment will assist in producing evidence-based information to enable effective planning for the child and family.


The child's development needs
Parenting capacity
Family and environmental factors
EMOTIONAL & BEHAVIOURAL DEVELOPMENT
SOCIAL PRESENTATION
FAMILY & SOCIAL RELATIONSHIPS
SELFCARE SKILLS
EDUCATION
IDENTITY
HEALTH
CHILD'S DEVELOPMENT NEEDS
BASIC CARE
GUIDANCE & BOUNDARIES
ENSURING SAFETY
EMOTIONAL WARMTH
STIMULATION
STABILITY
PARENTING CAPACITY
CHILD
Safeguarding and promoting welfare
FAMILY & ENVIRONMENTAL FACTORS
FAMILY'S SOCIAL INTEGRATION
COMMUNITY RESOURCES
INCOME
EMPLOYMENT
HOUSING
WIDER FAMILY
FAMILY HISTORY & FUNCTIONING

Dimensions of Parenting Capacity

Principles of Integrated Working

The principle of integrated working is that different organisations and agencies have different roles to play in the development of the child. All agencies are more effective when they are able to share some information about individual children at different times in the child's development.

Integrated working is the name given to a series of processes and procedures that allow agencies across the different sectors (statutory, voluntary and private) to work together to best support the child. These procedures work with the child and their family and put the child at the centre of the decision making process.

Principles of Prevention

Prevention stops problems occurring by building resilience and reducing risk factors. It increases the protective factors and decreases the risk factors facing children, young people and families. Prevention refers to the complex mix of individual, family, community and factors which combine to keep individuals safe and well and for any problems or concerns to be tackled quickly without the need for more specialist support.

Examples of preventative services include:

- Health visitors and the range of advice and support provided to families
- Children and Families Prevention Services core offer
- Schools and the management of low level attendance or behavioural issues

Early intervention is about putting in place action to address an issue as soon as possible to stop things getting worse. It relies on early identification of difficulties and early action which is targeted and evaluated. It can involve intensive intervention or lighter touch support and is usually based on a clear support plan, with identified actions, responsibilities and outcomes which is then reviewed. Early intervention is a form of targeted activity with a specific action being put in place to address a specific issue or a combination of issues. It therefore forms part if a continuum of activity in supporting families.

- The role of services is to ensure that the life chances of children and young people are maximised, especially those who are disadvantaged.
- Parents have primary responsibility for their children and are the main influence. The role of services is to strengthen parents' positive role in their children's lives whilst steadfastly remaining vigilant with regard to agencies duty to safeguard vulnerable children and young people.
- The best way of helping people is to empower them to help themselves. Support should be offered to families to enable them to become self-reliant and less dependent on public services and to take control of their own outcomes
- Families are central to defining and addressing the problems that they face and they are key partners in the process. The voice of the child and their parents should be sought at all stages with due reference to the child's age, developmental stage and level of understanding
- Children's needs are best met when addressed in the context of the whole family. Services should therefore be committed to identifying family's needs in a holistic manner. This is on the basis that the needs of the children, parents and carers in a family are inextricably linked and therefore a 'think family' approach to the assessment of needs, will have a positive impact upon all individuals within the whole family.
- Intervening early prevents longer term more complex difficulties developing.
- Services should seek to invest in prevention services so that we see fewer children and young people requiring specialist services.

Using the vulnerability checklist

The Vulnerability Checklist should be used as a guide to understanding how the identified needs of the child may be best responded to and which level of service is most appropriate to meeting those needs.

Definitions of Levels

Level 1 – Universal Services

Universal Services are those services provided by a range of services for children and young people for all children including, schools, general practitioners, health visitors and other community based services.

Level 2 – Prevention

We know that in North Yorkshire there are a number of children, young people and families who are more likely to experience difficulties at some stage in their lives and who need support and guidance to help overcome them. Those people are likely to be:

- Those at risk of entering or re-entering Children's Social Care
- Children and young people who are regularly missing school or college
- Those with disabilities or special educational needs
- Those involved with the police or the criminal justice system
- Children, young people or their adult carers with emotional & mental health issues
- Children and young people who are experiencing a range of physical health issues
- Families affected by domestic abuse;
- Those with alcohol and/or drug/substance misuse issues or those living with a parent or carer with those issues
- Children & young people who are experiencing neglect
- Children and young people affected by parental separation and divorce and family bereavement
- Families experiencing poverty, homelessness or long term unemployment
- Teenage parents and pregnant teenagers
- Young carers
- Asylum seekers and refugees
- Young people who are attending Pupil Referral Units
- Young people who are not engaged in Education, Employment or Training

Level 3 – Specialist

Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority Children's Social Care must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

Level 4 – Acute

Cases where specialist assessment indicates the need for more complex, intensive and structured interventions are required.

Vulnerability, Exploited, Missing and Trafficked (VEMT)

A child may be considered to be VEMT at all levels. Children seen to be at risk within the arrangements covered under the VEMT process are the responsibility of all agencies at all levels of intervention. For further information please see the NYSCB practice guidance.

Referrals for Services

Where people are seeking support from universal services they should contact agencies directly (e.g. health visitor, general practitioners, schools, children's centres). If you are considering making a referral to the prevention service and/or you are seeking advice you may contact your Local Area Prevention Hub, available from the link below:

- http://www.northyorks.gov.uk/article/30679/Prevention-service

Where a referral to the Children and Families Service is being made either in respect of prevention or Children's Social Care assessment, these can be made directly to the Customer Service Centre. Please also see NYSCB Referral Procedures available from the address below:

- http://www.safeguardingchildren.co.uk/referral-process

Children's Developmental Needs

Health

Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. It involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities:

- for play and interaction with other children
- to have access to books
- to acquire a range of skills and interests; to experience success and achievement.

Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.

It includes the nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

Self-Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence.

Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children.

Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self- care skills.

Identity

Concerns the child's growing sense of self as a separate and valued person.

Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes.

Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns the child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.

Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene, and availability of advice from parents or caregivers about presentation in different settings.

Child's Developmental Needs 0-2 years

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	▪ Appropriate growth pattern ▪ Reaching developmental milestones ▪ Physically healthy ▪ Adequate and nutritious diet ▪ Immunisations up to date, unless parent decides otherwise ▪ Child who has been the victim of Female Genital Mutilation	▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Persistent minor health problems ▪ Child has chronic health problems ▪ Immunisations not up to date, where parent is not objecting ▪ Child who has been the victim of historical Female Genital Mutilation (FGM)	▪ Growth pattern becoming a cause for concern ▪ Chronic health problems ▪ Missing appointments ▪ Developmental milestones unlikely to be met ▪ Poor nutrition linked to neglect ▪ Severe disability ▪ Child at risk or victim of Female Genital Mutilation (FGM)	▪ Life limiting health problems ▪ Child at immediate risk of Female Genital Mutilation (FGM)
Education and Learning	▪ No concerns about cognitive and language development ▪ Adequate opportunities for play and stimulation ▪ Physically healthy ▪ Good home/child care provider contact ▪ Enjoys and participates in learning activities	▪ Emerging concerns about cognitive and language development ▪ Inadequate opportunities for play and stimulation	▪ Serious concerns about cognitive and language development ▪ Child left for long periods without adult contact or stimulation ▪ Has obvious learning disability	
Emotional and Behavioural Development	▪ Good quality early attachments demonstrates appropriate responses in feelings and actions ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child	▪ Poor early attachment ▪ Some evidence of inappropriate actions or responses ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child	▪ Rejection, no attachment to parents ▪ Withdrawn or unwilling to engage	▪ Where there is information to indicate that a child is at immediate risk of being removed from the county linked to extremist or radicalised behaviour (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	(prevent)	(prevent)		
Family and Social Relationships	▪ Stable and affectionate relationship with parents/carers ▪ Good relationship with siblings ▪ Beginning to develop relationship with peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent)	▪ Some inconsistencies in relationships with family ▪ Unresolved issues arising from complex situations i.e. parents' divorce, step parenting, or death of carer ▪ Difficulties sustaining relationships ▪ Children who have returned from being missing ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	▪ Relationships with parents/carers characterised by inconsistencies ▪ Involved in conflicts with peers/siblings ▪ May have previously had periods of LA accommodation ▪ Rejection by parent/carer ▪ A family breakdown ▪ Family no longer want to care for child ▪ Child abandoned ▪ Child suffering physical, sexual, emotional abuse or neglect ▪ Child living in private fostering arrangement (see NYSCB Private Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Child is a victim of trafficking ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact	▪ Child is a victim of trafficking ▪ Where there is information to indicate that a child is at immediate risk of being removed from the county linked to extremist or radicalised behaviour (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
			on the health and development of the child (Prevent)	
Social Presentation	▪ Appropriately dressed for circumstances	▪ Clothing inappropriate for season, too tight or ill fitting ▪ Child not kept clean	▪ Clothing always inadequate and child dirty and unkempt through neglect	
Identity	▪ Child has a sense of belonging and growing self-assurance	▪ Child is showing early signs of attachment difficulties to parent and or vice/versa	▪ Child/parent relationship is harmful to the child	
Self-Care	▪ Child has the opportunity to assist with their personal hygiene needs according to their age and stage of development	▪ Inconsistent approach to encouraging child to assist with their personal hygiene needs	▪ Child/parent relationship is harmful to the child	

Child's Developmental Needs 2-4 years

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	▪ Appropriate growth pattern ▪ Developmental checks up to date ▪ Physically healthy ▪ Adequate and nutritious diet ▪ Good emotional health ▪ Child who has been the victim of Female Genital Mutilation	▪ Growth pattern not increasing at expected rate ▪ Slow in reaching developmental milestones ▪ Persistent minor health problems ▪ Limited diet ▪ Poor dental care ▪ Unduly anxious, angry or defiant ▪ Child who has been historically the victim of Female Genital Mutilation	▪ Growth pattern becoming a cause for concern ▪ Child has chronic health needs or severe disability ▪ Concerns about developmental progress and milestones unlikely to be met ▪ Lack of food may be linked with neglect ▪ Dental decay and no attendance for treatment ▪ Severe disability ▪ Child at risk or victim of Female Genital Mutilation (FGM)	▪ Life limiting health problem ▪ Child at immediate risk of Female Genital Mutilation (FGM)
Education and Learning	▪ No concerns about cognitive development ▪ Adequate opportunities for play and stimulation ▪ Acquiring skills ▪ Experiences of success/achievement ▪ Good home/childcare provider, school links	▪ Concerns about cognitive development ▪ Inadequate opportunities for play and stimulation ▪ Poor concentration ▪ Occasional unexplained absences from nursery childcare provider/school ▪ Poor home / nursery / childcare provider, school links	▪ Serious concerns about cognitive development ▪ Child left for long periods without adult contact or stimulation ▪ Frequent unexplained absences from nursery/childcare provider/school ▪ No, or acrimonious home/childcare provider/nursery, school links	
Emotional and Behavioural Development	▪ Good quality early attachments ▪ Demonstrates appropriate responses in feelings and actions	▪ Poor early attachment ▪ Some evidence of inappropriate age related responses and actions ▪ Finds managing change	▪ Attachment difficulties, rejection ▪ Child finds it difficult to cope with anger and frustration and cannot be	▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	▪ Emerging ability to adapt to change ▪ Beginning to demonstrate empathy ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent)	difficult and easily distracted ▪ Unable to show empathy for siblings and peers in distress ▪ Child can be wither over-friendly, withdrawn or isolated ▪ Disruptive/challenging behaviour at school, home, or in neighbourhood ▪ Child being bulled or instigating bullying ▪ May have ▪ inconsolable tantrums with no apparent cause ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	distracted ▪ Child withdrawn, unwilling to engage ▪ Unable to display emotion ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)	engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)
Family and Social Relationships	▪ Stable and affectionate relationships with parents/carers ▪ Good relationship with siblings ▪ Beginning to develop relationships with peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child	▪ Inconsistencies in family relationships ▪ Difficulties in sustaining relationships ▪ Lack of positive role models ▪ Low warmth, high criticism environment ▪ Children who have returned from being missing ▪ Concerns identified regarding extremist or	▪ Rejection by parent/carer ▪ A family breakdown ▪ Family no longer want to care for child ▪ Child abandoned ▪ Child suffering physical, sexual, emotional abuse or neglect ▪ Child is a victim of trafficking ▪ Child living in private fostering arrangement (see NYSCB Private	▪ Child is at immediate risk of trafficking ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	(prevent)	radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)	
Social Presentation	▪ Appropriately dressed for circumstances ▪ Good level of hygiene maintained	▪ Inappropriately dressed for circumstances ▪ Child not always clean and may be teased ▪ Over friendly or withdrawn, may not discriminate effectively with strangers	▪ Clothing inappropriate, dirty due to neglect ▪ Dirty and unkempt due to neglect and no attention paid to ▪ hygiene ▪ Child watchful, wary of parents/carers ▪ Demonstrating sexualized behaviour ▪ Child unable to discriminate with strangers, potentially putting self at risk	
Identity	▪ Beginning to develop a positive sense of self ▪ Child has a sense of belonging and growing self-assurance	▪ Some insecurity around identity and sense of self ▪ Limited self confidence ▪ Child is showing early signs of non-attachment to parent and/or vice- versa	▪ Significant insecurities ▪ Poor self confidence ▪ Child/parent relationship is harmful to the child	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Self-Care	▪ Beginning to develop competencies in practical skills – feeding, dressing ▪ Child is actively encouraged to address their person hygiene needs according to their age and stage of development	▪ Child slow to develop age appropriate practical skills ▪ Child's disability limits development of practical skills ▪ Inconsistent approach to encouraging child to address their own personal hygiene needs	▪ Child takes little or no responsibility for practical skills in relation to peer group ▪ Disability means child relies totally on others to meet care needs ▪ Child is not encouraged to become competent in addressing personal hygiene issues	

Child's Developmental Needs 5-9 years

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	▪ Appropriate growth pattern ▪ Physically healthy ▪ Developmental checks up to date ▪ Adequate and nutritious diet ▪ Good state of emotional and mental health ▪ Child who has been the victim of Female Genital Mutilation	▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Not attending routine appointments ▪ Persistent minor health problems resulting in poor school attendance ▪ Dental care not sufficient ▪ Emotional or mental health needs e.g. resulting from acrimonious divorce, poor attachment ▪ Limited or restricted diet ▪ Child smokes ▪ Continence problems ▪ Frequent accidents or ▪ A&E attendance ▪ Health problems exacerbated by failure to access treatment/ appointment ▪ Child who has been historically been the victim of Female Genital Mutilation (FGM)	▪ Growth pattern becoming a cause for concern ▪ Chronic health problems or severe disability ▪ Concerns about developmental milestones ▪ Dental decay, due to neglect or lack of treatment ▪ Learning significantly affected by health problems ▪ Emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating ▪ Inappropriate sexualized behaviour ▪ Complex mental health issues ▪ Child engaged in activities which impact on self-care e.g. substance misuse and impact on vulnerability to child sexual exploitation (CSE) ▪ Unwilling to engage ▪ Child at risk or victim of Female Genital Mutilation (FGM)	▪ Life limiting health problem ▪ Child at immediate risk of Female Genital Mutilation (FGM)
Education and Learning	▪ Acquiring a range of skills, interests ▪ Experiences of success,	▪ Not achieving as anticipated ▪ Poor school attendance	▪ Has an Education, Health and Care Plan requiring coordinated services	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	achievement ▪ Cognitive and language development appropriate for age ▪ Access to books, toys, play, sport and leisure activities ▪ Enjoys and participates in educational activities and school life ▪ Good home, school link	and/or punctuality ▪ Developing a pattern of occasional unauthorised ▪ absences ▪ Multiple fixed-term exclusions ▪ Often not engaged in learning ▪ Levels of attainment varied ▪ Unable to access curriculum without support ▪ Poor home, school link intervention strategy ▪ School Action Plus not achieving as anticipated	▪ Not educated at school, or at home by parents ▪ Few, if any, achievements ▪ Unable to access curriculum without considerable support ▪ Permanent exclusion from school ▪ No, or acrimonious home, school link	
Emotional and Behavioural Development	▪ Demonstrates appropriate responses in feelings and actions ▪ Good quality early attachments ▪ Ability to adapt to change ▪ Able to demonstrate empathy ▪ Confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent)	▪ Some difficulties with family relationships ▪ Some difficulties with peer relationships ▪ Evidence of inappropriate responses and actions – over friendly or withdrawn, unnecessarily fearful ▪ Watchful or wary of parent/carer ▪ Difficulty in adapting to change ▪ Child finds it difficult to cope with anger and frustration ▪ Not always able to understand how behaviour impacts on others ▪ Not compliant to adult requests, provocative in behaviour	▪ Difficult family relationships ▪ Child withdrawn, unable to display empathy ▪ Limited ability to understand how actions impact on others ▪ Regularly involved in anti-social, criminal behaviour ▪ Puts others at risk through behaviour ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and	▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		▪ Behaviour which disrupts or challenges, in school or community ▪ Starting to commit offences ▪ Some evidence of inappropriate age- related responses and actions ▪ Unable to maintain peer relationships – is bullied, or a bully ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	development of the child (Prevent)	
Family and Social Relationships	▪ Stable and affectionate relationship with parents/carers ▪ Good sibling relationship ▪ Positive relationship with peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent)	▪ Relationships with parents/carers characterised by inconsistencies ▪ Involved in conflict with siblings, peers ▪ May be undertaking role of young carer ▪ May have had period of L.A. care ▪ Child subject to discrimination e.g. racial, sexual or due to disabilities or appearance ▪ May be a victim of crime ▪ Children who have returned from being missing ▪ Concerns identified	▪ Family relationships critical and/or negative – low warmth, high criticism ▪ Rejection ▪ Family breakdown threatened ▪ Child abandoned by family ▪ Suffering physical, sexual, emotional abuse, or neglect ▪ Child may have previously been removed from parents care ▪ Child living in private fostering arrangement (see NYSCB Private Fostering Practice Guidance) ▪ Children who have	▪ Child is at immediate risk of trafficking ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	returned from being missing ▪ Child is a victim of trafficking ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)	
Social Presentation	▪ Appropriate dress for setting, season ▪ Good level of personal hygiene	▪ Clothing inappropriate for setting, season ▪ Child may not always be clean, may suffer teasing as a consequence	▪ Child's appearance reflects poor care, poor hygiene from neglect ▪ Rejection or taunting by peers	
Identity	▪ Positive sense of self ▪ Demonstrates feeling of belonging and acceptance by ▪ Family, peers, wider community	▪ Some insecurities around identity – low self esteem ▪ Poor self confidence ▪ Child subject to discrimination – race, disability, religion	▪ Demonstrates significantly low self- esteem across a range of situations ▪ No self confidence ▪ Persistent discrimination on basis of ethnicity, disability ▪ Socially isolated with no appropriate role models ▪ Child's self-image is distorted	
Self-Care	▪ Growing level of competencies in practical skills such as feeding and dressing	▪ Slow in developing age appropriate self-care skills ▪ Disability prevents self-care across a significant range of tasks	▪ Child takes no responsibility for self- care in comparison with peer group ▪ Disabled child relies totally	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
			on others to meet care needs	

Child's Developmental Needs 10-14 years

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	▪ Appropriate growth pattern ▪ Physically healthy ▪ Developmental checks up to date ▪ Adequate and nutritious diet ▪ Good state emotional and mental health ▪ Sexual activity appropriate for age ▪ No smoking or misuse of substances ▪ Child who has been the victim of Female Genital Mutilation	▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Not attending routine appointments ▪ Persistent minor health problems resulting in poor school attendance ▪ Dental care not sufficient ▪ Vulnerability to emotional or mental health needs – acrimonious divorce, poor attachment ▪ Limited or restricted diet ▪ Child smokes ▪ Early sexual activity ▪ Smoking or experimenting with drugs and/or alcohol ▪ Child who has historically been the victim of Female Genital Mutilation (FGM)	▪ Growth pattern becoming a cause for concern ▪ Chronic health problems or severe disability ▪ Concerns about developmental milestones ▪ Dental decay, due to neglect or lack of treatment ▪ Learning significantly affected by health problems ▪ Emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating ▪ Inappropriate sexualized behaviour ▪ Dangerous, risk taking sexual behaviour ▪ Early teenage pregnancy ▪ Child who is at risk of sexual exploitation (CSE) ▪ Persistent substance misuse ▪ Mental health problems self- harm, depression ▪ Threat of suicide ▪ Refusing medical treatment endangering life ▪ Severe disability – child/young person relies totally on other people to	Psychotic episode requiring residential care Life limiting medical condition Child at immediate risk of Female Genital Mutilation (FGM)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
			meet care needs ▪ Child at risk or victim of Female Genital Mutilation (FGM)	
Education and Learning	▪ Acquiring a range of skills, interests ▪ Experiences of success, achievement ▪ Language development appropriate for age ▪ Access to books, toys, play, sport and leisure activities ▪ Enjoys and participates in educational activities and school life ▪ Good home, school link	▪ Not achieving as anticipated ▪ Poor school attendance and/or punctuality ▪ Developing a pattern of occasional unauthorised absences ▪ Multiple fixed-term exclusions ▪ Often not engaged in learning ▪ Levels of attainment varied ▪ Unable to access curriculum without support ▪ Poor home, school link ▪ Weak language and communication skills ▪ Not always engaged in learning, e.g. poor concentration, low motivation, over tiredness	▪ Has an Education, Health and Care Plan requiring complex coordinated services ▪ Not educated at school, or at home by parents ▪ Few, if any, achievements unable to access curriculum without considerable support ▪ Permanent exclusion from school ▪ No, or acrimonious home-school link highly individualised learning packages required	Young people who are placed in specialist residential accommodation
Emotional and Behavioural Development	▪ Demonstrates appropriate responses in feelings and actions ▪ Good quality early attachments ▪ Ability to adapt to change ▪ Able to demonstrate empathy ▪ Confident in social situations, but sufficiently discriminating between	▪ Some difficulties with family relationships ▪ Some difficulties with peer relationships ▪ Evidence of inappropriate responses and actions over friendly or withdrawn, unnecessarily fearful ▪ Watchful or wary of parent/carer ▪ Difficulty in adapting to	▪ Difficult family relationships ▪ Child withdrawn, unwilling to engage ▪ Unable to display empathy ▪ Limited ability to understand how actions impact on others ▪ Regularly involved in anti-social, criminal behaviour ▪ Offending and re-offending	▪ Sentenced to custodial or remand disposal and placed in secure accommodation (criminal grounds) ▪ Placed in secure accommodation on welfare grounds under Section 25,Children Act

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	'safe' and 'unsafe' contacts ▪ Demonstrates respect for others ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent)	change ▪ Child finds it difficult to cope with anger and frustration ▪ Not always able to understand how behaviour impacts on others ▪ Not complaint to adult requests, provocative in behaviour ▪ Behaviour which disrupts or challenges, in school or community ▪ Starting to commit offences ▪ Offending and/or anti-social behaviour ▪ Unable to maintain peer relationships – is bullied, ▪ or a bully ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	resulting in court orders, custodial sentences, ASBO's ▪ Puts self or others in danger ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)	1989 ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)
Family and Social Relationships	▪ Stable and affectionate relationship with parents/carers ▪ Good sibling relationship ▪ Positive relationship with peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the	▪ Relationships with parents/carers characterized by inconsistencies ▪ Involved in conflict with siblings, peers ▪ May be undertaking role of young carer ▪ May have had period of L.A. care	▪ Family relationships critical and/or negative – low warmth, high criticism ▪ Rejection ▪ Family breakdown threatened ▪ Child abandoned by family ▪ Suffering physical, sexual, emotional abuse, child sexual exploitation (CSE)	▪ Child is at immediate risk of trafficking ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
	emotional and behavioural development of the child (prevent)	▪ Children who have returned from being missing ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	or neglect ▪ Child is a victim of trafficking ▪ Child living in private fostering arrangement (see NYSCB Private Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)	county (Prevent)
Social Presentation	▪ Appropriate dress for setting, season ▪ Good level of personal hygiene	▪ Clothing inappropriate for setting, season ▪ Child may not always be clean, may suffer teasing as a consequence ▪ Appearance and/or behaviour which impacts on self-care e.g. substance misuse	▪ Child's appearance reflects poor care, poor hygiene from neglect ▪ Rejection or taunting by peers	
Identity	▪ Positive sense of self demonstrates feeling of belonging and acceptance by family, peers, wider community	▪ Some insecurities around identity – low self esteem ▪ Poor self-confidence child subject to discrimination – race, disability, religion	▪ Demonstrates significantly low self-esteem across a range of situations ▪ No self confidence	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		sexual orientation	▪ Persistent discrimination on basis of ethnicity, disability, race, religion, sexual orientation ▪ Socially isolated with no appropriate role models ▪ Child's self-image is distorted ▪ Victim of repeat crime of a serious nature e.g. sexual /physical assault / child sexual exploitation	
Self-Care	▪ Growing level of competencies in practical skills such as feeding and dressing ▪ Developing social problem solving skills	▪ Slow in developing age appropriate self-care skills ▪ Disability prevents self-care across a significant range of tasks ▪ Engaging in behaviour which impacts on self-care, e.g. substance abuse	▪ Child takes no responsibility for self- care in comparison with peer group ▪ Disabled child relies totally on others to meet care needs ▪ Self-care neglected because of other priorities, e.g. persistent substance misuse ▪ Sexual activity, substance misuse leading to child sexual exploitation (CSE)	

Child's Developmental Needs 15-18 years

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Health	▪ Appropriate growth pattern ▪ Physically healthy ▪ Developmental checks up to date ▪ Adequate and nutritious diet ▪ Good state emotional and mental health ▪ Sexual activity appropriate for age ▪ No smoking or misuse of substances ▪ Child who has been the victim of Female Genital Mutilation	▪ Growth pattern not at expected rate ▪ Slow in reaching developmental milestones ▪ Not attending routine appointments ▪ Persistent minor health problems resulting in poor school attendance ▪ Dental care not sufficient ▪ Vulnerability to emotional or mental health needs – acrimonious divorce, poor attachment ▪ Limited or restricted diet ▪ Young person smokes ▪ Unsafe or inappropriate sexual activity ▪ Smoking or experimenting with drugs and/or alcohol ▪ Child who has historically been the victim of Female Genital Mutilation (FGM)	▪ Growth pattern becoming a cause for concern ▪ Chronic health problems or severe disability ▪ Concerns about developmental milestones ▪ Dental decay, due to neglect or lack of treatment ▪ Learning significantly affected by health problems ▪ Emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating ▪ Inappropriate sexualized behaviour ▪ Dangerous, risk taking sexual behaviour ▪ Teenage pregnancy ▪ Child at risk or victim of sexual exploitation (CSE) ▪ Persistent substance misuse ▪ Mental health problems – self- harm, depression ▪ Threat of suicide ▪ Refusing medical treatment endangering life ▪ Severe disability – child/ young person relies totally on other people to meet	Child at immediate risk of Female Genital Mutilation (FGM)

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
			care needs ▪ Child at risk or victim of Female Genital Mutilation (FGM)	
Education and Learning	▪ Acquiring a range of skills, interests ▪ Experiences of success, achievement ▪ Cognitive and language development appropriate for age ▪ Access to books, toys, play, sport and leisure activities ▪ Enjoys and participates in educational activities and school life ▪ Good home, school link ▪ Planned progression and aspirations, beyond statutory education	▪ Not achieving as anticipated ▪ Poor school attendance and/or punctuality ▪ Occasional unauthorised absences ▪ Multiple fixed-term and/or permanent exclusions ▪ Not always engaged in learning ▪ Levels of attainment varied ▪ Unable to access curriculum without support ▪ Poor home, school link ▪ Weak language and communication skills ▪ Not always engaged in learning, e.g. poor concentration, low motivation, over tiredness ▪ Limited evidence of progression planning ▪ At risk of making ill-informed, inappropriate decisions about progression ▪ Limited participation in education, employment or training post 16	▪ Psychotic episode requiring residential care ▪ Life limiting medical condition ▪ Has an Education, Health and Care Plan requiring complex coordinated services ▪ Not educated at school, or at home by parents ▪ Few, if any, achievements ▪ Unable to access curriculum without considerable support ▪ Permanent exclusion from school ▪ No school placement ▪ No, or acrimonious home, school link ▪ Highly individualised learning packages required ▪ Not in education, employment or training	▪ Young people who are placed in specialist residential accommodation
Emotional and Behavioural	▪ Demonstrates appropriate responses in feelings and actions	▪ Some difficulties with family relationships ▪ Some difficulties with peer	▪ Difficult family relationships ▪ Young person withdrawn,	▪ Sentenced to custodial or remand disposal and placed in secure

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Development	▪ Good quality early attachments ▪ Ability to adapt to change ▪ Able to demonstrate empathy ▪ Confident in social situations but sufficiently discriminating between safe and unsafe contacts ▪ Demonstrates respect for others ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent)	relationships ▪ Evidence of inappropriate responses and actions over friendly or withdrawn, ▪ Unnecessarily fearful ▪ Watchful or wary of parent/carer ▪ Difficulty in adapting to change ▪ Child finds it difficult to cope with anger and frustration ▪ Not always able to understand how behaviour impacts on others ▪ Not compliant to adult requests, provocative in behaviour ▪ Behaviour which disrupts or challenges in school or community ▪ Starting to commit offences ▪ Offending and/or anti-social behaviour ▪ Unable to maintain peer relationships – is bullied, or a bully ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	unwilling to engage ▪ Unable to display empathy ▪ Limited ability to understand how actions impact on others ▪ Regularly involved in anti-social, criminal behaviour ▪ Offending resulting in court orders, custodial sentences, ASBO's ▪ Puts self or others in danger ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)	accommodation (criminal grounds) or in young offenders institution ▪ Placed in secure accommodation on welfare grounds under Section 25 Children Act 1989 ▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)
Family and Social	▪ Stable and affectionate relationships with	▪ Relationships with parents/carers	▪ Family relationships critical and/or negative –	▪ Child is at immediate risk of trafficking

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Relationships	parents/carers ▪ Good sibling relationships ▪ Positive relationship with peers ▪ Concerns identified regarding extremist or radicalised beliefs which may impact on the emotional and behavioural development of the child (prevent)	characterized by inconsistencies ▪ Involved in conflict with siblings/peers ▪ May be undertaking caring role ▪ May have had a period of LA care ▪ Children who have returned from being missing ▪ Concerns identified regarding extremist or radicalised beliefs which are impacting on the emotional and behavioural development of the child (prevent)	low warmth high criticism ▪ Rejection ▪ Family breakdown threatened ▪ Young person abandoned by family ▪ Suffering physical, sexual, emotional abuse or neglect. ▪ Child living in private fostering arrangement (see NYSCB Private Fostering Practice Guidance) ▪ Children who have returned from being missing ▪ Child is a victim of trafficking ▪ Where there is information to indicate that a child may be at risk of significant harm as a consequence of their exposure to extremism or directly involved in radicalised behaviour or there is significant impact on the health and development of the child (Prevent)	▪ Where there is information to indicate that a child is actively engaged in extremism or radicalised behaviour, or actively engage in terrorist activity, or is at immediate risk of being removed from the county (Prevent)
Social Presentation	▪ Appropriate dress for setting, season ▪ Good level of personal hygiene	▪ Clothing inappropriate for setting/season ▪ Child may not always be clean, may suffer teasing as a consequence	▪ Young person's appearance reflects poor care, poor hygiene from neglect ▪ Rejection or taunting by peers.	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Identity	▪ Positive sense of self ▪ Demonstrates feeling of belonging and acceptance by family, peers, wider community	▪ Some insecurities around identity and low esteem ▪ Poor self confidence ▪ Young person subject to discrimination – ethnicity, disability, religion, sexual orientation	▪ Demonstrates significantly low self-esteem across a range of situations ▪ No self confidence ▪ Persistent discrimination on basis of ethnicity, disability, religion, sexual orientation ▪ Social isolated with no appropriate role models ▪ Young person's self-image is distorted ▪ Victim of repeat crime of a serious nature e.g. sexual/physical assault/child sexual exploitation (CSE).	
Self-Care	▪ Competent in all aspects of self-care	▪ Slow in developing age appropriate self-care skills ▪ Disability prevents self-care across a significant range of tasks	▪ Young person takes no responsibility for self-care in comparison with peer group ▪ Disabled young person relies totally on others to meet care needs.	

Dimensions of Parenting Capacity

Basic Care

Providing for the child's physical needs, and appropriate medical and dental care.

Includes provision of food, drink warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger.

Includes protection from significant harm or danger and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and dangers both in the home and elsewhere.

Emotional Warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.

Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise, and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.

Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent

opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour.

The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences.

Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.

Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring, children keep in contact with important family members and significant others.

Parenting Capacity

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Basic Care	▪ Provides for child/young person's physical needs – food, drink, appropriate clothing, medical and dental care	▪ Basic care not provided consistently ▪ Food, warmth and other basics not always available ▪ Parents struggling without support or adequate resources ▪ Parents have struggled to care for previous children ▪ Supervision haphazard ▪ Potential substance misuse or mental health needs	▪ Food, warmth and other basics rarely or inconsistently available ▪ Parents have abused/ neglected child/young person ▪ Previous child/young person has been removed from parents care	▪ Serious and persistent abuse or neglect ▪ Parents own needs are such that they are unable to keep child/young person safe
Ensuring Safety	▪ Protecting child/young person from danger, either at home or elsewhere ▪ Protecting child/young person from significant harm ▪ Parent sets ▪ appropriate boundaries in relation to the age/stage of the child or young person	▪ Insufficient awareness of dangers ▪ Poor supervision of child/young person ▪ Unaware of child/young ▪ person's whereabouts ▪ Safety equipment not available or used ▪ Inappropriate child care arrangements ▪ Inappropriate, frequent ▪ visits to GP/A&E	▪ Level of care and supervision inadequate given child's age ▪ Parents unable to restrict access to home by dangerous adults ▪ Child/young person left in care of offenders known to be a risk to children ▪ Persistent and serious domestic abuse involving child/young person	
Emotional Warmth	▪ Parents demonstrate warmth, praise and encouragement on a consistent basis	▪ Inconsistent responses to child/young person ▪ Parents struggling to have own emotional needs met ▪ Erratic or inconsistent care	▪ Parental instability affecting ability to nurture ▪ Low warmth, high criticism ▪ Rejection ▪ Parents own emotional needs impacting on ability to meet child, young person's needs	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Stimulation	▪ Facilitates development through play and interaction ▪ Enable child/young person to have positive experiences and ▪ achievements ▪ Access to sport and leisure appropriate to age and interests	▪ Child/young person spends considerable time alone ▪ Child/young person not given opportunities for new experiences ▪ Child/young person not ▪ receiving positive stimulation ▪ Child/young person under pressure to achieve, unrealistic expectations	▪ No stimulation appropriate to age and needs of child/young person ▪ Exposure to inappropriate or harmful material e.g. sexually explicit images	
Stability	▪ Child/young person has secure attachment to parents ▪ Parent provides consistency of emotional warmth	▪ Important relationships to child not always maintained ▪ Multiple carers, with no significant relationships ▪ Poor home routines	▪ Chaotic family life ▪ No-one to care for child ▪ Parents unable to exercise control of child/young person	
Guidance and Boundaries	▪ Parents provide guidance enabling child to develop positive behaviour and values ▪ Consistent and appropriate boundaries are established and ▪ maintained	▪ Erratic or inadequate guidance is provided ▪ Parents struggle to establish and maintain ▪ consistent boundaries ▪ Parents do not provide good role model – e.g. by behaving in an inappropriate or anti-social way	▪ No effective boundaries are set, resulting in child/young person behaving in an antisocial way or engaging in criminal activity	

Family and Environmental Factors

Family History and Functioning

Family history includes both genetic and psychosocial factors. Family functioning is influenced by who is living in the household and how they are related to the chid; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents? Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?

Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child?

Includes children's experience of work and the impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the chid?

Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.

Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities.

Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

Family and Environmental Factors

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Family History and Functioning	▪ Good family relationships (including where parents separated) ▪ Few significant changes in family composition ▪ Good sibling relationships ▪ Family able to self-refer to support services	▪ Parents have conflict or difficulties that can involve children/young people ▪ Incidents of domestic abuse ▪ Child/young person has suffered loss of significant adult through bereavement or separation ▪ Child/young person may need to care for younger sibling or parent ▪ Parent has physical, mental health needs ▪ Limited extended family support	▪ Significant parental discord ▪ Persistent domestic abuse ▪ Family characterized by conflict and serious, chronic relationship difficulties ▪ History of rejection ▪ Poor/abusive sibling relationships ▪ Parent or sibling in custody ▪ Adults reliant on children being carers ▪ Family members involved in criminal activity which is effecting children/ young people	▪ History of inter-generational, inter familial sexual abuse ▪ Home used as a brothel
Wider Family and Kinship Network	▪ Good familial network ▪ Friendships outside of the family	▪ Some support from family and friends ▪ Family has poor relationships with extended family ▪ Little communication with extended family ▪ Family is socially isolated ▪ History of forced marriage/female genital mutilation (FGM – also known as female castration)/honour based violence ▪ Unauthorised absences	▪ Family has poor relationship with extended family ▪ No effective support from extended family or wider family friends ▪ Destructive, unhelpful involvement of wider family ▪ Female Genital Mutilation (FGM) leading to significant impact of the emotional wellbeing of the child's development and capacity of the parents to meet the child's needs	▪ Threatening or abusive responses from extended family or community

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
Housing	▪ Accommodation adequate, with basic amenities and appropriate facilities	▪ Poor housing ▪ Basic amenities inadequate and poor state of repair ▪ Overcrowding ▪ Rent arrears	▪ Prosecution, eviction proceedings ▪ Homeless ▪ Accommodation seriously threatening to health or safety ▪ Family seeking asylum, or refugees	▪ Adult who poses a significant risk is living in the home or visiting the home
Employment	▪ Parent/s working and arrangements for child/young person in place ▪ Parent/s unemployed but managing arrangements	▪ Unemployment of wage earning parent ▪ Work/stress impacting on family life ▪ Poor employment prospects	▪ Family unable to gain employment due to long-term difficulties e.g. substance misuse, or mental health issues ▪ No expectation or aspiration that young person will work ▪ Child is a victim of trafficking	▪ Child is at immediate risk of trafficking
Income	▪ Income used to meet family needs	▪ Low income ▪ Debt	▪ Extreme financial difficulties resulting in family's basic needs not being met e.g. housing, food, warmth ▪ Financial issues ▪ Family income not used to meet needs ▪ Not entitled to benefits	
Family's Social Integration	▪ Family integrated into community ▪ Good social and friendship networks	▪ Some conflict within the community ▪ Isolated from community ▪ Family willing to engage with early targeted services ▪ Lack of positive role models ▪ Evidence of hate crime	▪ Serious, acrimonious relationships within community ▪ Community hostile to family, high levels of conflict and volatility which is affecting children ▪ Family not willing to engage with support	

Domain	Level 1 Universal Services	Level 2 Early Help/Prevention	Level 3 Specialist	Level 4 Acute
		(instigator or victim) ▪ Family hostile to community engagement	services ▪ Family members influenced by negative role models	
Community Resources	▪ Supportive community ▪ Available universal services	▪ Community negative towards children/ young people ▪ Family may be unable to access universal services ▪ No community support ▪ Extreme rurality ▪ Poor access to targeted services		

Report to Local Safeguarding Children Board and the Children's Trust

Children's Safeguarding and Strategy Group Update

7 September 2016

1. Date and Subject of report

1.1 Children's Safeguarding and Strategy Group Update, 7 September 2016

2. Purpose of Report

2.1 The purpose of this report is to provide the Children's Trust (CT) and the North Yorkshire Safeguarding Children Board (NYSCB) with an update of the activities of the Children's Safeguarding Strategy Groups (CSSG).

3. Key Issues

3.1 It was agreed at the York and North Yorkshire Safeguarding System Leadership Group that Safeguarding week will be adopted by all Boards and a series of events, themed around domestic abuse and safeguarding will take place in the week commencing 17 October 2016.

3.2 Children's Safeguarding Strategy Groups have been tasked with identifying task groups to support safeguarding week and to arrange local events. To support this there have also been meetings with representatives of the North Yorkshire Safeguarding Children Board, Community Safety Partnership and IDAS to discuss and co-ordinate the event.

3.3 Dates for an information and awareness session for each of the 5 local area groups of the Children's Board have been identified as follows:

- Monday, 17th October – Harrogate - venue to be confirmed
- Tuesday, 18th October – Selby CSSG – Selby College
- Wednesday, 19th October - Hambleton/Richmondshire CSSG, venue confirmed as the Army Welfare Service, Hipswell Lodge, Catterick Garrison

- Thursday, 20th October – Ryedale and Scarborough CSSG, venue conformed as the Rugby Club.
- Friday, 21st October –Craven CGGS, Belle Vue, Skipton

3.4 The events will all follow a similar format and will be marketed as a "bite size" session of about 1.5 hours to raise staffs' awareness around domestic abuse, referrals and services. There will be a standard presentation given at each event that can be tailored to include any local services and priorities. The presentations will be delivered by the local Domestic Abuse Co-ordinators and IDAS. Two sessions will be run each day, on in the morning and one in the afternoon. In between the sessions there will be a "marketplace". The intention is to provide information about providers and services to help inform and support that staff might find useful.

4. Craven CSSG

4.1 Updates on actions for the Craven CSSG:

- **Improve the accessibility of health workers in Ings Primary School and Parish** – Family learning and ESOL classes are in place to work with the community and awareness raising is planned for September 2016
- **Raise awareness of the say something if you see something campaign** – Craven District Council are co-ordinating an update meeting. CSE training for taxi-drivers is being delivered with more sessions to follow. Every pub, cafe shop, phone shop been visited in Skipton regarding SSSS campaign and asked to display posters and brief staff. One coffee shop did not engage with campaign and Cllr Andrew Solloway to follow up with store
- **Identify 'invisible' children and engage them with services** – Prevention service reported they are looking at a more joined up approach with electively home educated children. Linking with school nurses to also provide more support.

4.2 Hambleton and Richmondshire CSSG

4.3 Updates on actions for the Hambleton and Richmondshire CSSG:

- **Improve CSE/VEMT communications and sharing** – The group discussed some concerns regarding a report of the use of a service station for trafficking and exploitation in April and May 2016. North Yorkshire Police reported that there have since been no further instances or reports and there was no evidence that this related to young people. However, due to concerns, volunteers are being identified to provide Say Something if you See Something awareness to service stations on A1 and A19 in Hambleton
- **Improve inter-agency relationships with MOD families** – To support the Safeguarding week it has been agreed that the Hambleton activities will take place in Catterick Garrison and will be open to

military services as well as service personnel and their families with a "drop-in" market place of services. Training will also be provided for professionals at the event.

- **Reduce the number of unintentional injuries within the area** – Group received information from Julie Hatfield and item to be discussed at the next meeting to develop further actions.

4.4 Harrogate CSSG

4.5 Updates on actions for the Harrogate CSSG:

- **Hold awareness event to coincide with the re-launch of the Say Something if you See Something campaign** – This action has been completed
- **Improve agency response and understanding of self-harming behaviours** – All agencies have been provided with access to the pink book and this is being cascaded within agencies by representatives
- **Production of a self-harm video** – The Safe and Sound Group has now been disbanded and a Task and Finish Group is being established to examine how this can be progressed
- **Improvement of the performance in providing reports to Child Protection Conferences** – Craven and Harrogate are provided as a merged area which is a barrier to effective local analysis. With the introduction of the new Quality Alert system being rolled out across areas, it was agreed that agencies in Harrogate will identify if they want to be involved in the next phase of deployment. Dave Taylor, IRO Safeguarding Manager is aware of the request and this will be coordinated
- **Develop a plan regarding emotional wellbeing and resilience of school pupils** – The group received a presentation regarding the future in mind project and it has been agreed that this will remain on the work plan and further actions identified at the appropriate stage to co-ordinate with the work centrally

4.6 Scarborough CSSG

4.7 Updates on actions for the Ryedale/Scarborough CSSG:

- **Raise awareness of services and pathways for professionals** – A task group has been identified and the event will be held at the Rugby Club, Scarborough. It was agreed this will coincide with safeguarding week and support the Domestic Abuse theme. A task group is meeting to progress arrangements.
- **Raise awareness of CSE with local businesses** – Work is on-going to raise the awareness of CSE and the Say Something if you See Something campaign. Training has been delivered to the Scarborough Hospitality Association and Flamingo Land. Aide memoire cards for Police and Community Support Officers have been produced. Taxi-driver training in CSE awareness is on-going.

- **Raise awareness of the dangers of legal highs with secondary schools and key stage 2** – Multi Agency Operations still continue identifying young people that are vulnerable for a number of reasons. NPS awareness was delivered to Crucial Crew in June 2016. Flyers were given out to all schools to ask them to contact CSP if they wanted more input.
- **Improve information sharing in child protection conferences** – The local Task Group to examine reports to conferences met in May. All actions have now been achieved and will be reviewed pending feedback from the Quality Assurance Process
- **Improve links with secondary schools** – APMs are scheduled to visit all schools in the area and will sit on collaborative. Prevention Service Manager to speak to Lead Advisor, Inclusion to identify what actions can be taken for young people who are NEET

4.8 Selby CSSG

4.9 Update on actions for the Selby CSSG

- **Increase knowledge of the local services and the effect of change regarding safeguarding and wellbeing of children and young people** – Agreed to host a multi-agency event and a task group has been identified. Agreed event will support and be timed to meet safeguarding week. Venue to be confirmed.
- **Reduced the number of teenage pregnancies in the Selby District** – A Task Group has been formed looking at the cause of the increase in teenage pregnancies. Issues have been identified about contraception not being available and barriers to access. It is believed that these gaps have now been closed but work is continuing to look at fast-track pathway with GPs.

5. Chairs and Leads

5.1 Due to the time since the Chairs and Leads were initially identified at the formation of the CSSGs, some vacancies have arose due to staff movement within agencies. The follow table shows the current identified chairs and leads for each area:

Locality	**Chair**	**Safeguarding Lead**	**Children's Trust Lead**
Craven	Cllr. Andrew Solloway	Emma Curran	Not Identified
Hambleton/ Richmondshire	Andrea Hobbs	Not Identified	Julie Hatfield
Harrogate	Justin Vaughan	Justin Vaughan	Not Identified
Scarborough/ Ryedale	Cllr. Janet Jefferson	Heidi Scott-Nelson	Barbara Merrygold

Selby	Abigail Maspero	Fiona Mockford	Julie Hatfield

6. Attendance

6.1 North Yorkshire Police have put in place arrangements to ensure that there is a police presence for all Children's Safeguarding Strategy Groups.

6.2 Concerns were raised regarding District Council attendance at the last round of CSSG meetings. District Council representation has improved, there was no District Council representation at one meeting but a comprehensive report was provided by the council in their absence.

6.3 Children's Social Care was present at two meeting of the CSSGs, although it is acknowledged that the Children's Social Care representative had not received details of one meeting.

6.4 There continues to be low representation from schools and colleges despite work undertaken by the NYSCB to seek representation.

7 Risks

7.1 The initial purpose of identifying leads for the Children's Trust and Safeguarding was to ensure that each Board has an operational champion to represent the interests of their respective Boards at a local level. There are currently a number of vacancies in Craven, Hambleton & Richmondshire and Harrogate for both Children's Trust and Safeguarding Leads which may impact on representation for the Boards. Paul Carswell from the Prevention Service agreed at the last meeting to act as the Children's Trust Lead for Craven and Harrogate.

7.2 Due to changes in the IRO service, the IRO Manager (Safeguarding) has stated that local IRO representatives will not be able to attend the meetings in future. An IRO is the chair of the Selby area and new chair will need to be identified. The IRO Manager (Safeguarding) has stated the he will attend future meetings across the county on behalf of the service.

7.3 Andrea Hobbs, Chair of the Hambleton and Richmondshire CSSG is due to leave her post in September and will no longer continue as Chair of the meeting. Julie Hatfield who has previously chaired the meeting has agreed to chair the next meeting and agencies have been asked to nominate a new chair.

8 Recommendations

8.1 It is recommended that:

- The Board accepts this report

- That the Children's Trust agree to Paul Carswell, Divisional Manager (West) is approved as the Children's Trust Lead
- The NYSCB identifies a Safeguarding Lead for the Hambleton and Richmondshire area
- The Children's Trust and the NYSCB work together to identify a representative from school alliances to attend CSSG meetings. This will provide a voice for schools on the groups and will address issues of any given school representative only being able to represent their own establishment

9 Author

9.1 Haydn Rees Jones, NYSCB Policy and Development Officer, 7 September 2016

Appendix One CSSG Agency Attendance between 18 July 2016 to 21 July 2016

Sector/Agency	Craven	Ham/Rich	Harrogate	Rye/Scar	Selby
	18/07/2016	32/07/2016	20/07/2016	19/07/2016	20/07/2016
Independent Chair	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
CTB Lead	**Not Identified**	**Yes**	**Not Identified**	**Yes**	**Yes**
Safeguarding Lead	**Yes**	**Not Identified**	**Yes**	**No**	**No**
Health Services	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Airedale NHS Trust	Yes				
Airedale Wharfdale Clinical Commissioning Group	Yes				
Harrogate District NHS Foundation Trust	Yes	Yes	Yes		Yes
South Tees NHS Foundation Trust		Yes			
Tees, Esk and Wear Valleys Foundation Trust		Yes	Yes	Yes	Yes
York Teaching Hospital Foundation Trust					
Named GP/GPs	Yes	Yes	Yes	Yes	
Local Authority	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
C&FS (Prevention)	Yes	Yes	Yes	Yes	Yes
C&FS (Social Care)		Yes	Yes		
IRO Service	Yes	Yes			Yes
Youth Justice Service	Yes	Yes	Yes	Yes	Yes
Education and Skills			Yes		
NYSCB Representative	Yes	Yes	Yes	Yes	Yes
Strategy and Commissioning			Yes	Yes	
Inclusive Education		Yes		Yes	
CTB Representative	Yes	Yes	Yes	Yes	Yes
North Yorkshire Police	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Military	**N/A**	**Yes**	**Yes**		**N/A**
Army Welfare Service		Yes			
Army Foundation College			Yes		
Schools/Colleges	**No**	**No**	**No**	**Yes**	**Yes**
Barlby High School					Yes
Selby College					Yes
St. Augustine's School				Yes	
Probation	**No**	**Yes**	**No**	**No**	**No**
District Council	**Yes**	**Yes**	**Yes**	**No**	**Yes**
Third/Voluntary Sector	**Yes**	**Yes**	**Yes**	**No**	**Yes**
Carers Resource	Yes	Yes			
Compass Reach			Yes		

NY Horizons					Yes
Hambleton and Richmondshire Carers Centre		Yes			
IDAS		Yes			
CVS			Yes		