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DATE: 8 October 2018

EDUCATION, CHILDREN AND FAMILIES SELECT COMMITTEE

Meeting to be held on Tuesday 16 October 2018

Please see the attached additional information in support of the Committee's review.

12 WRITTEN EVIDENCE: (Pages 3 - 20)

(C) CHILDREN'S JSNA EXECUTIVE SUMMARY

(D) OVERVIEW OF SECURE BEDS

(E) ADDITIONAL FINANCIAL INFORMATION

Copies of the documents referred to above can be obtained from
<http://cde.bromley.gov.uk/>

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Bromley Clinical Commissioning Group



THE LONDON BOROUGH
www.bromley.gov.uk

BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT

2018

Children and Young People Executive Summary

For more information visit www.bromley.gov.uk/JSNA or contact
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Table of Contents

Acknowledgements	4
Introduction	5
Executive Summary	7

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Introduction

This report describes the main issues affecting the health and wellbeing of the population of Bromley. Its purpose is to provide the basis for an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning, commissioning of services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

The JSNA helps organisations in Bromley to fulfil the Equality Duty by considering the needs of all individuals in Bromley.

Much of the information in the JSNA is based on information from routine data sources and from health profiles which allow us to benchmark our position in Bromley against London and England.

This report is an update of the “Child Wellbeing Needs Assessment” completed in September 2016. It follows the same structure:

1. Demography
2. Risk Factors
3. Emerging Needs
4. Established Needs

Section 1 of this report will describe the population of children and young people aged 0-18 in Bromley.

This report will then describe how prevention could affect the wellbeing of children and young people in Bromley. Prevention can be primary, secondary or tertiary.

Primary prevention aims to prevent a problem before it occurs by identifying families within the population who are more likely to suffer poor outcomes for their children. Section 2 uses evidence to identify risk factors in families in Bromley.

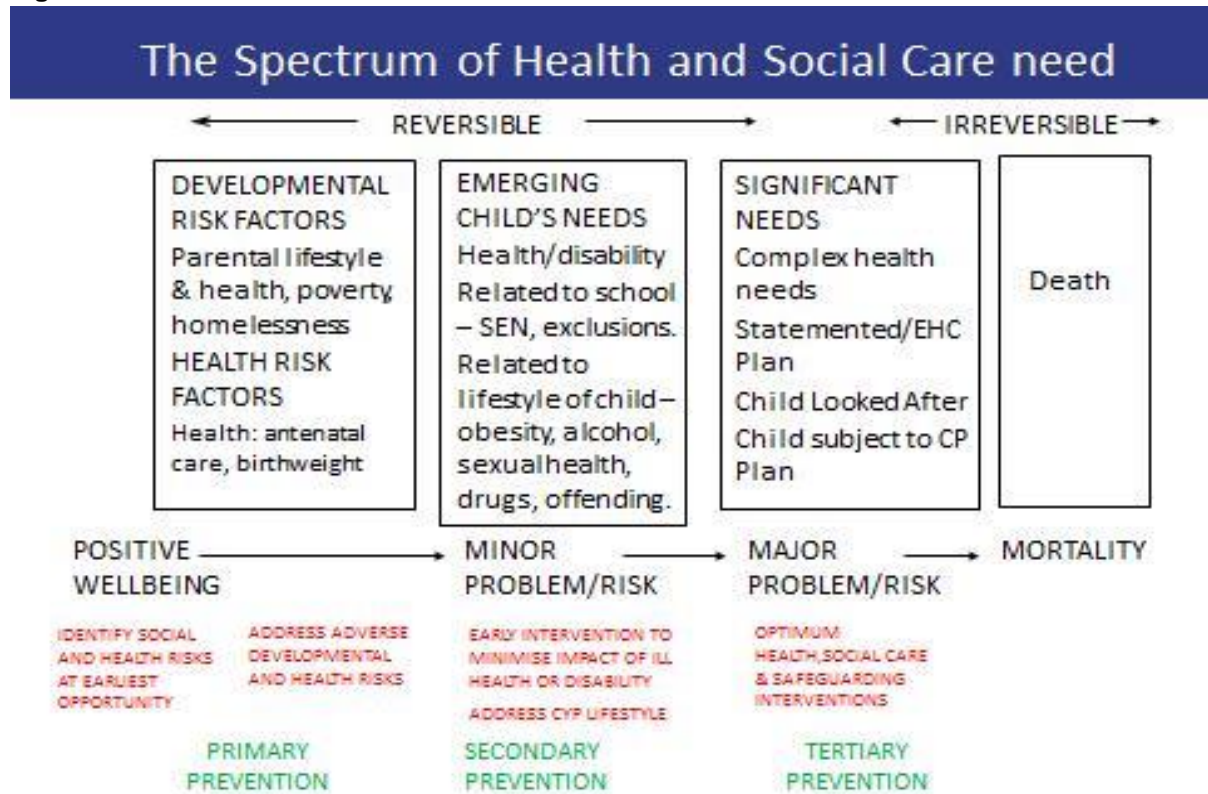
Secondary prevention aims to identify a potential or emerging problem in a child or young person at an early stage in order to minimise the impact of that problem. Section 3 reviews what we know about emerging health, education and social care needs of children and young people in Bromley. Children with emerging needs include those receiving support from Children and Family Centres or those identified as having Special Educational Needs but who do not have an EHC Plan.

Tertiary prevention aims to minimise the impact of a known need. Section 4 reviews information about children and young people with established needs, including those

with an Individual Health Care Plan in school, those children with EHC Plans, and Looked After Children and those on a Child Protection Plan.

The spectrum of need and prevention is summarised in the following figure.

Figure 1.



This Children and Young People’s JSNA contains new sections on:

- Youth Violence
- Homeless young people
- Parental worklessness
- Long term health conditions of children and young people

Executive Summary

Section 1: Demography

- The main growth in the child population is now the 11-18 age group.
- Net migration into Bromley schools has reduced.
- The Black African population is the fastest growing BAME group.
- Under-recording of the Gypsy Traveller population makes pro-actively addressing the needs of this population difficult.

Section 2: Risk factors associated with poorer outcomes in children

Health and lifestyle issues of parents

- Life expectancy is lower in more deprived wards, especially for men.
- More adults are reporting poor health in the Cray Valley and Mottingham and Chislehurst North.
- Teenage pregnancy rates are still falling in Bromley. A high proportion of these conceptions result in a termination of pregnancy compared to national rates.
- Teenage pregnancy rates are highest in areas of greatest deprivation in Bromley
- Overall low levels of recorded drug use in Bromley mask high rates of opiate and/or crack use in young people aged 15-24.
- Bromley has a high proportion of drug users with a co-occurring mental health condition.
- It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.
- Alcohol consumption varies across the borough, with the highest rates of harmful alcohol consumption in Hayes and Coney Hall, West Wickham, and Farnborough and Crofton, and the lowest rates in Darwin and Crystal Palace.

Mental health of parents

- More than 20% of pregnant women in Bromley reported a history of mental ill health at booking for pregnancy care
- GP data shows that recorded depression in adults is the third highest in London and the rate is increasing.

Social issues of parents

- Referrals to Domestic Abuse advocacy services are increasing. 82% are women, many of whom are of child-bearing age.
- Poverty is low in Bromley, but the proportion of under 16s living in low income families in Bromley is rising.

- Children living in households with unemployment and financial issues are more likely to live in Mottingham & Chislehurst North and the Cray Valley.
- There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.

Protective factors

- Breastfeeding and immunisation rates in Bromley are reducing, which in turn reduces the protective effect of these measures on child health.
- Opportunities for young children to benefit from funded early education appear to be reducing for 3 & 4 year olds in Bromley relative to statistical neighbours and national rates.

Section 3: Emerging needs in children and young people in Bromley

Emerging health and lifestyle issues

- Smoking rates in young people in Bromley are higher than London and national rates and areas of highest deprivation are disproportionately affected.
- There is overall a relatively low rate of new STIs in Bromley. Underlying this picture, rates of chlamydia infection detection are falling and rates of syphilis are rising.
- There is a high rate of attendance at sexual health clinics in Bromley, although some evidence that not all young people know how to access sexual health clinics.
- This data appears to show a significant drug problem in young people in Bromley and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing, although referrals from Health and Children and Family Centres are increasing.
- Obesity in children is a significant concern in terms of their health and well-being. In reception year and year 6 in Bromley primary schools there are 145 children who are known to be severely obese as well as 860 obese children.
- There are marked differences in rates of obesity within Bromley. Children in the north east and north west of the borough and Mottingham have the highest rates of obesity.
- Speech and language disorders are typically higher in more deprived populations, so low levels of need would be expected in Bromley. Early findings from the new Ages and Stages Questionnaire at age 2½ appear to show good development in communication at this age. However by school age Speech Language and Communication Needs (SLCN) are the commonest form of SEND, and rates are much higher than statistical neighbours. This requires further clarification.

Emerging mental health issues

- Demand for early intervention services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017).

Emerging education issues

- The increasing number of children with SEMH correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley. It is also notable that Severe Learning Difficulties and Speech Language and Communication needs are relatively high in Bromley.
- The number of NEET is reducing, but the over-representation of young people with SEND in this group may indicate inadequate support for young people with SEND.
- Exclusions, both permanent and fixed period exclusions, are lower for drug and alcohol related reasons than might be expected from other data on drug and alcohol use in Bromley's young people.
- The number of Electively Home Educated (EHE) children is increasing. Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- Gypsy Traveller young people are over-represented in the EHE group.

Emerging social issues

- Additional support needs in children have been identified in Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North.
- The proportion of Children in Need with an EHC Plan is relatively high in Bromley.
- Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. The small proportion of young women are referred for offences of violence. There is an over-representation of black young people.
- There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.
- CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.

- There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.

Section 4: Children and young people with established needs

Children with complex or long term health needs

- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions appear quite poor.
- Based on limited outcome data the outcomes for children with epilepsy in Bromley are good.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.

Children with mental health needs

- The number of children and young people accessing CAMH services is still increasing
- The number of children and young people presenting in mental health crisis at A&E continues to rise.
- Referrals of Bromley children to Eating Disorder services are high compared to other London boroughs
- The number of young people admitted to a CAMHS inpatient unit is falling.

Children with an Education Health and Care Plan

- Rates of severe learning difficulties and speech, language and communication needs are higher in Bromley than in statistical neighbours.
- Rates of social, emotional and mental health difficulties and speech, language and communication needs are rising in Bromley.

Children at risk of significant harm

- Children are most likely to be on a Child Protection Plan for experiencing or being a witness to domestic abuse.
- Bromley has a relatively low rate of children looked after compared to London and national rates
- The proportion of children looked after with SEND is higher in Bromley than comparators

Deaths in childhood

- Death rates in Bromley are low, although infant mortality has risen recently from a very low level.

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Secure Beds:

As many of the members of the Education, Children and Families Select Committee will be aware there has recently been a judgement by Judge Lazarus for the purpose of ensuring that the Minister of State and the Children's Commissioner is brought into absolute focus about the lack of secure beds within the country.

I consider that the Honourable Judge set this out following a recent case of our looked after child who met secure threshold and has already had two episodes within the secure estate and required a further one to keep him and others safe. However despite the criteria made out for some while and whilst we held an interim secure order we were unable to acquire a secure bed.

At any one time there are around 30 applications from various Local Authorities for one or two beds and again as the Judge rightly points out 'this then leads to a distortion of a negative filtering exercise where children in need of accommodation are repeatedly rejected' as has happened in the case of our child. This means he remains at risk, unsafeguarded by virtue of no secure bed available or willing to take him and the Local Authority are left with trying to find residential care and placing 3:1 support around him. This support is unable to prevent him from leaving any establishment because they do not have the mandate to restrain him. The fact the Local Authority are left with the risk they are also left with a huge financial responsibility often amounting to around £8500 per week and more and this cannot be predicted when setting budgets.

Why are there so few secure beds:

As at August (latest figures) there were 103 beds available with 35 closed beds for various reasons. In addition 31 children were placed in secure units within Scotland due to bed unavailability.

Some years ago many secure estates were closed with intention that children, quite rightly, should not be 'locked up' and therefore the number of beds reduced. However as our children become more challenging and complex and the increase in knife crime and gangs the need to keep children safe has increased again and the estates are not available.

There is dialogue at the moment taking place with regard to opening in both the North and South some secure educational placements but the reality of this will be some time away.

Whilst Local Authorities are struggling with this the operation and registering of secure beds sits under the Youth Justice Board and therefore unlike residential children homes they cannot be opened and registered with Ofsted because we are depriving children of their liberty and in effect held in custody. Therefore any Pan London agreement that we have for residential children's homes and other facilities would not fall into this category – this is a

catch 22 and one that the Government must lead on hence the reason for the Judge to issue her findings.

The application process for secure welfare placements.

Firstly there are two types of secure placements – those whereby young people are remanded into secure beds by the courts for offences committed.

Secondly those on the grounds of welfare which are those beds which Local Authorities seek out.

There is no leeway to swap a secure bed that is empty in the ‘criminal’ arena for a welfare bed.

I am able to authorise a 72 welfare secure placement should one be available until the LA can return to court for the order to be granted by a court – however this still depends on a bed being available.

The process for obtaining a welfare secure placement is made through the National Secure Welfare Commissioning Unit (NSWCU). The NSWCU was created to provide a dedicated single point of contact for the identification of secure welfare placements.

Secure accommodation welfare placements are available for young people that meet the criteria set out in Section 25 of the 1989 Children’s Act.

A referral is made to the secure estate and when accepted if a placement is identified they will liaise with the child’s social worker to consider profile and information around the child and if a placement is offered the Local Authority arrange secure transport. This is a straightforward process.

If a placement is not identified the referral remains open on the system and our placement officers ring the secure estate every day. It is these children who are not readily offered and remain similar to ‘airplanes circling at Gatwick’.

In the case of our child he has been ‘circling’ for 8 weeks and not been offered. The reasons given are ‘does not match the other children, checking any gang affiliation and that he is deemed too risky’.

Janet Bailey

ADDITIONAL FINANCIAL INFORMATION REQUESTED BY THE CHAIRMAN

Budget and outturn

CHILDRENS SOCIAL CARE			
	BUDGET	ACTUAL	DIFF
	£'000	£'000	£'000
2017/18			
Bromley Youth Support Programme	1,415	1,248	-167
Early Intervention and Family Support	1,048	686	-362
CLA and Care Leavers	4,331	4,912	581
Fostering, Adoption and Resources	12,780	13,592	812
Referral and Assessment Service	2,910	2,833	-77
Safeguarding and Care Planning East	2,416	2,176	-240
Safeguarding and Care Planning West	3,724	3,874	150
Safeguarding and Quality Improvement	4,117	4,290	173
	32,741	33,611	870
2016/17			
Care and Resources	15,838	18,047	2,209
Safeguarding and Quality Assurance	2,527	2,646	119
Social Care Referral Services	2,871	3,158	287
Safeguarding and Care Planning	2,954	4,206	1,252
Early Intervention and Family Support	998	991	-7
Children Disability Service	2,345	2,334	-11
	27,533	31,382	3,849
2015/16			
Care and Resources	17,206	16,747	-459
Safeguarding and Quality Assurance	1,495	1,853	358
Safeguarding and Care Planning	5,616	5,682	66
Early Intervention and Family Support	1,164	1,113	-51
Children Disability Service	2,453	2,343	-110
	27,934	27,738	-196

Types of placements

	2018/19	2019/20	2020/21	2021/22	2022/23
Placed with Parents	5	3	2	2	1
Placed for Adoption	12	15	15	15	15
Relative or friend	34	36	34	32	30
Independent Fostering (IFA)	76	66	56	46	38
In-House Fostering	103	120	133	135	135
Children's Homes	27	27	34	34	34
Residential School	1	1	1	1	1
Youth Offending	0	2	2	2	2
Secure Unit	2	3	3	3	3
Semi-independent Living	30	35	30	30	30
Mother & Baby Unit	2	2	2	2	2
NHS/Health Trust	1	1	1	1	1
	293	311	313	303	292

Children's Social Care staffing expenditure

Childrens Social Care Staffing	2015/16	2016/17	2017/18	To Sep-18
	£	£	£	£
0100 - Officers' Pay	9,640,880	9,077,472	9,122,264	5,285,789
0102 - Management Pay	1,435,225	1,383,926	875,073	433,669
0104 - Temporary/Agency Staff	2,046,169	3,594,738	4,466,740	1,759,550
0111 - Sessional Staff	300,332	309,404	252,507	108,334
0140 - Creche Internal	78,262	73,173	84,013	52,473
0159 - Caretakers & Cleaners	26,080	26,337	26,801	13,817
0180 - Officers' Pay - Grant Funded	1,001,273	1,437,484	1,915,403	1,197,379
0181 - Management Pay - Grant Funded	300,334	100,560	557,192	264,552
0182 - Temporary/Agency Staff - Grant Funded	264,183	963,738	2,543,932	834,035
	15,092,738	16,966,832	19,843,925	9,949,597

UASC Children

An example of the costs are highlighted in the table below. It should be noted however that actual costs of additional UASC children will differ depending on the placement type. The current grant for a 16 year old is £91 per day (equivalent to £33k per annum). This does not cover the current costs of the more common placements types (see below)

Example projection

<u>UASC PROJECTIONS</u>			
NUMBER JULY 2018	26		
EXPECTED NUMBER	53		
INCREASE	27		
<u>EXAMPLE OF ANNUAL COSTS</u>		COST PER PERSON	OVERALL COST
		£'000	£'000
IFA FOSTER CARE	6	46	276
SEMI INDEPENDENT	21	38	798
	27		1,074
OTHER INDIRECT COSTS			265
OFFSET BY GRANT CONTRIBUTION			-897
TOTAL ADDITIONAL COSTS			442
<u>Assumptions</u>			
Grant allowance of £91 per day equates to an annual amount of £'000			33
Allowable indirect costs such as :-	Social Workers		
	Admin/finance, etc		
	Premises		
	Other relevant admin		
	Corporate recharges		

