



Children and young people in Lancashire

JSNA intelligence report

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Background and introduction

Background and drivers

In 2010/11, the first comprehensive joint strategic needs assessment (JSNA) for children and young people (CYP) in Lancashire was conducted and published. The JSNA was later refreshed in 2012/13. Many of the issues identified in these JSNAs are still valid.

This summary has followed a life-course approach to identify the differing needs of CYP at particular stages of their life. The life-course provides a powerful framework for understanding the vulnerabilities and opportunities for investing in CYP. By improving outcomes at each stage, we can reduce the risks of poor health, wellbeing and academic attainment later in life.

For the CYP JSNA the key stages of the life course used are:

- Prenatal and birth
- Early years (0 to 4 years)
- Primary years (5 to 10 years)
- Secondary years (11 to 15 years)
- Young people (16 to 25 years)

There are groups of children who have vulnerabilities across all the life-course stages and separate sections have been devoted to some of these groups.

Change in priorities

The project started in April 2019 and was due to be published in spring 2020, but was delayed due to decreased capacity and shifting priorities across the partnership as a result of the outbreak of Covid-19. Some stages of the project could not take place in the usual way, but given that so much hard work had gone into the JSNA, the decision was made to publish the analysis as an enhanced intelligence report. As such, the analysis herein represents the situation concerning children and young people in Lancashire at a point in time.

Methodology

This JSNA provides refreshed analysis of the current and future needs of children and young people in the Lancashire-12 area (the area covered by Lancashire County Council). The JSNA draws from a wide range of data that can be viewed on the [JSNA web platform](#), an in-depth literature review covering a variety of key topics, and other sources provided.

Given the size of the county, the information presented in the JSNA provides a strategic overview of Lancashire and therefore is limited in the level of detail it can

give. District level and clinical commissioning group (CCG) information is presented where available.

Key findings

Cross-cutting themes

This section focuses on particular issues facing some children and young people, as well as specific groups of children and young people who face additional challenges. These groups are not intended to be an exhaustive list. The section covers:

- Safeguarding and child protection;
- Children looked after;
- Children with disabilities;
- Youth offending; and
- Mental health.

Safeguarding and child protection

Safeguarding and child protection is a broad term and describes all areas where children need some form of social support, from mild cases such as needing advice right through to severe incidents of child mistreatment. Safeguarding is the action taken to keep a child safe from abuse and neglect.

The chart below shows a snapshot of the demand for children's services over the financial year 2018/19. The chart breaks the figures down into a number of 'staged' groups but due to the fluid nature of service provision, caution should be taken in presuming each stage is a flow from the previous one.

Referral	Assessment	Support & Protection	Exit from safeguarding
12,322 new referrals	16,140 new single assessments	1,814 new child protection plans	1,672 with child protection plans ending
2,519 repeat referrals within 12 months	2,546 assessed as not to be in need	817 started to be looked after	670 ceased to be looked after
3,836 resulted in no further action		8,417 new episodes of need	68 were adopted

The rate of new referrals to children's social care in 2018/19 for Lancashire is 493.4 per 10,000 children and is lower than the rate for England (544.5 per 10,000 children). In addition, the rate of children subject to a section 47 enquiry in 2018/19 was 192.3 per 10,000 children, which is significantly higher than the England rate of

149.9 per 10,000 children and is a sharp increase on the rate for the previous year (2017/18, 157.4 per 10,000).

There were 1,371 children who were subject to a child protection plan in 2018/19 and this was an increase on the previous year. The rate of children subject to a child protection plan was 55 per 10,000 population and this was significantly higher than the rate for England.

When a person becomes subject to a child protection plan, the initial category of abuse is recorded. In 2018/19 the most common category of abuse recorded was emotional abuse, with over half of cases falling under this category. This was followed by neglect with 34% of cases, physical abuse with 8% of cases and sexual abuse with 5% of cases.

Children who live with domestic abuse are more likely to experience a wide variety of mental health, social and educational problems than their peers. In 2018/19 there were 15,188 domestic abuse related crimes in Lancashire, a 50% increase on the previous year.

A multi-agency risk assessment conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed.¹ In 2018/19, 2,655 cases were discussed at MARACs and there were 3,577 children living in households that had been discussed at MARACs. A health needs assessment survey completed by year 9 pupils found that almost 15% of respondents had witnessed or experienced domestic abuse in their family or relationships.

The trigger trio refers to the co-existence of domestic abuse, substance misuse and mental health issues in parents and carers. Estimates suggest that 15% of people live with two or more of these issues and 4% of people live with all three.² Risk factors that increase the likelihood of a parent having issues with the trigger trio can include factors, such as, their own adverse childhood experiences, the age and experience of the parent, the availability of family support, and a history of poor mental health or substance misuse.³ Children who are receiving care and support through child protection plans and looked after children are likely to have been affected by parents who have substance misuse issues, mental illness, experienced domestic abuse or a combination of these issues.

A child safeguarding practice review (CSPR) (formerly serious case review) is completed when a child has died or been seriously harmed, and there is evidence of abuse or neglect. The purpose of these reviews are for agencies and individuals to learn lessons to improve the way in which they work, both individually and collectively in order to safeguard children and to improve learning, professional practice and outcomes for children. A review of themes from CSPRs completed in

¹ <https://www.reducingtherisk.org.uk/cms/content/marac>

² The Association of Directors of Children's Services Ltd. (2018). Safeguarding Pressures Phase 6.

³ Green, R. and Halliday, E. (2017). Learning from Cafcass submissions to Serious Case Reviews

Lancashire found that a large proportion (62.5%) were commissioned as a result of death or serious harm occurring to a baby under the age of one. The broad themes evident in CSPRs completed in Lancashire include:

- non-accidental injuries, including traumatic head injuries;
- emotional abuse and neglect;
- concealed and denied pregnancy;
- impact of cannabis on parenting capacity; and
- safer sleep.

The learning that could be taken from the CSPRs included, professional curiosity, information sharing and the importance of high quality record keeping, raising awareness around denied or concealed pregnancy and safer sleep, engaging fathers in services to support their children and recording professional judgement.

Children looked after

Children looked after are some of the most vulnerable children and young people. Adverse experiences affect their emotional and mental wellbeing and if not identified early, can manifest into more significant issues in adulthood. Local authorities have a responsibility for these children and young people as their corporate parent, and have a commitment to act in the child's best interest and provide safety and stability in their home lives.⁴

The number of children looked after (CLA) in Lancashire has increased annually for several years. In 2018/19 there were a total of 2,116 CLA, an increase of 167 children since the previous year. The rate of CLA in Lancashire has also steadily increased over the last few years. The rate of CLA was 85 per 10,000 population and this is significantly worse than the England rate of 65 per 10,000 population. Almost two thirds of children who entered care in 2018/19 did so because of abuse or neglect. In a quarter of cases family dysfunction was identified as a need.

There is wide variation in the rate of CLA across districts, with some of the highest rates being found in the most deprived parts of the county. Burnley has the highest rate of CLA and Fylde and Wyre have the lowest rate in the county. The number of CLA has increased in all districts of Lancashire-12 except for Pendle, where there was a 7% decrease since the previous year. The most significant increase in the number of CLA was in Lancaster, an increase of 45% since the previous year.

Over half of CLA were aged ten and over and just over half of CLA were male. The majority of CLA were of a white ethnic background, and this was a slight over representation when compared to the general population. Children of a mixed ethnic background were also over represented in care.

⁴ Oakley, M. Miscampbell, G. and Gregoria, R. (2018), Looked-after Children The Silent Crisis, Social Market Foundation.

Placement stability is an important factor in improving outcomes for children in care. Almost half of CLA are estimated to have a diagnosable mental health condition, and issues relating to mental health and wellbeing can increase the likelihood of placement breakdowns and instability.⁵ The NSPCC found that children with emotional issues, teenagers with challenging behaviours and those engaging in self-harm are often the most difficult to place.⁶ The relationship between poor mental health and placement instability is cyclical, with the problematic behaviour being difficult for the carer to manage, increasing the risk of placement breakdown, which leads to reduced social support and increased feelings of worthlessness and vulnerability for the child.⁷ Placement instability can also have a negative impact on the physical health of CLA, with missed appointments being more likely when the child is in an unstable situation. It can also hinder the ability of carers and professionals involved to identify the health needs of the child, particularly if they do not have knowledge of their medical history.⁸

In 2018/19 the placement stability for CLA in Lancashire has worsened compared to previous years, with 11% of children having had three or more placements in the past 12 months and this is now worse than England. The percentage of CLA who have been in the same placement for at least two years has also decreased since the previous year, with 69% of Lancashire CLA falling into this category.

In its role of corporate parent, Lancashire County Council needs to ensure that the children entrusted to its care are healthy. An initial health assessment (IHA) should be completed within 28 days of a child entering care. Local data shows that between July 2018 and September 2019, 86.2% of IHAs were completed for children in care. An IHA request is considered timely if it is completed within two days of the child entering care, and for this period the average time for an IHA to be requested was 9.3 days. On average, there was a further 46.5 days between the request date and the IHA completion date. The overall average time for an IHA to be completed during this period was 55.8 days, double the recommended 28 days.

CLA tend to achieve much lower levels of educational attainment than their peers. Some may have experienced some disruption in their education and a high proportion will have special educational needs (SEN). The proportion of CLA with an identified SEN need in Lancashire was 47.4%, with 26.7% of these children receiving SEN support and 20.7% with an education, health and care (EHC) plan in place. All of these proportions are lower than the England averages.

⁵ *ibid*

⁶ Bazalgette, L. Rahilly, T. and Trevelyan, G. (2015), *Achieving emotional wellbeing for looked after children: A whole system approach*, NSPCC.

⁷ Hiller, R. and St Clair, M. (2018), *The emotional and behavioural symptom trajectories of children being in long-term out-of-home care in an English local authority*, *Child Abuse & Neglect* 81 (2018), pp.106-117.

⁸ Croft, G. (2013), *Meeting the physical health needs of our looked after children*, *Arch Dis Child* 2014, vol 99. 99-100.

For CLA completing their GCSEs in 2017/18, the average attainment 8 score was 18.2 and the average progress 8 score was -1.32, and both of these scores are worse than the scores achieved by their peers in the wider population (46.6 and 0.08 respectively). The percentage of CLA who achieved a grade of 9-4 in English and Maths was 11.1% and this compares to 65.8% achieving the same result in the wider school population.

Care leavers often have to make the transition into adulthood at a much younger age than their peers and they receive less support to make that transition. The transition from care is a period of stress and can exacerbate issues for the care leaver, and care leavers with poor mental health are more likely to become homeless at some point and twice as likely to have issues gaining employment.⁹ The percentage of care leavers aged 17-18 years in employment, education or training was 59% in 2018/19 and for care leavers aged 19-21 years this percentage was 50%. For care leavers aged 17-18, 92% were in suitable accommodation and for 19-21 year olds this percentage was 94%.

Children with disabilities

The special educational needs and disabilities (SEND) reforms came into effect in 2014 and was the biggest educational reform in a generation for this cohort. A [Lancashire JSNA focusing on SEND](#) was completed in 2018/19 and provides detailed analysis on issues and needs for the children within this cohort. The JSNA was supplemented by a [data dashboard](#) and provides detailed recommendations for key policy makers and commissioners to consider.

Youth offending

Children and young people who are known to the youth justice system are some of the most vulnerable and at-risk group of children. They have often had multiple adverse experiences throughout their childhood and are at further risk of exploitation. As of 2018/19 there are 313 children in the Lancashire youth justice system, at a rate of 2.85 children per 1,000 population and this is significantly better than the England rate. The vast majority of youth offenders in Lancashire are aged 15-17 with almost 80% falling in this age group and almost 90% of offenders are male.

Upon entry into the youth justice system, a vulnerabilities report is completed by the worker involved with the child. As part of this JSNA, a snapshot of data from this report were collected for children and young people who were known to the youth justice system between September 2018 and August 2019. This snapshot provided information on 527 children and young people within the Lancashire youth justice system, nine in ten being male.

The findings show that the physical and mental health needs of children and young people are of paramount importance, as over half of children and young people had

⁹ Bazalgette, L. Rahilly, T. and Trevelyan, G. (2015), Achieving emotional wellbeing for looked after children: A whole system approach, NSPCC.

a physical health concern and almost two-thirds of children and young people had a mental health concern. Concerns relating to an unidentified speech, language or communication issues were identified for two-thirds of children and young people and a quarter of children and young people had an identified special educational need.

The trigger trio was identified as an issue in many of the children and young people lives; 15% of children reported having witnessed domestic abuse, concerns relating to parental alcohol use was raised in 25% of cases and parental mental health was raised as a concern in 40% of cases.

Children and young people known to the youth justice system have worse outcomes than their peers, their education can be disrupted and it can have long term consequences on their ability to gain meaningful employment. For just over 40% of cases from the snapshot, concerns were identified in relation to the child or young person's education, training or employment and in over half of these cases this was due to a complex history of moves, disruptions or previous exclusions.

A more detailed audit of the most complex cases was undertaken by the Lancashire Youth Offending Team. All cases included in this audit had multi-agency involvement spanning back to the young person's early years and in most cases, opportunities to intervene had been missed. 90% of the audited cases involved children that had been exposed to multiple adverse childhood experiences (ACEs). In 30% of the cases, the child had been excluded from primary school and all cases had been moved to a pupil referral unit or were in alternative provision in their teen years. Half of the cases had an unassessed SEND that had not been referred for further assessment. All cases identified unassessed mental health needs and conduct disorders and in all cases the child had been referred to child and adolescent mental health services (CAMHS), but the appointment was never attended and the case closed. In all cases the child was beyond parental control by the time they were in their teenage years.

Knife crime

In recent years, knife crime has risen by 8% nationally and has become a priority issue. A needs assessment completed by the Violence Reduction Unit (VRU) in Lancashire¹⁰ found that knife crime only accounts for 1% of all crime in Lancashire, and advises that a proportional response to knife crime is needed as the media can sensationalise the issue. The report also recommends a public health approach to violent crime as it is often preventable if interventions are put in place.

An analysis of knife crime in Lancashire found that most knife crime offenders were aged 18-24 and were predominately white males. Males aged between 25-31 years were most likely to be victims of knife crime and 31% were females aged between

¹⁰ Jackson, C. Eckersley, R. and Youansamouth, L. (2020), Serious Violence in Lancashire, Strategic Needs Assessment, Lancashire Violence Reduction Unit

25-31 years. The most common type of knife crime was violence resulting in injury, with two-thirds falling into this category. Poor school attendance and attainment was a common feature of knife crime offenders and fixed period exclusions and persistence absenteeism was commonly related.

A survey conducted by Lancashire Constabulary aimed to get children and young people's perceptions of knife crime in Lancashire. Children aged 11-17 completed the survey online and a total of 714 children and young people provided their views. Almost half of the children and young people surveyed were worried about knives and one in ten respondents were very worried. 30% of respondents said they knew someone who carried a knife and 2% disclosed that they carry a knife themselves.

The main reasons to carry a knife fell under three themes:

- to feel safer;
- as a form of self-defense; and
- peer-pressure.

Children and young people felt the most effective ways to tackle knife crime would be:

- training in self-defense;
- tackling violence as a wider issues; and
- by tackling the root cause, eg gangs, drugs.

Mental health

It is estimated that one in ten children have a diagnosable mental health condition, and 50% of people with lifetime mental health issues will first experience symptoms prior to turning 14 years old.¹¹ Based on these estimates, over 26,000 children in Lancashire are dealing with some form of mental health issue. In 2018/19, 235 children aged 0-17 were admitted into hospital because of a mental health related issue at a rate of 94.1 per 100,000 population and this is similar to the England rate.

A 2019 report published by Healthwatch Lancashire and Healthwatch Blackpool¹² provides insight into the health and wellbeing of children and young people across Lancashire and their views of the local health services. One of the main issues identified as a cause for concern for children and young people was their mental health with 60% of children and young people raising this as an issue. Female participants were more likely to say that mental health was an issue, although experiencing a mental health condition was raised significantly more than any other health issue in every demographic group. The vast majority of young people who

¹¹ Public Health England, The mental health of children and young people in England, (2016)

¹²Healthwatch Lancashire and Blackpool, (2019), "Too stressed to be happy" Young people have their say!

responded said spending time with friends and family was important to stay happy, healthy and feel good.

Child adolescent and mental health services (CAMHS) provide a vital service to children and young people with mental health issues. A redesign of CAMHS across the Lancashire and South Cumbria Integrated Care System (ICS) is currently being co-produced with children and young people to shape the future of mental health services. The redesign is in line with the THRIVE framework for system change¹³, which is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.

The upsurge of social media usage of children and young people has introduced discussion around the impact of regular social media use on the mental health and wellbeing of children and young people. Social media has many benefits, as it can help people to connect with friends and family, join groups and communities of shared interests and developing an individual identity.¹⁴ However, there are also significant risks and these include, spending excessive amounts of time online, sharing too much information about yourself and cyberbullying. The use of technology means that cyberbullying in particular can be far more aggressive and hurtful than face-to-face bullying, because of perceived online anonymity and this can be more harmful to the victim.¹⁵ The health needs assessment completed by year nine pupils in Lancashire found that 58% of respondents spent three hours or more on some form of social media on a typical school day and about 16% of respondents had experienced cyber-bullying at some point.

The prevalence of self-harm has increased over the past decades and is an issue that is considered to be under-reported. Hospital statistics show that young people aged 15-24 are most likely to self-harm and it is more common for females to be admitted for self-harming.¹⁶ Hospital admissions data for 2018/19 shows that in Lancashire, children and young people aged 10-24 are admitted for self-harm related reasons at a rate of 492.4 per 100,000 population and this is significantly worse than the rate for England.

Children and young people often resort to self-harm as a coping mechanism for distressing thoughts and feelings, as it can give them a feeling of being in control.¹⁷ A person who self-harms may find it difficult to talk to someone about their issues and may be worried about how their friends or family will react. They may also be concerned about being labelled an attention seeker, placing burdens on others or

¹³ Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

¹⁴ Education Policy Institute, Social media and children's mental health: a review of the evidence, (2017)

¹⁵ ibid

¹⁶ Townsend, E. (2014). Self-harm in young people. Evid Based Mental Health November 2014 Vol 17 No 4.

¹⁷ Brown, B. Nutt, L. Beavis, J. Bird, K. and Moore, V. (2014). Understanding and responding to children and young people at risk of self-harm and suicide.

their feelings being dismissed.¹⁸ Children and young people who self-harm also have an increased risk of suicide and this risk is particularly stark for adolescent males.¹⁹

Prenatal and birth

Smoking in pregnancy has well-known detrimental effects for the growth and development of the baby and health of the mother. There were 1,527 mothers who were smoking at the time of delivery in Lancashire in 2018/19 and this accounted for 13.4% of all mothers where the smoking status was known. The percentage of mothers smoking at time of delivery in Lancashire is significantly worse than England (10.6%). Recent trends suggest that much like England as a whole, the rate of women smoking at time of delivery is reducing and getting better. Smoking at time of delivery is significantly worse in eight of the twelve districts of Lancashire with the districts in the east of the county having the worse rates in general.

Low birthweight is related to morbidity. The percentage of all births that were considered to be a low birth weight was 7.7% in Lancashire in 2017. The rate of low birth weights is similar to the rate in England as a whole.

The still-birth rate in Lancashire for 2016-18 is 4.2 per 1,000 births. This is similar to the rate to England. The rate of pre-term babies in Lancashire is 88.5 per 1,000 births in Lancashire for 2016-18. This is significantly worse than the rate for England. When looking at premature births by district, Burnley has the worst rate in the council, with one in ten births being premature.

Early years (0-4 years)

The infant mortality rate is a useful gauge of the overall health of a population. The infant mortality rate for Lancashire (2016-18) is significantly worse than the rate for England. When looking at this by district, Burnley is the only district in Lancashire with a significantly higher rate, although eight of the Lancashire districts have a higher mortality rate than England.

Smoking during pregnancy and following birth are also linked to infant mortality, and are believed to play a part in preventing mothers from breastfeeding. Smoking prevalence in Lancashire is 14.2% and this is similar to the England average. It is particularly dangerous for children to be exposed to second-hand smoke and there are an estimated 5 million children in the UK who are regularly exposed to it.²⁰ The impact on young children's health includes an increased risk of cot death, and serious health conditions such as cancer, meningitis and respiratory conditions.

The rate of hospital admissions for unintentional and deliberate injuries caused in children aged 0-4 years was 178.1 per 10,000 children and this is significantly worse

¹⁸ Mental Health Foundation. The truth about self-harm for young people and their friends and families.

¹⁹ Lewis, C. Ubido, J. Timpson, H. (2017). Case for Change: Self-harm in Children and Young People.

²⁰ <https://www.nhs.uk/smokefree/why-quit/secondhand-smoke>

than the England rate. The rate of emergency hospital admissions for 0-4 year olds in Lancashire was 247.9 per 1,000 population and again this is significantly worse than the emergency admission rate for England.

Appropriate immunisation programmes in Lancashire are aimed at reducing the risks associated with communicable diseases all of which have serious complications. Rate of vaccinations with the measles, mumps and rubella (MMR) jab for children aged two is 91.4% which is in line with the benchmark and slightly higher than the England percentage. In 2018, the World Health Organisation (WHO) no longer classified the status of measles in the UK as eliminated and this was due to a large increase of measles cases. The reason for this increase has been associated with the decrease of the MMR vaccination uptake in general and for the past few years the uptake of the vaccine has fluctuated in Lancashire.

Child obesity is an area of need for this age group as the analysis of the National Child Measurement Programme (NCMP) shows that 23.2% of children in reception are overweight or obese based on a three year average from 2016/17-2018/19 and this is significantly worse than the England average. More detailed analysis shows a link to deprivation as children in the most deprived areas in Lancashire are significantly more likely to be overweight or obese compared to children in the least deprived areas of Lancashire.

School readiness is a key measure of early year development across a wide range of developmental areas. In Lancashire, the percentage of children considered to have achieved the expected level of development at the end of reception was 69.2% in 2018/19 and this is significantly worse than the England average of 71.8%.

Between 2016 and 2018, 31 children aged 5 and under were killed or seriously injured on England's roads at a rate of 12.6 per 100,000 population and this is significantly worse than the England rate (7.9 per 100,000).

Primary years (5-10 years)

Lancashire has lower levels of obesity for primary years' children than the rest of the country, although the level of children who are overweight or obese are still quite high. A three-year average of the NCMP from 2016/17-2018/19 found that 33.5% of year 6 children were either overweight or obese and this is significantly better than the national average. Children in the most deprived areas of Lancashire are significantly more likely to have excess weight than those in the least deprived areas.

Results from the health needs assessment survey (2019) found that three quarters of year six pupils reported that they did at least one hour of physical activity at least three times a week. The same survey also found that just over 16% of children ate five or more portions of fruit and vegetables in one day.

An issue that is linked to obesity is tooth decay. The annual oral health survey of five year olds conducted by The National Dental Epidemiology Programme, found that in

Lancashire 34.0% of children had one or more missing, decayed or filled teeth and this is significantly worse than the England Average (23.4%).

Education takes up a large amount of the lives of children and young people. In 2018, 64.8% of Lancashire children met the expected standard in reading, writing and maths at key stage 2 and this is similar to national picture. There are still gaps in attainment and ensuring that all children, regardless of background and circumstances, have the appropriate support to be able to achieve should remain a priority for Lancashire.

The persistent absence levels at Lancashire primary schools was 7.8% for the 2017/18 academic year and only 1.16% of pupils had a fixed period exclusion for the same period and these rates are better than seen nationally. The exclusion or absence of particular groups can mean they are not receiving all the support they could, with consequences for their further development throughout the life course.

Perceptions of pupils feeling safe in and around Lancashire are explored through the annual Pupil Attitude Questionnaire (PAQ). Results from the 2018/19 academic year found that nine in ten children had not experienced bullying at school. Results from the health needs assessment survey conducted in the same year found that almost half of children in year six had been bullied at some point, but for the majority of these children the bullying had stopped. It is important to note that the negative responses still represent hundreds (and in some cases over a thousand) primary school children in the county.

Between 2016 and 2018, 58 children were killed or seriously injured on England's roads at a rate of 26.8 per 100,000 population and this is significantly worse than the England rate (14.4 per 100,000).

Secondary years (11-15 years)

Secondary years are crucial for young people and are a time when experimentation and trying new things is common. At the same time, it is an important period in terms of sowing the seeds for future success in life, with achievement in education opening up options for young people to follow beyond compulsory education.

The overall attainment for children in Lancashire is in line with the national picture, with the average attainment 8 score being 46.7 for 2018/19, with 65.7% of all pupils achieving a grade 4 or above in English and maths. However, the progress 8 score is -0.11 overall and this suggests that Lancashire's children are not making as much progress as would be expected at this level. There is also great variation in attainment scores, particularly for children from disadvantaged backgrounds.

Disillusion or exclusion from school are risk factors for children's mental wellbeing and disruptive behaviour may be a sign of an underlying mental health problem.²¹ Children who frequently miss school can fall behind and do less well than their peers, which could lead to reduced life chances later in life. In the 2016/17 academic year, 8.9% of pupils were considered to be persistent absentees, and though this is significantly better than the national average, recent trends show that the rate of persistent absentees is increasing.

Alcohol consumption is a contributing factor to hospital admissions from a diverse range of conditions. Alcohol consumption in teenagers can increase risky sexual behaviour, the likelihood of teenage pregnancy, the risk of sexual aggression and violence. Between 2016 and 2019, the rate of hospital admissions for alcohol-specific conditions in under 18s was 40.3 per 100,000 population and this is significantly worse than the national rate. The health needs assessment survey found that a quarter of year nine pupils had ever been drunk and one in ten pupils had been drunk on more than one occasion. Just over two thirds of pupils stated that they know where to get support or advice about drug or alcohol use.

Smoking is a major cause of preventable morbidity and premature death, and can affect health later in life. The Tobacco Control Plan (July 2017) highlights the importance of reducing the number of young people taking up smoking, as it is "an addiction largely taken up in childhood".²² The findings from the health needs assessment survey suggest that the vast majority of children in year nine do not smoke any cigarette or tobacco products. However, the numbers of children who responded that they do smoke cigarettes, tobacco products or e-cigarettes on a regular basis are in the hundreds and so still present a cause for concern.

Road traffic accidents continue to be a high risk for the 11-15 year age group, especially as independent mobility increases further. Between 2016 and 2018, 112 children in this age group were killed or seriously injured on England's roads at a rate of 55.9 per 100,000 population, and again this is significantly worse than the rate for England (34.5 per 100,000).

Young peoples (16-25 years)

Young people are at a very sensitive period of transition from childhood to adulthood and they face a number of challenges as well as the positive new experiences that are natural during this age.

Sexual health is an important issue for this age group and in chlamydia is the most commonly diagnosed bacterial sexually transmitted infection, with rates substantially

²¹ National Collaborating Centre For Mental Health. Depression in Children and Young People - Identification And Management In Primary, Community and Secondary Care. London: The British Psychological Society

²²<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

higher in younger adults than any other age group. The chlamydia detection rate for people aged 15-24 years is 2,108 per 100,000 population in Lancashire and this is meeting the national target. This suggests that there are high volumes of screening and diagnoses across the county.

Teenage pregnancy remains a concern in Lancashire as the under-18 conception rate for Lancashire in 2018 was 23.1 per 1,000 population and this is significantly worse than the national rate. Most teenage pregnancies are unplanned and just over half lead to an abortion in Lancashire in 2018. This is an avoidable experience for the young woman and an avoidable cost to the NHS. Evidence suggests that teenage pregnancy is associated with poorer outcomes for the parent and their children and these relate to poverty, education and mental health.

Young people who are not in education, employment or training (NEET) are at a greater risk of negative outcomes, including poor health, depression or early parenthood. Encouraging young people to participate in learning and employment makes a lasting difference to their individual lives and is central to improving social mobility and economic growth in the country. In 2018 there were 2,540 (10.0%) young people aged 16-17 who were not in education, employment or training and this was significantly worse than the national percentage.

Homelessness can have serious impact on both the young person affected and on the wider society. Homelessness can disrupt a young person's education and employment and increases their chance of being victims of crime. There can also be issues with mental health and an increased risk of substance misuse. In Lancashire the rate of homeless young people aged 16-24 was 0.16 per 1,000 population in 2017/18 and this is significantly better than the national rate.

Conclusions

The needs of children and young people are varying and in many cases can be complex, and have long-term impacts on outcomes into adulthood. This report presents the needs of children and young people in Lancashire through analysis of local data and through wider context and research. The findings should be used to inform decision makers and policies, to ensure the needs of children and young people are being met effectively.