Project:	Joint Strategic Needs Assessment
Profile Title:	Safeguarding (Children and Young People)
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Date of Submission:	12/05/2015
Document Reference n$^{o:}$	**Version n$^{o:}$ 2.2**

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Version	Comments	Author	Date Issued	Status
2.2	Final Version	Julie Lynn Authorised by Exec Group of SSCB	12.5.15	Approved Version
2.2	Updated April 2015	Julie Lynn	14/4/2015	Final Draft
2.1	Updated to august 2014	Rosie Rae	17.9.14	Updated version
2.0	Final draft	Tracy Hassan	20/10/14	Final Draft updated version

EXECUTIVE SUMMARY

A Joint Strategic Needs Assessment (JSNA) looks at the current and future needs of local populations to inform and guide the planning and commissioning of services within a local authority area.

The Safeguarding Children JSNA covers a field where cross-agency arrangements require strong leadership, shared intelligence and appropriate joint commissioning arrangements to be effective.

Headlines

- Reducing 0 – 19 population
- 25.7% of children living in poverty
- 9 serious case reviews commenced during the period 2012 – 2014
- High levels of social and economic deprivation.
- Increasing CIN, CP and LAC numbers compared with statistical neighbours and England
- 41st most deprived LA area.
- 17 child deaths in 13/14
- High levels of teenage pregnancy
- Increasing referrals to:
    - MSET
    - Early Help
    - Social Care

1. INTRODUCTION

This chapter of the JSNA is concerned with the needs analysis supporting safeguarding of children, including early help, child protection and looked after children.

1.1 Safeguarding

Safeguarding is defined as the process of protecting children from abuse or neglect, preventing impairment of their health or development and ensuring they are growing up in circumstances providing safe and effective care, which enables them to have optimum life chances and enter adulthood successfully (*Working Together 2015*). This extends beyond arrangements for child protection planning and incorporates early help. Early help is used to describe supporting interventions for families where a large level of need is identified.

1.2 Looked After Children

The term 'looked after children and young people' is used to describe those children who are in the care of the local authority. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. Looked after children are also sometimes referred to as children in care.

The local authority's duty to meet the social care needs of looked after children is set out in the 1989 Children Act and subsequent amendments. Sunderland City Council are currently fulfilling their statutory functions in acting as act as Corporate Parents for the children in their care.

2. UPDATE SINCE LAST JSNA REFRESH

- Restructuring and service transformation - Children's services now form part of the People's Services directorate.
- Implementation of the Multi Agency Safeguarding Hub (MASH) - first point of contact for new safeguarding concerns and has significantly improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

2.1 Ofsted Inspection of Safeguarding Services 2012 judged the service as good overall but required improvements in the areas of;

- Quality of assessment and identification and assessment of risk and protective factors
- Need for assessments to take account of the child's views & ensure child seen alone
- Quality of child protection plans & the requirement that these are specific, measurable and are outcome focused
- The chairing arrangements for child protection conferencing
- Revised pathways of care are effectively implemented for children and families requiring specialist services from CAMHS.
- More analysis in the LADO report
- More rigour in the reporting of private fostering arrangements
- Learning from complaints is identified more clearly and used to improve practice.

2.2 Ofsted inspection of Adoption Services 2013 was judged good overall with the following recommendations as follows;

- Continue to use the views of children and young people to monitor and develop the adoption service
- Ensure children have prompt access to specialist services with particular reference to psychological support
- Improve on adherence to timescale, in particular with regard to permanency planning

2.3 Independent Review of Safeguarding in 2014 was commissioned by the Executive Director for People's Services and a number of recommendations led to the development of a service wide improvement plan, which identified improvements at a strategic level in the following areas;

- Leadership and Management
- Partnership working
- Thresholds, Referrals and Support Pathways

3. KEY ISSUES

- Fragmented pathway arrangements between Early Intervention and Preventative Services /Strengthening Families and Children's safeguarding, with some duplication of service provision in some areas and scarcity of provision in others and issues around the lack of consistent application of agreed processes.
- Limited ability to demonstrate improved practice following recommendations arising from the Ofsted Inspections 2012 & 2013
- Rising numbers of children entering the Looked After System and escalating costs of external placements
- The City has high levels of social and economic deprivation
- Residents experience high levels of depression and mental ill health
- Impact of wider determinants of health, housing, education, employment opportunities.
- Impact of social and economic inequalities
- The City Council has experienced reducing resources as a result of national government policy change.
- Requirement to make more effective use of local information in order to optimally address need and support effective commissioning through enhanced evidence base.
- The Local Children's Safeguarding Board faces challenges around its effectiveness.

4. NATIONAL CONTEXT

The Children Acts 1989 and 2004 and Working Together to Safeguard Children 2015 outline the main statutory context and practice guidance for statutory safeguarding work. In addition to this a suite of legislative guidance and national practice has continued to be developed to ensure practice is evidence based and legislatively supported.

Local Authorities must have an agreed set of thresholds to enable access to services appropriately and in a timely manner. It is a statutory requirement that the Local Authority provides a service to receive all contacts, referrals and undertake assessments to determine the needs of children and families in their area.

The 1989 Children Act defines what constitutes risk and concern in respect of children and young people.

4.1 The Definition of Significant Harm (The Children Act 1989).

The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children. Section 47 of the Act places a duty on local authorities to make enquiries, or cause

enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. ‘Harm’ means ill treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill treatment of another; ‘Development’ means physical, intellectual, emotional, social or behavioural development; ‘Health’ means physical or mental health; And ‘Ill treatment’ includes sexual abuse and forms of ill treatment that are not physical.

4.2 Working Together to Safeguard Children 2015

Working Together to Safeguard Children States that safeguarding is everyone’s responsibility. Everyone who works with children - including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers - have a responsibility for keeping them safe.

In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies. Both children’s and adult services need to co-ordinate their work to ensure that the family as a whole is supported to achieve the best possible outcomes for children.

4.3 A child-centred approach

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

A child-centred approach is supported by:

The Children Act 1989 (as amended by section 53 of the Children Act 2004). This Act requires local authorities to give due regard to a child’s wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989.

These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4) Children Act 1989), including

those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3)(d) of that Act).

The Children Act 2004 establishes a duty on Local Authorities to make arrangements to promote cooperation in order to improve children's well-being and creates a duty for the agencies who work with children to put in place arrangements to make sure that they take account of the need to safeguard and promote the welfare of children when doing their jobs.

The paradox of safeguarding is that as a society we want the number of abused children to fall, yet we want to make sure that all children who are suffering abuse are in contact with services and supported into safer environments. Therefore interpreting safeguarding data requires a note of caution, rising numbers of referrals may reflect increasing prevalence of abuse or may be as a result of better signposting of services and improving access for children and families in need.

5. LOCAL CONTEXT

Following the formal establishment of the Health & Wellbeing Board, the governance arrangements between the Children's Trust and Safeguarding Children Board were revised to define the role and remit of each Board and their interrelationship with one another. There is close and developing inter-working across each Board and the governance arrangements are intended to clarify and define the role of each.

5.1 Children & Young People's Plan

The Children & Young People's Plan is the joint, strategic, overarching plan for all partners within the Children's Trust, and the services they provide for children and young people. It describes how partners work together to improve outcomes for our children and young people, setting out the long term vision for improving their health and wellbeing. This plan establishes the strategic priorities for the Children's Trust and supports the development of integrated and effective services to secure the best possible outcomes for our children and young people.

The Children's Trust's strategic objectives set out in the Children and Young Peoples Plan are at the heart of what we do in delivering improved outcomes for children, young people and their families:

- *Improving the overall Health and Wellbeing of children, young people and families*
- *Reducing the number of families with children living in poverty in the city*
- *Improving educational outcomes and strengthening whole family learning*
- *Improving safeguarding outcomes for children, young people and families.*

In addition the Trust has agreed four priority areas for its second delivery plan covering the period 2014-17. The priorities identified are those which the Children's Trust believes it can add value to the work that is already being undertaken.

The four priority areas for the period 2014-17 are:

- Child and Family Poverty
- Best Start in Life
- Child Obesity
- Sexual Health (including teenage pregnancy).

6. SAFEGUARDING RISKS

Children are potentially at risk of abuse by virtue of their vulnerability (according to age and development) and subsequent reliance on adults to protect them and meet their needs.

Research indicates that disabled children are at greater risk of being abused, yet they are less likely than other children in need to become the subject of child protection plans. Parental factors such as domestic abuse, substance misuse, parental learning difficulties, and mental health issues can impact on the safety and health of children.

6.1 Life Chances

Not all safeguarding risks arise from direct or intentional harm. Social and economic circumstances play a critical role in shaping the life chances of children. Life expectancy at birth varies considerably across the city. This great variation in life expectancy in geographic areas reveals the impact deprivation has in terms of inequalities in health throughout life.

Factors affecting the life chances of children can occur before a child is even born. Poor nutrition, smoking and substance misuse during pregnancy can have a major impact on birth weight and the health of the child. Further to this parents who do not make use of prenatal care services are less likely to have problems identified and addressed and the welfare of the child may suffer. Mental health issues can also come to the fore soon after birth with around one in eight mothers suffering postnatal depression. These factors are explored in the Best Start in Life chapter of the JSNA.

6.2 Physical Abuse

The physical abuse of children can lead directly to including neurological damage, physical injuries, and disability or, at the extreme, death. Harm may be caused to children both by the abuse itself and by exposure to abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexpert use of physical restraint. Physical abuse has been linked to aggressive

behaviour in children, emotional and behavioral problems and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic abuse.

6.3 Emotional Abuse

Increasing evidence indicates long-term adverse consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. Emotional abuse has an important impact on a developing child's mental health, behavior, and self-esteem and can be especially damaging in infancy.

6.4 Sexual Abuse

The impact of sexual abuse may lead to the child displaying disturbed behaviors – including self-harm, inappropriate sexualised behaviour, sexually abusive behaviour, depression, and a loss of self-esteem – has been linked to sexual abuse and its adverse effects may endure into adulthood.

6.5 Missing, Sexually Exploited and Trafficked

Children go missing from home or care for a number of reasons, some of which are often varied and complex. Those young people who go missing may place themselves and others at risk. As well as short-term risks there can be long term implications for these children including the risk of sexual exploitation and trafficking.

The sexual exploitation of children and young people is a form of child sexual abuse and involves the use of power and control by perpetrators. Sexually exploited children are rarely visible on the streets, and it is therefore difficult to gather consistent and meaningful data. Moreover, street based sexual exploitation of children is only a small part of the bigger picture.

6.6 Neglect

Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent or chronic neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress and neurological development. Neglect can also result, in extreme cases, in death.

6.7 Domestic Abuse

Most children and young people who live with domestic violence are likely to be affected by it in some way, although some children develop apparently successful ways of coping. Many children experience fear and distress, as well as varying degrees of physical, psychological or emotional developmental problems. The relationship between domestic violence and safeguarding children is complex and requires respectful and sensitive handling.

6.8 Mental ill health of a parent

One in four adults will experience some kind of mental health problem in the course of a year. This could include depression and anxiety, or psychotic illnesses such as schizophrenia or bipolar disorder. For babies and infants post natal depression may hamper the mother's capacity to empathise with, and respond appropriately to, her baby's needs. A consistent lack of warmth and negative responses increases the likelihood that the infant will become insecurely attached. Depression may also reduce the level of interaction and engagement between mother and child.

6.9 Parental substance misuse

Parental or carer drug or alcohol use can reduce the capacity for effective parenting. In particular the children of parents or carers who are dependent on drugs or alcohol are more likely to;

- develop behavioral problems
- experience low educational attainment
- be vulnerable to developing substance misuse problems themselves
- Experience health or development impairment to the extent that they suffer or are likely to suffer significant harm.

6.10 Young Carers

A Young Carer is a young person (under the age of 18 years of age) who cares for or gives support to someone at home such as their parent, sister, brother, grandparent or a family friend. This care could include looking after someone who is unwell, disabled or has a mental health problem, or providing care for and support to a member of the family affected by drug or alcohol misuse. The care provided could involve a young carer helping with washing, dressing, shopping, cooking, dealing with money and bills, cleaning, giving medicine, or providing emotional support.

6.11 Risk Taking Behaviour

Substance Misuse - The support, advice and treatment for children and young people who are misusing substances have an important role in relation to safeguarding. Drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life.

Sexual Health - A risk to health which disproportionately affects younger people is sexually transmitted infections. One important aspect of safeguarding in relation to health and development is therefore ensuring that steps are in place to highlight and promote safe sex and practices to younger people.

Teenage Pregnancy - Teenage pregnancy is strongly associated with the most deprived and socially excluded young people and having a child at a young age can result in poor health outcomes and limit education and career prospects for a young woman. While young people can be competent parents, babies born to teenagers

are more likely to experience a range of negative outcomes in later life and are up to three times more likely to become a teenage parent themselves.

6.12 Looked After Children(LAC)
This is one of the most vulnerable groups in society. The majority of children who remain in care are there because they have suffered abuse or neglect and research identifies that this cohort of children and young people have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds that have not entered the looked after system.

There are around 90,000 looked after children in the UK at any one time and;

- 45% of those will have a diagnosable mental health condition.
- Be more likely than their peers to leave school with few or no qualifications.
- Be at higher risk of becoming involved in offending,
- Higher risk of becoming a teenage parent
- Higher risk of not being in education, employment or training once they leave school.
- Early adverse experiences have been associated with increased risk of socio-emotional problems and psychiatric disorders such as depression in later life.

6.13 Children with Disabilities
Children with additional needs are any children or young people up to the age of 18 with a physical, sensory, communication, behavioural or learning disability, or a long-term or life-limiting condition. This may also include children with emotional health and wellbeing needs where there is an impact on their daily life, including those with more significant mental health problems.

Children and young people with additional needs may be more vulnerable to safeguarding risks for a variety of reasons including variations in their perceptions of risk and danger, their ability to articulate concerns and their ability to recognise inappropriate behaviour.

A disabled child or young person is someone up to the age of 25 with a physical, sensory, communication, behavioural or learning disability, or a long-term or life-limiting condition. This may also include children with more significant mental health problems.

The SEND reforms which came into force September 2014 place additional duties on the local authority and health to identify, assess and develop provision to meet the disabled children (including children with special educational needs) and their families within its area.

6.14 Child Deaths

Local Safeguarding Children Boards have a statutory requirement to review the circumstances of the deaths of every child under the age of 18 years, who would normally reside in their area. This is in order to identify any issues – known as "modifiable factors" - that, if changed, could help to reduce the risk of injury or death in other children, although we cannot say that they would have prevented the particular child from dying. Child deaths are reviewed by Child Death Overview Panels (CDOPS).

7. THE LEVEL OF NEED IN THE POPULATION

7.1 Population Profile

	Mid-year estimate 2011
Age 0	3,050
Aged 1-4	12,340
Aged 5 - 9	14,160
Aged 10 - 14	15,200
Aged 15 - 19	17,600
Aged 20 - 24	19,760
Aged 25 - 29	16,980
Aged 30 - 34	15,970
Aged 35 - 39	16,650
Aged 40 - 44	19,960
Aged 45 - 49	20,850
Aged 50 - 54	20,050
Aged 55 - 59	17,650
Aged 60 - 64	18,010
Aged 65 - 69	13,450
Aged 70 - 74	11,730
Aged 75 - 79	9,790
Aged 80 - 84	6,900
Aged 85+	5,250

	Mid-year estimate 2013
Age 0	3,000
Aged 1-4	12,570
Aged 5 - 9	15,010
Aged 10 - 14	14,280
Aged 15 - 19	16,680
Aged 20 - 24	20,330
Aged 25 - 29	17,820
Aged 30 - 34	16,420
Aged 35 - 39	15,050
Aged 40 - 44	19,070
Aged 45 - 49	20,380
Aged 50 - 54	20,160
Aged 55 - 59	18,580
Aged 60 - 64	16,950
Aged 65 - 69	15,670
Aged 70 - 74	11,450
Aged 75 - 79	10,080
Aged 80 - 84	7,270
Aged 85+	5,340

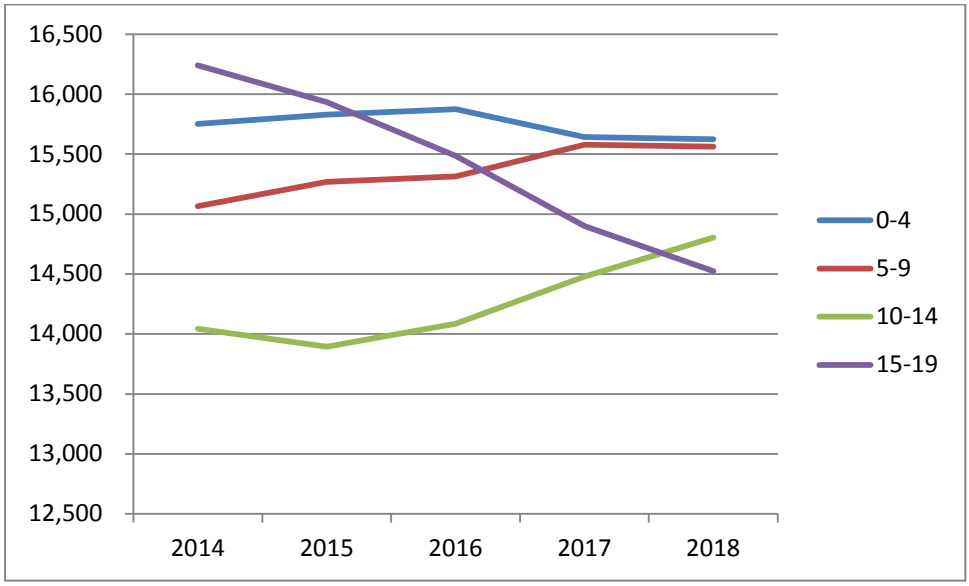
The 2013 mid-year population estimates for Sunderland are recorded at 276,110 (ONS), of which 61,540 were children and young people aged 0 – 19, representing 22.3% of the overall population.

Mid-year estimates show that the numbers of children aged 0 – 19 in Sunderland have fallen by 1.3% since 2011. However these variations differ dependent upon age group. Increases in children and young people aged 1 – 9 have increased (+4%), whilst numbers of children under 1 years old and over 10 years old have fallen (-5.3%).

The proportional breakdown of the population in Sunderland as described below closely matches the profile for the North East:

Children and Young People	0 – 19
Economically Active Age	20 – 64
Older Persons	65+

Population Projection 0 – 19 Age Bands in Sunderland



Child Population of Sunderland 2012			
Sunderland		North East	England
Live Births in 2012			
3084		30,291	694,241
Children (age 0 to 4 years)			
15,700 (5.7%)		151,800 (5.8%)	3,393,400 (6.3%)
Children (age 0 – 19 years) 2012			
62,000 (22.5%)		595,300 (22.9%)	12,771,100 (23.9%)
Children (age 0 – 19 years) in 2020 (projected)			
60,700 (21.4%)		609,000 (22.5%)	13,575,900 (23.7%)
School Children from minority ethnic groups 2013			
2,078 (6.2%)		26,200 (8.4%)	1,740,820 (26.7%)
Life Expectancy at Birth 2010 - 2012			
Boys	77	77.8	79.2
Girls	80.7	81.6	83

Public Health England: Child Health Profile March 2014

In Sunderland during academic year 2014/15 there are 35,867 pupils on schools rolls of which;

- 5,982 out of 35,867 pupils (17%) have a special educational need (all SEN).
- 836 (2%) are either statemented or have a new education, health care plan.
- 2,475 (7%) are SEN Support (new code which accompanies education, health care plan and replaced school action and school action plus).

- 1,234 (3%) are still flagged as school action plus.
- 1,437 (4%) are still flagged as school action.

7.2 Deprivation

According to the Index of Multiple Deprivation (IMD) 2010 Sunderland is the 41st most deprived local authority area in England (out of 327). The IMD is made up of 7 domains which contribute to the overall score. These domains include employment, income, health deprivation and disability, education and skills, crime and disorder, living environment and barriers to housing and services.

Economic Activity (nomis Feb 2015)				
All People	Sunderland Numbers	Sunderland %	NE %	Great Britain %
Economically active	128,900	73	74.8	77.3
In Employment	115,800	59.7	60	61.7
Unemployed	12,500	9.8	8.8	6.5

Benefits

Jobseekers Allowance Aged 16 – 64 years (nomis Feb 2015)				
Period	Sunderland Numbers	Sunderland %	NE %	Great Britain %
Up to 6 months	5905	3.3	3.1	2.0
6 – 12 months	740	0.4	0.4	0.3
Over 12 months	1650	0.9	0.9	0.5

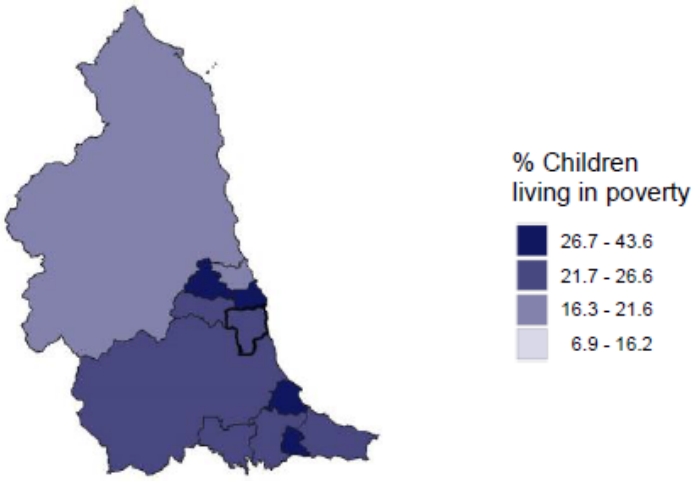
Working Age Client Group in receipt of key benefits (August 2014 Nomis)				
	Sunderland Numbers	Sunderland %	NE %	Great Britain %
Total Claimants	33,600	18.9	16.9	12.7
JSA	6340	3.6	3.3	2.2
ESA and Incapacity	16640	9.3	8.1	6.3
Lone Parents	2930	1.6	1.5	1.2
Carers	4090	2.3	2.0	1.4
Income related	890	0.5	0.5	0.3
Disabled	2360	1.3	1.3	1.2
Bereaved	350	0.2	0.2	0.2

In Sunderland there are currently 178,200 residents aged 16 – 64 of which 33,600 of the working age client group are inactive and in receipt of key out of work benefits as defined above.

The level of child poverty is worse than the England average with 25.7% of children aged under 16 years living in poverty.

Children living in poverty

Map of the North East, with Sunderland outlined, showing the relative levels of children living in poverty.



In Sunderland there are currently 35,867 pupils of which 11,708 are eligible for pupil premium during academic year 2014/15 which equates to 33%.

7.3 Mental Health

7.3.1 Adults

For 2012/13 using the Quality Outcomes Framework data: (Measured proportionately)

Those with a GP recorded mental health problem in Sunderland (all ages) is below the CCG area average (Cumbria, Northumberland, Tyne and Wear at: 0.87%), and marginally below the England average (at: 0.84%) and is recorded in Sunderland at 0.80%

Those with GP recorded depression in Sunderland (aged 18+) stands at: 6.3% and is above the England average (of: 5.8%).

In the 2012/13 GP survey of patients, 'Depression and Anxiety' in Sunderland at 16.9% came out the highest of the 8 in their CCG area (which had an average of: 13.7%) and above the England average of 12%.

In the 2012/13 GP survey of patients, 'Long-term Mental Health problems' in Sunderland at 5.8% came out above the England average at 4.5%, figures for the CCG area were not available.

Sunderland rates are higher (worse) than the England averages for both surveys, (particularly 'Depression and anxiety prevalence'). But interestingly lower than the England average for Mental Health Problems (all ages) where actually recorded on GP systems. This could be due to more people prepared to acknowledge mental health problems in a patient survey than those who actually present to their GP due to the stigma and barriers often attached to mental health treatments and the economics of the Sunderland/North East area.

People in contact with mental health services per 100,000 population 2013/14 Q1 Crude rate - per 100,000

Funnel plot is not available

Area	Value	Lower CI	Upper CI
England	2,160	2,156	2,164
Cumbria, Northumberland, Tyne and Wear Area Team	2,186	-	-
NHS Newcastle North And...	2,444	2,356	2,535
NHS South Tyneside CCG	2,374	2,287	2,463
NHS Newcastle West CCG	2,363	2,273	2,455
NHS North Tyneside CCG	2,237	2,164	2,311
NHS Sunderland CCG	2,219	2,157	2,282
NHS Northumberland CCG	2,212	2,154	2,270
NHS Cumbria CCG	2,196	2,151	2,242
NHS Gateshead CCG	1,566	1,505	1,628

Source: Mental Health Minimum Dataset, Health & Social Care Information Centre

7.3.2 Children

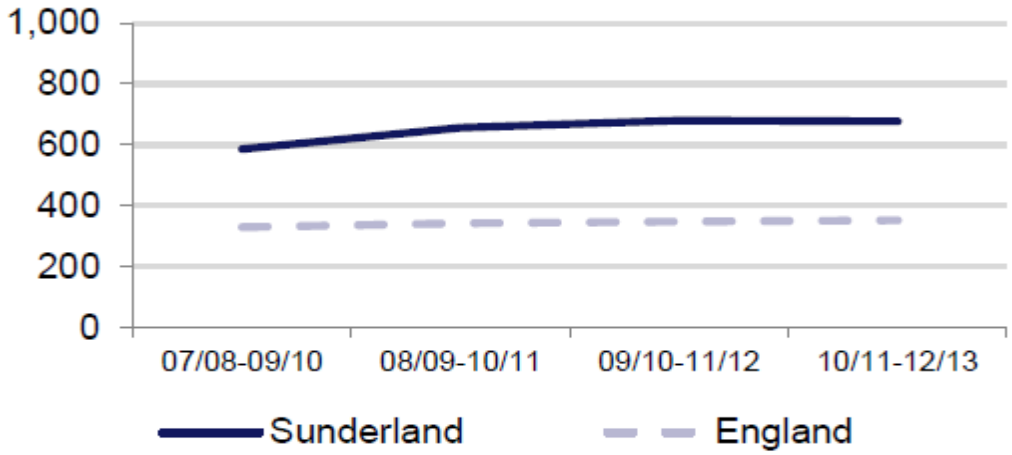
The Chief medical Officers report (2012) notes that national surveys have estimated that 1 in 10 children and young people under the age of 16 had a diagnosable mental disorder. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

The emotional well-being of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Based upon the 1 in 10 this would represent around 4820 children and young people under 16 in Sunderland, 2342 boys and 2478 girls.

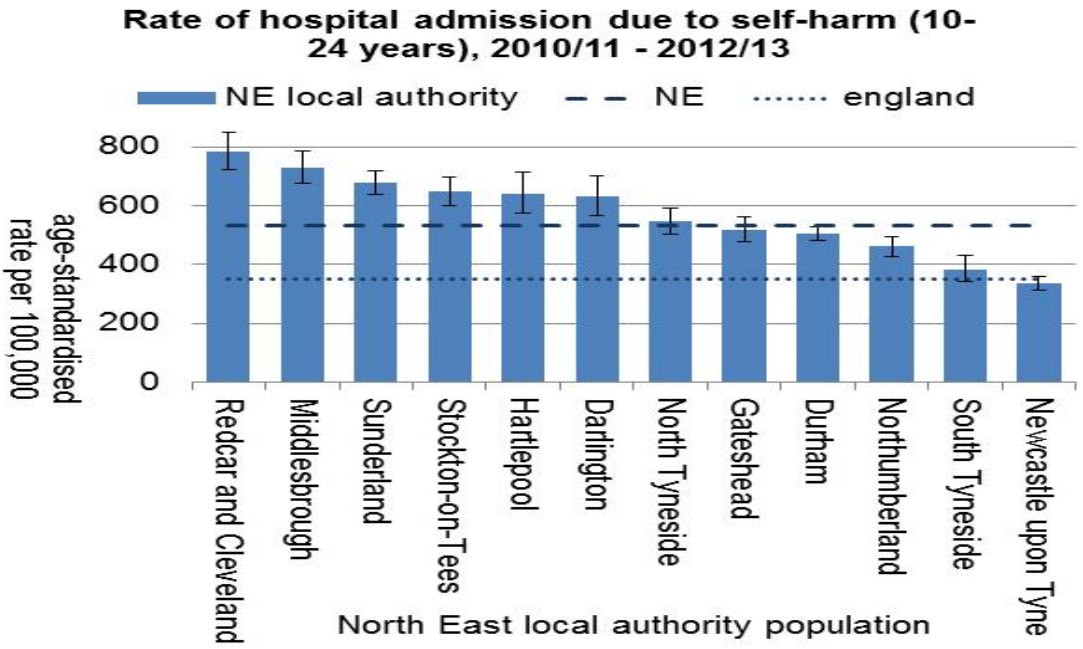
Among the population of Sunderland 10-24 years of age (51,000 in 2013) there are around 350 hospital admissions each year due to self-harm. Many more cases of self-harm will present to A&E for treatment but will not be admitted to hospital. The rate of hospital admission due to self-harm among the 10-24 years age group in Sunderland has increased by 13% between 2007 and 2013, and is currently twice the national average rate. Between 2010 and 2013 Sunderland had the sixth highest rate among 152 English local authority populations.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)



The average rate of hospital admissions across England has also been rising, although it is much lower than the local rate. National evidence shows that admissions among young women are much higher than admissions for young men. An analysis of all hospital admissions due to accidental and intentional injury among the Sunderland population for the year 2011/12 showed a high rate of admission among females 15 years of age, with 27 out of 43 admissions due to self-harm, but because this is based on a small number of observations there is a lot of uncertainty around the rate and it may be high, simply due to year to year random variation, rather than being part of a consistently high rate over time. Data has been requested to look at self-harm admissions over a three year period (2011/12 to 2013/14) in order to better understand if the high rate of self-harm admissions among 15 year old females is repeated over several years.

Analysis of three years of hospital admissions will allow calculation of rates of admission due to self- harm by age and gender with less uncertainty. It will also allow us to understand whether there is a social gradient to self-harm admissions in Sunderland i.e. whether people from more disadvantaged communities are affected more by this issue. It would also be useful to understand if rate of admission due to self-harm varies with ethnic group, but almost certainly the number of admissions among people from black and minority ethnic groups in Sunderland will be too small to draw statistically meaningful conclusions.



Source: Public Health England, Child Health Profiles, error bars show 95% confidence limits

7.4 Substance Misuse

7.4.1 Adults

Adults (with children living with them) presenting to Substance Misuse (Structured treatment) services over the past year:
April 2014 to March 2015.
There were 139 who completed treatment, this was comprised of:

- 82 successful completions = 59% (55 Alcohol clients = 40%, 27 Drug clients = 19%)
- 43 dropped out of treatment = 31% overall (27 Alcohol clients = 19%, 16 Drug clients = 12%)
- 12 transfers from treatment = 9% overall (6 transferred into custody (4.5%) - All drug clients) (6 transferred to other drug services outside of Sunderland (4.5%) 4 drug clients and 2 alcohol clients)
- 2 deaths in treatment = 1% (both alcohol clients)

This leaves: 368 clients still in treatment with children living with them:
186 Alcohol (51%) 182 Drugs (49%)

As a comparator to overall successful completions (adults with and without children living with them) and drop outs of treatment:

- The current overall Sunderland successful completion average is: 32%
- The current Sunderland drop-out rate is: 35%

So the successful completion rate for adults with children is better (higher) than the overall rate, and the drop-out rate is also better (lower) than the overall average.

7.4.2 Children

- 413 young people were referred for services in 2013/14, with a total of 172 referrals for service up to the end of Q2 in 2014/15, this continues the reducing trend of referrals seen.
- 263 young people commenced treatment services in 2013/14, with a total of 79 commencing by the end of quarter 2 in 2014/15.
- 94 young people commenced specialist treatment services in 2013/14, with a total of 56 commencing services by the end of quarter 2 in 2014/15.
- Of those commencing treatment 30% successfully completed treatment in 2013/14 and current rates up to the end of quarter 2 2014/15 show 62.5% being successful.

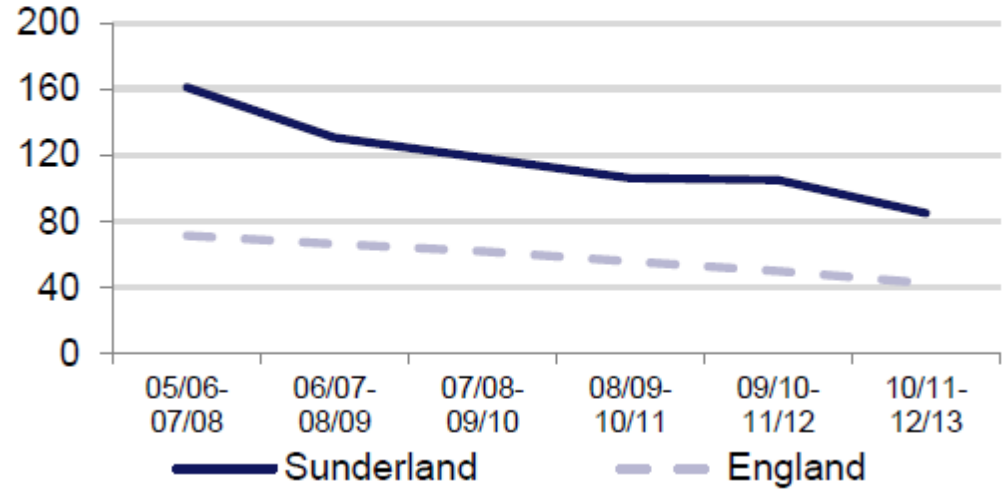
Gender	%
Female	30%
Male	70%
Total	100%

Average Treatment Length in weeks	%
0 -12 weeks	44%
13-26 weeks	30%
27-52 weeks	23%
More than 52 weeks	4%
Total in treatment	100%

Sunderland is following the national trend in seeing a reducing trend in those young people requiring specialist treatment for 'hard' drugs. However, those not reaching the threshold are complex and problematic with increasing issues with Legal Highs.

In comparison with the 2005/06-2007/08 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)



7.6 Sexual Health

- Chlamydia is the most common sexually transmitted infection in England and young heterosexuals under 25 years are one of two population groups (the other being men who have sex with men) who are most at risk of acquiring the infection.
- 840 people in Sunderland 15-24 years were diagnosed with chlamydia in 2013, a diagnosis rate of 2,200 per 100,000 population which is above the England average but just below the target rate of 2,300 set by Public Health England.
- Chlamydia is often asymptomatic so there is a National Chlamydia screening programme in place targeted at 15-24 year olds. In 2013, among the Sunderland population, 27% of people 15-24 years (10,000 people) were screened compared to 25% across England.

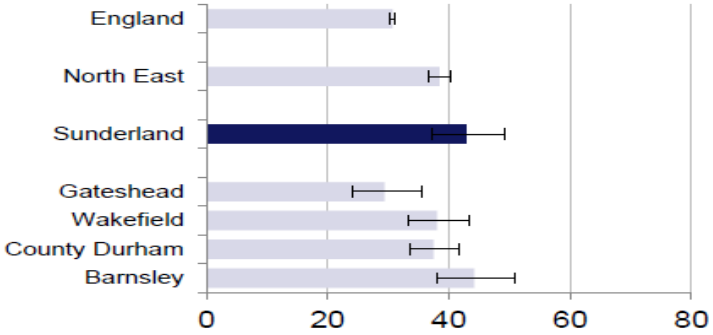
Indicator	2011/12 Outturn	2012/13 Outturn	2013/14 Outturn	Latest Performance Reported at: 2014/15 Q1	Q2	Q3	Q4	Direction of Travel
Number of clients attending CaSH services for any service	1078	345 (Q4 only)	1037	326	302	267		Increasing Annually
Number of clients attending CaSH services for: Emergency Contraception	233	68	110	18	20	13		Declining
Number of clients attending CaSH services for: LARC fitted	388	132	465	155	140	145		Fluctuating
Number of clients attending CaSH services for: Pregnancy Test	237	55	219	53	62	55		Fluctuating
Number of clients attending CaSH services for: Short Acting Contraceptive	766	251	608	172	153	115		Declining
Number of clients attending CaSH services for: STI test	998	339	323	65	75	51		stable
Access to GUM services: Male	168	174	175	30	37	28		Fluctuating Annually
Access to GUM services: Female	444	491	411	96	105	71		Fluctuating

7.7 Teenage Conception

Teenage pregnancy leads to poorer health outcomes for both mother and baby compared to conceptions among older women and around half lead to abortions. It also limits economic opportunities for teenage mothers. Since 1998 there has been a national teenage pregnancy strategy aimed at reducing the number of teenage conceptions across England and reducing inequalities in the teenage conception rate between areas.

In 1998 there were 360 conceptions among women under 18 years of age in Sunderland. By 2012 that number had fallen to 210. Over the same period the conception rate (measured per 1,000 women 15-17 years of age) fell from 63 to 43, a fall of 32%. Over the same period the England rate fell by 41% from 47 to 28. While progress has been made in Sunderland in reducing the teenage conception rate, between 1998 and 2012 the inequality gap with England has widened. North East local authority populations among which the inequality gap in the teenage conception rate with England has narrowed are Gateshead, Hartlepool, North Tyneside and South Tyneside.

Teenage conceptions in girls aged under 18 years, 2011 (rate per 1,000 female population aged 15-17 years)



In 2011, approximately 43 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is similar to the regional average. The area has a higher teenage conception rate compared with the England average.

Data source: ONS

7.8 Bullying

In Sunderland we have an Anti- Bullying co-ordinator who provides the link between community groups, schools, settings and the wider partner agencies. The role involves advising and monitoring practices and procedures throughout communities, schools, children's homes, and settings and other partners working with parents to raise awareness of their rights and responsibilities regarding bullying behaviours. All schools and partner agencies are signed up in principle to having a consistent approach to bullying across the City and many have been involved in the development of the charter mark and policies and procedures in relation to bullying.

There is also a multi-agency strategy group which was formed in 2010 previously chaired by the head of safeguarding and is currently chaired by the anti-bullying co-ordinator. The group meet quarterly and have produced the anti-bullying strategy 2013 – 2016 which is monitored on a 3 monthly basis at the multi- agency strategy group meetings.

Developments to date include the following:

- Anti-bullying charter mark aimed at all schools and settings
- Establishing the charter mark in colleges
- Advising schools, parents and settings on individual cases
- Developing a city wide parent ambassadors network
- Establishing a regular anti bullying leads meeting from schools and settings to share good practice
- Working closely with children's groups such as CTAN and youth parliament
- Annual children' anti bullying conferences (held in each locality across the city)

- Annual Professionals conferences (aimed at all professionals working with children
- Annual Training the trainers programme aimed at all professionals that work with children
- Further Development of an Interactive anti bullying website
- Annual anti bullying competitions and celebration events.
- Developing a regional anti bullying group
- Hosting regional anti bullying conferences
- Development of a Sunderland City survey to be completed by schools, colleges and settings on an annual basis

In Sunderland we are always looking at ways of preventing/reducing the number of bullying incidents. In 2013 Public Health funded a health survey, 1910 children and young people completed the survey aged from 8-15 years from 10 primary schools and 6 secondary schools across the city and a comparison against the health related behaviour survey shows a substantial decrease 10% of children stating they had been bullied 31% (2010) 21%(2013) There was also a decrease in children who advised they had been cyber bullied 6% (2010) 3% (2013).

The depth work that has been carried out in schools, settings, children's homes and community provision over the last 3 years has hopefully contributed to the reduction in incidents. The development of the Sunderland City survey and the data collated by schools settings, community organisations in relation to bullying will all support evidencing impact moving forward.

7.9 Child Death Reviews

Child deaths recorded in 2013/14 were categorised as follows:
9 Neonatal
4 Sudden Unexpected Death in Infancy
2 Known Life Limiting Condition
2 Suicide
There are currently 6 deaths in 2013/14 that are still awaiting inquest, 4 of which were Sudden Unexpected Death in Infancy and 2 were Suicide.

Child deaths recorded to the end of quarter 2 in 2014/15 were categorised as follows:
4 Neonatal
2 Known Life Limiting Condition

7.10 MSET

A review of children at risk of sexual exploitation undertaken in September 2014 identified children in the Sunderland area who were considered to be at risk of sexual exploitation. Extensive work has been undertaken to ensure:

- Governance arrangements are robust
- Agreed and implemented a sub-regional risk assessment tool
- LSCB self-assessment against recommendations of Rotherham report

Since the implementation of the CSE risk assessment tool in January 2015 52 young people have been assessed and considered at risk, referred to MSET for consideration for discussion at the MSET panel held monthly.

	Jan 15	Feb 15	March 15
Referred	4	26	22
Discussed	10	14	14

Work is ongoing to review and the processes for recording and reporting activity on MSET within the Safeguarding computer system

8. SUNDERLAND CHILDREN'S SERVICES DATA

8.1 Early Help

Sunderland Safeguarding Children Board Multi Agency Threshold Guidance for Sunderland enables practitioners to respond to an individual child's needs within a multi-agency framework that helps to meet the needs of all children and young people across the levels of need. Safeguarding runs throughout all levels.

Most concerns can be addressed before they escalate by identifying additional needs at the earliest opportunity and identifying how children and families can be supported, including the services that are best placed to help. An assessment using the Common Assessment Framework (CAF) is used to coordinate early help and support for children and families. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from birth, the foundation years through to the teenage years.

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

The Common Assessment Framework (CAF) is a standardised approach to assessing children and young people's needs for services. It aims to help all those whose work brings them into contact with children and families to identify and support children with unmet needs. Research shows that 'low level needs' which do

not meet the criteria for statutory intervention often remain unaddressed, which leads to them escalating.

- A common process for understanding and articulating the range of needs of an individual baby, child or young person, their parents or carers.
- A common format to help practitioners record the findings from the assessment in a systematic way, which will evidence the analysis of need while being understandable to parents, carers, young people and practitioners from other agencies.
- A common format for sharing assessment information with other agencies as appropriate, with the consent of the young person, parent or carer.

Sunderland Early Help		
	2013/14	**2014/15**
CAF	1572	1093 (to Q3)
Strengthening Families	333	386

8.2 Referrals to Social Care

A referral is defined as a request for services to be provided by Children's Social Care and is in respect of a child who is currently not assessed to be in need. A referral may result in an initial assessment of the child's needs, the provision of information or advice, referral to another agency or no further action. New information relating to children who are already assessed to be a child in need is not counted as a referral.

Referrals	**2013/14**	**2014/15**
Total	3717	3903
Outcome Assessment	3652	3451

8.3 Children In Need

If safeguarding concerns persist and escalate, the child may be identified as a 'child in need'. Children who are defined as being 'in need' under section 17 of the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services. Children with disabilities may also be identified as children in need. Section 17 places a duty on the local authority to promote the welfare of children in need to support them to remain living with their family.

2010-11	**2011-12**	**2012-13**	**2013-14**

Sunderland	440.5	428.8	433.3	488.7
Stat Neighbour	366.1	374.1	400.7	406.6
England	346.2	325.7	332.2	346.4

Source: DfE Characteristics of children in need in England

There are currently 635 open CIN plans at March 2015. The information above shows the rate of children in need per 10,000.

Sunderland's rates continue to be substantially higher than that of its statistical neighbours and the England rate. The gap widened considerably in 2013/14. Mechanisms to support reduction of this will be better identification of support at an earlier stage utilising early help. Analysis of the 2013/14 data shows similar numbers of males and females with the greater majority of children being under age 10:

	Unborn	Under 1	1-4 years	5-9 years	10-15 years	16 & over
Sunderland (number)	87	236	742	893	958	298
Stat Neighbour (number)	41	148	484	518	562	182
England (number)	285,440	28,500	24,600	30,460	8,730	19,900
Sunderland (%)	2.7	7.3	23.1	27.8	29.8	9.3
Stat Neighbour (%)	2.3	7.8	24.8	26.8	29.1	9.1
England (%)	2.1	7.1	24.3	27.7	28.8	9.9

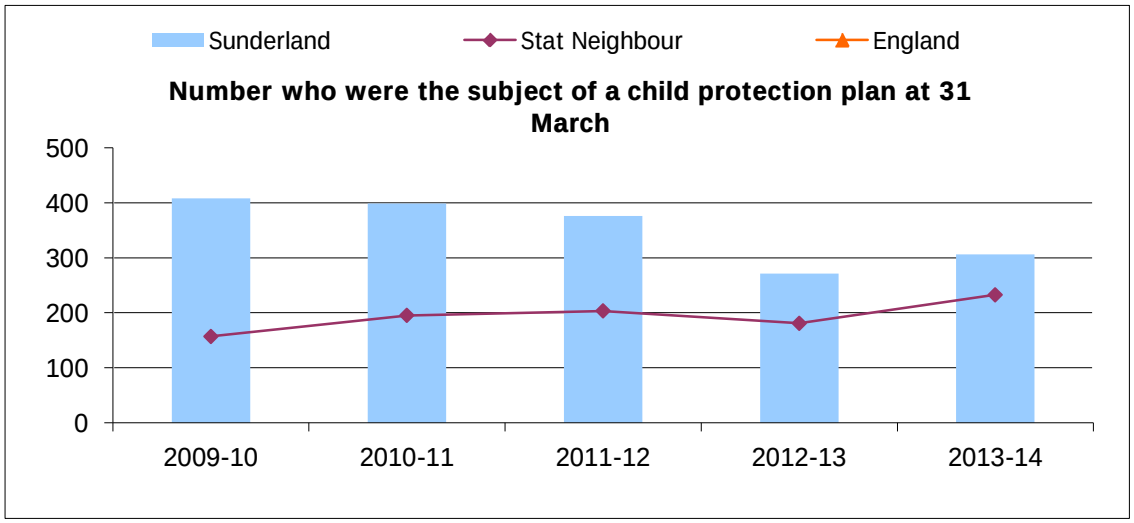
Source: DfE Characteristics of children in need in England

Nationally, the most common reason children go on to a child in need plan is due to 'abuse or neglect' with the second most common reason being family dysfunction. Other reasons a child may be in need are due either are child's disability or illness, or a parent's disability or illness, absent parenting, socially unacceptable behaviour, or low income. The most common reason for children in need plans is abuse or neglect at 47.1%, with family dysfunction second at 26.1% and Family in Acute stress third. This falls mostly in line with statistical and national comparators.

8.4 Child Protection Plans

A child protection plan is the activity undertaken to protect a child who is at risk of significant harm. It sets out in detail what work each of the professionals involved will do and what action family members must take.

8.4.1 Children Subject to Child Protection Plan



Source: DfE Characteristics of children in need in England

In March 2015 there were 419 children the subject of a child protection plan. The rates of children subject to a plan 2013/14 were roughly in line with our statistical neighbours but were much higher than the rates for England.

8.4.2 Child Protection Plans During the Year

CP Plans Commenced during the year 2014/15 (31.12.14)	**Plans Started**
Children who became the Subject of a Child Protection Plan for the First Time	253
Children who became the Subject of a Child Protection Plan for the Second or Subsequent time	66
Total:	**319**

CP plans ended during the year 2014/15 (31.12.14)		
Year	**Month**	**Children**
2014	April	42
2014	May	17
2014	June	42
2014	July	27
2014	August	10
2014	September	32
2014	October	24
2014	November	20
2014	December	34
		248

Source: Infoview

CP Plans ceasing Rate per 10,000	2013-14
Sunderland	72.5
Statistical Neighbours	51.7
England	47.4

The rate at which CP plans have ceased in Sunderland in previous years has been at a much greater rate than that of our statistical neighbours and England and it appears the trend is continuing into 2014/15.

8.4.3 The Toxic Trio

The proportion of child protection plans where one of the 'Toxic Trio' of domestic violence, substance misuse and parental mental health have been issues within the family is currently 81% as at the end of quarter 3 2014/15.

Individual concerns are recorded as follows:

Substance misuse 54%
Domestic Violence 57%
Parental Mental Health 52%
All three 22%

8.4.4 Child Protection Plans by Age

CP Plans by Age 2013/14	Unborn	Under 1	1-4 years	5-9 years	10-15 years	16 & over
Sunderland (number)	10	101	99	108	100	12
Stat Neighbour (number)	8	49	82	79	71	7
England (number)	1,050	8,890	16,720	16,790	14,320	1,980
Sunderland (%)	2.3	23.5	23.0	25.1	23.3	2.8
Stat Neighbour (%)	2.0	17.5	27.6	26.8	23.6	2.5
England (%)	1.8	14.9	28.0	28.1	24.0	3.3

Sunderland has higher levels of children under the age of 1 subject to a plan but lower number of children aged 1 – 4 years than its comparators.

8.4.5 Child Protection Plans by Category of Abuse

CP plans by category of abuse	All	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple
Sunderland (number)	306	256	10	12	28	0
Stat Neighbour (number)	233	128	28	18	73	0
England (number)	48,300	20,620	4,050	2,100	17,200	4,320
Sunderland (%)	100.0	83.7	3.3	3.9	9.2	0.0
Stat Neighbour (%)	100.0	54.8	11.2	6.7	32.6	0.0
England (%)	100.0	42.7	8.4	4.4	35.6	9.0

Source: DfE Characteristics of children in need in England

The table reflects Neglect and Emotional Abuse as the primary categories of abuse in respect of children becoming subject to Child Protection Plans, both nationally and locally, although locally neglect is significantly higher than that seen within statistical neighbours and nationally.

Neglect can lead to profound negative and long-term effects on brain and other physical development, behaviour, educational achievement and emotional wellbeing including difficulties in forming attachment and relationships, serious developmental delay, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life.

8.5 Looked After Children

8.5.1 Numbers of Looked After Children

As at March 2015 there were 559 children being looked after with Sunderland City Council. This is an increase on the 2014 figure of 69 children. Sunderland continues to have a higher rate than its statistical neighbour's group average, the North East and England rates.

Number of LAC	2009-10	2010-11	2011-12	2012-13	2013-14
Sunderland	390	410	385	435	490
Stat Neighbour	289	306	325	339	346
England	64,470	65,500	67,070	68,060	68,840

Rate of LAC	2009-10	2010-11	2011-12	2012-13	2013-14
Sunderland	69.0	74.0	71.0	80.0	90.0
Stat Neighbour	69.0	73.6	77.0	81.6	83.9
England	57.0	58.0	59.0	60.0	60.0

Children who started to be looked after	Sunderland			Stat Neighbour			England		
	11/12	12/13	13/14	11/12	12/13	13/14	11/12	12/13	13/14
Number of children who started to be looked after	145	220	260	144	138	146	28,390	28,960	30,430
Rate of children who started to be looked after	26.4	40.5	47.7	33.6	33.4	36.2	25.0	25.3	26.5
of which: children who were taken into care*	40	35	50	48	49	45	10,140	11,140	10,920
Percentage of children taken into care	29.0	16.0	20.0	36.3	35.9	30.2	36.0	38.0	36.0

The numbers and rates of children who started to be looked after increased substantially in 2012/13 and this continues to increase in line with statistical neighbours, North East averages and nationally although at a much greater pace.

The increase in the numbers of LAC can be partly explained in relation to changes in the care planning regulations which resulted in children becoming "looked after" when placed with connected carers.

Sunderland have implemented a re-integration strategy by developing a short term assessment unit and are looking to increase the community support team resource

to prevent children coming in to care or to rehabilitate them home with parents, family or friends.

8.5.2 Age, Gender and Ethnic Background

Children Looked After by Age Group	Under 1	1 to 4	5 to 9	10 to 15	16+
Sunderland (number)	45	90	105	185	70
Stat Neighbour (number)	25	71	74	123	52
England (number)	3,880	11,440	13,920	25,140	14,460
Sunderland (%)	9.0	18.0	21.0	37.0	14.0
Stat Neighbour (%)	6.9	21.0	20.8	35.8	15.3
England (%)	6.0	17.0	20.0	37.0	21.0
Source: DfE Children looked after in England including adoption					

As with its comparators Sunderland has the lowest number of Looked After children in the under 1 year age group and the highest number in the 10 – 15 years age group.

Looked After Children by Gender	Male (No.)	Female (No.)	Male (%)	Female (%)
Sunderland	260	230	53.0	47.0
Stat Neighbour	190	157	54.8	45.2
England	38,040	30,800	55.0	45.0
Source: DfE Children looked after in England including adoption				

In line with its statistical neighbours and nationally Sunderland has more males than females who are Looked After.

Looked After Children by Ethnic Origin	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups	IR or NO*
Sunderland (number)	470	10	5	-	-	-
Stat Neighbour (number)	316	13	10	5	0	13
England (number)	53,440	6,140	2,540	4,620	1,530	570
Sunderland (%)	96.0	2.0	1.0	-	-	-
Stat Neighbour (%)	91.8	3.3	2.6	1.4	0.0	3.0
England (%)	78.0	9.0	4.0	7.0	2.0	1.0
Source: DfE Children looked after in England including adoption						

Sunderland has a lower proportion of Looked After Children from an ethnic minority group than its comparators although it is much closer in comparison with the statistical neighbours and regionally. The 2011 census recorded Sunderland has having 95.9% of its population as white.

8.5.3 Legal Status

	Sunderland						Stat Neighbour			England		
	Number			Percentage			Percentage			Percentage		
	11/12	12/13	13/14	11/12	12/13	13/14	11/12	12/13	13/14	11/12	12/13	13/14
Interim care orders	60	47	40	15.0	10.8	8.0	21.5	18.0	12.5	20.0	16.9	12.0
Full care orders	120	123	135	30.0	28.1	28.0	41.1	44.0	48.1	40.0	42.1	46.0
Freed for adoption	10	10	-	3.0	2.3	-	0.0	0.1	0.0	-	0.2	-
Placement order granted	90	94	100	24.0	21.5	21.0	11.8	13.7	15.1	11.0	13.6	13.0
Accommodated under S20	110	162	210	28.0	37.1	43.0	26.1	24.0	26.3	29.0	26.7	28.0
Detained on cp grounds in LA accommodation *	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0	-
Youth justice legal Statuses	0	1	0	0.0	0.2	0.0	0.0	0.3	0.0	-	0.5	-

* Children under police protection and in local authority accommodation, children subject to emergency protection order and children under child assessment order and in local authority accommodation. Source: DfE Children looked after in England including adoption

The proportion of children accommodated under a full care order is 28% significantly lower than our statistical neighbours and England, conversely the proportion of children accommodated under S20 stands at 43% significantly higher than statistical neighbours and the national figure.

Recently S20 panels have been implemented where individual cases are scrutinised to establish a reunification plan or exit strategy or consider the change in the legal status of the child in line with their Looked After circumstances.

8.5.4 Category of Need

Children who started to be Looked After by Category of Need 2013/14	Sunderland (number)	Sunderland (%)	Stat Neighbour (%)	England (%)
Abuse or neglect	155	59.0	67.3	55.0
Child's disability	-	-	1.8	2.0
Parents illness or disability	-	-	0.8	3.0
Family in acute stress	15	6.0	8.3	10.0
Family dysfunction	80	30.0	21.5	19.0
Socially unacceptable behaviour	-	-	6.5	4.0
Low income	0	0.0	0.0	-
Absent parenting	5	2.0	4.3	6.0
Source: DfE Children looked after in England including adoption				

The majority of children who become looked after, do so because of abuse, neglect or family dysfunction that causes acute stress among family members. Entry into

care is usually a traumatic experience and brings with it a significant sense of loss that can be insufficiently recognised in care planning. Older children in care may also experience significant problems at school. For those children and young people who remain in long-term care creating a sense of belonging and emotional security is vital to their health and wellbeing**.**

The primary reason that children were placed into care in Sunderland (59%) was abuse or neglect. There is a much higher percentage of children entering care due to family dysfunction in Sunderland (30%) than it's comparators whose reasons are more evenly distributed.

8.5.5 Placement Type

% of Children Looked After by Placement Type 2013/14	**Sunderland**		**Stat N/bour**	**England**
	Number	**%**	**%**	**%**
Own provision (by the Local Authority)	370	75.5	65.3	57.4
Other Local Authority provision	-	-	3.0	1.7
Other public provision (e.g. by a PCT etc.)	-	-	0.0	0.5
Private provision	35	7.1	19.8	32.9
Voluntary/third sector provision	65	13.3	4.1	2.5
Parents or other person with parental responsibility	15	3.1	7.8	4.7
Placement Provider not Reported	0	0.0	0.0	0.3
Source: DfE Children looked after in England including adoption				

Sunderland has a higher proportion of children in its own provision at 75.5% than its comparators and a lower proportion of children in private provision.
The LA and CCG commissioning team are working closely with service managers and the council's finance section, looking at placement planning and exploring ways of reducing unit costs by making best use of internal placements, as well as utilising early intervention and preventive services to reduce the numbers of looked after children coming into the care of the local authority. However, there continues to be a demand for residential placements for children with complex needs. Further work is being undertaken to ensure specialist assessments are more robust and that local placements are available to meet identified need. Local placements will aim to reduce cost but more importantly improve outcomes. Locally based placements will allow greater oversight from social workers and IRO's and where appropriate more regular contact with family.

The commissioning team are currently undertaking internal audits for the following:

- Internal Foster Placements looking at the capacity, occupancy and identifying potential gaps in foster carers skills and experience.
- Understanding the reasons why children and young people are accommodated in residential or foster placements.

8.5.6 Distance from home

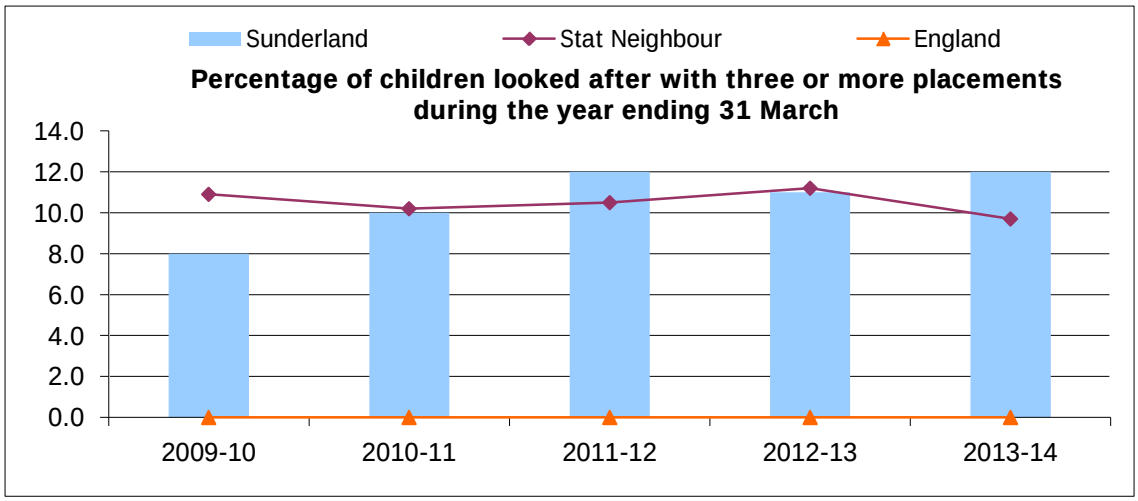
Under section 23(7) of the Children Act 1989, local authorities have a duty to place children near to their homes. This duty was strengthened by section 9 of the Children and Young Persons Act 2008. This places local authorities under a general duty to take steps that secure, so far as is reasonably practicable or consistent with the child's welfare, sufficient suitable accommodation is available within their area to meet the needs of the children they look after.

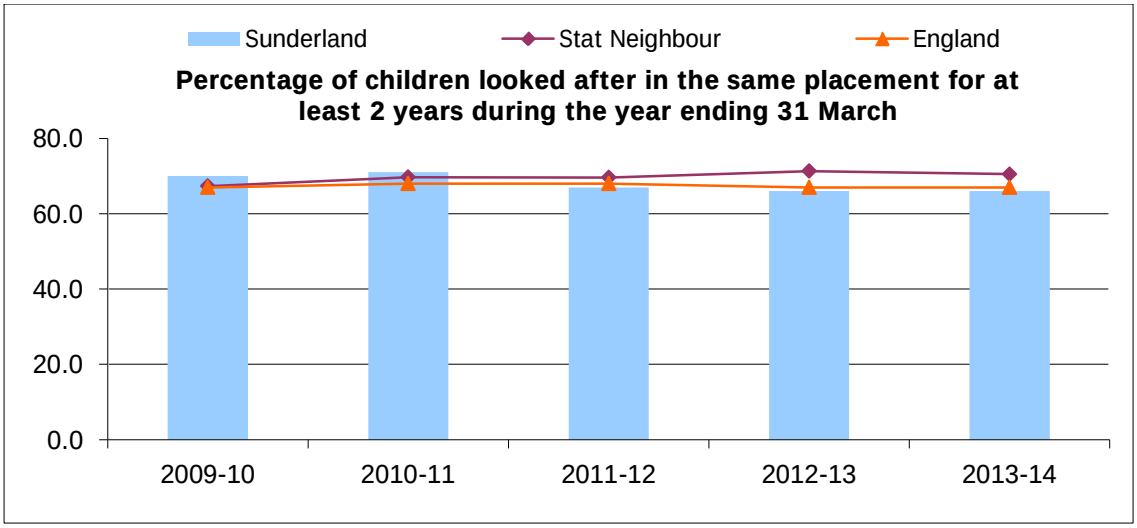
The majority of children in care who are the responsibility of Sunderland City Council are accommodated within the local authority boundary (64%) and this percentage is higher than its comparators (statistical neighbours averages were 63.4% and England average was 54%). When considering distance Sunderland was again higher than comparators with 90% of children in care placed within 20 miles of their home address.

8.5.7 Placement Stability

Placement stability is an essential building block for delivering positive care outcomes. It is important therefore to ensure there is a sufficient range of local placements to cater for individual needs and ensure all Looked After Children have stability for the duration of their care episode. This will ensure that the trauma of care entry is minimised, will facilitate contact with friends and family and avoid disruption in terms of schooling and access to the full range of universal services.

The chart below shows that Sunderland has less placement stability than its comparators. Work described earlier between the CCG and Local Authority is intended to support the stability of placements.





8.5.8 Health

Percentage of health assessments completed in timescale for LAC		2011-12	2012-13	2013-14
Annual health assessment	Sunderland	92.5	79.2	94.7
	Stat Neighbour	86.0	91.5	91.6
	England	86.3	87.3	88.4
Up to date development assessment (under 5s only)	Sunderland	100.0	100.0	100.0
	Stat Neighbour	70.5	89.0	93.6
	England	80.2	84.3	86.8
Up to date immunisations	Sunderland	88.7	96.2	96.5
	Stat Neighbour	89.9	95.3	94.3
	England	83.1	83.2	87.1
Teeth checked by a dentist	Sunderland	77.4	81.1	68.4
	Stat Neighbour	89.2	88.8	88.5
	England	82.4	82.0	84.4

Sunderland performs well against comparators for annual health assessments, development assessments and immunisations exceeding the percentage for both statistical neighbours and nationally. Further work has been undertaken recently between Children's Safeguarding and the LAC Health team to further streamline the process, recording and reporting so we can understand why we are not achieving 100% within timescale and tackle these issues.

In addition a summary information document is being developed to enable us to understand the overall health needs of the LAC population to inform service delivery and commissioning.

8.5.9 Education

At KS2 the gap in attainment between our Looked After Children and all children is significant although this is based upon 10 children and has to be taken in context. In reading the percentage gap is higher than our comparators, writing we compare similarly well to comparators and in grammar and punctuation we do better than our

comparators. The Local Authority and partners have developed an Education and Skills strategy to support the best start in life to ensure our children and young people do not start school at a disadvantage. One of the commitments within the strategy is:
'All services that have contact with families and young children will work together in an integrated way to identify as early as possible the children who are at risk of poor outcomes and whose families would benefit most from additional support.'

Attainment gap between LAC and their peers at KS2	Sunderland			Stat Neighbour			England		
	11-12	12-13	13-14	11-12	12-13	13-14	11-12	12-13	13-14
No eligible to sit KS2 tasks and tests	10	10	10	13	10	16	2,310	2,300	2,450
% who achieved at least level 2 in the following									
Maths (test) - children looked after	-	58.0	-	56.2	64.3	61.2	56.0	59.0	61.0
Maths (test) - all children	85.0	86.0	87.0	85.4	86.3	86.3	84.0	85.0	86.0
Maths (test) - percentage point gap	**-**	**28.0**	**-**	**29.2**	**22.1**	**25.1**	**28.0**	**26.0**	**25.0**
Reading (test) - children looked after	-	92.0	55.0	63.9	70.3	71.8	64.0	63.0	68.0
Reading (test) - all children	87.0	87.0	89.0	87.5	87.0	88.7	87.0	86.0	89.0
Reading (test) - percentage point gap	**-**	**-5.0**	**34.0**	**23.6**	**16.8**	**16.9**	**23.0**	**23.0**	**21.0**
Writing (teacher assessment) - children looked after	-	-	55.0	48.4	55.8	54.0	51.0	55.0	59.0
Writing (teacher assessment) - all children	83.0	84.0	85.0	82.0	84.0	84.2	81.0	84.0	86.0
Writing (teacher assessment) - percentage point difference	**-**	**-**	**30.0**	**33.6**	**28.3**	**30.2**	**30.0**	**29.0**	**27.0**
Grammar, punctuation and spelling (test) - children looked after	-	-	55.0	-	43.3	50.4	-	45.0	49.0
Grammar, punctuation and spelling (test) - all children	-	75.0	76.0	-	73.8	76.9	-	74.0	77.0
Grammar, punctuation and spelling (test) - % point	**-**	**-**	**21.0**	**-**	**30.5**	**26.5**	**-**	**29.0**	**28.0**

difference									
Reading Writing and Mathematics (test & TA) - children looked after	-	-	-	52.7	45.0	52.0	42.0	45.0	48.0
Reading Writing and Mathematics (test & TA) - all children	77.0	76.0	79.0	75.7	77.1	78.8	75.0	76.0	79.0
Reading Writing and Mathematics (test & TA) - % point difference	**-**	**-**	**-**	**23.0**	**32.1**	**26.8**	**33.0**	**31.0**	**31.0**

In 2013/14 there were 35 LAC eligible to sit GCSE's of which 23.5% achieved 5+ GCSE's A – C this was equal to a 35.8% difference in attainment to all children in Sunderland. Sunderland is almost equal to its statistical neighbours whose difference was 35.8% and better than the England difference of 47.5%.

Support to improve educational outcomes for Looked After children is provided and co-ordinated through Sunderland Virtual School who provide personalised learning support to ensure that our looked after children and young people receive the best education, learning experiences and opportunities to maximise their education outcomes.

This enables them to achieve beyond expectations, build upon their successes and improve progression and future economic well-being.
Sunderland Virtual School offers:
•One to one tuition in core subjects and extra-curricular learning
•Support with Personal Education Plans
•Support with alternative and personalised curriculum provision
•Pre-Ofsted advice to schools
•Continued Professional Development opportunities for designated teachers and social workers
•Advice, guidance and support on the education of looked after children for Designated Teachers, foster carers, social workers and agencies working with looked after children
•Support with early years and transition

8.5.10 Adoption

The average number of days in adoption process (Looked after children to those placed for adoption) has improved during the year to 599 days and is an improvement on the 2012-13 out turn of 671 days. This now meets the National threshold of 608 days, but the three year average over 2011-14 of 652 days is still above the threshold. The average number of days in the adoption family finding

process (Placement Order to Matching date) also improved during the 2013-14 to 215 days compared with 279 days in 2012-13, but is still higher than the 2010-13 DfE National thresholds for 182 days. A total of 37 children have been adopted in the first six months of 2014, placing performance in the top quartile nationally.

8.6 Disabled Children

8.6.1 Current information

A recent exercise was undertaken to understand the level of need in the population regarding children and young people currently receiving services linked to potential disabilities and the following information was gathered:

Service in Place	Number of users
0 – 25 Transitions Team	48
Accessing early help (bursary/nursery)	54
Services for Disabled Children	59
SEN/EHCP	182
SEN and Early Help	5
SEN and 0 – 25 Transitions team	7
SEN and Services for Disabled Children	136

Information from Contact a Family advises:

- In the UK, there are 770,000 disabled children under the age of 16. That equates to one child in 20.
- 99.1 per cent of disabled children live at home and are supported by their families
- 52 per cent of families with a disabled child are at risk of experiencing poverty
- The income of families with disabled children averages £15,270, 23.5 per cent below the UK average income of £19,968, and 21.8 per cent have incomes that are less than half the UK mean
- Only 16 per cent of mothers with disabled children work, compared to 61 per cent of other mothers
- It costs up to three times as much to raise a disabled child, as it does to raise a child without disabilities
- 56 per cent of parents with disabled children and children with special educational needs reported there was a lack of sufficient childcare in their area
- Caring for a disabled child can cause relationship problems. According to one study, 31 per cent of couples report some problems, 13 per cent cite major problems and 9 per cent actually separate. Stress, depression and lack of sleep are other commonly experienced problems

- Only one in 13 disabled children receive a regular support service of any sort from their local authority
- Pupils with special educational needs (with and without statements) account for 7 in 10 of all permanent exclusions from school. This is the highest rate of permanent exclusions.

8.6.2 Services

In Sunderland, disabled children and their families are supported with a wide range of services. Services are currently delivered by the local authority across social care, community and family well-being, education and there are also some externally commissioned services in place with schools and external agencies.

The range of services provided by the local authority and partner agencies include the following:

- Sunderland Children's Centre services
- Paediatric universal and specialist health services
- A range of free childcare
- Early Intervention and Locality Services which includes support to access childcare
- Sunderland provision and support from the youth service
- Children's Sensory Team
- Language and Learning Team
- Special Educational Needs (SEN) and Accessibility Team
- Autism Outreach Team
- Physical & Medical provision
- Community Based Occupational Therapy and Wheelchair Service
- Children's Disability Social Work Service which includes Quest a service for autistic children and young people
- Short breaks
- Respite Foster carers
- Carers centre
- Mediation Service
- Sea View Road respite unit
- Leisure link and home support
- Transport
- Connexions

To ensure services are delivered in an effective and efficient way across organisations to meet individual needs, there is an Interagency Strategic Partnership Group for Disabled Children (ISPGDC) which meets quarterly to discuss service delivery and developments. It has been agreed a whole review of services across organisations is required to support future decisions in relation to improving outcomes for disabled children, young people and their families.

9. Serious case Reviews

Between 2012 and 2014 the Sunderland Safeguarding Children Board (SSCB) commissioned and commenced 9 serious case reviews into the circumstances surrounding the death or serious injuries of 8 children and young people, this included the suicide of 2 young people under the age of 18 years.

10. CURRENT SERVICES IN RELATION TO NEED

Sunderland has nine community nurseries, 83 primary schools (19 academies, 47 community, 1 free, 15 voluntary aided, 1 voluntary controlled), 18 secondary schools (12 academies, 4 community, 1 free, 1 voluntary aided), seven schools for pupils with special educational needs (5 academies, 2 community) and three pupil referral units.

Early Help, Safeguarding and looked after children services operate within the People Services Directorate. The services are organised into four interlinked components and provide;

- Early Help, Children's Centre's and Strengthening Families work, supporting children who fall below the threshold of children in need.
- Social work services to children in need, including those in need of protection and looked after. In addition, the child and family support service supports families below the threshold of social care and the leaving care service supports care leavers.
- Services for looked after children provides adoption, fostering and residential placements for children and young people who cannot be looked after in their own homes, and provides social care services for children and their families.
- The family care and support team provides a range of personal care and short break support to disabled children.

Four children's homes provide time limited and permanent residential care for looked after children, as a preferred option to family placements for some children. External residential care providers - A number of external children's homes, residential schools, independent foster agencies and hospital placements are used when internal resources cannot meet the needs of a child requiring placement.

The Youth Offending Service (YOS) provides preventative and post-conviction services for young people who have offended. It is a multi-agency service comprising the four statutory agencies of police, probation, health and the Local Authority, working in partnership with other key agencies.

The NHS fulfills its requirements to make arrangements to secure appropriate health services for the child, in accordance with the health assessment and the child's health plan and need to understand the current flows of looked after children both in and out of the CCG area and ensure that services are commissioned to meet the

needs of all Looked After Children. The OK2 Health team - undertakes health assessments and reviews and supports the achievement of good health outcomes for LAC. All children in care are subject to a health plan. Health assessments must be undertaken twice a year for children under 5 years, and annually for children and young people aged 5 years and over.

CAMHS within Sunderland the Northumberland Tyne and Wear Foundation Trust (NTW) provide a Children and Young People's Service (CYPS) offering a broad range of services to support the mental health needs of our Looked After Children.

We are in the process of re-establishing the CAMHS Partnership for Sunderland the purpose of the partnership is to:

- Refresh the Children and Young Peoples mental health and emotional wellbeing strategy
- Understand current levels of need; service provision, pressures and gaps across Sunderland
- Set priorities for 2015/16
- Develop action plans to support priorities
- Monitor implementation of action plans
- Provide a forum to share key local, regional and national developments and promote inter-agency working

The virtual school provides dedicated education support for looked after children Multi- agency universal services include midwifery, health visiting, Children's Centre's, G.Ps, Dental services, schools etc.

Sunderland Safeguarding Children Board
Lead responsibility for ensuring that work to keep children safe is coordinated and embedded within the work of all agencies in Sunderland rests with Sunderland Safeguarding Children's Board (SSCB).
The work it carries out includes:

- Developing policies and procedures to keep children safe in our area, including when and how to make child protection referrals, Serious Case Reviews etc.;
- Raising awareness with the community and with partner agencies about key safeguarding issues in Sunderland;
- Quality assuring and evaluating how well our processes are being used and the impact they have;
- Understanding and responding to themes identified from Serious Case Review and Child Death Overview Panel;
- Working with partners to develop the safeguarding workforce, including the views of workers on safeguarding processes, developing and responding to safeguarding training needs, safe recruitment etc.

11. PROJECTED SERVICE USE

Office for National Statistics (ONS) 2012-based population projections suggest that the number of children and young people aged 19 and under in Sunderland (the projections are published in five year age bands) will fall by 1% over the next decade from 62,000 in 2012 to 61,000 in 2022. The number 0-4 years is forecast to fall by 3%. Over the same period the England population is forecast to grow – among 0-19 years, by 6% and among 0-4 years, by 3%. Population projections by components of change indicate that migration is not a major factor influencing population change in Sunderland. Future changes to the local population of children and young people will largely be driven by changes in the birth rate.

The child and family poverty needs assessment suggests that about 13,000 of Sunderland's children and young people will need additional support from targeted and specialist children's services during their childhoods. However it is recognised as being difficult to accurately predict the future projected service demand as the number of referrals made for children in need, and children in need of protection, can fluctuate significantly depending on a combination of internal and external factors.

There are national government drivers that are likely to place additional demands on safeguarding children services in the future. Possible future demands on services include:

- The financial constraints facing national and local government will continue to severely restrict the availability of resources.
- The impact of welfare reforms on families
- The number of LAC may continue to increase, including more children placed with family and friends in foster placements and homeless young people. This will increase the number of Looked after children and require a greater availability of suitable accommodation with consequent pressures on related services such as Independent Reviewing Officers (IROs).

12. EXPERT OPINION AND EVIDENCE BASE

Family Nurse Partnership (FNP) programme is a research evidenced work stream see Department of Health website (external link).

The value of early help and intervention for vulnerable families is evidenced in:
The Munro review of Child protection: Final report – a child-centred system (external link)
The Marmot Review: Fair Society Health Lives (external link)
Frank Field's report: The Foundation Years: Preventing Poor Children Becoming Poor Adults (external link)
Graham Allen's report: Early Intervention: The Next Steps (external link)

13. SERVICE USER AND CARERS VIEWS

Young people in care have shared the following;-

- There is not always good or timely access to health services including CAMHS.
- Need continuity of health care, i.e. staying with the same GP
- Liaison between OK2 and Leaving Care service needs improving when doing transition plans to ensure that health support continues
- Why do children in care need annual health assessments when their friends not in care don't have them?
- They recognise the risk re the use of social networking sites but need guidance and advice.
- Sometimes the risk posed by family members in contact are not always realistically assessed as the child becomes older.
- Need to increase self-esteem and acquire coping skills such as assertiveness to deal with bullying.
- Some carers have low aspirations for the children they look after.
- Need for more support in relation to education.
- Sometimes staff and carers aren't able to take children on activities.
- Continuing activities and interests when children leave care can be difficult.
- Help and support for looked after children in school needs to not mark them out.
- Some teachers talk down to looked after children and don't treat them with respect.
- Children don't always understand their care plans.
- Need for better support for family and sibling contact, like getting the practical arrangements right.
- Children should have better contact arrangements with their brothers and sisters.
- Moving to independence is frightening/emotionally challenging time.
- Financial support arrangements when moving to independence are not satisfactory - e.g. 'benefits trap' associated with being in supported accommodation.
- Young people often have anxiety/impatience re moving on.
- Young people need better support to help them cope and manage, not just with the practical aspects of independent living but the emotional ones.
- There needs to be a greater number and variety of independent living and supported accommodation options
- Young people sharing flats should not always be ruled out because social workers think it's too risky.

14. EQUALITY IMPACT ASSESSMENTS

There have been no significant changes to safeguarding or looked after children policies identified as requiring an equality impact assessment at this time.

Existing EIA will be reviewed and/or in the event that inequalities are identified strategies will be identified to address these.

15. UNMET NEED AND SERVICE GAPS

15.1 A common understanding and application of multi-agency thresholds is required particularly in relation to children's safeguarding and children in need.

15.2 Care pathways appear fragmented across early help and social care services. Pathway planning is critical to developing a seamless service for vulnerable children and families.

15.3 Local multi quality assurance frameworks need be developed and implemented and this information needs to extend in order to inform commissioning and contract arrangements.

15.4 While there are a high number of placements for children in the Sunderland area there are significant shortfalls in age appropriate local residential and fostering placements for children with complex needs or challenging behaviours.
Progression planning needs to be developed with regard to the recruitment and retention of foster carers. The skill sets and profiles of local existing foster carers has recently been may need to be reviewed to ensure children are placed with carers that can meet identified need a new foster care recruitment strategy has been developed.
The role and remit of local children's homes is also needs to be reviewed to ensure that there is local residential provision for children meets the individual with complex needs and challenging behaviours. Commissioning are working with social care managers and are involved with all these developments.

15.5 The process and policy for securing specialist assessments for children with complex needs are currently being reviewed and refined.

15.6 Systems and processes for identifying and safeguarding children at risk of sexual exploitation needed further development.

15.7 Young carers are not always identified early enough and some professionals still tolerate them remaining responsible for inappropriate levels of care

15.8 Access to CAMHS (and other specialist services) are to be reviewed including the process for specialist psychological assessments improved.

15.9 How the level of need will be identified and addressed with appropriate services regarding the radicalisation of children and young people.

15.10 Access to counselling and support services for those children and young People who have identified vulnerabilities and issues but do not meet the threshold for specialist services.

15.11 WRAP training is embedded across the partnership.

16. RECOMMENDATIONS FOR COMMISSIONING

- To continue to influence and challenge existing partnerships and commissioning arrangements e.g. Health and Wellbeing Board, CCG, Children's Trust.
- To drive forward the evaluation of the impact, effectiveness and outcomes for children from services/partners/projects developed locally to safeguard children from all communities, including an outcomes framework for SSCB and the effectiveness of early help
- To maintain safeguarding services standards in a challenging financial climate, lead practice and quality assure.
- To influence and support the work arising from the Sunderland Improvement Plan and gaps identified above through robust commissioning based on needs assessment

Commissioning Intentions Plan 2015-16 Appendix 1

17. SOURCES OF INFORMATION

Child poverty needs assessment
SSCB Performance Report 2012/13
CP & LAC Scorecards.
Children in Care Commissioning Strategy and Implementation Plan 2011-13
Evaluation of viewpoint
Anti-Bullying Strategy 2014-16
ONS Census 2011
Chief Medical Officer’s Annual Report 2012