

Thematic narrative - December 2015

Children and Young People

This paper provides an overview of key and evolving issues for Children and Young People (and the interactions/impacts this has on health) across Bournemouth, Poole and Dorset.

Summary

- The population of children and young people is estimated to increase. Growth in population will have an impact on a variety of services for example childcare and school places and other universal services.
- Child Obesity is a priority in all 3 authority areas, and has been rising historically. Tackling childhood obesity is a complex issue and several local actions are in place.
- Children continue to experience income deprivation, with all 3 authorities having some Lower Super Output Areas (LSOAs) that fall within the 10% most deprived areas nationally (IDACI 2015). There are many links between poverty and poor health outcomes.
- There is a positive relationship between school attainment and health and wellbeing in later life. Attainment varies across the pan-Dorset area, and there are gaps in attainment between male and female pupils, and also those pupils who are disadvantaged.
- Data is limited around understanding emotional health and wellbeing. National research suggests 1 in 10 children needs support or treatment for mental health issues.
- An issue of increasing focus nationally is Child Sexual Exploitation. Recording and reporting has been improving in Dorset, with a 74% increase in recorded CSE cases. A number of cases identified concerns over children who had missing or absent episodes.

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Introduction

Having the best start in life is key to avoiding poor health outcomes and reducing health inequalities in later life. Prevention and early intervention is a key focus when looking at children and young people’s health and wellbeing.

There are a number of jointly owned outcomes that the Public Health Dorset children’s programme focuses on, including:

- Improving birth outcomes and reducing infant mortality
- Improving breastfeeding rates
- Improving child development at key developmental stages (including 2-2½ years and school readiness at age 4-5)
- Improving the emotional health and wellbeing of parents, children and young people
- Reducing risk taking behaviour in children and young people
- Improving children and families’ experience of services

Topics in this paper have been chosen because data show that they are an issue, or emerging trend, and/or they are a local priority / focus.

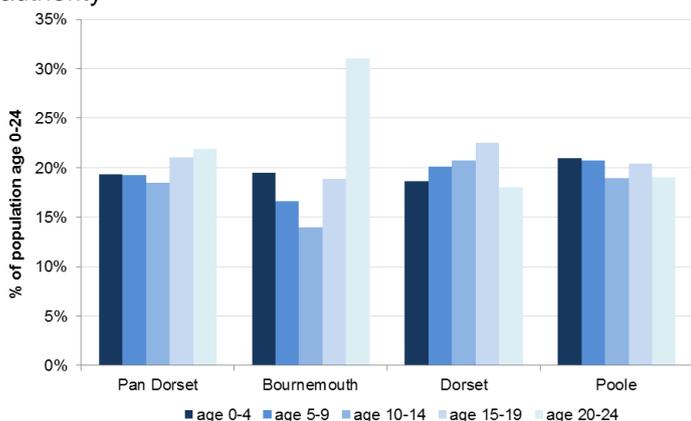
Local picture

Population

In 2014 the population of 0-19’s pan-Dorset was estimated to be 158,300. This is an estimated 1% increase since the 2011 Census (from 156,700). The population of 0-19 year olds pan Dorset is estimated to increase 3% by 2020 (+ 4800 people). Growth in the population will have a variety of impacts on services such as increased demand for childcare and school places and other universal services.

The population and projected increase is not distributed equally amongst the constituent local authorities (as demonstrated in chart and table 1 below). Bournemouth has a higher proportion of young people aged 20-24 compared to Dorset and Poole. Higher growth in the 0-19 population is estimated for Bournemouth and Poole than Dorset.

Figure 1: Proportion of children by age band, per local authority



Source: ONS 2014 Mid-year estimates

Table 1: Projected population change of children and young people aged 0-19

	2015	2020	% increase
	age 0-19	age 0-19	
Pan-Dorset	158,900	163,100	3%
Bournemouth	40,000	41,900	5%
Dorset	85,500	86,500	1%
Poole	33,400	34,700	4%

Source: ONS 2012 based population projections

The ethnic population of children and young people varies by local authority. On Census day, 2011, 82% of children and young people (0-17) were White British in Bournemouth, compared to 91% in Poole and 94% in Dorset.

Local Plans and Strategies

[Bournemouth Children and Young People's Plan](#)

[Dorset Children and Young People's Plan](#)

[Poole Children and Young People's Plan](#)

[Public Health Dorset Children and Young People programme](#)

[Pan-Dorset Maternity Strategy](#)

Current Issues

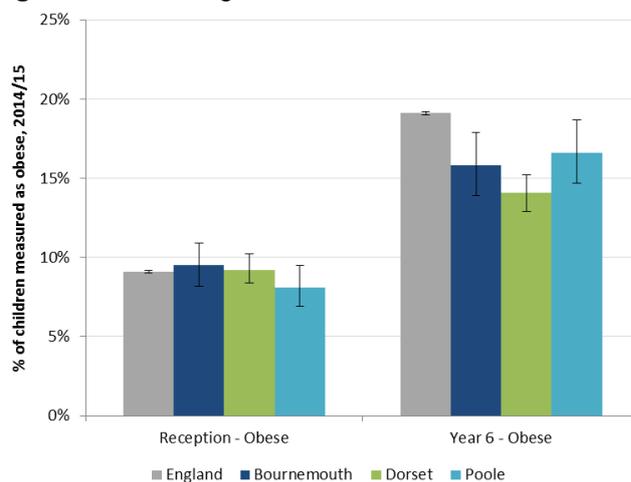
Obesity

Obesity is a complex issue and does not affect all groups equally, with obesity being more common among people from more deprived areas, older age groups, some black and minority ethnic groups and people with disabilities¹. Obesity is also costly, through medication and NHS services, to sickness days and social care costs. Public Health England project the national costs are likely to increase by £2 billion between 2010 and 2030 (based on current projections).

Childhood obesity is regarded as one of the most serious global public health challenges by the World Health Organisation. Being overweight in childhood has short term consequences such as negative effects on emotional and mental wellbeing, fatigue, and disturbed sleep. Obese children and adolescents are also more likely to be obese in adulthood leading to higher risk of disease, disability and early death. Some obesity-related conditions, such as Type 2 Diabetes, can develop in children and these have been increasing².

The latest figures from the National Child Measurement Programme (NCMP) show that, nationally, 19.1% of Year 6 (age 10-11) children, and 9.5% of Reception (age 4-5) were measured as obese (2014/15). Pan-Dorset, all 3 local authorities have similar levels of obesity in reception, and better levels at Year 6 (Figure 2). However, due to the historic rise in obesity levels, being similar or better than average does not mean that we are doing well – tackling obesity is a priority for all areas. There are differences in levels of child obesity across the conurbation, particularly in more deprived areas.

Figure 2: Percentage of children measured as obese, 2013/14



The causes of childhood obesity are complex, and a range of measures will be needed to tackle it - a national child obesity strategy is due to be published. Locally, midwives and health visitors are trained to support weight management and behaviour changes. Children's Centres and health visitors work with families to support breastfeeding and healthy eating, and school nurses offer support once children start school.

¹ Making the case for tackling obesity – why invest?, Public Health England

² Public Health England, National Obesity Observatory.

Livewell Dorset is a local service, which started in April 2015, and supports adults (including parents and families) with weight management and improved lifestyle choices. Elected members across the 3 local authorities are leading a task and finish group to explore wider action around obesity, and are due to report this year.³

Local Strategies and Needs Assessments - Obesity

[Bournemouth and Poole Healthy Weight for Children and Young People Strategy](#)

[Childhood Obesity in Dorset](#)

[Obesity data by Children's Centre](#)

Injuries

In June 2014 Public Health England (PHE) published '[Reducing unintentional injuries in and around the home among children under five years](#)'. Nationally, unintentional injuries in and around the home are a major cause of death and disability among children under 5. The majority of these injuries are preventable.⁴

The following injury types were highlighted as national priorities for under 5's³:

- Choking, suffocation and strangulation
- Falls
- Poisoning
- Burns and Scalds
- Drowning

Locally, the rate of emergency hospital admissions for unintentional and deliberate injuries is significantly higher than the England average for all 3 authorities (Figure 3). Further analyses of injuries in under 5's by children's centre area are available on the [Public Health Dorset website](#).

Public Health England also published a report on [reducing unintentional injuries on the roads for children and young people under 25](#). National analysis of data showed that from 2008 to 2012 there were more than 320,000 road casualties and 2,300 deaths among children and young people under 25 in England. It was also found that children who lived in deprived areas were at much greater risk. The following actions were proposed to reduce injuries:

1. Improve safety travelling to and from school
2. Introduce 20mph limits in priority areas as part of a safe system approach
3. Co-ordinated action to prevent traffic injury and improve health

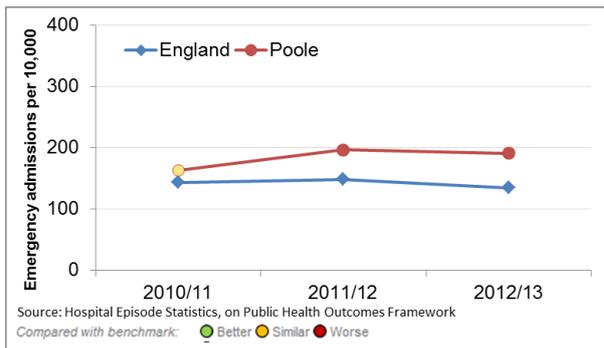
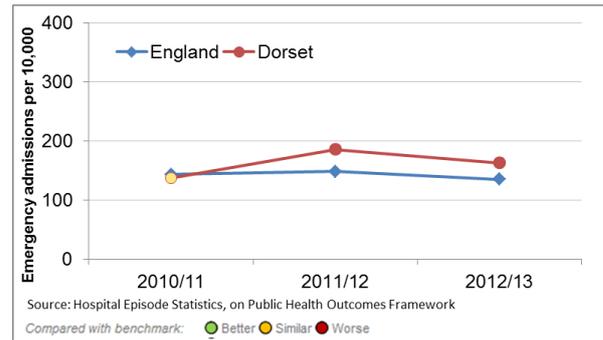
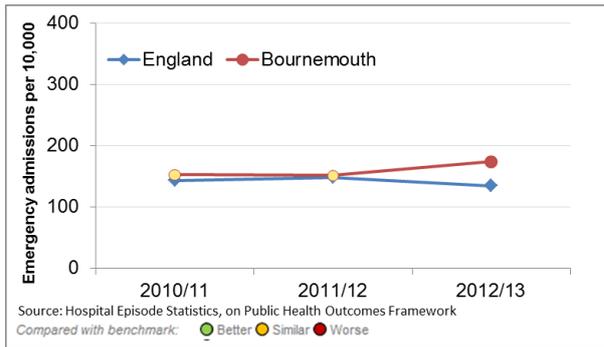
In 2012-14 the rate of killed and seriously injured casualties (all ages) on the roads was higher than the England average in both Dorset (54.4 per 100,000) and Poole (48.1). Bournemouth's rate (44.2) was similar to England (39.3)⁵. Each Local Authority has their own road safety team, who lead on reducing the harm from traffic, and in addition the Pan Dorset Strategic Road Safety Partnership (DSRSP) has been established to take a multi-agency approach to the reduction of road traffic collision casualties

Figure 3: Hospital admissions caused by unintentional and deliberate injuries in children (0-4) by Local Authority.

³ [Director of Public Health Dorset, Annual Report 2015.](#)

⁴ [Reducing unintentional injuries in and around the home among children under five years, 2014,](#) Public Health England

⁵ [Public Health Outcomes Framework](#)



Local Strategies and Needs Assessments - Injuries

[Community Safety JSNA paper](#)

[Analysis of admissions for under 5's by Children's Centre](#)

[Unintentional injuries report for local authorities](#)

[Report on Reducing the harms from road traffic collisions in Dorset](#)

Road Safety Partnerships – [Bournemouth](#), [Poole](#) and [Dorset](#)

Emotional health and wellbeing

An area that has limited data available, but could potentially present a key health concern, is Children's emotional health and wellbeing. The "Future in Mind" report states that 1 in 10 children need support or treatment for mental health issues ranging from depression and anxiety to severe and persistent conditions. Experiencing mental health issues in childhood can result in lower educational attainment and risky health behaviours such as smoking, drug and alcohol abuse. In addition, early intervention avoids crisis and further treatments in adulthood – 75% of adult mental health problems (excluding dementia) begin by age 18. Evidence emphasised the need to improve access to services, improve data and standards and improve services for the most vulnerable⁶.

Data on the prevalence of mental health disorders in the local population are limited, but prevalence estimates are available from [ChiMat](#). Care should be taken with these estimates as they are based on 2004 data, and are only adjusted for age, gender and socio-economic classification. Estimates suggest that prevalence is similar across the 3 authority areas.

In 2014-15 the Dorset Child and Adolescent Mental Health Service (CAMHS) had 4959 referrals (a referral

Table 2: Prevalence of mental health disorders

	Estimated prevalence: % of population aged 5-16 (2014)
Bournemouth	9%
Dorset	8.7%
Poole	8.9%
Source: ChiMat	

⁶ Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing, March 2015.

rate of 35.1 per 1000 population based on under 18 GP registered population). 3361 of these cases were taken on. 338 referrals were made to the Dorset CAMHS Learning Disability Service.⁷

What about YOUth is a national survey of 15 year olds covering topics such as general health, smoking, drinking and wellbeing. Data from the 2014 survey show that general mental wellbeing scores are similar to the England benchmark for all 3 authority areas, there are some differences in life satisfaction; 16.5% of 15 year olds who responded in Bournemouth reported low life satisfaction, significantly higher than England (13.7%). The proportion for Dorset (12.3%) and Poole (13.3%) were similar to England.

A range of mental health problems can occur during the perinatal period (during pregnancy and up to 1 year after birth) from mild to severe conditions e.g. Depression, Anxiety, Post Traumatic Stress Disorder (PTSD) and Perinatal Psychosis. The table below shows some estimates of the numbers of women experiencing mental health problems in the perinatal period (based on national estimates).

Table 3: Estimates⁸ of numbers of women with mental health problems during pregnancy and after childbirth

Estimated number of women with:	Bournemouth	Dorset	Poole
Postpartum psychosis (2013/14)	5	10	5
Chronic Serious Mental Illness (2013/14)	5	10	5
Severe depressive illness (2013/14)	70	100	45
Mild-moderate depressive illness and anxiety (lower estimate) (2013/14)	225	330	150
Mild-moderate depressive illness and anxiety (upper estimate) (2013/14)	335	495	220
Post Traumatic Stress Disorder (2013/14)	70	100	45
Adjustment disorders and distress (lower estimate) (2013/14)	335	495	220
Adjustment disorders and distress (upper estimate) (2013/14)	665	990	440

Source: National Child and Maternal Health Intelligence Network, 07/01/2015

Local Strategies and Needs Assessments – Emotional Health and Wellbeing

[CAMHS/Emotional Health and Wellbeing Needs Assessment](#)

[Pan-Dorset Mental Health and Emotional Wellbeing Strategy](#)

[Perinatal Mental Health Profiles \(available by Local Authority\)](#)

Health Inequalities

Data shows that inequalities between the least and most deprived areas across England in life expectancy and health life expectancy continue⁹. The Marmot Review (2010) states that there is evidence child poverty leads to premature mortality and poor health outcomes in later life¹⁰.

⁷ [CAMHS Needs Assessment Data and Information](#)

⁸ These estimates are based on national estimates of conditions and local delivery figures only, and have been rounded to the nearest five. They do not take into account other factors that are likely to cause local variation e.g. socio-economic factors.

⁹ [Inequality in Health and Life Expectancies within Upper Tier Authorities, ONS](#)

¹⁰ [Fair Society, Healthy Lives, The Marmot Review](#)

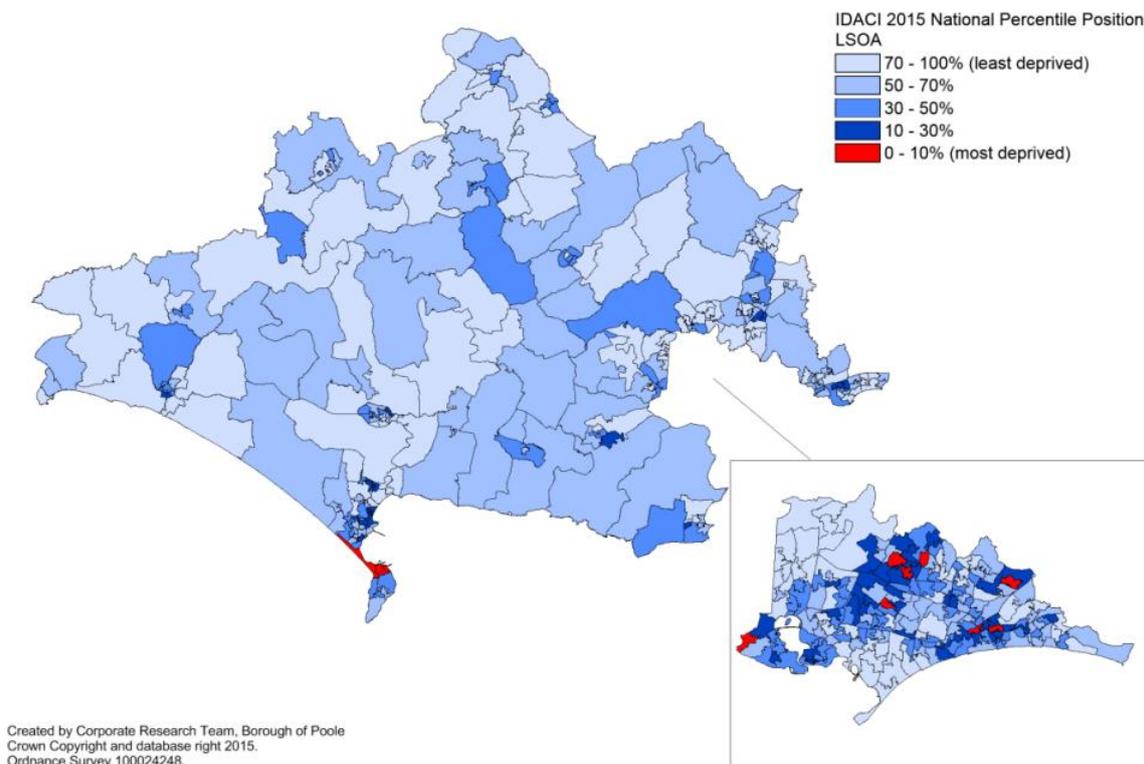
A key measure of poverty (Table 3) is the proportion of children living in families on low income (less than 60% of UK median income)¹¹. This measure shows that all 3 Local Authorities have lower levels of child poverty compared to England, however, this is still significant numbers of children.

Table 3

	Proportion of children in low income families - 31.08.2012	
	Under 16	Under 20
Bournemouth	18.4%	17.9%
Dorset	12.4%	11.7%
Poole	15.3%	14.8%
England	19.2%	18.6%

Additionally, levels of poverty differ within smaller areas in Local Authorities. The Income Deprivation Affecting Children Index (IDACI) is a relative deprivation measure for small areas. It measures the proportion of children aged 0-15 living in income deprived families. Figure 3 shows the national percentile positions of the LSOA's pan-Dorset. All 3 authorities have areas that fall within the most deprived 10% of areas nationally (Weymouth and Portland, Bourne Valley, Turlin Moor, St Clements, Townsend).

Figure 4: IDACI 2015



Local Strategies and Needs Assessments – Health Inequalities

- [Poole Child Poverty Needs Assessment](#)
- [Bournemouth Child Poverty Needs Assessment](#)
- [Dorset Child Poverty Needs Assessment](#)
- [Pan-Dorset GP Inequalities profiles](#)
- [Bournemouth – West Howe and Boscombe Strategic Assessments](#)

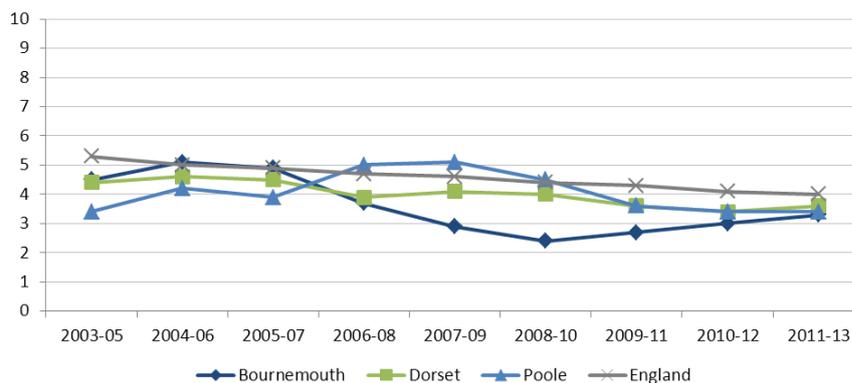
¹¹ [HMRC Children in low income families local measure, 31st August 2012.](#)

Child deaths

Infant mortality is an indicator of the general health of the entire population and reflects the relationship between causes of mortality and economic, social and environmental determinants of population health¹². Of all Western countries, Britain has the fourth highest rate of infant mortality - with death rates correlating with child poverty and level of investment in healthcare¹³. Reducing infant mortality and inequalities by deprivation are part of the Government's public health strategy¹⁴.

Latest data shows the infant mortality rates in all 3 authorities are similar to that of England. Dorset and Poole are showing a downward trend, however Bournemouth is now similar to England after being better for a period during 2007-2011 (although small numbers).

Figure 5: Infant mortality (Rate of deaths under 1 year per 1,000 live births) - PHOF



Local analysis of all child deaths (0-17) demonstrated that 65% of deaths in children occurred under 1 year (2009/14). There is no significant difference between the three authorities, however child deaths are over-represented in the most deprived areas given the population distribution.

Local Strategies and Needs Assessments

[Pan-Dorset Child Death Overview Panel Reports](#)

Vulnerable / looked after children

When a child is referred to social care services, an assessment is carried out to determine if they are in need of services. Services can include family support, support leaving care or disability services. Table 4 shows that the rates of children in need for 2014-15 were higher than England for both Bournemouth and Poole. The proportion of children in need with a recorded disability in Poole is much higher than England and the other authorities.

Children with significant additional needs, or at risk of harm, may become 'looked after' by their Local Authority. Data show that there are gaps in attainment and health indicators between looked after children and others¹⁵. Data on health outcomes for looked after children show proportions similar or higher than the England proportion for immunisations and dental checks (Table 5).

¹² [Public Health Outcomes Framework, Infant mortality indicator rationale](#)

¹³ [Economic and Social Research Council, November 2015](#)

¹⁴ [Healthy Lives, Healthy People: Our strategy for Public Health November 2010](#)

¹⁵ [Outcomes for children looked after by Local Authorities in England](#), Department for Education

Table 4: Children in Need 2014-15

	Children in need, rate per 10,000 children	Children in need, % with recorded disability
	2014-15	2014-15
Bournemouth	944.8	10.9%
Dorset	685.6	9.5%
Poole	922.2	20.2%
England	674.4	13.0%

Source: [Department for Education](#)**Table 5:** Outcomes of looked after children 2014

	Number of children looked after for at least 12 months (31 March 2014)	% identified as having a substance misuse problem during year	% whose immunisations were up to date	% who had teeth checked by a dentist
Bournemouth	180	X	97%	100%
Dorset	230	X	87%	87%
Poole	105	5.8%	86%	86%
England	47,670	4%	87%	84%

Source: [Department for Education](#) (X = suppressed data)

Local Strategies and Needs Assessments – Vulnerable Children

[Poole Early Help Assessments](#)

[Bournemouth Early Help Strategy](#)

[Dorset Common Assessment Framework](#)

Healthy Start

The foundations of adult health are set down in prenatal life and early childhood. Ensuring every child has the best start in life is a key step to reducing health inequalities. Amongst other issues discussed in this paper, improving breastfeeding rates, reducing smoking in pregnancy and ensuring children are immunised are important factors in ensuring they have a healthy start.

Increasing breastfeeding rates is expected to have several health benefits for both the mother and child, leading to a reduction in illnesses in young children, and reduced hospital admissions for treatment of illnesses / infections. Breastfeeding rates, at both initiation and 6-8 weeks, are above the rate for England in all 3 local authority areas. The rates have been fluctuating since 2010/11. Differences in rates are seen at smaller areas within authorities, especially in more deprived areas.

NOTE: Data for Bournemouth and Poole are the same up to 2013 as data is estimated from the former PCT organisation in which the authority lies.

Table 6: Breastfeeding rates at initiation

Period	England	Dorset	Poole	Bournemouth
2010/11	73.7%	76.4%	76.7%	76.7%
2011/12	74.0%	81.7%	77.3%	77.3%
2012/13	73.9%	78.0%	76.9%	76.9%
2013/14	74.0%	80.1%	*	*
2014/15	74.3%	79.0%	77.8%	84.4%

Table 7: Breastfeeding rates at 6-8 weeks

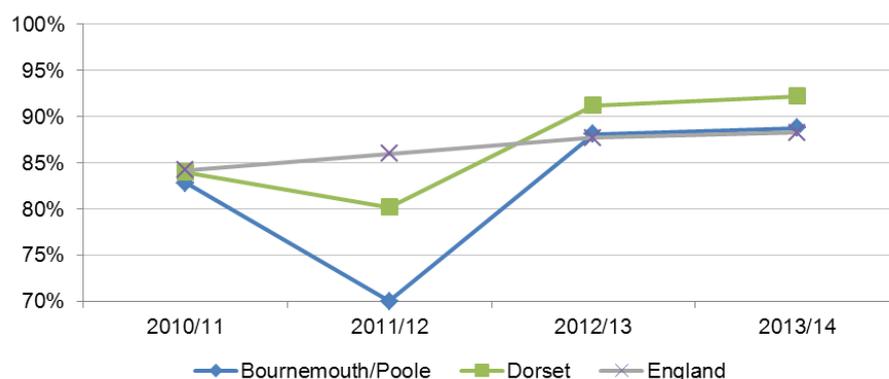
Period	England	Dorset	Poole	Bournemouth
2010/11	46.1%	54.0%	50.7%	50.7%
2011/12	47.2%	54.2%	50.9%	50.9%
2012/13	47.2%	52.0%	52.3%	52.3%
2013/14	*	53.4%	49.3%	*
2014/15	43.8%	*	47.0%	56.2%

Source: [Public Health Outcomes Framework](#)

* Value not published for data quality reasons

Smoking in pregnancy has known detrimental effects on the growth of the baby and health of the mother, as well as pregnancy and delivery complications. Data on smoking in pregnancy often underestimates rates. Locally it suggests 12% of mothers were smoking at time of delivery in 2013/14 (14/15 data not available due to data quality)¹⁶. Prior to 2013/14 data was available from PCT's, which suggested rates in Dorset were above the England average. Local data from Bournemouth and Poole shows that a higher percentage of mothers from deprived areas smoke at the time that they book with a midwife early in pregnancy. National data shows that these inequalities remain at the time of delivery. Further local data on smoking available here: <http://www.publichealthdorset.org.uk/understanding/healthy-living/smoking>

A key health protection measure is immunisations – one indicator is the coverage rate of children who receive two doses of the MMR vaccine by their 5th birthday. These infectious, common, conditions can have serious complications and health consequences. Coverage is the best indicator of the level of protection a population has. The target coverage is 90% (set by WHO, adopted by Department of Health). The coverage in Dorset has recently been above the target of 90%. However, the coverage for Bournemouth and Poole is below the target, although in line with the coverage for England.

Figure 6: Coverage of children receiving 2 doses of MMR by their 5th birthday

Source: [Public Health Outcomes Framework](#)

Local Strategies and Needs Assessments

[Bournemouth Early Years Strategy](#)

¹⁶ Source: [Public Health Outcomes Framework](#)

Healthy Lifestyles

Our lifestyle choices can sometimes put us at risk of illness or injury. Smoking, drinking or taking drugs can all have a negative impact on our health. Adolescence is a critical time for laying foundations for health behaviours in later life.

Recent national research¹⁷ shows:

- Physical activity declines in adolescence, especially in girls, and nutrition often falls short of national recommendations.
- Rates of smoking, drinking and drug use have fallen in recent years.
- In 2013, rates of conceptions in under 18's were at the lowest level since 1969, however births among 15-19 year olds is relatively high compared to other countries.
- The highest rates of STI's are among those aged 15-24 (especially chlamydia).

Locally¹⁸:

- Physical activity in 15 year olds is similar to the England average in all 3 authorities (WAY survey).
- The prevalence of 15 year olds who currently smoke is higher than average in Bournemouth and Poole (WAY survey).
- The percentage of 15 year olds who are regular drinkers (at least once a week) is higher than average in Bournemouth and similar in Poole and Dorset (WAY survey)
- Under 18 conceptions have continued to fall (Dorset is significantly better than England) (Public Health Outcomes Framework).
- Chlamydia detection rates in 15-24 year olds (2014) are better than target in Bournemouth and similar in Poole. They are below target in Dorset, and have been since 2012 (Public Health Outcome Framework).

Parental Substance Misuse

Parents with substance misuse issues can present a risk to their children through reduced ability to provide practical and emotional care. This can result in issues for children such as educational problems, emotional difficulties, or becoming a young carer. Receiving treatment for substance misuse enables parents to overcome their addiction, and look after their children better¹⁹. Table 8 below shows the number of parents in treatment living with children, for each Local Authority.

Table 8: Parents in substance misuse treatment living with children, 2014-15

	Numbers in treatment (2014-15)	Number in treatment who are parents living with children (2014-15)	Percentage in treatment who are parents living with children (2014-15)
Bournemouth	1488	861	58%
Dorset	1766	982	56%
Poole	545	178	33%
England	295224	84458	29%
Source: National Drug Treatment Monitoring System			

¹⁷ [Association for Young People's Health – Key data for Adolescence 2015](#)

¹⁸ Public Health Outcomes Framework

¹⁹ [Parents with drug problems: how treatment helps families, 2012](#). National Treatment Agency for Substance Misuse.

Local Strategies and Needs Assessments – Healthy Lifestyles

[Poole Alcohol Harm Reduction Strategy](#)

[Bournemouth Young People’s Substance Misuse Treatment Needs Assessment, 2012/13](#)

[Poole Leisure Strategy, 2011 to 2015](#)

Education and Employment

Attainment is related to children and young people’s life satisfaction. Furthermore, there is a positive relationship between school attainment and health and wellbeing in later life²⁰.

Being ready for school indicates how prepared a child is to succeed cognitively, socially and emotionally at school. The Early Years Foundation Stage (EYFS) is a framework for children’s learning and development from 0-5. Children are assessed against the framework’s standards at the end of the Reception year to determine ‘school readiness’.

As can be seen in Table 9, the proportion of children attaining a good level of development in the EYFS profile across the 3 authorities was similar to or above the England average in 2014/5. However, there is not an even level of attainment across all groups. National data highlights the gender gap in attainment at this level. In all 3 authorities, as well as in England as a whole, girls had higher attainment than boys. Similarly, those who are eligible for free school meals on average have lower attainment than those who are not.

Table 9: Attainment in the EYFS Profile: Children reaching a good level of development (2014/5)

	England	Bournemouth	Dorset	Poole
% Attaining a good level of development	66	72	68	67
Gap in attainment by Gender (%pts)	16	13	19	18
Gap (%pts) between those who are eligible for free school meals and others	18	22	24	17

Source: [Department for Education](#)

Key stage 2 assessments take place at the end of end of Year 6. Whilst pupils in Bournemouth schools are attaining slightly above the England benchmark of 80%, Dorset are slightly below and only 73% of pupils in Poole attained at this level (Table 10). The gender gap at this age is less marked than in the early years; however, girls still out perform boys. There are also significant gaps in attainment between disadvantaged and other pupils.

Table 10: Attainment at Key Stage 2: Pupils with a level 4 or above in reading, writing and mathematics tests (2014/5)

	England	Bournemouth	Dorset	Poole
% Attaining level 4 or above in reading, writing or maths	80	81	78	73
Gap in attainment by Gender (%pts)	6	5	7	10
Gap (%pts) between disadvantaged pupils ²¹ and others	15	18	17	18

Source: [Department for Education](#)

²⁰ The link between pupil health and wellbeing and attainment, Public Health England, November 2014

²¹ Disadvantaged pupils are defined as children who: have been eligible for free schools meals in the last six years; have been looked after continuously for 1 day or more; or who have been adopted from care.

Table 11 shows pupils' attainment at GCSE, which mark the end of compulsory schooling. Across the Dorset authorities, GCSE attainment was above that of England as a whole. The gender gap is also evident at this stage of education, with girls outperforming boys by 12 percentage points in Bournemouth and Poole. Data about the GCSE attainment of disadvantaged pupils in 2014/5 is not available. However in 2013/4, in England as a whole, the gap between disadvantaged and other pupils was substantial at 28 percentage points. The gap in Bournemouth was larger than this at 32 percentage points. Dorset and Poole had slightly lower, but not insignificant, gaps of 27 and 26 percentage points respectively.

Table 11: Attainment at Key Stage 4: Pupils attaining 5 or more A*-C at GCSE (or equivalent) including maths and English²² (2014/5)

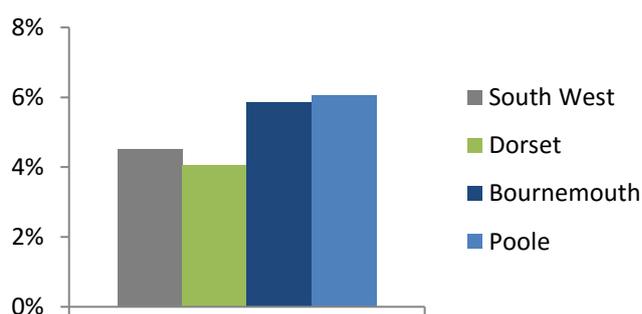
	England	Bournemouth	Dorset	Poole
% Attaining 5+ A*-C inc maths & English	56	59	58	62
Gap in attainment by Gender (%pts)	10	12	9	12

Source: [Department for Education](#)

Having Special Educational Needs (SEN) has been shown to be a strong predictor of poorer outcomes, in particular education, employment, mental health and social issues. 20% of pupils attending schools pan-Dorset were identified as having SEN. This compares to a national figure of 17.9%. 2.6% of pupils had a SEN statement compared to 2.8% in England (January 2014). There is variation across authorities with a higher proportion of SEN pupils in Dorset. Bournemouth has a higher proportion of pupils with SEN statement. There is also correlation between areas of deprivation and SEN, particularly in Weymouth and Portland and Poole²³.

Figure 7, shows the estimated proportion of 16-18 year olds who were not in education, employment and training (NEET) in the three authorities and the South West as a comparison²⁴. In Bournemouth and Poole there was a slightly higher proportion at around 6%. Although the proportions for young people who were NEET are reasonably low, this represents over 1000 young people across the three authorities.

Figure 7: Young people aged 16-18 not in Education, Employment or Training (2014)



Local Strategies and Needs Assessments – Education and Employment

Poole: [Children and Young People – Learning for Life](#)

[Bournemouth Education Improvement Strategy](#)

[Poole Youth Unemployment Evidence Paper](#)

²² Provisional results (data accessed 11/12/15).

²³ Pan-Dorset SEN/D Needs Assessment, December 2014.

²⁴ Unfortunately, comparable data for England is not available.

[Dorset LEP Data Dashboard](#)
[Pan-Dorset SEN Needs Assessment](#)

Safeguarding

Domestic Violence and Abuse

An NSPCC national study found that, of 18-24 year olds interviewed, almost a quarter reported being exposed to domestic violence between adults in their homes during childhood. Of the younger children interviewed, 3.2% of under 11's, and 2.5% of 11-17 year olds had reported exposure to domestic violence in the past year²⁵.

Across Bournemouth, Dorset and Poole, the number of violent domestic abuse and serious sexual assault crimes is increasing, as is the proportion of abuse victims engaging with independent advisory services. However, these crimes are traditionally underreported, and these increases are in line with what is seen nationally. 41% of sexual assault victims are aged under 17. This is particularly concerning because it is estimated that in 29% of domestic abuse cases the victim has had previous experience of sexual assault. This suggests that these young people are therefore at risk of abuse in the future and are more likely to experience long term substance abuse and develop mental health problems. This will inevitably lead to reduced life chances and increased health inequalities. Please read the Community Safety Strategic Narrative for more information on safeguarding issues.

Emerging issues

Child Sexual Exploitation

An issue of increasing national focus in recent years is that of child sexual exploitation. Sexual exploitation results in children and young people suffering harm, and has significant impact on physical and mental health²⁶. Any child or young person may be at risk of exploitation, regardless of their background or other circumstances – this includes boys and young men. However, there is evidence that some groups are particularly vulnerable such as those with a history of going missing or running away, children with special needs, and children in and leaving care. Sexual exploitation can be difficult to identify, and young people are often groomed to be secretive, so it is difficult to quantify the number of children and young people who are abused. All countries in the UK have seen the number of recorded sexual offences against children increase by between 12% and 39% in 2013/14 compared to the previous year²⁷.

The Pan-Dorset Multi-Agency Child Sexual Exploitation Strategy details that, in the latest profile produced by Dorset Police, there has been a 74% increase in the recording of CSE cases (124 cases April – September 2014).²⁸ 61 cases were recorded as crimes, which amounted to 10% of all sexual offences recorded during the period. Sixty-six percent of these investigations involved an element of online grooming. A number of the cases identified concerns that the children had missing or absent episodes reported to the Police.

In response to this issue, locally there is a Pan-Dorset Child Sexual Exploitation & Missing Children Group as well as recording and reporting improving in Dorset Police. A multi-agency strategy is in place to aid recognition, prevention and disruption of exploitation.

Local Strategies and Needs Assessments –Safeguarding

²⁵ [Child abuse and neglect in the UK today, NSPCC](#), 2011

²⁶ Safeguarding Children and Young People from Sexual Exploitation, Department for Children, Schools and Families

²⁷ How Safe are our children, 2015, NSPCC

²⁸ [Pan-Dorset Multi-Agency Child Sexual Exploitation Strategy 2015-16](#)

[Bournemouth and Poole Safeguarding Board](#)
[Bournemouth and Poole CSE Strategy](#)
[Dorset Safeguarding Board](#)

Links to national resources and further information

National

- Child Health Profiles - <http://www.chimat.org.uk/profiles>
- ChiMat JSNA Tool - <http://www.chimat.org.uk/jsnavigato>
- National Obesity Observatory – <http://www.noo.org.uk/>
- Public Health Outcomes Framework – <http://www.phoutcomes.info/>
- Local Health - <http://www.localhealth.org.uk/>
- Public Health England Fingertips Tools - <http://fingertips.phe.org.uk/>

Local

- [Poole Strategic Assessments](#)
- [Bournemouth Statistics](#)
- [State of Dorset 2015](#)

Community Engagement

- [Bournemouth Youth Survey 2015 - Boscombe](#)
- [Dorset Youth Services Engagement 2015](#)
- [Poole Children and Young People's Consultation 2014](#)

This paper was produced by the Corporate Research Team, Borough of Poole and Public Health Dorset for the Joint Strategic Needs Assessment.

For any questions and/or feedback please contact Natasha Miles at n.miles@poole.gov.uk or 01202 633357.