

Joint Strategic Needs Assessment



Child Health and Wellbeing

Last Updated: June 2017

Introduction

The health and wellbeing of children on the Isle of Wight is a priority for all. The wider children's workforce as well as communities and families endeavour to work together to safeguard children and give them the best start in life.

As defined in 'Working Together to Safeguard Children' (2013) we endeavour to:

- Protect children from maltreatment
- Prevent impairment of children's health or development
- Ensure children are growing up in circumstances consistent with the provision of safe and effective care
- Take action to ensure all children have the best outcome

Certain factors can increase the vulnerability of children such as living in poverty or in care, having a disability or caring responsibilities. Factors such as these can increase the risk of poor health and, lower educational attainment and poverty in adult life. It is important that communities, families and services work together to safeguard these young people.

Background

The population of the Isle of Wight continues to increase in the older age range (through migration and longer life spans) but decrease in the under 18s (25,956 in mid-2012 estimates to 25,314 in the mid-2015 estimates). This decrease is mainly in the teenage population (from 12 to 17yrs) as the fertility rate and number of births on the Isle of Wight is increasing with the number of births projected to rise from 1,296 in 2015 to 1,450 by 2021 (see Healthy Start Factsheet <https://www.iwight.com/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Information-Factsheets-and-Figuresheets>).

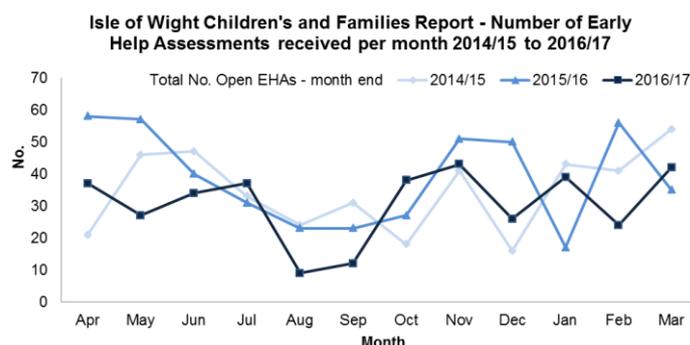
Children at Risk

Children and Family Services: Early Help

It is recognised that timely support to families is most effective in resolving issues early and

helping to ideally prevent but otherwise to resolve any issues before they become more serious and require specialist support.

On the Isle of Wight an Early Help Assessment (EHA) can be undertaken to provide multi-agency support to families. In 2016 to 2017 368 EHAs were received. There were peaks and troughs in the numbers received per month as the graph below indicates but there tends to be a general pattern of increase before the school holidays as services work to ensure that families are supported at times of transition or when the routine of school is temporarily suspended:



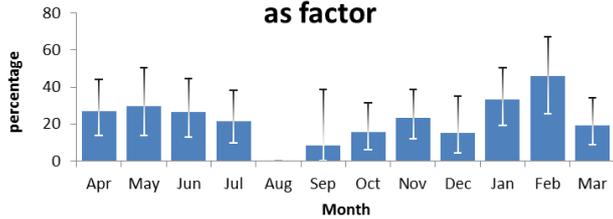
Source: Isle of Wight Children & Families Branch Performance Report March 2017

EHA received for 2016 to 2017 were 100 fewer than 2015 to 2016 and this may be due to a reduction in universal early help services such as children's centres, as well as a reduction in referrals from health such as midwives and health visitors and secondary schools. Despite this, the number of open EHAs remains fairly constant at around 420.

Primary schools and step-downs from social care are the highest completers of EHAs. The average number of step-downs from social care has remained fairly constant over the past three years between 33% and 38% of EHAs received. The peaks in step-downs seem to fall within the holiday periods possibly reflecting increased referrals in the lead up to holidays as seen with EHAs.

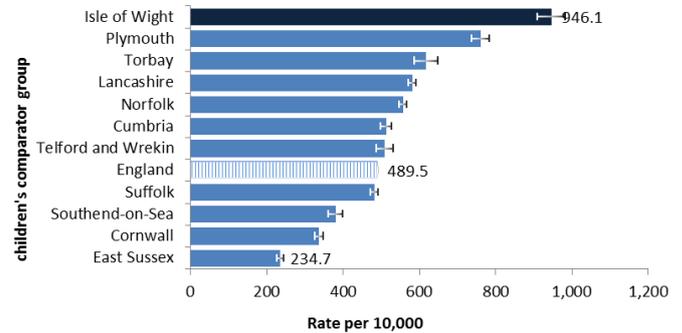
Of the EHAs received, risk factors are cited by completers. Of particular importance is the factor of domestic abuse as this is difficult to collate data on. Of the EHAs received each month on average around a fifth cite this as a factor.

Isle of Wight Children's and Families Report - Early Help Assessments 2016/17 where domestic abuse cited as factor



Source: Isle of Wight Children & Families Branch Performance Report March 2017

Rate per 10,000 of assessments for children aged under 18 years, year ending 31 March 2016 England, Isle of Wight and comparator group



Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

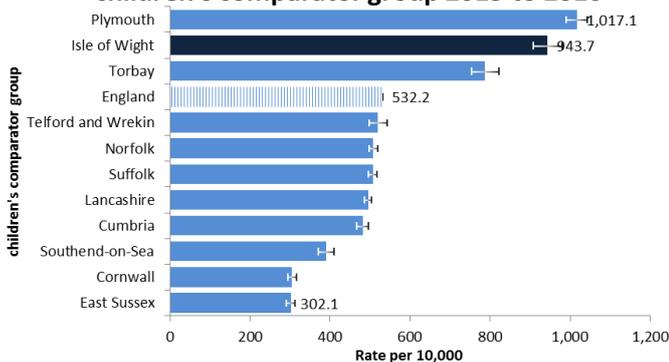
Contacts, Referrals and Assessments

Between April 2016 and March 2017 local figures indicate that 17,506 contacts were made to the Isle of Wight Children and Families Services. This is an average of 1,459 per month and an overall increase of 2,104 on the previous year. March 2017 saw the highest number of contacts at 1,822 and may indicate an eagerness to ensure support provided over the holiday period as seen with Early Help referrals.

Verified data for the full year ending 31 March 2016, all contacts resulted in 2,389 referrals and a referral rate per 10,000 of 943.7. This places the Isle of Wight statistically significantly higher than all but one of the comparator group as well as statistically significantly higher than England:

The most prevalent factor recorded on assessments was neglect followed by domestic abuse, mental health and socially unacceptable behaviour (see later for breakdown with regards to children in need and child protection). This pattern is at variance with England and South East trends which see much lower levels of neglect and socially unacceptable behaviour but higher levels of domestic abuse and mental health. One possible explanation for higher levels of neglect noted is the recent launch of a local neglect strategy (October 2016). The Isle of Wight also has high levels of 'other factors' which is difficult to assess, but as more than one factor can be selected for each assessment it may be that this is an additional catch-all term used in local practice:

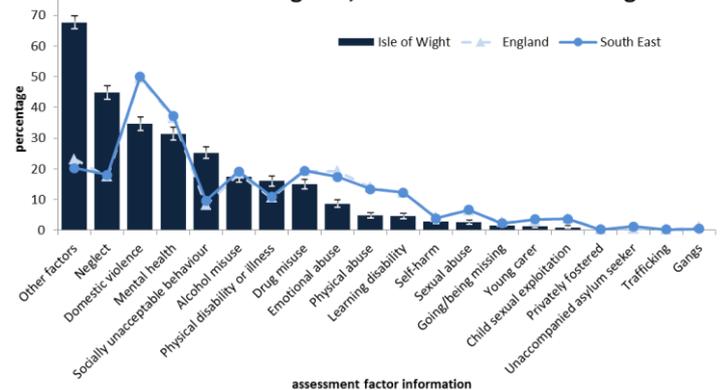
Referral Rate per 10,000 of children to Children's Services - Isle of Wight and children's comparator group 2015 to 2016



Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

The Isle of Wight had an assessment rate of 946.1 per 10,000 for 2015 to 2016. This is the highest in the comparator group and statistically significantly higher than all those within the comparator group as well as England:

Factors identified at end of assessment year ending 31 March 2016 England, South East and Isle of Wight

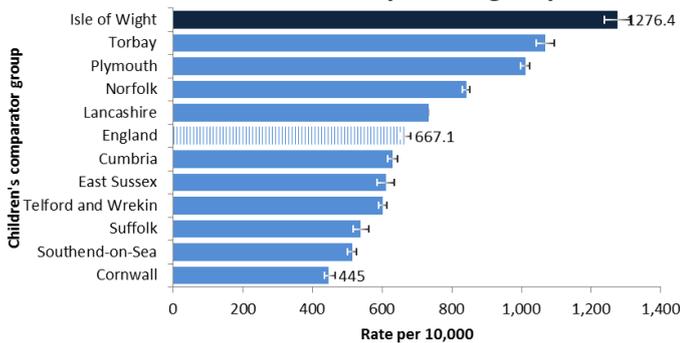


Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

Children in Need

The Isle of Wight's rate per 10,000 of children in need throughout 2015 to 2016 was 1276.4. This is statistically significantly higher than those within the comparator group as well as England.

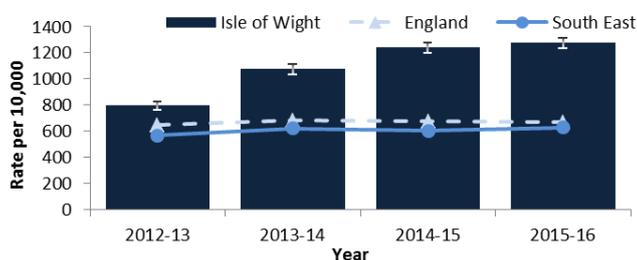
Rate of children in need throughout 2015 to 16 per 10,000 children - Isle of Wight and children's comparator group



Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

The rate of children in need on the Isle of Wight has increased over the past few years and is now significantly higher than England and the South East region. The increase has levelled out over the last two years but still sees the Isle of Wight rate as almost double that of the South east and England.

Rate per 10,000 of children in need 2012/13 to 2015/16 Isle of Wight, South East and England

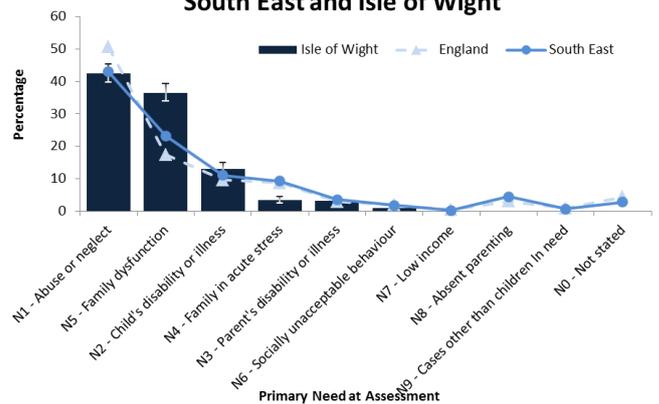


Source: DfE Characteristics of Children in Need 2012/13 to 2015/16,

The Isle of Wight's rate of children in need at 31 March 2016 was 514.3 per 10,000 with one comparator region experiencing a higher rate. The Isle of Wight is statistically significantly higher than 8 of the comparator group as well as England.

The most prevalent primary need at assessment for children in need was abuse or neglect followed by family dysfunction and child's disability or illness (see disabilities section for more information on this criterion). This follows the general trend seen across the South East and England where abuse or neglect and family dysfunction are also most prevalent albeit at reduced percentages:

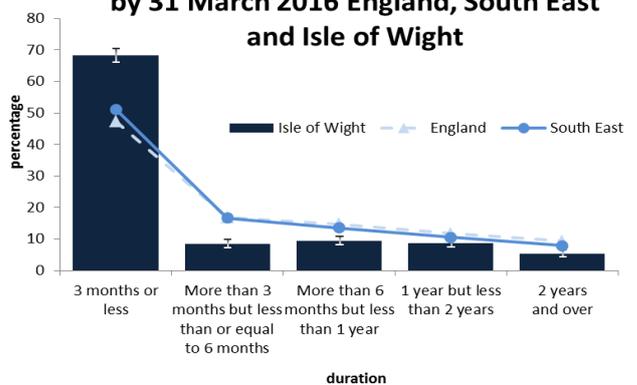
Children in Need by primary need at assessment - as at 31 March 2016 England, South East and Isle of Wight



Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

Nearly 70% of child in need plans on the Isle of Wight ending 31 March 2016 were of 3 months or less duration. This is higher than both South East and England and is interesting to note due to our higher children in need rate. For instance does this quicker turn around result in an increase in repeat referrals or is it a sign of an effective step down process:

Duration of child in need plans ending by 31 March 2016 England, South East and Isle of Wight

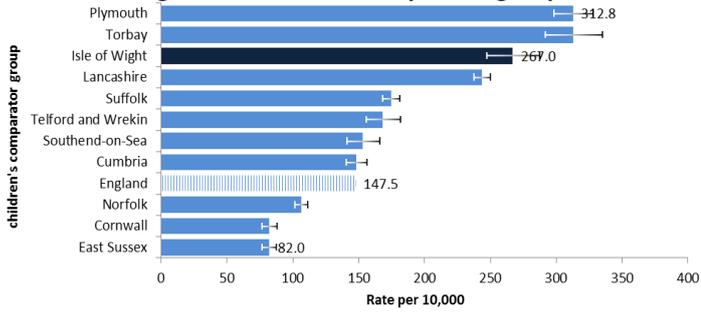


Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

Section 47 Enquiries

For the year ending 31 March 2016 the Isle of Wight had a rate of 267.0 per 10,000 of children subject to section 47 enquiries. This is the third highest as compared to our statistical neighbours and statistically significantly higher than seven of the ten of our comparator group and England:

Rate of children subject to section 47 enquiries started in the year ending 31 March 2016 Isle of Wight and children's comparator group



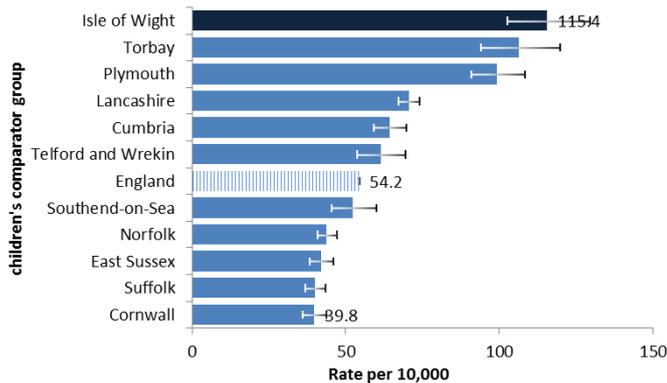
Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

This equates to 676 children and is a reduction of 54 children on 2015 figures which had a higher rate of 285.8 per 10,000 and statistically significantly higher than nine of our ten comparator group as well as England.

Child Protection Plan

During 2015 to 2016 nearly 300 children were subject to a child protection plan. This equates to a rate of 115.4 per 10,000 and sees the Isle of Wight as having the highest rate as compared to our comparator group and statistically significantly higher than eight of the ten authorities within the group as well as having a rate over double that of England.

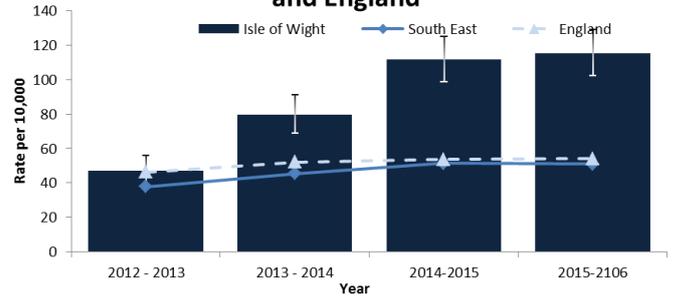
Rate of children who became the subject of a child protection plan during 2015-16 per 10,000 children



Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

2016 child protection rates for the Isle of Wight were similar to 2015 but have been rising locally. The Isle of Wight's rate of children subject to a child protection plan has been at variance with both the South East and England since 2013/14:

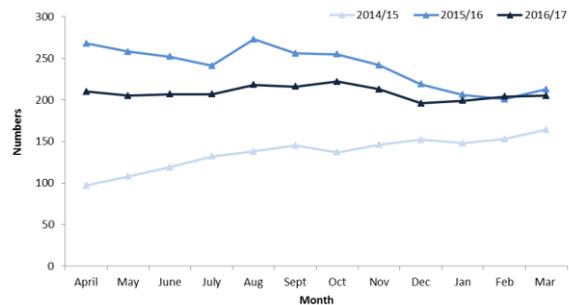
Rate per 10,000 of children subject to a child protection plan 2012/13 to 2015/16 Isle of Wight as compared to South East and England



Source: DfE Characteristics of Children in Need 2012 - 16, accessed May 2017

However, most recent, local unverified data for 2016/17 indicates a reducing trend in child protection plans from 2015/16 figures. The average number of open plans per month was under 210 for 2016/17 as opposed to 240 in 2015/16:

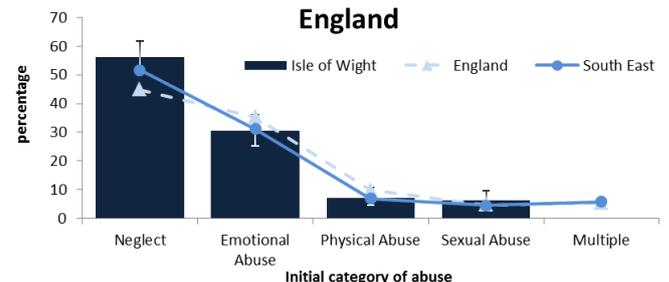
Isle of Wight Children's and Families Report - Number of Child Protection Plans open at month end 2014/15 to 2016/17



Source: Isle of Wight Children & Families Branch Performance Report, March 2017

For 2016 published data, as seen with children in need, the main initial category of abuse on protection plans was neglect; with over half citing this. Next was emotional abuse. Percentages are slightly above that seen for England and South East for neglect but slightly lower for emotional abuse:

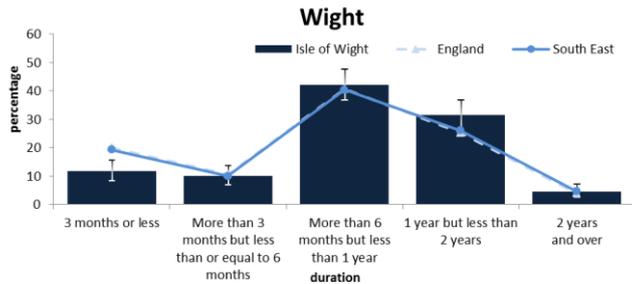
Initial category of abuse of child protection plans in year ending 31 March 2016 Isle of Wight, South East and England



Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

The majority of child protection plans ending by 31 March 2016 were of more than 6 months but less than a year's duration. This is in line with South East and the England average. The Isle of Wight is below the South East and England average with regards to plans that last 3 months or less and slightly above for plans that last 1 year but less than 2 years:

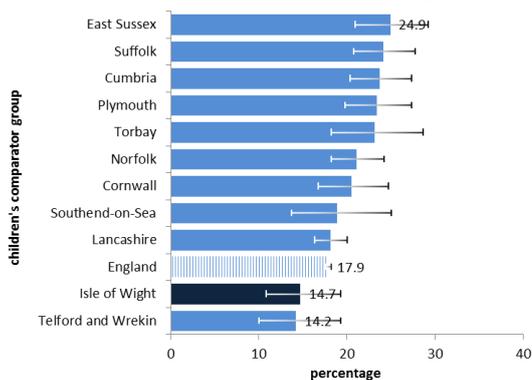
Duration of Child Protection Plans ending by 31 March 2016 England, South East and Isle of Wight



Source: DfE Characteristics of Children in Need 2015-16, accessed May 2017

The Isle of Wight has a lower percentage of child protection plans open for a second or subsequent time as compared to England (14.7% and 17.9% respectively) and our comparator authorities and is statistically significantly lower than four of the comparator group:

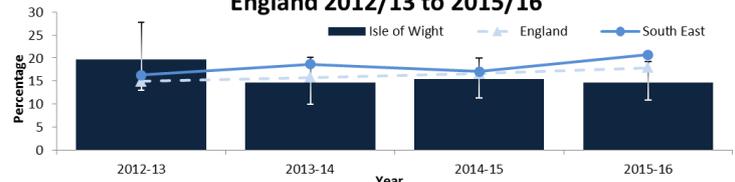
Percentage of child protection plans in year ending 31 March 2016 that became the subject of a plan for a second or subsequent time, England, Isle of Wight and children's comparator group



Source: DfE Characteristics of Children in Need 2015-16, accessed May 2017

The percentage of child protection plans open for a second or subsequent time has reduced over time at variance to the national and regional trend and is lower than both England and South East average:

Percentage of child protection plans subject to second or subsequent plans in year ending 31 March 2016 Isle of Wight as compared to South East and England 2012/13 to 2015/16

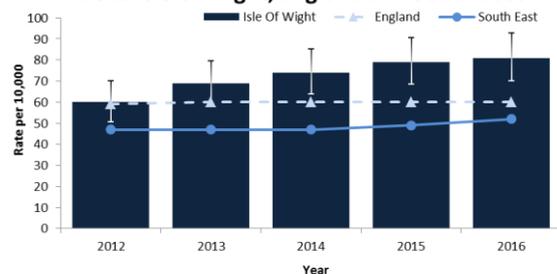


Source: DfE Characteristics of Children in Need 2012/13 - 2015/16, accessed May 2017

Children Looked After

The officially published rate of children looked after by the local authority has increased on the Isle of Wight and is now at a rate of 81 per 10,000 for 2016. It is above the rate for the South East (52 per 10,000) and England (60 per 10,000) which have seen relatively constant rates over the same period:

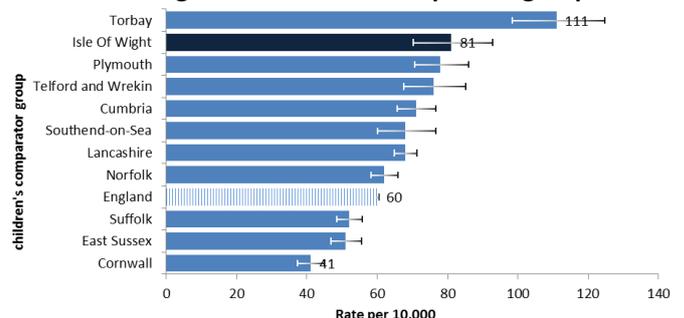
Children Looked after at 31 March 2012 to 2016 Isle of Wight, England and South East



Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

The Isle of Wight has the second highest rate for 2016 as compared to the comparator group and is statistically significantly higher than four of the comparator group as well as England:

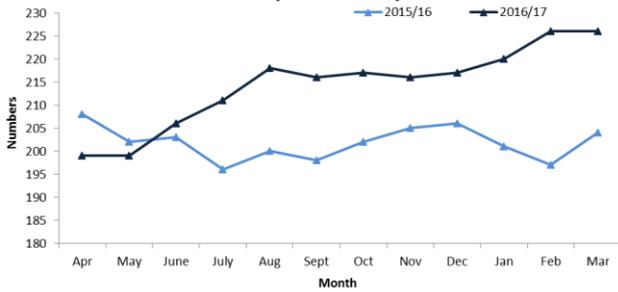
Rate per 10,000 of children looked after by local authority at 31 March 2016, England, Isle of Wight and children's comparator group



Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

Most recent, local unverified data for the Isle of Wight 2017 indicates an increase on 2016 figures with an average rate of 84 per 10,000. Numbers of looked after children continued to rise with 226 looked after as of March 2017 compared with 204 the previous year:

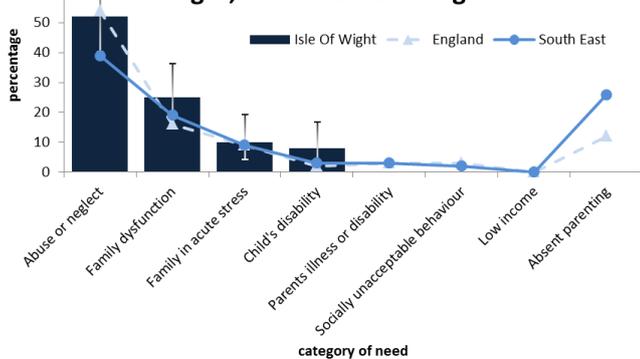
**Isle of Wight Children's and Families Report -
Number of Children Looked After per month
2015/16 to 2016/17**



Source: Isle of Wight Children & Families Branch Performance Report March 2017

The main need recorded for children who started to be looked after in year ending 31 March 2016 on the Isle of Wight was abuse or neglect reflecting the primary need in both child protection and child in need. This criteria was followed by family dysfunction, family in acute stress and child's disability. This generally follows the trend for South East and England. The Isle of Wight differs from regional and national trends with regards to absent parenting where this is zero locally:

Children who started to be looked after year ending 31 March 2016 by need, Isle of Wight, South East and England

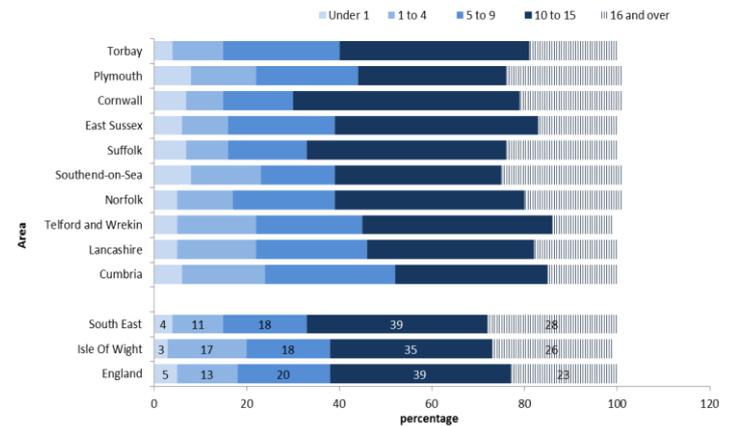


Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

Over a third (35%) of all looked after children on the Isle of Wight are in the 10 to 15 year age bracket. This tends to be the largest cohort across the comparator regions as well as in the South East and nationally. Although 10 to 15 year olds make up the largest percentage locally, this is the third lowest as compared to the comparator group. The Isle of Wight also has a lower percentage of under 1's (3%) as compared to the South East (4%), England (5%) and comparator group which extends up to 8%. The Island has a larger percentage of 1 to 4 year olds (17%) compared to South East (11%) and England (13%) as well as 16 and over where locally 26% of looked after

children are 16 and over as compared to 23% nationally:

Children looked after at 31 March 2016 by age breakdown for England, South East, Isle of Wight and comparator group



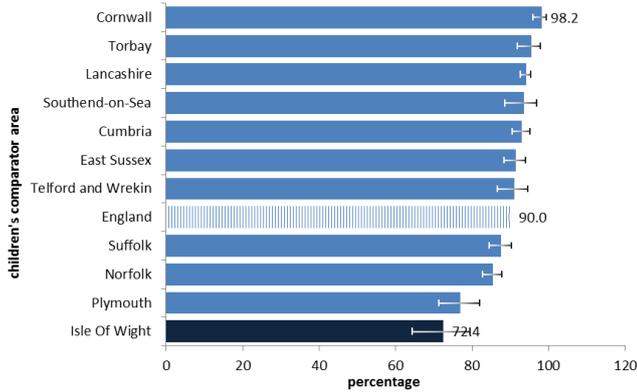
Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

Higher percentages of 1 to 4 year olds and 16 and over as compared to the national picture and comparator regions might be evidence of delayed intervention as preceding age brackets are slightly lower than national averages. Higher percentages in the 16 and over age range is important to note as may have links to data in relation to young people who go missing and youth justice data as an age range of focus.

All looked after young people will have a care plan which, as well as outlining looked after arrangements, will include what needs to happen to help the young person stay healthy and do well in education. All looked after children should have a doctor and dentist and be offered timely immunisations.

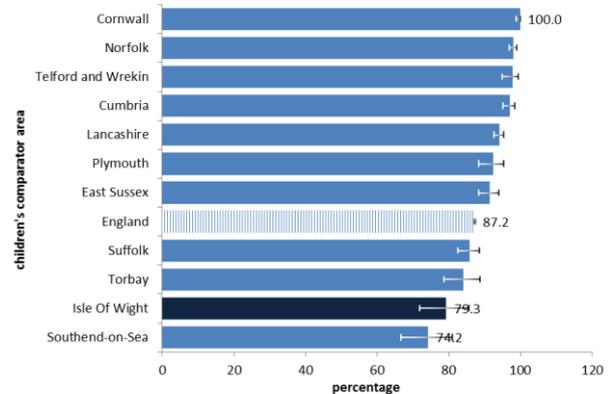
The Isle of Wight is statistically significantly lower than nine of the comparator regions as well as England for annual health assessments for looked after children with 72% as compared to 90% for England average and 98% for top authority in the group (Cornwall):

Percentage of looked after children who had their annual health assessments at 31 March 2016



Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

Percentage of looked after children who had received immunisations at 31 March 2016



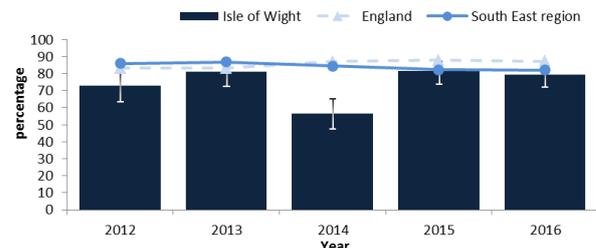
Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

One reason for reduced levels of health assessments locally have been in relation to a high number of DNA's (did not attend appointments). Work has been done around this locally with foster carers as well as the young people to emphasise the importance of attending health care appointments.

Percentages for immunisations are in line with the South East average (82%) but statistically significantly lower than the England average (87%). Percentages have been increasing for the Isle of Wight since a dip in 2014:

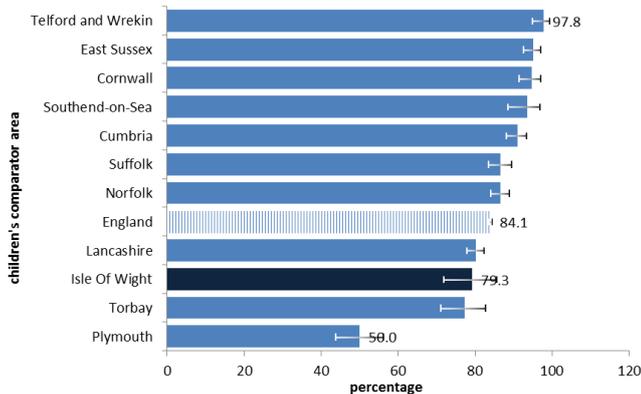
Nearly 80% of looked after children had visited the dentist, a figure closer to the national average (84%) and statistically significantly lower than five of the comparator group:

Children in care with up to date immunisations 2012 to 2016 England, South East and Isle of Wight



Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

Percentage of looked after children who had teeth checked by dentist at 31 March 2016

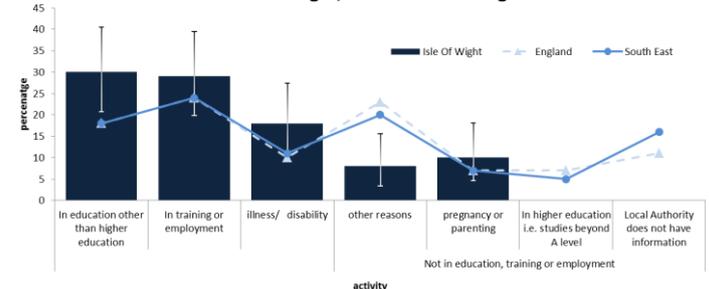


Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

At transition times the local authority's duty of care continues and this is seen with those leaving care. It is important that young people coming out of care aged 19, 20 and 21 have a clear plan for their future and the support needed to achieve it. With this in mind 61% of those leaving care on the Isle of Wight in year ending 31 March 2016 were in some form of education, employment or training. This is above both South East and England averages:

Nearly 80% of looked after children on the Isle of Wight had also received an up to date immunisation. This is statistically significantly lower than seven of the comparator group:

Care Leavers aged 19, 20, 21 by activity Year ending 31 March 2016, Isle of Wight, South East and England



Source: DfE Children looked after in England including adoption: 2015 to 2016, accessed May 2017

Data sources:

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016>

<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-in-england-2012-to-2013>

<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-in-england-2013-to-2014>

<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-in-england-2014-to-2015>

<https://www.gov.uk/government/statistics/characteristics-of-children-in-need-in-england-2015-to-2016>

Child Poverty

The picture of child poverty is built up through two datasets: the HMRC publishes the 'Children in Low-Income Families Local Measure' which is defined as the proportion of children living in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income and allows for analysis at local level; The Households Below Average Income (HBAI) report measures the number of children in low-income families before and after housing costs at a national level based on data from the Family Resources Survey.

Data from the HBAI for 2015-16 states that nationally child poverty is now up to 4 million. 2015-16 saw 100,000 more children slipping into poverty after housing costs with 67% of poor children coming from working families and 47% from lone parent families (CPAG, 2017). The trend is forecast to worsen with the Institute for Fiscal Studies (IFS) predicting that relative poverty will rise to 5.1 million by 2021-22 due to real-terms cuts in tax credits and work allowances (IFS, 2017).

Most recent data from the HMRC local measure (referring to 2014) shows nationally child poverty is at 19.9% for all children (20.1% for under 16s). This is an increase from the previous year's figures which stood at 18% for all children and 18.6% for under 16s.

Locally, child poverty levels are in line with national figures with one in five (20.7%) of all children on the Isle of Wight classed as being in relative poverty (21.2% of under 16s). This too is an increase on the previous year's figures which stood at of 18.3% for all children and 19.2% for under 16s.

2014 sees 5,360 children on the Isle of Wight in poverty (4,545 under 16s). This is an increase of 585 children on 2013 numbers. This equates to around two of the Island's average sized primary schools.

Children in low income households local measure - Under 16s 2006 to 2014
Isle of Wight compared to South East and England



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Figures for 2014 (the most recent data) buck the trend of the past four years which had seen a decline.

On the Isle of Wight, the LSOA** with the highest level of under 16 child poverty in 2014 was St Johns West A with nearly 50% (47.3%) of under 16s in poverty. St Johns West A was also the area with the highest child poverty levels in 2013 (44.2%) but levels have increased by 7.0%. The other nine LSOAs that constitute the top 10 areas of child poverty on the Isle of Wight are Pan A (45.2%), Ventnor West B (44.2%), Pan B (37.9%), Ventnor East A (37.0%), Ryde North East B (36.5%), Shanklin Central B (35.6%), Osborne North (35.6%), Carisbrooke West B (34.4%) and Freshwater Afton (31.3%). 8 of these LSOAs were also in the top ten in 2013. 8 of these LSOAs have seen an increase in levels of child poverty with Freshwater Afton seeing a massive 126.8% increase from 2013 levels.

Top 10 Isle of Wight LSOA's with highest level of child poverty 2014 and percentage change from 2013 levels

LSOA	2014	2013	percentage change
St Johns West A	47.3	44.2	7.0
Pan A	45.2	37.5	20.5
Ventnor West B	44.2	36.5	21.1
Pan B	37.9	43.8	-13.5
Ventnor East A	37.0	26.9	37.5

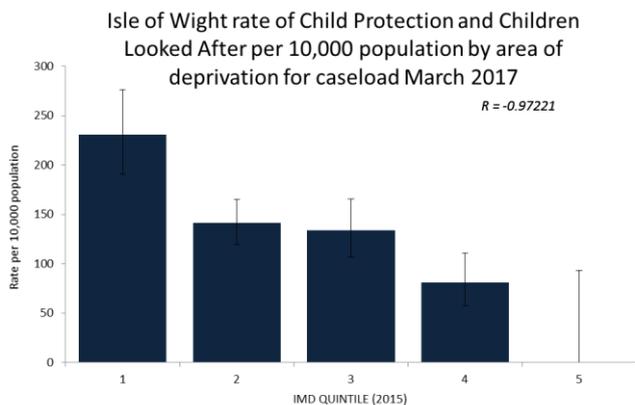
Ryde North East B	36.5	26.5	37.7
Shanklin Central B	35.6	32.2	10.6
Osborne North	35.6	39.9	-10.8
Carisbrooke West B	32.4	30.1	7.6
Freshwater Afton	31.3	13.8	126.8

Eight of the ten LSOAs with highest levels of child poverty also come from the most deprived quintile in the Index of Multiple Deprivation (IMD).

Recent reports have drawn attention to the link between poverty and an increased likelihood of being on a child protection plan or becoming a looked after child with those from the most deprived decile of neighbourhoods having an 11 times greater chance of being on a protection plan and a 12 times greater chance of being looked after than a child living in the most affluent decile (see: Nuffield Foundation, 2017

<http://www.coventry.ac.uk/Global/08%20New%20Research%20Section/Researchers/CCSJ/CWIP%20Summary%202015.pdf>).

This pattern can be seen to some extent on the Isle of Wight with a higher rate of those open to child protection or looked after coming from the most deprived quintiles:



Source: Isle of Wight Children's Services caseload data and IMD 2015

Income Deprivation Affecting Children Index (IDACI)

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is derived from the overarching Indices of Multiple Deprivation (IMD) which measures relative levels of deprivation in 32,844 Lower-layer Super Output Areas (LSOAs) in England using seven domains***.

According to the IDACI eleven of the Isle of Wight's 89 LSOAs are amongst the 20% most deprived in England. This is an increase of 6

LSOAs on previous figures. The most deprived LSOAs are:

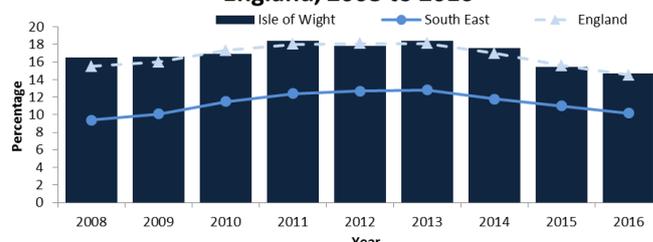
- | | |
|--------------------|-------------------------|
| Pan B | Carisbrooke West B |
| Osborne North | Sandown South B |
| St Johns West A | Pan A |
| Ventnor West B | Mount Joy B |
| Ryde North East B | Brading and St Helens B |
| Shanklin Central B | |

Eight of these LSOAs feature in the top 13 most deprived LSOAs on the Isle of Wight according to the overarching IMD national measure. Although the Indices are closely allied it does show the importance of separating children out as sometimes population level can mask the situation for children and young people.

Free School Meals

Pupils are eligible for free school meals if their parent or carer is in receipt of certain benefits therefore figures can be used as another proxy measure for potential economic vulnerability. On the Isle of Wight 14.7% of primary pupils were eligible and claiming free school meals. This is a decreasing trend on previous years and is in line with England averages (14.5%) but higher than the South East (10.2%):

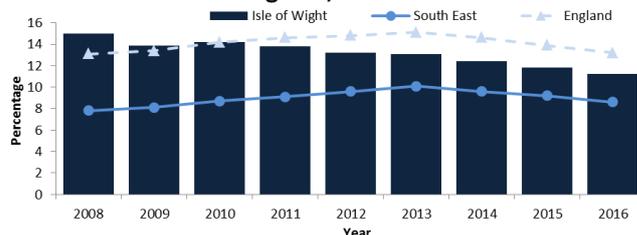
Primary pupils eligible for and claiming free school meals, Isle of Wight, South East and England, 2008 to 2016



Source: LAIT from <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>

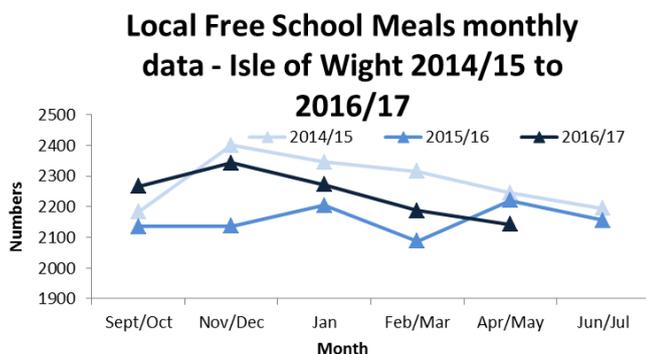
11.2% of secondary school pupils were eligible and claiming free school meals in 2016. Again, this is a decreasing trend and is slightly lower than England (13.2%) but above the South East (8.6%):

Secondary pupils eligible for and claiming free school meals, Isle of Wight, South East and England, 2008 to 2016



Source: LAIT from <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>

Local snapshot monthly data for the last three years indicates a decreasing trend overall but an increase on 2015/16 figures. Numbers decrease across the year but remain around 2,000 per month:



Source: Local Isle of Wight Council Admissions and Free School Meals Data

Anecdotally it seems that locally a decreasing trend does not indicate a decreasing need. The reduction is more about reducing eligibility in relation to the qualifying criteria rather than the level of need as families move from benefits into work but still potentially experience in-work poverty, an area seen to be on the rise both locally and nationally.

Data Sources:

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

<https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2014-snapshot-as-at-31-august-2014-30-september-2016>

<https://www.gov.uk/government/collections/households-below-average-income-hbai--2>

<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

Mental Health

Mental health and wellbeing among children and young people can set the pattern for their mental health throughout their lifetime. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters by their mid-20s

(https://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf).

Nationally, the status of children's mental health has come to the fore as many feel cuts in mental health services and increased pressure on young

people have led to deterioration in the mental health of young people.

Child Line's Annual Report 2015-16 states that their website received over 3.5 million visits and almost 140,000 new users registered for a Childline account. There was a 19% increase in counselling sessions about low self-esteem/unhappiness, replacing family relationships as the top concern. There was a 47% increase in counselling sessions about sexuality and gender identity; and, a 115% increase in transgenderism or gender dysphoria. There was an 87% increase in counselling with young people who were experiencing difficulties in accessing local support services, such as counselling, and a 34% increase in sessions expressing dissatisfaction with these services. There was an 11% increase in counselling sessions about exam worries and a 12% increase in counselling about problems at school (<https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/childline-annual-review-2015-16-turned-out-someone-did-care>).

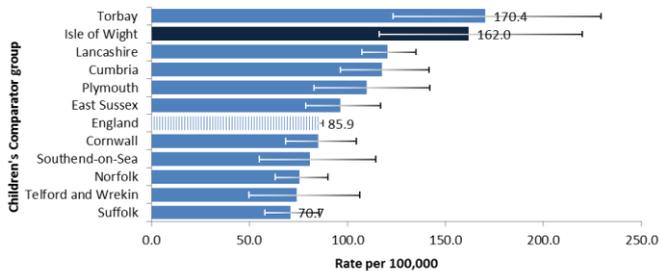
Across the country, at any one time, one in ten young people aged 5 to 16 years have a mental health problem, and many continue to have mental health problems into adulthood (https://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf).

By applying this 1 in ten measure to the Island's population, around 1,700 young people aged 5 to 16 could be experiencing such mental health problems (for similar figures also see: estimated prevalence of mental health disorders 5-16 year olds: <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0>).

Child hospital admissions for mental health

The Isle of Wight has rate of 162.0 per 100,000 of hospital admissions for mental health conditions (0 to 17 year olds). This puts the Isle of Wight statistically higher than five of the comparator regions as well as England (85.9 per 100,000):

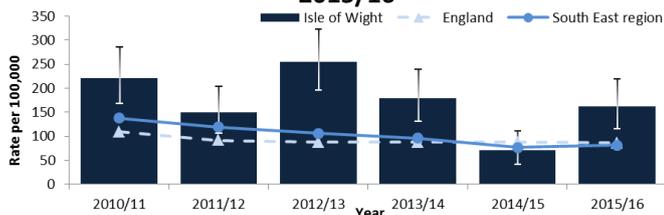
Child (0-17 yr olds) hospital admissions for mental health conditions rate per 100,000 Isle of Wight as compared to England and children's comparator group 2015/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Locally, the hospital admission rate had reduced significantly from 2012/13 to fall in line with regional and national averages by 2014/15. However, most recent data from 2015/16 shows a significant rise on the Isle of Wight to pre 2014/15 figures:

Child (0-17 yr olds) hospital admissions for mental health conditions rate per 100,000 Isle of Wight, South East and England 2010/11 to 2015/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Local quarterly data from the National Drug Treatment Service (NDTMS) indicates that between 40% and 53% of those open to the service experience mental health problems as compared to between 18% and 20% nationally.

Eating disorders

Nationally it is estimated that around 725,000 people suffer from eating disorders but estimates are far from accurate. We know figures are on the rise with those being diagnosed and entering inpatient treatment increasing an average of 7% per year (see: B-EAT https://www.b-eat.co.uk/assets/000/000/373/PwC_2015_The_costs_of_eating_disorders_Final_original_original.pdf?1426603077).

Public health estimates a prevalence of potential eating disorders among young people (16 – 24 years) based on a SCOFF scale**** rating and the Adult Psychiatric Morbidity Survey 2017 which estimates 6.1% of males and 20.3% of females. Based on these estimates, locally there could be 421 males and 1,244 females aged 16-24

suffering from an eating disorder on the Isle of Wight.

Local data covering the Wessex Clinical Commissioning Group (CCG) over the past four financial years indicates an increase in admissions for eating disorders, particularly from a dip in 2014/15:

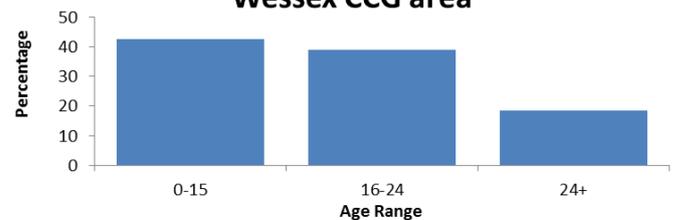
Admissions for eating disorders 2013/14 to 2016/17 - Wessex CCG Area



Source: HES data provided by Isle of Wight CCG

Nationally anorexia nervosa commonly develops around the ages of 16-17, while bulimia nervosa develops at 18-19 and binge eating disorder appears later in life (PwC, 2015). Locally, the age range of those admitted to hospital indicates a slightly younger age range with just over 43% under 16:

Age range of patients admitted for eating disorders 2013/14 to 2016/17 - Wessex CCG area



Source: HES data provided by Isle of Wight CCG

Locally, the majority of those admitted were female (85%) with 15% male. This reflects the general national pattern and also mirrors findings in the Isle of Wight children's survey which saw nearly a third of females in Year 8 and 10 unhappy with their appearance and 40% of females in Year 6 wanting to lose weight compared with only 27% classed as overweight / obese in that year (NCMP data 2015).

Self Harm

An increase in self-harm rates also reveals a worrying trend in young people's mental health. Globally deaths from self harm are increasing - it is now the second highest cause of deaths in

females aged 10-19 years

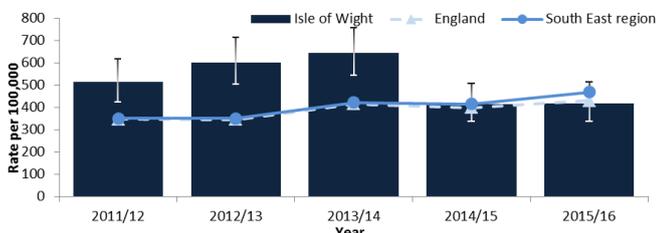
(<http://www.bbc.co.uk/news/health-39920052>).

Nationally, the 'self-harm' website states that in 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm related reasons over the preceding 2 years (https://www.selfharm.co.uk/get/facts/self-harm_statistics/).

A&E attendances and hospital admissions for self-harm only show a very small part of the picture of self harm as in most incidences young people do not seek medical attention or attend primary care.

Public Health publish data on hospital admissions as a result of self harm. Locally, Isle of Wight rates have reduced since 2014/15 to fall in line with South East and England averages. This is not so much as a result of declining incidences but more a change in admissions policy which used to see most cases admitted due to no paediatric nurse in A&E. This has now changed and young people are able to be assessed within A&E without being admitted to children's ward:

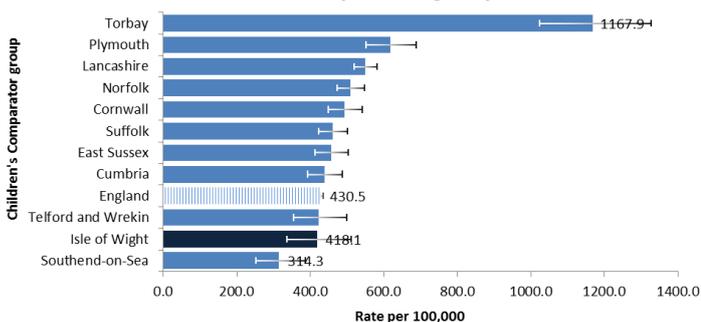
Hospital Admissions as a result of self-harm (10-24 years) Isle of Wight as compared to England and South East 2011/12 to 2015/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

The Isle of Wight is also in line with our comparator group being statistically significantly lower than 3 of the group:

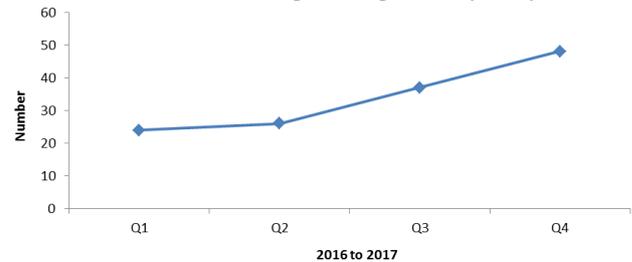
Hospital Admissions as a result of self harm (10-24 years) Isle of Wight as compared to England and children's comparator group 2015/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Local 'real-time' quarterly data as provided to the Local Children's Safeguarding Board (LCSB) shows a different picture for A&E attendances indicating an increase quarter by quarter for 2016 to 2017 with figures doubling over this period:

Local unverified quarterly data 2016 to 2017 on number of children attending A&E with self-harming behaviour as provided to Local Children's Safeguarding Board (LCSB)



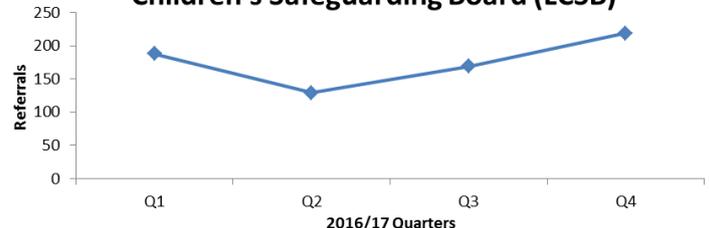
Source: IW LCSB multi-agency data set 2016 to 2017

Young people open to drug treatment services on the Isle of Wight also indicate a higher rate of self-harming behaviour than nationally with between 33% and 42% exhibiting this behaviour as recorded in quarterly returns compared with 16% to 17% nationally.

Child and Adolescent Mental Health Service (CAMHS)

Targeted support for young people for mental health issues includes the Child and Adolescent Mental Health Service (CAMHS). Over the past year, the service has seen an increase in referrals to a peak in quarter 4 of 219 referrals:

Local unverified quarterly data 2016 to 2017 on number of children referred to Child and Adolescent Mental Health Service (CAMHS) as provided to Local Children's Safeguarding Board (LCSB)



Source: IW LCSB multi-agency data set 2016 to 2017

Social Media and bullying

Links have been made between the increased use of social media, low self-esteem and greater opportunity for bullying as a factor in the deterioration of children's mental health. The Royal Society for Public Health (RSPH) in partnership with the Young Health Movement

published 'Status of Mind – Social Media and young people's mental health and wellbeing' (<https://www.rsph.org.uk/our-work/policy/social-media-and-young-people-s-mental-health-and-wellbeing.html>) which found that 91% of 16-24 year olds use the internet for social networking and that social media has been described as more addictive than cigarettes and alcohol. Social media use is linked with increased rates of anxiety, depression and poor sleep with rates of anxiety and depression in young people rising by 70% over the past 25 years. Young people suffer low self-esteem and a fear of missing out as a constant stream of images of people seemingly having fun and looking attractive are uploaded. Cyber bullying is a growing problem with 7 in 10 young people saying they have experienced it.

A new report from the World Health Organization 'Adolescent obesity and related behaviours: trends and inequalities in the WHO European Region 2002–2014', was based on the findings of a questionnaire sent to more than 200,000 children in 42 countries (http://www.euro.who.int/_data/assets/pdf_file/0019/339211/WHO_ObesityReport_2017_v2.pdf?ua=1).

It has suggested that a dramatic rise in the use of computers and social media is wreaking havoc on the health of young people. It found a continuous steep increase between 2002 and 2014 in the proportion of children and young people using technology for two hours or more each weekday for things like social media, surfing the internet and homework. Experts say this is leading to an increasing risk of ill-health, with the vast majority of young people also failing to take the recommended level of exercise each day.

Locally, on the Isle of Wight when young people were asked about their social media habits (see: <https://www.iwight.com/azservices/documents/2552-Children-and-young-peoples-survey-2015-final.pdf>) 90% in Year 8 and Year 10 use social media and 73% in Year 6. 81% in Year 10 and 71% Year 8 were more likely to watch TV, play games, use social media etc. for 3 or more hours a day than respondents in Year 6 (56%). Also of note is that 75% of those who stated that they 'hardly ever' have enough sleep to feel refreshed in the morning engage in 3 or more hours of screen time a day.

When asked if they had ever been bullied, over half of Year 6 (52%) and Year 10 (53%) respondents reported they had been bullied. This peaked in Year 8 where 61% stated they had been bullied. In the 'What About YOUth?' survey 63.1%

of respondents on the Isle of Wight stated that they had been bullied in the past couple of months. This was quite a way higher than all other comparators in the group and the South East region's figure of 57.3%.

The most frequent form of bullying was 'name calling' (63%) closely followed by teasing (52%) and being ignored (35%). Making threats and physical assault accounted for 27% and 24% respectively whilst cyberbullying accounted for 16%.

Overall, 43% of those bullied believe it was associated with the way they look and 33% believe it was to do with their size or weight.

Data Sources: <https://fingertips.phe.org.uk/profile-group/child-health>

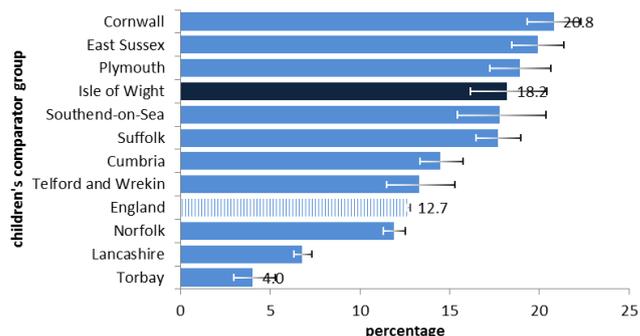
<https://www.ndtms.net/NDTMSLogin.aspx?ReturnUrl=%2fphereportViewer.aspx>

Disabilities

There are growing numbers of disabled children and young people with complex needs and/or life-limiting conditions in the UK. These children, and their families, need support from statutory services in health, education and social care: but there is a data challenge as no clear data set exists. The Council for Disabled Children (CDC) recognises that currently the picture is built up through education data, social care data and mental health data with no national health data on disabled children and young people currently published. (See: CDC, 2016)

For 2016, local figures for the Isle of Wight for children in need with a disability is 18.2%. This is statistically significantly higher than England (12.7%) as well as six of the comparator group:

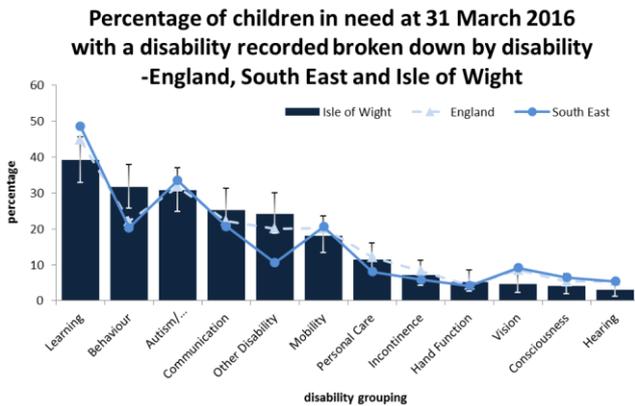
Percentage of children in need with a disability recorded as at 31 March 2016 - Isle of Wight and children's comparator group



Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

This percentage is a slight decrease on 2015 figures (21.7%) but numbers remain the same.

Isle of Wight children in need with a disability broken down by disability shows that learning was the highest need (39.2%) followed by behaviour (31.6%) and Autism / Asperger's Syndrome (30.8%). England and the South East also see learning as highest need, albeit with a slightly higher percentage (44.8% and 48.5% respectively). Autism / Asperger's Syndrome is second highest disability need for South East and England followed by behaviour and communication:



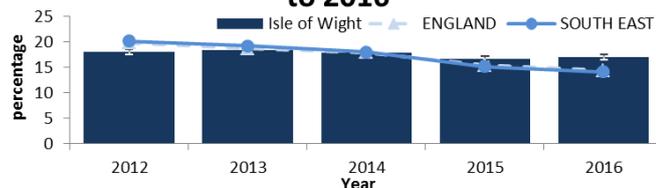
Source: DfE Characteristics of Children in Need 2015 - 16, accessed May 2017

Special Educational Needs

At January 2016 the Isle of Wight has a total of 3,011 pupils with Special Educational Needs (SEN). This equates to 17% of all pupils, with 3.5% having a statement or Education, Health and Care (EHC) plan and 13.5% with SEN support.

At school level, percentages both locally and nationally had been reducing and continue to do so for the South East and England, however, the Isle of Wight is bucking the trend with 2016 figures increasing from 2015 with around 40 extra pupils receiving support.

Percentage of pupils with special educational needs (SEN) Isle of Wight, South East and England 2012 to 2016

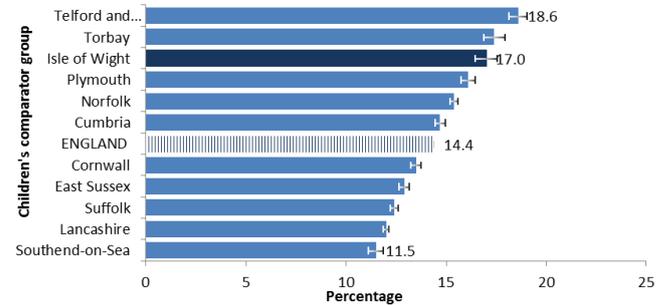


Source: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2016>

Amongst the children's comparator group, the Isle of Wight has the third highest levels of SEN. Eight of the eleven authorities have lower levels than the

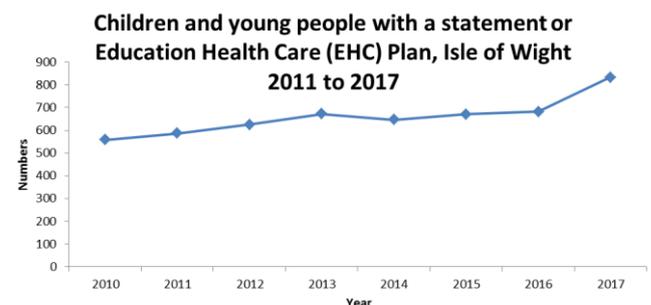
Isle of Wight with England 2.6 percentage points lower.

Percentage of all pupils with Special Educational Needs (SEN) England, Isle of Wight and children's comparators 2016



Source: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2016>

More recent data also published by the Department for Education in relation to targeted special needs support through statements and Education Health Care Plans (EHC) shows a national increase in the number of statements and Education Health Care Plans (see: <https://www.gov.uk/government/statements-of-sen-and-ehc-plans-england-2016#history>). National data for January 2017 shows nearly a 31,000 increase on January 2016 figures; the biggest increase in seven years. Locally, figures for the Island indicate an increase from 682 in January 2016 to 833 again the biggest increase in seven years:



Source: <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2016#history>

Learning Difficulty

NHS Choices (www.nhs.uk) describes a learning difficulty as affecting the way a person learns new things in any area of life and how they communicate, with round 1.5m people in the UK experiencing one. It is thought that up to 350,000 people have severe learning difficulties. This figure is increasing.

A learning difficulty can be mild, moderate or severe. Some people with a mild learning difficulty can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have

more than one disability A diagnosis of a profound and multiple learning difficulty (PMLD) is used when a child has more than one disability, with the most significant being a learning difficulty.

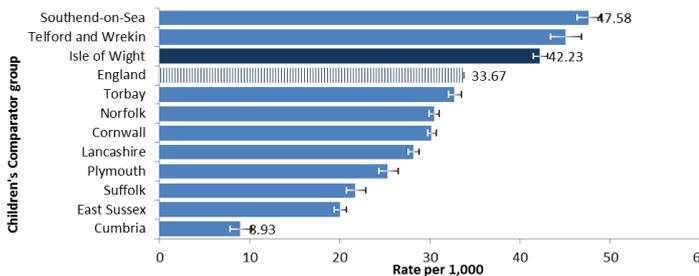
The following table shows the rate per 1,000 children with a learning difficulty on the Isle of Wight (2014 data) along with a comparison with the South East and England:

Summary of levels of Learning Difficulties per 1,000 children

	Isle of Wight	South East	England
Moderate	34.63	26.38	28.58
Severe	5.74	3.44	3.8
Profound/Multiple	1.86	1.01	1.29
Totals	42.23	30.83	33.67

As compared to our comparator group, the Isle of Wight has the third highest rate of learning difficulties:

Rate per 1,000 of children with learning difficulties known to schools: Isle of Wight, England and Children's comparators 2014



Source: <https://fingertips.phe.org.uk/profile/learning-disabilities>

Autism

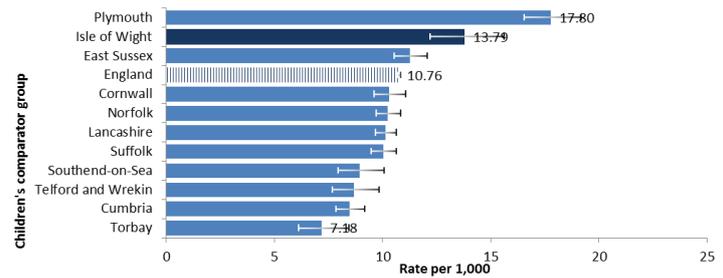
Autistic Spectrum Disorder (ASD), or Autism, is defined as a lifelong condition that affects an individual's social communication and interaction and how they make sense of the world around them.

It is estimated that 1 in every 100 people in the UK has ASD, with a higher prevalence among boys than girls (<http://www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Introduction.aspx>).

In 2014 the Isle of Wight had a rate of 13.8 per 1,000 children with autism known to schools. This rate is higher than both the South East (11.7) and England (10.8). This rate equates to 245 young people on the Isle of Wight with autism known to schools.

Locally, our rate is also higher than the majority of our comparator group with only Plymouth having a higher rate:

Rate per 1,000 of children with Autism known to schools, Isle of Wight, England and Children's comparators 2014



Source: <https://fingertips.phe.org.uk/profile/learning-disabilities>

Data Sources:

<https://fingertips.phe.org.uk/profile/learning-disabilities>

<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2016>

<https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2017>

Carers

A young carer is someone aged 18 or under who provides care in or outside of the family home for someone who is physically or mentally ill, disabled or misusing drugs or alcohol. The care provided by children may be long or short term and, when they (and their families) have unmet needs, caring may have an adverse impact on children's health, wellbeing and transitions into adulthood

A national survey published January 2017 saw that nearly one in five (19%) 11 to 17 year-old young carers reported having trouble making friends compared to 12% in the comparison survey and were more likely to report being bullied (16% compared to 3%). When asked about being late for school, absenteeism and falling asleep one in ten (10%) young carers aged 11 to 17 reported being late for school or college more than once a week in the last 12 months compared to only 1% in the comparison survey and about 5% had been absent from school more than once a week compared to 1% in the comparison survey.

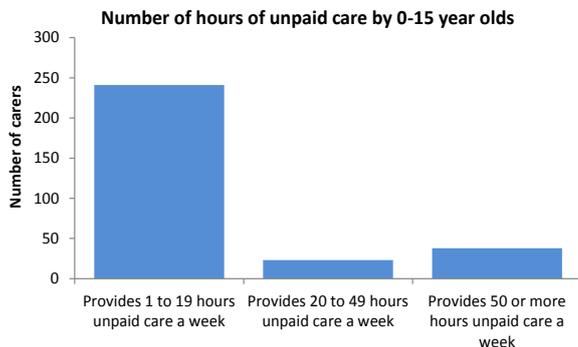
Similarly, young carers were more likely to report that they had fallen asleep at school at least a few times in the last 12 months (31%) compared to those in the comparison survey (20%) (see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582575/Lives_of_young_carers_in_England_Omnibus_research_report.pdf).

The Isle of Wight is conducting a survey with young people in Years 6, 8 and 10 and a question on young carers is included to help add some local data to the national comparisons.

Locally the YMCA, as commissioned by the Local Authority, provides support for young carers. On average over the past four quarters 325 young carers are registered with the YMCA with 76 new referrals received over this period and 47 young people discharged. On average 48 young carers were provided with 1-1 support and 106 young carers received respite each quarter. 19 drop-in sessions were carried out in schools over the four quarters.

In the 2011 Census, the provision of unpaid care by age was included and can be used as a further indicator of young carers. Age groups were bracketed 0 to 15 and 16 to 24. 302 0 to 15 year olds provide unpaid care with 708 16 to 24 years olds providing unpaid care.

The following graph shows the number of carers (0 to 15) providing unpaid work by hours (1 to 19, 20 to 49 and over 50 hours) on the Isle of Wight:



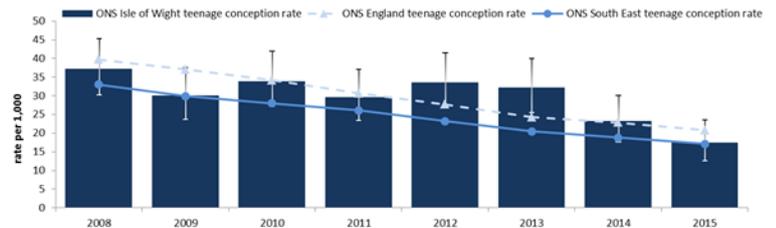
Source: www.nomisweb.co.uk/census/2011

Teenage Parents

Teenage pregnancy remains a potential source and outcome of vulnerability for both parent and baby. There is a 63% higher risk of childhood poverty for children born to women under-20 and one in five of the estimated number of 16-18 year old female NEETs are teenage mothers. There is a 44% higher risk of infant mortality, a 30% higher rate of stillbirth and mothers under 20 are twice as likely to smoke before and during pregnancy, three times more likely to smoke throughout pregnancy, a third less likely to initiate breastfeeding and half as likely to be breastfeeding at 6-8 weeks (LGA, PHE, 2016).

In 2015 the annual under 18 conception rate for the Isle of Wight was 17.4 per 1,000 women in age group (aged 15 to 17) as compared to 23.2 in 2014. This is a 25% decrease between 2014 and 2015. There were 40 conceptions in 2015 (as compared to 55 in 2014). Conception rate for the South East is 17.1 and 20.8 for England. The Isle of Wight is therefore in line or below these averages and the rate continues to fall.

Under 18 conception Rate (15-17 year olds) England, South East and Isle of Wight 2008 to 2015



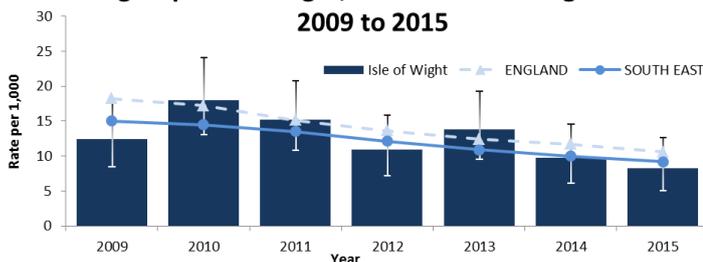
Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>

The Isle of Wight has seen a 54% reduction in the annual teenage conception rates since the baseline in 1998 (17.4 per 1,000 as opposed to 40.2 per 1,000 in 1998) and a 60% reduction from peak of 40.3 per 1,000 in 2003. (National reduction is 55.4% and South East region reduction is 54.8%).

Due to the relatively small number of conceptions each year a small increase or decrease in the number can cause fluctuations in the annual rate and therefore it is important to consider the longer term trend. When looking at the conception data it is considered more robust to calculate a rolling three year rate to help mitigate the effects of annual fluctuations. Using three year pooled data for the Isle of Wight for 2013/15, the rate is 24.4 per 1,000 female population aged 15 to 17 as compared to 30.2 for 2012/14. This is an 18.4% change.

National evidence shows that most teenage conceptions are unplanned, and this is particularly likely to be true of conceptions resulting in terminations. On the Isle of Wight in 2015 nearly 50% of teenage conceptions resulted in terminations as opposed to nearly 20% of all conceptions. The 2015 figure for under 18s is an increase on 2014 figures (41.8%). The rate of abortions per 1,000 women in age group on the Isle of Wight was 8.2 (down from 9.7 in 2014). Nationally the rate is 10.6 and 9.2 for the South East.

Under 18 abortion rate per 1,000 women in age group Isle of Wight, South East and England 2009 to 2015



Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>

Life Style

Diet

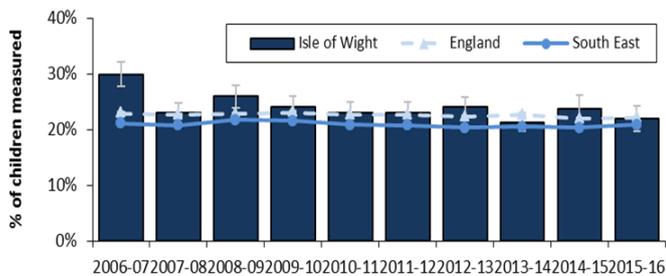
Evidence shows the population's diet is getting worse and obesity and poor health outcomes are increasing as a result. Nationally, over a fifth of all children in reception are classed as overweight or obese increasing to over a third of all children in year 6 (National Child Measurement Programme 2015-16).

On the Isle of Wight the picture is similar with nearly 22% of reception children classed as overweight or obese and nearly 33% of Year 6 children. Overweight and obesity prevalence for Reception and Year 6 was below the England average but above the South East. Numbers have decreased from last year in contrast to national and regional trends.

Obesity + Overweight Prevalence:

RECEPTION YEAR

local, regional and national trends



Data Source: National Child Measurement Programme

Obesity + Overweight Prevalence:

YEAR 6

Local, regional and national trends



Data Source: National Child Measurement Programme

Obesity levels in both years are higher among boys, whilst overweight levels are higher among girls in Year R but boys in Year 6. Males in Year 6 now have the highest levels of obesity and overweight prevalence and are above the national average in overweight prevalence in both years and obesity prevalence in Year R. Year 6 females saw the greatest reduction in obesity levels and the highest increase in underweight prevalence.

In 2015, we carried out a survey on lifestyle and wellbeing amongst young people on the Isle of Wight in year 6, 8 and 10. Overall 55% of respondents were happy with their weight, 40% would like to lose weight and 5% would like to put weight on. Across the age groups, females are statistically significantly more likely to want to lose weight than males.

Of females who wanted to lose weight in Years 8 and 10, 15% never ate breakfast and 19% never ate lunch. For males wanting to lose weight, 11% never ate breakfast and 12% never ate lunch. Of those respondents that wanted to lose weight, overall 7% of females never ate breakfast or lunch compared to 4% of males. Correlation for Year 6 is limited due to small numbers, but it can be said that respondents in Year 6 that want to lose weight are not skipping meals to do this.

The NCMP data from that year indicated that 27% of females on the Isle of Wight in Year 6 and 32% of males were classed as overweight / obese. Figures for Year 6 from the survey indicate that 41% of females wanted to lose weight and 23% of males. This indicates that many more females would like to lose weight than are classed as needing to and fewer males

When asked 'Do you eat a healthy diet?' 67% of respondents felt they had a healthy diet. 6% stated that they 'never' had a healthy diet. The What About YOUth survey (WAY) carried out nationally in 2014 asked young people aged 15 about their lifestyle including exercise, diet and wellbeing.

Locally, the Isle of Wight had lower rates than the national average on eating 5 portions of fruit a day (46.8% compared to 52.4%).

In the summer of 2017 we are carrying out another children's survey to provide more insight into the lifestyle choices of young people on the Isle of Wight and provide trend data from previous survey.

Physical Activity

The Department of Health (DoH) recommends that those aged 5-18 years should exercise for 60 minutes every day to be healthy.

Locally, when asked about exercise in the children's survey 2015, 16% of respondents exercise to the DoH guidelines. The breakdown by gender shows 19% of males and 11% of females reached the recommended guidelines, this difference is statistically significant, it can be said males exercise more than females. For both females and males, physical activity decreases with age.

Findings in the recent Public Health behaviours survey for young people 'What About YOUth?' reflects the overall total for the Isle of Wight and is in line with the England average. Conversely, the percentage locally with a mean daily sedentary time in the last week over 7 hours per day is 73% and fourth highest amongst comparator group.

Twenty-nine percent of females and 30% of males who wanted to lose weight exercised for 5 or more days a week. It may be therefore that young people are not recognising the benefits of physical activity in maintaining a healthy weight.

Alcohol and Substance Misuse: Drugs

Illicit drug use can cause damage to the health and wellbeing of young people. Vulnerable young people have an increased risk of drug use, especially if they have experienced truancy, exclusion from school, homelessness, time in care, or serious or frequent offending.

In the 2015 children's survey, 6% of Year 8 students had taken drugs and 14% of Year 10. Of Year 8 students 10 had taken cannabis and 6 had taken New Psychoactive Substances (NPS) 'legal highs'. Of Year 10 students who had taken drugs, 35 had tried cannabis and 8 had used NPS. Statistical significance testing showed that age and gender were associated with drug taking. Males were more likely to take drugs than females and those in Year 10 were more likely to take drugs than those in Year 8.

In the 'What About YOUth?' survey the Isle of Wight was in line with England averages on percentages who had taken cannabis (11.6% as compared to 10.7% for England).

On the Isle of Wight as of March 2017 (rolling 12 month period) there were 36 young people open to specialist substance misuse service.

Young People in Specialist Substance Misuse Service - Isle of Wight - rolling 12 months (2016 to 2017)



Source: National Drug Treatment Monitoring System, Public Health England - Loca data

The main substances that young people are receiving treatment for are cannabis (94%) and alcohol (69%). This reflects findings from the children's survey 2015 which saw cannabis as the main drug used by young people. The majority of young people on the service were aged 15 (36%) – also reflecting the children's survey which saw higher numbers trying drugs in Year 10 as opposed to Year 8.

Highest referrals came from health and mental health services (32%) and adult substance misuse services (27%). This differs from the national picture where highest number of referrals come from education services (28%) and Youth Justice services (25%). The Isle of Wight also has a higher rate of self-referral (14% as compared to 6% nationally). Referrals from children's services are lower than the national picture (5% as compared to 19% nationally).

On the Isle of Wight the average length of treatment is 27-52 weeks (with 44% of cohort in treatment for this length of time). Nationally, only 19% are in treatment for this length of time, with the majority in treatment for 0-12 weeks (42%).

Also of particular note is that 14% of those known to drug treatment services locally are living in care compared with 7% nationally.

Smoking

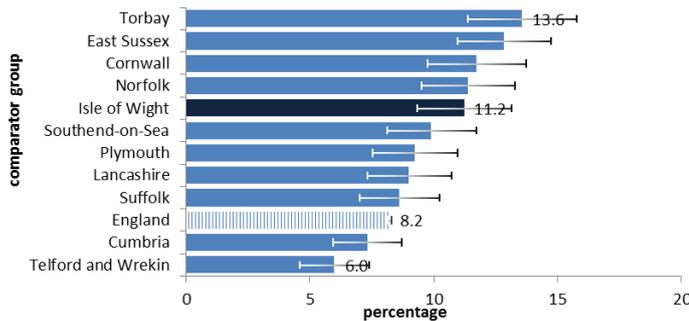
As smoking remains a major cause of preventable morbidity and premature death and with evidence showing that smoking behaviours in early

adulthood affect health behaviours later in life it continues to be an area of focus.

‘Ash’ Action on smoking and health (<http://ash.org.uk/information-and-resources/factsheets/young-people-and-smoking/>) estimate that each year around 207,000 children in the UK start smoking with about two-thirds of adults who smoke reporting that they took it up before the age of 18 and over 80% before the age of 20. However, the proportion of children who have ever smoked continues to decline.

Findings in the recent Public Health behaviours survey for young people ‘What About YOUth? (WAY) indicate that current smoking levels on the Isle of Wight among 15 year olds are 11.2%. This is statistically significantly higher than England (8.2%).

Smoking prevalence at age 15 - current smokers (WAY survey), England, Isle of Wight and comparator group

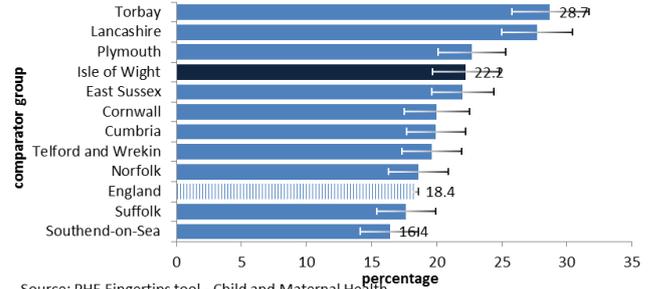


Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

The percentage of occasional smokers was also higher than England (4.3% as compared to 2.7% respectively). When asked about smoking habits in the local children’s survey 2015 the majority of young people on the Isle of Wight indicated that they had not smoked, with, 97% in Year 6 never having smoked, 90% in Year 8 and 69% in Year 10. Of those that did smoke regularly or occasionally nearly three quarters lived with people who smoke or had smoked in the past.

The percentage of 15 year olds who had tried e-cigarettes (from WAY Survey results) was just over 22% for the Isle of Wight. This is statistically significantly higher than England’s 18.4% but in line with others within the comparator group. Locally when asked about e-cigarettes in the children’s survey 2015 12% stated they had tried them.

Percentage of 15 year olds who have tried e-cigarettes (WAY Survey) England, Isle of Wight and comparator group



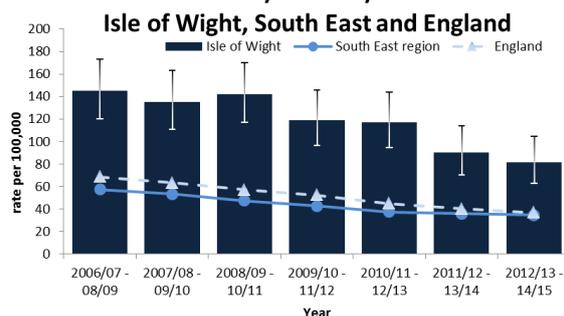
Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Alcohol

Alcohol consumption can have long term effects on young people. It can affect development and damage organs increasing vulnerability to cancer, sexual and mental health problems, including depression and suicidal thoughts, liver cirrhosis and heart disease. Young people who drink are also much more likely to be involved in an accident and end up in hospital (see: <https://www.drinkaware.co.uk/advice/underage-drinking/know-the-risks-of-drinking-alcohol-underage/>). Therefore this remains an area of focus locally, particularly as the Isle of Wight has had a very high comparative rate of alcohol specific admissions among young people as compared to the South East and England. This may in part be due to local admissions policy within the hospital as seen with self harm and accident rates and as young people can now be assessed in A&E rates may further reduce going forward.

The data collected is aggregated over a three year period and the rate of under 18 alcohol-specific hospital admissions per 100,000 of population has shown a continued decrease from 2007/08 – 2009/10 rate of 141.7 to 81.6 in 2012/13 – 2014/15.

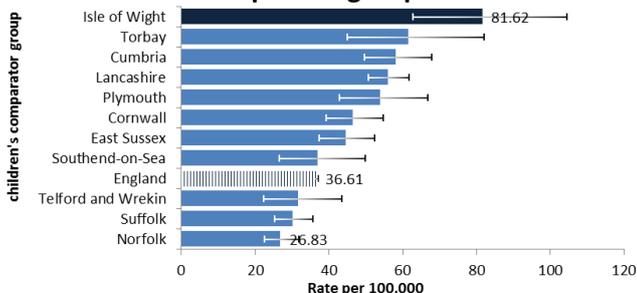
Hospital admissions due to alcohol specific conditions 2006/07-2008/09 to 2012/13-2014/15



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

The Isle of Wight also remains the highest among the comparator regions and statistically significantly higher than seven of the group as well as England:

Hospital Admissions due to alcohol specific conditions 2012/13 - 2014/15 Isle of Wight, England and children's comparator group



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Data from the 2015 children's survey on the Isle of Wight indicates that around a fifth of respondents in Years 8 and 10 had had an alcoholic drink in the previous 7 days (14% in Year 8 compared to 27% in Year 10). Statistical significance testing found there was no association between having an alcoholic drink and gender. However there is a 'highly' statistically significant association between age and having an alcoholic drink. It can be said that respondents in Year 10 are 'highly' likely to be drinking more than those in Year 8. Of students who answered 'yes' to having a drink in the last 7 days, in Year 8, 70% of their parents were aware and 66% in Year 10. Eight percent (6) of those in Year 8 who had had a drink in the last 7 days answered that they had drunk to become unwell compared to 20% (18) of those in Year 10. Out of those that became unwell, half of the parents of respondents in Year 8 and Year 10 were aware.

In the 'What about YOUth?' survey, young people were asked if they had ever had an alcoholic drink and for the Isle of Wight, 70.3% stated that they had. This is higher than the England average of 62.4%. The percentage of regular drinkers for the Isle of Wight was also high at 8.5% in comparison to the England average of 6.2%.

It is also interesting to note that as well as being above the national average for alcohol indicators among the general population of young people, the Isle of Wight also has higher percentages of alcohol use in those open to drug treatment services. For the financial year 2016/17 between 70% and 85% of those open per quarter to the service were either being treated for alcohol use

as main or secondary addiction as opposed to 50% nationally. Furthermore, between 5% and 10% of those open per quarter were classed as 'high risk alcohol user' as opposed to 3% to 4% nationally.

Data sources:

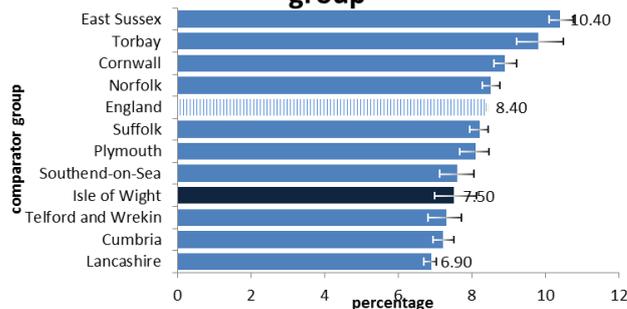
<https://www.ndtms.net/NDTMSLogin.aspx?ReturnUrl=%2fphereportViewer.aspx>

<https://fingertips.phe.org.uk/profile-group/child-health>

Persistent Absentees

It is important that young people attend school regularly to benefit fully from their education, friendships and opportunities and to decrease the risk of developing harmful behaviours outside of school. Persistent absenteeism is therefore an important measure to check that young people are remaining in school. In 2015/16 the threshold for persistent absentees changed from 15% to 10%. For 2014/15 data the DfE published the previous 15% methodology as well as the then proposed 10%. For 2014/15 the Isle of Wight persistent absenteeism figure was 7.5% this is statistically significantly lower than four of the comparator group as well as England:

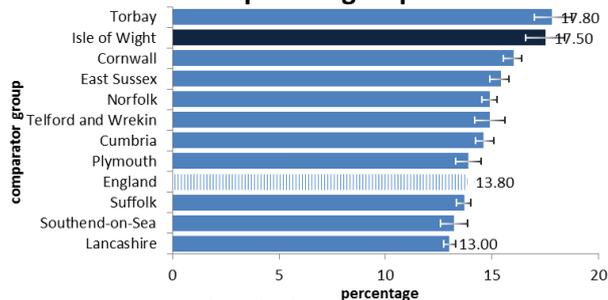
Percentage of persistent absentees - primary school 2014 to 2015, England, Isle of Wight and children's comparator group



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

For secondary schools the Isle of Wight is high at 17.5%, statistically significantly higher than 9 of the 10 authorities within the comparator group and England.

Percentage of persistent absentees - secondary school 2014 to 2015, England, Isle of Wight and children's comparator group



Source: PHE Fingertips tool - Child and Maternal Health
<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Most recent data published on the Local Area Interactive Tool (LAIT) for 2015/16 indicates that the Isle of Wight's figure for primary is similar to 2014/15 figures at 7.6% with secondary figures slightly down on last year at 16.9% but still higher than England at 13.1%

Data Sources:

<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-school-age>

Elected Home Educated

The responsibility for a child's education rests with the parent, but whilst education is compulsory, school is not. Parents can choose to educate their child at home as long as they provide an education that is 'efficient' and 'suitable' to the child's needs and aptitudes.

Schools (including academies and independent) have to inform their Local Authority (LA), if a child is removed from roll to be home educated however, parents do not have to notify the LA and therefore some children have never been enrolled at a school. Consequently, the LA will **not** hold a full list of Elected Home Educated (EHE) children.

An LA has a statutory duty to make arrangements to enable it to identify, as far as it is possible, any child in its area that is not receiving a suitable education, (i.e. not on a school roll or being educated other than at school) and is expected to 'intervene if it appears that parents are not providing a suitable education', the LA has no statutory duties in relation to monitoring the quality of home education on a routine basis.

314 children were registered as EHE at some point between September and December 2016.

There were 82 young people who became EH and 98 removals from the EHE register.

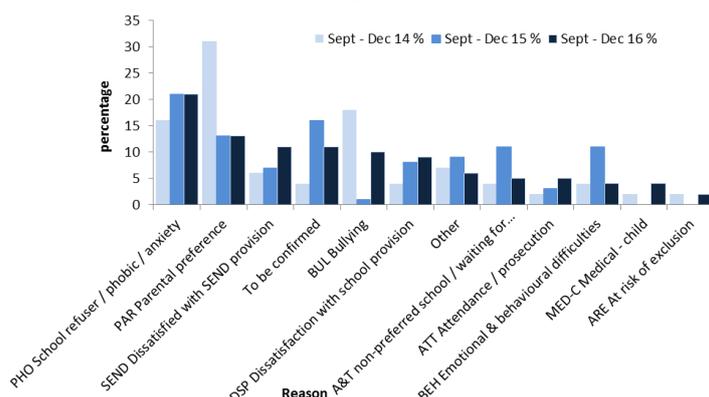
The number of children and young people who are home educated on the Isle of Wight continues to increase and currently represents 1.5% of the child population. The majority, 156 (60% of the EHE cohort) are of secondary school age. 103 (40%) are of primary school age. There has been an increase in the proportion of primary aged EHE pupils in recent years. 34 children (13%) have never been registered at a school but have been added to the EHE register. The number of young people who have never been to school and are not on the EHE register is not known.

Children can become vulnerable if not seen by school or not receiving an adequate education, as well as some children being removed from school due to reasons that increase their vulnerability such as bullying or a sense of inadequate provision for a special need or disability. However, this is not to say that all children EHE are vulnerable.

Of the total cohort currently known to be EHE (259) 12% are known to the Education Welfare Service, 27% are known to have special educational needs and 28% are known to social care.

The reasons given for deciding to become EHE are varied and often not revealed but of the 82 young people who became home educated between September and December 2016, the highest proportion 40 (49%) did so due to a dissatisfaction with school provision, a sense that their children's special educational needs and disabilities are not being met, bullying or because of anxieties that led to school phobias whilst a further 11(13%) young people's parents saw EHE as a preferred format of education/lifestyle choice.

Reason (where given) for Elected Home Education (EHE) Isle of Wight Sept-Dec 2016



Source: Isle of Wight EHE Report Sept-Dec 2016 for Local Safeguarding Children Board

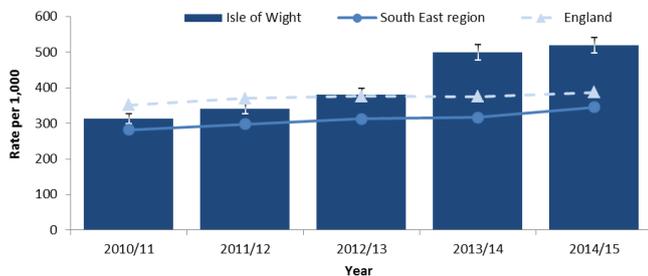
The reasons given often represent the most significant factor. However, in many cases, there are several aspects to a young person being withdrawn from school. For example, a child who has unmet special educational needs or is bullied, may then become school phobic or may present with increased levels of challenging behaviour.

Child health and safety

A&E Attendances

Most recent data for A&E attendances 0 to 19 (2014 to 2015) puts the Isle of Wight rate at 519 per 1,000. This is higher than both the South East and England:

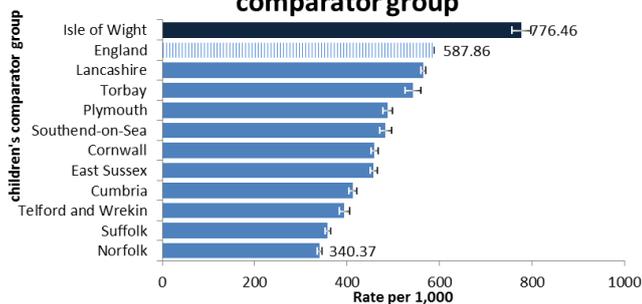
A&E attendances (0 to 19 year olds) 2010/11 to 2014/15 England, South East and Isle of Wight



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

More recent data published for A&E attendances for 2015 to 2016 for 0 to 4 year olds shows the Isle of Wight as an outlier in this indicator with the highest rate (776 per 1,000) among the comparator group:

A&E attendances (0-4 years) 2015/16, England, Isle of Wight and children's comparator group



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

The rate for the Isle of Wight is also significantly higher than England and South East region:

A&E attendances (0 to 4 year olds) 2010/11 to 2015/16 England, South East and Isle of Wight



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

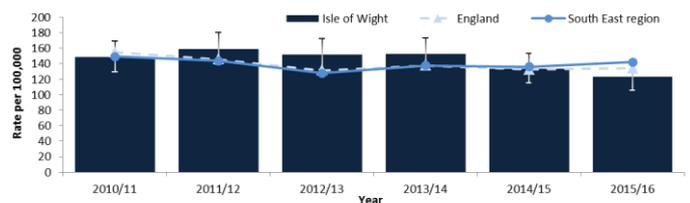
Reasons for the high rate of attendances in 0 to 4 year olds on the Isle of Wight may in part be due to local practice but it is clear that this needs to be an area of focus going forward and the Isle of Wight is working with Child Accident Prevention Trust (CAPT) to understand the picture further.

Hospital admissions

As local practice on the Isle of Wight has previously involved admitting some children due to a lack of a paediatric nurse in A&E (now A&E practice changed) it is interesting to look at the admissions data around accidental and deliberate injury to further understand accidents in young people.

Admissions in 15 to 24 year olds are decreasing and now below both the South East and England rate:

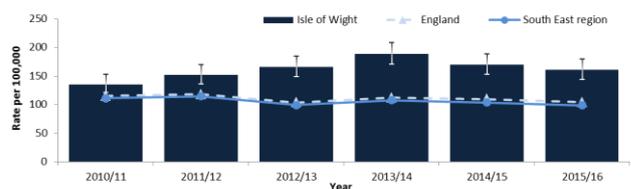
Hospital admissions caused by unintentional or deliberate injuries (15 to 24 year olds) England, South East and Isle of Wight 2010/11 to 2015/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

However, admissions for 0 to 14 year olds on the Isle of Wight (160.7 per 100,000) are higher than both the South East (98.7) and England (104.2):

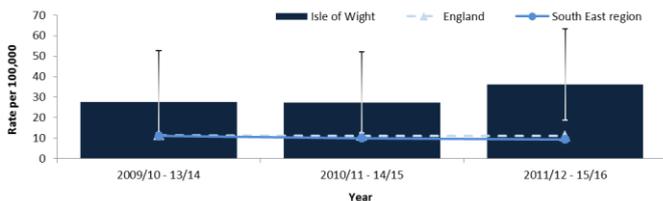
Hospital admissions caused by unintentional or deliberate injuries (0 to 14 year olds) England, South East and Isle of Wight 2010/11 to 2015/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

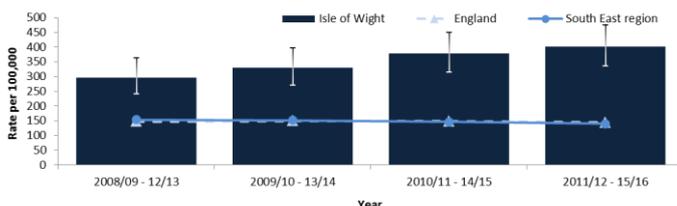
With specific reference to the 0 to 4 year old group, the Isle of Wight has increasing numbers of admissions for inhalation of food or vomit, falls from furniture and poisoning from medicines and is at variance with the South East and national trends in the first two. The Isle of Wight has a particularly high rate of falls from furniture (401.6 per 100,000) as compared to England (143.7) and South East (139.8) and so would be an area of focus going forward:

Emergency hospital admissions due to inhalation of food or vomit (0 to 4 year olds) England, South East and Isle of Wight 2009/10 - 13/14 to 2011/12 - 15/16



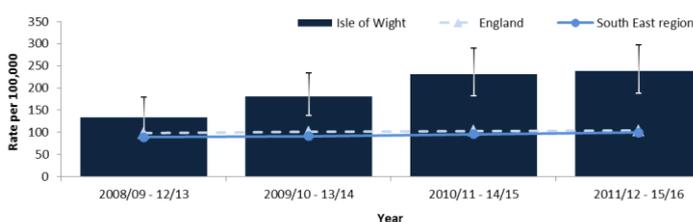
Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Emergency hospital admissions due to falls from furniture (0 to 4 year olds) England, South East and Isle of Wight 2009/10 - 13/14 to 2011/12 - 15/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

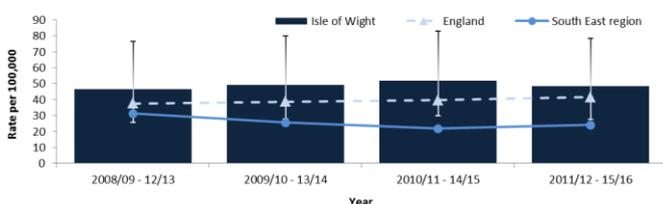
Emergency hospital admissions due to poisoning from medicines (0 to 4 year olds) England, South East and Isle of Wight 2009/10 - 13/14 to 2011/12 - 15/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

Admissions for hot water burns are decreasing on the Isle of Wight at variance to England and South East trends:

Emergency hospital admissions due to hot water burns (0 to 4 year olds) England, South East and Isle of Wight 2009/10 - 13/14 to 2011/12 - 15/16



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

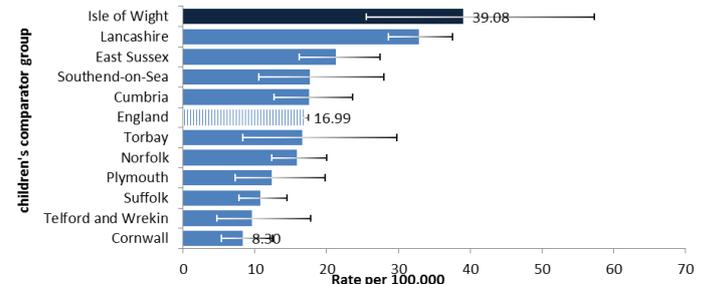
Road safety

A report by the World Health Organisation (WHO) reveals that road traffic injuries are the biggest killer of teenagers globally with more than 115 000 adolescents dying on roads in 2015.

Most of the road fatalities involved males between the ages of 10 and 19 with those aged 15-19 making up the biggest share of these.

Locally, the Isle of Wight's rate for 0 to 15 year olds killed or seriously injured (KSI) in road traffic accidents is 39.1 per 100,000 and is statistically significantly higher than England (17.0) and six of the comparator authorities:

Children (0 to 15 year olds) killed or seriously injured (KSI) on England's roads, England, Isle of Wight and children's comparator group 2013 to 2015



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

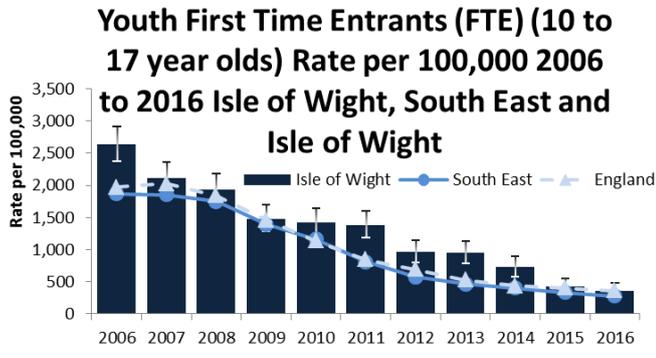
Local data from Island Roads indicates that for this age range the majority of serious accidents (KSI) involved the young people as pedestrians. Nationally it is noted that at times of transition such as moving from primary to secondary school is a peak time for accidents as young people gain new independence such as walking to school.

For casualties within the 0 to 16 age range (local data), the majority were car passengers then pedestrians; possibly indicating that car seats are keeping children safer in accidents leading to casualties rather than KSI's.

Local data for the Isle of Wight also indicates that serious accidents and casualties were highest in the 17 to 24 age range, reflecting national data. For this age range the majority of KSI's were in relation to mopeds and motorbikes with the highest number of casualties linked to car drivers followed by driving of mopeds or motorbikes. This data seems to indicate a link between new drivers and accidents.

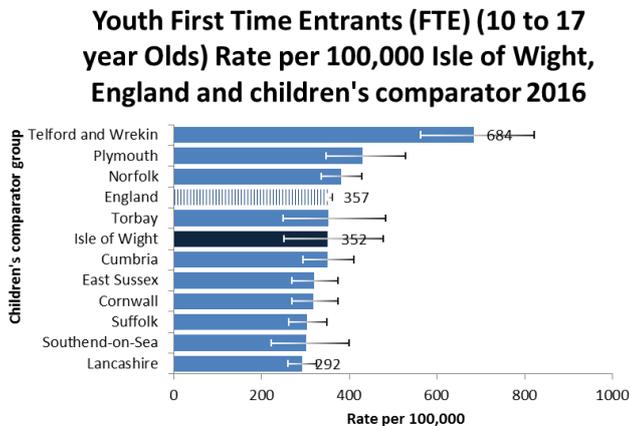
Youth Justice

Locally on the Isle of Wight, numbers of first time entrants (FTE) to the youth justice system have been decreasing since 2006. This follows a similar trend for England and the South East. The rate per 100,000 for FTE's on the Isle of Wight is 351.6 as compared to 356.9 nationally and 277.2 for South East:



Source: <https://www.gov.uk/government/statistics/youth-justice-statistics-2015-to-2016> (accessed May 2017)

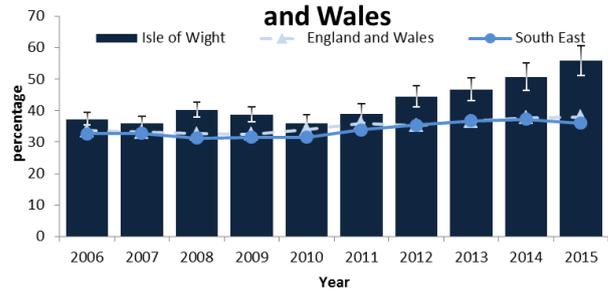
The Isle of Wight is also in line with the majority of the comparator group, being statistically significantly lower than one authority (Telford and Wrekin):



Source: <https://www.gov.uk/government/statistics/youth-justice-statistics-2015-to-2016> (accessed May 2017)

Although the figures for FTE are reducing, the re-offending rate for those who do offend is increasing on the Isle of Wight with over half of those in the youth justice system reoffending as compared to under 40% for South East and England and Wales:

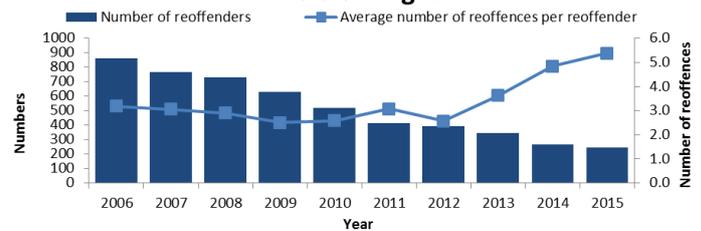
Proportion of youth offenders (10 to 17 year olds) who re-offend 2006 to 2015 Isle of Wight, South East and England



Source: <https://www.gov.uk/government/statistics/proven-reoffending-statistics-july-2014-to-june-2015> (accessed May 2017)

Also of interest locally is that although the actual number of reoffenders is reducing (due to reducing numbers of FTE) the offences per reoffender are increasing:

Number of re-offenders and average number of re-offences per re-offender 2006 to 2015 Isle of Wight



Source: <https://www.gov.uk/government/statistics/proven-reoffending-statistics-july-2014-to-june-2015> (accessed May 2017)

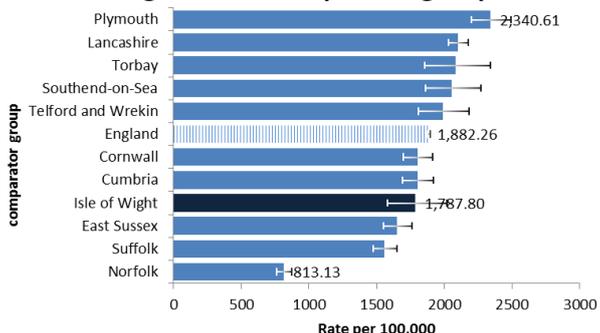
This indicates that universal prevention and early support is working but that targeted support to reoffenders is an area of focus going forward.

Sexual health

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health. The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of chlamydia infection and an increased detection rate is indicative of increased control activity with Public Health England (PHE) recommending that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24

The Isle of Wight has a chlamydia detection rate per 100,000 of 1,788. This is in line with the majority of the comparator group and England:

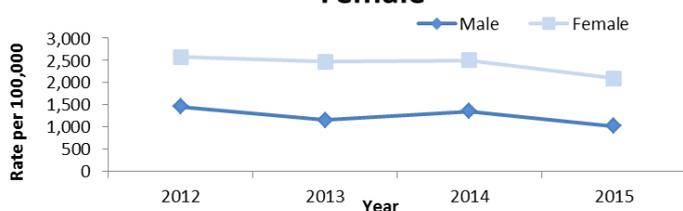
Chlamydia detection rate per 100,000 (15 to 24 year olds) 2016 Isle of Wight, England and comparator group



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed June 2017)

The detection rate is higher in females than males and indicates that females are more likely to visit services for help:

Chlamydia detection rate per 100,000 Isle of Wight 2012 to 2015 Male and Female



Source: PHE Fingertips tool - Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> (accessed Feb 2017)

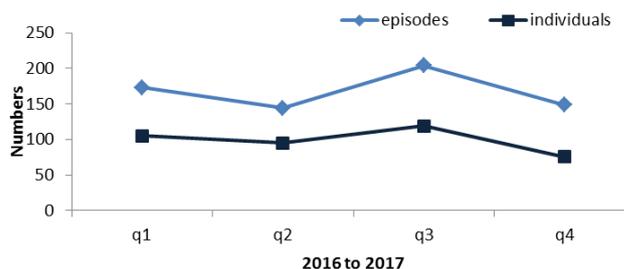
To help increase the detection rate and accessibility of help for those less willing to attend services people can now test themselves through a kit, see: <https://www.freetest.me/>

Locally, it is believed that the lower detection rate is due to lower prevalence in this age group and a lower number within this age group on the Isle of Wight due to studying / opportunities on the mainland.

Missing

During the period April 2016 to March 2017 227 children went missing on the Isle of Wight on 670. A peak of missing episodes occurred in quarter 3 with figures ranging from 144 to 204 across the quarters:

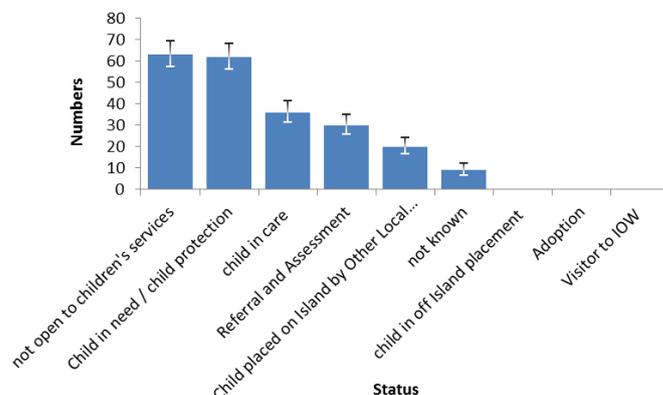
Unverified local data on missing episodes and children Quarter 1 to 4 2016 to 2017



Source: Isle of Wight Missing Children Coordinator Annual Summary 2016 to 2017

The majority of children (134) were known to children's services:

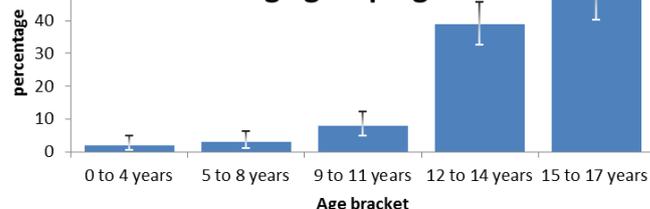
Local unverified data - Status of children reported as missing during 2016 to 2017



Source: Isle of Wight Missing Children Coordinator Annual Summary 2016 to 2017

Most children who go missing on the Isle of Wight are aged between 15 and 17 years of age which reflects the national trend as well as local data on children entering care and the criminal justice system:

Local unverified data - percentage of those going missing 2016 to 2017 by age grouping



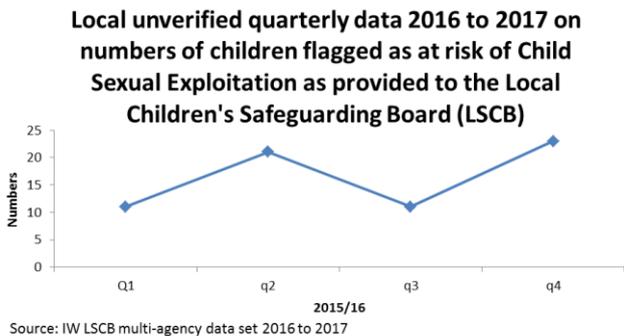
Source: Isle of Wight Missing Children Coordinator Annual Summary 2016 to 2017

Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a type of sexual abuse where children are sexually exploited for

money, power or status. Children or young people may be tricked into believing they are in a loving consensual relationship. They might be invited to parties and given drugs and alcohol, or groomed online. Some children are trafficked into or within the UK for the purposes of sexual exploitation and it can also happen to young people in gangs. (NSPCC, 2016)

Data is limited in this area but reports to the Local Safeguarding Children Board for 2016/17 indicate that between 11 and 23 young people are flagged up each quarter as at risk of child sexual exploitation.



For each quarter the risk level per child flagged as at risk of CSE was as follows and varies per quarter:

Risk level per quarter of those flagged at risk of child sexual exploitation

2016/17	Q1	Q2	Q3	Q4
Low	27.3%	47.6%	45.5%	39.1%
Medium	18.2%	42.9%	27.3%	56.5%
High	54.5%	9.5%	27.3%	4.3%

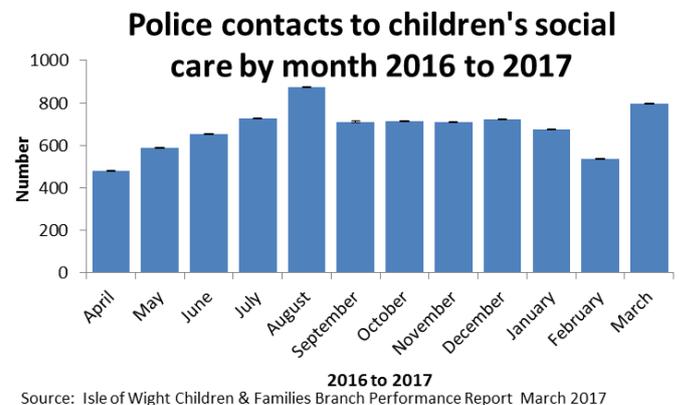
Overall, during the course of the year just over 40% were at low risk and medium risk. Over the quarters, Quarter 1 saw the majority at high risk but this risk was reduced in the following three quarters.

Going missing from home is also a significant factor in identifying children at risk of CSE. Police data indicates that there is a direct correlation between the amount of missing occurrences and sexual offences, CSE and drugs. 22% of males

reported as missing in police data for the Isle of Wight are linked to CSE compared with 14% nationally, and 53% of females compared with 39% nationally. The same pattern is seen when linked with drug intelligence with 64% of males with missing episode on the Island linked compared with 46% nationally.

Domestic abuse

Domestic abuse is a growing area of need and one that is difficult to acquire data on. One dataset of help in building a picture of need is police referrals to children's services. Between April 2016 and March 2017 there were 8,178 contacts from police to children's services. This forms the largest group of referrals, with peaks in holiday times:



Of the referrals made to children's services 17% progressed to referral with 71% given information and advice.

Data from the local specialist drug service reveals that on average, the quarterly rate of those young people in treatment where domestic abuse a factor was 46.5% as opposed to 21.3% nationally.

Further information / References

* General Fertility Rate – child bearing aged defined as those aged between 15 and 44 years.

**LSOA's Lower Super Output Areas – are geographical measurements that allow statistical analysis at small area level

*** The seven domains forming the Indices of Multiple Deprivation (IMD) are: Income Deprivation; Employment Deprivation; Health Deprivation and Disability; Education, Skills and Training Deprivation; Crime; Barriers to Housing and Services; and Living Environment Deprivation. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465791/English_Indices_of_Deprivation_2015_-_Statistical_Release.pdf) and <https://www.iwight.com/azservices/documents/2552-IMD-Overall-Factsheet-Oct-2015-v1.pdf> for local data)

****SCOFF scale

The SCOFF questions* Do you make yourself Sick because you feel uncomfortably full? Do you worry you have lost Control over how much you eat? Have you recently lost more than One stone in a 3 month period? Do you believe yourself to be Fat when others say you are too thin? Would you say that Food dominates your life? *One point for every "yes"; a score of ≥ 2 indicates a likely case of anorexia nervosa or bulimia

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Health Behaviours in Young People Report March 2016 <https://www.iwight.com/azservices/documents/2552-Isle-of-Wight-Health-Behaviours-Summary-2016.pdf>

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NSPCC, 2016 <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/>

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<https://www.iwight.com/azservices/documents/2552-Physical-Activity-JSNA-factsheet-FINAL-CTDB-v3.pdf>

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https://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf