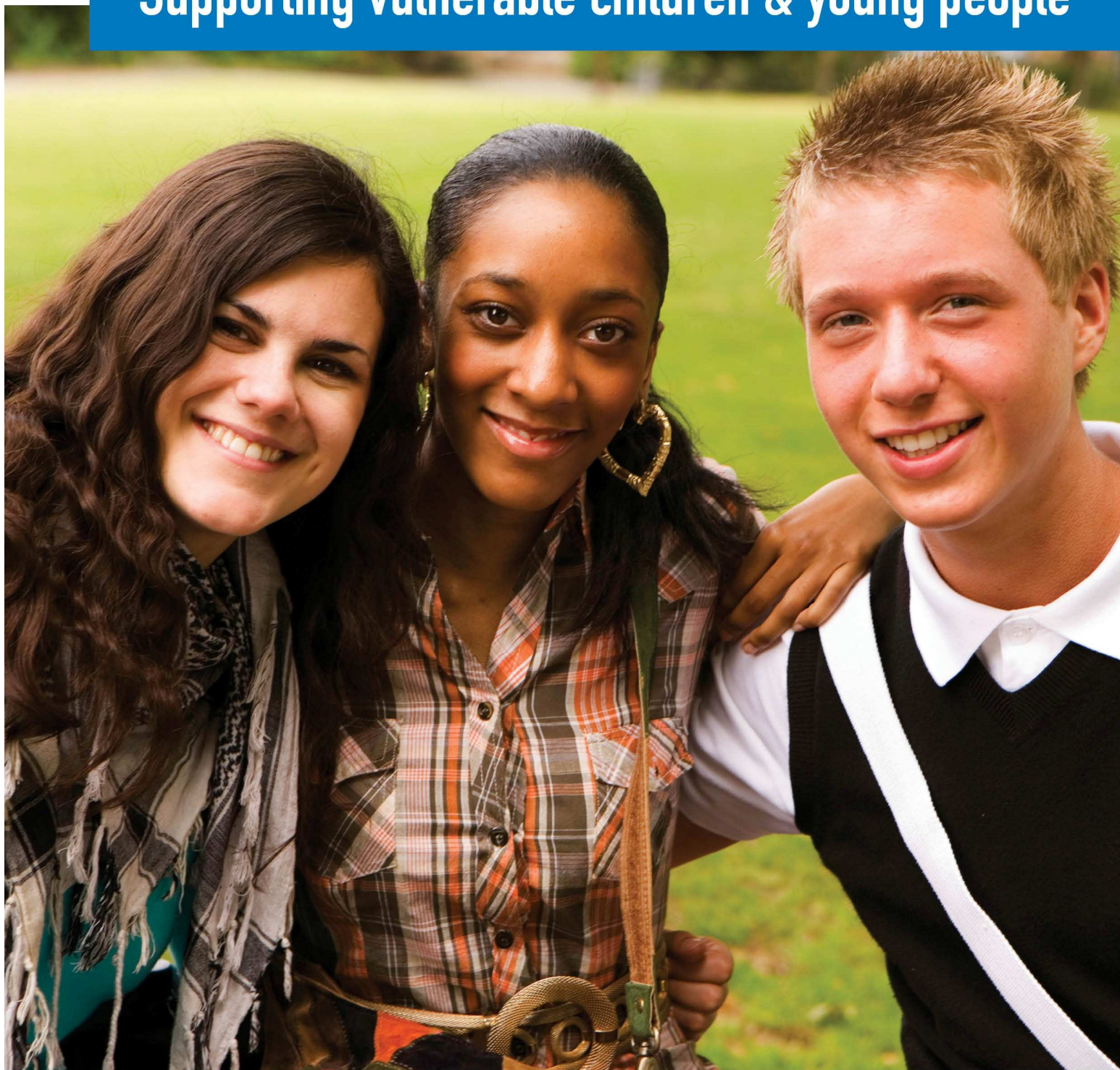


Havering Joint Strategic Needs Assessment

2011/12

Supporting vulnerable children & young people



Outer North East London



Havering
LONDON BOROUGH

Supporting Vulnerable Children and Young People

SUMMARY

What Is The Level of Need in Havering?

- It is estimated that around 23% (54,018) of the population in Havering is aged 0-19. This is similar to the England average (24%)
- There is greater ethnic diversity among young people in Havering than in the borough's overall population. Ethnic diversity is increasing - in 2010, 8% of school aged children in Havering spoke a language other than English. This proportion is increasing, with only 5.2% of school children speaking a language other than English in 2007
- Approximately 19% of children in Havering are estimated to be living in poverty. Children in poverty are more likely to report a range of poor health outcomes
- Looked after children do significantly worse than non-looked after children with regards to educational achievement
- Of just over 30,000 families in Havering, it is estimated that nearly 400 of them are categorised as 'families with multiple complex needs' and over 2000 are 'barely coping'
- Obesity in Havering affects more children than the England average, although Havering performs well compared to the London average
- 27% of children in Havering live in lone-parent families.

Current Service Provision in Havering

- There is significant activity as part of the Children and Families Transformation Programme and work to achieve the Children and Young People's Plan priorities, through which we will achieve long-lasting and positive outcomes for vulnerable children and young people in Havering. This includes the Troubled Families work.
- Other services available to children and young people in Havering include: child protection and safeguarding teams, a youth offending team, a Child and Community Psychology Service, Foundation Years and Independent Advice Service (FYIAS), short breaks and activities for disabled children and young people, Havering Community Alcohol Team (HCAT), Havering Children's Rights and Advocacy Service, learning difficulties and disabilities and physical and sensory disabilities teams, a family and carer support service, a domestic violence forum, a Multi-Agency Safeguarding Hub, a Havering Child and Adolescent Mental Health Services (CAMHS), and several Children's Centres catering to different needs. This list is not exhaustive
- Havering also has a variety of culture facilities, such as libraries, museums, arts space, theatre, parks, historical buildings and sports and leisure facilities, which can help to improve physical and mental health and emotional wellbeing. Many of these facilities cater specifically for children and young people, such as: over 108 parks and open spaces which host regular under-16s organised football, cricket and rugby groups, the Summer Reading Programme and Book Bags scheme in the borough's libraries, an annual Summer Activity Programme, Havering Music School, children's workshops at Fairkytes Art Centre and theatre and dance groups at the Queen's Theatre.

Gaps in Knowledge and Service Provision in Havering

- Children in care generally achieve poorer outcomes than those who are not in care
- The current CAMHS strategy is out of date, and there are some gaps in recorded data around mental health issues in vulnerable young people
- There are many emerging issues that could affect vulnerable children in Havering that little is known about, such as sexual exploitation and trafficking, or the affects of gang culture
- Although Havering has lower under-18 conception rates than England/London averages, improvements are still needed and more young people who conceive go on to have abortions than the England average

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- Improvements need to be made in access to therapies in Havering, particularly speech and language therapies, which are not currently available in the mainstream
- There is more that the Council and partners can do to improve the participation of young people and their families in the design of services and formulation of strategies.

Vulnerable Children and Young People: for decision makers and commissioners to consider:

- Work with partners to continue to reduce child poverty and deliver actions from the child poverty strategy
- Work with partners to continue to develop and improve the quality of knowledge and data around mental health issues in children and younger people
- Continue to support the broad range of work underway to improve participation of children and young people in the planning, design and delivery of children's services
- Stabilise childhood obesity rates by 2015, working towards a reduction in obesity in future years
- Reduce teenage conceptions and improve support available to teenage parents
- Equalise educational attainment between looked after children and non looked after children
- Work to improve the stability of placements for looked after children
- Provide intensive, bespoke support to the most needy families identified through the Troubled Families project, to address their problems in the round
- Explore how to ensure best access to high-quality therapies for vulnerable children and young people. These services include Child and Adolescent Mental Health Services (CAMHS), speech and language therapies, and occupational therapies
- Improve the stability of care placements for Looked After Children
- Seek to understand how emerging issues such as youth gang culture or sexual trafficking and exploitation may affect Havering in future
- Continue to work with partners in Culture and Leisure to support a high standard of mental, physical and emotional health for all by increasing the number of people engaging with libraries, parks and open spaces, sport and physical activity, arts and historic environment.

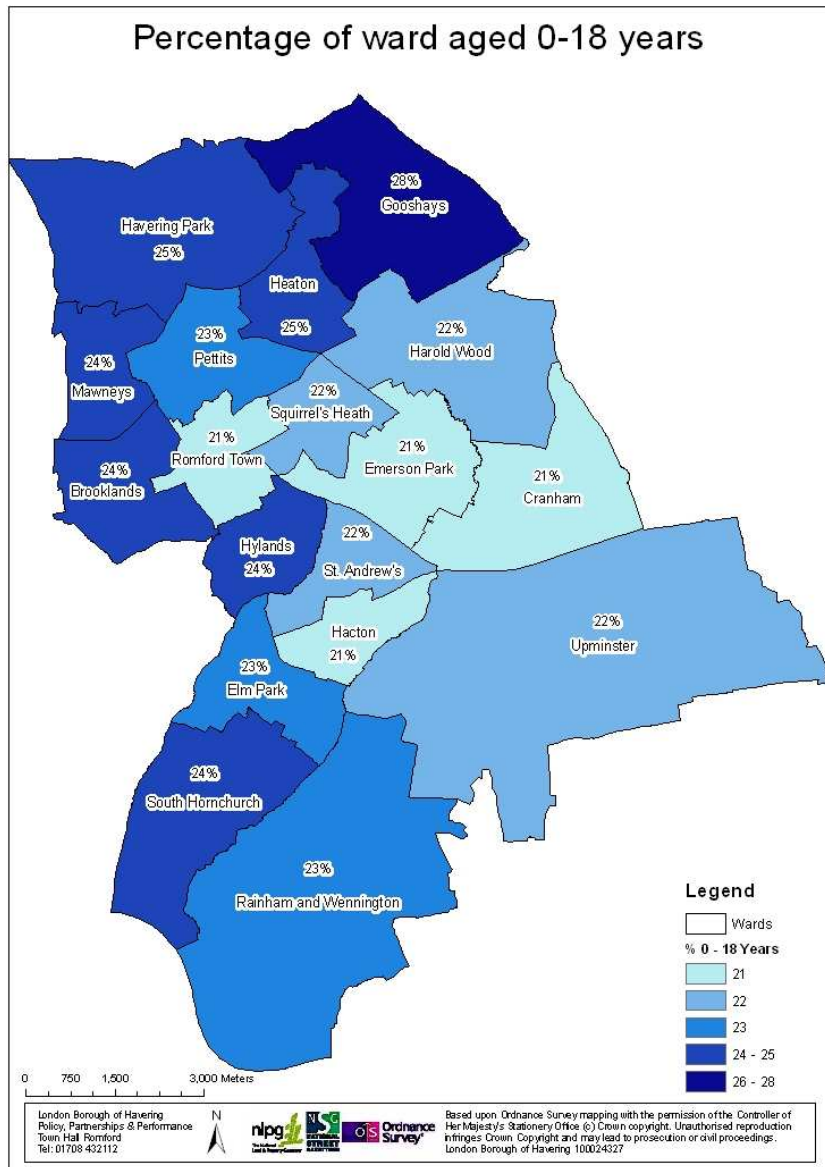
1. Vulnerable Children and Young People in Havering

Age

It is estimated that around 23% (54,018) of the population in Havering is aged 0-19. This is similar to the England average (24%). Future projections suggest that:

- Just below 19% (42,600 people) of Havering's population are children and young people aged between 0 and 15 years old. This percentage is roughly average for England (19%) and slightly below the average for London (20%)
- 0-15 population is estimated to grow by 8.2% by 2016 and 21.1% by 2026
- This means there will be 3,500 more residents aged 0-15 by 2016 (increasing from 42,600 in 2011 to 46,100 in 2016)
- 17.5% (41,406 people) are aged between 16 and 29 years old. This percentage is below the average for London (21%) and slightly above the average for England (19%)¹
- The number of 15-19 year olds in the borough will decline during the next 8 years but will then begin to rise again and will exceed current numbers by 2023
- The biggest population increase will be in the number of 5-9 year olds, which will have increased by 15% by 2015
- The number of 10-14 year olds is expected to decline in the short term (until around 2014), but will continue to increase to above current numbers following this (1).

Figure 1: Percentage of Population Aged 0-18 Years, Havering Wards (ONS Mid Year Population Estimates, 2008)



The above map uses MOSAIC data and suggests that Gooshays ward has the highest proportion of young people in Havering, with nearly a third of its population aged 0-18. Havering Park and Heaton wards have the next largest proportions of young people.

Gooshays ward has recently seen the opening of 'myplace', a state-of-the-art youth centre incorporating a juice bar and cafe, a dance and music performance space, a recording studio, a bike workshop, an information service and a computer suite.

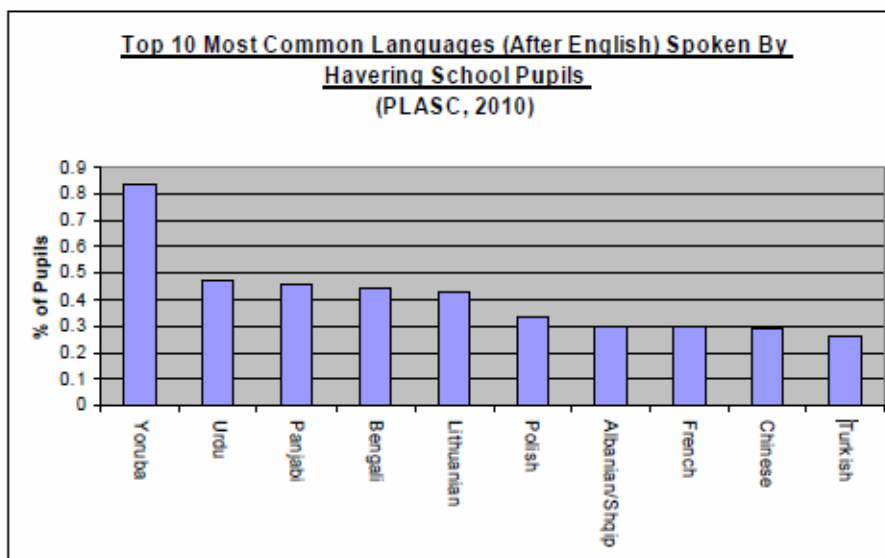
Havering is ranked 163 of 326 local authorities in the overall Child Wellbeing Index and 248 in the Health and Disability Domain.

Ethnicity

There is greater ethnic diversity among young people in Havering than in the borough's overall population. The school census reported that nearly 23% of school pupils in Havering were from non-White ethnic groups in 2011, with the most common ethnic group being Black or Black British (9%) (2).

In 2010, 8% of school aged children in Havering spoke a language other than English. This proportion is increasing, with only 5.2% of school children speaking a language other than English in 2007.

Figure 2: Top 10 Most Common Languages (after English) Spoken by Havering School Pupils (Pupil Level Annual School Census, LBH, 2010)



The 10 most common languages (other than English) spoken by school children in Havering are shown in the graph above, with Yoruba, a dialect from West Africa, being the most common. It is not possible to identify from this data however whether these languages are their first language or an additional second language.

There are up to 200 children from travelling families in the borough at any one time. These children could be considered vulnerable as they are often less likely to attend school regularly.

Inequalities Amongst Children and Families

The London Health Observatory (LHO) lists Marmot indicators for local authorities in 2012. These are key indicators of the social determinants of health, health outcomes and social inequalities.

Figure 3: Marmot Indicators for Children and Young People, 2012

	Indicator	Havering	London	England
7	Children achieving a good level of development at age 5 (%)	59.1	59.5	58.8
8	Young people not in education, employment or training (NEET) (%)	4.7	5.7	6.7
9	People in households in receipt of means-tested benefits (%)	12.3	18.8	14.6
10	Inequality in percentage receiving means-tested benefits	25.5	27.2	29.0

The number of children achieving a good level of development in their early years, therefore, is slightly below the London average, although higher than the number in England overall.

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In all other indicators, Havering performs better than the London and England averages. However, there are still vulnerable children and young people living in poverty in Havering, and these inequalities must be tackled.

Inequalities Amongst Children and Families: Child Poverty

Children and young people who experience poverty are likely to be at risk of a range of poor health outcomes. For example, children in poverty are more likely than those not in poverty to:

- Be born prematurely, have a low birth weight and die in their first year of life
- Report long standing illnesses, and are less likely to report good or very good health
- Suffer from obesity
- Die from unintentional injury or as a result of exposure to fire, smoke or flames.

The Indices of Multiple Deprivation (3) (IMD) for young people combine a range of economic, social and housing indicators. These indicators measure, amongst others, the number of households on low income, health status, and barriers to accessing housing and key services. These indicators combine into a single deprivation score and are used to rank areas according to their relative levels of deprivation.

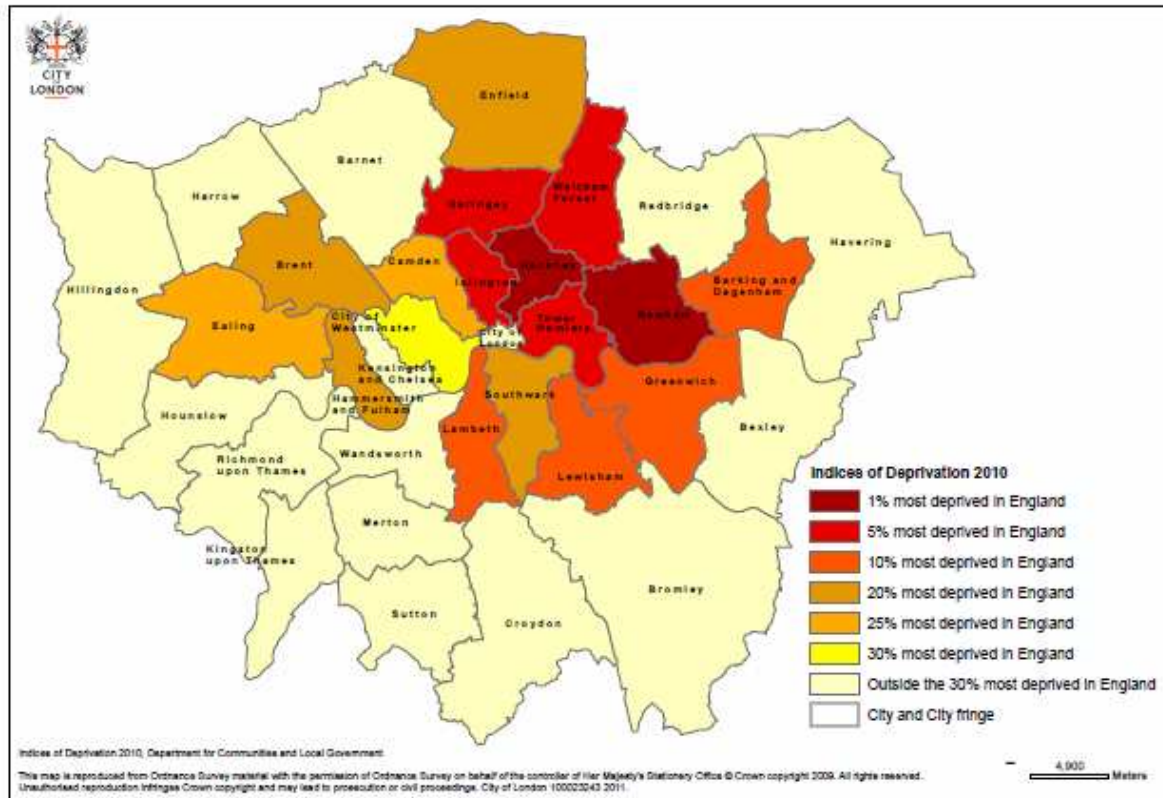
It is estimated that around 9,000 children and young people under the age of 16 were living in poverty in Havering in 2008. There are wide differences both between wards and within wards in the proportion of young people living in poverty. For example, 50% of children living in one area of South Hornchurch are living in poverty, while only 5% of children in Upminster are living in poverty (4).

When compared to other London Boroughs, Havering has a relatively small proportion of children living in poverty (the sixth smallest proportion of children living in poverty in London) (5). However, 19% of children were still estimated to be living in poverty in Havering in 2009 (6). When breaking down this percentage further, 19% of children live in out-of-work families and 13% of pupils are eligible for free school meals (7).

When looking at the overall change in child poverty between 2006 and 2009, however, Havering showed an overall increase in the proportion of children living in poverty. In London overall during this time period, trends were mixed. All inner London and half of outer London boroughs showed a decrease in the levels of child poverty, apart from four boroughs that showed an overall increase (Havering, Bexley, Kingston upon Thames and Sutton).

Havering's Financial Inclusion Strategy has identified that the families most likely to be financially vulnerable have large numbers of children (three times more likely than the Borough average to have 4+ children), or be lone parents. There is evidence to suggest that financial exclusion runs in family and community groups, meaning that children of financially excluded adults are less likely to be able to open bank accounts, access affordable credit and so on themselves.

Figure 4: Indices of Deprivation (Department for Communities and Local Government, 2010)



Troubled Families

Of just over 30,000 families in Havering, it is estimated that nearly 400 of them are categorised as ‘families with multiple complex needs’ and over 2000 are ‘barely coping’. Of the 400 that have multiple complex needs, a significant proportion of them will reach a level of need where they require expensive specialist or statutory services. Many of these families will be targeted through the Troubled Families project.

The following table illustrates the most common problems caused by troubled families, alongside the financial costs for national agencies. Although there is no Havering-specific cost information available at this time, it can be assumed that Havering’s experience with troubled families will largely mirror the national picture.

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Figure 5: Most Common Problems Caused by Troubled Families (Department of Communities and Local Government, 2012)

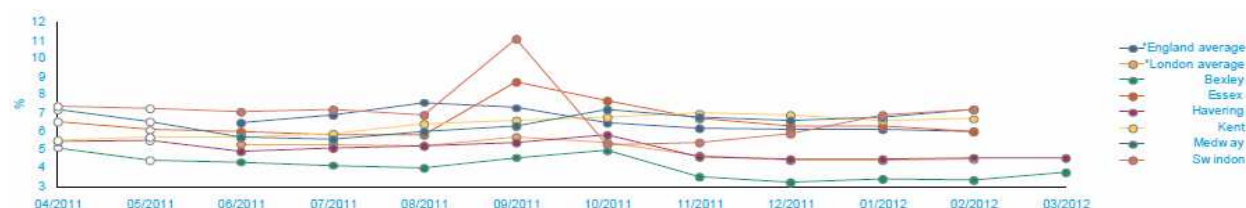
	Organisation Bearing Cost	Cost
Youth Crime	Youth Offending Team	£1,102-£31,865/annum
Truancy	School, Local Authority	£44,468/lifetime
Noise – including staff time and prosecution	Local authority, social landlord	£624.69 - £12,994/incident
Neighbourhood disputes, nuisance behaviour	Local authority, social landlord, Police	£778-£9,500
Mental Health Services	Primary Care Trust, Mental Health Trust	£2740/case plus £81/ per hour
Drug and Alcohol Services	Primary Care Trust, Mental Health Trust, voluntary sector	Methadone maintenance Health Service £48/week Residential rehabilitation £717/week
Child being taken into care	Local authority	£36,653/year
Social care	Social Services	Social worker £58/30 mins Psychiatrist Social worker £108/30mins,
Other support	Local Authority, RELATE, Citizens Advice Bureau	Housing Benefit/other adviser £16/30 mins Voluntary sector worker £8.05/30 mins

Education

In 2011/ 12, 63.5% of pupils achieved 5 or more GCSE passes at A* - C, compared to the England average of 58.3% (8). In 2008 2,825 (15%) of pupils were with Special Education Needs (SEN) but without statements. In 2011, 588 (1.4%) of pupils had SEN statements (9).

As of March 2012, 4.5% of young people between 16 and 18 years of age were not in education, employment or training (NEET). The number of young people in Havering who are NEET has been steadily declining since 2004. Havering performs better than the England and London averages, which can be seen in the table below.

Figure 6: NEET Cohort data, Havering Compared to Statistical Neighbours and London/ England Averages (Havering Monthly Report, March 2012)



16% of working-age (23,800) people have no qualifications (10)

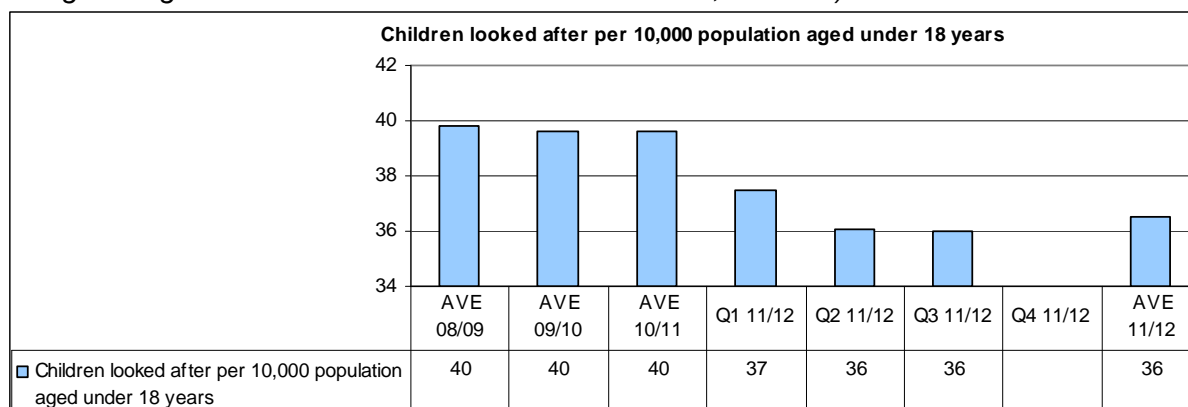
Looked After Children

There were 183 looked after children in Havering in 2011/12, equating to 36 looked after children for every 10,000 population aged under 18 years.

The number of children in care has been slightly declining over the past four years, as demonstrated by the below graph:

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Figure 7: Children Looked After per 10,000 Population Aged Under 18 Years (Local Safeguarding Children’s Board Performance Indicators, 2011/12)



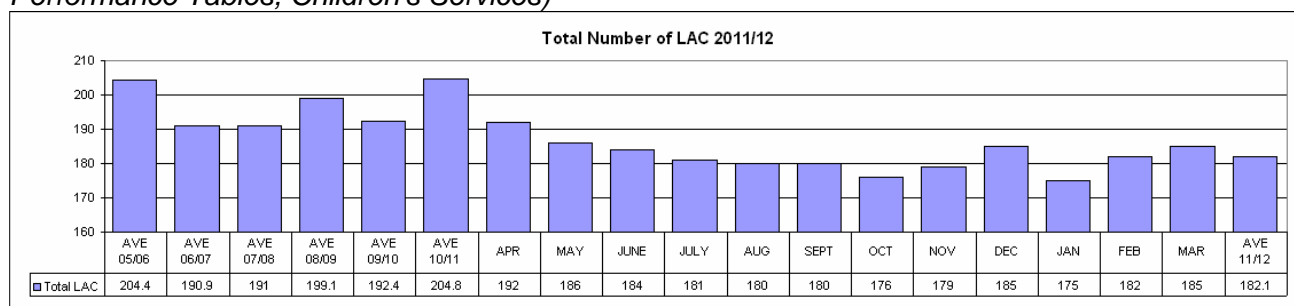
In 2011/12, 80.4% of looked after children were White British, with White and Black Caribbean (4.7%) and other mixed backgrounds (3.9%) representing the second and third largest ethnic groups.

There are significantly more male children in care in Havering than female – in 2011/12 61.4% of looked after children were male, compared to 38.6% female children.

Of the 183 children in care in 2011/12, 36 were aged 0-4 years, 29 were aged 5-10 years, 70 were 11-15 years and 48 were aged 16-17 years.

The overall monthly average number of children/young people looked after during 2011/12 was 182.1, which is a significant decrease on our average figure of 204.8 for 2010/11. This represents an overall average monthly decrease of 22.7(11.1%) for this period 2011/12, as compared with last period 2010/11.

Figure 8: Numbers of Looked After Children in Havering 2011/12 (LAC and Adoption Performance Tables, Children’s Services)



Educational Achievement of Looked After Children

Key Stage 2

10 children who had been in care for at least 12 months were eligible to sit key stage 2 exams in 2011. Of these, 50% achieved at least a level 4 in English and Mathematics. This compares to an average of 42% in London and 40% in England (11). However, the very small number of children in care who are eligible to take exams each year in Havering means that percentages may vary largely from year to year, based on variation among a small number of individuals.

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GCSEs

15 children who had been in care for at least 12 months were eligible to sit GCSEs in 2011. The 2009, 2010 and 2011 average for LAC achieving 5+ A* - C grades at GCSE is 15%, considerably below the achievement of non-LAC children.

Educational Achievement of Children in Low Income Families

Free school meals are available to children in low income families who are claiming benefits, and therefore may provide an indication of children who are likely to be living in poverty.

As at January 2012, the following percentages of young people in Havering were known to the local authority to be eligible for and claiming free school meals: 15.1% of pupils at primary and nursery schools (England 18.1%; London 24.4%), 10.8% of pupils at secondary schools (England 14.8%; London 23.4%), 33.2% of pupils at special schools (England 35.8%; London 42.1%), and 12% of pupils at Pupil Referral Units (England 36.2%; London 33.6%) (12).

Some of those in Havering who are eligible for free school meals do not claim them. Around 2.9% (primary and nursery schools), 2.4% (secondary schools) and 1.7% (special schools) of those eligible for free school meals do not claim them.

Health of Looked After Children

In 2011, there were 130 children who had been in care continuously for at least 12 months.

Figure 9: Key Health Indicators for Children in Care for Havering, London and England (Department of Education, 2011)

	Havering	London	England
Number of children (NOC) who have been continuously looked after for 12 months (at 31.03.11)	130	7,320	46,090
NOC with immunisations up to date	125 (96.1%)	5,960 (81.4%)	36,410 (78.9%)
NOC with dentist check-ups	125 (96.1%)	6,390 (87.2%)	37,970 (82.3%)
NOC with annual health assessments	115 (88.4%)	6,600 (90.1%)	38,840 (84.2%)
NOC with substance misuse problems during the year	5 (3.8%)	410 (5.6%)	1,960 (4.3%)
NOC who received an intervention for substance misuse problems	Data not available	230 (3.1%)	1,110 (2.4%)
NOC who were offered an intervention but refused	Data not available	150 (2%)	690 (1.4%)

Havering performs better than the London and England averages on the number of children in long-term care with up-to-date immunisations and dentist check-ups. However, Havering performs slightly less well than London with annual health assessments for children in care, although it still does better than England overall.

Havering also has a lower rate of children in care with substance misuse problems, although data re: number of interventions is not available.

Stability of Looked After Children

Of the 53 children/young people aged under 16 who have been looked after continuously for 2.5 or more years. 27 (50.9%) had been living in the same placement for at least two years, or were placed for adoption at 31st March 2012. This is the lowest percentage ever recorded by Havering and one of the lowest percentages recorded by any local authority since period 2007/08. This means that Havering performs less well in comparison to other local authorities and work to improve the stability of care placements for Looked After Children is required.

Figure 10: Stability of Looked After Children 2006-2011 (LAC and Adoption Performance Tables, Children's Services)

LAC aged under 16 who have been looked after for 2.5 or more years and have been living in the same placement for at least two years						
Statistical neighbours						
	2006	2007	2008	2009	2010	2011
England	63.5	64.3	65.0	66.3	68.0	68.6
Outer London	61.2	65.0	66.1	67.6	69.1	70.6
Stockport	63.8	68.5	66.7	65.4	79.7	80.8
Medway Towns	75.9	69.0	72.4	74.1	80.8	80.6
Bexley	57.3	54.8	47.6	72.1	77.8	75.9
Kent	65.2	60.1	58.0	59.5	72.1	71.5
Swindon	71.2	50.6	58.1	72.3	70.0	69.5
Essex	56.4	57.3	59.8	64.6	67.1	65.9
Solihull	62.2	67.5	66.7	64.9	62.4	65.3
Staffordshire	57.9	60.6	58.4	70.4	70.5	64.0
Bury	68.2	70.0	65.6	61.3	59.4	62.4
Havering	69.8	83.0	72.0	75.4	67.2	60.0
Thurrock	56.3	61.2	72.1	65.0	70.1	59.6

Drugs and Alcohol

Based on the data from the annual survey *Drugs, Smoking and Drinking in England in 2010 (NHS, 2010)*, the estimated numbers of secondary school aged pupils (ages 11 to 15) in Havering experimenting and using substances are below:

- In Havering, it is estimated that 1,068 young people aged 15 years old would have ever used a drug with 815 young people using a drug in the last year.
- It is estimated that 450 young people would have used a drug in the last month with an estimated 197 young people aged 15 using drugs at least once a month. For young people aged 15, it is estimated that 140 are using every day.
- The general trend across all the reported categories for frequency of use below show that use increases as young people get older, for example from 11yrs of age (4%) to 15 yrs of age (29%).
- For pupils reporting using drugs in the last year and pupils reporting cannabis use in the last year, it is estimated that this rises from 0.9% (Year 7) to 21.8% (Year 10).
- However, as the frequency of reported use increases, the difference between age groups becomes less, for example from 11yrs of age (3%) to 15 years of age (7%) for pupils reporting using drugs in the last week.
- Cannabis (9%), solvents (5%) and amphetamines (0.9%), are estimated as the three most used drugs.
- The age of 13 marks the beginning of a steep increase in the use of alcohol across all frequencies of use with a significant percentage of young people aged 15 reporting drinking during the last week (38% or circa 900 pupils) and month (24% or circa 600 pupils).

Replacing the Tell Us Survey in 2011, the new local schools survey asks pupils their views about their health, education, leisure and personal safety. The survey was carried out in the autumn 2011 and a total of 4 local secondary schools in Havering participated in the survey. Overall, 411 pupils completed the survey. Some of the key findings include:

- In the past 12 months, 24% of pupils reported that people drinking or being drunk had made them feel unsafe "all of the time" or "most of the time". Also, 24% of pupils reported that they "sometimes" felt unsafe as a result of others drinking or being drunk. 29% reported that they had never felt unsafe.

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- b) In the past 12 months, 34% of pupils reported that people dealing or using drugs had made them feel unsafe “all of the time” or “most of the time”. 31% of pupils reported that they had never felt unsafe.
- c) 76% of pupils reported that they were satisfied with the information about drugs and alcohol at school.
- d) 48% of pupils reported drinking alcohol within the last 12 months while 52% reported that they had never drunk alcohol.
- e) 14% of pupils reported to have been drunk at least once or more in the last 4 weeks; this equates to circa 2,100 secondary school aged pupils.
- f) 7% of pupils reported drinking alcohol “1 or 2 times a week”; this equates to circa 1,050 pupils. 3% reporting drinking “most days” which equates to 450 pupils.
- g) 10% of pupils reported using drugs within the last 12 months which equates to circa 1,500 pupils.
- h) 4% of pupils reported using drugs “every day” which equates to circa 600 pupils

Drug abuse amongst families can also affect vulnerable children. Of 259 adults in drug treatment (excludes alcohol) as of the end of March 2012, 50% had children living with them. This is significantly higher than the 33% national average.

Living Arrangements

The majority of lone parents in Havering are women (92% or 4,756), compared to 8% (426) male lone parents (13). Nearly one in three children (27% or 14,125) live in lone parent families (14).

Absence From School

Havering performs well compared to the London and England averages with regards to unauthorised school absences and persistent truancy.

Figure 11: Absence Rates (Department of Education, 2011)

	Havering	London	England
Percentage of half days missed through unauthorised absence	0.76	1.18	1.04
Percentage of persistent absentees	2.1	2.5	2.9

Bullying

In 2010 nearly a quarter (24.4%) of pupils had experienced bullying, which is a significant decrease from 2009 (42.6%) (15). However, in a 2011 survey, 31% of children reported having been bullied within the last 12 months, while only 50% of children felt that their school dealt with bullying ‘very well’ or ‘quite well.’ The most commonly reported type of bullying was text message bullying, with 31% of those answering yes to being a victim of bullying reporting that they experienced it ‘every day’ or ‘most days’.

Mental Health

Vulnerable children may be more at risk of experiencing mental health issues. In 2009, 1,959 (5.8%) of children in Havering were reported as having conduct disorders. 1,249 (3.7%) had emotional disorders.

Havering has relatively low levels of self-harm compared to other ONEL Boroughs, as can be seen in Public Health’s 2011 self-harm report:

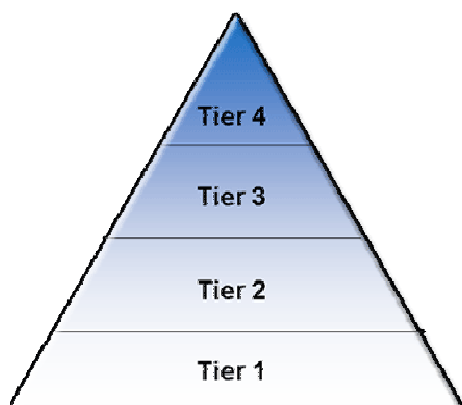
Figure 12: Self-harm and Suicide, Relative Incidence 2009/10 (Public Health Report – Self Harm in Havering, 2011)

Area	Hospital stays for self harm			
	Admissions 2009/10	Rate per 100 thousand	Lower 95% CI	Upper 95% CI
England	100377	198	197	200
Outer NE London	1432	165	148	183
London	9039	115	112	117
Barking & Dagenham	350	202	181	224
Havering	289	128	113	144
Redbridge	397	147	133	162
Waltham Forest	396	176	159	195

The following data shows the number of children in Havering accessing Child and Adolescent Mental Health Services (CAMHS).

Figure 13: CAMHS Tier Information in Havering (ChiMat, 2009)

	Havering
• Tier 1 (15%) (2009)	7594
• Tier 2 (7.0%) (2009)	3544
• Tier 3 (1.85%) (2009)	937
• Tier 4 (0.075%) (2009)	38



- Tier 1 consists of non specialist primary care workers such as school nurses and health visitors working with, for instance, common problems of childhood such as sleeping difficulties or feeding problems
- Tier 2 consists of specialised Primary Mental Health Workers (PMHWs) offering support to other professionals around child development; assessment and treatment in problems in primary care, such as family work, bereavement, parenting groups etc. This also includes Substance Misuse and Counselling Services
- Tier 3 consists of specialist multi disciplinary teams such as Child and Adolescent Mental Health Teams based in a local clinic. Problems dealt with here would be problems too complicated to be dealt with at tier 2 e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis
- Tier 4 consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated. NELFT has one tier 4 service at Brookside Young People's Unit, Goodmayes hospital.

Learning Difficulties and Disabilities

The number of children with learning difficulties and disabilities (LDD) is projected to increase in the coming years, most significantly among primary school age children. Current projections suggest an overall increase of 7.5% across all categories of LDD by 2017.

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The most common categories of LDD are:

- Moderate Learning Disability (30%)
- Behaviour, Emotional and Social Difficulties (19%)
- Speech, Language and Communication Needs (17%)

The 2012 school census identified that there were 1,966 pupils in Havering receiving some sort of Special Educational Needs (SEN) provision. The most common presentations were speech, language and communication needs (546 cases), moderate learning difficulty (458 cases) and behaviour, emotional and social difficulties (401 cases).

Obesity

Obesity among young people is an increasing problem, both nationally and locally. The information below shows the prevalence of childhood obesity in Havering as measured through the national child measurement programme (NCMP) in Reception Year and Year 6.

Figure 14: Prevalence of Childhood Obesity in Havering, London and England (National Child Measurement Programme, 2010/11)

	Havering	London	England
Reception Year	10.8%	11.1%	9.4%
Year 6	19.3%	21.9%	19.0%

It can therefore be seen that obesity in Havering affects more children than the England average, although Havering performs well compared to the London average. More information can be found in the separate Obesity chapter in the 2012 JSNA.

Teenage Conception

The most recent local data shows that since the inception of the Teenage Pregnancy Strategy in 2010 the under 18 conception rate has fallen by 45%.

As a result, the current rate of 29.3 (per 1,000) means that Havering has;

- a) the lowest recorded quarterly number this since 1999
- b) recorded its lowest ever rolling average rate
- c) recorded its lowest ever average rate since 1999
- d) had the greatest reduction in teenage conceptions over a 1year period in London, of 46.9% (between Q1 in 2010 and Q1 2011).

In 2009 there were 170 conceptions with 61% leading to a termination (104). Of this total, 20% were under 16 conceptions (34) with 76% leading to a termination.

In 2010 this figure dropped to 156 conceptions in 2010 with 58% leading to termination (90). In 2010, 25% of the total conceptions were under 16 conceptions (39) with 59% leading to a termination.

Havering’s downward trend is also shared and reflected across London. For the first time, London’s rate of under-18 conceptions was not higher than the national average.

London’s rate of under-18 conceptions was 32.8 per 1000 girls aged 15-17 – 16% lower than the rate of 39.1 for first quarter 2010. This compares with a national reduction of 13% over the same period.

London’s rolling quarterly average shows a continuing decline in conception rates and has not risen since quarter 2 of 2007.

The number of under-18 conceptions was 960, down from 1,158 in the first quarter 2010. This is the first time the number has fallen below a thousand in London.

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However, there are still improvements to be made. The 2010-13 Teenage Pregnancy Strategy has identified the following wards as being the most at risk of incidences of teenage pregnancy:

Figure 15: Rates of Under-18 Conceptions, 2005-07 (Havering Teenage Pregnancy Strategy, 2010-13)

Brooklands	30	Hylands	30
Cranham	19	Mawneys	23
Elm Park	20	Pettits	22
Emerson Park	22	Rainham and Wennington	40
Gooshays	67	Romford Town	24
Hacton	14	St Andrew's	14
Harold Wood	27	South Hornchurch	34
Havering Park	32	Squirrel's Heath	15
Heaton	37	Upminster	11
Total 481			

The wards that have higher rates of teenage pregnancies are also the wards that generally have higher rates of deprivation and poverty. This is unsurprising as there is an established link between deprivation and young pregnancies. In addition, teenage parents are more likely to be considered NEET, and achieve poor outcomes.

Sexual Health

In 2012's Annual Sexual Health Survey, 4 out of 10 young people reported having sex for the first time under the age of 16. Almost 9 out of 10 respondents said that the legal age had not affected their decision to have sex. 7 out of 10 young people reported having sex under the influence of alcohol and/or drugs, and only 1 in 2 young people reported using condoms 'always' or 'usually' when they have sex.

Rates of Chlamydia diagnoses are low compared to ONEL boroughs and the London average.

Figure 16: Rates of Chlamydia diagnoses, per 100,000 population, by Local Authority, April 2010 – March 2011 (Health Protection Agency, 2011)

London LA of residence	Chlamydia (by age group)		
	15 - 24	25+	Total
Barking & Dagenham	2307.0	122.4	392.8
Bexley	1160.4	47.4	179.0
Havering	1572.7	66.5	242.2
Redbridge	1650.3	79.0	252.1
Waltham Forest	2638.6	222.6	490.4
London	2496.2	228.8	469.7

However, the overall prevalence of STIs, apart from chlamydia in 15 – 24 year olds, has increased in Havering. This is also reflected in the London and England positions.

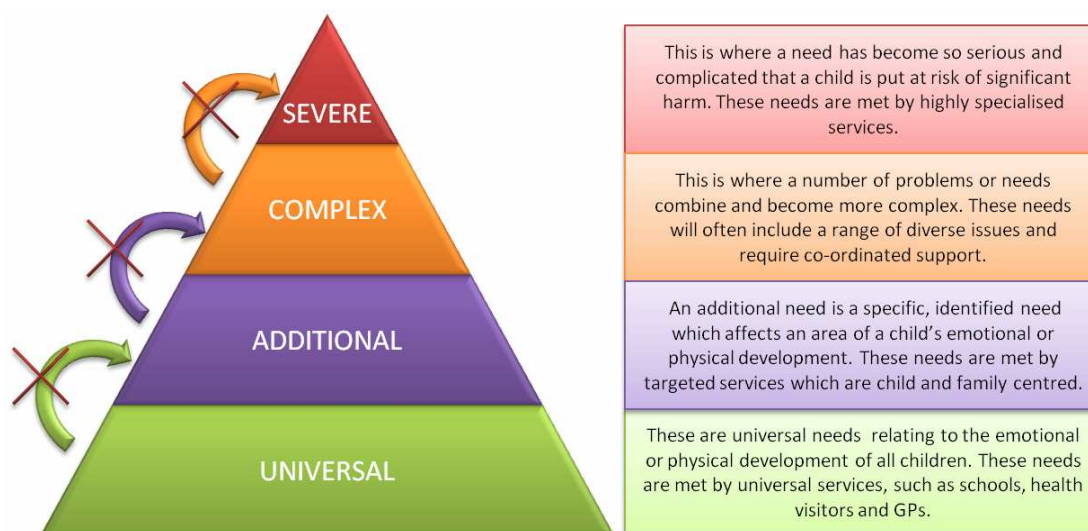
Figure 17: Rate of STIs, change over time 2010-2012 in Havering, comparison to national data, (Health Protection Agency, Acute STI Data, 2012)

	Rate 10/11	Rate 11/12	% Change in rate	National Change
Chlamydia 15-24	1691.4	1572.7	-7.0	4
Chlamydia 25+	58.6	66.5	13.5	
Chlamydia All	254.1	242.2	-4.7	
Gonorrhoea	25.6	36.8	43.8	31
Herpes	58.1	71.1	22.4	7
Syphilis	1.3	1.7	30.8	28
Warts	135.8	158.8	16.9	4
Acute STIs	653.9	728.8	11.5	8

2. Current Service Provision for Vulnerable Children and Young People in Havering

Services for vulnerable children and young people in Havering reflect the levels of need experienced.

Figure 18: The Categorised Levels of Need Mapped to Available Services



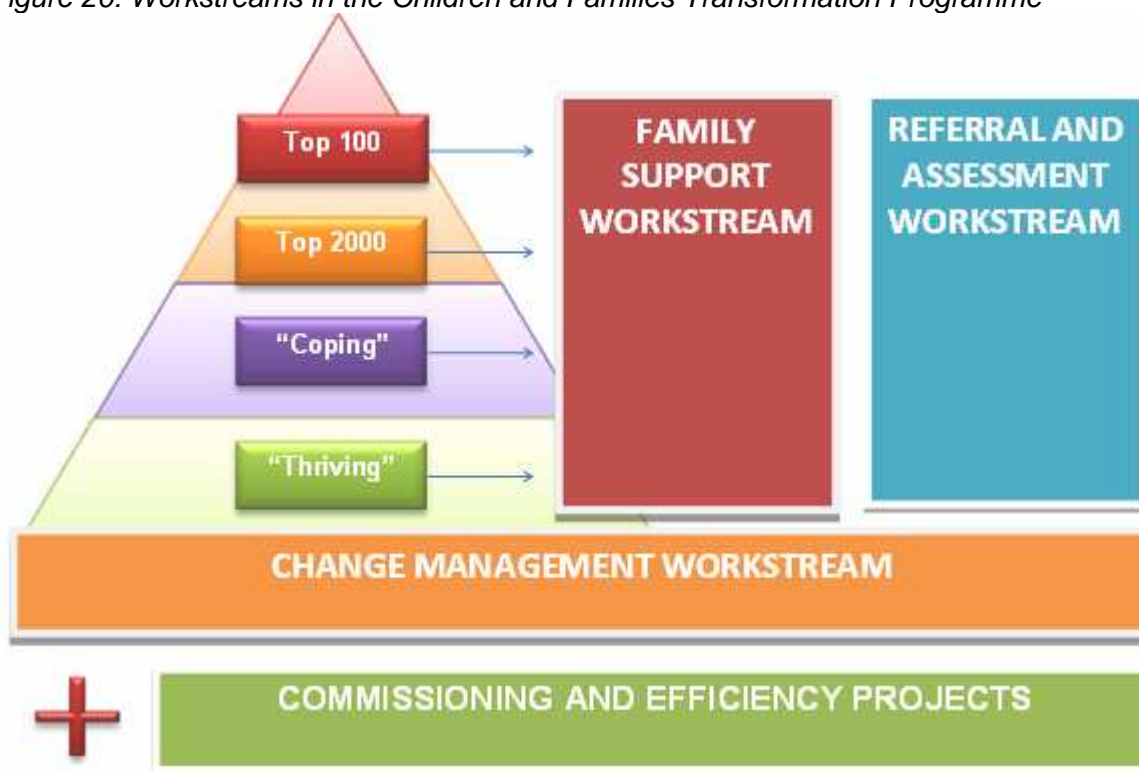
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Figure 19: A Selection of Services Available to Vulnerable Children and Young People in Each Tier

Universal	Additional	Complex	Severe
Schools	Children in Need services	Youth offending team	Looked After Children team
Foundation years education	Action for Children	CAMHS	
Culture facilities	Children's Centres		
Youth services	Speech & language therapy	Children with Disabilities Team	
		Family Intervention Project	
		Multi-Agency Safeguarding Hub	
		Duty and Assessment Team / Triage	Intensive Family Intervention Team

There is significant activity as part of the Children and Families Transformation Programme and work to achieve the Children and Young People's Plan priorities, through which we will achieve long-lasting and positive outcomes for vulnerable children and young people in Havering. This includes the Troubled Families work.

Figure 20: Workstreams in the Children and Families Transformation Programme



As part of the Troubled Families work, partners across Havering nominated those families and individuals who they felt would benefit most from a different approach, with a greater level of multi-agency coordination to address the complex issues which these families and individual face.

Other services available to children and young people in Havering include: child protection and safeguarding teams, a youth offending team, a Child and Community Psychology Service, Foundation Years and Independent Advice Service (FYIAS), short breaks and activities for disabled children and young people, Havering Community Alcohol Team (HCAT), Young Addaction, Chrysalis counselling services, Phoenix counselling services,

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Havering Children’s Rights and Advocacy Service, learning difficulties and disabilities and physical and sensory disabilities teams, a family and carer support service, a domestic violence forum, a Multi-Agency Safeguarding Hub, a Havering Child and Adolescent Mental Health Services (CAMHS), and several Children’s Centres catering to different needs.

Culture Facilities

- Havering has over 108 parks and open spaces, providing an excellent environment for families and young people to enjoy, whether for sport and exercise, play, relaxation or socialising with others. Public green space constitutes an integral part of the borough’s environment and makes Havering a pleasant place to live.
- There are three Council-owned Leisure Centres, which deliver a wide programme of activities. There are also extensive sports facilities available within parks, schools, and throughout the borough. For example, Havering’s parks receive over 166,700 annual visits through the provision of under 16s organised football, cricket and rugby.
- The Fairkytes Arts Centre provides a year-round programme of activities and events from painting, drawing and pottery to open-air theatre and open days. It also hosts a wide variety of activities staged by community and voluntary groups. The children’s art and craft workshops attract over 7,700 annual attendances.
- Havering’s Libraries are very welcoming to young families – with active membership being highest in some of the youngest of our residents (particularly between 5-14 years of age). Libraries run numerous events and activities aimed at children and young people, including: Baby Bounce, Read and Rhyme and the popular Book Bags and Summer Reading Programmes.
- Havering’s Health and Sports Development team provide a wide range of activities for children and young people, including London Youth Games, annual Summer Activity Programme, School Football programme and mini-marathon trials.
- Havering Music School engages over 600 young people each week, over 200 young people take part in theatre and dance groups at the Queens Theatre, and Havering Museum run an extensive schools engagement programme.
- Sports and Leisure Management, who run the three Council-owned Leisure Centres, deliver a programme of sports activities for under-privileged young people during the school holidays, a popular ‘learn to swim’ programme, and other activities, on top of their existing universal offer.

3. Evidence of What Works to Support Vulnerable Children and Young People

The needs of vulnerable children and young people can be most effectively met through a focus on prevention, early intervention and effective partnership working. Professor Munro recognises that “Preventative services can do more to reduce abuse and neglect than reactive services” (16). Successful preventive work puts the child and their family at the heart of the process and builds their capacity to lead independent lives and make a positive contribution.

A significant and growing body of evidence shows that the earlier the intervention in a child’s life, the more successful it is likely to be. The care and support a child receives in the early years of their life, including pre-birth, is critical to their development and their behaviour, mental and physical wellbeing in the long term.

Professor Munro states that “very early interventions are essential if children and young people are to overcome their disadvantage and go on to experience good outcomes... these interventions are most effective in the form of excellent services in the early years, rather than cash transfers or remedial action later in life” (17).

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Targeting our efforts based on intelligence of children at risk, therefore, is the most effective way to prevent negative outcomes and save money in future years.

Preventative work is key to achieving positive outcomes in both health and social care settings, and much of Havering’s transformation work is focused on prevention and early intervention.

There have been several recent high-profile reviews into children’s services, including:

- Review of Child Protection, by Professor Eileen Munro (2011)
- Early Intervention: the next steps, by Graham Allen MP (2011)
- Early Years: foundations for life, health and learning, by Dame Clare Tickell (2010)
- Fair Society, Healthy Lives – A Strategic Review of Health Inequalities in England, by Sir Michael Marmot (2010).

Local Reports and Strategies

Havering aligns its aims with the priorities of the Children’s Trust, through its Children and Young People’s Plan. The themes in that plan are to:

- Improve healthy lifestyles
- Break negative cycles
- Support families to be at the heart of strong, safe and prosperous communities.

National Guidance

The Child Wellbeing Index can provide a high-level measure of success.

Figure 21: Local Index of Child Wellbeing (Department of Communities and Local Government, 2009)

Wellbeing Domain	Basis	2009 ranking (low number is good)
Children in Need	Employment, income deprivation and education	188 / 353 (bottom 47%)
Health and disability	Illness, accidents and disability	266 / 353 (bottom 25%)
Crime	Burglary, theft, criminal damage and violence, weighted towards the impact on children and young people	237 / 354 (bottom 33%)
Environment	Environmental quality and access for young people to parks and play areas	12 / 354 (top 12%)
Education	Attainment, school attendance and post-16 destination	164 / 353 (top 46%)
Material	Number of children in households, which claim Income Support, Job Seeker’s Allowance or other income / employment-based benefits	199 / 354 (bottom 45%)

4. What Local People Think

The *Children and Young People* survey was introduced in 2011, to replace the Tell Us survey. 1,099 children between the ages of 10 – 17 took part from a variety of schools throughout the Borough, to give their opinions on safety, feelings, bullying, free time, school and health.

Children reported that the things that make them feel most unsafe in their local area are people carrying knives (37%), people using or dealing drugs (28%), gangs (23%) and people drinking or being drunk (20%). This highlights the importance of continuing to develop young people’s access to culture facilities and positive ways to spend their free time. Young peoples’ participation in culture activities, in and out of school, have a significant bearing on their positive outcomes in later life, with evidence showing those who

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participate in positive culture activities when they are young are 50% more likely to achieve good qualifications later on in life (18).

The London Borough of Havering runs a Family Group Conference (FGC) service, which run alongside child protection planning to allow the wider family group greater input into the child protection plan. Feedback from this service is collated by the Council, and to date 95% of responses from both children and parents (96 responses) found the FGC to be a positive experience.

Comments included 'I feel good because that I know now that everyone is supporting me and it is good now I know they don't want my children', 'like I have more support than I thought', 'what a great idea for families to help each other', and 'I think that this intervention and arrangement is a very good idea as some family members are not aware of what loved ones are going through'.

5. Gaps in Knowledge and Service Provision in Havering

At present, the Council's Children and Young People's Services spends 35% of its annual expenditure on specialist services; a disproportionate amount considering the number of individuals in receipt of these services. Preventing need for these services will reduce the level of spend, thus enabling a more equitable balance of expenditure over the under-18 population.

Children in Care

Children in care generally achieve poorer outcomes than those who are not in care. Of the 187 that were referred to CAMHS services between July – Sept 2011 (please see below), 43 were looked after children, equating to 23%. Given the small number of LAC in Havering, this represents an overly large proportion. In addition, as we have seen, on average approximately 15% of Havering's LAC achieved 5+ A* - C grade GCSEs in 2009, 2010 and 2011, compared to over 60% of non-LAC in 2011.

It is very important that Havering works to ensure that all children receive the best start in life, and that those in care are not disadvantaged or discouraged against achieving their full potential in their futures.

Mental Health Issues

In 2011/12, 50 children (under the age of 18) in Havering were admitted to hospital as a result of mental health conditions, and 58 children were admitted due to incidences of self-harm.

In the most recently available quarterly data (July-Sept 2011), there were 261 under-18 referrals to CAMHS services, of which 187 were continued.

The current CAMHS strategy is out of date, and there are some gaps in recorded data around mental health issues in vulnerable young people.

There are also many emerging issues that could affect vulnerable children in Havering that little is known about, such as sexual exploitation and trafficking, or the affects of gang culture.

Obesity and Lack of Physical Exercise

Obesity has been included within this section as it is known to be an area where Havering is not performing as well as it could. The national Child and Maternal Health Observatory (ChiMat) collects data on child health profiles. The data shows Havering as performing below the England average on numbers of obese children between the ages of 4 – 5 (with a local percentage of 10.9 compared to an England average of 9.4%). Increased commissioning of weight management services for younger people could enable Havering

to improve this performance. Further recommendations are included in the Obesity JSNA chapter.

Therapies

Improvements need to be made in access to therapies in Havering, particularly speech and language therapies, which are not currently available in the mainstream. There is work ongoing always seeking to improve access to therapies.

Participation

There is more that the Council and partners can do to improve the participation of young people and their families in the design of services and formulation of strategies. Although there are good examples of work already underway, this is an area which requires further development, so that we can be sure to commission and deliver services which truly meet people's diverse needs.

Some examples of good work underway include:

- Family Group Conferencing (FGC) as part of child protection planning
- ESRO research in the foster care provision, which included detailed research with young people and foster carers into their experiences of existing provision and support
- Children's Centres Service User Focus Groups, through which families had the opportunity to influence planning for the future of Children's Centres
- Interviews with young people who have been de-registered from child protection plans, to help improve child protection planning in the future

Emerging Issues

It is currently unknown whether Havering will experience an increase in issues such as youth gang culture, female genital mutilation (FGM), 'honour' violence or sexual trafficking and exploitation that are emerging issues in more diverse boroughs. This gap in knowledge should be addressed as these issues potentially become more prevalent in future.

6. Future Actions and Recommendations

- Work with partners to continue to reduce child poverty and deliver actions from the child poverty strategy
- Work with partners to continue to develop and improve the quality of knowledge and data around mental health issues in children and younger people
- Increase partnership working as a key way of achieving positive outcomes for children and younger people, for example the CAMHS Partnership Board
- Continue to support the broad range of work underway to improve participation of children and young people in the planning, design and delivery of children's services
- Reduce the rate of teenage conceptions and improve support available to teenage parents
- Increase the prevalence of breastfeeding in the Borough
- Stabilise childhood obesity rates by 2015, working towards a reduction in obesity in future years
- Equalise educational attainment between looked after children and non looked after children
- Review the universal services available to vulnerable children and young people in Havering
- Evaluate whether we have the right services to meet future needs and how they might best be provided, in consultation with local community groups and service users
- Work to improve the stability of placements for looked after children
- Provide intensive, bespoke support to the most-needy families identified through the Troubled Families project, to address their problems in the round.

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- Explore how to ensure best access to high-quality therapies for vulnerable children and young people. These services include Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapies, and Occupational Therapies
- Improve the stability of care placements for Looked After Children
- Seek to understand how emerging issues such as youth gang culture or sexual trafficking and exploitation may affect Havering in future
- Continue to work with partners in Culture and Leisure to support a high standard of mental, physical and emotional health for all by increasing the number of people engaging with libraries, parks and open spaces, sport and physical activity, arts and historic environment.

7. Further Information

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NB. Please note throughout the document, percentages may not sum due to rounding.