Summary
There are approximately 309,462 children and young people aged 0-19 years in Hampshire, which is around 23% of the total population. Hampshire has over 136,000 pupils in 498 maintained schools, with a further 33,000 pupils at 34 academies.
Most Hampshire children grow up with good access to education, preventative healthcare and external opportunities. Our children are generally less obese than the national average.
Children in Hampshire are physically active, but not active enough for long term wellbeing benefits. The teeth of Hampshire's children are generally better than England as a whole with marked differences seen in areas of deprivation.

Recommendations
Address the incidence and reduce the impact of poverty on the achievement and life chances of children and young people.
Focus on children and young people's physical, spiritual, social, emotional and mental health.
Provide opportunities to learn, within and beyond the school day, that raise children and young people's aspirations, encourage excellence and able them to enjoy and achieve beyond their expectations.
Help children and young people to be safe and feel safe.
Promote vocational, leisure and recreational activities that provide opportunities for children and young people to experience success, make positive contribution and develop lifelong expectations.

1. Introduction

There are approximately 309,462 children and young people aged 0-19 years in Hampshire, which is around 23% of the total population (2011 Office for National Statistics mid-year population estimated). Hampshire has over 136,000 pupils in 498 maintained schools, with a further 33,000 pupils at 34 academies.

Although Hampshire is a good place for children and young people to live, inequalities are present that can mean that not every child and young person has the best possible start in life or the support needed to develop to their full potential. This is seen in the significant variations in outcomes for a proportion of Hampshire's children and young people. Examples include:

- 42% of 16 years olds did not achieve five A*-C grade GCSEs (or equivalent) including English and maths in 2011/12.
- Only 26% of 16 years olds eligible for free schools meals achieved five A*-C grade GCSEs (or equivalent) including English and maths in 2011/12.
- Only 9.2% of children in care achieved five A*-C grade GCSEs (or equivalent) including English and maths in 2011/12.
- 14% of Year 6 pupils, 23% of Year 7 pupils and 19% of Year 9 pupils reported that they had experienced bullying in school (Hampshire *What do I Think?* Pupil Attitude Survey, 2012).

- Children with learning difficulties and/or disabilities and their families are one of the most vulnerable groups in Hampshire. Estimates of the numbers of disabled children range from 3,000 to 50,000 depending on the way in which disability is defined and on the source of data. 2.6% of Hampshire school pupils were recorded as having a special educational need statement.
- Children and young people living in poverty can lack the positive experiences and opportunities of other children, including poorer health, attainment and low aspirations.
- Young carers are relied upon to undertake caring which affects negatively on their own development, well-being and education, not only in the here and now, but also affecting their life long prospects. The number of young carers in Hampshire has doubled since the 2001 census, from 3,300 carers aged 0-24 years in 2001 to 7,604 in 2011. Young carers make up 0.5% of pupils within Hampshire schools.
- Being overweight or obese in childhood has both short and long term consequences which are reflected in their life long health outcomes. In a rolling three year analysis (2007/08 – 2011/12) 12.9% of 4-5 year olds were overweight and 8% were obese. For 10-11 year olds, 14.4% were overweight and 15.4% were obese.

The Joint Strategic Needs Assessment 2010 helped to inform the Children and Young People's Plan 2012-15 to ensure that the activities are targeted to those groups and areas in the greatest need. The ongoing development of the JSNA will continue to assist in the planning of health and care services to target the barriers that children, young people and their families face.

2. Level of need in the population

2.1 Birth rate

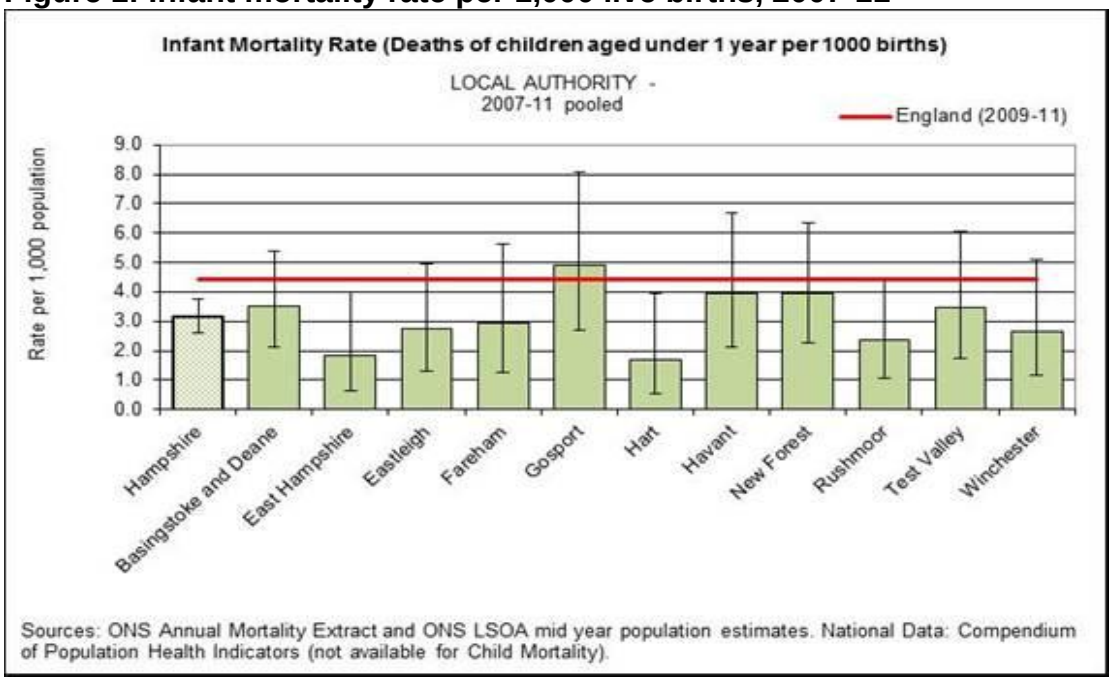
There were 15,238 births in Hampshire in 2011. Over the last decade Hampshire's birth rate has gone up 13%, but childbearing among under 18 year olds is declining. The total fertility rates (TFR) for 2011 give an average number of 1.99 children per woman in Hampshire, which is a decrease from 2.06 children per woman in 2010 and is higher than the England value of 1.93. In all local authority areas the TFR is higher than the England value except in Fareham, Hart, the New Forest and Winchester.

2.2 Infant mortality

Infant mortality refers to the number of deaths within the first year of life. Factors such as socio-economic circumstances, parental behaviour, ethnicity and poor access to health care are all potential risk factors for infant death. Higher than average infant mortality rates have been seen in babies whose mothers were born outside England and Wales, young mothers, babies whose fathers were in the routine and manual social class, babies that were registered by the mother alone and babies born in deprived areas.

A four-year rolling average is used to even out the wide variation in rates due to the small numbers of events. Figure 1 shows that the infant mortality rate in Hampshire was 3.1 per 1,000 live births, which is below the 2009/11 national average of 4.4 per 1,000 live births. Across districts, rates were below the national average, except for Gosport (4.9 per 1,000 live births).

Figure 1: Infant mortality rate per 1,000 live births, 2007-11



2.3 Maternity

Please see the JSNA chapters on Maternity and Antenatal and newborn screening for more information.

2.4 Infant and breast feeding

Please see the JSNA chapter on obesity for more information. However, the term infant feeding includes all food or drink given to babies and children under the age of two. The World Health Organisation (WHO) and the Department of Health (DH) recommend that babies should be exclusively breastfed for the first six months of life with continued breastfeeding along with appropriate complementary foods up to two years of age. Evidence shows that breastfeeding rates and good weaning practice are strongly influenced by socio-economic status and act as an early significant contributing factor to the cycle of health and social inequalities.

2.4.1 Breastfeeding

Breastfeeding protects babies and mothers immediately and over time from illness and disease. In comparison to babies who are fed formula milk,[1] breastfed babies are at a significantly lower risk of: gastro-intestinal infection, respiratory infection, urinary tract infection, ear infection, type 1 and type 2 diabetes and atopic dermatitis.

[1] A manufactured milk designed and marketed for feeding to babies under 12 months old, usually prepared for bottle feeding

Women who breastfeed are at lower risk of breast and ovarian cancer; hip fractures and reduced bone density.

In Hampshire, 78% of women start to breastfeed. By the time the baby is 10-14 days, around 58% women are still breastfeeding. By six to eight weeks, only 44% of women are still breastfeeding. While initiation rates in Hampshire are slightly higher than the England rate (74%), the percentage of women breastfeeding at 6-8 weeks in Hampshire is lower than the rate across England (47%). Low rates of breastfeeding are strongly associated with social deprivation and therefore, given the socio-economic mix of Hampshire population, this rate at 6-8 weeks is disappointing.

National surveys have found that 90% of women who stop breast feeding in the first six weeks and 75% who give up between six weeks and six months want to continue for longer. A local survey reported that women had stopped breastfeeding due to low knowledge of the reality of breastfeeding; low support to breastfeed and a local culture that does not promote breastfeeding.

Research has shown that the following interventions increase breastfeeding initiation and prevalence:

- UNICEF Baby Friendly Initiative (BFI)
- Antenatal preparation to ensure 'confident commitment'
- Access to effective breast feeding support that includes regular postnatal home visits, proactive support, face to face support
- Peer support programmes

2.4.2 Complementary feeding

It is recommended that solid foods should be introduced when babies are around six months old. Before this, the baby's digestive system is still developing and introducing solids too early can increase the risk of infections and allergies. It is optimal to give home-made foods when introducing solids, in order to expose the infant to a wider range of flavours and textures than that provided by manufactured ready-made baby food.

The National Infant Feeding Survey (2010) reported that 75% of mothers had introduced solids by the time their babies were five months old. Solid foods are more likely to be introduced to younger babies by mothers under 20 and mothers from lower socio-economic groups. Breastfed babies are commonly introduced to solid foods later than infants who are formula-fed. Baby rice was the most common type of food first given to babies (57%). At stage two (when most babies were four to six months), almost two thirds had been introduced to fruit or vegetables (66%). Nearly three in five (58%) had been given ready-made baby food. There are no data specific to Hampshire but the national figures are likely to be relevant.

2.5 Childhood immunisations and vaccinations

Please refer to the JSNA chapter on Vaccinations for detailed information. Vaccination is one of the most effective public health interventions in the world for preventing avoidable illness, long term disability and death. "Vaccination" is used to refer to all procedures for immunisation. "Immunisation" is the process of protecting individuals from infection through passive or active immunity. Childhood vaccinations

are available free to those eligible for NHS services through a national childhood vaccination programme to protect children against 10 diseases for boys and 11 diseases for girls. A further 2 vaccines (BCG and hepatitis B) are offered to those children identified as being 'at risk'. The target uptake rate for childhood vaccinations is 95%. The exceptions to this are Human Papilloma Virus and Teenage Booster vaccines which have a target of 90%.

Hampshire children and young people are well protected with at least 95% being given 3 of the vaccines at age 5 and 89.8% and 91.1% for MMR2 (second measles, mumps and rubella vaccine) and DTaP/IPV booster (diphtheria, tetanus, whooping cough and polio) respectively (table 1).

Table 1: South Central COVER Report Quarter 4 2011/12[2]

	Jan - Mar 2012	12 Months				24 Months				5 Years						
SHA	PCT	No. of children	DTaP/IPV/ Hib	MCCV	PCV	No. of children	DTaP/IPV/ Hib	MCCV	MMR	No. of children	DT/ PoI	Hib	MCCV	MMR 1	MMR 2	DTaP/ IPV Booster
South Central	Berkshire East	1,522	93.2	93.2	93.2	1,497	95.9	94.5	90.9	1,493	93.8	94.4	91.9	93.2	85.9	87.0
	Berkshire West	1,594	95.7	93.2	94.9	1,631	96.4	93.8	94.7	1,561	94.9	95.1	92.0	93.9	90.3	91.6
	Buckinghamshire	1,595	98.2	96.1	97.9	1,588	99.1	98.0	95.8	1,571	98.9	95.5	94.3	98.8	91.6	95.4
	Hampshire	3,760	95.4	94.8	94.9	3,751	96.9	96.0	94.5	3,736	96.4	96.5	95.4	93.3	89.8	91.1
	Isle of Wight Healthcare	307	94.7	90.6	91.5	353	96.3	92.4	91.8	310	93.9	92.6	91.6	90.6	82.3	83.9
	Oxfordshire	2,124	96.9	94.6	96.5	2,027	97.6	97.6	95.3	1,941	96.9	97.3	96.2	95.5	91.8	93.0
	Portsmouth City Teaching	644	94.7	94.1	94.9	696	96.8	97.0	95.5	629	95.2	95.4	94.6	92.5	85.1	86.8
	Southampton City	871	96.0	95.9	95.9	863	96.9	95.2	95.6	698	96.4	96.0	94.4	95.4	91.0	93.0
	South Central SHA	12,417	95.8	93.8	95.4	12,406	97.1	95.9	94.3	11,939	96.2	96.0	94.3	94.5	89.3	91.0

Although overall Hampshire's uptake rates for childhood immunisations appears to be close to the 95% target there are pockets of lower uptake within the county. This variation is evident when looking at the uptake of the measles, mumps and rubella (MMR) vaccine. MMR vaccine was introduced in October 1988 with a second dose being introduced in 1996. A single dose offers around 95% protection and two doses offer >99% protection. The first MMR vaccination is given at 13 months old and a booster at about 3.5 years of age. Coverage at two years of age fell to around 80% in 2003/4 following media concerns around a now disproved link between autism and the MMR vaccine. Figure 2 shows the uptake of MMR2 for 6 year olds in Hampshire in 2012/13.

The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, boosts immunity against tetanus, diphtheria and polio. It is available routinely for all young people aged between 13 and 18. The Department of Health target for this vaccination is 90% but the Hampshire rate falls far short of this at 62.41%. Winchester district had the lowest recorded uptake at 33.80% and Gosport had the highest at 80.92% (figure 3).

[2] HPA South East Region Immunisation Coverage Report January-March 2012

Figure 2: Uptake of completed course of MMR vaccine for 6 year olds in Hampshire

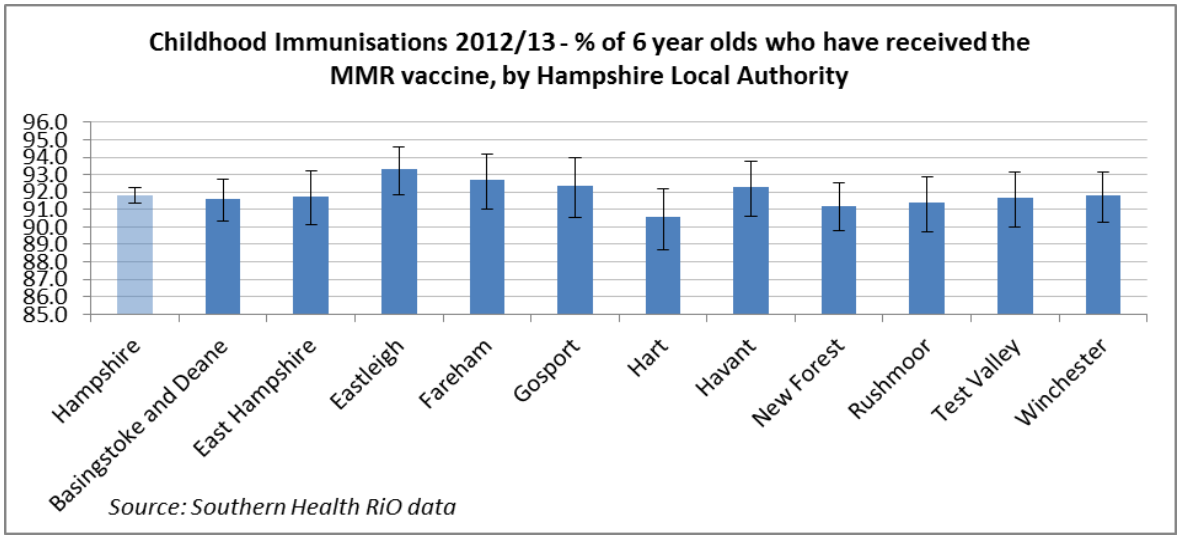
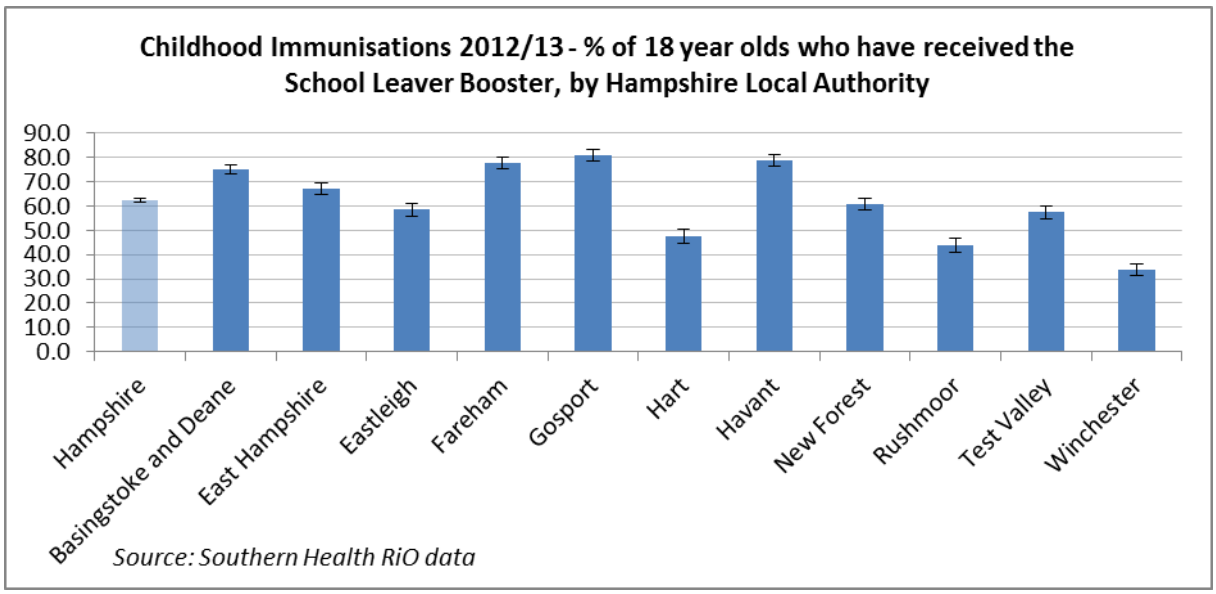


Figure 3: Uptake of Teenage Booster at age 18 for Hampshire residents 2012/13



Vaccination of Children Looked After

December 2012 data show 85.5% uptake for all immunisations for Children Looked After (CLA) for 12 months or more (table 2). This has shown great improvement over the last 4 years and efforts continue to be made to achieve the 95% target.

Table 2: Health care and development assessments of children who have been looked after continuously for at least 12 months, 2012

	At least 12 months	Number of vaccinations up to date	%
Hampshire	760	640	84.2
England	46590	38720	83.1

2.6 Obesity and overweight

Please see the JSNA chapters on obesity and physical activity for more information.
Being overweight or obese in childhood has consequences for health and employment throughout life with a shortened lifespan. Children are likely to experience emotional and psychological effects and 58% of children who are obese (National Child Measurement Programme classification: above 95th centile) will already have physical health problems.[3] Up to 79% of children who are obese in their early teens are likely to remain obese in adulthood and have a higher risk of morbidity, disability and premature mortality in adulthood.[4] The prevalence of obesity is linked with socioeconomic deprivation and is more prevalent in urban areas. It is also more prevalent among children from black, Asian, 'mixed' and 'other' minority ethnic groups than among their white counterparts.[5]

Obesity occurs when over a prolonged period of time, energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity very few cases are related to specific metabolic conditions.[6]

2.6.1 Prevalence and trends across Hampshire

Across Hampshire there has been over 85% participation in the National Child Measurement Programme (NCMP) since 2007/08. A three year rolling analysis of the NCMP data provides a more reliable indication of the trends for smaller geographical areas than single year data (Table 3).

[3] Rudolf MCJ (2004). The Obese Child, Archives of Disease in Childhood; Education Practice Edition 89.
[4] Chief Medical Officer (2008) The Chief Medical Officer's report 2007. Under their skins: tackling the health of the teenage nation. London: Department of Health.
[5] NHS Information Centre (2012) National child measurement programme: England, 2011/12 school year. London: Department of Health
[6] Obesity: working with local communities, NICE Public Health Guidance 42, 2012.

Table 3: NCMP: three year rolling analysis (period 2007/2008 – 20011/2012)

NCMP: three year rolling analysis (period 2007/2008 – 20011/2012)				
Weight category	4-5 year olds		10-11 year olds	
	Hampshire	England	Hampshire	England
Healthy Weights	78.5%	76.3%	69.3%	65.2%
Overweight	12.9%	13.2%	14.4%	14.6%
Obese	8.0%	9.6%	15.4%	19.0%

Source: Hampshire Public Health Intelligence Team, February 2013, data sourced from Hampshire Child Health Information Systems

Hampshire has a greater proportion of children with "Healthy Weights" and a lower prevalence of overweight and particularly obesity than England. However, we still have 1 in 5 children entering school who are overweight or obese and by the age of 10-11 years this rises to almost 1 in 3.

Obesity prevalence is very variable across Hampshire and mirrors the map of deprivation and childhood poverty. Table 4 shows obesity prevalence at a district level. For 10-11 year olds Gosport has rates higher than the England average.

2.6.2 *Current plans and recommendations for Hampshire*
Hampshire Children's partners have agreed a Hampshire Healthy Weights Strategy 2012-15.[7] The focus is to reduce the prevalence of excess weight (overweight and obesity) while including those children who are underweight (approximately 1% of children). The strategy aims to sustain the good work that has been achieved through schools and focus new work on prevention and early intervention with families of pre-school children.

Table 4: District level information for obesity (three year period 2007/08 – 2011/12)

Area / Locality	4-5 year olds *2007/08 – 2011/12*	10- 11 year olds *2007/08 – 2011/12*
England	**9.6%**	**19.0%**
Hampshire	**8.0%**	**15.4%**
Basingstoke and Deane	8.0%	17.3%
East Hampshire	7.6%	15.5%
Eastleigh	7.0%	14.2%
Fareham	8.1%	14.7%
Gosport	9.4%	19.4%
Hart	6.3%	12.6%
Havant	9.0%	17.2%
New Forest	8.4%	13.4%
Rushmoor	9.0%	18.3%
Test Valley	8.6%	14.3%
Winchester	6.4%	12.6%

Source: Report prepared by Hampshire Public Health Intelligence Team, February 2013, data sourced from Hampshire Child Health Information Systems

[7] http://www3.hants.gov.uk/hampshire-healthy-weight-strategy-2012-15-version-final.pdf

2.7 Physical activity

Please see the JSNA chapter on physical activity for more information. The last school sport survey in 2009/10 showed that 88% of five to 16 year olds in the county were participating in physical education and sport compared to an English average of 86%.

There are limited up-to-date data by local authority to estimate how many children and young people are physically active. National statistics for England using self-reported measures of physical activity show that 66% of boys and 76% of girls aged between 2-15 years old did not meet the recommended levels of 60 minutes or more on all seven days a week.[8] If these percentages are applied to Hampshire it is estimated that approximately 77,000 boys and 84,000 girls are not meeting the recommended levels of physical activity.

In the *What do I think?* pupil attitude survey for 2012, 73.1% of Year 2 pupils felt that their school always helped them to think about how to stay healthy by eating properly and exercising, 51.3% of Year 6 pupils, 26.4% of Year 7 and 15.4% of Year 9 pupils. A range of initiatives and interventions are delivered through school and community settings. These include Healthy Schools programme and school travel planning. Other interventions are delivered as part of the Children and Young People Healthy Weights strategy action plan. These include MEND programmes as well as training for professionals working with children including Early Years settings (for example HENRY training). There are also a wide range of initiatives to support active play, outdoor play school travel etc.

2.8 Dental health

Refer to the JSNA chapter on dental and oral health for detailed information. Overall, Hampshire's five and twelve year old children have better dental health than the national average, but there are inequalities in dental health, with children from areas of deprivation experiencing disproportionately higher levels of oral disease. Persistent dental health inequalities among Hampshire's five year olds are reflected among twelve year olds as well.

In the 2008/09 survey of twelve year olds, 25.2% of Hampshire children had some dental decay (33.4% for England) with an average of just under two teeth affected (2.21% nationally). Over twice as many twelve year old children from Gosport (32.6%), Eastleigh (31%), the New Forest (30.7%) and Rushmoor (29.2%) had dental decay in 2008/09, compared to just 13.5% of children from Hart. Among five year olds in 2007/08, 21.7% had experience of dental decay, against the national average of 30.9%. At the time, five year olds in Havant had dental decay levels (34.6%) that were much higher, with 30.9% levels recorded for Rushmoor. Of those five-year-olds in Hampshire who had decay, the mean dmft (number of decayed, missing and filled teeth) was 3.04 which was below the England average of 3.45. But among five-year-olds in Havant this estimate was 3.65 teeth.

[8] British Heart Foundation Physical Activity Statistics 2012

The local oral health improvement programmes need to be reviewed to ensure that they continue to be in line with best available evidence and in line with local and national priorities.

2.9 Sexually transmitted infections

Refer to the JSNA chapter on sexual health for detailed information. Most sexually transmitted infections (STIs) are treatable; however they can lead to complications ranging from infertility, disability, cancer to premature death. Chlamydia is the most common bacterial sexually transmitted infection in England. It is most prevalent amongst sexually active young people and usually has no symptoms. Left untreated, Chlamydia can lead to serious long term complications including pelvic inflammatory disease, ectopic pregnancy and infertility.

51,638 young people aged 15-24 in Hampshire were tested for Chlamydia in 2011/12 representing 34% of the 15-24 year old population. 2,987 (5.8%) of these tests were found to be positive providing a diagnostic rate of about 1,970 per 100,000 population. 97.1% of the positive cases received treatment. Work is underway to increase the diagnostic rate for Chlamydia by targeting groups of young people in Hampshire who are now known to be the most at risk. Further information on the local programme is available at www.haveyougotit.nhs.uk

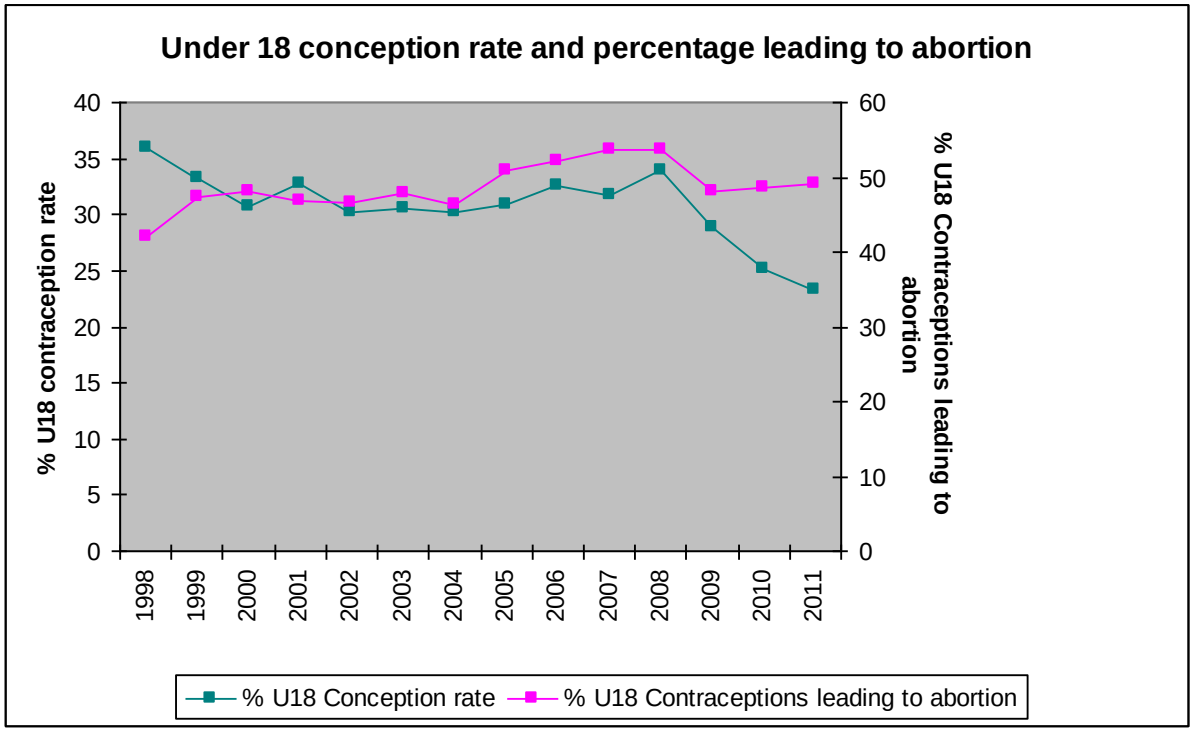
2.10 Teenage conceptions

Teenage mothers and their children are at risk from poorer outcomes in every way In Hampshire this is a continuing priority for The Children's Trust and is identified as a 'key win' in the 2012-15 Children and Young People's Plan (CYPP).

The annual rate of under 18 conceptions in Hampshire decreased 7.5% points from a rate of 25.2% in 2010 to 23.3% in girls aged 15-17 years in 2011. Figure 4 illustrates the trend in Hampshire since 1998. Hampshire has seen a 35.1% reduction in teenage conception rates since the 1998 baseline. (National reduction is 34.1% and the South East region reduction is 31%).

Using the 3 year average, the Hampshire rate for 2009/11 was 25.8 per 1,000 compared to 29.4 in 2008/10. Table 5 provides district level information, including a comparison to the 2008/2010 rolling three year rate. The last column shows the change between the two rates. This analysis helps focus prevention work across the county. Nationally the percentage of conceptions in girls aged under 18 leading to abortions has remained static at around 50%. The percentage in Hampshire decreased slightly, but now mirrors the national picture.

Figure 4: Under 18 conception rate and percentage leading to an abortion between 1998 and 2011



Source: ONS, Conception Statistics England and Wales 2011

Table 5: District level information for conception rates

District	2008/2010 rate	2009/2011 rate	% change in rate 2008/10 to 2009/11
Basingstoke and Deane	32.2	27.8	-13.9%
East Hampshire	23.6	18.6	-21.3%
Eastleigh	33.8	31.8	-6.1%
Fareham	24.9	22	-11.6%
Gosport	47.1	40.6	-13.8%
Hart	17.1	15.7	-8.4%
Havant	43.0	36.5	-15.1%
New Forest	28.1	26.2	-6.9%
Rushmoor	29.5	24.6	-16.6%
Test Valley	28.5	24.9	-12.9%
Winchester	18.2	16.3	-10.8%
Hampshire	**29.4**	**25.8**	**-12.2%**

Source: ONS, Conception Statistics England and Wales 2011

2.11 Unintentional injuries

Refer to the JSNA chapter on unintentional injuries to children and young people for more information. Overall, Hampshire compares favourably with England, regional and statistical neighbour averages where comparisons can be made on indicators for unintentional injuries in children. The rate of road traffic injuries in under 16s in Hampshire is in line with similar areas and lower than the England average. The

same is true for hospital admissions for all injury types for children aged 0-17 although there is variation between districts within Hampshire.

Children from the most deprived families are 13 times more likely to die from unintentional injuries and 37 times more likely to die in a fire than children living in the least deprived areas. Children in the 10% most deprived wards in England are four times more likely to be hit by a car than children in the 10% least deprived wards.

2.12 Child and Adolescent Mental Health

We have little historically collected data on child and adolescent mental health needs. Child and Adolescent Tier 2 and 3 Mental Health Services (CAMHS) are provided by a single service provider across Hampshire. This has timely and equal access to services across the county. The self-assessed score for the effectiveness of CAMHS in Hampshire has increased from 15 out of 16 in 2009/10 to 16 out of 16 in 2010/11, with an England average of 15.5.

2.13 Substance misuse

We do not have routine data on the number of children in Hampshire who are drinking alcohol or misusing drugs. In the *What do I think?* pupil attitude survey 2012, when asked "what do you think of the information and advice you get on drugs?" the results indicated that in Year 6 69.8%, Year 7 65.8% and Year 9 72.3%, of pupils thought that the advice was helpful. Asked the same question for alcohol the results indicated that in Year 6 67.4%, Year 7 62.3% and Year 9 68.1% of pupils thought that the advice was helpful. Asked the question for smoking the results indicated that in Year 6 74.3%, Year 7 70.3% and Year 9 70% of pupils thought that the advice was helpful. This is useful to inform the development of focused approaches to prevention for these age groups.

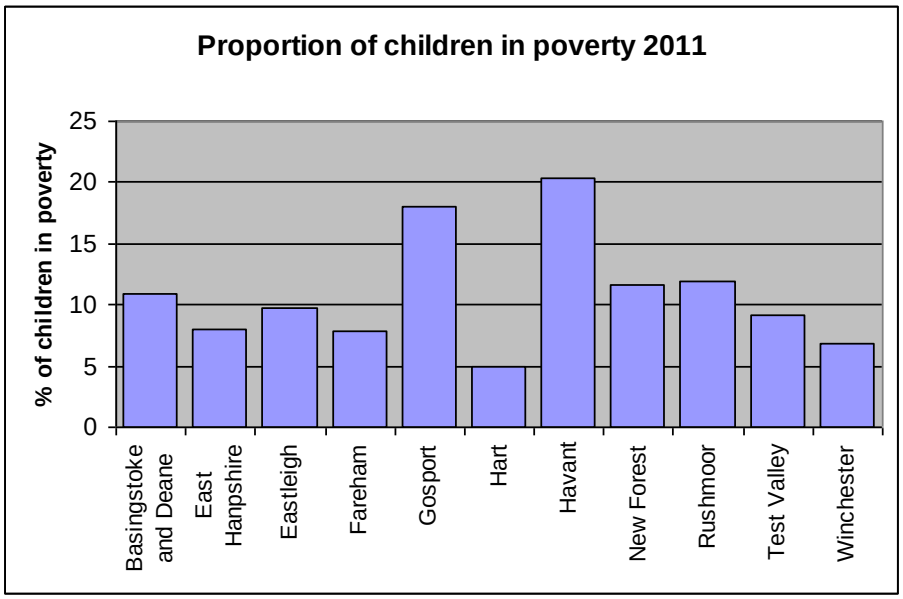
2.14 Children in poverty

Poverty has a profound impact on the growing and developing child, with lifelong implications. A childhood spent in poverty reduces access to the positive experiences and opportunities of other children, exacerbated by the effects of a suboptimal living environment and usually some form of malnutrition. The effects can be life-long, hard to escape and affect every aspect of their future form expectation to achievement and associated health outcomes. Groups at most risk of experiencing poverty include:

- Lone parent families.
- Large families (four or more children).
- Children with parents who are disabled or have mental health problems.
- Children with disabilities.
- Teenage parents.
- Children growing up in social housing.
- Black and minority ethnic children (including Gypsy and Traveller children).

In Hampshire, large areas of affluence mask smaller areas of significant deprivation. However the quantity and impact identified found that the most affected areas were Havant and Gosport (figure 5). There were 29,000 children and young people age 0-15 living in poverty in Hampshire in 2011, which was11.8% of all children in this age group. This compares to 21.7% for England.

Figure 5: Proportion of children in poverty 2011[9]



Source: Department for Work and Pensions and HM Revenue and Customs

Figure 6 shows the proportion of children in families in receipt of out of work benefits at Lower Super Output Area, highlighting areas of poverty within each district in 2008/09.

Hampshire County Council has a Child Poverty Needs Assessment[10] which outlines the actions required to tackle a range of poverty factors based on current need and which informed the Hampshire Children and Young People's Plan (CYPP) 2012-15.

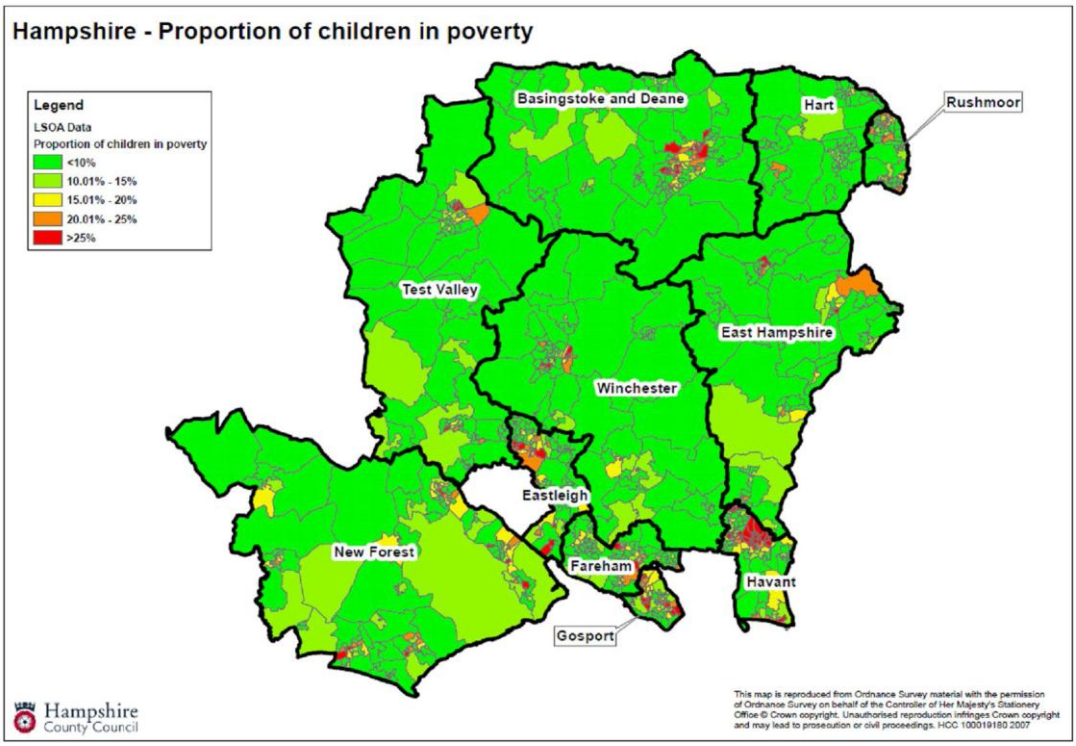
2.15 Safeguarding and children looked after

There continues to be an increase in the demand for social care services. The number of children look after (CLA) in Hampshire increased from 1,015 in 2007/08 to 1,205 in 2011/12. Figure 7 shows the annual number of CLA since 2007/08.

[9] The figures shown use tax credit data to give the percentage of children on low incomes in local authorities. Based on how many families are out of work or on low working incomes, this is not a direct measure of exactly how many children are in poverty on the official definition, but is the closest measure available of local levels of child poverty.

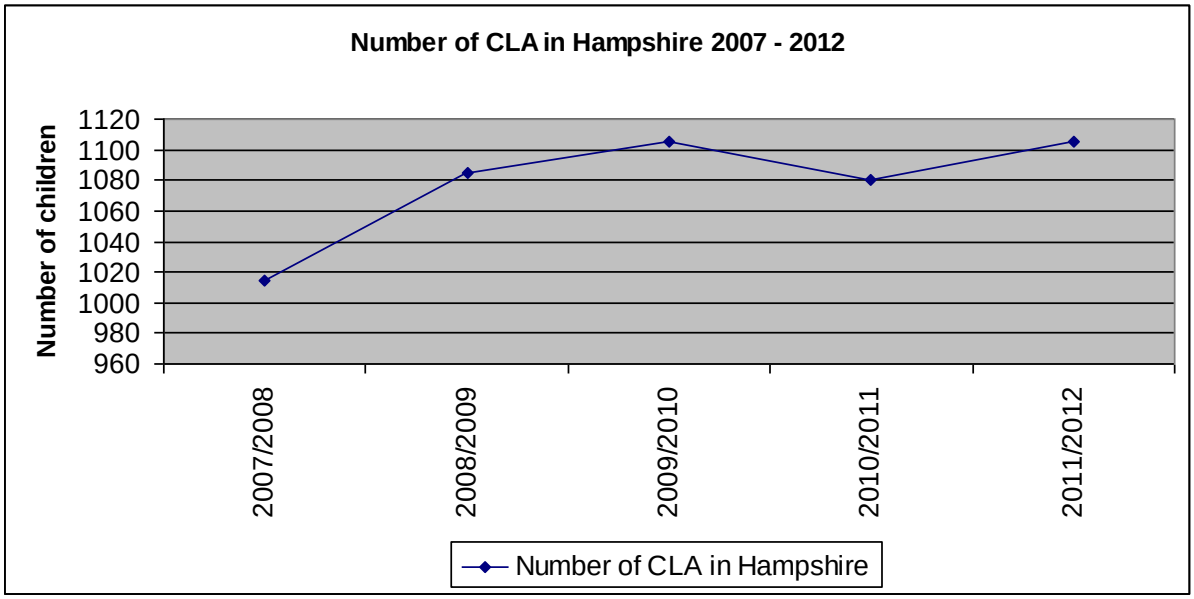
[10] http://www3.hants.gov.uk/child_poverty_needs_assessment_2011.pdf

Figure 6: Lower super output information for the proportion of children and young people (age 0-19) living in families in receipt of out of work benefits (2008/09)



Source: HM Revenue and Customs, August 2008

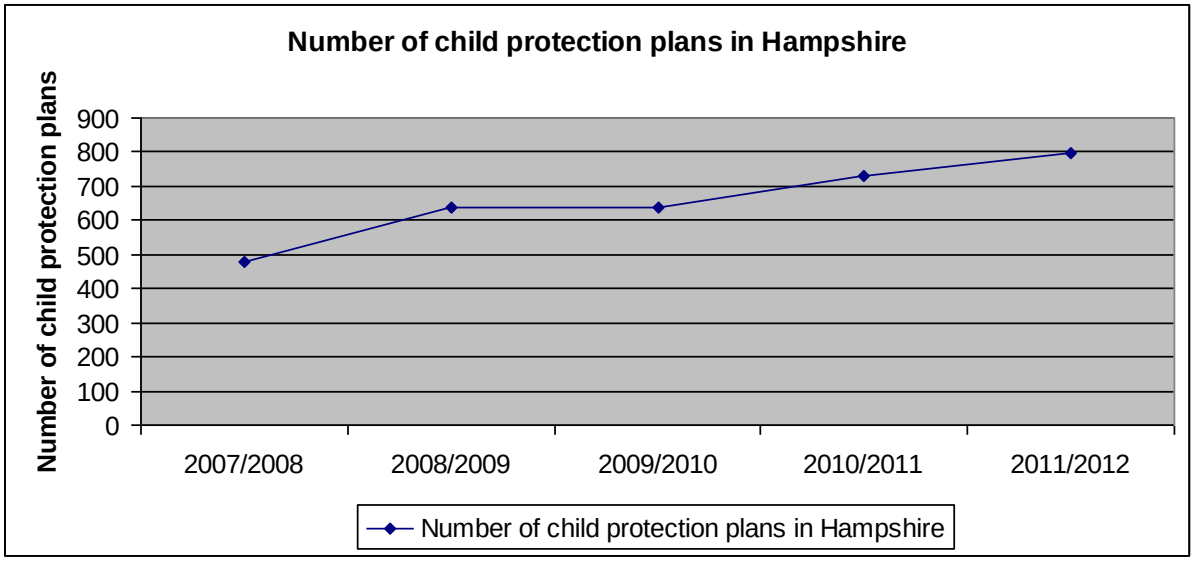
Figure 7: Annual CLA figures for Hampshire



Source: Annual Department for Education children looked after data collection

Figure 8 illustrates the trend in the number of children with a child protection plan over the last five years (some of the most vulnerable children in the county). In 2008/09 figures rose by 36% to 636 children, in 2011/12 the figure has increased to 795 children and young people.

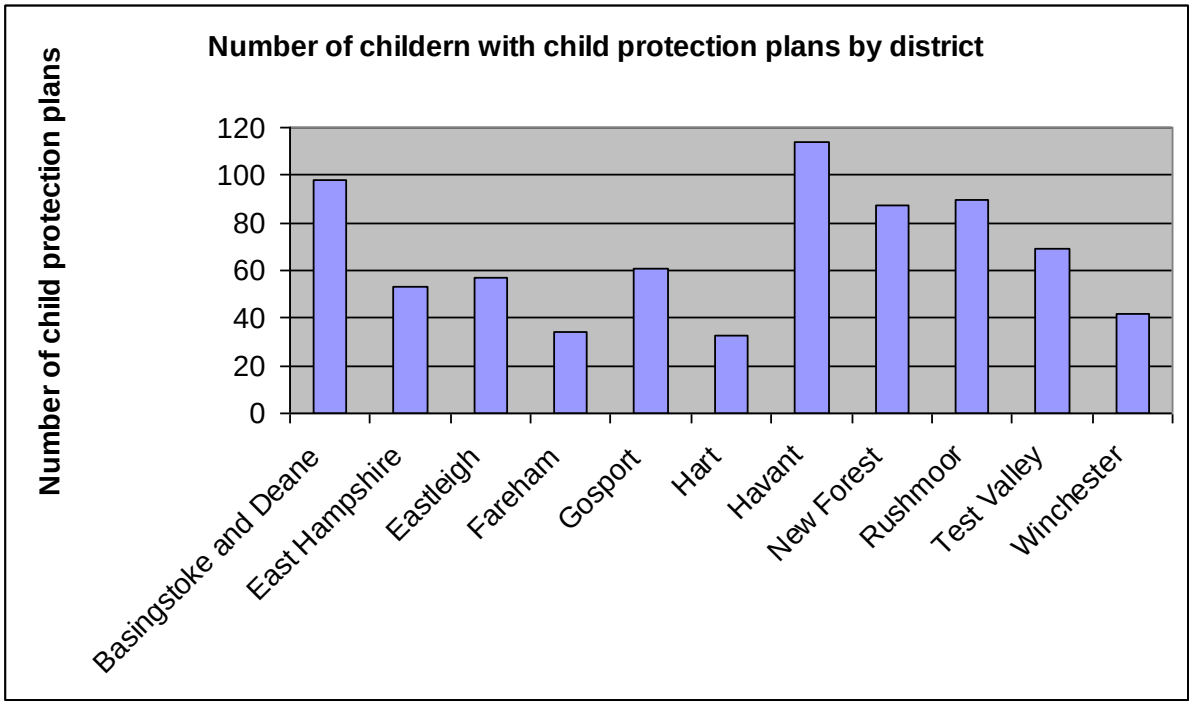
Figure 8: Annual child protection plan figures for Hampshire



Source: Annual Department for Education children in need census

Figure 9 shows the district comparison for the number of child protection plans in 2011/12.

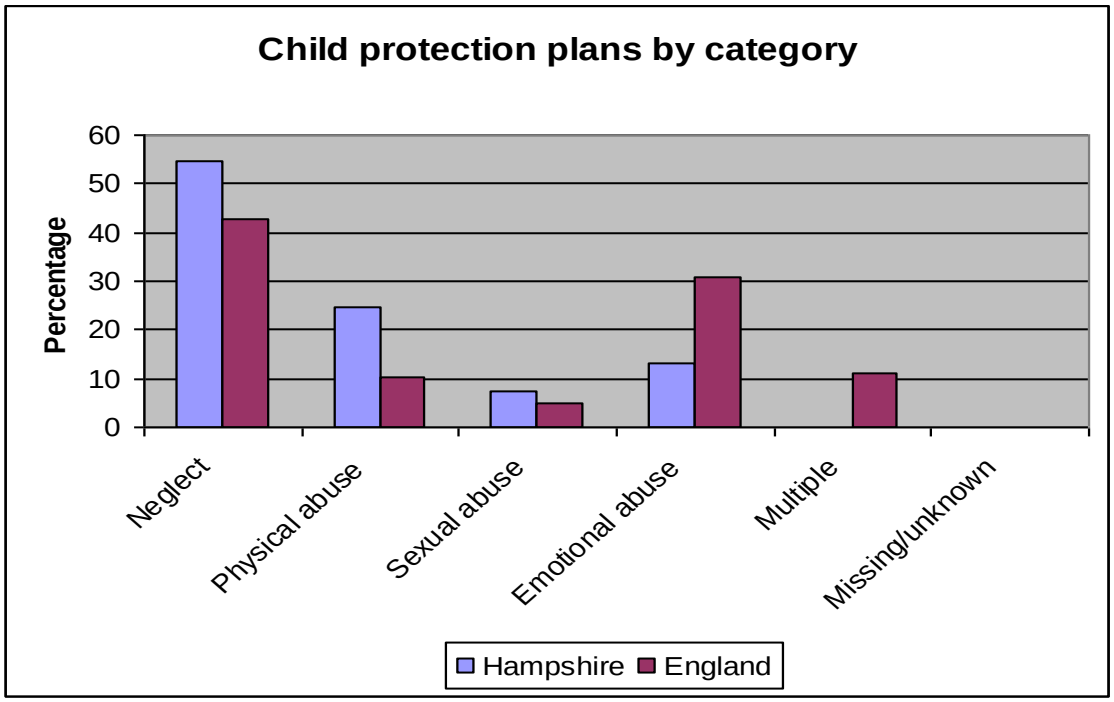
Figure 9: Number of children with child protection plans by district



Source: Annual Department for Education children in need census

The majority of child protection plans in the county are as a result of neglect 54.7%. Figure 10 illustrates the category of abuse which resulted in child protection plans in Hampshire 2011/12. This demonstrated that the proportion of plans identified as due to neglect, physical or sexual abuse is higher than the national average.

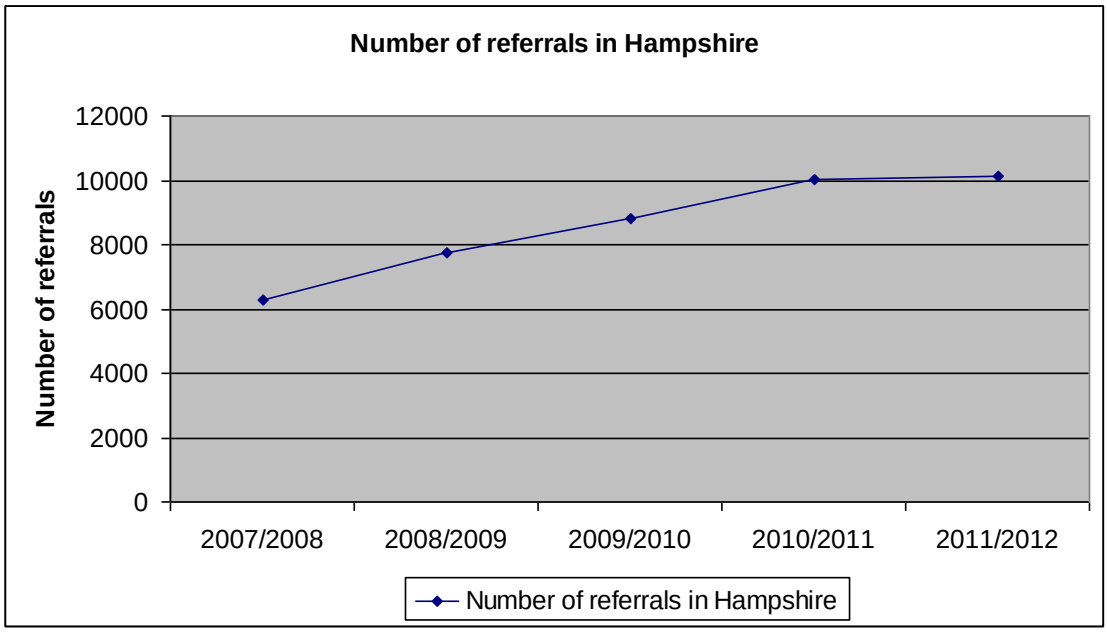
Figure 10: Child protection plans by category



Source: Department for Education: Characteristics of Children in Need in England, 2011-12

The number of referrals has increased sharply over the last three years, rising to 10,136 in 2011/12. Figure 11 shows the pattern of referrals over the last five years.

Figure 11: Number of referrals in Hampshire



Source: Annual Department for Education children in need census

2.16 Domestic abuse

The Hampshire Domestic Abuse Forum undertakes an annual Domestic Abuse Snapshot Survey where agencies record the number of cases during one week in March. During the 2009 survey, 68% of the 2,473 cases reported were identified as being parents or carers of children/young people under 18. Furthermore, 428 cases involved parents or carers who were under 18 themselves. A total of 3,506 children and young people were recorded as being involved in cases during this one week period, which is an increase of 189% from 2008 (when the total number was 1,213). Respondents were aware of 196 cases (8% of total) where the victim of abuse was pregnant.[11]

Further information on the level of domestic abuse is provided in the Social and Environmental Context chapter of the JSNA.

2.17 Young offenders

In Hampshire, the level of first-time offending continues to fall from 1,340 in 2008/09 per 100,000 young people aged 10-17, to 586 per 100,000 in 2010/11, where the England average for the same period is 691 per 100,000.

The number of young people receiving a custodial sentence per 1,000 young people aged 10-17 continues to fall from 0.85 in 2008/09, to 0.36 in 2011/12, where the England average for the same period is 0.82.

2.18 Care leavers

Young people leaving care[12] are at significant risk of social exclusion. Suitable accommodation for care leavers is a vital support for a successful transition to adulthood. In 2011/12, 75.2% of care leavers in Hampshire were in suitable accommodation a slight increase on the 2010/11 figure of 74.4%. Table 6 shows the data at district level but the small numbers can cause significant variations in the statistics.

Following the Southwark judgement in 2009, Hampshire County Council launched the 16/17 in Housing Need Joint working protocol between Children's Services and all 11 Local Authority Housing Departments to create an independent information and advice service for 16 and 17 year olds in housing difficulty. Nine independent Gateway Agencies were established in 2011/12 to have a preventative role and work with young people before they reach crises and require the help of statutory services, they also have the following purposes:

[11] Hampshire Domestic Abuse Forum: Strategic Review Information Pack, April 2010

[12] The definition of a former care leaver is a young person aged 19 who was looked after under any legal status (other than V3 or V4) on 1 April in their 17th year (National Indicators for Local Authorities and Local Authority Partnerships: Updated National Indicator Definitions, 2009).
The definition for suitable accommodation is accommodation that provides safe, secure and affordable provision for young people. It would generally include short term accommodation designed to move young people on to stable long term accommodation, but would exclude emergency accommodation used in crisis (National Indicators for Local Authorities and Local Authority Partnerships: Updated National Indicator Definitions, 2009).

1. To provide a non-statutory service on the premise that most young people do not want, nor need, statutory interventions;
2. To provide one access point in each locality to maximise focus and clarity of access arrangements;
3. To enable better integration /joint working with the wider partnership which is required to maximise prevention options (links with SP providers etc);

Monitoring of the services is carried out internally to improve the effectiveness of the services.

Table 6: District level information for of care leavers in suitable accommodation

District	2011/12*
Basingstoke and Deane	80.0%
East Hampshire	N/A
Eastleigh	N/A
Fareham	83.3%
Gosport	70.0%
Hart	N/A
Havant	100.0%
New Forest	100.0%
Rushmoor	N/A
Test Valley	N/A
Winchester	83.3%
Hampshire	**75.2%**

**N/A applies to those districts where the cohort is nil or less than five*
Source: Annual Department for Education children looked after data collection

2.19 Young carers

Young carers[13] are relied upon to undertake caring which affects negatively on their own development, well-being and education. This has both an immediate effect and effects their life-long prospects and outcomes.

A national study by The Children's Society, Hidden from View, 2013 reveals how young carers are gaining fewer qualifications and are therefore less likely to earn a decent living. Many young carers come from hidden and marginalised groups, including children caring for family members with mental illness or a substance dependency. This group of young carers was not captured in the latest census.
Children must be allowed to thrive and enjoy their childhoods, not be relied upon to take caring roles that are often inappropriate.

[13] 'The term young carer should be taken to include children and young people under 18 who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances… a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances' Definition from the LSYPE Survey - ADASS, ADCS and The Children's Society (2012), Working together to support young carers and their families, http://www.adcs.org.uk/download/position-

Key facts:

1. One in 12 young carers is caring for more than 15 hours per week.
2. Around one in 20 misses school because of their caring responsibilities.
3. Young carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
4. Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
5. The average annual income for families with a young carer is £5000 less than families who do not have a young carer.
6. There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.
7. Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
8. Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

There has been a 20% increase from the 2001 Census from 139,000 to 166,363 in 2011, in the number of identified children and young people in England, who are caring for their parents, siblings and family members. Many young carers remain hidden from official sight for a host of reasons, including family loyalty, stigma, bullying, fear of being taken into care and not knowing where to go for support. Some young carers are as young as five years old. However, the new census figure is still widely believed to not reflect the true scale of the problem. The census asked parents rather than children to complete the questionnaires and made no mention of the possible range of conditions where caring might be required, such as mental ill health, HIV and substance misuse.

In 2010, a BBC and University of Nottingham survey suggested there could be four times more young carers than the official census figures in 2001 showed 700,000 young carers in the UK approximately.

It is vital to know more detail about the nature of caring responsibilities, especially which young people are caring. The 2011 Census showed a fairly even split between the number of young people caring who were aged between 10 and 14 (41%) and those aged between 15 and 17 (46%). This is similar with the findings from the previous census in 2001. However, one in eight young people caring were under the age of ten, which is an increase from 2001.

2.19.1 Young carer figures in Hampshire

The 2011 census figures released for Hampshire relate to 0-24 year olds, a breakdown of ages within this category is expected to be released from the Office of National Statistics. However the figure for Hampshire has doubled since the 2001 census, from 3,300 carers aged 0-24 years in 2001 to 7,604 in 2011. Support for young carers has increased considerably since 2001 and this may have encouraged more parents to report their child as a young carer in the 2011 census.

Hampshire schools complete a census of pupils twice yearly; the recording of young carers was implemented in 2012. Table 7 shows that young carers make up 0.5% of pupils within Hampshire schools. The schools figures are capturing 11% of the total number of carers aged 0-24 in Hampshire.

Hampshire County Council contributed £147,000 to ten young carers' projects in 2013/14 towards the cost to deliver and run activities, support groups, peer support groups and give direct support to young carers. Seven young carers projects are also funded by the Big Lottery to provide schools and family support to young carers, these seven projects have reported supporting 1,293 young carers from 1st October 2011 to 31st March 2013 which is 17% of the number of carers across Hampshire aged 0-24 years.

Schools who are being supported by those projects receiving Big Lottery funding have seen a 90% increase in educational attainment and 100% increase in the well being of young carers. This remains an area of focus for Hampshire County Council.

Table 7 District level information for the number of young carers as a percentage of the total Hampshire school population

District	Total pupils on roll	Number of Young Carers	% Young Carers
Basingstoke & Deane	22378	150	0.70%
East Hants	14521	26	0.20%
Eastleigh	16660	112	0.70%
Fareham	15233	63	0.40%
Gosport	10691	77	0.70%
Hart	13277	5	0.00%
Havant	14945	81	0.50%
New Forest	21182	80	0.40%
Rushmoor	10799	22	0.20%
Test Valley	14604	123	0.80%
Winchester	14394	128	0.90%
Total	**168684**	**867**	**0.50%**

Source: Autumn 2012 school census data

2.20 Children with learning difficulties and/or disabilities

Disabled children and their families constitute one of the most vulnerable groups in Hampshire. Defining and measuring the landscape of childhood disability is challenging due to the lack of an agreed definition across health, education and social care domains, with no single definition being complete. Despite this ambiguity, there is consensus amongst paediatricians, social services managers and educationalists that the population of children accessing services is increasing, as is the complexity of physical disability and complex health need.

Overall, estimates of the numbers of disabled children in Hampshire range from 3,000 to 50,000 depending on the source and the way in which disability is defined.

Around 7,040 children aged 0-17 years were disability living allowance (DLA) claimants in August 2012.

The term SEN refers to children and young people who have learning difficulties and/or disabilities that makes learning or access to education more difficult than children of the same age. A SEN document is a legal document that sets out a child's needs and the extra help they should receive. Based on the March 2013 Hampshire School Census, 2.6% (4,364) of Hampshire school pupils were recorded as having special educational need (SEN) statements, 10.3% (17,459) were in need of school action (SA) support and 4.2% (7,152) were recipients of school action plus (SAP) support. However statements of special educational needs or disabilities that affect a child's ability to learn would not be restricted to just physical disabilities and could include:

- Behavioural/social (eg difficulty making friends).
- Reading and writing (eg dyslexia).
- Understanding things.
- Concentrating (eg Attention Deficit Hyperactivity Disorder).
- Physical needs or impairments.

Child and Maternal Health Observatory (ChiMat)[14] data indicate increased emergency activity for asthma, diabetes and epilepsy since 2003/04 in Hampshire. Paediatric intensive care activity in Hampshire has risen by 28% from 305 admissions in 2007 to 391 in 2011. Although there is a lack of accurate information on the number of technology-dependent children with complex physical disability, it is clear that the population of technology-dependent children in Hampshire is growing, gauged from increasing NHS activity. Basingstoke and Deane (41,281 children), the New Forest (36,495 children) and Eastleigh (29,646 children) have the highest numbers of children and young people and proportionally, would be expected to have the highest numbers of disabled children.

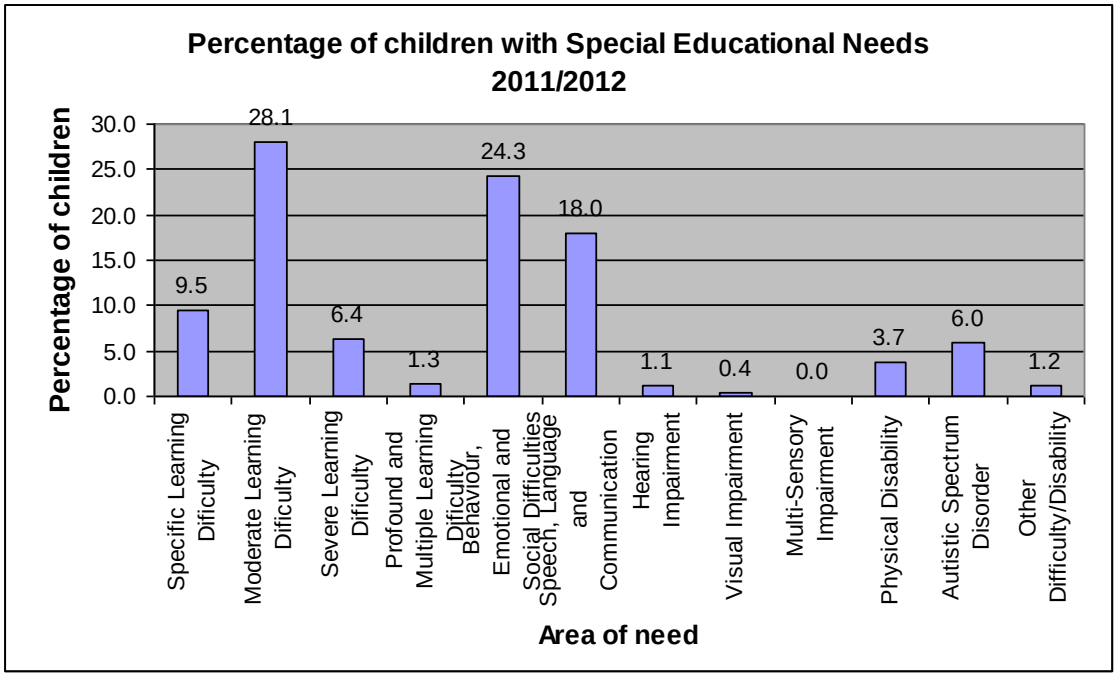
Several factors are responsible for a projected increase in the number of disabled children and young people, including Hampshire's rising birth trend (14.4% rise, from 13,320 in 2000 to 15,238 in 2011), increasing births at maternal age extremes, multiple pregnancies, assisted reproductive technology and preterm births, leading to poor birth outcomes, low birth weight, prematurity, genetic abnormalities, sensory deficits, learning difficulties, respiratory illnesses and cerebral palsy.

The epidemiology of physical disability in children is changing and presents several issues. Medical advances have led to growing numbers due to better survival but with a greater complexity of needs. The increase in life expectancy for these children and young people with complex disabilities has significant implications for transitional and subsequently adult care. Emphasis on community based care has shifted the focus of care delivery away from institutional care settings. Children and families affected by complex physical disability face a range of health inequalities. Medical and allied health professional training in disability related specialties is evolving. Increased parent and carer involvement in the management of their disabled children, has led to better service provision but also to higher expectations.

[14] http://www.chimat.org.uk/

Figure 11 illustrates the type of SEN for pupils with statements or at School Action Plus in Hampshire, illustrating that the most common type is moderate learning difficultly (28.1%) and the second most common type is behavioural, emotional and social difficulties (24.3%).

Figure 11: Types of SEN among Hampshire pupils



Source: Department for Education Special Educational Needs in England

2.21 Educational attainment

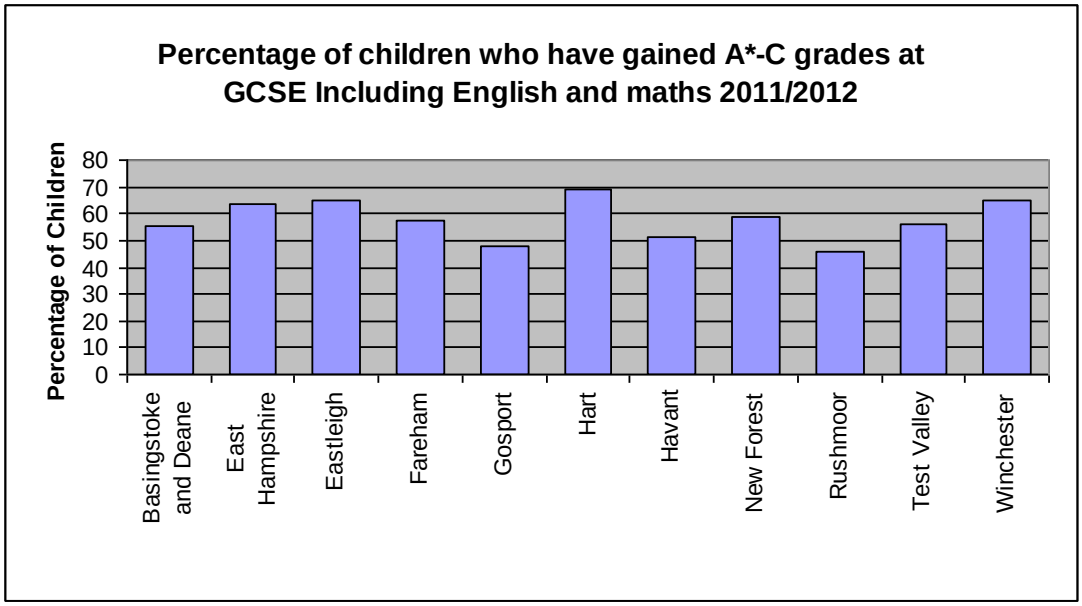
Educational attainment is one of the most important determinants of future health outcomes. Hampshire County Council is responsible for the education of all children and young people in Hampshire and had a statutory responsibility to plan, fund and deliver education and training opportunities for young people and learners up to the age of 25 for those with learning difficulties and/or disabilities.

In 2011/12 achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales had increased to 64% in line with the English average.

Schools are required to report attendance and absence rates on a termly basis, with targets to reduce the percentage of persistent absence in secondary schools (defined as pupils missing 15% of available sessions). The trends in Hampshire are positive as the percentage of persistent absence was 7.9%, 2010/11 decreasing to 7% in 2011/12. The rate of permanent exclusion from Hampshire school was 0.04% in 2010/11 compared with an English average of 0.07%.

In 2011/12, 58.5% of pupils achieved five or more GCSEs at grade A*-C including English and maths, which is a decline on pervious years 60.8% and slightly lower than the 59.4% England average. Figure 12 provides the results at district level.

Figure 12: District level information for pupils achieving five or more GCSEs (or equivalent) at grade A*-C, including English and maths



Source: Department for Education

Hart remains the best performing district although attainment fell slightly. Rushmoor remains the worse performing district but does show a slight increase from 2010/11. Basingstoke and Deane also shows a slight increase in a year when attainment was general slightly worse.

The percentage of 19 year olds achieving a Level 3 qualification is 59.9% 2010/11 compared to an English average of 56.7% for the same period.

2.21.1 Educational attainment of children looked after

Most of Hampshire's children and young people achieve good academic outcomes, but there are gaps in attainment amongst some vulnerable groups, particularly children looked after (CLA).

Improvements have been evidenced in GCSE attainment for CLA including achieving five or more GCSEs at grade A*-C including English and maths. The results show an improvement from 7.6% in 2010/11 to 9.2% but this remains significantly below the England average of 14.6% and is being focused on, with Hampshire County Council working in partnership with schools.

2.21.2 Educational attainment of children with Special Educational Needs

The gap between the percentage of pupils with special educational needs (SEN) and their peers in achieving five GCSEs at grade A*-C, including English and maths, has slightly improved as the achievement gap was 50% in 2011/12 compared with 53% in 2009/10 (Table 8).

Table 8: District level information for the achievement gap between pupils with SEN and their peers achieving five or more GCSEs (or equivalent) at grade A*-C, including English and maths

District	2010/2011	2011/2012
Basingstoke and Deane	48.7%	47.4%
East Hampshire	48.5%	55.2%
Eastleigh	52.5%	53%
Fareham	60.9%	57.7%
Gosport	54.3%	49.1%
Hart	52.2%	42.9%
Havant	47.3%	50%
New Forest	48%	49.5%
Rushmoor	45.1%	42%
Test Valley	46.4%	45.6%
Winchester	50.9%	49.5%
Hampshire	**50.9%**	**50%**
England	**46.8%**	**46.1%**

Source: Department for Education

2.21.3 Educational attainment of pupils eligible for free school meals

Children and young people eligible for free school meals live in families in receipt of income support; Jobseekers Allowance; and/or tax credits. A measure for identifying whether children in receipt of free school meals are achieving good outcomes is the attainment gap between these pupils and their peers as well as the percentage who attain 5+A*-C grades including English and mathematics. The gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stage 2 reduced to 22% in 2011/12. The gap in achieving five GCSEs A*-C grades including English and mathematics was 35% in 2011/12 and the A*-C (EM) pass rate for these children stands at 26.1%, less than half that of the whole cohort.

2.21.4 Educational attainment of Black and Minority Ethnic pupils

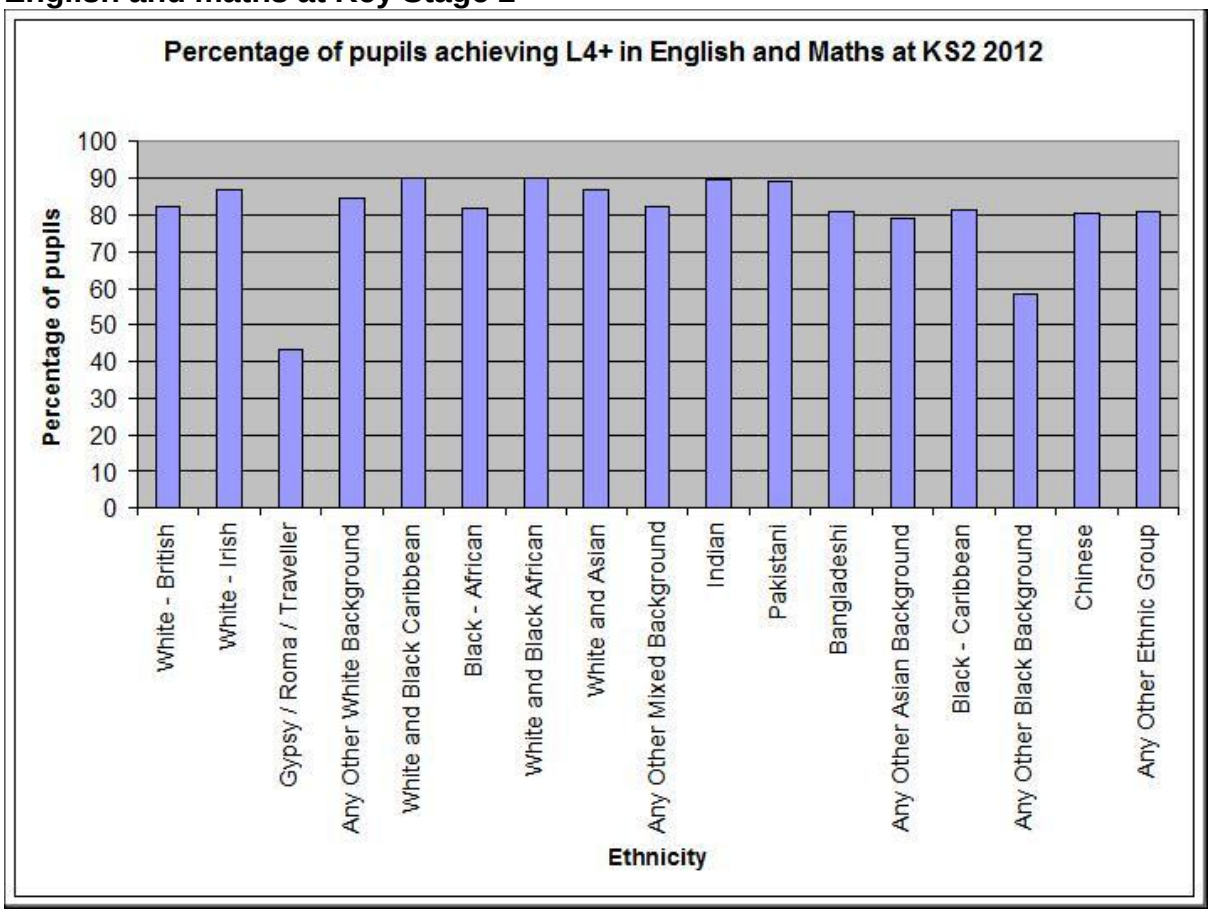
Academic results for Black, Minority Ethnic (BME) and Traveller groups are collected, analysed and reported on by Hampshire Ethnic Minority and Traveller Achievement Service annually. A summary analysis comparing the attainment and progress of BME and non BME is carried out in addition to more detailed analysis of attainment within individual groups.

Educational outcomes for pupils from Black and Minority Ethnic (BME) groups, particularly those for whom English is an additional language (EAL), are improving overall, particularly in primary schools. The gap between the Hampshire BME and Traveller cohort and Hampshire 'All' cohort, has closed at Key Stage 1 (age 7) for reading and writing and is narrowing for speaking and listening and mathematics (percentage achieving Level 2 and above). The gap has also closed at Key Stage 2 (age 11) in the percentage of children achieving Level 4 and above in both English and Mathematics. There is still some variation in attainment between individual BME

and Traveller groups, however there is significant improvement particularly for Gypsy Roma and Traveller pupils whose attainment increased by 12% from 2011 to 2012.

Figure 13 illustrates the results for the ethnic groups where the percentage of pupils achieving five GCSEs (or equivalent) at grade A*-C, including English and maths was published for 2011/12.

Figure 13: Percentage of black and minority ethnic pupils achieving Level 4 in English and maths at Key Stage 2



Source: Department for Education

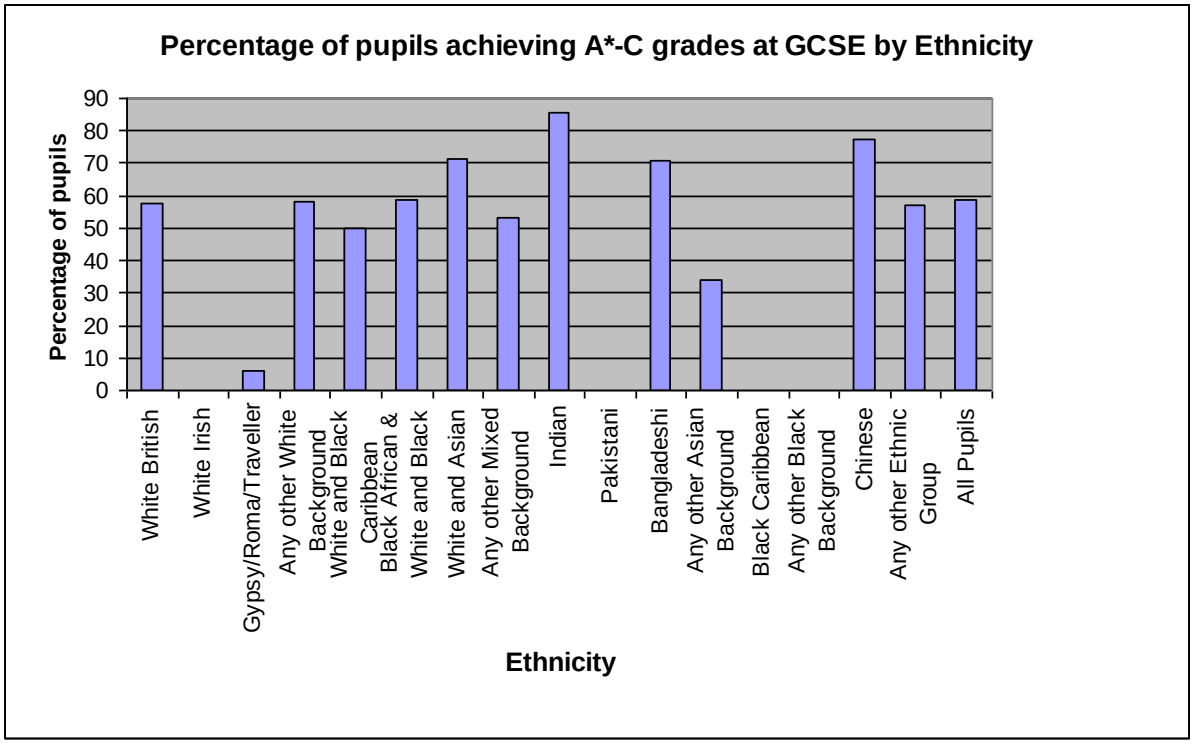
At Key Stage 4 (age 16), attainment is measured by the percentage achieving five or more GCSEs (or equivalent) at grade A*-C, including English and maths. However results for some groups are not published due to the cohort size being below threshold.

Although the BME and Traveller cohort is now only 1% below the Hampshire 'All' cohort, there is a continued need to focus on those groups for whom targets are currently set. There is still significant variation between individual ethnic groups.

Some pupils, particularly those from Traveller heritages, are at risk of facing barriers to participation, or experiencing prejudice and discrimination because of their ethnic background. Drop out rates from secondary school for pupils from Gypsy, Roma and Traveller groups continue to be high, particularly during years 8 and 9. Of the pupils from these groups who transfer from Year 6 to Year 7, around 50% drop out before

Year 11. Figure 14 illustrates the results for the ethnic groups where the percentage of pupils achieving five GCSEs (or equivalent) at grade A*-C, including english and maths was published for 2011/12.

Figure 14: Percentage of black and minority ethnic pupils achieving five or more A*-C grades at GCSEs including English and maths



Source: Department for Education

The graph shows that pupils from Chinese, Bangladeshi, Indian and Mixed White and Asian heritages performed above the county average (58.5%). As numbers are small in many groups, it is important to look at trends over time. For example, despite the fact that pupils from White and Black Caribbean backgrounds performed below the county average, their achievement represents a rise of 33.2% from 2010/11 to 2011/12.

2.22 Post-16 education, employment and training

Partnership working across providers ensures that a variety of learning opportunities are available for young people who now must continue in education or training until the end of the academic year in which they turn 17 from 2013 and until their 18th birthday from 2015. Developments in the 14-19 education reflect the strength of partnership working across Hampshire, driven through the 14-19 consortia (education providers; voluntary sector; and Education Business Partnerships).

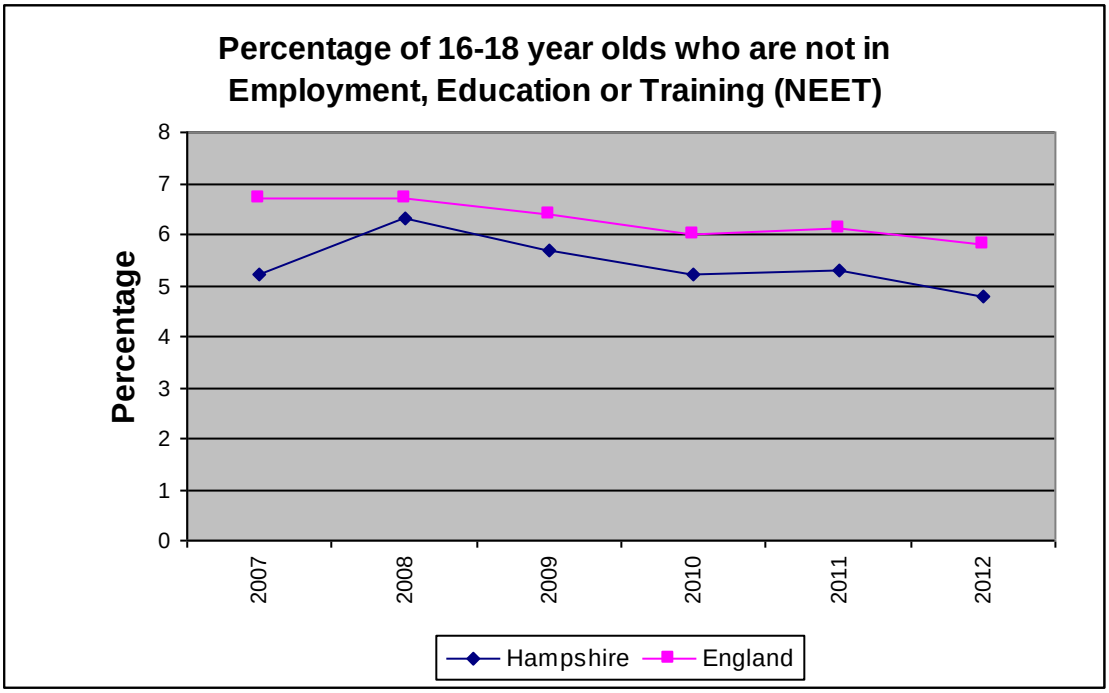
Hampshire has seen an increase in the percentage of 17 year olds in education or work based learning from 77.8% in 2011 to 86.2% in 2012.

2.2.2.1 16-18 year olds not in employment, education or training

As a result of recession, the number if young people not in education, employment or training (NEET) increased in Hampshire reaching a high of 6.3% in 2008 (below the

national average of 6.7%). This number has been steadily falling and in 2011 had fallen to 5.3% (national average 6.1%) (figure 15).

Figure 15: Annual NEET figures



Source: Department for Education

To support youth participation and employment, Hampshire County Council, working with colleges, training providers, and other agencies, has developed and funded a range of engagement and employability initiatives. At the core of these is the "Hampshire Youth investment" programme, which will see 1,000 youth employment opportunities created, the majority in the form of an Apprenticeship.

Care leavers in employment, education and training
The proportion of care leavers in employment, education or training in Hampshire fell to 43% in 2010/11 and now stands at 46.2% in 2011/12 which is below the England average of 57.8%.

2.23 Children of Armed Forces personnel

Hampshire has a wide range of the Armed forces with approximately 22,000 serving personnel stationed in Hampshire (including Portsmouth). The Army has units at Aldershot (Rushmoor), Bordon (East Hampshire), Middle Wallop (Test Valley), Minley (Hart) and Winchester; the only dedicated Army port in the country at Marchwood (New Forest); and the headquarters of the UK Land Forces is based in Andover (Test Valley). The Royal Navy has its headquarters and a major port based in Portsmouth and RAF Odiham (Hart) is the home of three helicopter fleets.[15]

[15] The Economic Significance of Military Activity in Oxfordshire and Hampshire Economic Area: Technical Report, 29 September 2011

The school pupil census figures show the distribution of service children which reflects the location of key bases (table 9). The biggest increase remains in the New Forest which recorded a 65% increase from 2008 to 2010, and now a 46% increase from 2010 to 2012. East Hampshire is showing a decrease.

Table 9: number of service children on roll in Hampshire schools

District	2010	2011	2012
Basingstoke and Deane	19	32	44
East Hampshire	411	352	359
Eastleigh	77	90	101
Fareham	913	930	936
Gosport	1084	1172	1158
Hart	496	548	544
Havant	252	294	284
New Forest	202	267	295
Rushmoor	975	1066	987
Test Valley	502	560	571
Winchester	258	363	370
Total	**5189**	**5674**	**5649**

Source: School pupil census, March 2013

Service children outperformed the general school population in 2011/12 with 64% achieving five or more GCSEs A*-C, including English and maths against 58.5% for the both all Hampshire children and for the non-service children, and higher than the England average of 59.4%.

The true number of service children in the county is unknown as:

- The school pupil census only includes children aged 4-16, the number aged 0-4 or 16-18 is unidentified;
- Parents can choose not to identify their child as being from a service family in the school pupil census;
- A proportion of service children do not attend local authority maintained schools – it is estimated that around 650-700 children with parents living in Hampshire attend boarding school. However there was a MOD review of eligibility for the boarding school allowance so there may be an impact on number of service children attending local authority schools.

In 2015/16, 17,000 troops currently based in Germany will return to the UK with a large number moving into Hampshire. Hampshire County Council is in discussion with the Ministry of Defence and detailed planning will begin once further details of how many and where families will be based.

3. Projected service use and outcome in 3-5 years and 5-10 years

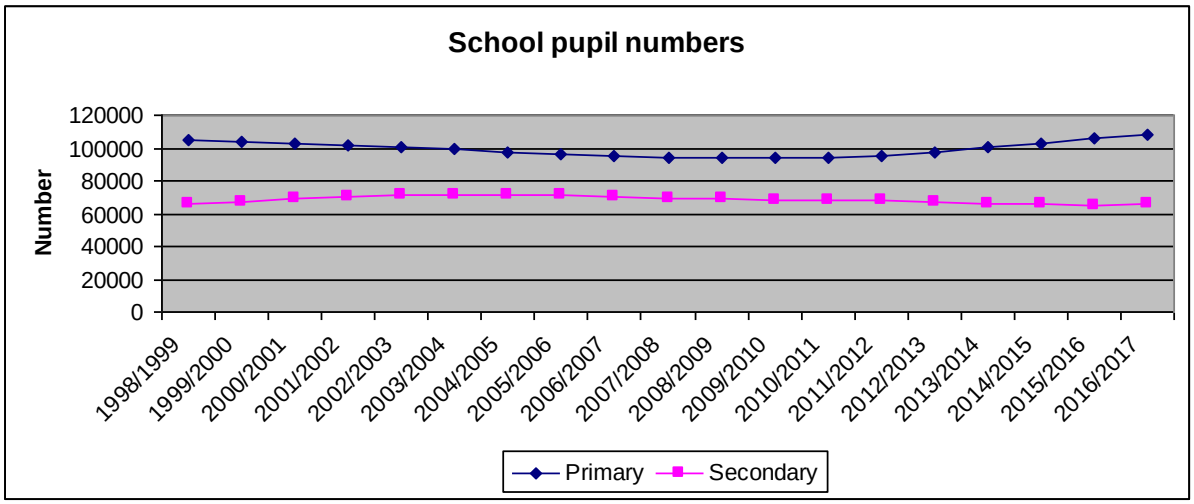
3.1 Universal services

The proportion of the population that is made up of young people in Hampshire is forecast to decline marginally, with those under 19 accounting for almost 21% of the population by 2016 compared to 23% currently. Despite this, actual numbers of

young people will not decrease, with Hart, Basingstoke and Winchester showing an increase in 5 to 19 years olds.

Figure 16 illustrates the trend in pupil numbers since 1998/99 with forecasts to 2015/16. Following a decline in past years primary school numbers now show a year on year increase, reaching over 100,000 in 2013/14. Secondary school numbers show a year on year decline but this will reverse once the growth in primary numbers works through in 2016/17 and beyond.

Figure 16: School pupil numbers



Source:

The County Councils School Places: framework and analysis 2012-16 ensures that an appropriate balance between supply and demand is secured, in line with population projections and plans for housing development.

3.2 Increased demand for safeguarding services

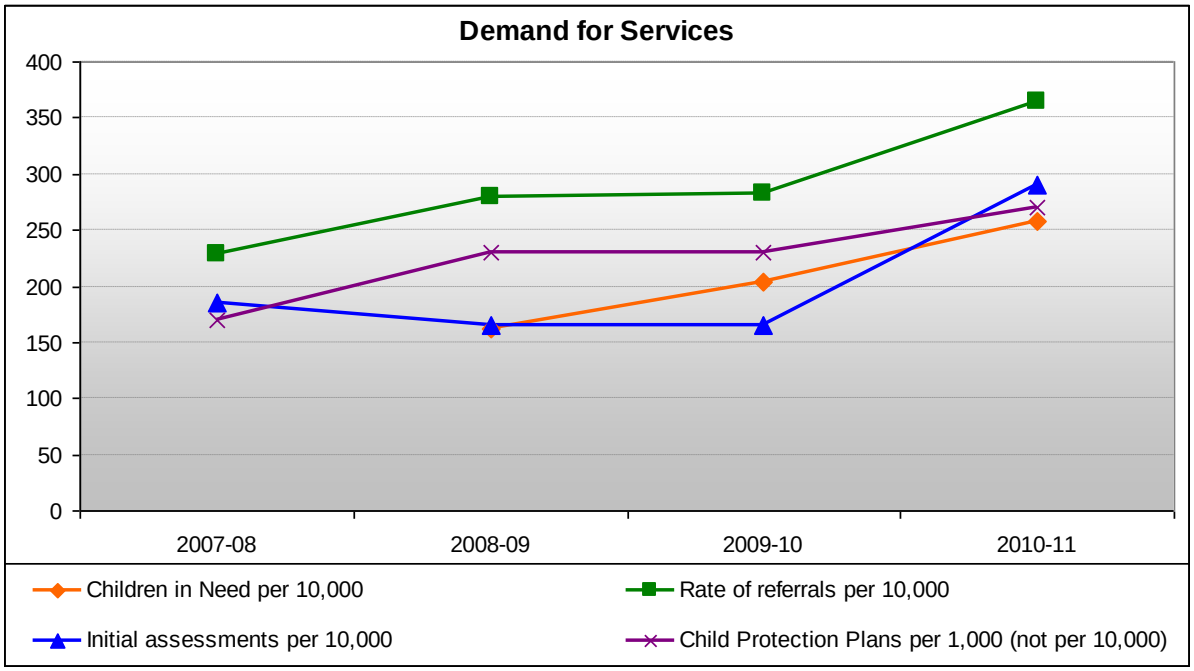
Since 2007 a number of factors have combined to increase demand for social care services which is illustrated in figure 17.

In summary, between 2007/08 and 2010/11:

- The rate of child in need per 10,000 population of children and young people increased by 58.1%
- The rate of referrals per 10,000 increased by 60.6%
- The rate of initial assessments per 10,000 increased by 56.6%
- The rate of Child Protection Plans (CPPs) per 10,000 increased by 58.8%, which reflects a 26.7% increase in the rate of new CPPs

As the numbers requiring services is predicted to continue at an increased level it is vitally important that we address this through preventative and early intervention services. Therefore Hampshire County Council working with The Children's Trust and partners will develop a comprehensive early help offer.

Figure 17: Demand for safeguarding services



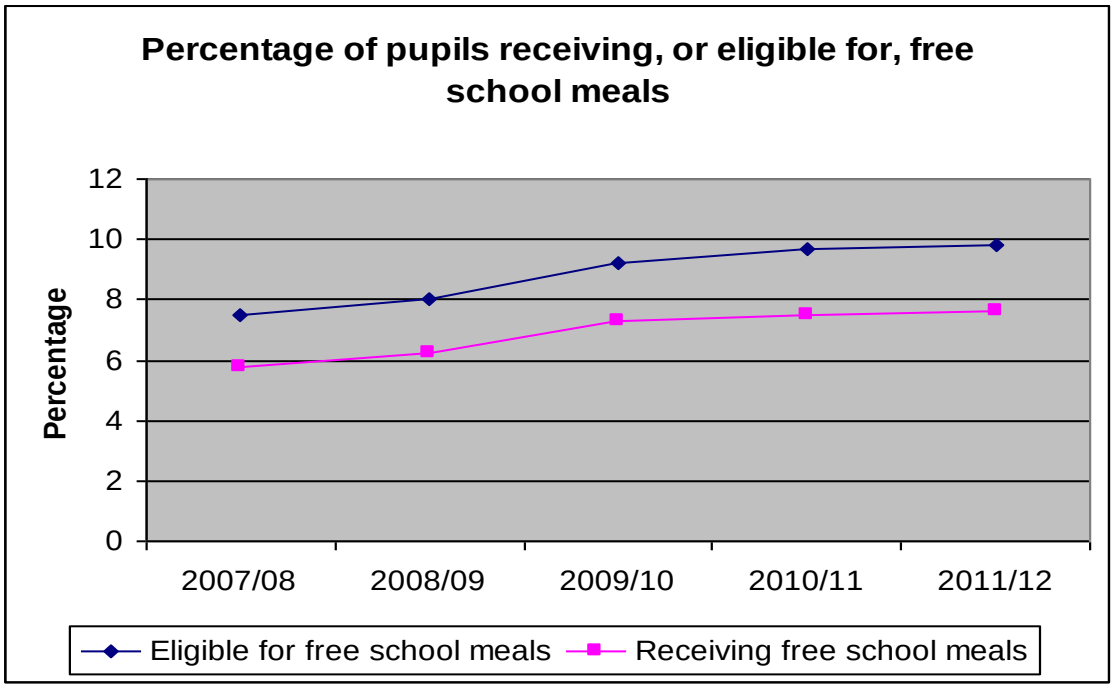
Source:

3.3 Impact of economic downturn

The recession has clearly increased demand for some services for children and young people. The full extent is difficult to assess as there is a two year delay in the publication of data for the proportion of children in poverty (as measured by those living in families in receipt of out of work benefits). However the number of children eligible and receiving free school meals continues to increase from 2007/08 to 2011/12 as illustrated in figure 18.

The economic downturn has had a significant impact on employment prospects for Hampshire's young people, with an increase in the number of 16-18 year old NEET which peaked in 2008. This number has been steadily falling and in 2011 had fallen to below the national average. It seems likely that the recession has also contributed to the increase in demand for safeguarding services as detailed previously.

Figure 18: Free school meals



Source: Department for Education

4. Current services in relation to need

4.1 Hampshire Children's Trust and Local Children's Partnerships

The statutory requirement for local authorities to have in place a Children's Trust and to produce a Children and Young People's Plan (CYPP) has been removed, but Hampshire County Council and partners remain committed to this model of partnership working. Hampshire Children's Trust represents all those working for, and with, children, young people and their families and is responsible for developing and promoting integrated front-line delivery, centred around the child, young person or family. At community level this approach is facilitated by Local Children's partnerships (LCPs), who are responsible for delivering the CYPP in their local areas. LCPs utilise their local knowledge to bring services together to meet the needs of local children and families. In doing so, they have a key role in developing early help services in their communities. LCPs also play an important part in sharing understanding of local need and helping to ensure resources are directed to where they are needed most.

The CYPP is a strategic document which does not seek to capture every service or initiative but provides a strategic framework for local activity, setting a shared sense of purpose and direction.

4.2 Families with multiple problems

This is an area of focus nationally, with the government asking local authorities to identify and support families who have a number of problems. It is estimated that there are 1,590 families in Hampshire with multiple problems such as; parents/carers not in work; parents/carers with mental health problems; children not attending school; crime and anti-social behaviour. Rather than working with individual

problems as they emerge, a plan of action will be developed with families which will aim to improve school attendance, reduce anti-social behaviour and support parents/carer into work.

4.3 Early Help

Providing early help is key to supporting families to break out of the cycle of poor outcomes, protect children from harm and maximise their opportunities to experience supportive relationships, to enable them to achieve during their time at school. Early help crosses the full range of services for children, young people and families;

- Universal services identify risk, promote resilience and ensure that families know how they can access further information and support.
- Targeted services provide timely access to high-quality services, based on knowledge of what works and targeted to address identified risks or issues.
- Specialist services provide high-quality specialist support for families facing specific and potential multiple problems.

The benefits of this approach are well evidenced, providing help early; can significantly improve overall life outcomes for families. It can mean the difference between educational success and failure. It can also mean the difference between a child staying at home, or entering the care system.

4.4 Schools and colleges

Hampshire's schools and colleges provide a good start for children and young people, with an increasing number judged good or better by Ofsted.

Table 10 - Proportion judged as *good* or *outstanding*

	December 2011	**Latest inspection judgement as at March 2013**
Children's Centres	100%	100%
Primary	70%	82%
Secondary	70%	71%
Special	70%	85%

The Girl Talk, Boy Talk programme, a single sex 6 week SRE programme for young people has been targeted at young people who are at risk of becoming teenage parents. This has been run in schools and youth settings where there is a high rate of teenage conceptions or an identified need. The programme is delivered by trained practitioners from Health, Education, YSS commissioned providers and Voluntary Organisations. Where possible specialist sexual health outreach nurses have attended part of the programme to give young people the opportunity to meet the nurses and increase their knowledge and confidence to access sexual health services. Young people's evaluations have been positive with young people accessing long acting reversible contraception (LARC), emergency hormonal contraception, pregnancy and Chlamydia testing and condoms as a direct result of the programme. Where the programme has been run in schools, schools have requested funding or training to enable future programmes to run.

4.5 Sure Start Children's Centres

Children's centre services are offered at 81 geographical locations across the county. Children's centres aim to give every child the best possible start in life. Their core purpose is to improve outcomes for young children and families and reduce inequalities. Activities identify, reach and help the families in greatest need to support:

- Child development and school readiness: supporting personal, social and emotional development, physical development and communication and language from pre-birth to five.
- Parenting aspirations and skills: so that parents/carers are able to give their child the best start in life.
- Child and family health and life chances: promoting good physical and mental health for children and their families, supporting parents and carers to access education, training and employment, and addressing risk factors so that children are safe.

Two "mobile" centres ensure that services are fully accessible in the rural areas of east Hampshire and the New Forest; and also target some of the most vulnerable children and families.

4.6 Family support

Families in Hampshire are able to access a wide range of support in a variety of settings which is currently being mapped and aligned with LCPs. As a result, Locality Teams will be responsible for co-ordinating targeted, evidence based intervention activities and acting as the main point of contact to ensure that families can access specialist services, delivery partners and services, including early years settings; children's centres; home school link workers; Parent Support Advisers; Behaviour Support team; and integrated Youth Support Services.

4.7 Safeguarding services

Keeping children and young people safe is a key priority for all partners. Hampshire has promoted a robust and consistent understanding of the thresholds for statutory services, through Threshold Charts and Guidance for Thresholds of Statutory Intervention. The common level of knowledge supported by these reference documents helps to ensure that the most vulnerable children and young people receive support as soon as possible.

Hampshire County Council is committed to improving outcomes for children and young people at risk or in care, in line with the national frameworks. Hampshire County Council and The Children's Trust share responsibility for ensuring the best outcomes for these children and young people. Safeguarding services and services for children in care are provided through a co-ordinated approach, based on need and multiagency arrangements. Hampshire Safeguarding Children Board co-ordinated the work of all partners with responsibility for safeguarding and promoting the welfare of children.

4.8 Phase 2 of the Hampshire SEND Pathfinder

The Special Educational Needs and Disability (SEND) Pathfinder has now started the second phase of the programme which will run until September 2014. Phase 1 concluded on 31 March 2013 and enabled the Pathfinder to test proposals set out in the Government's Green Paper of 2011 with local families, such as more person-centred approaches, which helped inform Hampshire County Councils thinking. Phase 2 provides opportunity for further trials with families to continue to shape Government proposals for the Children and Families Bill. The purpose is to replace the existing statement of special education needs (SEN) and section 139a learning difficulty assessments with an integrated Education, Health and Care Plan (EHCP) for children and young people with SEN and disabilities from birth to 25 years of age. Parents, carers, children and young people are at the heart of these changes through the Hampshire Parent Carer Network (HPCN). Hampshire County Council are also working with a range of people, including schools, colleges, children's and adult's social care, the NHS, and the voluntary and community sector.

A format of the EHCP was designed in Phase 1 by parent/carer representatives and professionals following the South East 7 regional framework for assessment and planning. Eighteen families were selected to trial the process who thought that it was personal and individual to each family. Phase 2 will see the format of the ECHP redesigned, following the release of the draft Code of Practice and draft regulations, to introduce a more streamlined assessment process from birth to 25 years by integrating education, health and care services. There are also new statutory protections for young people aged 16-25 in further education - academies, free schools, further education and sixth form colleges will all have the same SEN duties as maintained schools. Parents and carers from the HPCN are part of a team working on this.

From September 2013, Hampshire County Council hope to offer an EHCP to all families applying for a statement of SEN for children and young people aged 4-11 or 16-19 and anticipate that the new process will be available to all families of children and young people aged 0-25 by September 2014.

4.9 Children with learning difficulties and/or disabilities: Short Breaks Service and Bridging Workers

The Short Breaks programme ensures that families of disabled children are able to access a break from caring, whilst also enabling children and young people to access activities of their choice within their community, alongside their non disabled peers. Funding is made available via grants to Specialist Schemes and mainstream activity providers to cover any additional costs of supporting a disabled child, which can be used for additional support staff, training, or particular equipment needed. It became apparent that there were many barriers to inclusion and it would require more than purely funding to encourage successful inclusion within the community. Other barriers were identified by providers and feedback from mainstream activity providers following a well-attended Inclusion conference made it clear they had the willingness to develop and improve the services they offer.

The identified missing link were Bridging Workers, that could work with individual families to help them find activities and feel more confident; and with providers to offer support and practical advice on including disabled children. The Bridging Worker Service utilises the key working approach by supporting partnership working with the disabled child/young person and their family, and the Short Break providers. The Service works with providers to facilitate and coordinate solution-focused support. The Bridging Worker Service is funded entirely by Short Breaks funding, and Parent Voice work closely with the Short Breaks team to achieve successful outcomes for families. Bridging Workers are a single point of contact for the child, young person and family. They provide information, signposting, and emotional and practical support as required. The Bridging Worker Service provides support for any activity provider that would like to welcome disabled children, whether funded by Short Breaks or not. We facilitate meetings as required, and assist providers to plan activities that support the needs of the child/young person. Bridging Workers advocate on the child's, young person's and/or family's behalf with the provider and vice versa.

We have designed a website that holds the data for all activities that will welcome families with disabled children, produce the Hampshire Gateway publications which feature inclusive activity providers, and details of specific clubs and holiday activities. The aim is to ensure that disabled children have access to activities of their choice within their communities, alongside their non-disabled peers. Activities vary from mainstream clubs/sports, to specialist schemes. The Service is based on a model that will enable and empower families and providers to make decisions together in the most effective way.

Families benefit from the service as some families have never had a break from caring. Children often just stay at home as this is the 'easy' option. Previously isolated children are now taking part in an array of activities such as cubs, brownies, boxing, archery, dancing and swimming. The most difficult barrier has been engaging with parents/carers who have previously had some very negative experiences with inclusion. Their feelings of being rejected often mean they are reluctant to allow their child to try new things, but as time goes on and more and more disabled children are now accessing mainstream activities, families can see that these barriers can be overcome.

4.10 Youth offending case study: Wessex Dance Academy

Wessex Dance Academy aims to transform the lives of young people 14-18 who have offended or are at risk of offending, having been excluded from mainstream education, or are looked after children. It is run by Hampshire County Council and Hampshire Youth Offending team, in conjunction with professional dance company Dance United. It has been running as a termly programme, with three cohorts a year since September having developed from a pilot project between 2009 and 2011.

One of its keys aims is to reduce re-offending rates. The re-offending rate for the pilot project averaged 34%, which compares favourably with similar programmes in Leeds and Bradford evaluated by the ESRC (Economic and Social research Council) Centre for Research on Socio-cultural Change at the University of Manchester which found that combined re-offending rates there averaged 50%. The full impact of the

Hampshire service will be evaluated in 2013 when the Wessex Dance Academy has been running for a year.

The programme was recognised at the Butler Trust Awards which celebrate outstanding dedication, skill and creativity by people working in prisons, probation or youth justice settings, where it was shortlisted in the Children's Services category.

5. User and provider views

Hampshire has a Participation Strategy which outlines the aims of objectives and commitment to the engagement of children and young people. Activities which secure the participations of children and young people include:

- Annual surveys of primary and secondary school pupils, seeking their views on their school, local area and well-being;
- Hampshire's Rights, Respect and Responsibilities programme, which places an emphasis on pupil voice including providing systematic opportunities for children and young people to participate in decisions so that they learn to make an active contribution to their school, community and wider society;
- Representatives from 11 districts to the Hampshire County Youth Conference influencing key decisions and ensuring that the voices of young people are heard in service development;
- Representation on the UK Youth Parliament
- The participation of children and young people in their local LCPs and their delivery plans;
- Care Ambassadors, young people who have been, or are, in care who support other children in care to have a voice.

Partners in Hampshire that provide services to children and young people routinely engage with parents and carers to ensure that services are inclusive, responsive to local needs and are accessible. Examples of such engagement include;

- Elected parent governors sitting on every school governing body
- Parents and carers are key partners in the governance of children's centres through Partnership Boards and parent forums;
- Parents sharing information and experiences with service providers through Parent Voice, the network of parents of children with disabilities and/or additional needs in Hampshire.

6. Evidence of what works

There is an extensive evidence base relating to intervention in the early years. Studies by Walter Barker on Early Child Development Programme and the Millennium Cohort Study (MCS) have strongly influenced the evidence base for early childhood development.

There is overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life. Family background, parental education, good parenting and the opportunities for learning and

development matter more to children than money, in determining whether their potential is realised in adult life[16]."

A child's experiences during their early years provide the essential foundations for life. Their development during this period influences their basic learning, educational attainment, economic participation and health[17]

There is a wealth of evidence about the importance of parenting and we know that children do better when they have a close and positive relationship with their parents, and mothers and fathers work together to provide warm, authoritative, responsive, positive, and sensitive parenting. The evidence base relating to early years intervention, health visiting, family nurse partnerships and Sure Start is described in detail in the '*Preparing for Birth and Beyond'* resource pack[18].

The National Institute for Health and Care Excellence (NICE) has produced 194 evidence based guidelines relating to children's health and wellbeing covering a very wide range of topics including looked after children, children with disabilities, emotional health and well-being, parenting, smoking, physical activity in children and young people and guidelines relating to specific disease areas.[19]

Further evidence of what work is included in the following publications;

- *Advisory Panel on Food and Nutrition in Early Years, The School Food Trust. Laying the Table: Recommendations for National Food and Nutrition Guidance for Early Years Settings in England. November 2010*
- *Chief Medical Officers from the four home countries. 'Start Active, Stay Active – A report on physical activity for health'. July 2011*
- *C4EO, Grasping the Nettle: early intervention for children, families and communities, London, 2010*
- *Department for Children, Schools and Families. The Children's Plan – Building Brighter Futures, London: The Stationery Office (TSO), 2007*
- *Department for Children, Schools and Families. Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. London: DCSF, 2010*
- *Department for Education and Skills. Royal National Institute for Deaf. Developing Early Intervention/Support Services for Deaf Children and their Families. London, 2003*
- *Department for Education and Skills. Department of Health. Aiming High for disabled children: better support for families. London, 2007*

[16] Field F December 2010

[17] Dyson, A. et al (2009) cited in Tickell, C. (2011)

[18] Preparation for birth and beyond: a resource pack for leaders of community groups and activities - Publications - Inside Government - GOV.UK

[19] http://www.nice.org.uk/Search.do?searchText=CHILDREN+AND+YOUNG+PEOPLE+&newsearch=true&x=13&y=13&page=1#/search/?reload

- *Department for Education and Skills. Every Child Matters: Change for children. London: TSO 2004*
- *Department of Health. National service framework for children, young people and maternity services. The Stationery Office. September 2004*
- *Department of Health. Choosing Health - Making healthy choices easier. TSO, November 2004*
- *Department of Health. Our Health, Our Care, Our Say. TSO, 2006*
- *Department of Health. Healthy Child Programme - Pregnancy and the first five years of life. London: COI, October 2009*
- *Department of Health and Department for Children, Schools and Families. Healthy child programme: from 5-19 years, London: DH (2009)*
- *Department of Health. Department for Children, Schools and Families. Healthy lives, brighter futures – The strategy for children and young people's health. London: COI, February 2009*
- *Department of Health. Department for Children, Schools and Families. Securing better health for children and young people through world-class commissioning – A document to support delivery of Healthy lives, brighter futures. 2009*

7. Recommendations

This chapter has provided an overview of the need among Hampshire's children and young people. These needs inform the priorities for the Hampshire Children and Young People's Plan 2012-15[20] which is a strategic document that sets the framework for all partners working together, on universal, targeted and specialist services. The priorities are:

- Address the incidence and reducing the impact of poverty on the achievement and life chances of children and young people.
- Secure children and young people's physical, spiritual, social, emotional and mental health, promoting healthy lifestyles and reducing inequalities.
- Provide opportunities to learn, within and beyond the school day, that raise children and young people's aspirations, encourage excellence and able them to enjoy and achieve beyond their expectations.
- Help children and young people to be safe and feel safe.
- Promote vocational, leisure and recreational activities that provide opportunities for children and young people to experience success and make positive contribution.

The priorities are underpinned by a shared commitment to removing barriers to access, participation and achievement, and not tolerating discrimination and abuse. The CYPP Action Plan established the overarching activities for delivery for each of the priorities, providing the framework for monitoring success.[21]

[20] http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/cypp.htm
[21] [21] http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/cypp.htm