

An overview of the needs of families in Bradford and Airedale

April 2017

With special thanks to all those who contributed, including:

(in alphabetical order)

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Airedale, Wharfedale and Craven CCG

Barnardo's, Bradford

Bradford City CCG

Bradford Community & Voluntary Services

Bradford District Care Trust

Bradford Districts CCG

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1 Executive Summary

The Needs assessment for Families in Bradford and Airedale resident in Bradford district was produced to inform the development of a new model of services for children aged 0-19 years and up to 25 years for children with special educational needs and disabilities as part of the transformation and integration approach for the district. It followed a report by KPMG on the 'Transformation of early years and early help: opportunities for 2020' as outlined in section 2.2 and was completed and disseminated widely in June 2017.

This Needs assessment is being used by Children's Services and all key partners across the district to inform the transformation and integration work of the Prevention and Early Intervention Board.

Key Recommendations arising from the 2017 Needs Assessment are:

General principles:

1. **Robust governance, accountability and data-sharing agreements** to be developed between all partners involved in children's services (including health, public health, education, social care, and voluntary and community sector). This will ensure that services are aligned and working towards a common goal, as well as improving services' ability to safeguard vulnerable children and young people
2. **A common outcomes framework should be developed** and agreed based on the existing plans, which is shared by all partners
3. **A strong universal offer must be maintained with a particular focus on pregnancy and early years**, with routine contacts for all Bradford's children in order to support every family, identify vulnerable children and young people, and prevent early issues leading to more significant problems
4. **Focus on improving outcomes overall and reduce inequalities** across Bradford district by ensuring access to evidence-based and outcome focused services for all families and their children and young people, particularly in for those with greatest need
5. **Ensure children and young people and their families are involved** at an early stage in systems and service design

Specific areas to focus on highlighted by the data for families with additional challenges are:

6. **Ensure a focus on evidence based interventions in pregnancy and early years** to ensure all children arrive at school ready to learn and obesity and infant mortality rates reduce and oral health improves currently via the Integrated Early Years Strategy and action plan for children aged 0-7 years

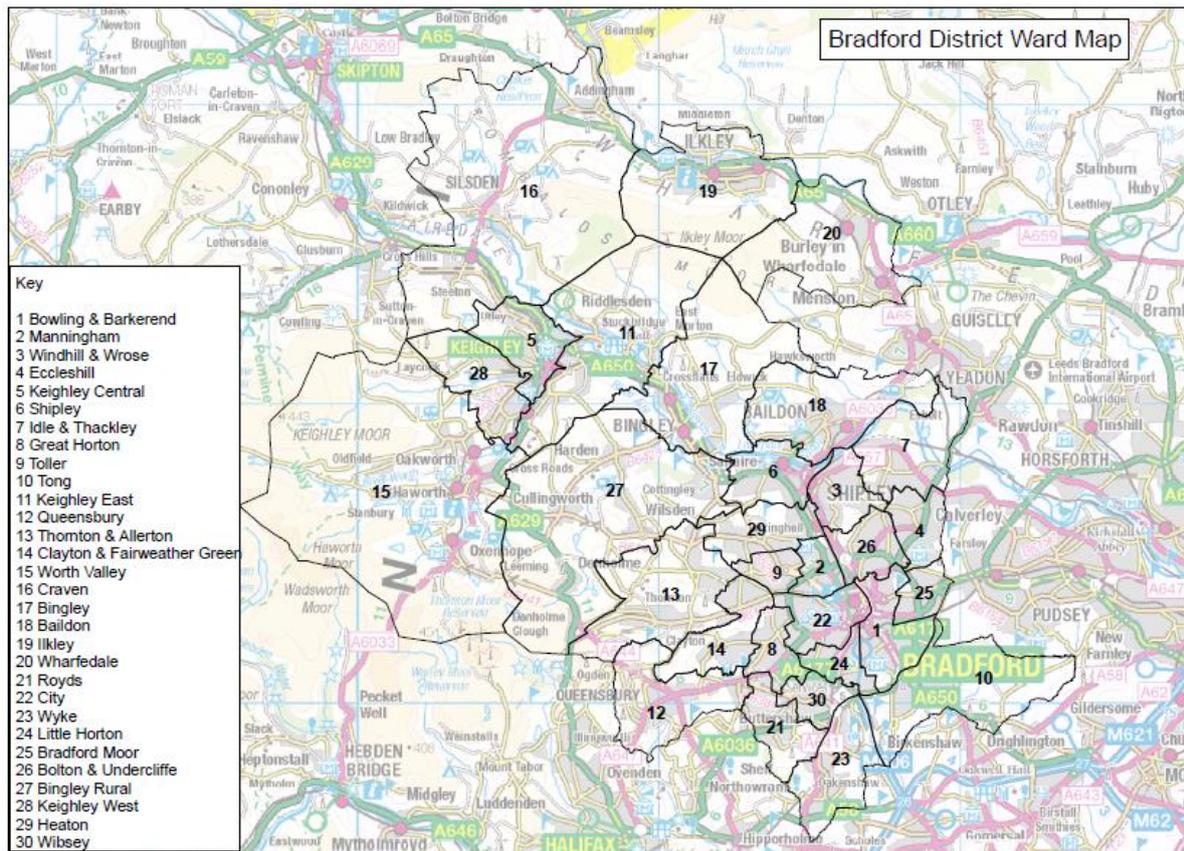
7. **Focus on evidence-based preventative services and interventions in schools and other settings** including those to reduce smoking, substance misuse and promote healthy weight, good sexual health and emotional wellbeing to reduce teenage conception rates, smoking, substance misuse and obesity in young people
8. **Work with young carers** to enable them to thrive in education and social development
9. **Targeted intervention work with families and parents with Adverse Childhood Experience (ACE) risk factors** within the household, including abuse and/or neglect, substance misuse, incarceration, domestic violence and mental illness
10. **Deliver evidence-based parenting interventions as part of the core offer** in areas with low uptake of 2-year old childcare provision
11. **For common childhood illnesses and children with long-term conditions, empower parents and young people to understand and manage their health**, using education and partnership work with healthcare professionals through the self-care work-streams
12. **Ensure strong focus on children and young people's mental health and emotional wellbeing** through effective delivery of the 'Future in Mind' work streams
13. **Children's services, the police and youth justice to consider the causes and impact of crimes committed by and inflicted on children and young people** and ensure appropriate interventions and support are in place to reduce crime affecting children and young people
14. **Develop a local Poverty Strategy** which will include a focus on families and their children and young people to reduce inequalities and the impact of poverty on outcomes for children and young people

The Needs assessment findings above have directly influenced the new proposed 'Prevention and Early Help' model published in November 2017 and has a strong focus on prevention and early intervention to support and empower families to improve their children's health, wellbeing and development. The proposed services will be orientated to provide universal and targeted services according to need, recognising some children in the more deprived parts of the district have much worse outcomes than elsewhere, and to make best use of the available funding. This will ensure the focus continues to be on children arriving at school ready to flourish and continuing to be healthy, emotionally resilient and achieve at school throughout their childhood and early adulthood.

Hence, we aim to ensure all children and young people are able to achieve their potential both at school and in the rest of their lives whatever background they come. Despite the considerable challenges ahead in terms of funding across all services, we will ensure the focus continues to be on improving outcomes and reducing inequalities for all our children and young people across the district.

2 Scope

This report will provide an overview of the needs of children and young people aged 0 to 19 years, and up to 25 years for young people with special educational needs and disabilities. The needs of families are considered, as children and young people cannot be viewed in isolation but must be seen within the context of their living environment. The remit of the paper is wide and emphasises breadth over depth covering, among others: the wider determinants of health; maternity; physical health; mental health and emotional wellbeing; education; and social services.



3 Background

3.1 National context

The following reports, guides and other documents are key instruments in designing and shaping services for children and young people and their families across England. They are listed below in date order.

3.1.1 Reports and enquiries

Fair Society, Healthy Lives: The Marmot Review. Strategic review of health inequalities in England post-2010 (1)

This report made the link between socio-economic position, and health and wellbeing. The authors here also recommended an approach of “proportionate universalism” whereby actions are aimed at all members of society, but with increasing intensity as need increases. Despite the fact that the review looked at the whole population, children were given high priority.

The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances (2)

This review by Frank Field MP in 2010 looked at the life chances of children, and how this was affected by poverty. The author concluded that the first few years of a child’s life are crucial in determining future outcomes. He recommended investing in both universal and targeted early intervention to narrow inequalities.

Two reports by **Graham Allen MP**: *Early Intervention: The Next Steps* (3) and *Early intervention: Smart Investment, Massive Savings* (4), both in 2011 also outlined the importance of early intervention in a child’s life to improve outcomes.

Dame Clare Tickell undertook an independent a report on the Early Years Foundation Stage in 2011. (5) **The Early Years: Foundations for life, health and planning** made 46 recommendations aimed at strengthening and simplifying the EYFS, and supporting children, parents and early years education providers.

The **Munro Review of Child Protection** final report (6) was published in 2011. This report set out to answer the question ‘what helps professionals make the best judgements they can to protect a vulnerable child?’ In the two parts to the report, Munro analysed the systems in place for Child Protection, and set out proposals to change those systems to improve the child’s journey through child protection.

The Parliamentary Enquiry into Childcare for Disabled Children, July 2014 (7)

This enquiry aimed to “to make concrete and workable proposals as to how to tackle an issue that has negatively affected disabled children and their families for many years so as to ensure that future childcare policy gets its right for all children.” The enquiry found that children with disabilities tend not to access as much childcare as those without disabilities due to difficulties in finding childcare providers to meet their needs, and higher costs of childcare for children with disabilities.

3.1.2 Guidance and legislation

The Equality Act, 2010 (8)

This Act protects people from discrimination, and replaces several other laws, including the Sex Discrimination Act 1975, Race Relations Act 1976, and Disability Discrimination Act 1995. It sets out the different ways in which it's unlawful to treat someone.

Directors of Children's Services: Roles and Responsibilities, 2013 (9)

This statutory guidance covers the appointment process, roles and responsibilities of the director and lead member for children's services in Local Authorities. It also covers the roles of Local Authorities within education and children and young people's services.

The Children and Families Act, 2014 (10)

This Act covers adoption, childcare, children and young people with special educational needs and disabilities, child welfare, family justice and parents' rights. Of particular importance to children and young people with SEND, the Act enshrined in law a joint responsibility to provide services shared between the Local Authority and health services. In addition, new Education, Health and Care (EHC) plans replaced special education statements.

The Care Act, 2014 (11)

The Care Act brings together a number of care laws into one piece of legislation. This enshrines in law local authorities' responsibilities. Local authorities are given a larger role in prevention of ill health, ranging from population-wide health promotion activities to targeted interventions to improve health and functioning for individuals or small groups of people with a specific need. Local Authorities must also: ensure that the local population receives appropriate social care services and resources to manage their journey through the system; safeguard vulnerable adults; support unpaid carers; support adults transitioning between areas and children transitioning into adult services; have responsibility for adults in prison or

resident in other approved premises; have market oversight and ensure continuity of care in the event of provider failure.

SEN Code of Practice: 0-25 years, 2014 (12)

This statutory code explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs, and is for anyone providing services for children with SEND. It explains the duties of Local Authorities, health organisations, schools and colleges under the Children and Families Act, 2014.

Five Year Forward View, 2014 (13)

This document outlines the vision for the future of the NHS over the next 5 years. It spells out a commitment that the NHS will have a stronger focus on prevention and public health, shift investment from acute to primary and community care, and have much stronger integration between physical and mental health, and between health and social care. New models of care were proposed, including models which combine various services into larger, multi-functional organisations.

Working Together to Safeguarding Children, 2015 (14)

This provides an up to date guide on interagency working to safeguard and promote the welfare of children. In addition, the **Wood Report (15)** was published in 2016 and this report sets out how to make local safeguarding boards for children more effective.

Best start in life and beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services (16)

This comprises a pack of four documents with supporting evidence and materials:

- Commissioning Guide 1: Background information on commissioning and service model
- Commissioning Guide 2: Model specification for 0-19 Healthy Child Programme: Health Visiting and School Nursing Services
- Commissioning Guide 3: Measuring performance and outcomes
- Commissioning Guide 4: Reference guide to evidence and outcomes

Educational Excellence Everywhere, 2016 (17)

This education White Paper outlines the government's vision for schools over the coming five years. In it, the expectation was set out for all maintained schools to be, or be in the

process of converting to, academies by 2020. Additionally, most schools will be expected to be a part of a multi-academy trust, with new accountability measures for trusts as well as individual schools. The White Paper also set out plans for: reforms to teacher recruitment, training and professional development; incentives for leadership within the education system; and making mainstream schools responsible for the education of pupils in alternative provision.

The White Paper is taken together with the **Department for Education's Strategy, 2015-20**. (18) This works towards the principles: children and young people first; high expectations for every child; outcomes, not methods; supported autonomy; responsive to need and performance.

Next Steps on the NHS Five Year Forward View (19)

This document follows on from the Five Year Forward View in setting specific priorities for the NHS over the next two years. These are: Improving A&E performance; Strengthening access to high quality GP services; Improvements in cancer services (including performance against waiting times standards) and mental health.

The **National Institute for Health and Clinical Excellence** (NICE) produce a wide range of evidence based guidelines and pathways which set out good practice across a wide range of areas for children and young people. (20)

Public Health and NHS Outcomes Frameworks for Children (21)

This is a profile combining outcomes indicators from the Public Health Outcomes Framework and the NHS Outcomes Framework which relate to children and young people. It is a very useful tool which can be used to compare Bradford with other local, regional and National areas, and to give an historical perspective.

3.2 Local context

A number of key plans and reports set out the local priorities for the next few years for the council and its partners.

Bradford District Plan 2016-2020 (22)

The Bradford District Plan puts forward five key aspirations for Bradford's future:

- Better skills, more good jobs and a growing economy
- A great start and good schools for all our children
- Better health, better lives
- Safe, clean and active communities
- Decent homes that people can afford to live in.

This plan is supported by the **Bradford Council Plan 2016-2020 (23)**, which sets out in more detail how the council will achieve these aims above and to ensure the council is 'well-run, using all our resources to deliver our priorities '. It has 4 main principles which are

- Working together
- People in charge of their own lives
- Equality
- Every pound counts

Children, Young People and Families Plan, 2017-2020 (24)

This recently published plan for the next three years highlights two key imperatives:

1. Improve school attendance
2. Reduce the numbers of missing children

In addition, there are six priorities for Bradford:

1. Ensuring that our children start school ready to learn
2. Accelerating education attainment and achievement
3. Ensuring our children and young people are ready for life and work
4. Safeguarding the most vulnerable and providing early support to families
5. Reducing health and social inequalities, including tackling child poverty, reducing obesity and improving oral health
6. Listening to the voice of children, young people and families and working with them to shape services and promote active citizenship

Integrated Early Years Strategy, 2015-18 (25)

The fundamental aim of the three-year strategy for children aged 0-7 in the district is to: "ensure the provision of effective early childhood services through high quality universal services and timely access to specialist services as required. These services will promote prevention, early identification, intervention and targeted support."

The following five priorities are highlighted:

1. Children ready for school and schools ready for children.
2. Improve health and wellbeing for all children in the district.
3. Support and Increase parents' knowledge and skills.
4. Support the development of high quality leadership together with a highly skilled and responsive workforce.
5. Promote integrated working and system change.

This Strategy was developed using evidence of what works to improve outcomes for young children and to improve six specific outcomes: infant mortality; obesity; oral health; school readiness; and two specific KS1 outcome areas. It was developed by key partners using existing good practice across the district and also learning from the development of the successful Big Lottery funded Better Start Bradford Bid (see below).

Future in Mind (26)

This plan for the next three years has dedicated funding attached, and addresses the mental and emotional health needs of children and young people in Bradford. There are various work streams, including Early Help, Mental Health in Schools, and workforce development.

Every Baby Matters (27)

Every Baby Matters in Bradford was conceived to address Bradford's relatively high rate of infant mortality. The plan consists of 10 recommendations, each with an action plan and a working group. Areas of work include: a focus on maternal health (e.g. smoking, healthy weight); breastfeeding; genetic inheritance awareness; safe infant sleeping, early access to high quality maternity services and support for vulnerable parents and children in the first year of life.

Transforming early years and early help: Opportunities for 2020. KPMG, 2016

In 2016, a report was commissioned by Bradford Council to investigate children's services in the context of the changing financial and political climate. The report identified five key priorities for Bradford's children's services:

- Maternal Health
- Targeted parenting ability support
- Addressing the toxic trio (parental mental ill health, domestic violence and substance misuse)
- School attendance
- Data-sharing and predictive intelligence capability

Bradford Education Covenant (28)

This is currently in development, and will outline the action the Council will take along with what it is asking of others to ensure our young people get the best possible start in life.

Bradford's SEND Services Strategic Plan

This covers the remits, roles and responsibilities of the workforce for children with Special Educational Needs and Disabilities (SEND), and reflects the priorities set out in the Council Plans.

Bradford Sustainability and Transformation Plan (STP) (29)

Bradford's sustainability and transformation plan (STP) will form part of the wider **West Yorkshire and Harrogate STP**. (30) Bradford's STP aims to improve the health of the local population by, among other methods: focusing on prevention and early intervention; identifying specific service areas to invest in including children's services and mental wellbeing; and moving towards an outcomes-based accountable care model.

Bradford is also supported by **Born in Bradford** (31) ; a large research project investigating the outcomes of children born in Bradford Royal Infirmary: one of Bradford's two maternity hospitals. This is a large birth cohort study providing a valuable research platform for investigating how the health and wellbeing for children and adults can be improved. The research is based on pregnant women, their partners and their babies; following up the children and families over time to assess causes of childhood and adult disease, explore the impact of influences on pregnancy and childhood on health and research further specific areas of interest.

In addition, the **Better Start Bradford** (32) is a Big Lottery-funded research programme led by Bradford Trident. It is a 10-year programme with £49 million of funding, containing 22 distinct projects in three of the most deprived parts of the District. These 22 early-years interventions for children and their families will be rigorously evaluated, with the learning from this influencing the work of all services for young children across the district.

4 Data

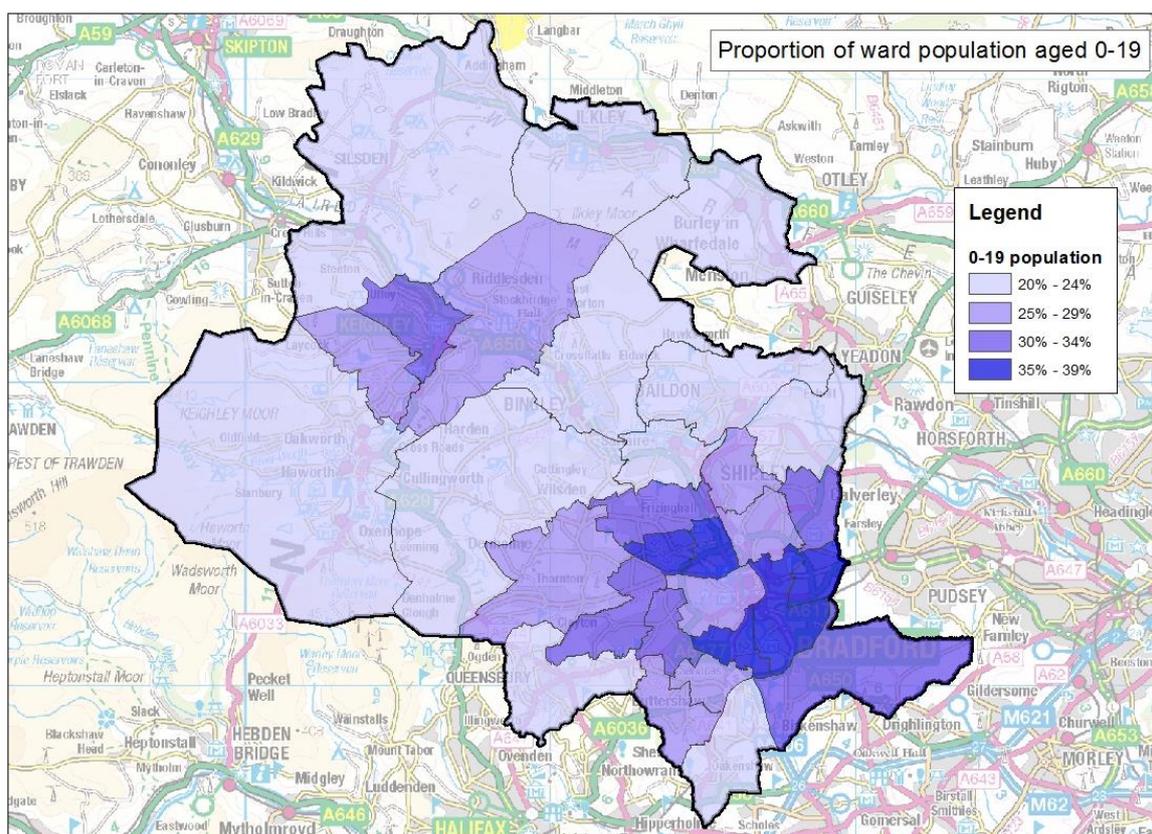
4.1 The child population

There are currently approximately 153,700 children and young people aged 0-19 years in the Bradford District. Bradford has one of the youngest populations in the UK, with 29% of people aged less than 20 years compared the England average of 23.7%. The child population of Bradford increased by 10.5% in the 10 years from 2002 to 2012, and is expected to grow by a further 1000 by 2029 to 154,700. This population growth is likely to be concentrated in the most deprived areas of the city. (33)

4.1.1 Geography

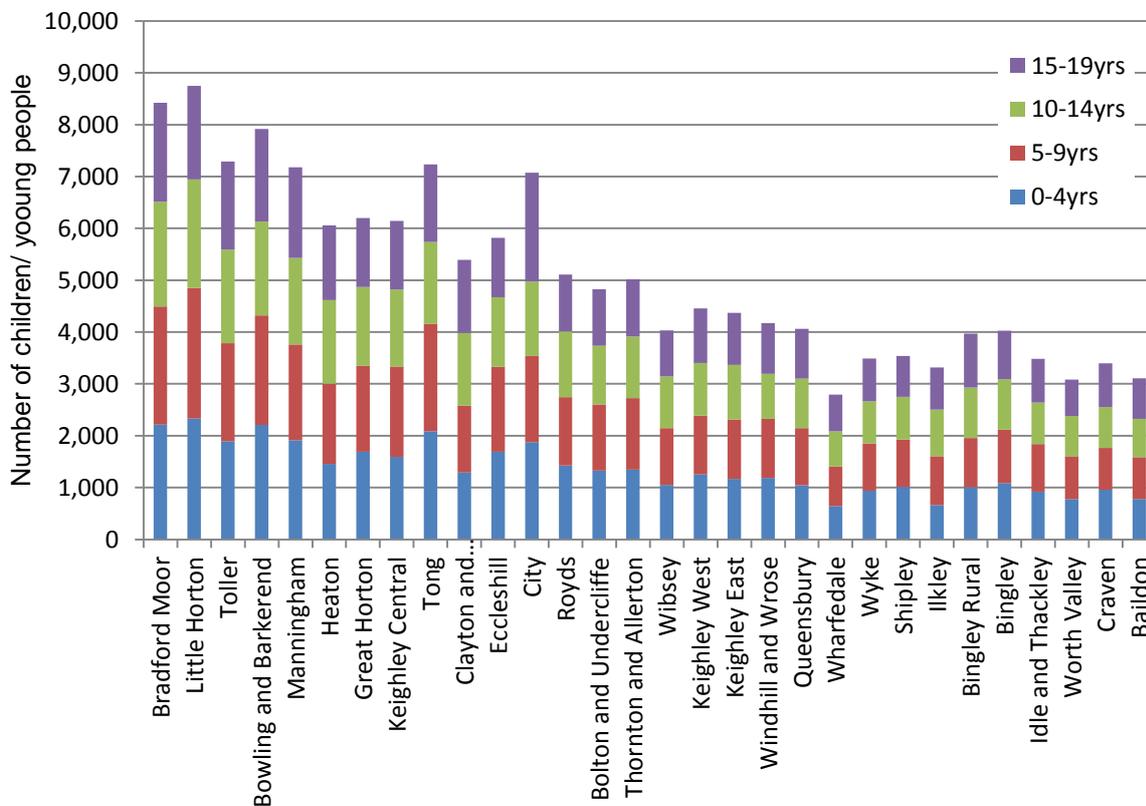
The child population in Bradford is not uniform across the district: rather it is concentrated in particular areas (*figure 1*). (34)

Figure 1: proportion of ward population aged 0-19 years in Bradford



The highest proportions of children and young people are found in Bradford Moor, Little Horton, Toller, Bowling and Barkerend, and Manningham. Due to larger total populations, these five wards do not necessarily contain the largest number of children and young people aged 0-19: Tong contains more young people aged 0-19 than Manningham (*figure 2*).

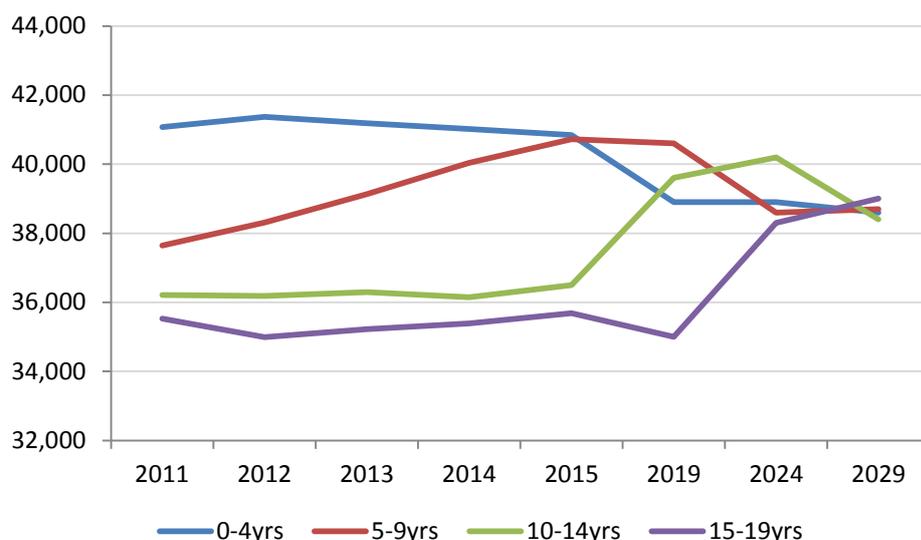
Figure 2: Number of children and young people in each ward of Bradford Districts, by 5-year age band, ordered by the proportion of children and young people per ward (high to low)



4.1.2 Age distribution

Although the child population in Bradford is increasing, the population of children in the younger years is actually decreasing, from just over 41,000 children aged 0-4 years in 2011 to 40,839 in 2015. By 2029 this is expected to be around 38,600. Similarly, while the population of children aged 5-9 years has been rising in recent years, it is now projected to decrease, from its current high of around 40,700 to only 38,600 by 2024. However, the number of older children and young people is continuing to rise, leading to an overall increase in the total child population until 2024, when it is predicted to decrease by 2029 (figure 3). (35)

Figure 3: number of children in Bradford from 2011-2015, and projected to 2029, by 5-year age band



4.1.3 Ethnicity

The majority of children in Bradford (53%) describe themselves as White. The next highest category is Asian/ Asian British, at 39% (*figure 4*). These groups can be further broken down to reflect the diversity within. The vast majority of the “white” population are White British (95%), with smaller numbers of Irish, Gypsy or Irish Traveller, and Other. Within the Asian group, over three quarters of children and young people reported as Pakistani, with smaller numbers reporting as Indian (9.7% of total “Asian”) and Bangladeshi (7.0% of total “Asian”), and very few from other Asian ethnic backgrounds. (36)

The ethnic profile of children and young people in Bradford is similar to that of the total population (*figure 5*). However, there is a lower proportion of the overall population reporting as Asian, and a higher proportion in the White group in Bradford, at 27% and 67% respectively.

The distribution of ethnicities is not uniform across Bradford (*figure 6*). The ward with the highest proportion of children and young people from BME groups is Manningham, at 97% of the 0-19 years population. Toller (96%), Bradford Moor (91%), Bradford City (90%) and Little Horton (85%) are the wards with the next highest proportions. By contrast, the ward with the lowest proportion of children from a BME group is Worth Valley, at just under 5%. Wharfedale (5%), Craven (7%), Ilkley (7%) and Baildon (7%) also have relatively fewer children and young people from BME groups. (36)

The ethnic diversity among 0-19 year olds in Bradford is similar to that of all ages (*figure 7*).

Figure 6: Map; percentage of the 0-19 years population in BME groups

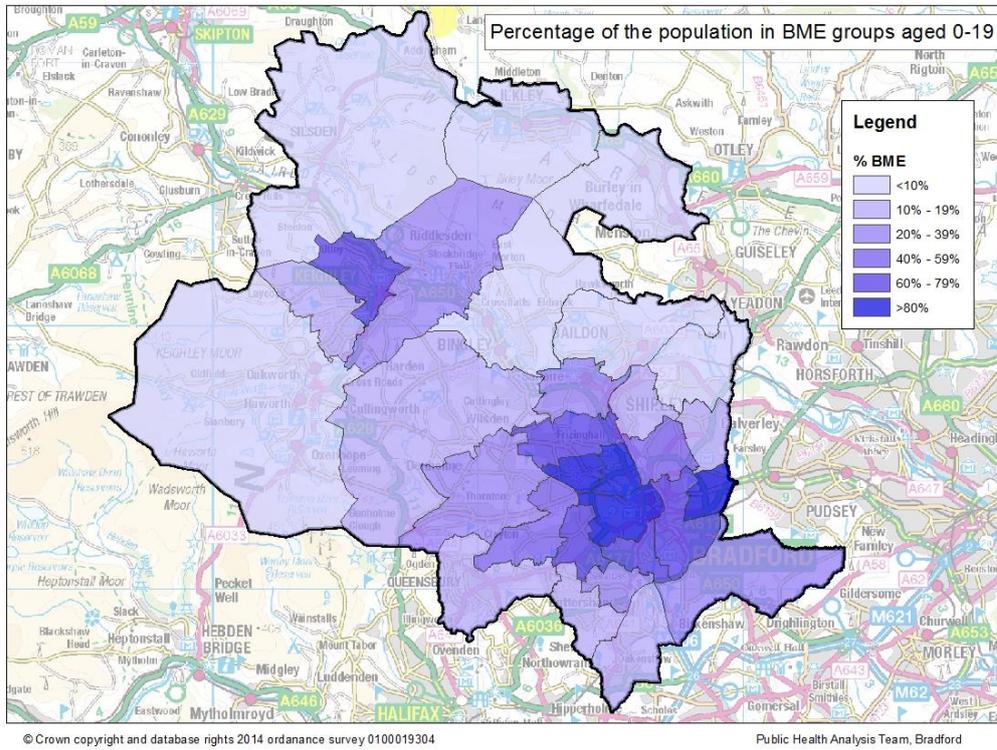
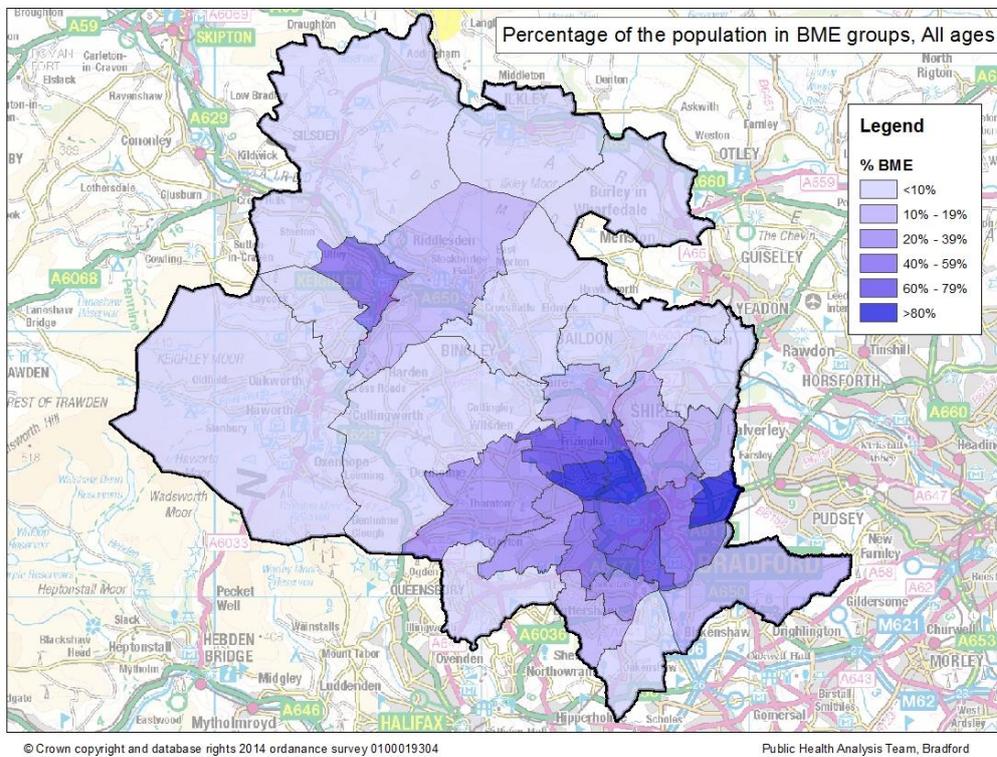


Figure 7: Map; percentage of the total Bradford population in BME groups



One group of people who may be underrepresented by current ethnicity data are those from Central and Eastern Europe (CEE), as the 2011 census did not have CEE as an option. People from these communities would be most likely to identify as “White Other” in the census. An evaluation of the “White Other” population in Bradford shows that at the time of the 2011 census, this group represented 2.5% of the Bradford 0-19 population. Of this group, 50% were residing in five Bradford wards: City; Little Horton; Heaton; Tong; Bowling and Barkerend; and Manningham. This category would, however, contain people from groups other than CEE.

A Needs Assessment for CEE communities undertaken in 2015 found that:

- It is estimated that there are at least 12,000 CEE individuals, and 6,000 Roma living in Bradford District. This is based on official figures so is likely to be an under estimate.
- There are 3,050 CEE children on roll in Bradford District schools, representing 3.16% of the school population. This has increased from 70 in 2003. 81% of the children speak Polish, Slovakian or Czech at home.
- 409 births (4.9%) were to mothers from the new EU in Bradford District.
- The children and young people’s lifestyle survey in Bradford in 2013 found that a higher proportion of CEE children:
 - are living in temporary accommodation,
 - have special educational needs,
 - have parents or carers who smoke,
 - smoke and want to give it up,
 - have never been to the dentist,
 - who plan to start a family.

The full needs assessment can be found on the JSNA website. (37)

4.1.1 Migration

It is estimated that between 4,500 and 6,000 long term migrants (expected to stay over 1 year) arrived in Bradford in 2015 with the majority of migrants coming from Poland, followed by Pakistan and Romania. The net migration in 2015 is estimated at around 2,500 which is almost double the figure in 2014. (38) Bradford is also a City of Sanctuary for asylum seekers and refugees.

4.2 Factors increasing the risk of poor long term outcomes

There is a wealth of robust evidence to show that a child's experience in their early years has a major impact on their future health and economic prospects. (2,1) Of particular importance are their first five years of life, including pregnancy. A number of factors have been identified as crucial to development in these early years, including: "a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development. Good services matter too: health services, Children's Centres and high quality childcare." (2)

There is evidence that early intervention in childhood is crucial in preventing the need for more intensive help in the future; not only bringing about positive results for children and families, but also saving money in the longer term. (2)

Evidence shows that "focusing solely on the most disadvantaged will not reduce health inequalities sufficiently." (1) Instead, "proportionate universalism" is advocated, whereby services are provided for all, but more intensely where there is a higher level of disadvantage. (1,2)

4.2.1 Poverty

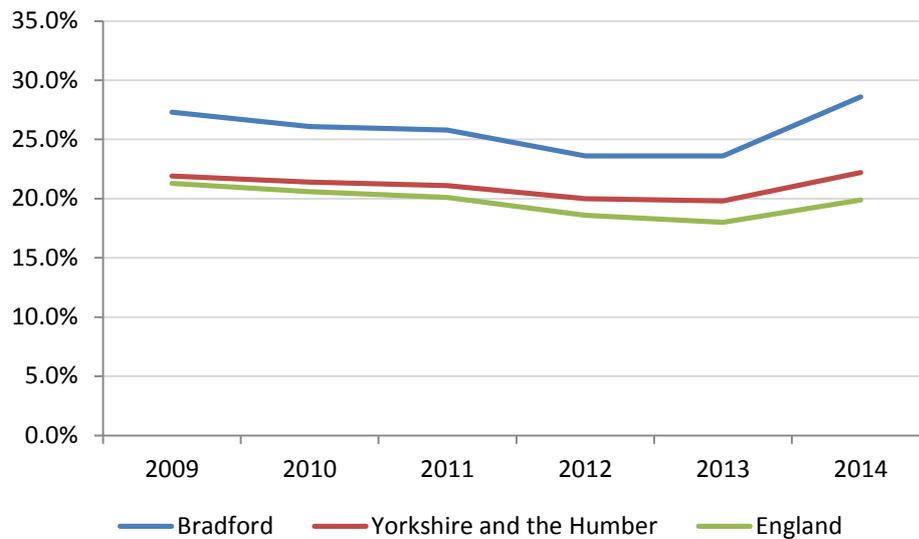
A wealth of evidence shows that starting life in poverty leads to poor long term outcomes with respect to health and long-term life chances (39,2). A report by the Joseph Rowntree Foundation (40) found that "children in lower-income families have worse cognitive, social-behavioural and health outcomes in part because they are poorer, not just because low income is correlated with other household and parental characteristics". The report also stated that "longer-term poverty affects children's outcomes more severely than short-term poverty".

Further research has looked at the financial cost of poverty, estimating that in 2013/14, the cost of child poverty to the country was £29 billion. Approximately half of this was due to increased cost of public services, and half due to loss of earnings among adults who had grown up in poverty (41).

The Children in Low-Income Families Local Measure is "the proportion of children living in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income" (42)

In 2014, 28.6% of children under the age of 20 were living in low income families according to the above definition. (43) Although the proportion of children under the age of 20 who were in low income families had been falling in Bradford, it rose sharply from 23.6% in 2013. The rate is higher than both the average for England (18%) and the region (20%) (*figure 8*). Bradford is ranked 5th out of its 15 nearest statistical neighbours in relation to this (*figure 9*).

Figure 8: dependent children under 20 years of age in low income families

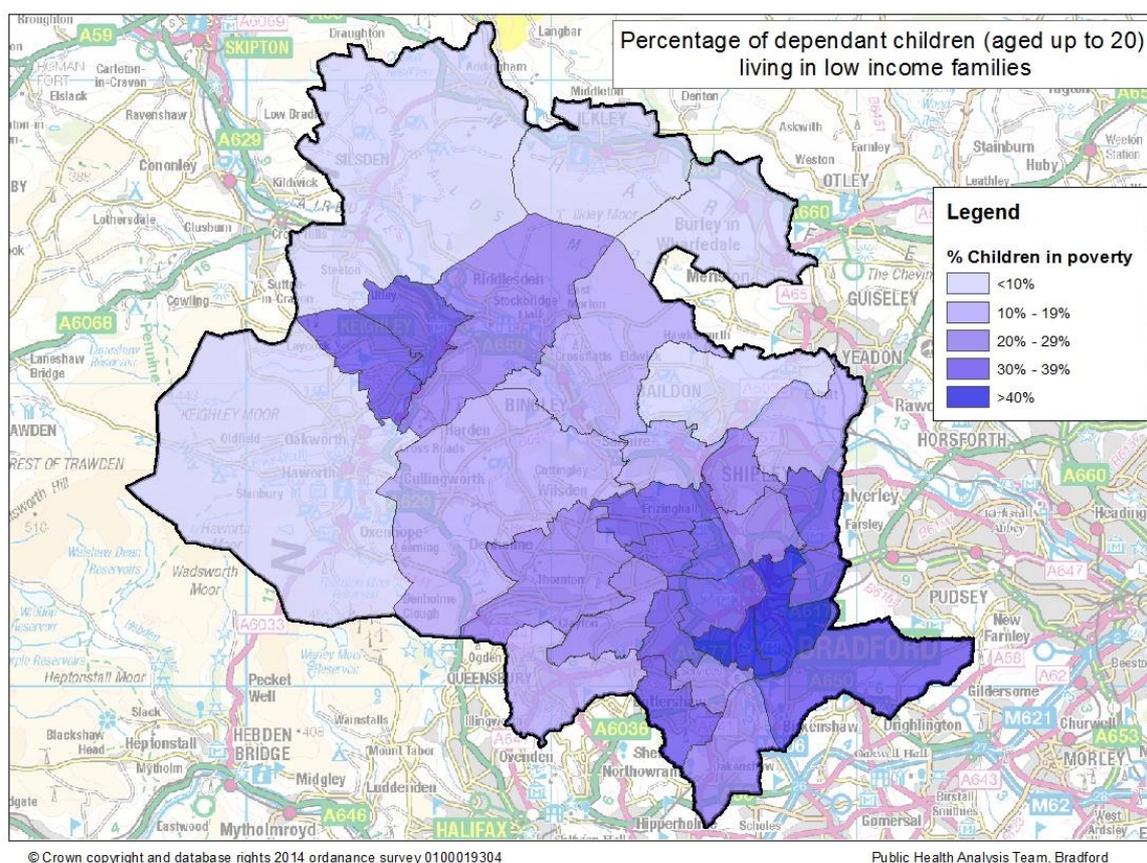


Source: (43)

The rate of children living in poverty is heavily dependent on geographical location (figure 10). The rate varies by ward, from 40.6% of children living in poverty in Little Horton at its highest to 4.2% in Wharfedale at its lowest. Other wards with very high levels of children living in poverty include: Bowling and Barkerend (40.3%); Bradford Moor (39.9%); Manningham (38.1%); City (37.9%); Tong (36.9%); Great Horton (36.2%); Eccleshill (34.5%) and Keighley Central (35.4%). (42)

This equates to over 41,000 children across Bradford District living in poverty in 2014.

Figure 10: Map; percentage of dependent children aged up to 20 living in low income families, 2014



Source (42)

4.2.2 Adverse Childhood Experiences

Although there is good evidence to show that poverty in childhood plays a key role in outcomes, some critics view income as too simplistic a measure of inequality. For example, The Centre for Social Justice argues that for “a measure of poverty that is both accurate and useful, it is vital that the main drivers of poverty – family breakdown, educational failure, economic dependency and worklessness, addiction and serious personal debt – are made the priority for measurement” (44).

Investigating these factors, a large, ongoing US study jointly conducted by the Centre for Disease Control (CDC) and Kaiser-Permenente is looking at outcomes related to ten “adverse experiences” during the first 18 years of life. (45) The study found that as the number of these experiences increases, there is a cumulative negative effect on health and wellbeing outcomes later in life.

The adverse experiences investigated in the study were:

- Emotional neglect
- Physical neglect

- Emotional abuse
- Physical abuse
- Sexual abuse
- Mother treated violently (domestic violence)
- Household substance abuse
- Mental illness in household
- Parental separation or divorce
- A household member went to prison

These cover the “toxic trio” of parental mental ill health, domestic violence and substance misuse, which was described as a key priority for Bradford in the KPMG report. Areas for which data are available are discussed in the following pages.

4.2.2.1 *Neglect and abuse*

Children experiencing neglect and/ or abuse should be referred to social services for assessment and support. Children may be known to services for many reasons other than neglect or abuse.

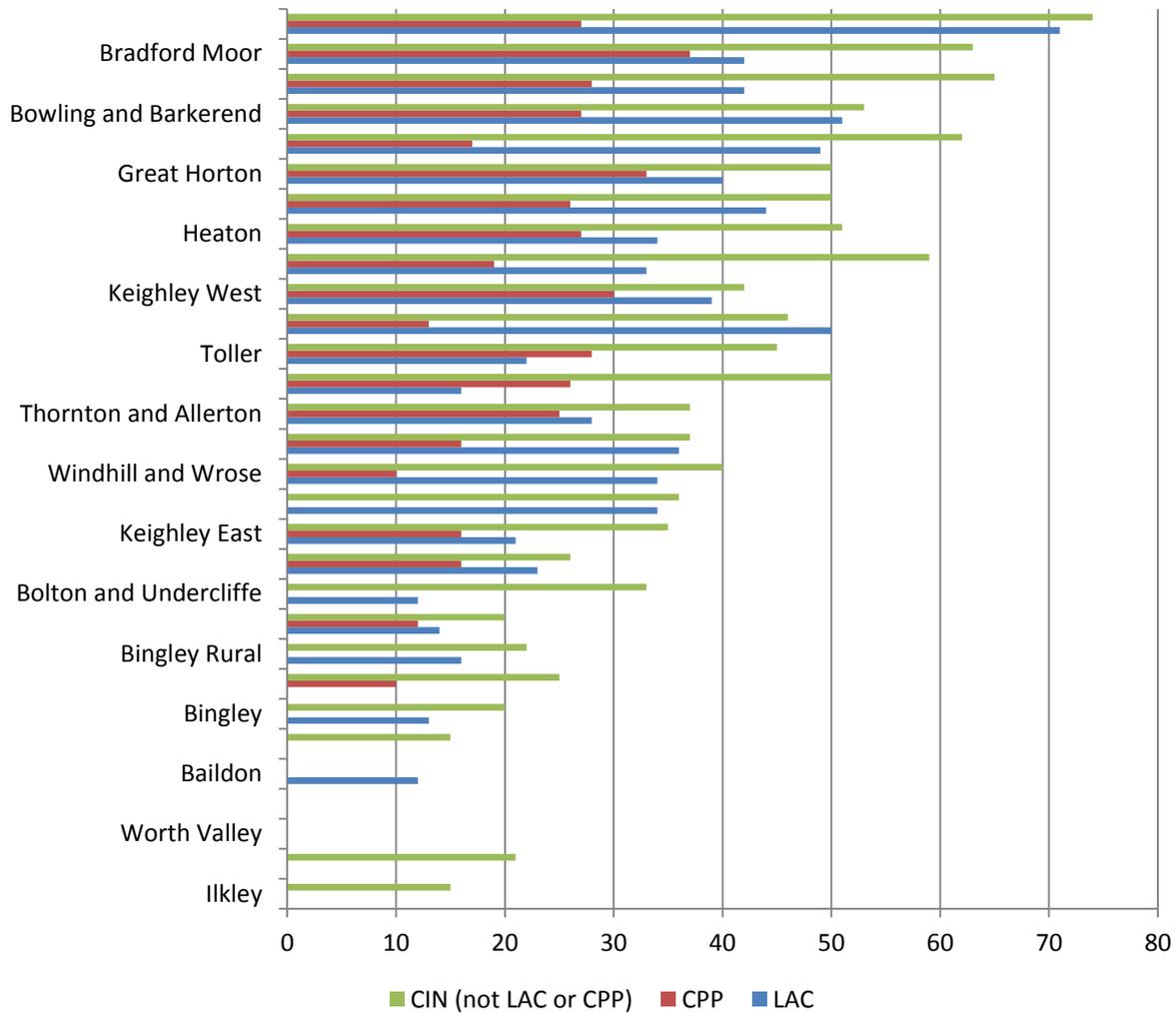
Children in Need (CIN) are defined under the Children’s Act, 1989 (46) as those:

- (a) Who are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- (b) whose health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- (c) who is disabled,

A child protection plan is a plan drawn up following a child protection conference detailing the steps which need to be taken to ensure the safety of the child. A looked-after child is a child who is in the care of the local authority.

Over 2500 children in Bradford were known to social services at 31/12/2016. (47) This broke down into: 1144 children in need; 516 with a child protection plan; 920 looked-after children. The numbers of children known to social services is, again not uniform across the district. Of all children known to social services for whom the location is known and not out of area, 29% reside within 5 of the district’s wards (figure 11) – Tong, Bradford Moor, Eccleshill, Bowling and Barkerend, and Little Horton.

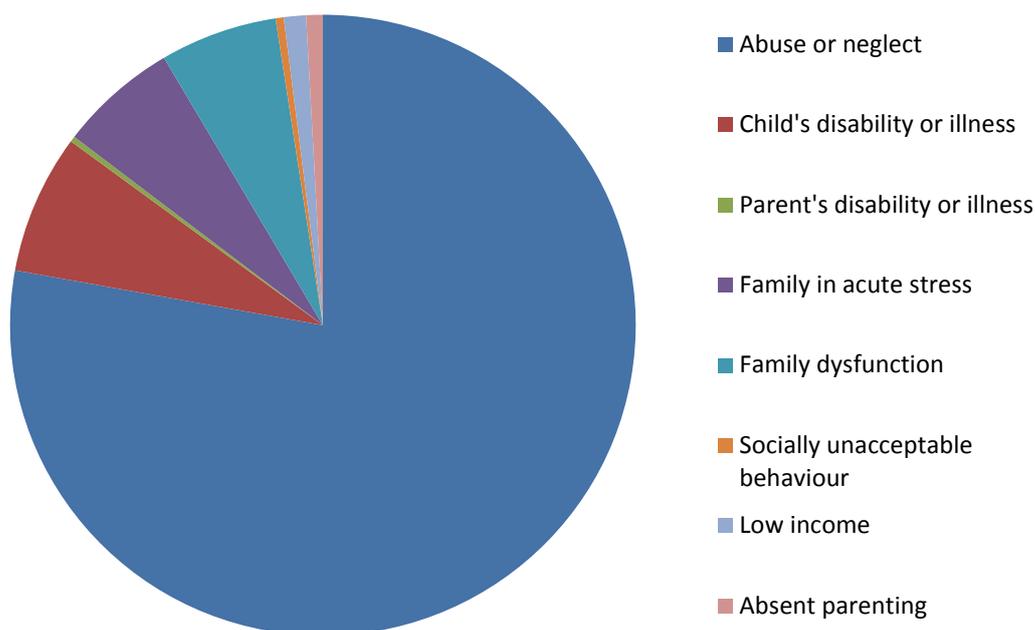
Figure 11: Numbers of children in Bradford known to social services as of 31/12/2016, by ward of residence, ordered by highest to lowest number of children known to social services.



N.B. Any numbers below 10 children have been suppressed.

Reasons for children being on the Children in Need register in Bradford are broadly similar to the national picture, with the majority of children known to services due to abuse or neglect (figure 12). Notable differences are that although abuse and neglect still accounts for the majority of reasons for children being on the register nationally, the proportion is lower for England as a whole, at 50.6% compared to 77.7% in Bradford. Low income is also a less common reason in England as a whole for children being on the CIN register, at 0.5% compared to 1.1% in Bradford. (48)

Figure 12: Reasons for children being on the Children in Need register in Bradford, at 31st March 2016

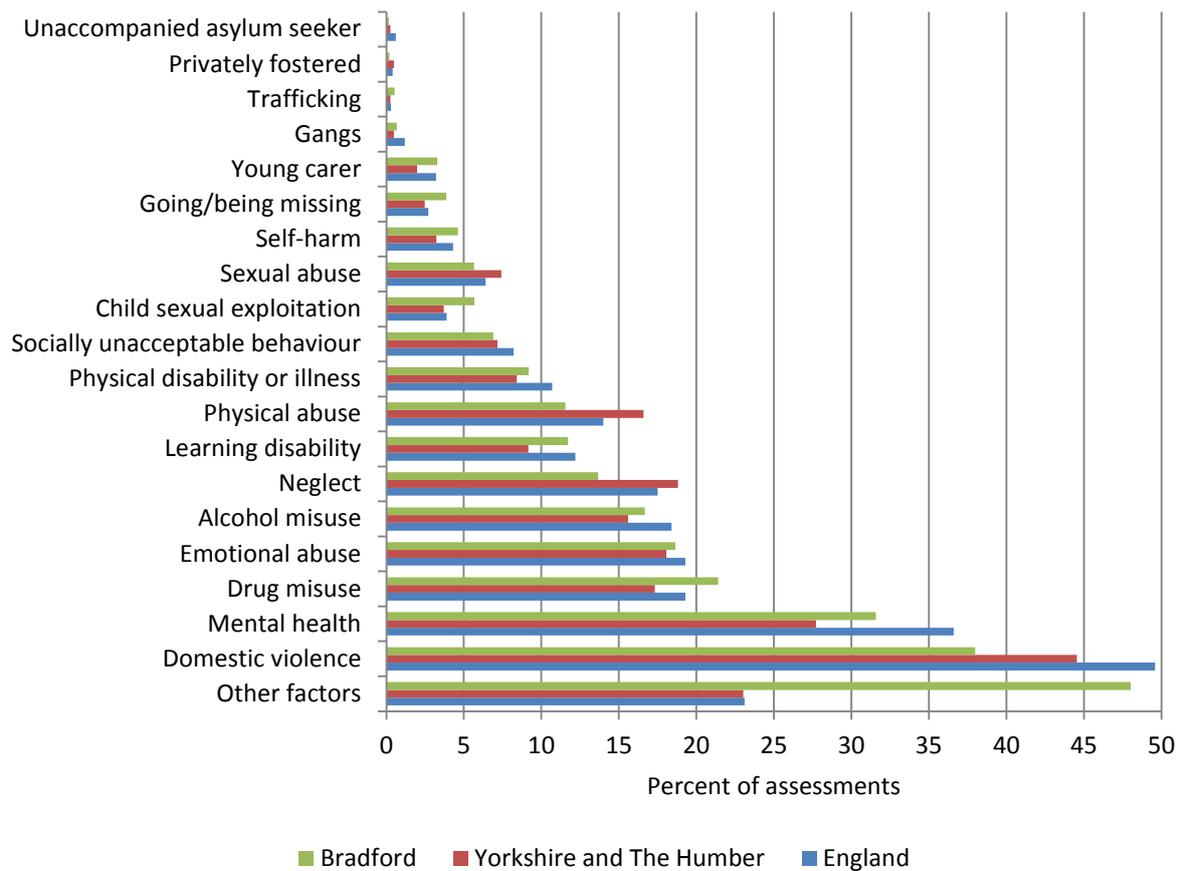


Source: (48)

Of those children in Bradford subject to a Child Protection Plan, the majority are initially categorised as having emotional abuse (42%), followed by neglect (41%), physical abuse (10%), and sexual abuse (9%). This is similar to the picture in England as a whole, although there are 6% of children in England categorised as “multiple” types of abuse. (48)

There are a multitude of reasons why a child may be referred for a social services assessment. Factors identified at assessment are recorded and form part of a national dataset (*figure 13*). (48) The most common factors involved in a child’s referral in Bradford in 2015/16 were: domestic violence; mental health; drug misuse, emotional abuse and alcohol abuse. It should be noted that these are not mutually exclusive and the same child may have multiple factors recorded. These issues may pertain to either the child themselves, or somebody else in their household.

Figure 13: factors identified at social services assessment, 2015/16

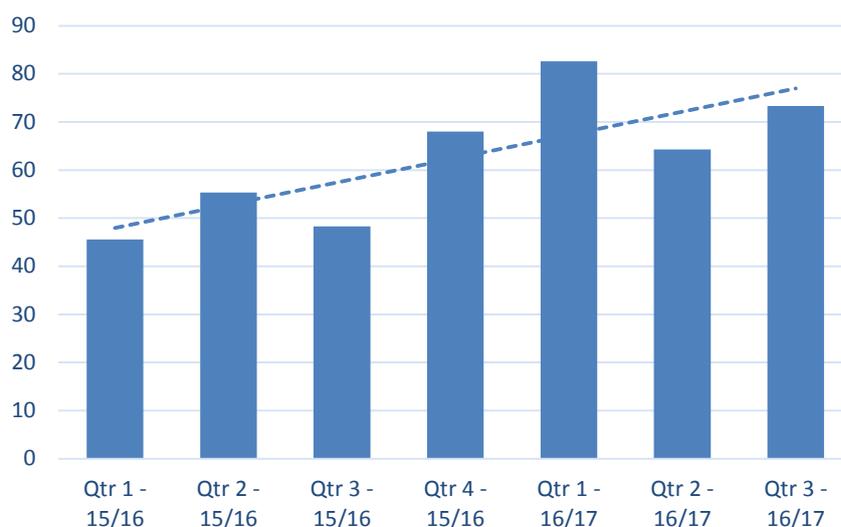


Source: (48)

4.2.2.2 Child sexual exploitation

The number of referrals to the Child Sexual Exploitation (CSE) Hub has been increasing over the past 2 years (*figure 14*). During the 2015/16 financial year the CSE Hub dealt with 713 cases referred to them; an increase of 65% compared to 2014/15. (47) This number includes all cases for which a concern is raised. The investigation may then reveal that a child is not at risk of CSE, or may reveal issues of concern for further action. It is thought that the increase in referrals to the CSE hub is due to increasing awareness across Bradford. This is backed up by the data, which show spikes in the numbers of referrals following awareness-raising events.

Figure 14: quarterly referrals to the CSE hub



Source (47)

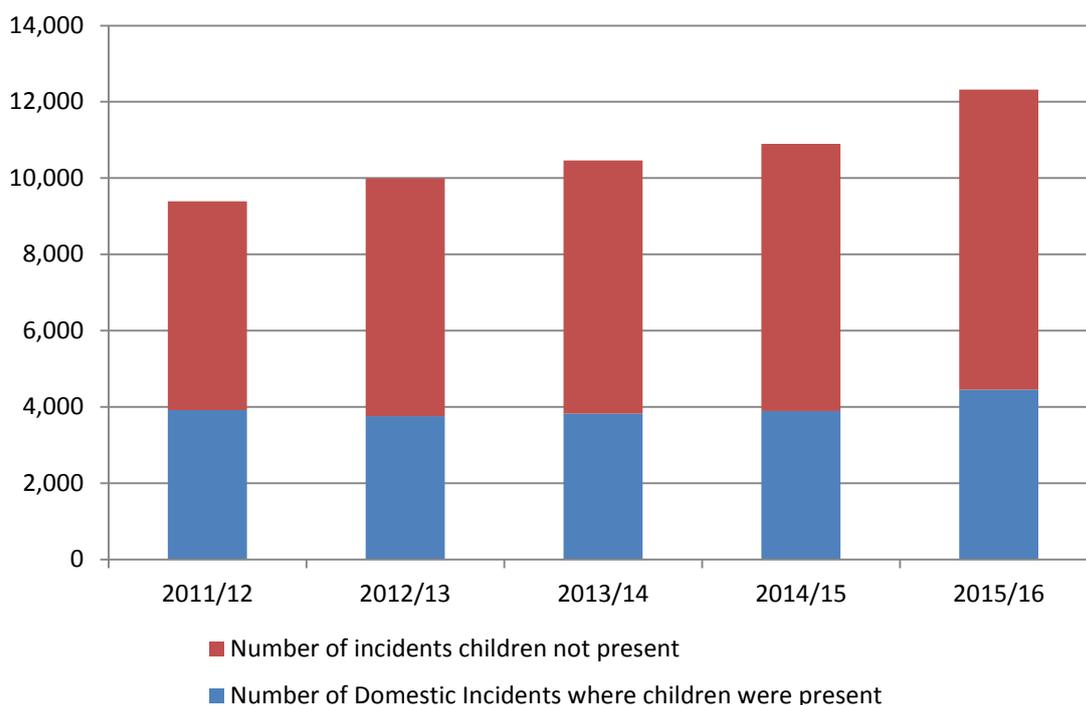
The CSE Hub produces regular updates to the council exploring these data further.

4.2.2.3 Domestic violence

In 2014/15, there were 22.7 cases of domestic abuse recorded by police in Bradford per 1000 adults living there. (43) This was lower than the rate for Yorkshire and the Humber (23.1 per 1000 adults), but higher than the rate for England as a whole (20.4 per 1000 adults). The rate of domestic abuse incidents recorded by the police has been increasing over the past 5 years in Bradford. This is reflected in Yorkshire and the Humber and nationally. This trend may be due to an increase in the incidence of domestic abuse, or it may be due to an increase in people reporting abuse to the police.

Over 12,000 domestic abuse cases were reported to the police in 2015/16. Of these, almost 4,500 were recorded as having children present, an increase of over 560 incidents on the previous year (figure 15). (47)

Figure 15: Incidents of domestic abuse reported to the police, by the presence of children during the incident



Source (47)

4.2.2.4 Parent/ carer in treatment for drug/ alcohol addiction

In addition to drug and alcohol abuse being one of the most common factors identified as affecting children undergoing assessment by social services, it is possible to quantify the number of people in drug and alcohol treatment who are parents (table 1).

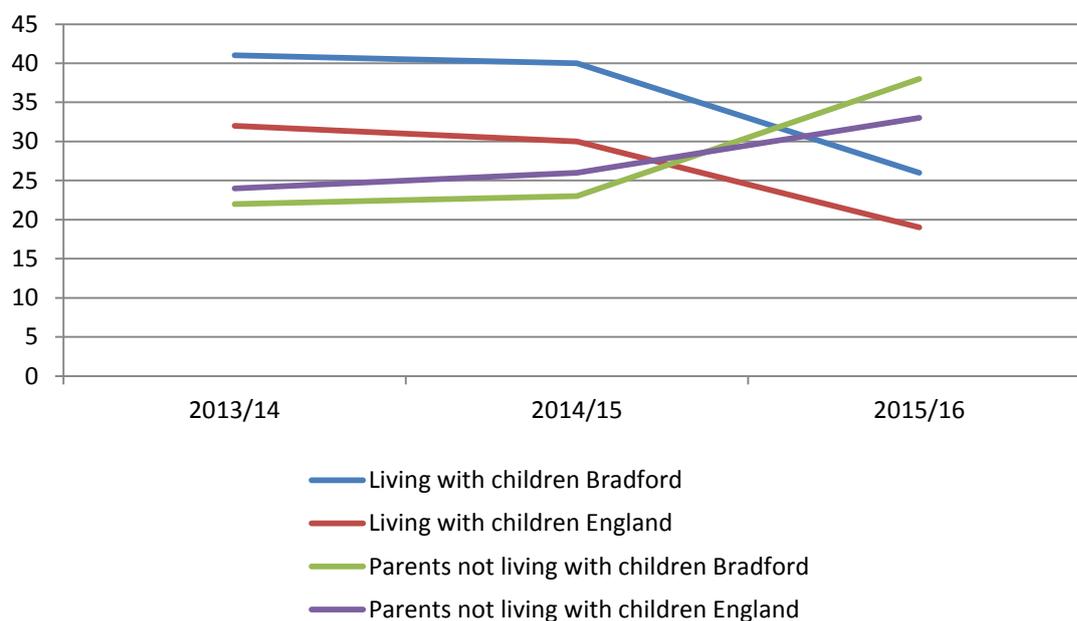
Table 1: parents in drug or alcohol treatment (43)

	Bradford	Yorkshire & the Humber	England
Parents in drug treatment: rate per 100,000 children aged 0 – 15 (2011/12)	162.71	128.68	110.40
Parents in alcohol treatment: rate per 100,000 children aged 0 – 15 (2011/12)	122.65	154.28	147.20

Data from 2011/12 show that the rate of children with a parent in drug treatment is higher in Bradford compared to the regional or national averages, at 163 per 100,000 children. The rate of children with a parent in treatment for alcohol abuse is lower than the regional and national averages.

Data from the drug treatment services also shows higher proportions of people entering treatment services living with children compared to the national average (figure 16).

Figure 16: proportion of adults entering drug treatment living with or parents to children



Source (49,50,51)

There were 637 children living with people who entered drug treatment in Bradford in the year 2015/16.

4.2.2.5 Maternal mental health

No local data are available regarding either the mental health of people living with children, or the mental health needs of pregnant women and new mothers. However, national estimates suggest that 10-20% of women are affected by mental illness during pregnancy or the first year post-partum. Based on national prevalence estimates taken together with local delivery figures, estimates can be made of the number of women suffering from a variety of mental health conditions in Bradford during pregnancy and after childbirth. This would amount to approximately 830-1660 women per year. Mental Health conditions experienced by new and expectant mothers include “mild-moderate depressive illness and anxiety” with an estimated 790-1180 mothers suffering from these conditions in 2013/14. Smaller numbers of women are estimated to suffer from severe depressive illness (240 cases), post-traumatic stress disorder (240 cases), and post-partum psychosis (20 cases). These are not mutually exclusive conditions: the same woman may have multiple diagnoses. (52)

4.2.2.6 Parental Separation

The most recent data available on parental separation is from the 2011 census, which found that 7.68% of households in Bradford were composed of a lone parent with one or more

children. This was higher than both the average for Yorkshire and the Humber (7.15%) and for England (7.13%). However, it is worth noting that this may reflect a higher proportion of households containing children in Bradford, and does not necessarily mean that more children are in lone-parent households in Bradford than elsewhere. (43)

4.2.3 Families with additional challenges

Although not listed as ACE's in the CDC-Kaiser study, a range of other situations may lead to a family experiencing more strain and stress than families without these issues. For example, in Bradford, for 5.9% of households with dependent children in 2011, no adult was in employment. This was higher than the proportions in Yorkshire and the Humber (4.38%) and England (4.18%). (43)

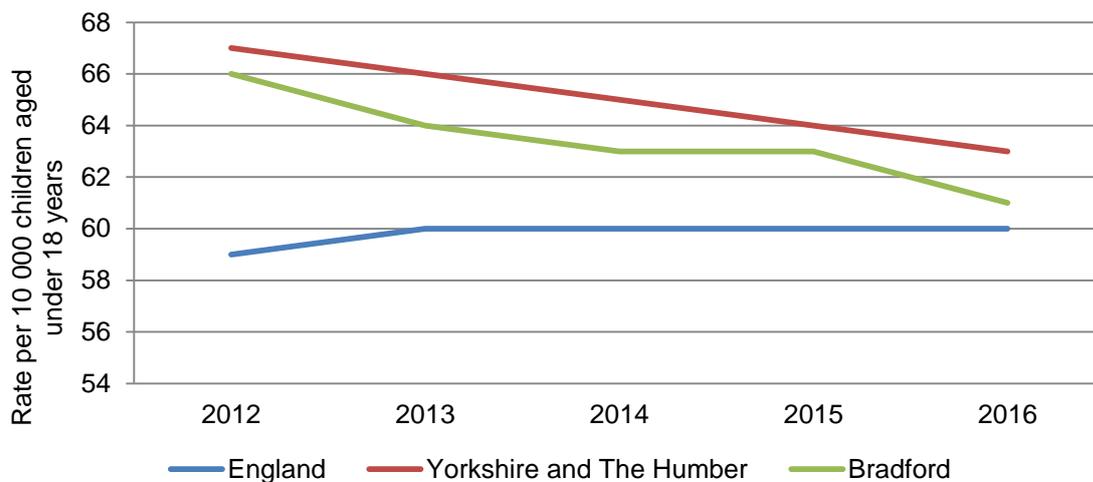
Additionally in 2011, 6.3% of households with dependent children contained at least one person with a long-term health condition or disability. Again, this was higher than in Yorkshire and the Humber (4.63%) or in England (4.62%). (43)

Other sources of family stress are discussed in more detail below.

4.2.3.1 Looked after children

The rate of Looked-After Children in Bradford has been decreasing over previous years, in line with the picture in Yorkshire and the Humber. The rate is consistently lower than the regional average, and is now approaching that of England. In 2016, 61 per 10,000 children were looked-after (*figure 17*). (43)

Figure 17: looked-after children



Source: (43)

The emotional health of children who were looked after continuously for the previous year is assessed using a strengths and difficulties questionnaire (SDQ). In 2016, 73% of LAC completed this assessment in Bradford. Of these children, the emotional and behavioural health of 60% was assessed as “normal”, 10% as “borderline” and 30% as of “concern”. This is better than the results for both England and the region. (53)

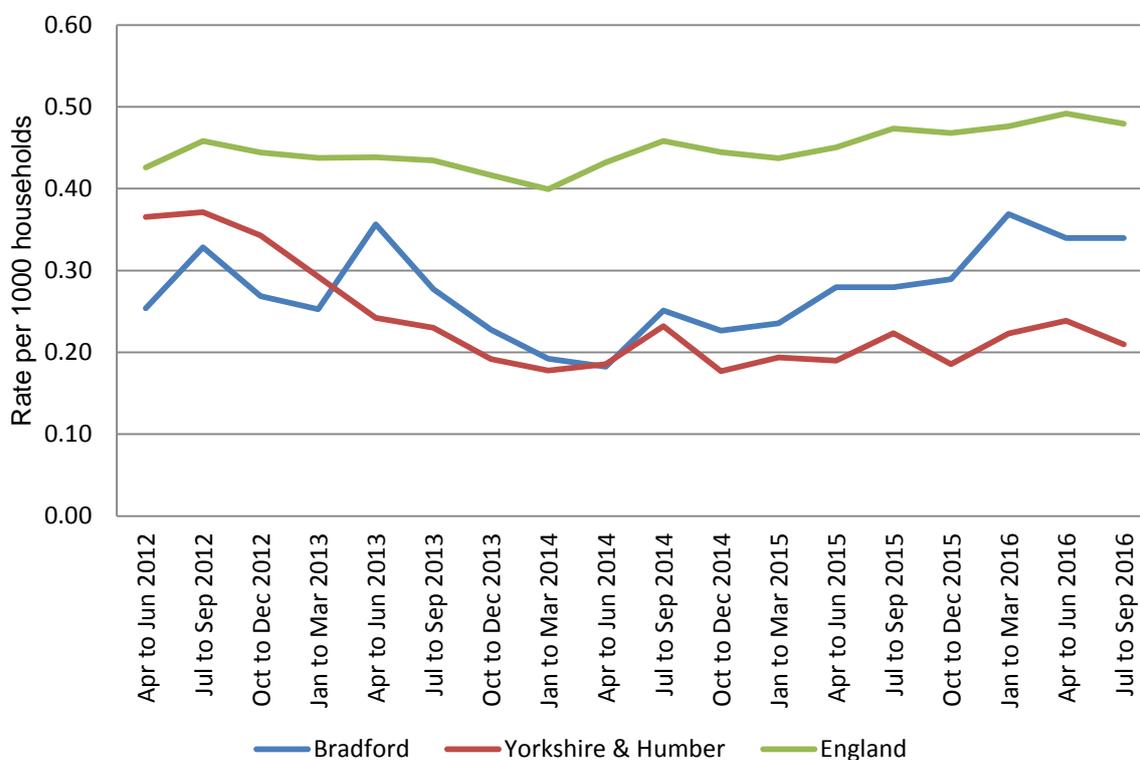
4.2.3.2 Homelessness

To be eligible for housing from the local authority, a person must be determined to be “statutory homeless”. This means they:

- are eligible for public funds;
- have a local connection to the area;
- can prove that they are unintentionally homeless;
- can prove they are in priority need.

The rate of people accepted by the council as being “statutorily homeless” who have children or are pregnant has been approximately 0.3 per 1000 households in Bradford over the previous few years. (54,55) This is higher than the regional average, but lower than that of England. However, it appears to be increasing over the previous 2 years (*figure 18*).

Figure 18: statutory homelessness determined by the council for those with children or pregnant



Source: (54,55)

Figures for England include those for London, which has a much higher rate of homelessness than the rest of the country. In very recent publications, homelessness statistics for England excluding London have been cited. For July to September 2016, the rate of homelessness in Bradford was 0.34 per 1000 households, compared to England as a whole at 0.49 families per 1000 households, and England excluding London at 0.38 per 1000 families. (55,54)

Figures are given in national tables for statutory homelessness applications by 16 and 17 year olds. However, data for Bradford is suppressed due to small numbers so no analysis can be undertaken.

4.2.3.3 Young carers

In Bradford, over 1 in 100 children aged less than 15 and over 6 in 100 children and young people aged 16-24 years provided unpaid care in 2011 (*table 2*). (43)

Table 2: children and young people providing unpaid care

	Bradford	Yorkshire & the Humber	England
Children providing care: % children aged <15 who provide unpaid care	1.04	1.02	1.11
Young people providing care: % people aged 16-24 who unpaid care	6.11	4.64	4.81
Children providing considerable care: % children aged <15 who provide 20+ hours of unpaid care per week	0.21	0.20	0.21
Young people providing considerable care: % people aged 16-24 who provide 20 hours + of unpaid care per week	1.93	1.32	1.31

Source: (43)

These figures represent 1276 children and 3886 young people with caring responsibilities in Bradford. It is likely that these figures are only the tip of the iceberg, as many children and young people may be reluctant to admit to having a caring responsibility. Bradford has a significantly higher rate of young people aged 16-24 who identify themselves as providing unpaid care and more than 20 hours of unpaid care compared to the regional and national averages. Analysis in 2014 (56) investigated the reasons for children and young people becoming carers in Bradford:

- Parental Mental Illness – 30-35%
- Substance Misuse – 25%
- Physical Illness – 15-20%
- Physical Impairment – 15-20%

- Learning disabilities – 10%
- Sensory Impairment – less than 5%

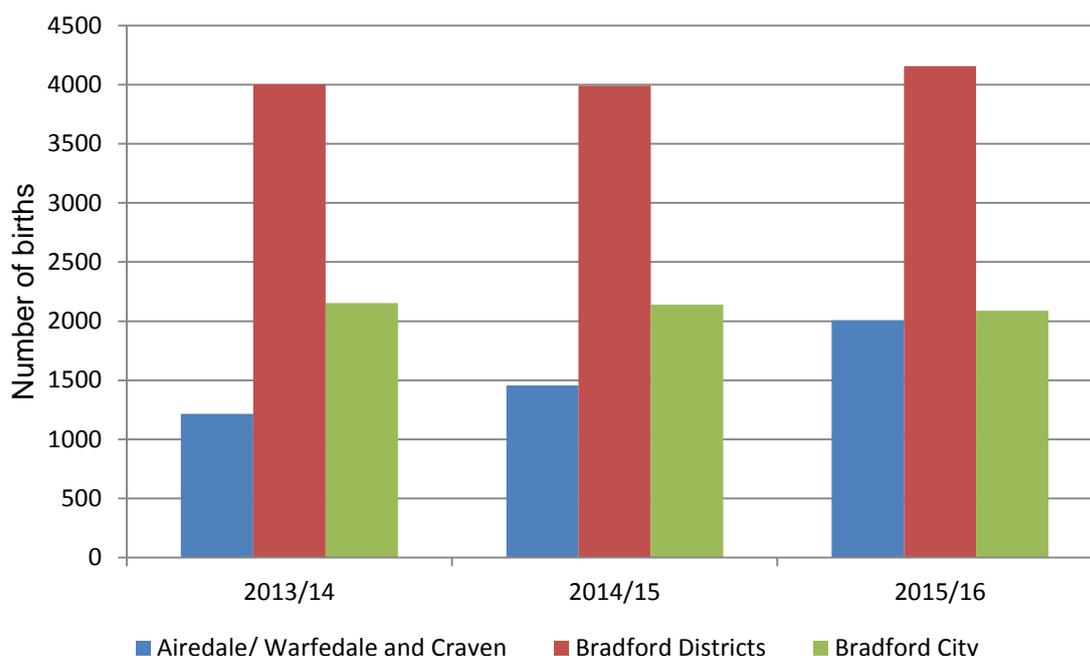
Within the same analysis (56), statistical profiles of the 500 young carers using services showed that:

- Males and females are equally likely to become young carers.
- The mix of different ethnic heritage groups is broadly similar to the ethnic profile of the district population as a whole. Although there appears to be an under representation of young carers identifying themselves as Black African or Black Caribbean. The specialist service is currently exploring ways to address this.
- Approximately one third of young carers that access the service are caring for a parent, usually in a lone parent situation, who has mental health problems.
- Almost two thirds of young carers are caring for their mother.
- There has been a continued increase in the number of young carers caring for a parent who has substance misuse issues.

4.3 Maternity

There are around 8000 births in the Bradford District each year on average. This has been increasing over recent years, from just over 7000 in 2013/14 to just over 8000 in 2015/16. (57) The majority of births were by women registered to GPs in the Bradford Districts CCG (figure 19).

Figure 19: number of births by CCG, 2013/14 – 2015/16

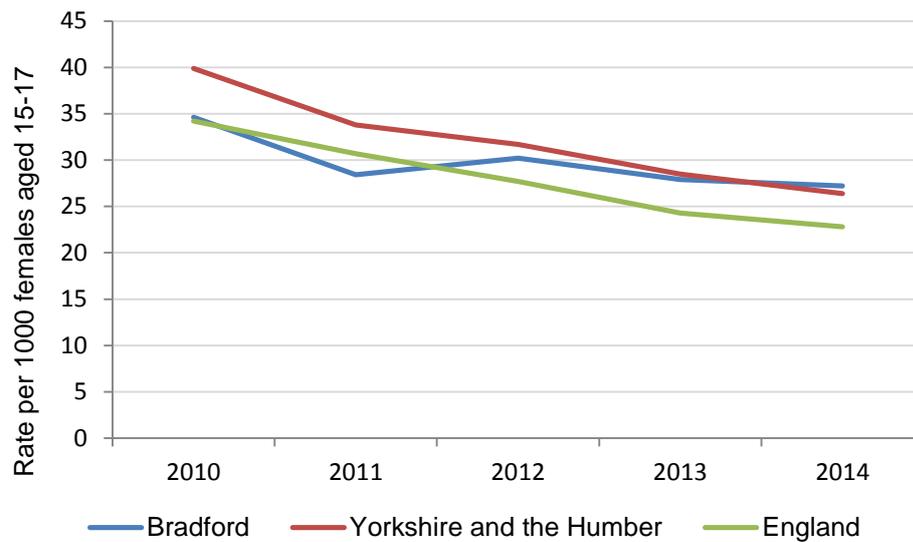


Source (57)

4.3.1 Teenage pregnancy

The rate of conceptions by young women aged 15, 16 or 17 years in Bradford has been generally falling in recent years, reaching a rate of 27.2 conceptions per 1,000 young women aged 15-18 in 2014. However, the rate has not declined as fast in Bradford as it has in the region or in England, meaning that it is now higher than both England's 22.8 per 1000, and Yorkshire and the Humber's 26.4 conceptions per 1000 (figure 20). Bradford is ranked 8th out of its 15 nearest statistical neighbours in relation to this. (43) The birth rate for this group is following a similar decline, and is now 8.7 per 1000 females aged 15-17 (England = 6.7; Yorkshire and the Humber = 8.9). (43)

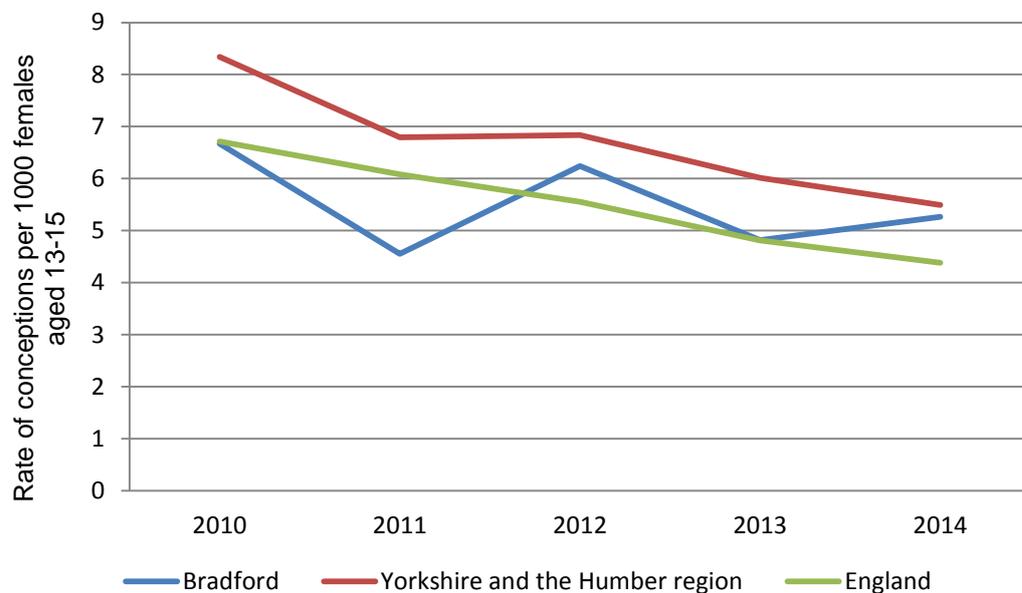
Figure 20: Under 18's conception rate, 2010 - 2014



Source (43)

The conception rate for 13-15 year olds is 5.3 per 1000 girls of this age group in Bradford, compared to 5.5 in Yorkshire and the Humber and 4.4 in England (figure 21). (43)

Figure 21: Under 16's conception rate, 2010 – 2014



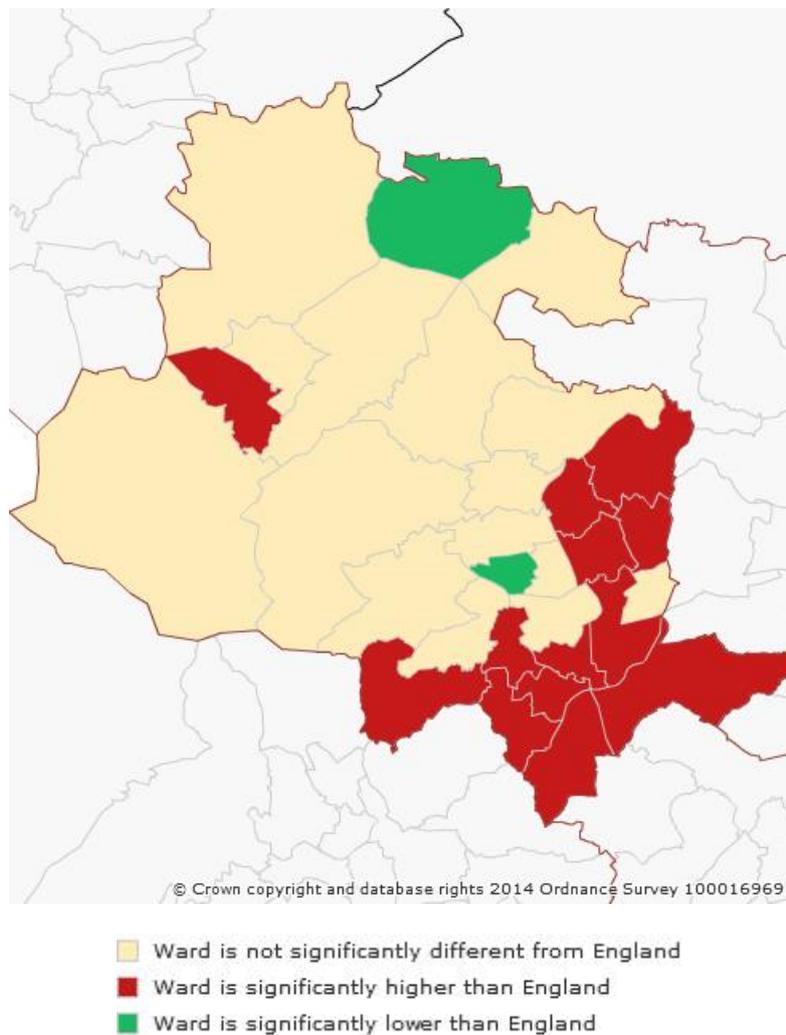
Source (43)

In terms of individuals, this amounts to 290 conceptions among young women in Bradford aged 15-18 in 2014, of which 87 gave birth. This was down from 360 conceptions and 127

live births in 2010. Among girls aged 13-15, 57 conceived in 2014, down from 71 in 2010. (43)

Although numbers are too small to allow direct comparison of rates at a ward level, a crude comparison can be drawn between wards to show whether the rate of teenage pregnancy over a three-year period is higher or lower than the England average (*figure 22*).

Figure 22: Map; teenage pregnancy – comparison with England average, 2012-2014



Source: (58)

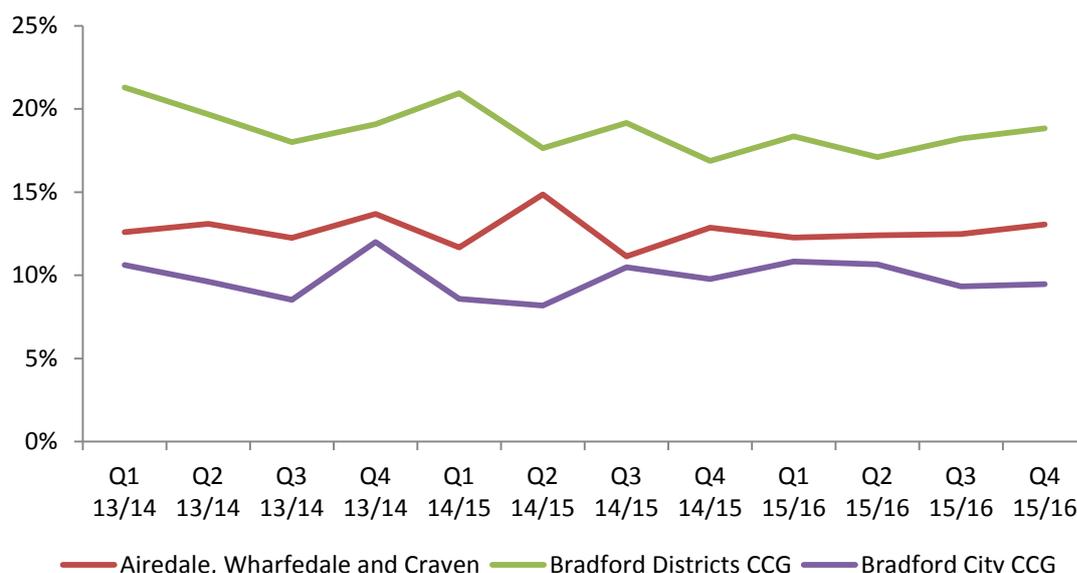
4.3.2 Smoking in pregnancy

Across the three Bradford CCGS, an average of 15.4% of women were smokers at the time of their antenatal booking visit. This was not uniform across the district: Airedale, Wharfedale and Craven = 12.2%; Bradford Districts = 19.2%; Bradford City = 10.9%. These rates have been relatively stable over the past two years. (57)

The rate of smoking at the time of delivery within Bradford Local authority was 15.0% in 2015/16. This rate has not changed very much since 2011/12, when it was 15.6%. The same statistic has, however, been declining across England, and slightly in Yorkshire and the Humber, where it is now 10.6% and 14.5% respectively. Bradford is the 5th highest out of its 15 nearest statistical neighbours in relation to this. (59)

Broken down by CCG, the rates of smoking at delivery have been stable for all three over the past 2 years, with Bradford Districts having the highest rate and Bradford City the lowest (figure 23). (57)

Figure 23: Quarterly percentage of mothers smoking at delivery, by CCG



Source (57)

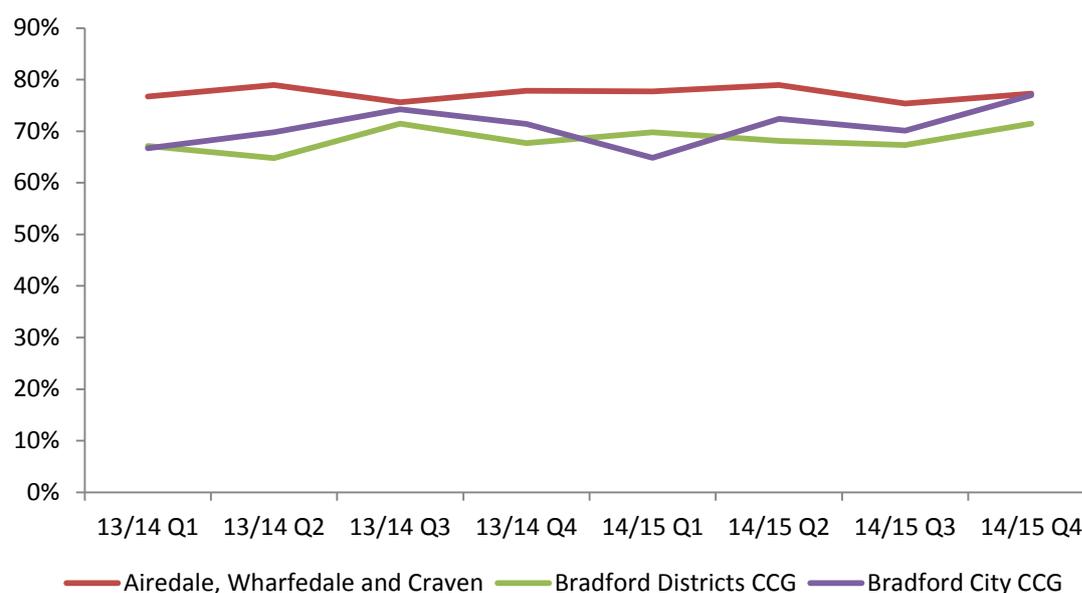
In 2013 in Bradford, the Integrated Household Survey estimated that 22.6% of all adults smoke, compared with an England average of 18.4%. For more information, please see the Tobacco Health Needs Assessment, 2014/15. (60)

4.3.3 Breastfeeding

In 2014-15, the proportion of mothers who breastfed their babies within 48 hours of delivery in Bradford was 70.7%. This is below the average for England (74.3%) but above the average for the region (69.9%). Bradford is ranked 7th out of its 15 nearest statistical neighbours in relation to this. (43)

Broken down, the CCG with the highest rate of breastfeeding initiation is Airedale, Wharfedale and Craven with a rate of 72.2% in 2015/16, compared to Bradford Districts at 67.0%, and Bradford City at 69.4% of mothers breastfeeding within 48 hours (figure 24). (57)

Figure 24: breastfeeding initiation rates by CCG, 2013/14 – 2014/15



Source (57)

By the 6-8 week mark, 40.1% of babies across Bradford are still being breastfed either totally or partially; lower than the average for England (43.2%). (43)

4.3.4 Maternal weight

No reliable, up to date information about maternal BMI during pregnancy is available. However, national estimates suggest that approximately half of women of childbearing age are overweight or obese in England, with 19% in 2003 being described as obese. The estimated prevalence of overweight and obesity among the population of Bradford is above the national average (61), and it is reasonable to assume that women of childbearing age are no exception to this.

A high BMI in pregnancy poses risks to both mother and baby, including:

- gestational diabetes
- hypertensive disorders of pregnancy
- caesarean section
- post-partum infections
- pre-term birth
- macrosomia (baby weighing more than 4kg at birth)
- neonatal unit admission
- miscarriage, stillbirth, neonatal and infant death,
- childhood obesity
- congenital anomalies

- long term health conditions for the child, with some evidence linking maternal obesity to later asthma and cardiovascular disease. (62)

4.3.1 Low birth weight

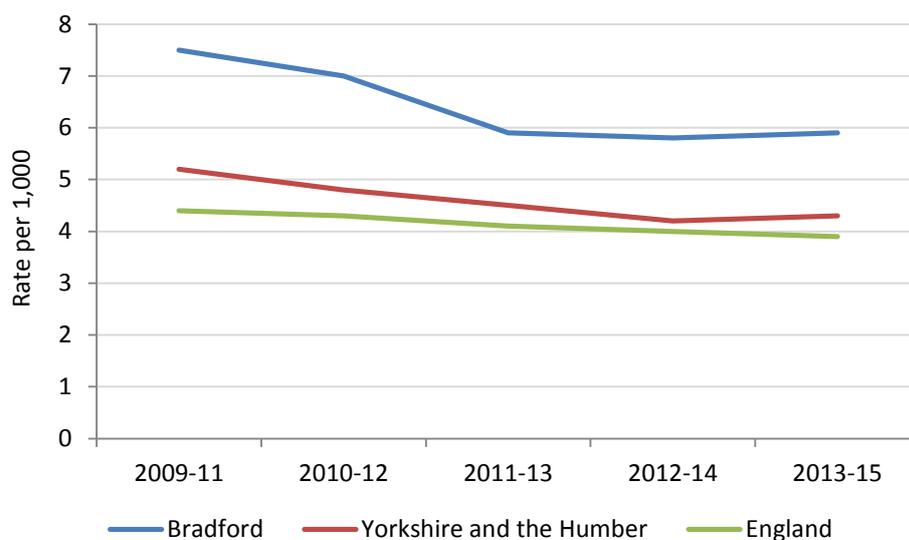
On average nearly 300 babies a year in Bradford are born weighing less than 2,500g. In 2014, the proportion of all live births at term with a low birth weight in Bradford was 3.7%. Apart from an increase in 2012, the proportion of births at term with a low birth weight has remained relatively similar over the last 5 years in Bradford. However it is higher than both the average for England (2.9%) and the region (3.1%). Bradford is ranked 6th out of its 15 nearest statistical neighbours in relation to this. (21)

4.4 Infant and child mortality

4.4.1 Infant mortality

Nearly 50 babies aged less than 12 months die in Bradford each year. In 2013-15, the infant mortality rate in Bradford was 5.9 deaths per 1,000 live births. Although the infant mortality rate has generally been falling in Bradford, it remains higher than both the average for England and the region (figure 25). Bradford is ranked 2nd out of its 15 nearest statistical neighbours in relation to this. (21)

Figure 25: infant mortality 2009-10 to 2013-15



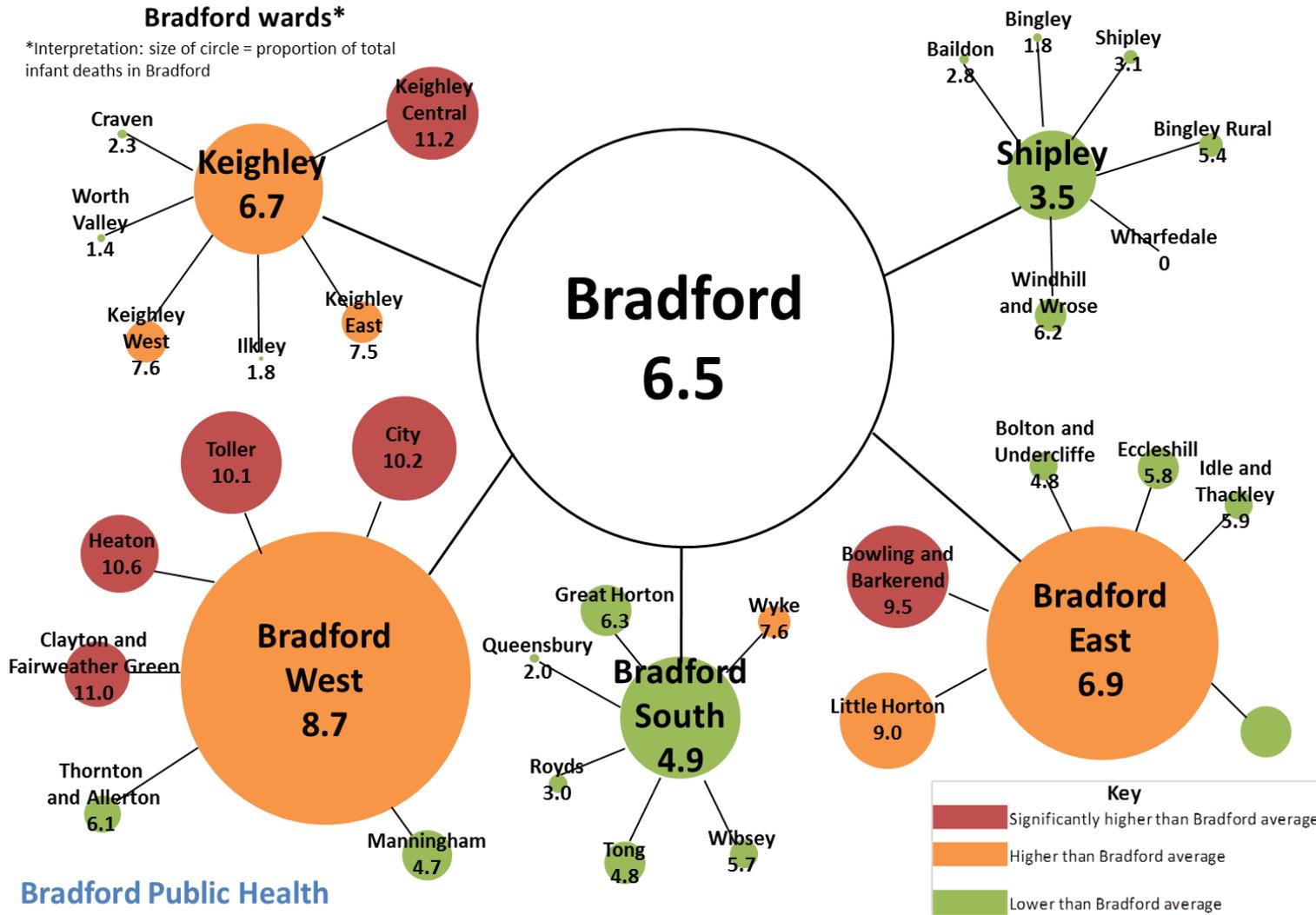
Source (21)

Again, this rate varies significantly within Bradford (figure 26). The rate of infant death over the last 5 years was highest in Keighley Central, at a rate of 11.2 deaths in babies per 1000 live births. This was followed by Clayton and Fairweather Green (11.0 deaths per 1000 live births), Heaton (10.6 deaths per 1000 live births), City at a rate of 10.2 deaths in babies per 1000 live births, Toller at 10.1 deaths per 1000 live births, and Bowling and Barkerend (9.5 deaths per 1000 live births). (47)

Figure 26: Average infant mortality rates 2010-2014, by ward

Average infant mortality rates in the last 5 years (2010-14) across Bradford wards*

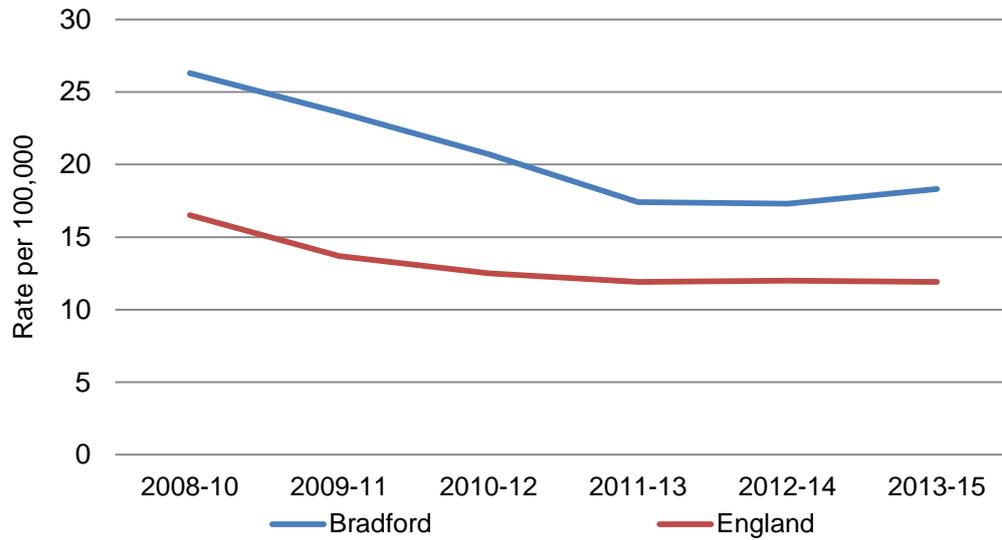
*Interpretation: size of circle = proportion of total infant deaths in Bradford



4.4.2 Child mortality

Deaths of children aged between 1 and 18 years are declining, with 18.3 children per 100,000 in this age group dying in the 3 year period from 2013-2015. This rate has been generally declining since 2008-2010. However, it is still higher than the rate for England as a whole, which is 11.9 children per 100,000 (figure 27). (63)

Figure 27: Child mortality rate, 2008-2015



Source (63)

4.5 Education and employment

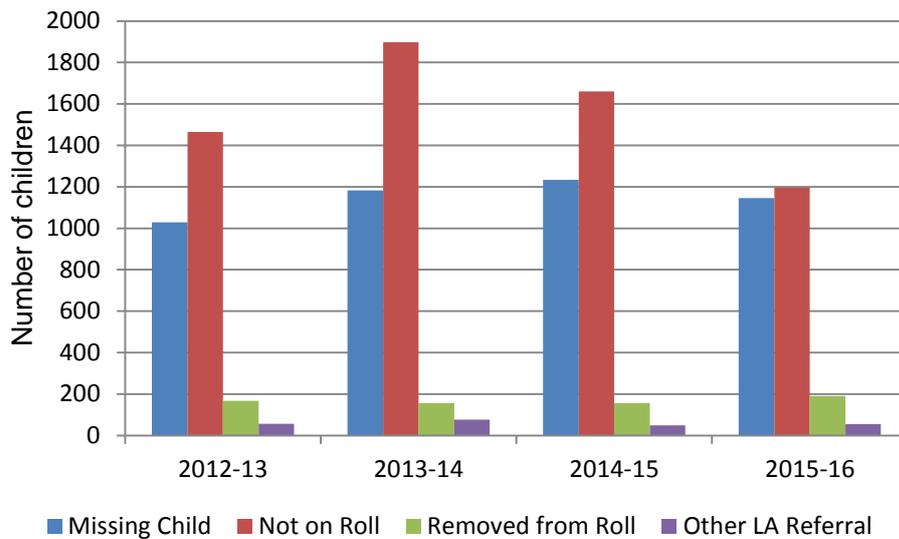
Education is immensely important in determining a child or young person's future economic prospects, and their long term health and wellbeing. Provisions are in place for children who do not attend school, to help them to access education.

4.5.1 *Children missing from education*

The Education Social Work Service (ESWS) in Bradford has established the 'Out of School Register' where all known pupils missing from education are placed in one of four referral categories until they have been accessed to an appropriate education provision:

- **Missing Children** are pupils who have gone missing from Bradford Schools. The ESWS has established information sharing and gathering arrangements with Children's Social Care, Health Services, Police, Housing and Welfare Benefits. These agencies are contacted by the Service to try and establish the child and family's whereabouts. If we find that the family have moved to another Local Authority, the 'named person' for Children Missing Education in that authority is contacted.
- Pupils who have been identified as living in Bradford but not on the roll of a school are categorised as "**Not on Roll**". These pupils are identified through a variety of sources including Health Services, Police, Children's Social Care and Education Services.
- If a pupil does not return to school following a period of Leave of Absence or Extended Leave of Absence they are categorised as "**Removed from Roll**". The Pupil Registration Regulations allow a school to remove a child from the school roll if they fail to return to school within 10 schools days of the agreed return date or after 20 days of unauthorised absence and there is no good reason for the non-return.
- There is an established network of Named Persons responsible for Children Missing from Education within every LA. The ESWS regularly receives "**Other Local Authority Referrals**" informing them of pupils who have or may have moved into the Bradford area.

Figure 28: Numbers of Children Missing from Education, 2012/13 – 2015/16 (47)

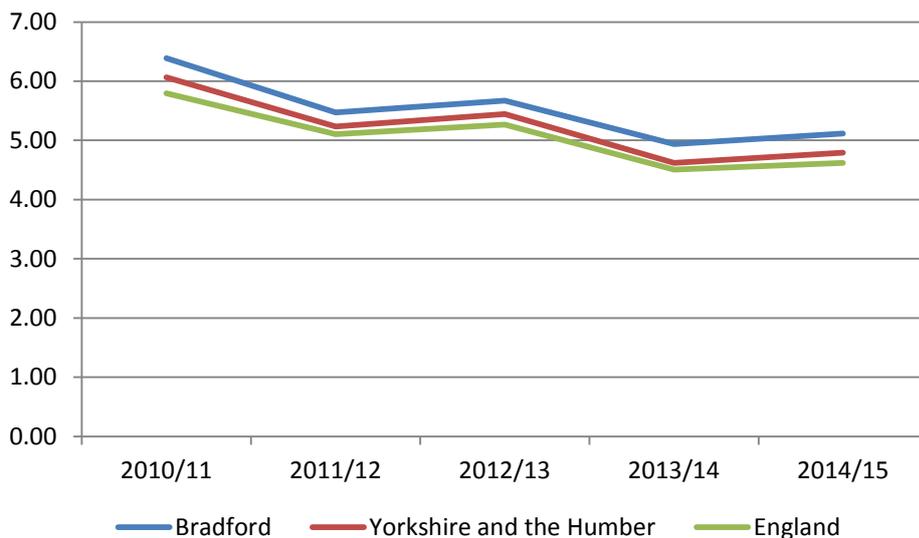


Source (47)

4.5.2 School absence

Although the rate is falling in Bradford, the proportion of half days missed in school through both unauthorised and authorised absence remains above the regional and national averages, at 5.11% in Bradford, compared to 4.79% in Yorkshire and the Humber and 4.62% in England (figure 29). (63)

Figure 29: percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence).



Source (63)

This is important, as missing school can have a major impact on a young person's education and their future prospects. Of all pupils leaving year 11 in 2016, 96.1% entered further learning. Of those pupils who were intermittent attenders of school, or non-attenders, this figure was much lower at 86.0% and 58.6%, respectively. Additionally, over 10% of pupils only attending school intermittently and over 20% of those not attending school, and leaving year 11 went on to not enter education, employment or training (NEET), in 2016. This is compared to an average of 1.6% of all those leaving year 11 in Bradford in 2016. These figures have been relatively stable over the past 5 years. (47)

4.5.3 Children and young people with SEND

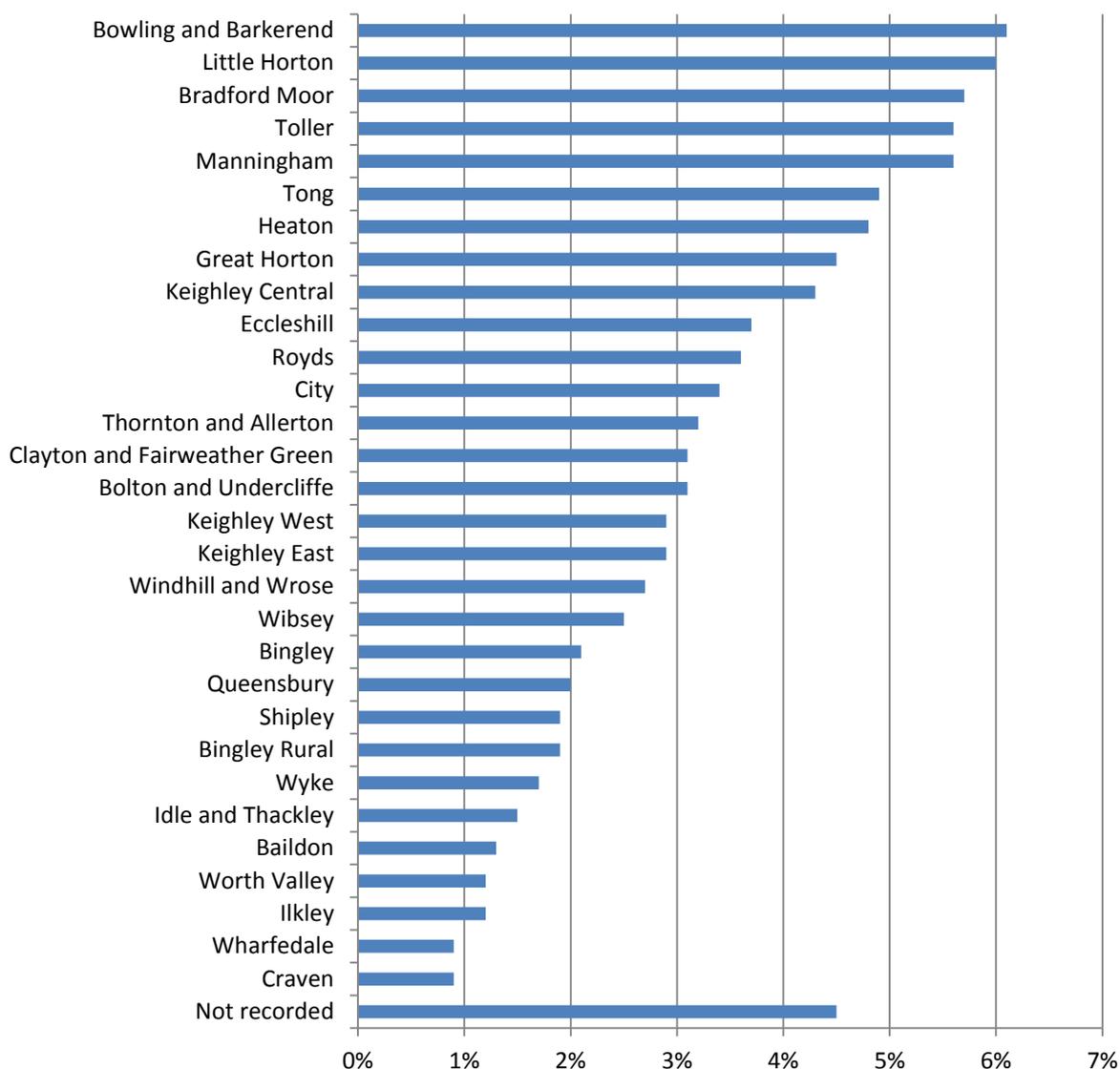
The proportion of children with Special Educational Needs or Disabilities (SEND) has been decreasing over the past few years in Bradford and nationally. In 2015/16 there was a slightly higher proportion of children identified as having SEND in Bradford compared to England, at 16% and 15.3% respectively. This compares to 16.7% of children in Bradford and 16.2% of children in England in 2014/15 with SEND. (57)

The proportion of children with a statement of special educational needs or an Education, Health and Care Plan (EHCP) in Bradford is lower than that of England, at 2.1% in 2015/16 compared to 2.8% in England. However, the percentage of pupils in 2015/16 with SEN support was higher in Bradford than in England, at 13.9% compared with 12.5%. (57)

A Needs Assessment of children and young people with SEND in 2014/15 (64) analysed the geographical residence of children and young people up to 25 years with SEN (*figure 30*). It found that half of this group of people (for whom the postcode was recorded) live in 8 wards in Bradford (in order from the highest to lowest):

1. Bowling and Barkerend
2. Little Horton
3. Bradford Moor
4. Toller
5. Manningham
6. Tong
7. Heaton
8. Great Horton.

Figure 30: Proportion of the 0-25 years SEND population living in each ward



Source: (64)

These wards are closely correlated with the wards with high numbers of children living in poverty, the exception being Heaton.

The SEND Needs Assessment also investigated the educational locations of children with SEN. Based on the October 2013 local school census data, 19,162 children and young people with SEN were living in Bradford District. From the Needs Assessment:

This included 11,172 children at the School Action level of SEN, 5,860 at the School Action Plus level of SEN, and 2,130 children with statements. Of these 803 children attended special schools and 238 attended Designated Special Provision in mainstream schools.

Of the 8 special schools in the district there are:

- primary, with 297 children attending

- secondary, with 419 attending
- 1 through school, with 87 attending

238 children were attending designated special units and additionally resourced centres located in a total of 19 mainstream schools. (64)

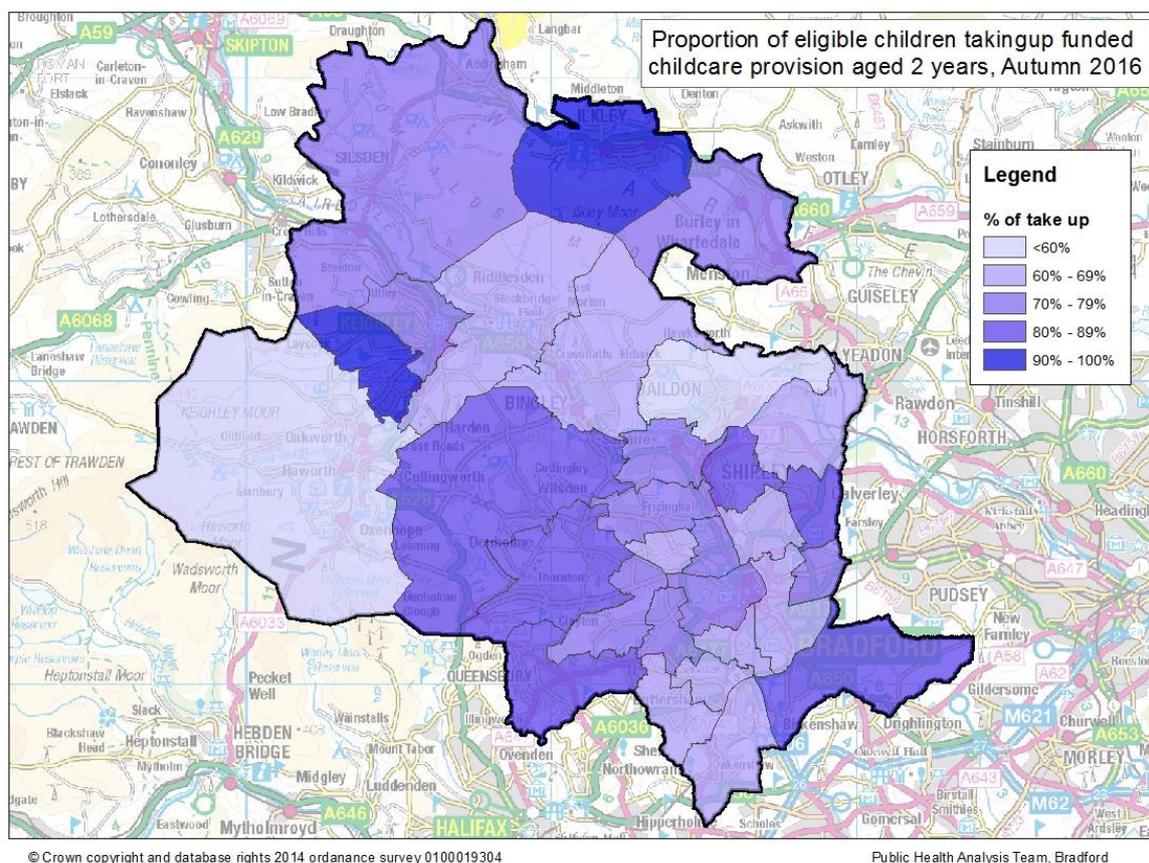
4.5.3.1 Diagnoses of children with SEN

Within primary and secondary schools, the most common diagnosis for children with identified SEN is moderate learning disability, followed by “speech, language and communication”, then “social, emotional and mental health” in primary, and “social, emotional and mental health” then “specific learning disability” for secondary schools. This is quite different to the picture in special schools, as may be expected, with the most common identified diagnosis being “severe learning difficulty”, “autistic spectrum disorder” and “profound and multiple learning difficulty”, in that order. There are higher proportions of all three of these diagnoses in special schools in Bradford compared to England, where there are higher proportions of children and young people with “moderate learning difficulty” and “social, emotional and mental health” needs. This suggests that within special schools in Bradford there is a higher level of need compared to the national average. (47)

4.5.4 2 year childcare provision

Children aged 2 years who meet certain criteria are eligible for 570 hours of free early years education or childcare per year. Eligibility for this is based on receipt of certain benefits, or on factors related to the child such as Special Educational Needs or Disabilities. (65) Not all families choose to take up this offer. There is a geographical difference within Bradford in the proportion of families eligible for the 2-year old childcare offer who do take it up (figure 31). (47)

Figure 31: Map; proportion of eligible children taking up funded childcare provision aged 2 years, Autumn 2016

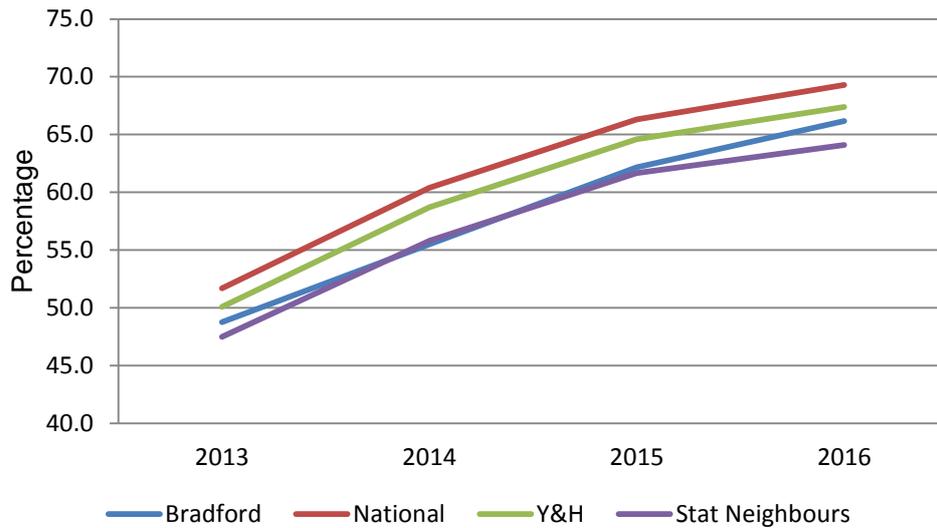


Source: (47)

4.5.5 EYFS

The Early Years Foundation Stage (EYFS) covers children aged 3-5 years, or those in nursery and reception. The proportion of pupils in Bradford achieving a good level of development by the end of the EYFS has been steadily increasing in previous years, but performance remains below the region and England (figure 32). In 2016, 66.2% of children achieved a good level of development in Bradford, compared to 67.4 and 69.3% in Yorkshire and the Humber, and England, respectively. However, Bradford performed better on this measure than its statistical neighbours, at 64.1%. (66)

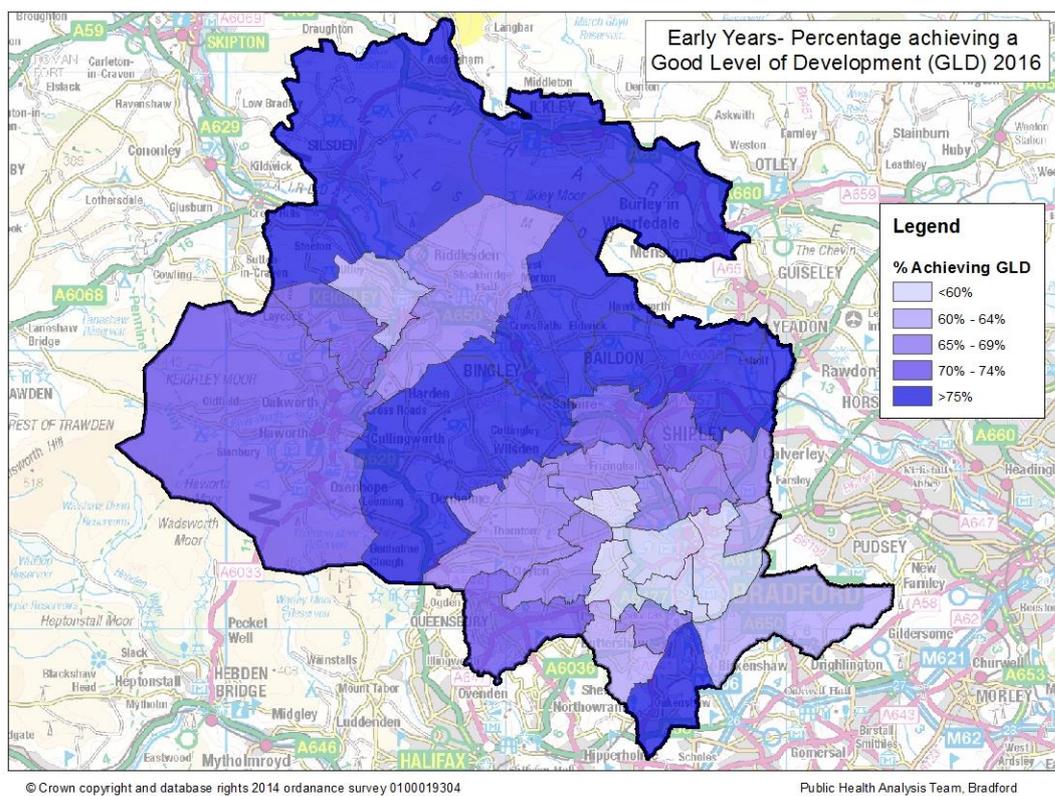
Figure 32: Pupils achieving a good level of development by the end of the EYFS



Source: (66)

The proportion of children achieving a good level of development varies across the region (figure 33).

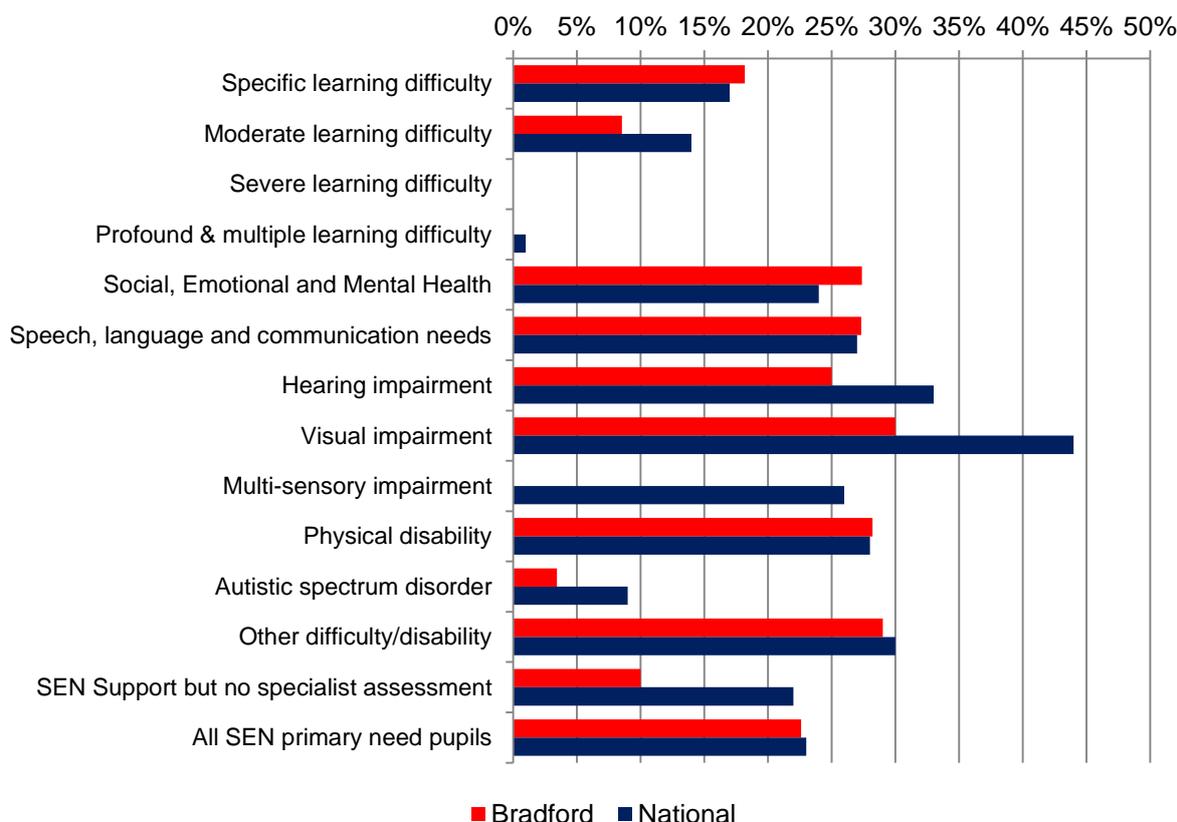
Figure 33: Map; percentage achieving a good level of development in the EYFS, 2016



Source: (47)

This figure also varies where children have a special educational need where the proportion of children achieving a good level of development is lower than that for children with no additional needs. Bradford achieves slightly lower results to England on this measure, with 22% of children with SEN achieving a good level of development in Bradford, compared with 24% in Yorkshire and the Humber and 25% in England over 2013-2016. (66) The proportion of children achieving a good level of development at this age varies by type of need (figure 34). (47)

Figure 34: proportion of children with identified SEN achieving a good level of development by the end of the EYFS, by SEN need



Source: (47)

4.5.1 Key Stage 1

Key Stage 1 follows the EYFS and covers children in school years 1 and 2, between the ages of 5 and 7 years. Attainment at Key Stage 1 is measured by expected levels of development in reading, writing and maths, and by a phonics screening test in year 1. On both measures in recent years, attainment has been increasing year-on-year in Bradford, alongside the region and England. Of children in Bradford, 79% were working at the expected level in phonics decoding in Bradford, compared to 81% of children in England, 78% in Yorkshire and the Humber, and 78.5% amongst Bradford’s statistical neighbours.

For reading, writing and maths, the proportion of children achieving the expected levels of development in Key Stage 1 are all slightly below the national average. They are comparable with the figures for Yorkshire and the Humber, and Bradford’s statistical neighbours (*table 3*). (67)

Achievement of this standard for those children with SEN in 2015/16 was lower than the achievement for the total population, but comparable in Bradford to that of England in Writing and Maths. The proportion of KS1 children with SEN meeting the expected level at Reading was lower in Bradford than in England as a whole.

For children with SEN, attainment in the phonics screen is again lower than the average for children without SEN. However, results are also improving year-on-year, and Bradford is generally in line with national results. Of those year 1 children with SEN support in Bradford, 45% were working at the expected level in phonics in 2016, compared to 46% of those in England as a whole. However, for year 1 children with an EHCP in Bradford, only 9% are working at the expected level in phonics, compared to double this (18%) in England as a whole. This is a reduction compared to 2015, when the proportion in Bradford and England were equal at 18%. (47)

Table 3: Percentage of pupils working at the expected level in Key Stage 1, 2016

Subject	Bradford	National	Y&H	Stat Neighbours
Reading	69.6	74.0	71.0	70.6
Writing	63.6	65.0	63.0	62.5
Maths	70.1	73.0	70.0	69.9
Children with SEN support (%)				
Reading	29	32		
Writing	24	22		
Maths	33	33		
Children with SEN and an EHCP (%)				
Reading	9	14		
Writing	5	9		
Maths	8	14		

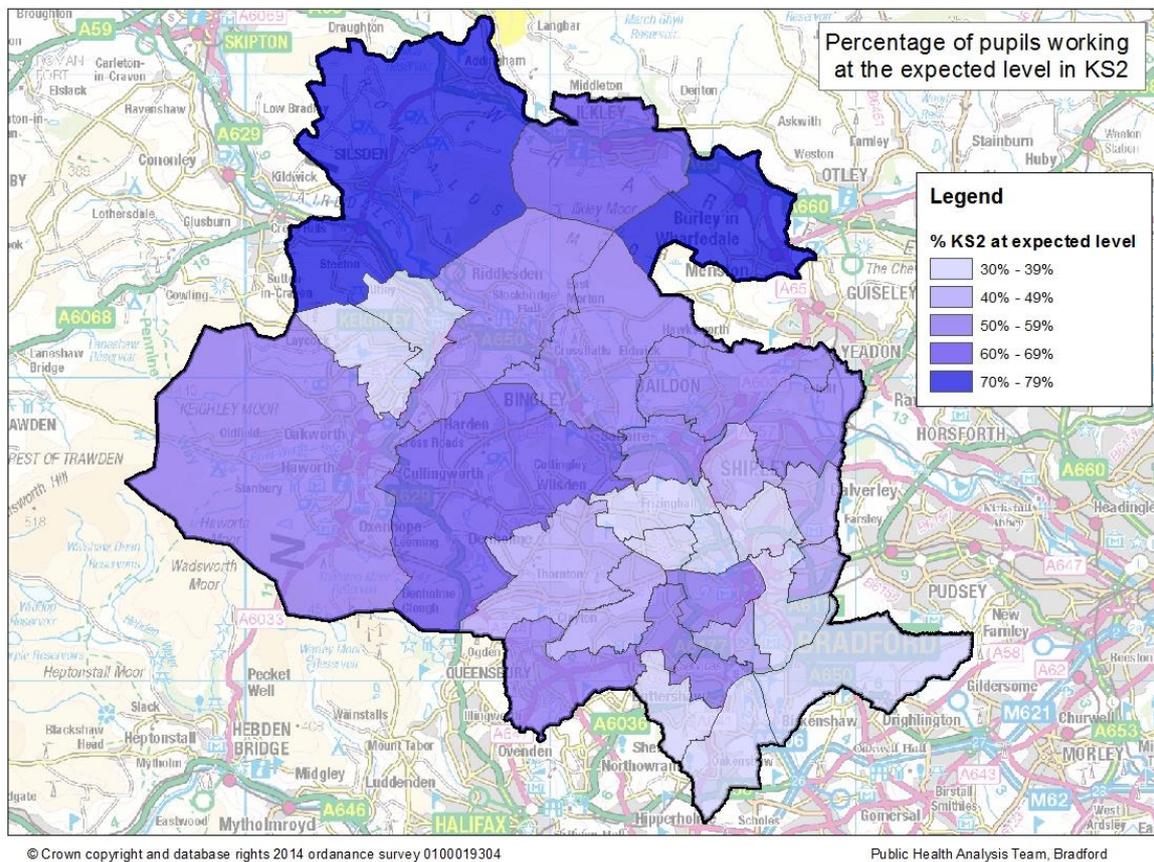
Source: (67)

4.5.2 Key Stage 2

Key Stage 2 (KS2) describes the four-year period between ages 7 and 11 years, at the end of primary school. In 2016, 47% of children in Bradford were working at the expected level in reading, writing and maths. This is worse than Bradford’s comparators, comparing to 53% of children in England as a whole, 50% in Yorkshire and the Humber, and 49.6% for Bradford’s statistical neighbours. Achievement has been improving in Bradford, as is the case across England. Again, the proportion of children in KS2 with SEN who achieved the expected standard in reading, writing and maths was lower than for this age group as a whole. (68)

The geographical distribution of KS2 attainment is again, not uniform across Bradford (figure 35). (47)

Figure 35: Map; Percentage of pupils working at the expected level in KS2, 2016

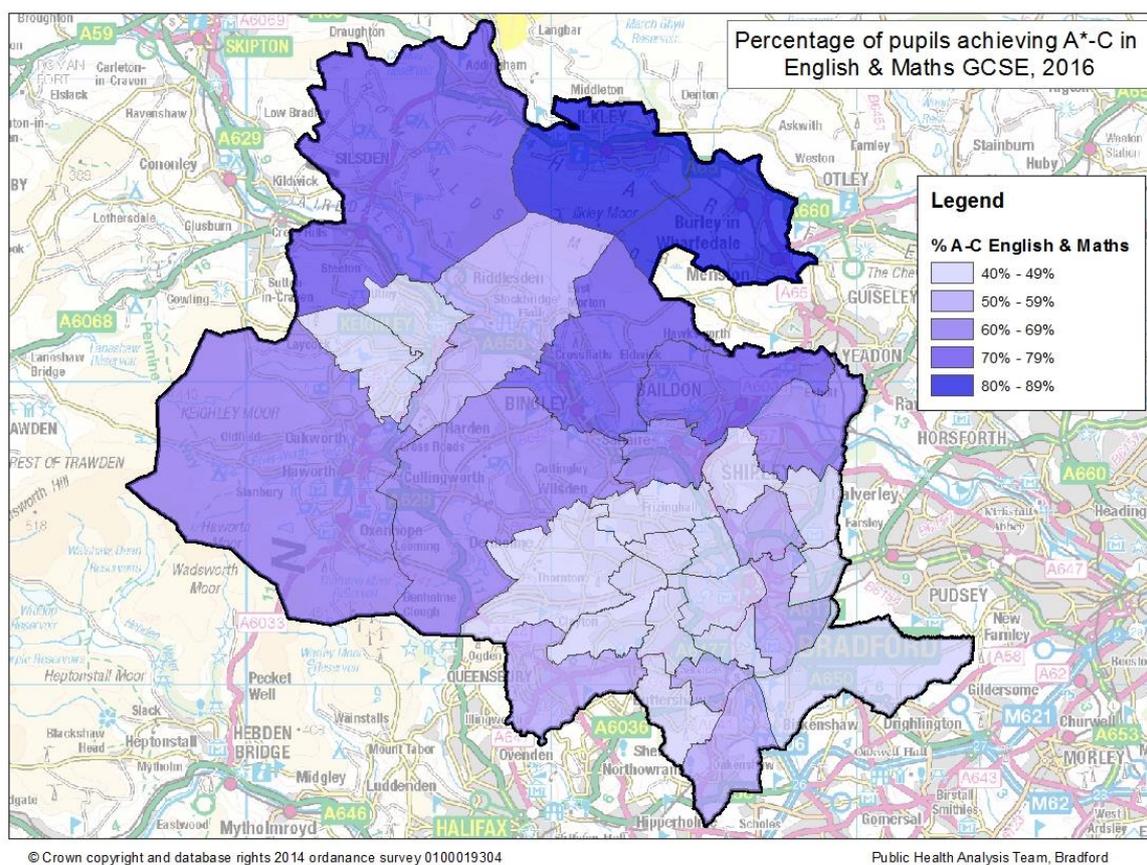


Source: (47)

4.5.1 Secondary attainment

Key Stage 3 (KS3) begins at age 11 and ends at age 14, while Key Stage 4 (KS4) spans from 14 -16 years, culminating in GCSEs. In 2016, 52.1% of KS4 children in Bradford achieved a grade C or above in both English and Maths, compared with 59.3% of children across England. Another measure of progress is the English Baccalaureate (EBacc). This is a constructed measure of GCSEs at grades C or above in five core academic subjects: English, Maths, History or Geography, the Sciences and a language. In 2016, 17.2% of KS4 children achieved this standard in Bradford, compared to 23.1% of children of this age group in England. This has been relatively unchanged over the previous few years in both Bradford and England. (69) Again, achievement is not uniform across the district (figure 36). (47)

Figure 36: Map; percentage of pupils achieving A*-C in English and Maths GCSE, 2016



Source: (47)

4.5.1 Post-16

In 2015 it became mandatory in England for young people to remain in education or training until the age of 18. As of January 2017 there were almost 14,000 young people of academic age 16 or 17 years resident in Bradford. (47) Of these young people:

- 46.0% were in 6th forms
- 35.7% were in FE
- 6.0% were in apprenticeships
- 3.2% were in non-employed training
- 6.7% were not participating in learning (including 5.1% NEET or Not Known)

In Bradford, performance in “academic” qualifications (e.g. A-levels, AS, and International Baccalaureate) was below the England average, with an average points score (APS) per pupil of 26.9 compared to 31.8 in England. The points scoring system changed in 2015/16 so the results are not directly comparable historically. However, the feature of the APS in Bradford being below that of England is long-standing.

However, for the newer “Technical Levels”, the APS in Bradford is higher than that of England, at 32.8 in 2016 compared to a national score of 30.8. This is also true of “Applied

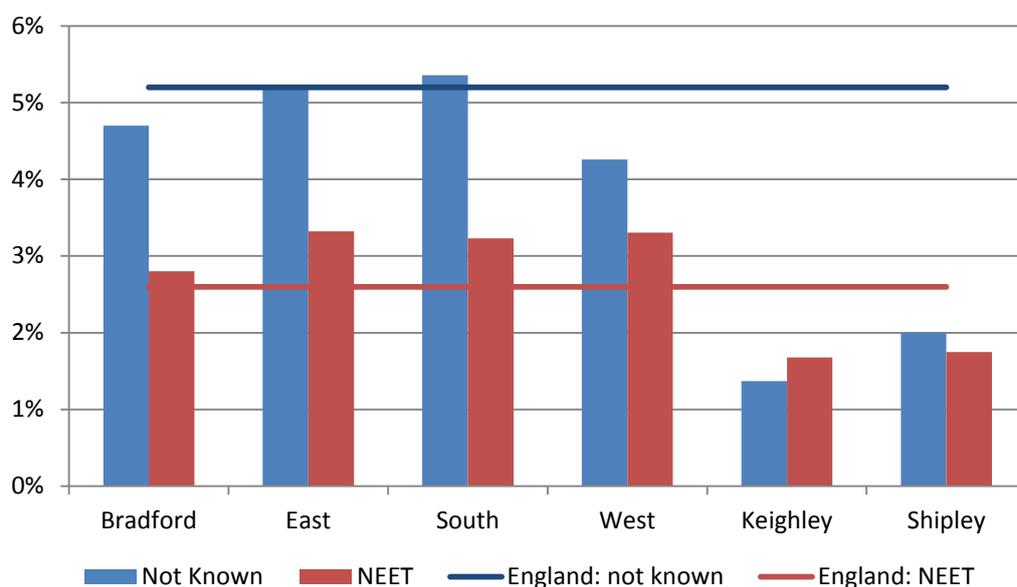
General” qualifications, for which the APS in Bradford was 38.4 in 2016, compared to 34.7 in England. (70)

4.5.2 Young people NEET

Over the three month period November 2016 to January 2017, an average of 2.8% of young people aged 16 or 17 living in Bradford District were not in education, employment or training (termed “NEET”). This compares to an England rate of 2.7%. For the same period, the proportion of 16 and 17 year old Bradford residents for whom their current status was not known was 4.1%, compared to an England figure of 4.0%. (47)

There is local variation for the rate of 16 and 17 year olds who are NEET within Bradford District (figure 37).

Figure 37: Academic age 16/17 year olds in Bradford Not in Education, Employment or Training, December 2016



Source: (47)

In addition to geography, the rate of young people classed as NEET also varies by other factors, such as special educational needs and disabilities, and ethnicity (table 4).

Table 4: Groups for whom a higher rate of NEET was recorded in January 2017

Characteristic	Percentage of 16 and 17 year olds classed as NEET
Total Bradford cohort	2.8%
Young people with SEND	6.9%
Those supervised by YOT	19.4%
Care leavers	14.1%
Looked after young people	10.5%
White British	3.2%
Roma/gypsy	8.1%
Other white	4.5%
Bangladeshi	3.5%
Shared heritage	3.2%
Other ethnic group	3.3%

Source: (47)

4.5.3 Destination of school leavers

In 2014/15, 86% of the 3,145 students entering A-levels or equivalent (level 3) qualifications went on to either further study or employment. This is slightly lower than both the regional and the national averages, both at 88%. These could be broken down further into 12% of pupils going into employment and 74% into education. However, more students in Bradford went onto further study compared with England and Yorkshire and the Humber, where 65% and 66% of school leavers respectively continued in education. (71)

Of students entering A-levels or other level 3 qualifications in Bradford in 2014/15, although a higher proportion went on to a UK higher education institution, a lower proportion went to one of the top third institutions in the country, at 10%, compared with 13% and 18% in Yorkshire and the Humber and England, respectively. This includes 9% of Bradford students who went to a Russell group university compared to 11% of those in Yorkshire and the Humber and England as a whole. (71)

In 2014/15, 175 pupils with SEND in state-funded schools and 75 “learners with learning difficulties or disabilities” (LLDD) from state-funded colleges entered A-levels or equivalent qualifications. Of these, 78% in state schools and 55% in colleges went on to further education and a further 7% and 14% respectively into employment. (71)

The proportion of young people with SEND from state-funded schools going onto employment, further education, and entering the top third of higher education institutions was broadly similar to that of young people without SEND. LLDDs attending state-funded colleges were more likely to be recorded as not having a “sustained destination”, where they remained in education or employment for at least two terms recorded. (71)

4.6 Physical Health

4.6.1 Immunisations and vaccine-preventable disease

Coverage of immunisations in Bradford is generally good. In 2014-15, by their first birthday 94.7% of children received 3 doses of their 5-in-1 vaccination, protecting against a range of childhood infections. This is comparable to Yorkshire and the Humber and England, at 95.8% and 94.2% respectively. (72)

For the MMR, which protects against measles, mumps and rubella, 94.2% of children had received their first vaccination by their second birthday in 2015-16. This is above average for both Yorkshire and the Humber, and England, at 94.0% and 91.9% respectively. (72)

Among 0-19 year olds, numbers of confirmed whooping cough (pertussis) cases in Bradford have been relatively stable over the previous 5 years, while numbers of confirmed mumps cases have been falling. (73)

There have been no confirmed cases of measles in Bradford among those aged 0-19 years during the past three years, probably in part due to the excellent vaccination coverage rates. However, during 2012-2013, there was a local outbreak of the disease, with 23 cases over the two year period. (73)

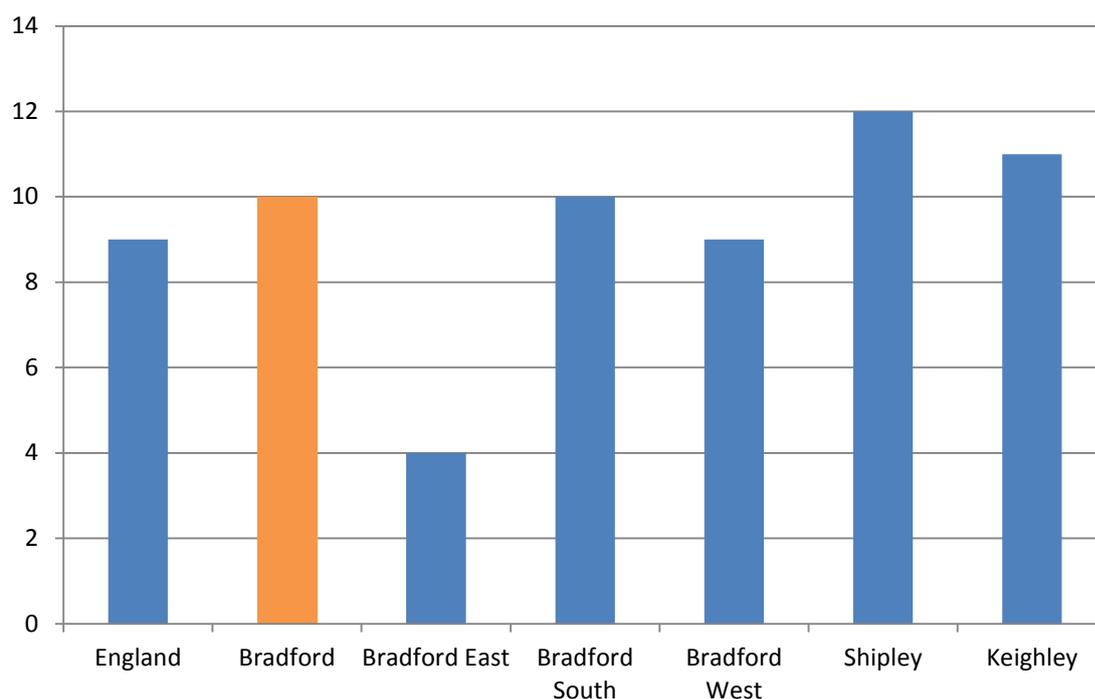
In 2015-16, 96.3% of children received one booster dose of their pre-school vaccinations against Haemophilus influenzae B (known as “Hib”) and meningitis C) vaccine by their fifth birthday. This was above average for England and the region, and places Bradford 1st out of its 15 nearest statistical neighbours. (72)

4.6.2 Smoking

According to the What About Youth survey in 2015, smoking prevalence in 15 years olds is estimated to be 9.5%. This would be above the average for England (8.2%) and the region (8.7%), and would place Bradford 4th out of its 15 nearest statistical neighbours. (72)

The 2013 Children and Young People’s Lifestyle Survey asked this question, and found that 10% of young people in year 10 smoked regularly. This was highest in Shipley (12%), and lowest in Bradford East (4%), and compared with 9% in England as a whole (*figure 38*). (74)

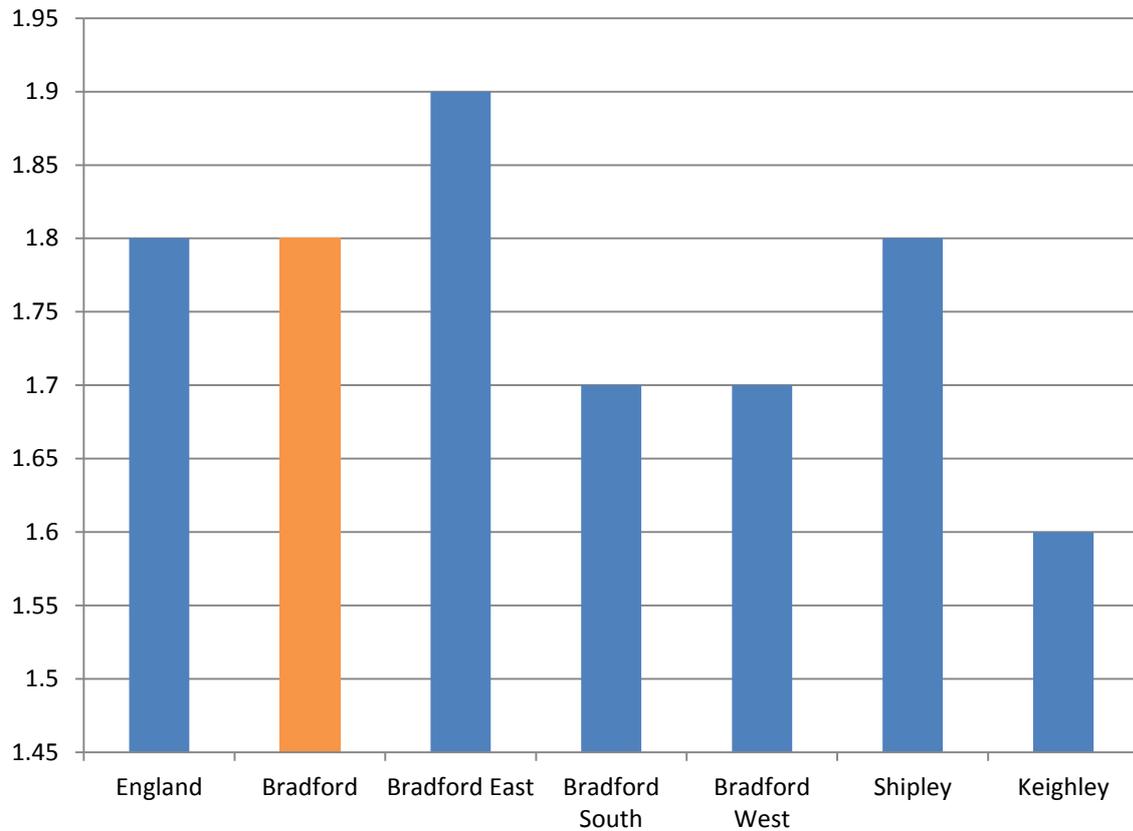
Figure 38: Percentage of year 10 pupils smoking regularly



4.6.3 Drugs and Alcohol

The 2013 lifestyle survey also asked about the use of alcohol. Of those who responded, 17% of males and 18% of females had drunk alcohol in the week before the survey, compared to 39% and 38% respectively across England. This was, as might be expected, significantly lower in young people from a South Asian background in Bradford, at 3%. However, even among those from a white background, the rate was lower than the England average, at 32%. Among those year 10 pupils who did drink alcohol, the average number of days drinking in the week before the survey was 1.8, equal to the England average. This was highest in Bradford East, at 1.9, and lowest in Keighley, at 1.6 (figure 39). (74)

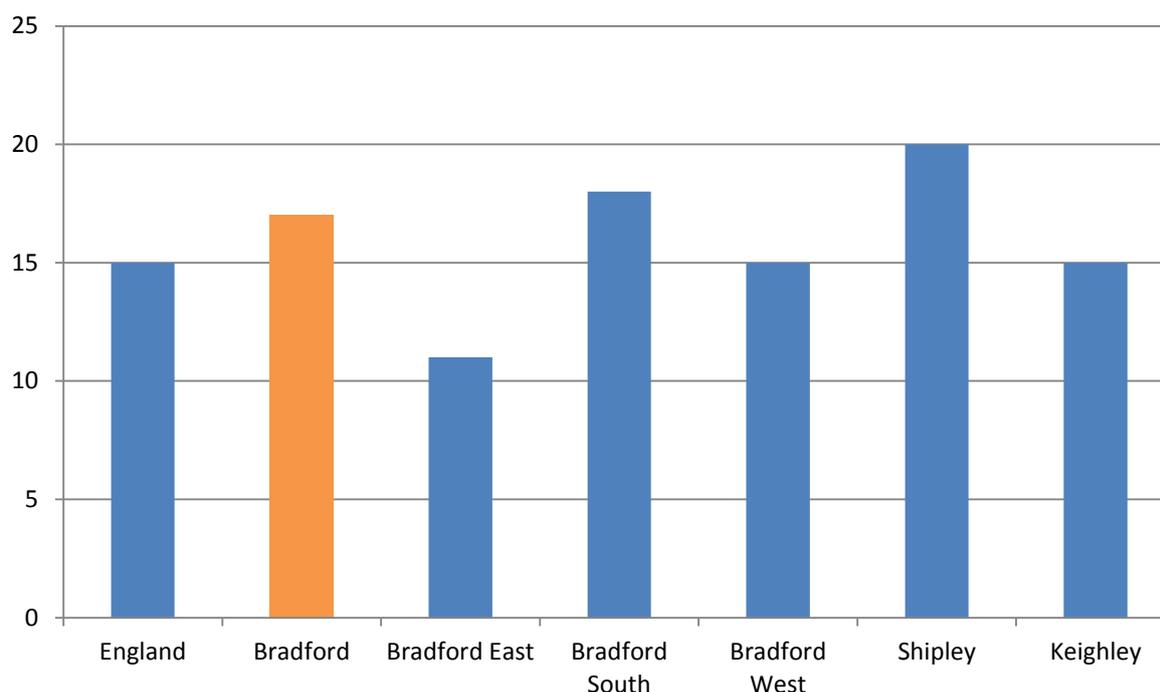
Figure 39: Average number of days drinking alcohol in the week before the survey for those Year 10 pupils who drank at all



The rate of children and young people being admitted to hospital due to alcohol specific conditions has been falling locally as well as nationally in recent years, and remains lower in Bradford than in the region and in England, at 30 admissions per 100 000 people aged under 18, compared to 43 per 100,000 in both Yorkshire and the Humber and England, in the years 2011/12 – 2012/13. (72)

The numbers of year 10 pupils admitting to taking drugs in the lifestyle survey was higher in Bradford than in England as a whole, at 17% compared to 15%. This was highest in the Shipley area, at 20%, and lowest in Bradford East, at 11% (figure 40). (74)

Figure 61: Percentage of Year 10 pupils who have ever taken drugs

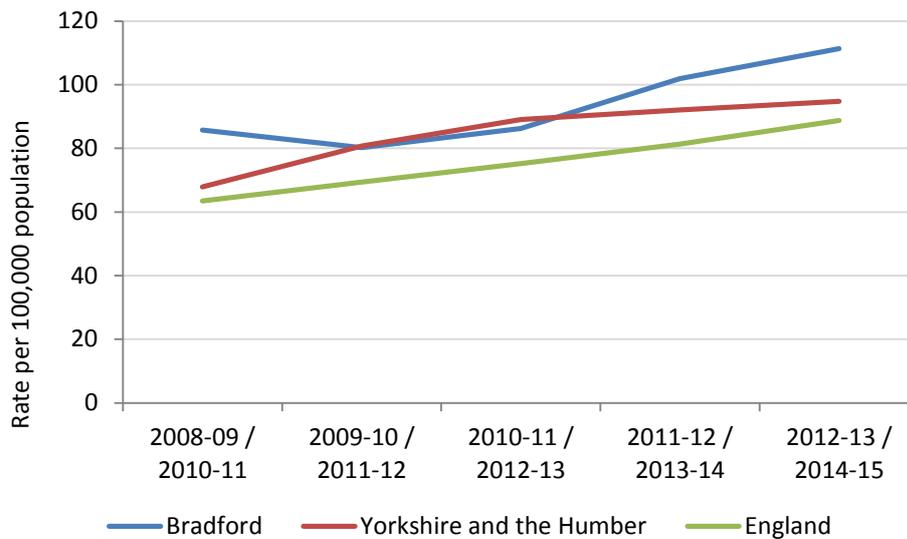


The number of young people in specialist drug and alcohol treatment services in Bradford has fallen over the past few years. Between 2013/14 and 2015/16, the number of young people in specialist substance misuse services in Bradford fell by 31%, from 196 to 135. Most of these young people are in the community – 115 young people in 2015/16 compared to 20 being treated in a secure setting. (75)

The most recent data shows that the majority of young people in specialist substance misuse services in Bradford are users of cannabis (76%), followed by alcohol (26%), heroin and/or crack (19%), and stimulants (16%). Many service users report problems with more than one substance, so these figures add up to more than 100%. In England, a higher proportion of service users report problems with cannabis (86%), alcohol (50%) and stimulants (23%). However, there a lower proportion of service users citing heroin and crack as an issue (2%). (75)

Hospital admissions due to substance misuse in young people are higher in Bradford than in the region or the rest of England, at 111 admissions per 100,000 people aged 15-24 years in Bradford, compared to 95 per 100,000 in Yorkshire and the Humber, and 89 per 100,000 in England in the years 2012/13 – 2014/15. These rates are increasing in all three geographies (figure 62). Bradford ranks 7th out of its 15 statistical neighbours in relation to this. (59)

Figure 62: Hospital admissions due to substance misuse in 15-24 year olds

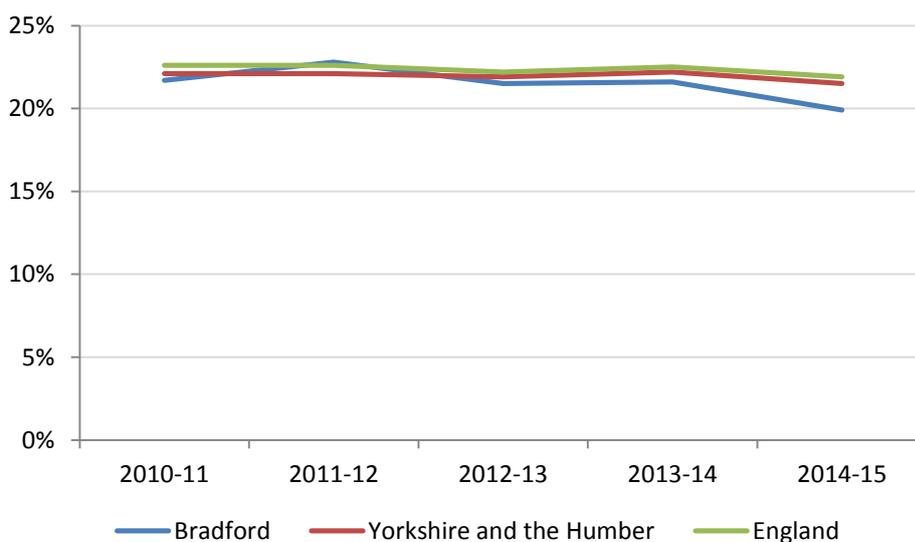


Source: (59)

4.6.4 Healthy Weight

In the National Child Measurement Programme, children are weighed in reception class (age 4-5 years) and in year 6 (age 10-11 years). In 2014-15, 19.9% of reception children were recorded as being either overweight or obese in Bradford. This proportion is generally falling in Bradford and is currently below both the average for England and the region (*figure 63*). Bradford is ranked 14th out of its 15 nearest statistical neighbours in relation to this (i.e. one of the lowest rates of obesity for this age group). (59)

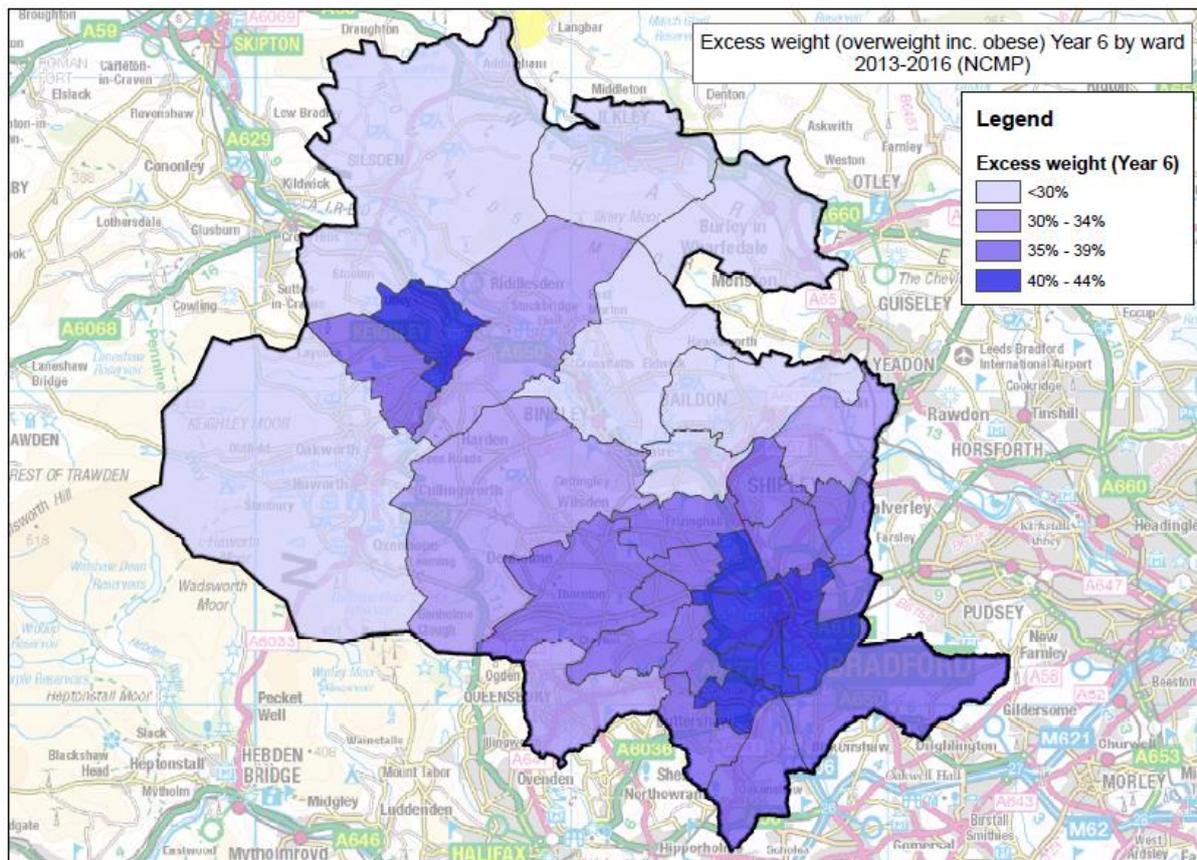
Figure 63: Prevalence of overweight and obesity in reception-aged children



Source: (59)

However, of Year 6 aged children in 2014/15, 35.7% were recorded as being either overweight or obese in Bradford. This is above average for the region and England, at 33.3% and 33.2% respectively. This has remained relatively constant over the past few years, and places Bradford 3rd highest of its 15 nearest statistical neighbours. (59) There is a large geographical variation within Bradford for the prevalence of excess weight in year 6 children (figure 64). (76)

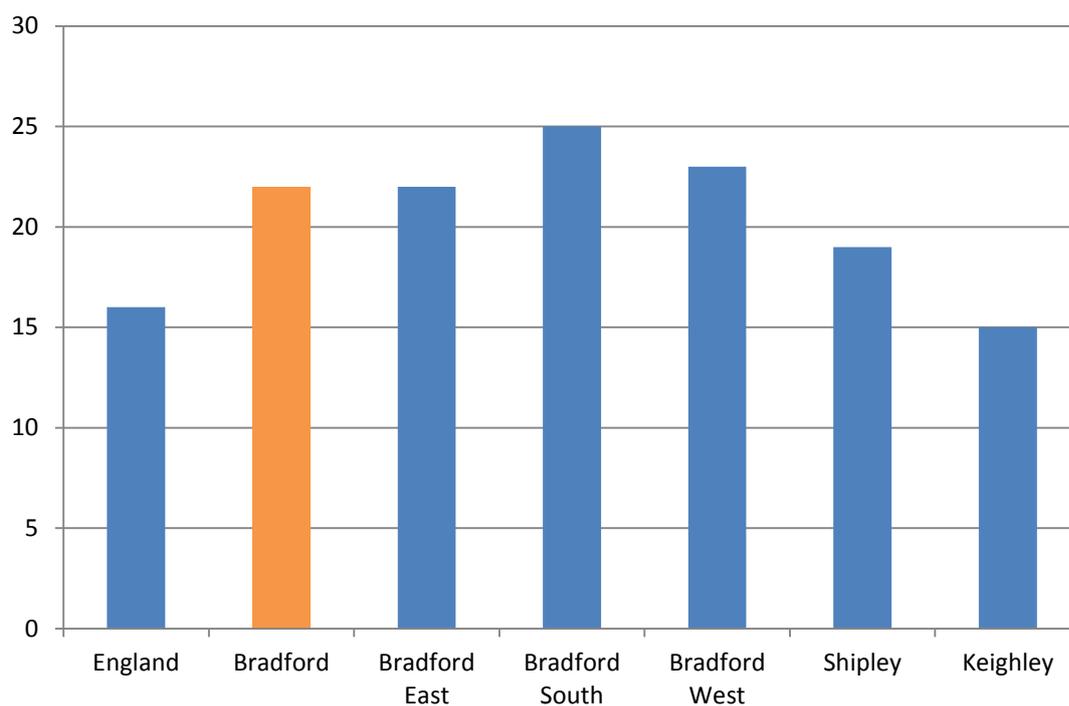
Figure 64: Map; Excess weight (overweight including obese) year 6, 2013-2016



Source: (76)

The young people's lifestyle survey in 2013 asked year 10 pupils about the amount of vegetables they consumed, and the amount of exercise they did. More young people in Bradford ate at least 5 portions of fruit and vegetables in the day before the survey in Bradford than in England as a whole, at 22% compared to 16%. In fact, more children in all areas except Keighley (at 14%) consumed the recommended number of fruit and vegetable portions than in England as a whole (figure 65). (74)

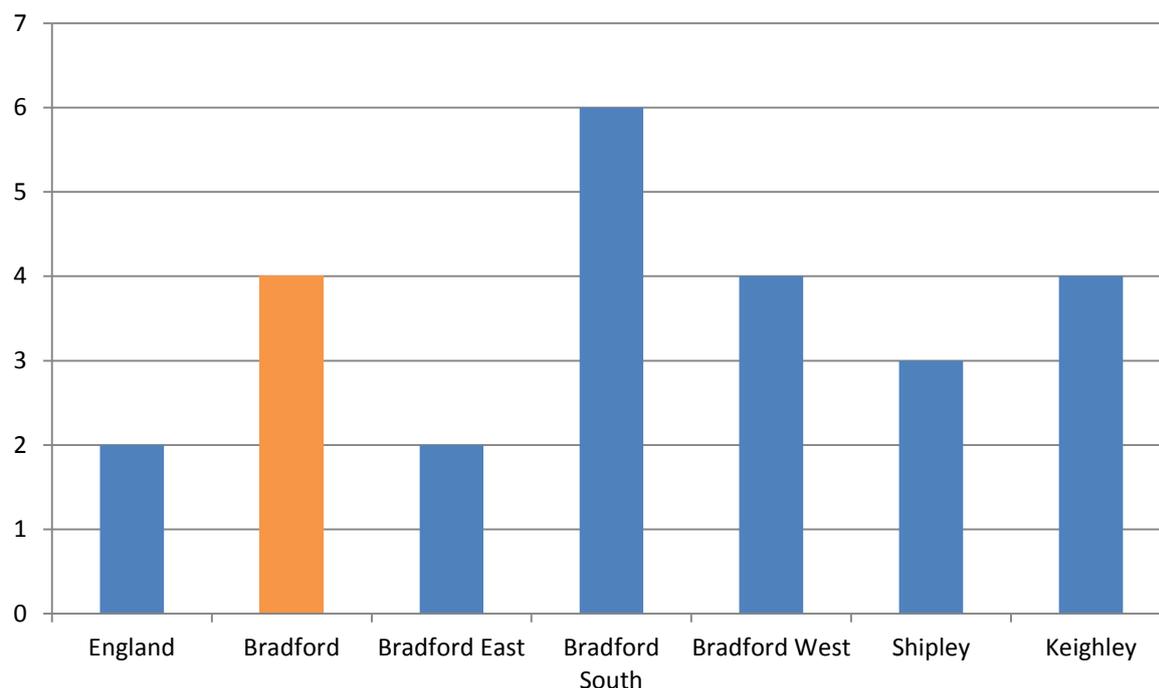
Figure 65: Percentage of year 10 pupils eating at least 5 portions of fruit and vegetables yesterday



Source: (74)

In addition, a higher proportion of year 10 pupils in Bradford reported that they exercised hard for at least an hour every day in the week before the survey compared to the proportion for England as a whole, at 4% compared to 2%. Again, there was wide variability between the localities of Bradford (figure 66). (74) However, this should be treated with caution. The apparently better performance in Bradford may mask a poorer picture, as the absolute percentages are so small. It is not clear from this statistic for example, how much exercise the majority of students were getting, or how many did no exercise at all.

Figure 66: Percentage of Year 10 pupils who exercised hard for at least an hour every day in the week before the survey



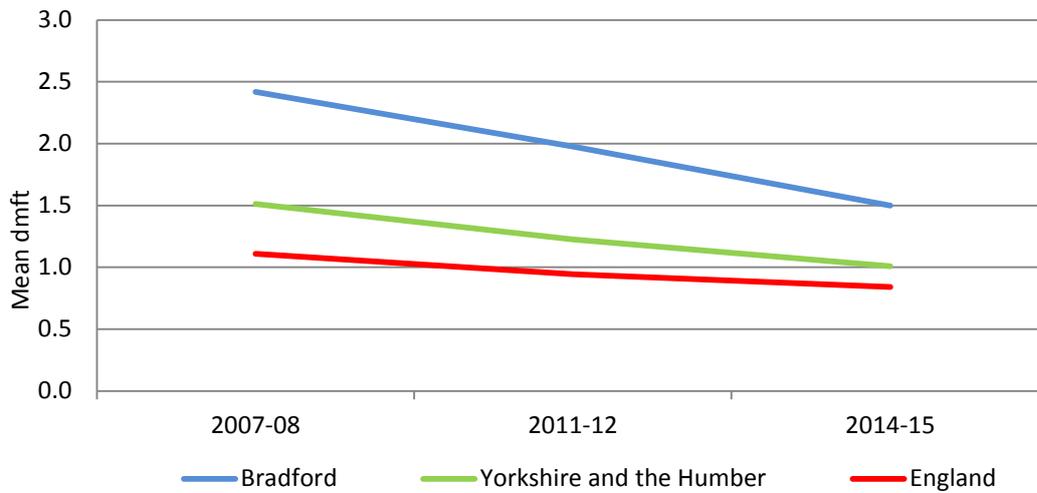
Source: (74)

4.6.5 Oral Health

Poor oral health is a disease of poverty, and improving the oral health of Bradford's children is identified as a key priority in the local Health and Wellbeing plan. The number of decayed missing and filled teeth in 5 year olds (DMFT) is a key indicator of children's oral health. The average number of DMFT in 5 year olds in Bradford reduced from 2.42 in 2007/8 to 1.5 in 2014/15 (figure 67). This is still higher than the average for Yorkshire and the Humber (1.01) and England (0.84), although as the rate of reduction of DMFT is faster in Bradford, this gap is closing. (59)

Similarly, the proportion of 5 year olds who are free from dental decay is rising in Bradford, from 54.1% in 2007/08 to 62.5% in 2014/15. Again, however, this remains worse than the figures for Yorkshire and the Humber (71.5% in 2014/15) and England (75.2% in 2014/15). (72)

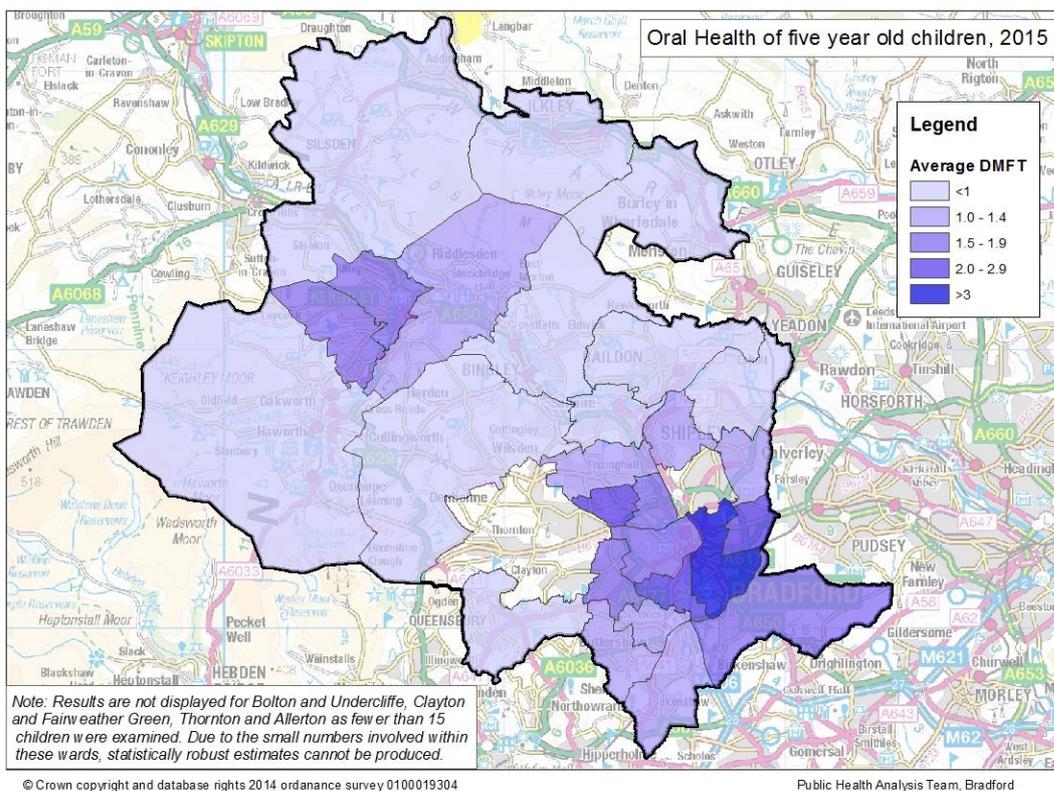
Figure 67: mean DMFT in 5 year olds



Source: (59)

There is significant variation in the oral health of young children in Bradford by locality (figure 68). (77)

Figure 68: Map; oral health of five year old children, 2015



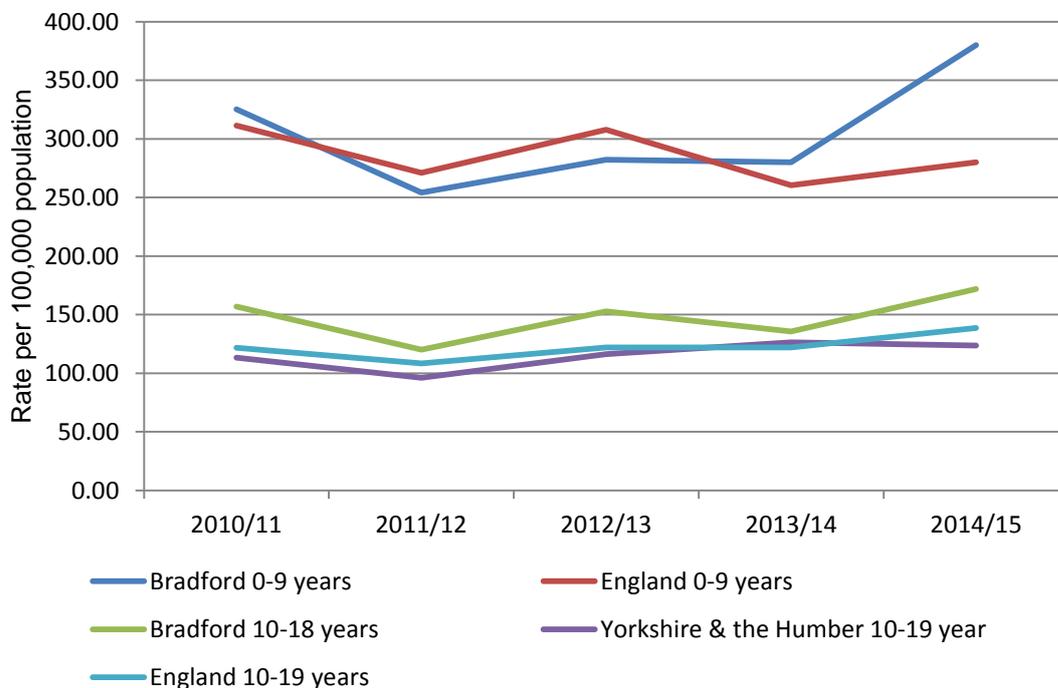
Source: (77)

4.6.6 Long term conditions and disability

The What About YOUth (WAY) survey in 2014/15 found that 12.5% of 15 year olds in Bradford identified themselves as having a long-term condition or disability. This was lower than the proportion for Yorkshire and the Humber (13.0%) and England (14.1%). (78) Possible explanations for this may be statistical chance, under-reporting by young people in Bradford due to either a reluctance to admit to a long-term condition or a difference in the perception of certain conditions between young people in Bradford and those living elsewhere, or due to a genuinely lower percentage of young people in Bradford with a long term condition.

The rate of admissions to hospital for certain long term conditions (asthma, diabetes and epilepsy) reflects the prevalence of each disease in the population and how well each is controlled. Public Health England presents these data for children aged 0-9 year, and 10-19 years. In Bradford, rates of admissions for asthma have been slightly increasing over the previous few years, and are now higher than the England rate in both age groups, at 380 admissions per 100,000 children aged 0-9, and 172 admissions per person aged 10-19 in the year 2014/15 (*figure 69*). (79)

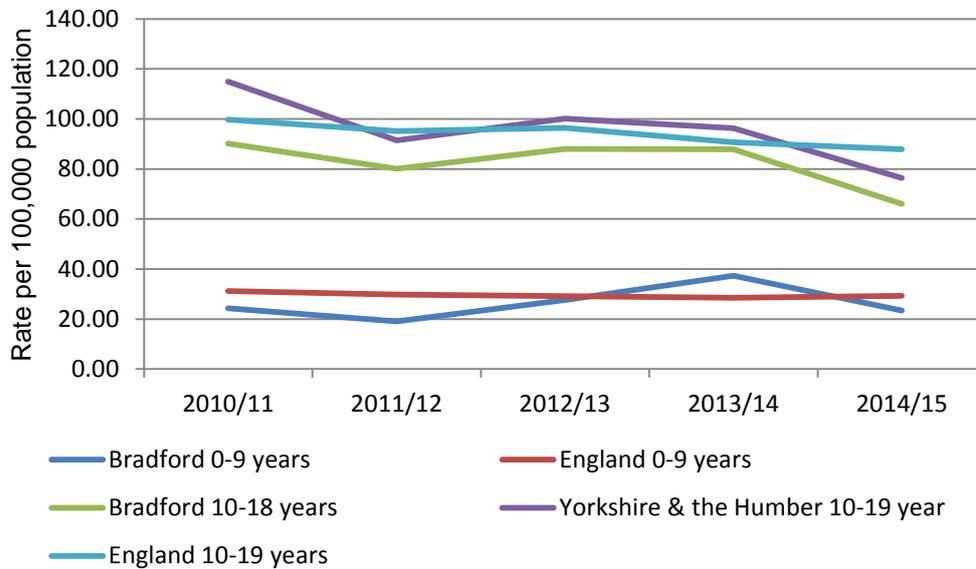
Figure 69: Rate of admissions for asthma for 0-9 year olds and 10-18 year olds



Source: (79)

With diabetes, the rate of admissions to hospital is lower in Bradford than in England as a whole, at 24 admissions per 100,000 children aged 0-9, and 66 admissions per 100,000 people aged 10-19 in 2014/15 (figure 70). (79)

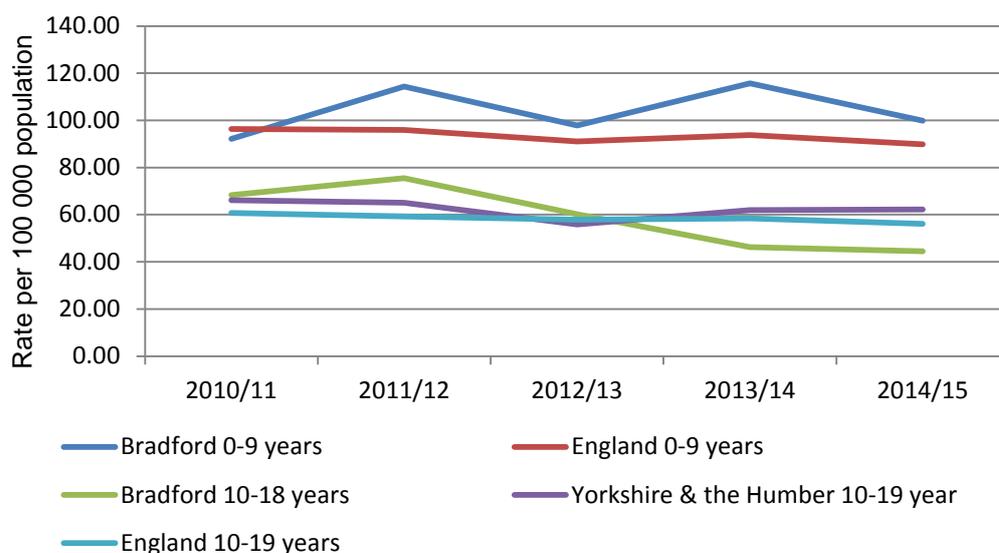
Figure 70: Rate of admissions for diabetes for 0-9 year olds and 10-18 year olds



Source: (79)

The rate of admissions to hospital with epilepsy is higher in Bradford than in England among the 0-9 year population at 100 admissions per 100,000 population in 2014/15. It is lower than in England and in the region for young people aged 10-19, at 45 admissions per 100,000 population in 2014/15, and has been reducing over the past few years within this age group (figure 71). (79)

Figure 71: Rate of admissions for epilepsy for 0-9 year olds and 10-18 year olds.



Source: (79)

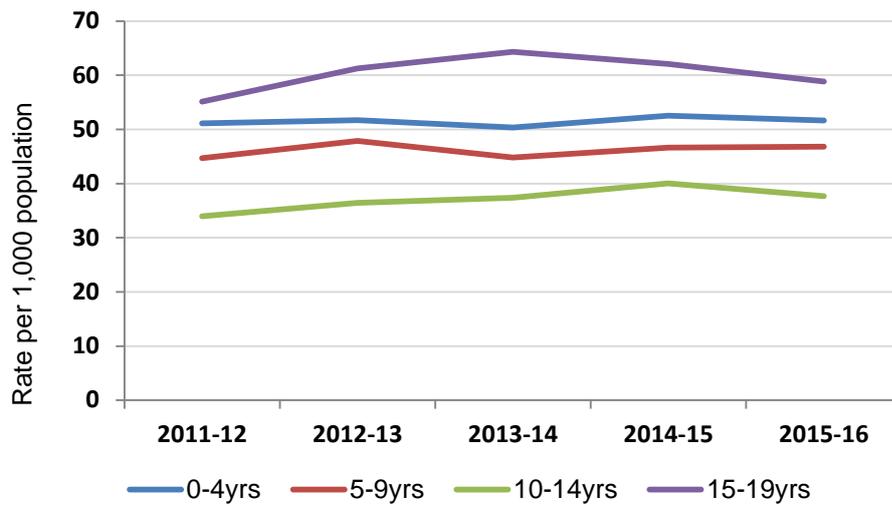
4.6.7 Urgent Care Use

In 2014-15 there were over 19,000 A&E attendances of 0-4yr olds in Bradford. This does not represent 19,000 different children as the same child may have multiple attendances. A&E attendance rates follow a similar trend to the England and regional average, but are below these figures, at 466 attendances per 1000 0-4 year olds in Bradford compared to 502 per 1000 and 541 per 1000 for Yorkshire and the Humber and England, respectively in 2014/15. Bradford is ranked 10th out of its 15 nearest statistical neighbours in relation to this. (63) No data are available regarding the reasons for A&E attendance.

4.6.8 Elective hospital admissions

On average, over 7,000 0-19 year olds are admitted to hospital for a planned stay (elective admissions) each year in Bradford. The highest rates are seen in the 15-19 year age group, and the lowest among those aged 10-14 years (*figure 72*). (80)

Figure 72: elective admission rates in Bradford, by 5 year age group



Source: (80)

A substantial proportion of all elective admissions can be attributed to five diagnoses for each 5-year age band (*table 5*). It can be seen that some of these admissions are potentially avoidable: for example, in 2015/16 there were 436 elective admissions for dental caries in children aged 0-14 years. (80)

Table 5: Top 5 elective admissions by primary diagnosis as a proportion of each age band, 2015-16

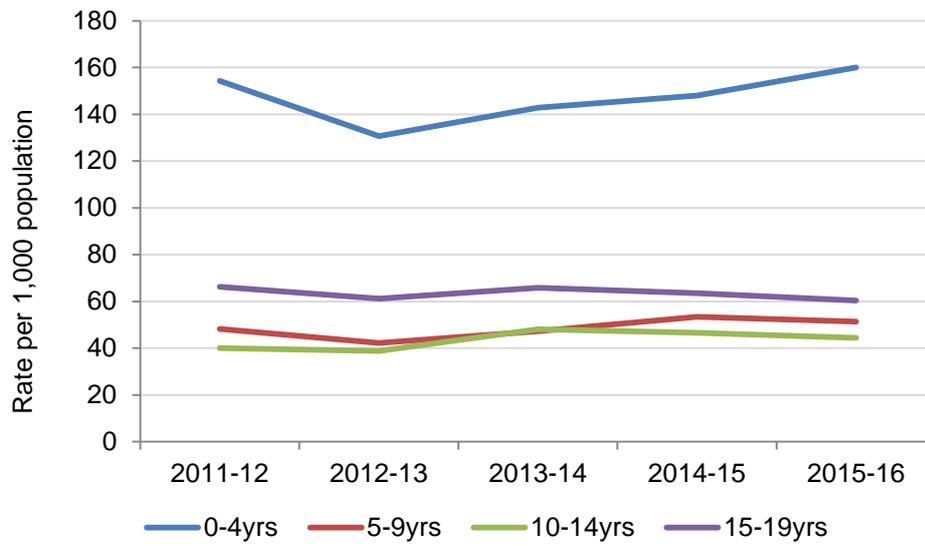
	0-4yrs	5-9yrs	10-14yrs	15-19yrs
Number of admissions	2,108	1,907	1,376	2,099
1	Dental caries (7.7%)	Lymphoid leukaemia (11.4%)	Thalassaemia (7.0%)	Thalassaemia (8.0%)
2	Lymphoid leukaemia (6.3%)	Dental caries (11.1%)	Juvenile arthritis (5.2%)	Medical abortion (6.9%)
3	Inflammatory diseases of the middle ear (4.1%)	Inflammatory diseases of the middle ear (4.1%)	Lymphoid leukaemia (5.0%)	Crohn's disease (3.2%)
4	Acute tonsillitis (3.0%)	Acute tonsillitis (5.6%)	Dental caries (4.5%)	Hodgkin lymphoma (2.8%)
5	Chronic diseases of tonsils and adenoids (2.6%)	Thalassaemia (3.6%)	Acute tonsillitis (3.6%)	Acute tonsillitis (2.5%)
Total	23.7%	43.4%	25.2%	23.3%

Source: (80)

4.6.9 Non-elective admissions

On average, over 11,000 0-19 year olds are admitted to hospital as an emergency (non-elective admissions) each year in Bradford. The highest rates are seen in 0-4 year olds (figure 73). For example, in 2015/16 there were 12,397 non-elective admissions to hospital of 0-19 year olds, over half of which were of children aged 0-4 years. (80)

Figure 73: non-elective admission rates in Bradford, by 5-year age band



Source: (80)

Again, a substantial proportion of all elective admissions can be attributed to five diagnoses for each 5-year age band (*table 6*).

Table 6: Top 5 non-elective admissions by primary diagnosis as a proportion of each age band, 2015-16

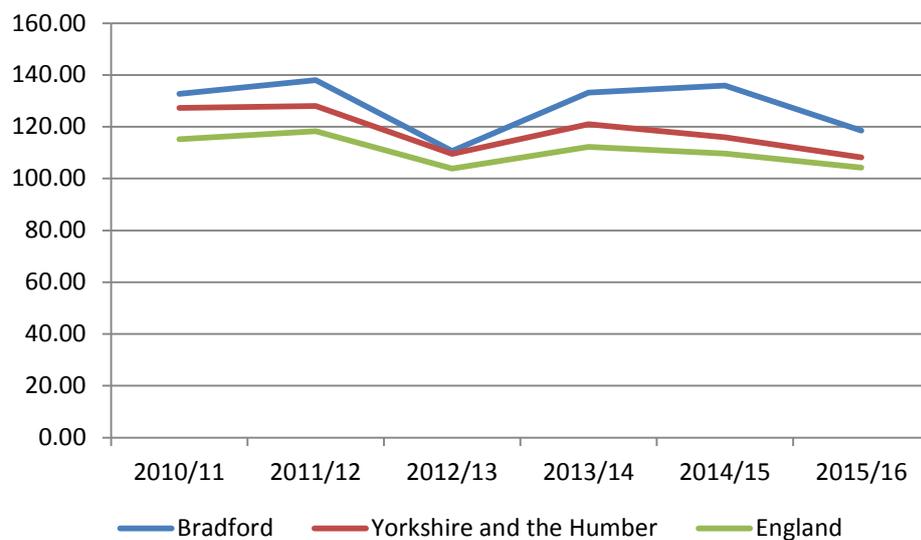
	0-4yrs	5-9yrs	10-14yrs	15-19yrs
Number of admissions	6,535	2,090	1,618	2,154
1	Viral infection of unspecified site (13.1%)	Asthma (6.5%)	Abdominal and pelvic pain (12.7%)	Abdominal and pelvic pain (12.8%)
2	Acute bronchiolitis (8.0%)	Abdominal and pelvic pain (6.2%)	Fracture of forearm (5.1%)	Poisoning by nonopioid analgesics, antipyretics and antirheumatics (7.4%)
3	Acute upper respiratory infections of multiple and unspecified sites (8.0%)	Viral infection of unspecified site (6.0%)	Asthma (4.2%)	Other disorders of urinary system (2.7%)
4	Unspecified acute lower respiratory infection (5.5%)	Fracture of forearm (3.8%)	Acute appendicitis (3.0%)	Haemorrhage in early pregnancy (2.4%)
5	Viral and other specified intestinal infections (4.0%)	Viral and other specified intestinal infections (3.7%)	Poisoning by nonopioid analgesics, antipyretics and antirheumatics (2.5%)	Pilonidal cyst (2.2%)
Total	38.6%	26.3%	27.5%	27.5%

Source: (80)

4.6.10 Unintentional and Deliberate Injury

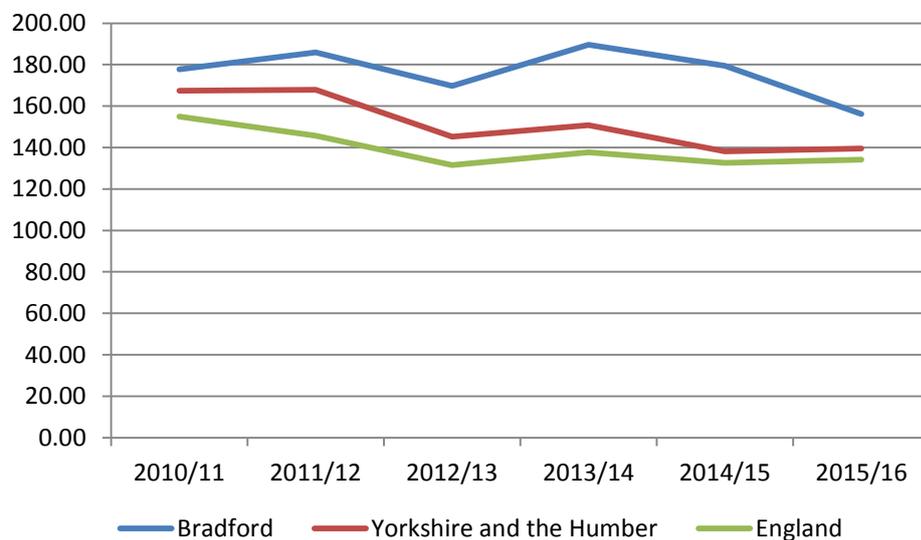
Bradford has a higher rate of unintentional and deliberate injury in both the 0-14 year population, and the 15-24 year population than do Yorkshire and the Humber, and England (*figures 74 and 75*). In 2015/16, 1399 children aged 0-14 and 1076 young people aged 15-24 years were admitted to hospital as a result of an injury. (78) These figures are the tip of the iceberg: only those with the most severe injuries or where there is a concern over the welfare of the child or young person will be admitted to hospital. Many others will attend an urgent care facility and be discharged home with treatment or advice, and still more will not attend anywhere following an injury.

Figure 74: Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14



Source: (78)

Figure 75: Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24

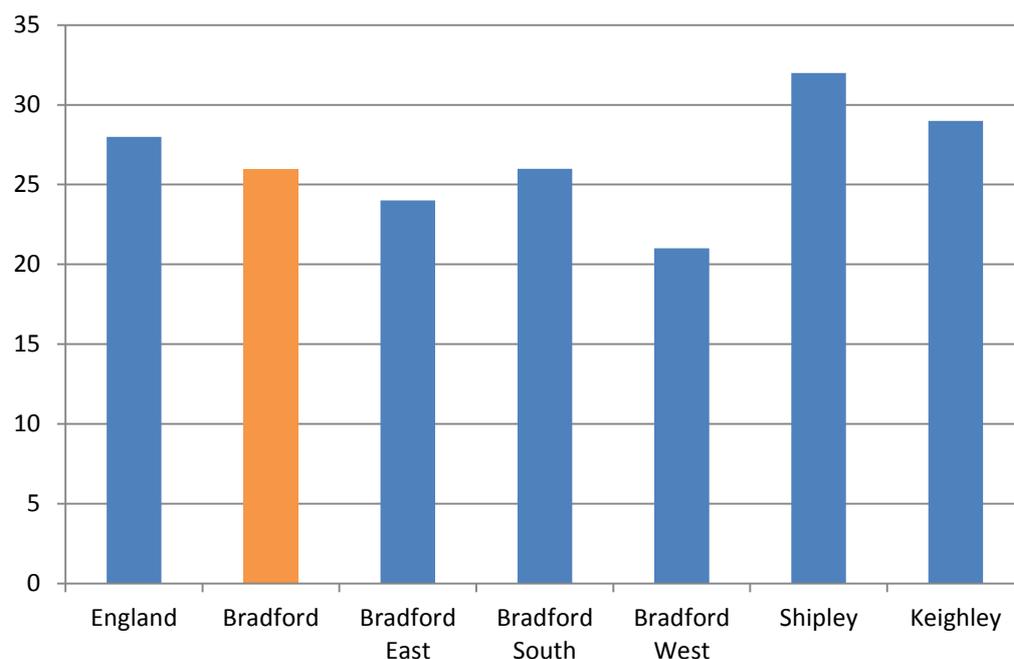


Source: (78)

4.7 Emotional Wellbeing

The Young People’s Lifestyle Survey in 2013 found that 26% of year 4 pupils (aged 8 or 9 years) reported having high self-esteem in Bradford, compared to 28% in England as a whole. This figure varied across Bradford, from the lowest proportion in Bradford West (21%) and Shipley (32%) (figure 76). (74)

Figure 76: Percentage of Year 4 pupils with high self-esteem scores



Source: (74)

The What About YOUth survey in 2014/5 also found a higher proportion of 15-year olds in Bradford reporting low life satisfaction when compared with Yorkshire and the Humber and England, at 15.4% compared to 13.1% and 13.7% respectively. (78)

4.8 Mental Health

A comprehensive Health Needs Assessment in 2015 focusing on Children’s Mental Health in Bradford (81) estimated that, based on national survey data applied to Bradford’s population, there were “just under 8,500 children aged between 5 and 15 with diagnosable mental health disorders in Bradford. Between three and four children in every secondary school classroom are likely to have some form of mental health difficulty.”

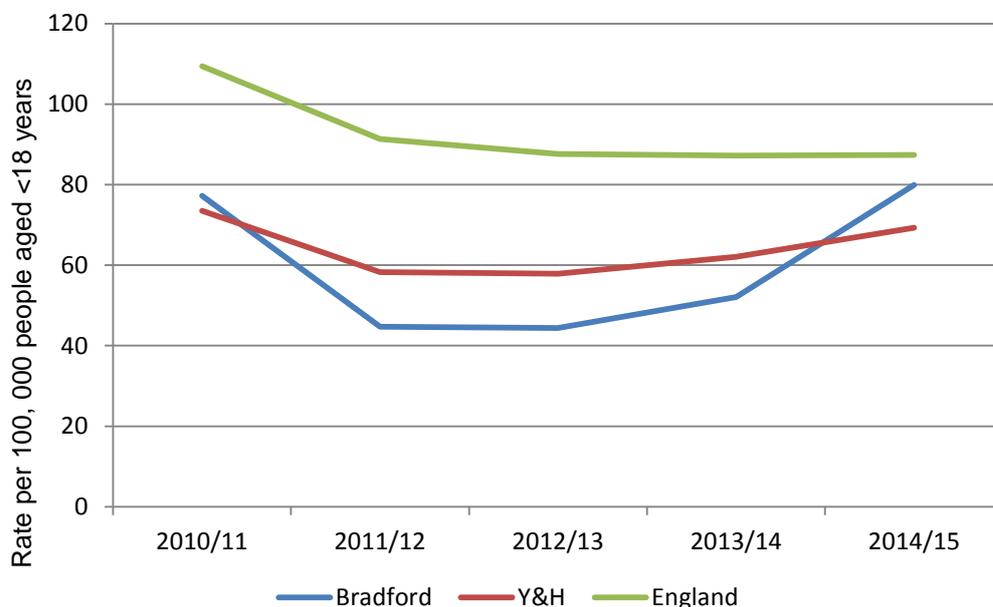
A further 10% of children were estimated to have lower level emotional difficulties, leading to a very rough estimate of 17,000 children in Bradford with some level of emotional or mental health difficulty, rising to 23,600 by 2025.

The review also found that referrals to the Child and Adolescent Mental Health Service (CAMHS) had risen by 16% between 2012/13 and 2013/14, with an increase of 20% in the active caseload for specialist CAMHS between March 2013 and October 2014. Pressure on all services was increasing, with higher numbers of cases and increasing complexity. The review also found that:

Professionals describe a large group of children who present with complex and often disruptive behaviour, particularly in school, but who may fall into a 'grey area' in the absence of a diagnosis of any specific mental health difficulty or developmental condition (eg ASC, ADHD).

The rate of hospital admissions of people aged less than 18 years for mental health conditions has for the past few years been lower in Bradford than regionally or nationally. However, the rate has been increasing in recent years, and in 2014/15 was higher than that of Yorkshire and the Humber, at 80 admissions per 100,000 young people, and approaching that of England (figure 77). (78)

Figure 77: Child hospital admissions for mental health conditions

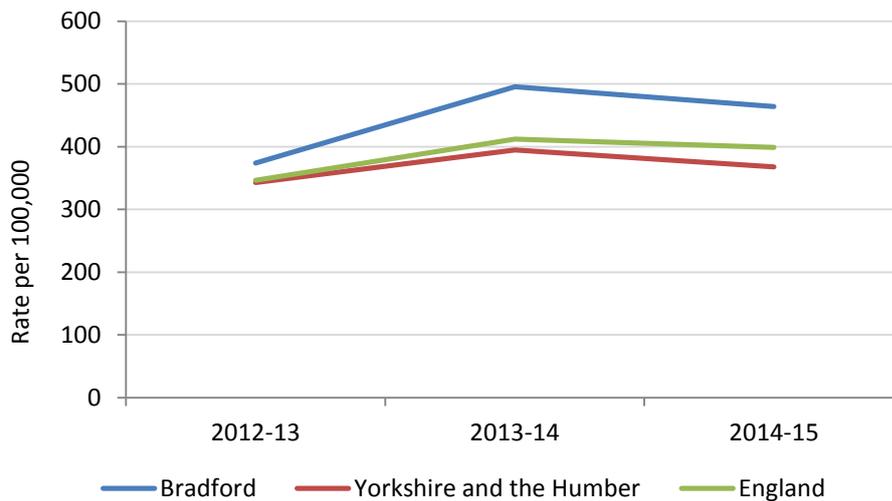


Source: (78)

4.8.1 Self-harm

In 2014-15 there were nearly 500 admissions as a result of self-harm in 10-24yr olds in Bradford; a rate of 464 admissions per 100,000 young people of this age group. Admission rates in Bradford are above those for the England and regional averages, but follow a similar trend (figure 78). Bradford is ranked 6th out of its 15 nearest statistical neighbours in relation to this. (78)

Figure 78: Hospital admissions as a result of self-harm, 10-24 year olds.

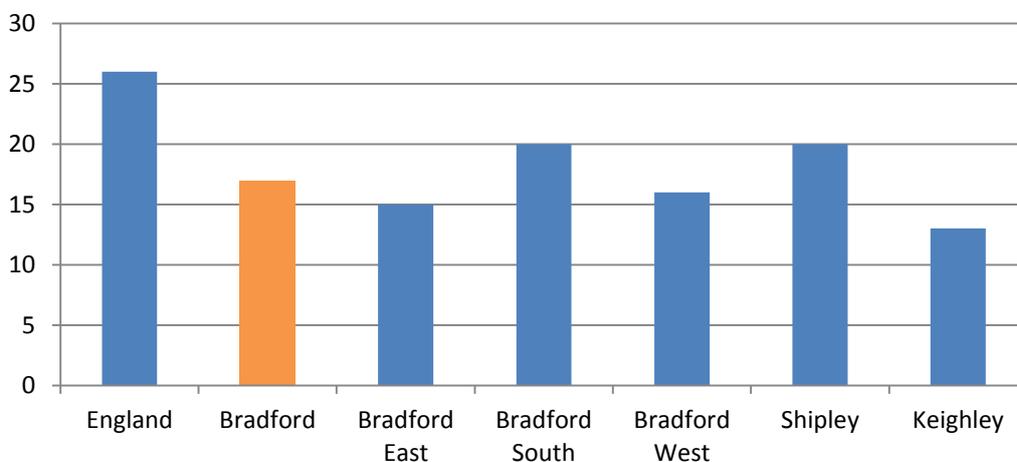


Source: (78)

4.8.2 Bullying

In the Young People's Lifestyle Survey of 2013, 17% of Year 10 pupils (aged 15 and 16 years) reported being bullied at or near school in the last year. This was lower than the England average of 26%. Again, there was variation within Bradford for this (figure 79). (74)

Figure 79: Percentage of Year 10 pupils who were bullied at or near school last year



Source: (74)

According to the What About Youth survey, 54.1% of 15 years olds stated they were bullied in the past couple of months. Again, this is lower than the average for both England and the region. (78)

4.8.3 Barnardo's Healthy Minds consultation

In April 2016, the Barnardo's Healthy Minds participation worker undertook a consultation exercise: "Regarding Health Service Planning for Children and young people". This consultation focused on children and young people engaged in mental health services, and generated the following 10 "tips" for those planning services:

1. **Local:** Make health services local to us in safe, easy to access places that we are not intimidated to go to.
2. **Equality:** Our health services should treat us all with the same respect no matter our ethnicity, disability, gender, identity, sexuality, age, culture, background, beliefs and status.
3. **Participation:** All health services should be assessed how young people friendly they are by engaging young people in mystery shopping, undertaking DOH (Department of Health) You're Welcome standards and promoting participation with their potential, existing and ex-service users.
4. **Access and communication:** Health services must be easy to find out about when we are looking for them and easy to understand and communicate with when using them.
5. **Timing:** Young people should have easy referral routes rather than jumping through hoops via GP or school nurses hoping a timely referral will be made and then picked up. Young people should have immediate assessments within a few days to prioritise the urgency before they are put on lengthy waiting lists. This way the urgent cases will be seen straight away rather than left until something serious happens.
6. **Young people friendly:** The health intervention you use with us needs to be less formal, more approachable and friendly so that we as young people feel comfortable using your services. Formal intervention is scary, disengaging and meant for much older adults with more independency, experience of managing their own care and understanding of their rights.
7. **Provision/ Social opportunities:** Health services should not just consider the physical/ emotional and mental health of an individual. They should promote and educate young people how to socialise and interact with peers and their communities.
8. **Transition:** Age is just a number – do not transition us too soon. When looking at Transitions do not just look at our physical age. It is important for young people to be treated by a service appropriately to their age that they feel emotionally and mentally rather than just their physical age. We may not be ready to be treated as adults by services even when we reach 18 years old. When you do transition us support us through this process, think about where you are sending us, who is it with, what age are the other people. Services should be delivered age appropriately e.g. a young adults services not a much older adults services. This is very intimidating.

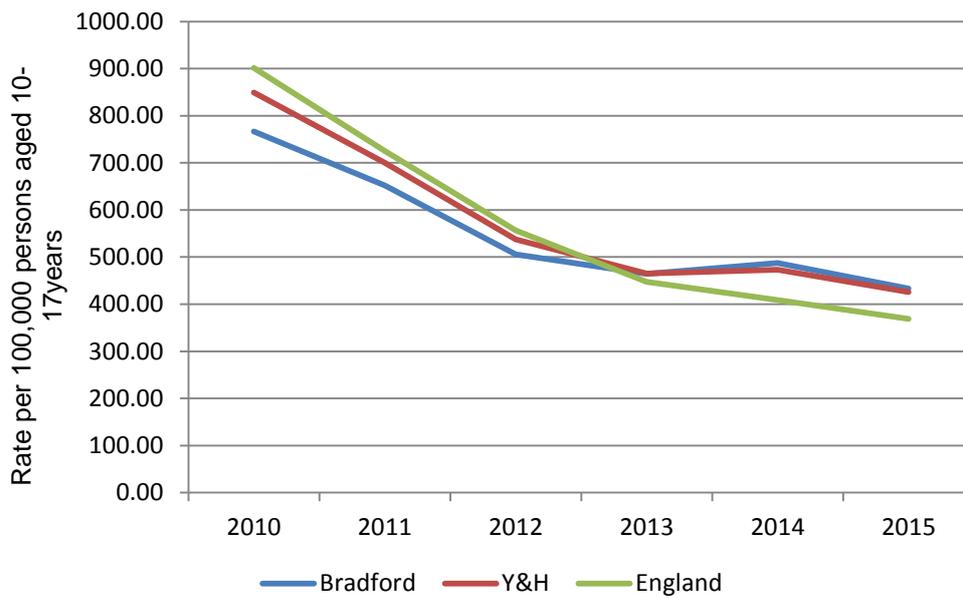
9. **Staff:** Services should do their best to keep workers and service they provide stable and dependable. Do not change the workers all the time interrupting the care we get. If a worker goes off sick or on Maternity/ Paternity please replace them quickly and help the relationship be built with the new worker correctly.

Support: Provide family and friends with the right help and information on how to support us correctly when we are not well.

4.9 Youth crime

In 2015, 434 young people received their first conviction, caution or youth caution per 100,000 people aged 10-17 years old (*figure 80*). This amounted to 251 young people in total. (72)

Figure 80: First time entrants to the youth justice system



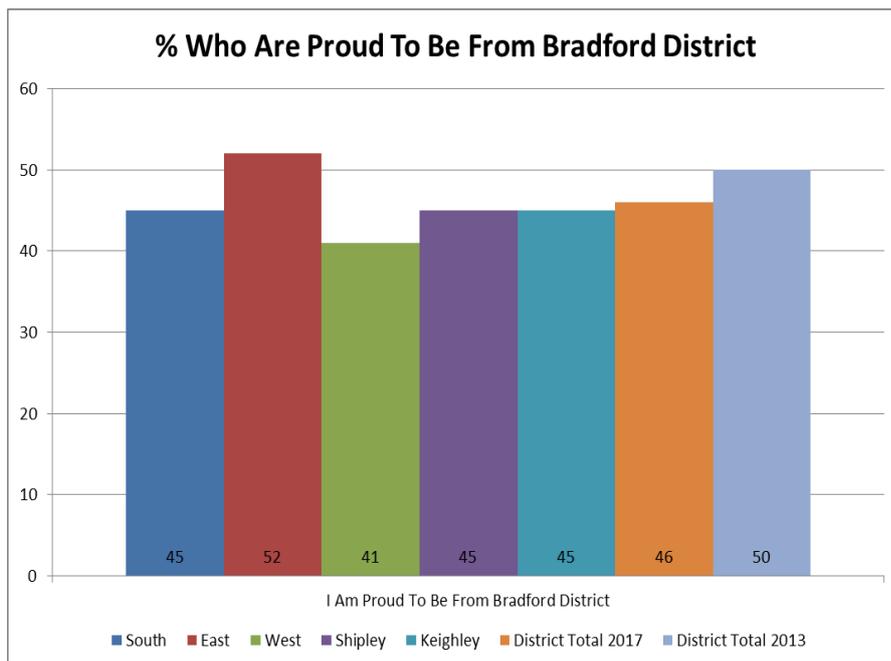
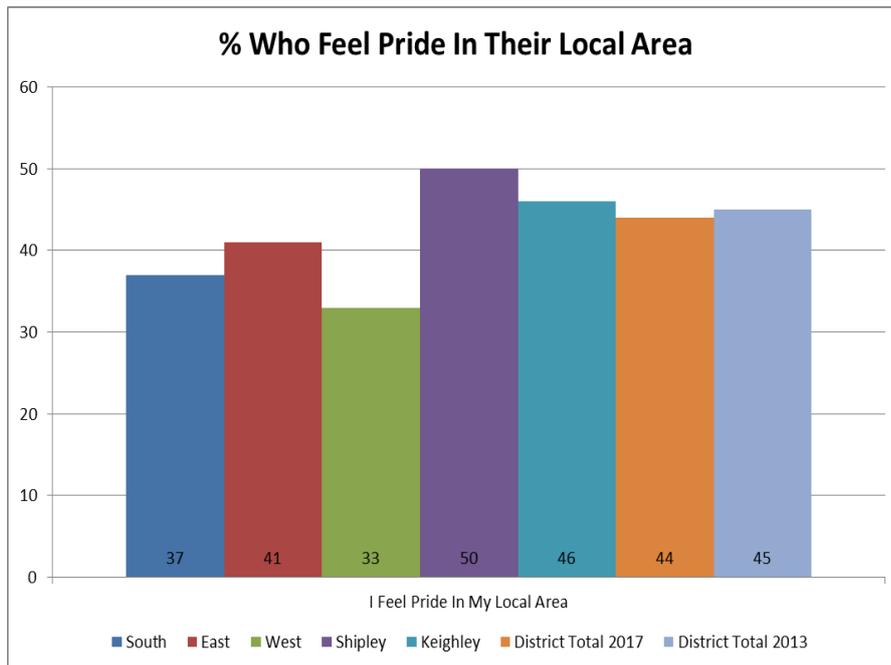
Source: (72)

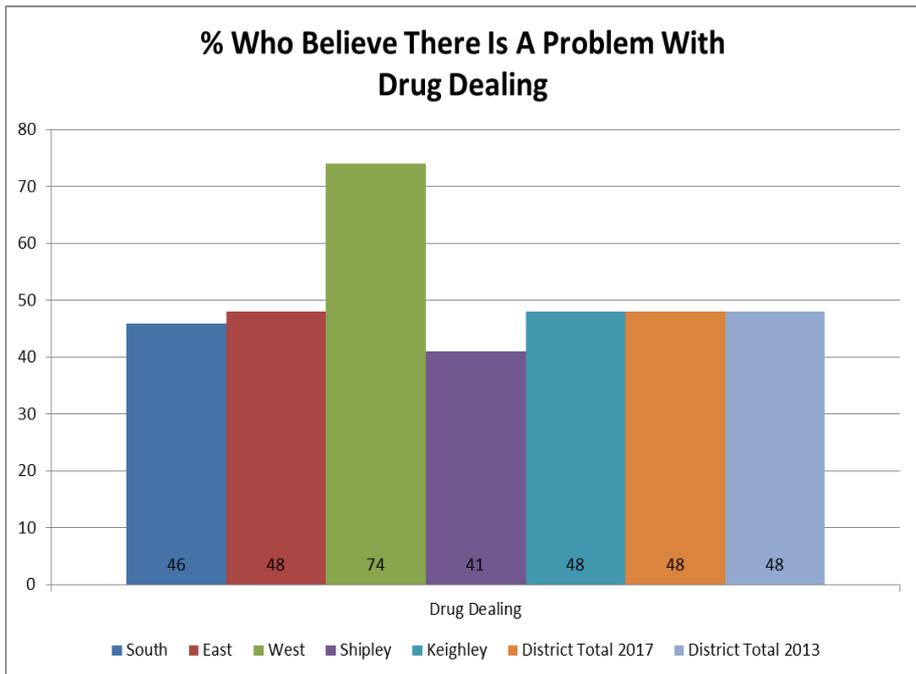
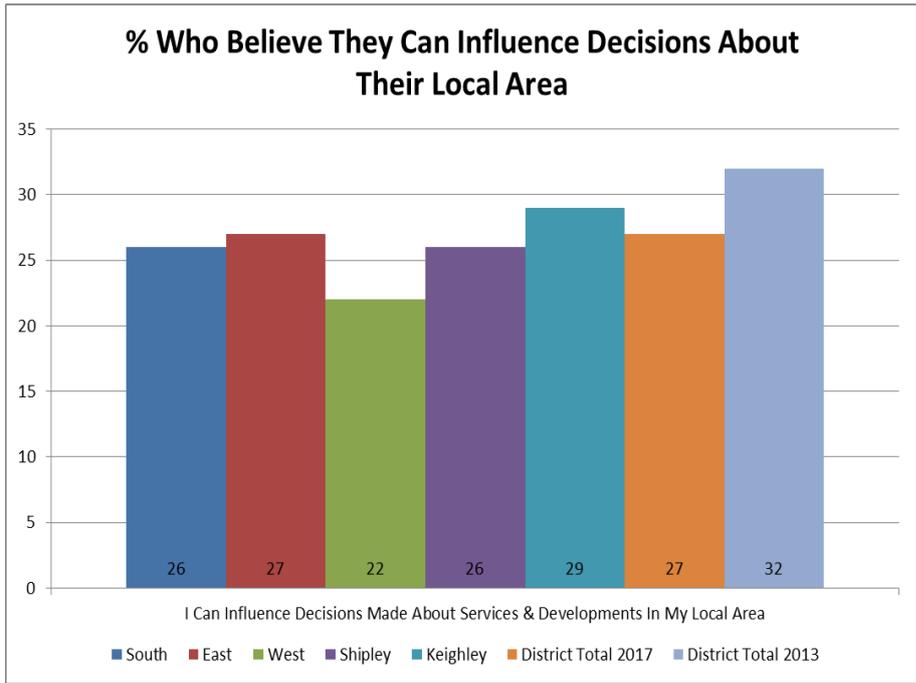
In recent years the trend has been decreasing, reflecting the trend in Yorkshire and the Humber, and in England. However, the decrease in Bradford has been slower than that in England. As a result, the rate of convictions is now higher in Bradford than in England, which in 2015 had a rate of 369 first time entrants to the youth justice system per 100 000.

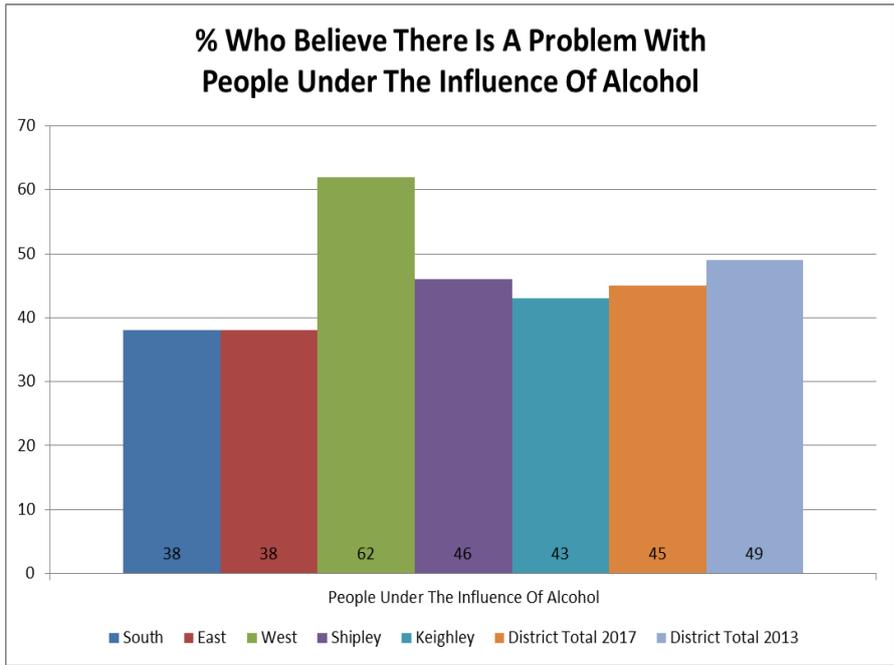
4.10 Young people's views about their local area

In 2017, Bradford Council's Department of Place undertook a Young People's Survey. This was previously done in 2013, and covered topics such as feelings about the local area, involvement in community activities, access to information about health and wellbeing, drugs, alcohol and anti-social behaviour. Around 1700 young people responded to the survey, which was promoted predominantly in youth groups and services, but also through schools and religious institutions.

The following few figures are excerpts from this survey.







4 Recommendations

The Needs assessment for Families in Bradford and Airedale resident in Bradford district was produced to inform the development of a new model of services for children aged 0-19 years and up to 25 years for children with special educational needs and disabilities as part of the transformation and integration approach for the district. It followed a report by KPMG on the 'Transformation of early years and early help: opportunities for 2020' as outlined in section 2.2 and this work is being taken forward by Children's Services together with all key partners via the Prevention and Early Intervention Board.

The new model will have a strong focus on prevention and early intervention to support and empower families to improve their children's health, wellbeing and development to ensure their children arrive at school ready to flourish and they continue to be healthy, emotionally resilient and achieve at school throughout their childhood and early adulthood.

Hence, all children and young people will be able to achieve their potential both at school and in the rest of their lives whatever background they come from as outlined in the 'Great Start Good Schools' section within the Bradford Council Plan 2016-2020 and also the Children, Young People and Families Plan 2017-2020, Integrated Early Years Strategy 2015-2018 and other key local Strategies and Plans as outlined earlier in section 2.2 .

Key Recommendations arising from the Needs Assessment are :

General principles:

- 1. Robust governance, accountability and data-sharing agreements** to be developed between all partners involved in children's services (including health, public health, education, social care, and VCS). This will ensure that services are aligned and working towards a common goal, as well as improving services' ability to safeguard vulnerable children and young people
- 2. A common outcomes framework should be developed** and agreed based on the existing plans, which is shared by all partners
- 3. A strong universal offer must be maintained with a particular focus on pregnancy and early years**, with routine contacts for all Bradford's children in order to support every family, identify vulnerable children and young people, and prevent early issues leading to more significant problems
- 4. Focus on improving outcomes overall and reduce inequalities** across Bradford district by ensuring access to evidence-based and outcome focused services for all families and their children and young people, particularly in for those with greatest need
- 5. Ensure children and young people and their families are involved** at an early stage in systems and service design

Specific areas to focus on highlighted by the data for families with additional challenges are:

- 6. Ensure a focus on evidence based interventions in pregnancy and early years** to ensure all children arrive at school ready to learn and obesity and infant mortality rates reduce and oral health improves currently via the Integrated Early Years Strategy and action plan for children aged 0-7 years
- 7. Focus on evidence-based preventative services and interventions in schools and other settings** including those to reduce smoking, substance misuse and promote healthy weight, good sexual health and emotional wellbeing to reduce teenage conception rates, smoking, substance misuse and obesity in young people
- 8. Work with young carers** to enable them to thrive in education and social development
- 9. Targeted intervention work with families and parents with Adverse Childhood Experience (ACE) risk factors** within the household, including abuse and/or neglect, substance misuse, incarceration, domestic violence and mental illness
- 10. Deliver evidence-based parenting interventions as part of the core offer** in areas with low uptake of 2-year old childcare provision
- 11. For common childhood illnesses and children with long-term conditions, empower parents and young people to understand and manage their health**, using education and partnership work with healthcare professionals through the self-care work-streams
- 12. Ensure strong focus on children and young people's mental health and emotional wellbeing** through effective delivery of the 'Future in Mind' work streams
- 13. Children's services, the police and youth justice to consider the causes and impact of crimes committed by and inflicted on children and young people** and ensure appropriate interventions and support are in place to reduce crime affecting children and young people
- 14. Develop a local Poverty Strategy** which will include a focus on families and their children and young people to reduce inequalities and the impact of poverty on outcomes for children and young people

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