



# **Berkshire West 0-19s**

## **Health Needs Assessment 2020**

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## Executive Summary

### Introduction

The local authorities in Wokingham, Reading and West Berkshire have taken the decision to jointly commission the Healthy Child Programme and therefore services for children and young people aged 0-19 years. This was originally intended to have a start date of 1<sup>st</sup> April 2021. However, due to the impact of the Coronavirus pandemic, this start date has been deferred to 1<sup>st</sup> April 2022.

Prior to the decision to defer the start date, this Berkshire West 0-19 Health Needs Assessment (HNA) was undertaken in order to inform the commissioning process. The HNA has incorporated elements of three different approaches: Epidemiological, Comparative and Corporate, in order to provide a comprehensive assessment of the health and wellbeing of children and young people across these three local authorities.

A variety of data sources were used to compile the HNA. It was agreed that an evidence review or analysis of effectiveness would not be included as this has been published previously through the Healthy Child Programme, Early intervention foundation and Public Health England's "What does good look like". Performance and activity information for the current Health Visiting and School Nursing provider were included where possible. Although the HNA did not include specific consultation or engagement, information gathered through other consultations was included where appropriate. The first draft of the HNA was circulated for feedback in February 2020 and a workshop was held to agree initial findings. The workshop included representatives from Berkshire West Clinical Commissioning Group, all three local authorities including Public Health, Education, Early Years, and Children's Social care teams. Other key local authority departments such as Housing, Planning and Business intelligence were also asked for their input.

### Covid-19 impact on children and young people

The coronavirus pandemic has had huge impacts on the lives of children and young people and the services that exist to support them. As we move to planning for future services, we need to take these impacts into account but also take advantage of the opportunities that are present too. A Covid-19 impact assessment can be found at Appendix 1.

The Health Needs Assessment was completed prior to the coronavirus pandemic.

## Key findings

### What do we know about the children and young people in Berkshire West?

In 2018, there were an estimated 124,146 children and young people (0-19 years) across Berkshire West out of a total population of 490,427. They make up 24.6% of the population in West Berkshire, 25.6% of the population in Reading and 25.7% of the population in Wokingham. Population projections indicate that following an initial increase in the proportion of children and young people in Berkshire West, there will then be a steady decrease. It is believed that Berkshire West will continue to have a higher proportion of children and young people compared to England on average. The ethnic minority population varies significantly across Berkshire West, with Reading having a more ethnically diverse population compared to the other two local authority areas. In 2018, 35% of births in Berkshire West were to mothers who were not born in the UK. This proportion has increased since 2009. Children and young people from an Asian/Asian British background make up the largest ethnic minority group. In January 2019, 37% of pupils who attended state-funded primary schools in Berkshire West were from a minority ethnic group.

In 2018, there was a net increase of children and young people into Berkshire West as a result of internal migration. Reading has more children aged 0-14 moving out of the area, compared to moving in but then has a large increase of young people aged 15-19 moving in, as expected for a university town. In comparison, West Berkshire and Wokingham both have more children aged 0-14 moving into the area.

In terms of the age profile for the each of the three local authorities: In Reading, 7.1% of the population are aged 0-4 with 15.6% aged 5-17. In Wokingham, 6.0% of the population are aged 0-4, with 17.7% aged 5-17 and in West Berkshire 5.7% are aged 0-4 with 16.8 aged 5-17. Areas with the highest percentage of children aged 0-4 tend to be neighbourhoods in more urban areas.

Local data on sexual orientation is not available, however the latest findings from the national 2017 Mental Health Survey indicate that 10.2% of those aged 14-19 identify as non-heterosexual.

### Deprivation

In 2019, an estimated 10% of children aged 10-15 were affected by income deprivation in Berkshire West, as measured by the Income Deprivation Affecting Children Index (IDACI). Overall, this was a reduction in 12% since 2015. However, this masks an unequal distribution of income deprivation across the three local authorities. In Reading, 16% of children aged 0-15 are affected by income deprivation, ranging from 1% to 41% depending on the neighbourhood. This has improved from 20% in 2015. In comparison, 9% of children in West Berkshire and 6% of children in Wokingham are affected by income deprivation. This number also varies within each local authority, ranging from 1% to 31% in West Berkshire and 1% to 23% in Wokingham.

## Housing and Homelessness

The number of households across Berkshire West has increased since 2011, which has included some large housing developments. In 2016, the six Berkshire local authorities commissioned a Strategic Housing Market Assessment (SHMA), concluding that between 2013 and 2036, 2,220 additional homes were needed in Berkshire West, with 47% of these required to be affordable housing. The House Price Index for November 2019 indicated the average house price for first time buyers in Reading was £261,130, compared to £276,521 in West Berkshire and £329,400 in Wokingham.

In 2017/18, 269 households with dependent children or pregnant women were accepted as unintentionally homeless in Berkshire West. The rates of family homelessness and homeless young people are significantly worse in Reading than both the rest of Berkshire West and compared to the national picture.

## Education

There are 198 state-funded schools in Berkshire West, with an additional 3 pupil referral units and 30 independent schools. The proportion of pupils who are eligible and claiming free school meals in Berkshire West was 7.9% in 2018, significantly lower than the national average. In 2017/18, 3.6% of primary school sessions and 4.7% of secondary school sessions were missed due to pupil absence in Berkshire West.

Pupil absence rates have increased, but remain significantly lower than the national average. In 2017/18, 7% of primary school pupils and 12% of secondary school pupils were identified as persistent absentees in Berkshire West schools (missed 10% or more of the possible sessions). There is an uneven distribution of this across Berkshire West with a much higher proportion of persistent absentees in Reading primary and secondary schools.

The number of children and young people who are Electively Home Educated (EHE) has increased in all three Berkshire West local authorities in recent years. In 2018/19, there were 215 families EHE in Reading, 171 in West Berkshire and 173 in Wokingham.

In 2018/19, the % of pupils who had a good level of development at the end of reception (school readiness) was 69.2% in Reading, 74.6% in West Berkshire and 77.1% in Wokingham. The figure for Reading was significantly worse than the national average. In West Berkshire, the % of pupils with free school meals who had a good level of development at the end of reception (41.4%) was significantly worse than the national average. In comparison, the figure for Reading (56.5%) and Wokingham (50.7%) were both similar to the national average.

Both West Berkshire and Wokingham had a significantly lower percentage of children in Year 1 on free school meals achieving an expected level in phonics screening, compared to the national average. In Reading, the percentage of pupils at Key Stage 2 achieving the expected standard in reading, writing and maths in 2018, was significantly lower than the average for England. This indicator was significantly better in West Berkshire and Wokingham, compared to the average for England.

## Employment

Employment, unemployment and economic inactivity rates vary across Berkshire West. The employment rate (aged 16-64) in 2018/19 was 76.8% in Reading, 81.2% in West Berkshire and 81.9% in Wokingham, compared to 75.6% for England. The main reasons for economic inactivity across Berkshire

West include being a student, looking after family or being retired (West Berkshire and Wokingham). Approximately 9% of households across Berkshire West were defined as workless in 2018 (no occupant aged 16-64 was in employment), compared to 14% nationally.

Young people who are not in education, employment or training (NEET) are at a greater risk of a range of negative outcomes, including poor health, depression or early parenthood. In 2018, 4.4% of those aged 16-17 in Berkshire West were NEET, lower than the national average of 5.5%. However, this varied across the three local authorities, with higher rates in Reading (7.5%) when compared to both West Berkshire (1.7%) and Wokingham (4.5%).

## Crime and offending

Berkshire West has lower levels of criminal activity than England, including lower rates of: first time offences, first time entrants to the Youth Justice System and re-offending rates. However, levels of crime vary considerably across the area with rates of each of these offences being higher in Reading when compared to the two other Berkshire West local authorities. In 2017/18, there were 69 crimes per 1,000 households across Thames Valley, but this rate was 100 per 1,000 households in Reading. In addition, 4 neighbourhoods in Reading were in the 10% most crime deprived areas in England, including areas in Whitley, Norcot and Southcote wards. In contrast, no children in either West Berkshire or Wokingham live in the most crime deprived quintile nationally.

## Healthy environments

Over 12,000 children and young people (0-19) in Berkshire West live in neighbourhoods that are in the least healthy quintile nationally, as measured by the Access to Health Assets and Hazards (AHAH) index. This is the highest in West Berkshire (22% of 0-10 year olds) and usually due to lack of access to health services and access to green spaces. In Reading, the main impact is the retail environment such as proximity to fast food outlets, pubs, off licenses, tobacconists and gambling outlets, meaning that 7% of those aged 0-19 live in the least neighbourhoods that are in the least healthy quintile nationally. In Wokingham, this is much lower at only 2% of those aged 0-19.

## Health and wellbeing

### Fertility rates and stillbirths

The total fertility rate (TFR) across the local authorities in Berkshire West have all decreased over the last 5 years, reflecting the national picture.

From 2016-2018, there were 77 stillbirths in Berkshire West at a rate of 4.4 per 1,000 live births, similar to the national rate of 4.2 per 1,000 live births. Smoking in pregnancy can be a contributing factor to risk of stillbirth. In 2018/19, 5.6% of mothers who gave birth in Berkshire West were smokers at the time of delivery, significantly lower than the national figure of 10.6%

### Perinatal mental health

Modelled estimates for Berkshire West suggest that between 545 and 1,090 mothers experienced perinatal mental health problems in 2018. The most common mental health issue based on national estimates is mild-moderate depressive illness and anxiety (estimated to impact 10-15% of mothers). In

2018/19, the current Health Visiting service for Berkshire West identified that 3.5% of mothers required an onward referral for support following their Maternal Mental Health Review (a currently commissioned service).

### Low birth weight

In 2017, 2.5% of term babies were born at a low birth weight (less than 2,500g with a gestational age of at least 37 complete weeks), compared to 2.8% nationally.

### Infant mortality

Infant mortality rates can indicate the general health of an entire population as they reflect the health and care of mothers and newborns. Berkshire West's infant mortality rate has continued to reduce since 2010-12 and during 2016-18 it was 3.6 per 1,000 live births, equating to 62 infants who died during that time period.

### Breastfeeding

In 2018/19, 60% of infants were either totally or partially breastfed at 6-8 weeks in Berkshire West. This was significantly higher than the England figure of 46%. There was some variation in the figures across the three local authorities with 63% of infants being breastfed at 6-8 weeks in Reading and 56% in West Berkshire. The data in Wokingham did not meet the minimum data quality standard for reporting.

### Child development at 2 to 2 ½ years

Children are offered a developmental review around their 2<sup>nd</sup> birthday as part of the Health Child Programme. In 2018/19, 79% of eligible 2-2 ½ year olds received a development review, 92% of which were done using the Ages and Stages Questionnaire (ASQ-3). Of these, 92% were meeting the expected levels in all 5 stages.

### Dental health

In 2016/17, 78% of 5 year olds in Reading and 83% of 5 year olds in West Berkshire were free of tooth decay. Information about tooth decay is not available for Wokingham.

### Healthy weight

The overall percentage of children in Berkshire West who have excess weight (obese and overweight) is 19% at reception age (aged 4-5) and 30% at Year 6 (aged 10-11). At both ages, this is lower than the England average (22% for reception and 34% for Year 6). However, this overall figure masks inequalities both between the three local authorities in Berkshire West, and within each local authority when deprivation is taken into account. In Reading, 23.3% of

reception aged children had excess weight (overweight and obese) in 2017/18, compared to 20.4% in West Berkshire and 16.2% in Wokingham. This difference was also seen in Year 6, with 34.3% of children in Reading having excess weight, compared to 28.7% in West Berkshire and 26.1% of children in Wokingham.

## Secondary school aged children

The What About YOUth (WAY) survey in 2014/15 indicated that a significantly higher proportion of 15 year olds in Berkshire West eat 5 proportions of fruit and vegetables per day compared to the national average.

The 2017/18 Active Lives Children and Young People Survey showed that 20% of children aged 5-18 were meeting the Chief Medical Officer's recommendations of at least 60 minutes of physical activity every day. A further 26% were close to these recommendations by doing an average of 60minutes of activity per day across the week. However, 55% of children were not close to reaching these physical activity guidelines.

Nationally, 70% of 15 year olds are estimated to have a mean daily sedentary time of over 7 hours per day, increasing their risk of being overweight or obese. These levels are much lower in Wokingham (63%) and West Berkshire (66%) but are similar to the national picture in Reading (71%).

13% of Berkshire West's 15 year olds are estimated to have 3 or more risky behaviours (smoking, drinking, drug use, poor diet, physical activity), which is approximately 769 children. This is lower than the national prevalence of 16%.

A local survey was undertaken in 2018 to look at the consumption of cigarettes and alcohol among young people of school age in Berkshire West. A total of 1938 pupils aged 11-17 years completed the survey from 10 schools. Self-reported prevalence of smoking and taking drugs was higher in Reading compared to the rest of Berkshire West. The proportion of those who regularly drink alcohol was the highest in West Berkshire and similar to the rates for England, whereas these numbers were much lower in Reading and Wokingham.

## Hospital activity for children and young people

In 2018/19, there were 54,720 A&E attendances for children and young people aged 0-19 in Berkshire West at a rate of 441 attendances per 1,000 population. This was an 18% increase on 2012/13 figures. Babies under 1 have a much higher attendance rate, followed by children aged 1 to 4. Reading has consistently higher attendance rates for all age groups, compared to the rest of Berkshire West.

In 2018/19, there were 6,965 emergency hospital admissions for children and young people aged 0 to 19 in Berkshire West at a rate of 56 attendances per 1,000 population. Berkshire West admission rates have increased by 7% since 2012/13, but these changes vary between different age groups and across the three local authorities. Most notably, young people aged 16-19 have seen a 54% increase in emergency hospital admissions over the last 6 years in Berkshire West, a change which has been seen across all three of the local authorities.

The emergency admission rate in Berkshire West is associated with deprivation. In 2016/17 to 2018/19, the admission rate for children and young people living in the most deprived quintile was 23% higher than the least deprived quintile. The main reasons for admission was diseases of the respiratory system (20% of all admissions), followed by certain infectious and parasitic diseases and symptoms not elsewhere classified (17% of admissions each).

## Mental Health and Wellbeing

The 2017 Mental Health of children and Young People in England survey found that 13% of children and young people aged 5 – 19 had at least one mental health disorder and 5% met the criteria for 2 or more disorders. The prevalence by age group was as follows:

- 5.5% of 2-4 year olds have at least one mental health disorder
- 9.5% of 5-10 year olds have at least one mental health disorder
- 14.4% of 11-16 year olds have at least one mental health disorder
- 16.9% of 17-19 years have at least one mental health disorder

Behavioural disorders were more common in the youngest years, with emotional disorders becoming more common as children get older. Between 11-19 years, girls were more likely to have emotional disorders, whereas boys were more likely to have behavioural disorders.

Potential risk factors and predictors for mental health disorders have been categorised into:

- Demographic factors: sexual orientation, ethnic group, physical disability and health
- Social and family related factors: family functioning, parental mental health, adverse life events, social support and participation
- Socio-economic factors: lower income households, receipt of benefits, neighbourhood deprivation.

In 2018/19, there were 115 hospital admissions for mental health conditions among children and young people aged 0-19 in Berkshire West, at a rate of 91 per 100,000 population. Out of these, 72% were for the 15 – 19 age group, 54% were for girls and young women.

Self-harm can be indicative of major mental distress. The majority of young people who do self-harm, will either not harm themselves in a way that needs medical treatment, or they will deal with it themselves. From 2015-17, there were 845 admissions for self-harm for children and young people aged 10-19 in Berkshire West. This was a rate of 478 per 100,000 population and a 106% increase on admission rates during 2011-13. The majority of hospital admissions for self-harm were for young people aged 15-19 (83%) and for females (82%). The highest rate of admissions for self-harm in children and young people was seen in Reading, with a rate of 528 per 100,000 population.

## Sexual health

In 2018, 17% of 15 to 24 year olds in Berkshire West were screened for Chlamydia, lower than the national figure of 20%. In addition, 947 cases of chlamydia were detected among 15-24 year olds in Berkshire West (1,644 per 100,000 population). This was significantly below the Public Health England's recommendation of 2,300 per 100,000 population. Young people aged 15 – 19 have the second highest rate of new STI diagnoses in Berkshire West, following those aged 20-24. Reading's rate of diagnosis is nearly three times greater than that of West Berkshire and Wokingham.

Teenage conception rates in Berkshire West have shown a steady decline since 2018, reflecting the national picture. Reading's rate of teenage pregnancy has historically been much higher than the national picture and other areas of Berkshire West. However, there has been a significant decrease in conceptions over the last 12 years.

The number of women who have been victims of Female Genital Mutilation (FGM) in Berkshire West is unknown, although the prevalence is likely to be linked to migration patterns from countries where FGM is a normative cultural practice. In 2018/19, approximately 20 women were identified as being victims of FGM in Berkshire West, most being recorded through Obstetric services which typically oversee more risky pregnancies. All of these women were born in Africa or Asia and FGM was undertaken in these countries.

## Immunisation and Vaccinations

The World Health Organisation (WHO) recommends that at least 95% of children are immunised nationally with at least 95% coverage in each local area. The uptake of immunisations varies across the Berkshire West area, with a much higher coverage for children in West Berkshire and Wokingham. Reading's coverage is below the national target for all immunisations for children aged under 5 and below the minimum standard of 90% for many of these (PCV booster, MMR one and two doses, Hib/Men C booster). The level of uptake has also decreased in recent years.

The national human papillomavirus (HPV) immunisation programme immunises secondary school girls to protect them against the main causes of cervical cancer. The first vaccine is offered to females in year 9 (aged 12-13 years) and the second dose 6-24 months later. Coverage levels in Berkshire are higher than the national uptake and exceeded the ambition of 90% coverage in 2017/18.

Seasonal flu vaccine is offered to children aged two and three years old. During the 2018-19 winter season, 45.9% of three year olds in England received the seasonal flu vaccination, whereas coverage was much higher in Reading (48.7%), West Berkshire (65.3%) and Wokingham (62.2%). Equivalent numbers for two year olds were 43.8% of children in England, again with higher coverage in Reading (44.4%), West Berkshire (61.2%) and Wokingham (59.0%). Primary school aged children from reception to year 5 were offered the seasonal flu vaccination through the school delivery programme in 2018/19. The national ambition of at least 65% uptake across all years was met for West Berkshire and Wokingham primary school aged children. The coverage was lower in Reading, but they were still higher than the national average.

## Vulnerable groups in Berkshire West

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, whose health or development will be significantly impaired without the provision of services or who is disabled (Department for Education 2020). Approximately 6% of children in England are in need at some point over the course of a year. These children have poorer outcomes at every stage of education with a widening attainment gap and are more likely to be NEET after age 18. During 2018/19, there were 6313 children in Berkshire West who had a least one episode of need in the year, with nearly half of these children living in Reading. Abuse or neglect was the primary need group across all Berkshire West local authorities, accounting for 45% of all children in need locally.

Local authorities have a responsibility to provide child protection plans for children who are at significant risk of harm through physical, emotional or sexual abuse or neglect. On 31<sup>st</sup> March 2019, there were 500 children who were subject to a child protection plan in Berkshire West, at a rate of 44.5 children per

10,000 population. Nearly half of these children were living in Reading. On 31<sup>st</sup> March 2019, there were 555 looked after children in Berkshire West at a rate of 50 per 1,000 population. While this rate is significantly lower than the national figure, it masks differences across the area. Reading has a significantly higher number and rate of looked after children and this number has been increasing since 2015.

The demographics of looked after children in Berkshire West shows that there are more boys (58%) than girls. The highest proportion are aged 10-15 years (29%) and 65% are white with 17% from a mixed ethnic group. Most (44%) of the children became looked after as a result of abuse and neglect. Approximately 8% were unaccompanied asylum seekers (47 children). Outcomes for Berkshire West children and young people who have been in care for over a year, show that 55% have an identified Special Educational Need, 9% are persistent absentees at school and 13% have had at least one fixed term exclusion in the year. Educational attainment scores are also significantly lower than children who have not been in care.

Local authorities are responsible for safeguarding and promoting the welfare of looked after children, including ensuring access to regular health check-ups. 90% of looked after children aged 5 to 16 in Berkshire West had a Strengths and Difficulties Questionnaire (SDQ) score recorded in 2018/19. 42% of these children had “normal” emotional and behavioural health, 18% had borderline scores and 40% had scores which were a cause for concern. A larger proportion of children in Berkshire West did not have a “normal” score reported when compared to the national picture. Data is limited on accommodation and activity status for those leaving care in Berkshire West as many of the data items have been suppressed to ensure that individuals are not identifiable.

Young carers are defined as children in need and therefore entitled to support from children’s social care. In the 2011 census, 802 children aged 0-15 were identified as providing unpaid care in Berkshire West, approximately 0.9% of the population. A further 1,939 young people aged 16-24 were identified as carers, 3.7% of this population. The amount of care varies, however 129 children (0-15) and 401 young people (16-24) in Berkshire West regularly provided 20 hours or more of care a week in 2011. Young carers providing this level of care are over 3 times more likely to report their health as not good compared to other children without caring responsibilities.

In January 2019, 13.7% of all pupils in Berkshire West State funded schools had a special educational need (SEN) identified and 3.1% of these pupils had an Education, Health and Care (EHC) plan while 10.6% received SEN support. Those with complex needs may require an Education, Health and Care (EHC) plan that provides additional support that mainstream schools cannot usually deliver. The proportion of children with SEN has remained static in Berkshire West over the last 4 years, with some variation across the local authority areas. Most of the children with identified SEN in Berkshire West attend state funded primary schools (46%), with 30% in state funded secondary schools and 11% in special schools. Speech, Language and Communication Needs and Autistic Spectrum Disorder are the most common primary types of need for children with SEN in Berkshire West (18% of children with SEN).

Gypsy, Roma and Traveller (GRT) describes a diverse minority group who come from a range of ethnic groups. GRT are among the most disadvantaged people in the country and have poor outcomes in health and education, including having a life expectancy 10-12 years less than that of non-traveller populations. In 2011, the census identified 545 people from the GRT community in Berkshire West, with over half of these being resident in Wokingham. The census is likely to be an under-estimation.

Adverse Childhood Experiences (ACEs) are stressful events that occur during childhood which can have a significant impact on outcomes in later life. A national study on ACEs in England found that risk behaviours for adults with 4 or more ACEs during childhood were much higher than those who had no ACEs, including being: 4 times more likely to be a high risk drinker; 6 times more likely to be a current smoker; 6 times more likely to have had sex under 16 years of age; 11 times more likely to have smoked cannabis; 16 times more likely to have used heroin or crack cocaine. Local data on the prevalence

and impact of ACEs is not known, it is however clear that the prevention and early identification of these events is essential to the future health and wellbeing of children in Berkshire West.

## Current service provision

### The Health Visiting service

The Health Visiting service leads on the delivery of the Healthy Child Programme (HCP) which is intended to improve the health and wellbeing of children aged 0-5. In October 2015, the responsibility for commissioning children's public health for 0-5 year olds transferred from NHS England to local authorities. Since this time all three Berkshire West local authorities have commissioned Berkshire Healthcare Foundation Trust (BHFT) to continue to provide this service.

There are five mandated visits as part of the Healthy Child Programme:

#### 1. Antenatal Contact

In 2018/19, 2,166 mothers in Berkshire West received an antenatal contact with a BHFT health visitor. This was 71% of mothers who BHFT were notified about from midwifery services and 40% of the estimated number of new mothers. The delivery of these contacts differs across Berkshire West, based on agreed models between BHFT and the individual local authority. In West Berkshire, the universal antenatal contact is delivered through group sessions, with uptake improving since they have moved to the evening. Targeted antenatal contacts are on a 1-1 basis, usually in the family home. Reading also now delivers universal antenatal contacts through group sessions with 1-1 contacts for targeted groups. In Wokingham, the universal antenatal contact is delivered digitally through letters and signposting with targeted antenatal contacts carried out in the home.

#### 2. New birth visits (NBV)

This visit should happen within the first two weeks of life to ensure a continuum of support following on from the final midwife visit at 10 days. In 2018/19, 99% of babies that turned 30 days old in Berkshire West received a face to face NBV from BHFT's Health visiting service, with 94% occurring within 14 days of birth (National figure 89%). In the current commissioned service, the NBV is the only universal visit that is provided by a qualified Health visitor.

#### 3. 6-8 week reviews

In 2018/19, BHFT's Health Visiting Service completed 5,163 6-8 week reviews for babies in Berkshire West with 86% receiving their review before they were 8 weeks old (national figure 85%). There was variation across Berkshire West with the highest proportion of infants aged 8 weeks old receiving a check in Reading (90%). Notably, Wokingham's performance has dipped from 91% in 2016/17 to 79% in 2018/19, now significantly lower than the other two local authorities and the national average.

The 6-8 week review provides an opportunity to identify families who require follow up support and advice. In 2018/19 Q3 and Q4, BHFT provided 99 targeted contacts to families when the baby was 3-4 months old (55 were face to face and 40 via the telephone). This support included listening visit, parenting support and referrals to Talking Therapies and Perinatal Mental Health.

#### 4. 12 month reviews

In 2018/19, there were 5,160 completed 12 month reviews for children in Berkshire West by BHFT. 98% of these were completed by the time the child turned 12 months, with the final 2% completed by 18 months old. A total of 86% of eligible children received this review which meant approximately 789 children did not receive this developmental check.

#### 5. 2 to 2 ½ year reviews

Since 2015, all children in England became eligible for this HCP review as part of the universal health visitor service. Health visiting teams should be using the Ages and Stages Questionnaire (ASQ-3) as part of this review. In 2018/19, BHFT's Health Visiting service completed 4,889 reviews at 2 to 2 ½ years and 92% were done using the ASQ-3. 79% of eligible children reviewed a review during the year, meaning that 1,359 children did not receive this developmental check. In 2018/19, 92% of children completing the ASQ-3 in Berkshire West were meeting the expected levels in all 5 skill areas, significantly higher than the national average. However, 376 children were identified as having one or more skill area that did not meet the expected level, 65% were due to a communication development need. Of these, 73 children were referred onto other services for support.

### Health visiting Caseload

In 2019 Q2 (June – September 2019), there were 35, 431 children on the Health Visiting caseload across Berkshire West. This was a 12% increase on the previous year and cases have increased in complexity. Out of these children, 147 were on a Child Protection Plan, 77 were Looked After Children and 366 were Vulnerable children.

### Clinics and Drop ins

BHFT is also commissioned to provide baby clinics and drop ins across Berkshire West, usually based in Children's centres and other satellite buildings. The number of baby clinics in Q2 of 2019 was 52 in Reading, 54 in West Berkshire and 26 – 30 in Wokingham. A number of speech and language drop in clinics were run in the same quarter, with 25 in Reading, 19 in West Berkshire and 23 in Wokingham.

### School Nursing

The Health Child Programme for children aged 5 to 19 is delivered by the school nursing service. This service also provides targeted support to children or young people who require extra help, or who are identified as vulnerable and at risk of poor outcomes (including poor emotional health and wellbeing, or if child protection or safeguarding concerns). BHFT has been commissioned to deliver this service across Berkshire West since 2015

## Caseloads and contacts

In Term 3 of 2018/19, BHFT's School nursing services had 909 Berkshire West school-aged children on their caseload, equating to 1.4% of the total number of school aged children in that area. In Reading, there were 348 pupils on the caseload which equated to 77 pupils per full time equivalent school nurse. Out of these 121 had a Child Protection plan, 71 were Looked After children and 19 were Vulnerable. In West Berkshire there were 286 pupils on the caseload which equated to 88 pupils per full time equivalent school nurse. Out of these 76 had a Child Protection plan, 95 were Looked After children and 27 were Vulnerable. In Wokingham, there were 275 pupils on the caseload which equated to 87 pupils per full time equivalent school nurse. Out of these 96 had a Child Protection plan, 57 were Looked After children and 12 were Vulnerable.

The number of contacts a school nurse will have with each child varies according to their need. From Jan-March 2019, BHFT School Nurses had an average of 5 contacts per child for children who were on a child protection plan (65 children). This included health assessments and delivering targeted work. The number of contacts for vulnerable children varies as it includes children who already have a Child in Need plan as well as those awaiting a Child Protection Conference. Looked after Children have an initially health assessment by a paediatrician and a health care plan is put in place. School nurses subsequently carry out annual health assessments which is estimated to take 7 ½ hours, including a 1-1 session with the child, a review of their records, a comprehensive health assessment and summary, discussion with foster carers and liaison with LAC nurses and Social Workers as required.

## Other services provided by the school nursing service

The National Child Measurement Programme (NCMP) is delivered by BHFT's School Nursing service across primary schools in Berkshire West. From August to December 2019, over 90% of eligible school pupils were screened (91% in Reading, 95% in Wokingham and 97% in West Berkshire). Hearing screening for reception aged children in West Berkshire is also provided for by the school nursing service at the same time as the NCMP. This service was decommissioned in Reading and Wokingham.

School nurses also run nocturnal enuresis clinics in Berkshire West that parents can directly refer to. From August to December 2019, the clinics had a caseload of 156 children with 415 contacts (approximately 2-3 contacts per child on average over this time period). All of the clinics are currently running to capacity, with Wokingham's clinic having a waiting list.

BHFT's School Nursing service also provides a partial offer to young people who attend further education colleges in Berkshire West. Young people can access this through the SMS School Nurse messaging service. They also have access to the Young SHaRON on-line network, a peer support health system, run in partnership with the Emotional health Academy. BHFT also run a dedicated website providing 24/7 support and advice for 0-19 (25)'s physical and emotional development. This is accessed at <http://cypf.berkshirehealthcare.nhs.uk>

## Local intelligence on the needs and Opportunities for children and young people in Berkshire West.

A detail overview of each local authority on the needs and opportunities can be found in section 4.

The full Health Needs Assessment contains a comprehensive list of guidance and best practice including local context that can be referred to for further information.

## Summary

There is a recognition that need is increasing across all three localities of Berkshire West. A workshop was held on the draft health needs assessment and this identified the following health needs inequalities:

- **Deprivation:** the levels of affluence and deprivation in Berkshire West vary widely. Reading has higher levels of deprivation, however there are still pockets of deprivation visible in West Berkshire and Wokingham. Inequalities affected by deprivation in Berkshire West include the rate of A&E and hospital admissions, educational attainment and obesity
- **Mental Health:** This is recognised as a key inequality across the whole of Berkshire West. Risk factors and predictors are wide ranging and include demographic, socio-economic and social or family related factors
- **Self-harm:** The rate of young people self-harming is increasing both nationally and locally. Local data shows that 80% of hospital admissions for self-harm are for females. Self-harm has been noted as a key area for concern across the whole of Berkshire West
- **Antenatal contacts:** the Health Visiting service was only notified of 56% of pregnant women, meaning that over 2,300 new mothers would not have received support from the health visiting service prior to the delivery of their baby. This is a consistent issue across the whole of Berkshire West
- **Vulnerable groups:** children with special educational needs, young carers, children in care, care leavers, migrants, Gypsy, Roma and Travellers, young people not in education, employment and training and children who experience adverse childhood events
- **Children and young people waiting for diagnoses:** while this data was not captured in the HNA, feedback from the workshop identified clear inequalities between children who had received diagnoses for specific conditions and those who were still waiting

Specific health inequalities for each individual local authority

Reading	West Berkshire	Wokingham
Homelessness Persistent absenteeism NEETs A&E attendances and hospital admissions Children in care Immunisation Rates Adverse Childhood Experiences	Access to Health services Rurality School Readiness	Early Years Foundation Stage School Readiness Gypsy Roma and Travellers (GRT) Self-Harm (10-24 year olds)

Factors to consider when developing future service models

- **Provision for children and young people who do not attend school:** Current provision by the School Nursing service does not cover a number of groups, including
  - Young people aged under 20 in colleges or further education settings
  - Young people with SEND aged under 25 in colleges or further education settings
  - Children who are educated at home or are “hidden” to local Education systems

- Young people not in employment, education or training (NEET)
- Partnerships and links with other local services: Identifying and mapping other services that support children and young people would be beneficial to help clarify the remit of each organisation and improve any existing links. Engaging with alternative models of delivery such as non-clinical and peer led organisations would also help to provide more innovative support options to specific groups
- Focus on quality and outcomes: this could include more robust professional and service user feedback, additional information on the complexity of caseloads, quality audits to assess the support needed
- Balance between reactive and proactive prevention work: including a focus on key public health priorities at a more universal level, for example childhood obesity and childhood mental health problems
- Flexibility in service model: it is predicted that there will be a rise in the number of children and young people with identified additional needs over the next ten years. The commissioned service will need to be flexible to meet the changing needs of Berkshire West's children and young people.

#### Knowledge gaps identified

- Current service provision and pathways: these are unclear at present, in particular the interactions an individual may have with multiple organisations
- Adverse Childhood Experiences
- Children educated at home and hidden to the education system
- Special Educational Needs and Disabilities (SEND)
- Local usage of other support services, for example Food Banks
- Population projections

## 1. Introduction

The foundations of virtually every aspect of human development are established in early childhood. The recently published [Marmot Review 2020](#) explains how early childhood experiences shape later life outcomes, such as educational attainment, social and emotional development, work outcomes and income, long-term health and ultimately life-expectancy. It is for this reason that programmes supporting the development of children, from their conception to young adulthood, are vital in improving the health and wellbeing of the whole population and reducing health inequalities.

The Healthy Child Programme, which was published by the Department of Health in 2009, aims to deliver an effective programme of prevention and support to all children and their families across England. The evidence-based programme is founded on best practice and has the ambition of “making everywhere as good at the best” by developing improvements in health and wellbeing for children and young people ([Public Health England](#) 2018). The universal reach of the Healthy Child Programme also provides an invaluable opportunity from early in a child’s life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The responsibility for commissioning the Healthy Child Programme was transferred to local authorities in October 2016, including the delivery of local Health Visitor and School Nurse Services. This joined-up the commissioning of services for all children and young people aged 0 to 19, as well as young people aged up to 25 with Special Educational Needs and Disabilities (SEND).

Berkshire West’s three local authorities have agreed to jointly commission the Healthy Child Programme across Reading, West Berkshire and Wokingham. This Health Needs Assessment (HNA) has been developed to inform the commissioning process and to ensure that the local service specification meets the needs of Berkshire West’s children and young people. The HNA also provides up to date and relevant information for prospective providers.

The following areas have been included in the HNA:

- Current population profile and projections
- Demographic profile of children and young people in Berkshire West
- Wider determinants of health, including deprivation and poverty, housing, education and employment
- Summary of key health and wellbeing indicators for children and young people, highlighting areas of increased need that may require further investigation
- Focus on vulnerable groups
- Local information and intelligence profile for Reading, West Berkshire and Wokingham
- National guidance and best practice that underpin the Healthy Child Programme
- Summary of what the HNA has told us and how this could inform future commissioning

## 1.1 Purpose

Berkshire West's three local authorities have agreed to jointly commission the Healthy Child Programme across Reading, West Berkshire and Wokingham. This service will be for ten years with a proposed start date of 1<sup>st</sup> April 2022. As part of this commissioning process, the Berkshire West 0-19 (25) Board confirmed that an HNA should be completed to provide a comprehensive overview of the health and wellbeing of children and young people in the local area. The findings from this HNA would be used to inform the local service specification for the Healthy Child Programme, identifying levels of current need, inequalities and how needs may change over the next ten years (2021 to 2031).

The Berkshire West 0-19 (25) Board set-up a Working Group to deliver the HNA. This was co-ordinated by Public Health for Berkshire, who are a commissioned Shared Service that work across Berkshire's six local authorities, and included representatives from the local Public Health Teams in Reading Borough Council, West Berkshire Council and Wokingham Borough Council. The Working Group were given 6 months to deliver the HNA, in line with the overall commissioning timescales. The original intention was to start the new contract on 1<sup>st</sup> April 2021, however the impact of the Coronavirus pandemic meant that this had to be postponed by a year to April 2022.

## 1.2 Methodology and scope

HNAs can be approached in different ways, depending on the purpose and context of the assessment. Stevens and Raftery define three recognised approaches to HNAs ([Health Knowledge](#), 2016):

- Epidemiological – considers the epidemiology of the population being assessed, including the prevalence of conditions and distribution of factors or determinants that may impact specific groups differently. The effectiveness and cost-effectiveness of interventions will also be assessed.
- Comparative – compares service provision between different populations, using performance benchmarks where possible.
- Corporate – focuses on gathering and analysing the views of stakeholders, such as service users, professionals and the wider public.

The Berkshire West 0-19 (25) HNA incorporates elements of all three approaches to provide a comprehensive assessment of the health and wellbeing of children and young people in the local area. The Working Group took these into account when developing and defining the scope of the project.

## Epidemiological

A variety of data sources were used to understand the 0-19 (25) population in Berkshire West. This included recorded prevalence information and modelled-estimates for different conditions, as well as a detailed analysis on the impact of wider determinants of health. These are included in Section 2.

The Working Group agreed that the HNA would not include an evidence review or an analysis of the effectiveness of interventions, as this information had already been published in detail through the [Healthy Child Programme](#), [Early Intervention Foundation](#) and Public Health England's [What Does Good Look Like Programme](#). These information sources are already used by the local Public Health Teams and have been incorporated into the development of the service specification. It was agreed that the findings of the HNA about specific local health inequalities would be used to identify additional interventions that could benefit these groups, but that this was outside of the HNA scope.

## Comparative

Performance and activity information for the current Health Visiting and School Nursing provider were included in the HNA and national benchmarks were used where possible (Section 3). Other indicators of health and wellbeing were incorporated to show the difference between and within local authority areas. The [Public Health Outcomes Framework](#) and other [Fingertips Profiles](#) provided much of this information.

## Corporate

The HNA did not include a specific consultation or engagement process to collate feedback from Berkshire West residents and service users. However, information gathered through other consultations was included, where appropriate. These were generally focussed on individual local authority areas, rather than across Berkshire West, and are therefore included in the Local Intelligence section of the HNA (Section 4).

A cross-Berkshire West meeting was arranged with Berkshire Healthcare Foundation Trust, who is the current provider of local Health Visiting and School Nursing Services, to understand specific observations about the children they support and to gain feedback from their frontline staff. Feedback from this session is included in Section 3.

The Working Group agreed that a wider stakeholder group should be involved in the development of the HNA to ensure that it captured and reflected the experiences of professionals in the local area. A first draft of the HNA was circulated for feedback in February 2020 and a 'What's this telling us?' workshop was held to discuss the evidence included in the HNA and agree the initial findings. This workshop included representatives from Berkshire West Clinical Commissioning Group and all three local authorities, including Public Health, Education, Early Years and Children's Social Care teams. Other key local authority departments, such as Housing, Planning and Business Intelligence were also asked for their input on specific aspects of the HNA. This information was used to write the 'What is this telling us?' part of the HNA (Section 6).

## 2. What do we know about the children and young people in Berkshire West?

This section provides a high-level summary of what we know about the children and young people in Berkshire West. This gives an insight into the demographics of children living in the local area and highlights their health needs and inequalities.



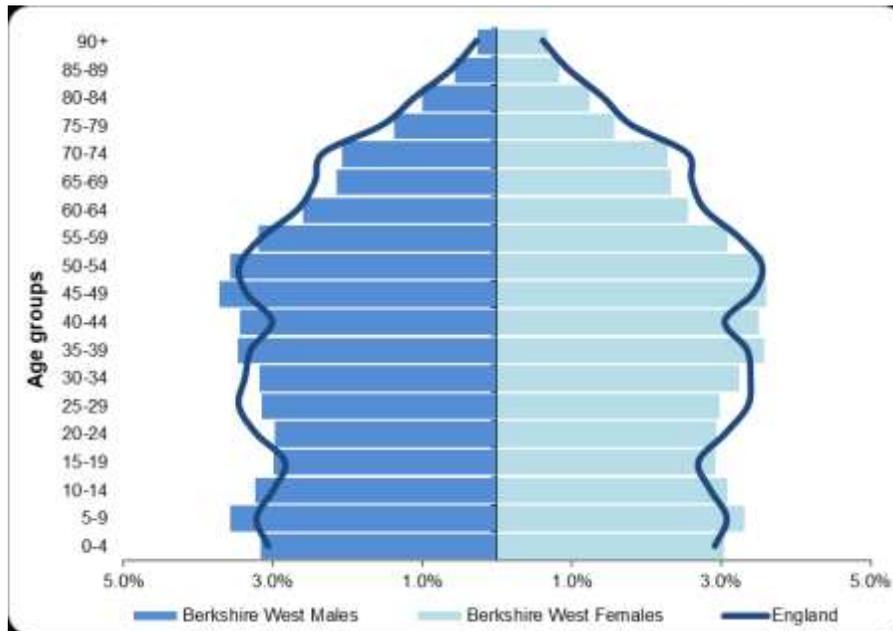
Additional information for Reading, West Berkshire and Wokingham is included at the end of each section. These local authority summaries aim to highlight any variations across the Berkshire West area. More detailed information can also be found in the relevant appendices.

## 2.1 How many children and young people are there?

The population of Berkshire West was estimated to be 490,427 in mid-2018. Children and young people aged 0 to 19 made up 25.3% of this population, compared to 23.7% in England.

Berkshire West’s population profile shows that the local area had noticeably higher proportions of children aged 5 to 14 compared to England.

**Figure 1: Population of Berkshire West compared with England (mid-2018)**



Age group	Berkshire West		England
	Number	% of total population	% of total population
0 to 4	30,434	6.2%	6.0%
5 to 9	33,752	6.9%	6.3%
10 to 14	30,988	6.3%	5.8%
15 to 19	28,972	5.9%	5.5%
<b>Total (Under 20s)</b>	<b>124,146</b>	<b>25.3%</b>	<b>23.7%</b>

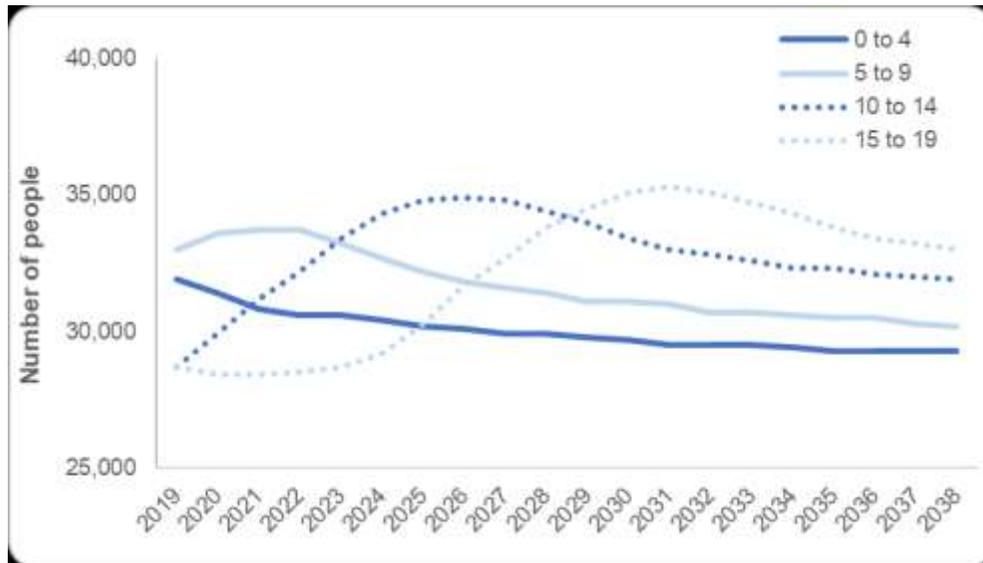
Source: Office for National Statistics (2019); [Estimates of the population for the UK mid-2018](#)

Reading	West Berkshire	Wokingham
<p><b>41,888</b> aged 0-19, which is <b>25.6%</b> of the population.</p> <p>Higher proportion of children aged 0-4 (7.1%) and 5-9 (6.9%).</p>	<p><b>39,003</b> aged 0-19, which is <b>24.6%</b> of the population. This is the lowest proportion in Berkshire West.</p>	<p><b>43,255</b> aged 0-19, which is <b>25.7%</b> of the population. This is the highest proportion in Berkshire West.</p> <p>Higher proportion of children aged 5-9 (7.3%) and 10-14 (6.7%).</p>

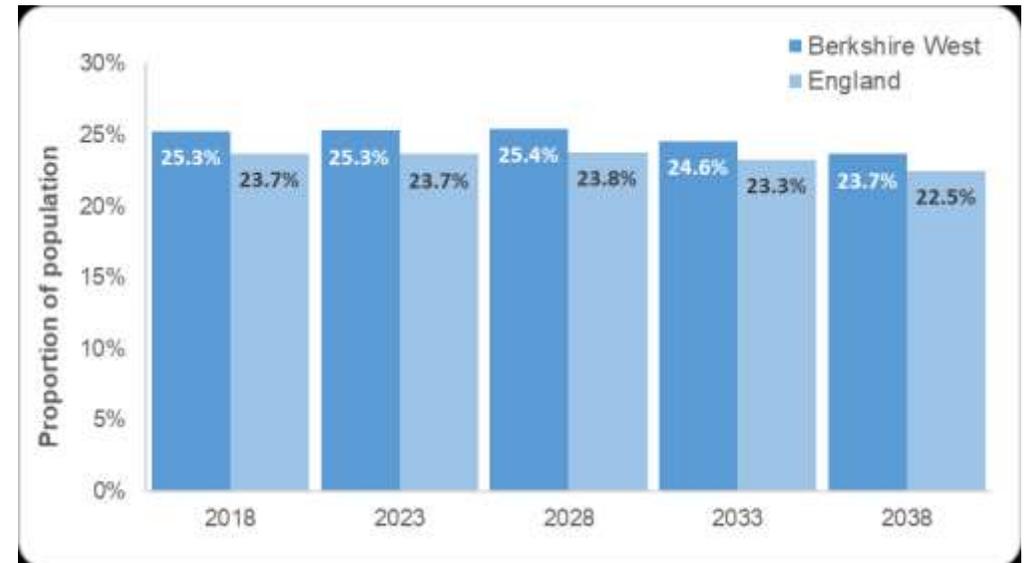
### 2.1.1 Population projections

Population projections for Berkshire West indicate that there will be an initial increase in the number and proportion of children in the population until 2028. There will then be a steady decrease from this point. Figure 2 shows that this decrease will be in younger children (aged 0 to 9), while older children (aged 10 to 19) will increase. Berkshire West is expected to continue to have a higher proportion of children compared to England, as shown in Figure 3.

**Figure 2: Population projections for people aged 0 to 19 in Berkshire West (2018 to 2038)**



**Figure 3: Proportion of population aged 0 to 19 in Berkshire West and England (2018 to 2038)**



Source: Office for National Statistics (2019); [Population projections for local authorities](#)

Reading	West Berkshire	Wokingham
Reading's 0-19s population change follows a similar pattern to Berkshire West.	West Berkshire's 0-19s population changes follow a similar pattern to Berkshire West.	Wokingham's 0-19s population changes follow a similar pattern to Berkshire West.
The decrease in numbers of children aged 0-4 is expected to be higher in Reading, while the increase in the 10-14 and 15-19 age groups will be greater.	The decrease in numbers of children aged 0-4 and 5-9 is expected to be higher in West Berkshire, while the increase in the 10-14 and 15-19 age groups will be lower.	The decrease in numbers of children aged 0-4 and 5-9 is expected to be lower in Wokingham, while the increase in the 10-14 and 15-19 age groups will be higher.

## 2.2 Who are the children and young people in Berkshire West?

### 2.2.1 Ethnicity and language

24% of Berkshire West’s 0-19 population were from a non-White British background in the 2011 census, compared to 25% in England. The largest minority ethnic group were children and young people from an Asian/Asian British background. The ethnic minority population varies significantly across Berkshire West, with Reading having a more ethnically diverse population ([Office for National Statistics 2012](#)). Figure 4 shows that the younger population in Berkshire West also has a higher proportion of people from minority ethnic groups.

More recent information about the ethnic background and nationality of children and young people in Berkshire West can be gathered from births and schools data.

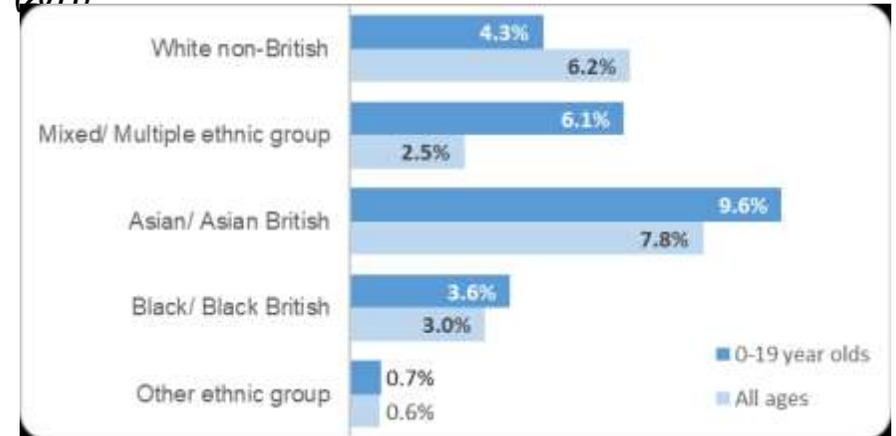
#### Births

In 2018, 35% of births in Berkshire West were to mothers who were not born in the UK, compared to 29% across England ([Office for National Statistics 2019](#)). This proportion has increased, both nationally and locally, since 2009.

#### School pupils

In January 2019, 37% of pupils who attended state-funded primary schools in Berkshire West were from a minority ethnic group, compared to 32% of state-funded secondary school pupils. The largest minority ethnic groups within Berkshire West schools are children from Asian/Asian British backgrounds, followed by those from White non-British groups and mixed/multiple ethnic groups.

Figure 4: Proportion of the 0-19 population by minority ethnic group (2011)



Source: Office for National Statistics (2012); [DC2101EW- Ethnic group by sex by age](#)

Figure 5: Pupils from minority ethnic groups in Berkshire West schools (January 2019)

Area	State-funded primary school		State-funded secondary school	
	Number of pupils from a minority ethnic group	% of pupils from a minority ethnic group	Number of pupils from a minority ethnic group	% of pupils from a minority ethnic group
Reading	8,151	58.5%	4,371	57.6%
West Berkshire	2,490	18.2%	1,830	15.9%
Wokingham	5,394	35.2%	3,388	31.1%
<b>Berkshire West</b>	<b>16,035</b>	<b>37.4%</b>	<b>9,589</b>	<b>32.0%</b>

Source: Department for Education (2019); [Schools, pupils and their characteristics: January 2019](#)

The School Census also provides information about the proportion of pupils in Berkshire West schools who have a first language other than English. In January 2019, 22% of state-funded primary school pupils in Berkshire West did not have English as a first language, compared to 16% from state-funded secondary school pupils.

**Figure 6: Pupils whose first language is not English in Berkshire West (January 2019)**

Area	State-funded primary school		State-funded secondary school	
	Number of pupils whose first language is not English	% of pupils whose first language is not English	Number of pupils whose first language is not English	% of pupils whose first language is not English
Reading	5,256	36.9%	2,427	31.5%
West Berkshire	1,368	9.9%	719	6.2%
Wokingham	2,979	19.2%	1,744	15.8%
<b>Berkshire West</b>	<b>9,603</b>	<b>22.1%</b>	<b>4,890</b>	<b>16.1%</b>

Source: Department for Education (2019); [Schools, pupils and their characteristics: January 2019](#)

Reading	West Berkshire	Wokingham
<p><b>41%</b> of the 0-19 population were from a non-White background in 2011, which is the highest proportion in Berkshire West and higher than England. <b>17%</b> of this population were Asian/Asian British, which was the largest minority ethnic group.</p> <p><b>49%</b> of births in 2018 were to mothers who were not born in the UK. This was in the highest decile of local authorities nationally.</p> <p><b>59%</b> of primary school pupils are from a minority ethnic group and <b>37%</b> do not have English as a first language. These are both significantly higher than the rest of Berkshire West. <b>23%</b> of pupils are from an Asian/Asian British background.</p> <p><b>58%</b> of secondary school pupils are from a minority ethnic group and <b>32%</b> do not have English as a first language. These are both significantly higher than the rest of Berkshire West. <b>27%</b> of pupils are from an Asian/Asian British background.</p>	<p><b>11%</b> of the 0-19 population were from a non-White background in 2011, which is the lowest proportion in Berkshire West. <b>4%</b> of this population were from mixed or multiple ethnic groups, which was the largest minority ethnic group.</p> <p><b>20%</b> of births in 2018 were to mothers who were not born in the UK. This was significantly lower than England's rate.</p> <p><b>18%</b> of primary school pupils are from a minority ethnic group and <b>10%</b> do not have English as a first language. These are both significantly lower than the rest of Berkshire West. <b>7%</b> of pupils are from a White non-British background.</p> <p><b>16%</b> of secondary school pupils are from a minority ethnic group and <b>6%</b> do not have English as a first language. These are both significantly lower than the rest of Berkshire West. <b>5%</b> of pupils are from a mixed/multiple ethnic group background.</p>	<p><b>21%</b> of the 0-19 population were from a non-White background in 2011. <b>9%</b> of this population were Asian/Asian British, which was the largest minority ethnic group.</p> <p><b>29%</b> of births in 2018 were to mothers who were not born in the UK. Wokingham's proportion has increased by <b>34%</b> since 2009, which is a faster increase than the other Berkshire West LAs and England.</p> <p><b>35%</b> of primary school pupils are from a minority ethnic group and <b>19%</b> do not have English as a first language. <b>15%</b> of pupils are from a White non-British background.</p> <p><b>31%</b> of secondary school pupils are from a minority ethnic group and <b>16%</b> do not have English as a first language. <b>13%</b> of pupils are from a mixed/multiple ethnic group background.</p>

## 2.2.2 Migration

### International migration

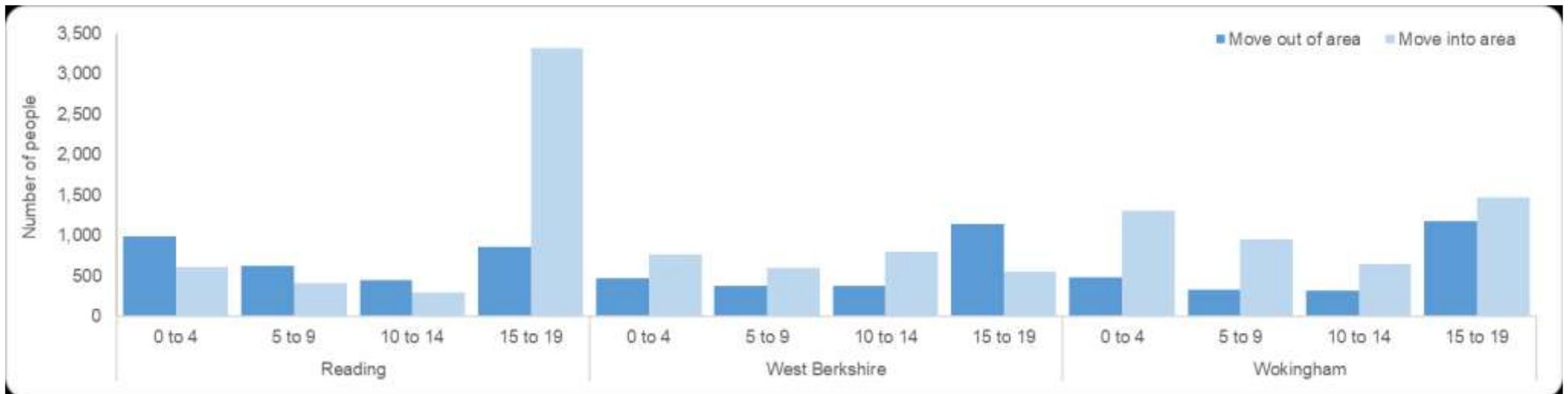
International migration data for 2017/18 showed that 6,039 people moved into Berkshire West from outside the United Kingdom, while 3,453 emigrated to other countries. This was a net increase of 2,586 people. Data is not available by age group, so cannot be broken down to children and young people ([Office for National Statistics 2019](#)).

### Internal migration

Internal migration monitors the movements made within a country and can show where people are moving to and from. Data is available at a local authority level and cannot be shown for the whole of Berkshire West, as this could mask movements made between Reading, West Berkshire and Wokingham.

In 2018, there were 11,739 moves into the three Berkshire West local authorities for people aged 0 to 19 and 7,611 moves out. This is a net increase of 4,128 children and young people. Figure 7 shows the different movement patterns between age groups and local authorities.

**Figure 7: Internal migration movement for Reading, West Berkshire and Wokingham (2018)**



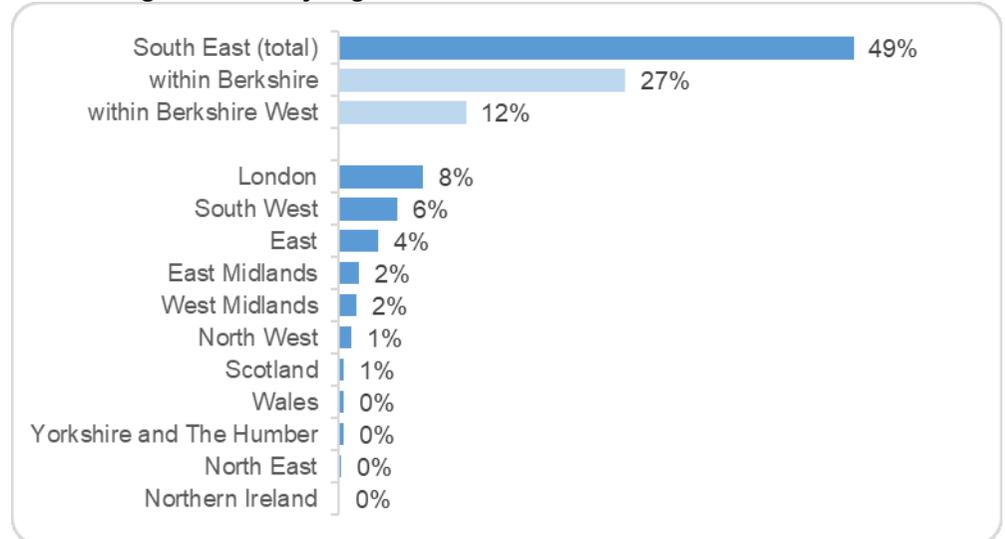
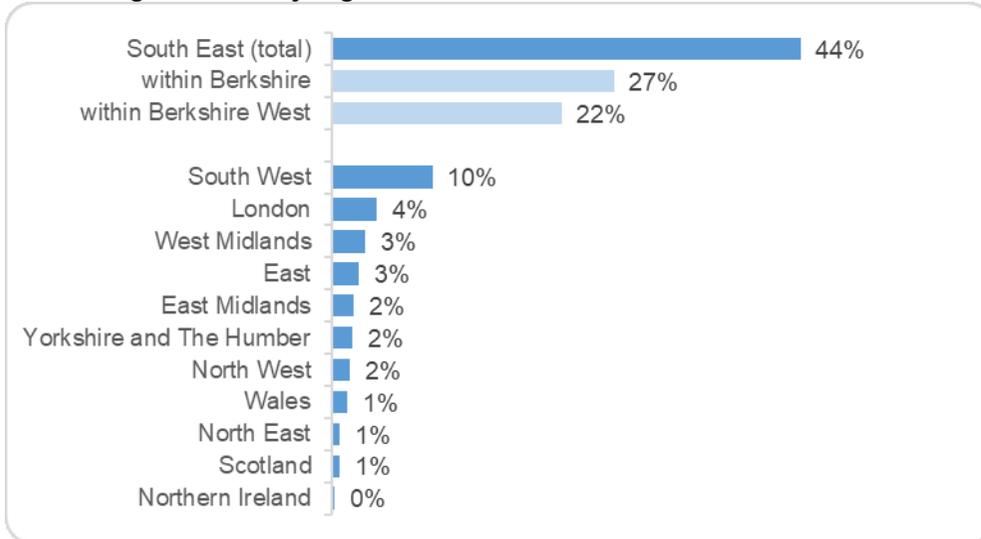
Source: [Office for National Statistics \(2019\); Internal migration: detailed estimates by origin and destination local authorities, age and sex 2018](#)

Reading has more children aged 0 to 14 moving out of the area than those moving in. There is then a large increase of young people aged 15 to 19 moving into Reading, which is expected for a town that has a large University. In contrast, both West Berkshire and Wokingham had more children aged 0 to 14 moving into the area than those moving out.

The regions that Berkshire West children and young people move to and from are shown in Figures 8 and 9. These focus on children aged 0 to 17, so that students moving for further education do not skew the figures.

**Figure 8: Percentage of moves out of Berkshire West local authorities for children aged 0 to 17 by region**

**Figure 9: Percentage of moves into Berkshire West local authorities for children aged 0 to 17 by region**



Source: [Office for National Statistics \(2019\); Internal migration: detailed estimates by origin and destination local authorities, age and sex 2018](#)

Reading	West Berkshire	Wokingham
<p>Reading's internal migration pattern is different to the other Berkshire West LAs, with more children aged 0-14 moving out of the area than moving in.</p> <p>The main region to move to for children aged 0-17 is the South East (41%) with 26% moving to another Berkshire West LA. This is followed by the South West (8%) and London (6%). 37% of children that move into Reading come from other South East LAs and 13% come from the East England region.</p>	<p>More children aged 0 to 14 move into West Berkshire than those that move out. The 15 to 19 age group has a net reduction.</p> <p>The main region to move to for children aged 0-17 is the South East (40%) with 10% moving to another Berkshire West LA. This is followed by the South West (18%) and London (7%). 52% of children that move into West Berks come from other South East LAs and 11% come from the South West England region.</p>	<p>More children aged 0-19 move into Wokingham than move out.</p> <p>The main region to move to for children aged 0-17 is the South East (41%) with 12% moving to another Berkshire West LA. This is followed by the South West (12%) and the West Midlands (5%). 46% of children that move into Wokingham come from other South East LAs and 7% come from the South West England region.</p>

### 2.2.3 Sexual Orientation

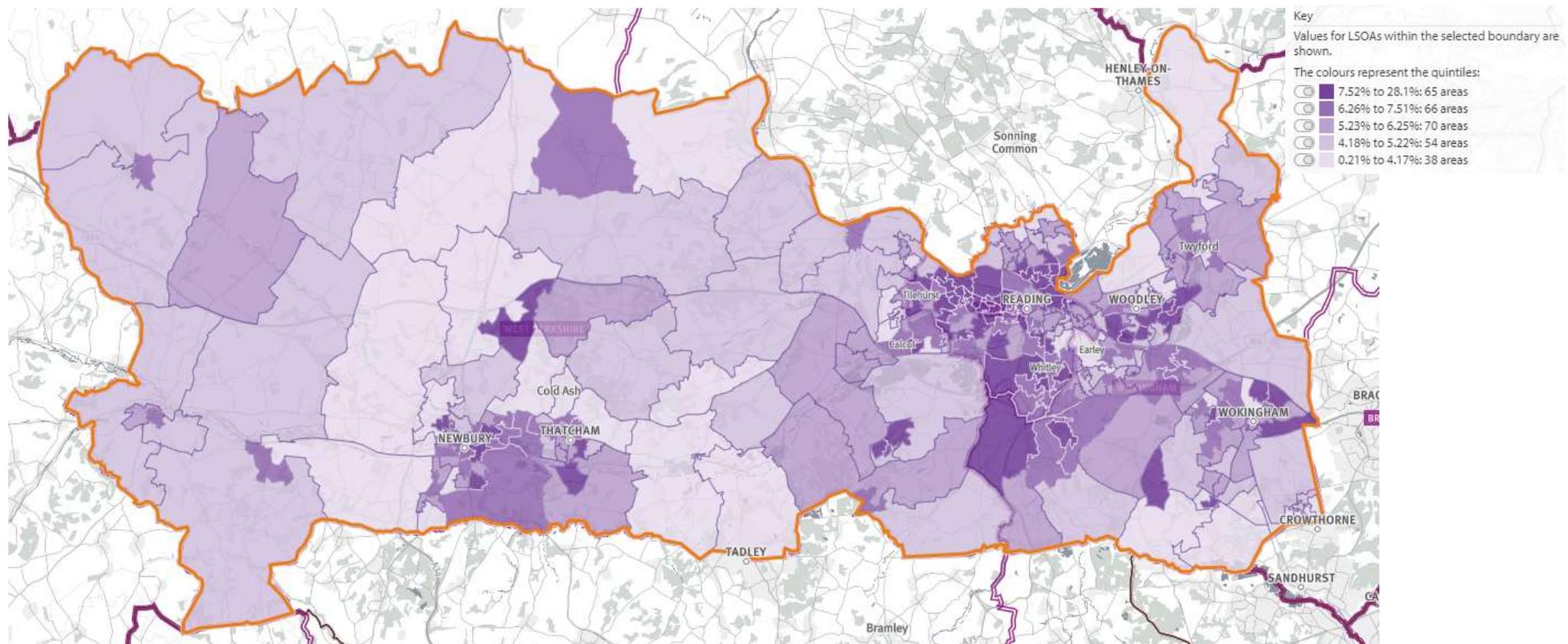
Local data on sexual orientation is not available, however the latest findings from the national 2017 Mental Health survey can be used as an estimate for Berkshire West's population. This indicated that 10.2% of those aged 14 to 19 identify as non-heterosexual (1.7% identifying as lesbian/gay, 6.3% as bisexual and 2.2% as other). Girls were more likely to identify as non-heterosexual than boys (13.2% compared to 7.1%) ([NHS Digital](#) 2019).

## 2.3 Where do children and young people live in Berkshire West?

### 2.3.1 Children aged 0 to 4

The mid-2018 population estimates indicated that there were 30,434 children aged 0 to 4 living in Berkshire West, which was approximately 6.2% of the total population. Figure 10 gives a more detailed picture of where higher proportions of young children live in Berkshire West. Lower Super Output Areas (LSOAs) with higher proportions of young children are highlighted in darker purple shades.

**Figure 10: Estimated percentage of Berkshire West’s population aged 0 to 4 years old by Lower Super Output Area (mid-2018)**



Source: Office for National Statistics: Small Area Population Estimates mid-2018 © Crown copyright 2019 <https://shapeatlas.net/place> 18 Nov 2019

The neighbourhoods in Berkshire West that had at least 10% of the population aged 0 to 4 are shown in Figure 11. All of these neighbourhoods are in more urban areas of Berkshire West, including wards within Reading town centre and wards within Woodley (Wokingham).

**Figure 11: Neighbourhoods with the highest proportions of 0 to 4 year olds in their population (2018)**

Neighbourhood (LSOA)	Ward	% of population aged 0 to 4
Reading 006D	Norcot	11.9%
Reading 010D	Park	10.7%
Wokingham 005C	Bulmershe and Whitegates	10.4%
Reading 007C	Battle	10.3%
Wokingham 007E	South Lake	10.1%
Reading 007E	Battle	10.0%

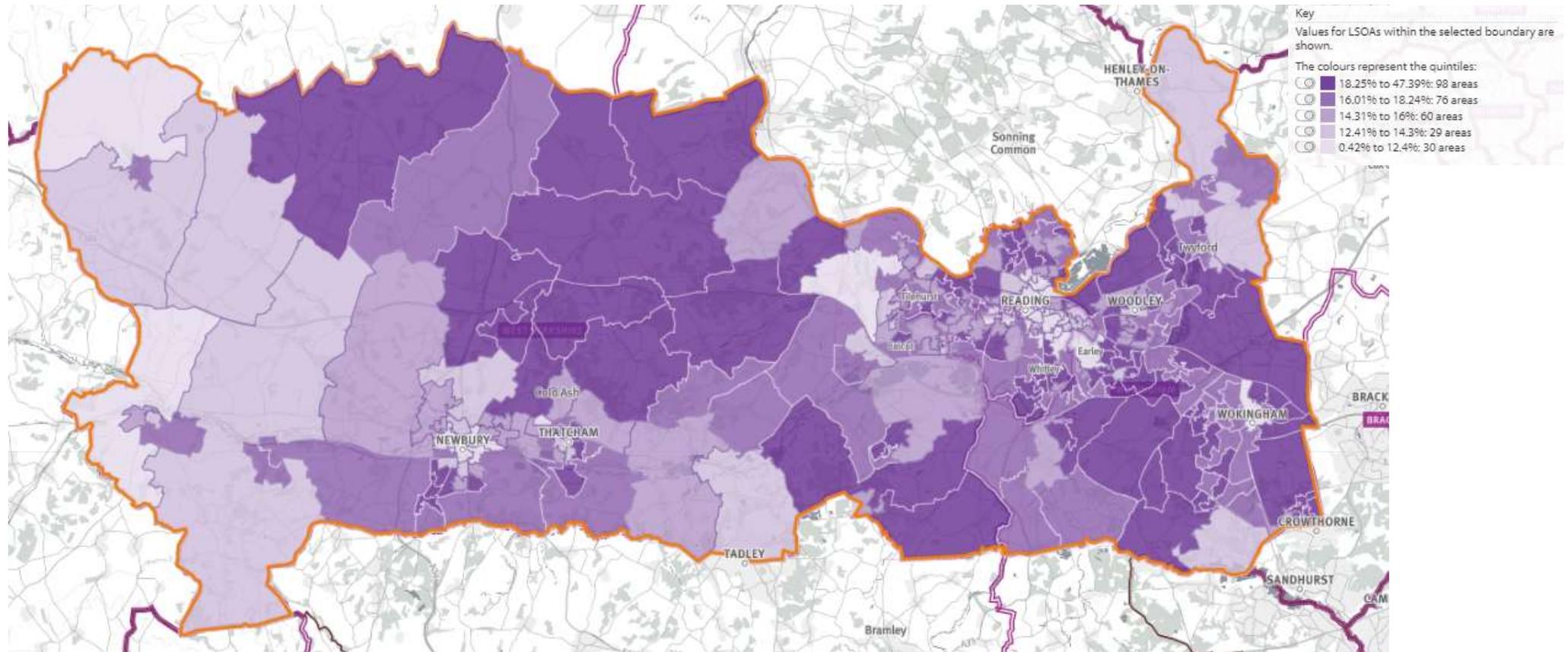
Source: Office for National Statistics (2019); [Small area population estimates in England and Wales: mid-2018](#)

Reading	West Berkshire	Wokingham
<p><b>7.1%</b> of the population are aged 0 to 4.</p> <p>This ranges from 2.1% (neighbourhood in Church ward) to 11.9% (neighbourhood in Norcot ward).</p>	<p><b>5.7%</b> of the population are aged 0 to 4.</p> <p>This ranges from 2.4% (neighbourhood in Chieveley and Cold Ash ward) to 9.3% (neighbourhoods in Burghfield and Mortimer and Newbury Clay Hill wards).</p>	<p><b>6.0%</b> of the population are aged 0 to 4.</p> <p>This ranges from 2.2% (neighbourhood in Norreys ward) to 10.4% (neighbourhood in Bulmershe and Whitegates ward).</p>

### 2.3.2 Children aged 5 to 17

The mid-2017 population estimates indicated that there were 80,356 children aged 5 to 17 living in Berkshire West, which was approximately 16.5% of the total population. Figure 12 gives a more detailed picture of where higher proportions of children aged 5 to 17 live in Berkshire West. Lower Super Output Areas (LSOAs) with higher proportions of this age group are highlighted in darker purple shades.

**Figure 12: Estimated percentage of Berkshire West’s population aged 5 to 17 years old by Lower Super Output Area (mid-2017)**



Source: Office for National Statistics: Small Area Population Estimates mid-2018 © Crown copyright 2019 <https://shapeatlas.net/place> 18 Nov 2019

The neighbourhoods in Berkshire West that had at least 23% of the population aged 5 to 17 are shown in Figure 13. Some of these neighbourhoods have boarding and residential schools based in the area, which will significantly increase the number of school-aged children living there.

**Figure 13: Neighbourhoods with the highest proportions of 5 to 17 year olds in their population (2018)**

Neighbourhood (LSOA)	Ward (and schools located in area)	% of population aged 5 to 17
West Berkshire 011C	Bradfield ( <i>Bradfield College</i> )	41.8%
West Berkshire 007C	Chieveley and Cold Ash	30.9%
West Berkshire 001A	Chieveley and Cold Ash ( <i>Priors Court School</i> )	30.2%
Reading 006E	Norcot	25.2%
Wokingham 020A	Wokingham Without	24.1%
Reading 003D	Thames	24.0%
Reading 015B	Southcote	23.9%
Reading 017F	Whitley	23.8%
Reading 017D	Whitley	23.3%
Wokingham 011A	Hawkedon	23.1%
Wokingham 004B	Hurst	23.0%

Source: Office for National Statistics (2019); [Small area population estimates in England and Wales: mid-2018](#)

Reading	West Berkshire	Wokingham
<p><b>15.6%</b> of the population are aged 5 to 17.</p> <p>This ranges from 4.8% (neighbourhood in Church ward) to 25.2% (neighbourhood in Norcot ward).</p>	<p><b>16.8%</b> of the population are aged 5 to 17.</p> <p>This ranges from 8.3% (neighbourhood in Newbury Clay Hill ward) to 41.8% (neighbourhood in Bradfield ward).</p>	<p><b>17.7%</b> of the population are aged 5 to 17.</p> <p>This ranges from 10.1% (neighbourhood in Norreys ward) to 24.1% (neighbourhood in Wokingham Without ward).</p>

## 2.4 What else do we know about where children and young people live?

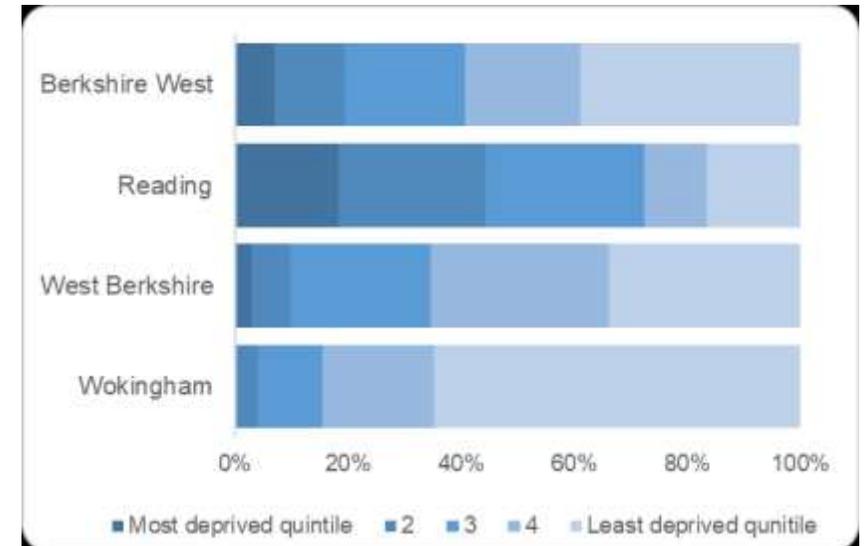
### 2.4.1 Deprivation and poverty

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of children aged 0 to 15 living in income deprived families. The definition of low income includes people that are out-of-work, as well as those that are working but who have low earnings.

In 2019, 10% of children aged 0 to 15 were affected by income deprivation in Berkshire West, which was approximately 10,128 children. This was a reduction from 12% in 2015, when IDACI was last released ([Ministry of Housing, Communities and Local Government 2019](#)).

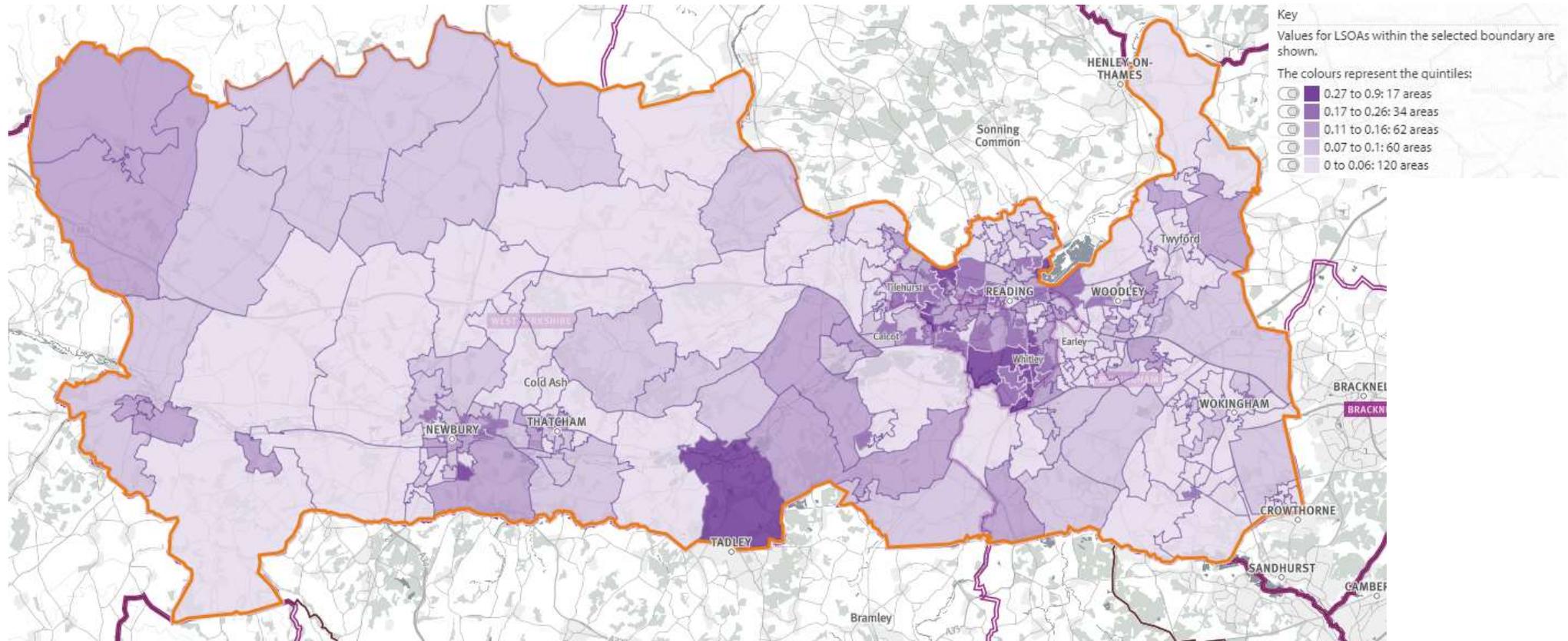
Levels of deprivation varied significantly across Berkshire West local authorities and also at smaller neighbourhood levels. Figure 14 illustrates this by showing the proportion of children aged 0 to 15 living in different national IDACI quintiles in each local authority. Overall, 39% of 0 to 15 year olds in Berkshire West were living in the least deprived IDACI quintile nationally and 7% were in the most deprived quintile. The most deprived neighbourhoods in Berkshire West included areas in Norcot, Church and Southcote wards in Reading. Figure 15 shows a detailed picture for each LSOA in Berkshire West.

**Figure 14: Proportion of children aged 0 to 15 by IDACI quintiles (2019)**



Source: Ministry of Housing, Communities and Local Government (2019); [English indices of deprivation 2019](#)

**Figure 15: Income Deprivation Affecting Children (IDACI) for Berkshire West CCG by Lower Super Output Area (2019)**



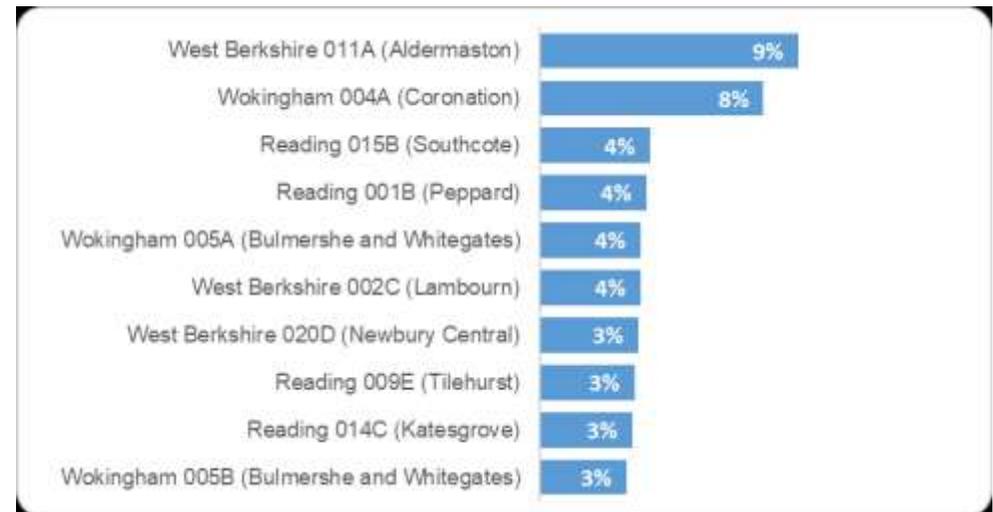
Source: English Indices of Deprivation 2019 © Crown copyright 2019 <https://shapeatlas.net/place> 18 Nov 2019

The latest IDACI information has highlighted some changes in income deprivation across Berkshire West. 71% of neighbourhoods saw an increase in deprivation since the 2015 publication, while 27% had a decrease in deprivation (2% remained the same) (([Ministry of Housing, Communities and Local Government](#) 2019). A summary of the neighbourhoods that saw the largest changes are shown in Figures 16 and 17.

**Figure 16: LSOAs in Berkshire West with the highest increase in the proportion of children aged 0 to 15 affected by income deprivation**



**Figure 17: LSOAs in Berkshire West with the highest decrease in the proportion of children aged 0 to 15 affected by income deprivation**



Source: Ministry of Housing, Communities and Local Government (2019); [English indices of deprivation 2019](#)

Reading	West Berkshire	Wokingham
<p><b>16%</b> of children aged 0 to 15 are affected by income deprivation. This ranges between 1% to 41% of children in different neighbourhoods.</p> <p><b>18%</b> of 0-15 year olds live in the most deprived quintile nationally for IDACI. This includes 4 LSOAs in Norcot, Church and Southcote wards which were in the 10% most deprived nationally.</p> <p>Whitley is the most deprived ward in Reading, followed by Church and Norcot.</p> <p>Reading has seen an overall reduction in IDACI since 2015, when 20% of children were deprived.</p> <ul style="list-style-type: none"> <li>- largest improvement was in a neighbourhood in Southcote, which reduced by 3.8%.</li> <li>- largest decline was in a neighbourhood in Katesgrove, which increased by 13.3%.</li> </ul>	<p><b>9%</b> of children aged 0 to 15 are affected by income deprivation. This ranges between 1% to 31% of children in different neighbourhoods.</p> <p><b>3%</b> of 0-15 year olds live in the most deprived quintile nationally for IDACI. These include 3 neighbourhoods in Newbury Greenham, Thatcham North East and Aldermaston wards.</p> <p>Newbury Clay Hill is the most deprived ward in West Berkshire, Thatcham North East and Newbury Greenham.</p> <p>West Berkshire has seen a slight decrease in IDACI since 2015, when 10% of children were deprived.</p> <ul style="list-style-type: none"> <li>- largest improvement was in a neighbourhood in Aldermaston, which reduced by 8.9%.</li> <li>- largest decline was in a neighbourhood in Speen, which increased by 13.5%.</li> </ul>	<p><b>6%</b> of children aged 0 to 15 are affected by income deprivation. This ranges between 1% to 23% of children in different neighbourhoods.</p> <p>No 0 to 15 year olds live in the most deprived quintile nationally for IDACI. The most deprived neighbourhoods in the area are in Finchampstead South and Norreys wards.</p> <p>Shinfield North is the most deprived ward in Wokingham, followed by Swallowfield and Norreys.</p> <p>Wokingham has seen a slight decrease in IDACI since 2015, when 7% of children were deprived.</p> <ul style="list-style-type: none"> <li>- largest improvement was in a neighbourhood in Coronation ward, which reduced by 8.9%.</li> <li>- largest decline was in a neighbourhood in Norreys, which increased by 10.6%.</li> </ul>

## 2.4.2 Housing and homelessness

The 2011 Census showed that there were over 185,500 households in Berkshire West with a mixture of housing tenure across and within the local authorities. Nearly 80% of Wokingham's households were owned by the occupant, whether outright or with a mortgage or loan, compared with 55% in Reading. In contrast, the proportion of households that were privately or socially rented in Reading were much higher than in the other two local authorities ([Office for National Statistics 2013](#)). The proportion of households that were overcrowded (had one fewer bedrooms than the standard requirement) in 2011 was significantly higher in Reading (6% of all households), compared to the rest of Berkshire West (2% in both West Berkshire and Wokingham) ([Public Health England 2015](#)).

The number of households across Berkshire West has increased since 2011, with some large housing developments completed or in progress since this time. The housing needs in the area have also increased, in line with population and economic growth. Thames Valley Berkshire Local Enterprise Partnership and the six Berkshire local authorities commissioned a [Strategic Housing Market Assessment](#) (SHMA), which was completed in 2016. The primary purpose of the SHMA was to provide an assessment of the future needs for housing in the area, together with the housing needs of different groups in the population. The SHMA concluded that between 2013 and 2036, 2,220 additional homes were needed per annum in Berkshire West. Proposed and completed large housing developments for each Berkshire West local authority area are shown in Figure 18.

The critical need for affordable housing across Berkshire West was also emphasised in the SHMA with 47% (1,036) of new homes needing to be affordable housing. The SHMA explained that the consequences of not providing much-needed affordable homes would be severe, and would include homelessness, households in temporary or unsuitable accommodation, overcrowding and younger people having to remain living with parents for increasing periods. Insufficient affordable housing would also act as a barrier to economic growth, as firms face increasing problems with accommodation for their workforce.

The affordability of home ownership index indicates that West Berkshire and Wokingham are the least affordable areas of Berkshire West for residents to purchase a home, based on the current median house price and median earnings in the area ([Public Health England 2019](#)). This will particularly affect young people and first time buyers who may not be able to afford to live in the area that they have grown up in. The House Price Index for November 2019 indicated that the average house price for first-time buyers in Reading was £261,130, compared to £276,621 in West Berkshire and £329,400 in Wokingham ([Land Registry 2020](#)).

In 2017/18, 269 households with dependent children or pregnant women were accepted as unintentionally homeless in Berkshire West. In addition, 80 households headed by a young person aged 16 to 24 were unintentionally homeless. Reading's rates of family homelessness and homeless young people have remained significantly worse than the rest of Berkshire West and also the national picture ([Public Health England 2019](#)).

**Figure 18: Proposed large housing developments in Berkshire West (2016 to 2036)**

Reading	West Berkshire	Wokingham
<p><b>Central Reading</b> Opportunity to accommodate a considerable amount of development at a high density, which will include some opportunities for new tall buildings in appropriate locations. This will include around 7,600 homes (49% of the total planned for in Reading).</p> <p><b>South Reading</b> 3,700 homes (24% of total planned for Reading)</p> <p><b>West Reading</b> 2,400 homes (15% of total planned for Reading)</p> <p><b>North Reading</b> 700 homes (5% of total planned for Reading)</p> <p><b>East Reading</b> 1,100 homes (7% of total planned for Reading)</p>	<p><b>Newbury Racecourse</b> Located 1km south east of Newbury town centre, this development is for 1,500 homes, appropriate retail facilities and social and green infrastructure. Development is in progress with 900 homes already completed.</p> <p><b>Sandleford</b> Located to the south of Newbury, this development is for up to 2,000 dwellings, a new primary school, a local centre and green infrastructure. Development is subject to planning permission which has yet to be secured.</p>	<p><b>Arborfield Garrison</b> The military has moved out of the Arborfield Garrison site and now a sustainable new village is being built on the former garrison land and an adjacent farm. This Strategic Development Location (SDL) includes 3,500 new houses and is in progress.</p> <p><b>Shinfield Parish</b> The villages of Shinfield, Spencers Wood and Three Mile Cross are being extended and comprise one Strategic Development Location (SDL). This includes 3,000 new houses and this development is in progress.</p> <p><b>North Wokingham</b> The North Wokingham major development site is an urban extension of Wokingham town, on land adjoining the Kentwood and Matthewsgreen neighbourhoods and Keep Hatch Beech. This includes 1,900 new houses and this development is in progress.</p> <p><b>South Wokingham</b> The South Wokingham major development is an urban extension of Wokingham town, Montague Park and south of the railway between the boundary with Bracknell Forest and Finchampstead Road. This includes 2,500 new houses and this development is in progress.</p>

Source: Reading Borough Council (2019); [Reading Borough Local Plan 2019](#)

Source: West Berkshire District Council (2012); [Core Strategy Development Plan Documents](#)

Source: Wokingham Borough Council (2020); [Wokingham Borough Major Developments](#)

Reading	West Berkshire	Wokingham
<b>62,869</b> households in the 2011 Census. 55% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 26% were privately rented and 16% were socially rented.	<b>62,340</b> households in the 2011 Census. 69% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 14% were privately rented and 14% were socially rented.	<b>60,332</b> households in the 2011 Census. 80% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 11% were privately rented and 7% were socially rented.
<b>699</b> additional homes per annum estimated to be required between 2013 and 2036, with <b>406</b> being affordable housing.	<b>665</b> additional homes per annum estimated to be required between 2013 and 2036, with <b>189</b> being affordable housing.	<b>856</b> additional homes per annum estimated to be required between 2013 and 2036, with <b>441</b> being affordable housing.
<b>187</b> households with dependent children were identified as unintentionally homeless in 2017/18, at a rate of 2.8 per 1,000 households. This was significantly higher than England and the rest of Berkshire West.	<b>9</b> households with dependent children were identified as unintentionally homeless in 2017/18, at a rate of 0.1 per 1,000 households. This was significantly lower than England and the rest of Berkshire West.	<b>73</b> households with dependent children were identified as unintentionally homeless in 2017/18, at a rate of 1.1 per 1,000 households. This was significantly lower than England.
<b>58</b> households headed by a person aged 16 to 24 were identified as unintentionally homeless in 2017/18, at a rate of 0.9 per 1,000 households. This was significantly higher than England and the rest of Berkshire West.	The number of households headed by a person aged 16 to 24 that were identified as unintentionally homeless in 2017/18 is too small to publish for West Berkshire.	<b>22</b> households headed by a person aged 16 to 24 were identified as unintentionally homeless in 2017/18, at a rate of 0.3 per 1,000 households. This was similar to England.

### 2.4.3 Education

There are 198 state-funded schools in Berkshire West, with an additional 3 pupil referral units and 30 independent schools. A summary of the school profile across Berkshire West is shown at Figure 19.

**Figure 19: Number of schools and pupils in Berkshire West local authorities (January 2019)**

Type of school	Reading		West Berkshire		Wokingham	
	Number of schools	Number of pupils	Number of schools	Number of pupils	Number of schools	Number of pupils
Primary schools (state funded)	39	14,302	66	13,799	53	15,523
Secondary schools (state funded)	10	7,756	10	11,558	10	11,091
Special schools (state funded and non-maintained)	4	2,77	3	618	3	356
Pupil referral unit	1	85	1	54	1	16
<b>Total</b>	<b>54</b>	<b>22,143</b>	<b>80</b>	<b>26,029</b>	<b>67</b>	<b>26,986</b>
<i>Independent schools</i>	9	2,805	12	2,810	9	3,189

Source: Department for Education (2019); [Schools, pupils and their characteristics: January 2019](#)

The proportion of pupils who are eligible and claiming free school meals in Berkshire West is significantly lower than the national figure. In 2018, 7.9% (5,895) of pupils in Berkshire West's state-funded nursery, primary, secondary or special schools claimed free school meals ([Public Health England](#) 2019).

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school. Improving attendance in schools is crucial to the Government's commitment to increasing social mobility and to ensuring every child can meet their potential. In 2017/18, 3.6% of primary school sessions and 4.7% of secondary school sessions were missed due to pupil absence in Berkshire West. Local pupil absence rates have increased, but still remain significantly better than the national figures ([Public Health England](#) 2019). In 2017/18, 7% (2,726) of primary school pupils and 12% (3,227) of secondary school pupils were identified as persistent absentees in Berkshire West schools. This means that they missed 10% or more of the possible sessions. These rates do vary significantly across Berkshire West with a much higher proportion of persistent absentees in Reading primary and secondary schools ([Public Health England](#) 2019).

### Elective Home Educated (EHE) children

The number of children and young people who are educated at home has increased in all three Berkshire West local authorities in recent years.

- **Reading:** EHE numbers rose from 108 in 2013/14 to 215 in 2018/19. Each year a number of children who had been educated at home return to formal schooling or in some cases the family may move out of the area; in academic year 2017-18, there were 64 such children and last year 2018-19, there were 40 (Brighter Futures for Children, 2019)
- **West Berkshire:** EHE numbers have increased from 82 in 2013-14 to 171 in 2018/19. There has also been a slight increase since 2016/17 in the return to formal schooling (West Berkshire Education Service – Self Evaluation).
- **Wokingham:** EHE numbers increased from 132 in 2017/18 to 173 in 2019/20 (Wokingham Borough Council Education Welfare Service 2020).

### Educational achievement

Educational achievement varies across Berkshire West. Figure 20 shows a RAG rating for key educational achievement indicators across primary and secondary school and compares the three local authority results against England's.

**Figure 20: Summary of educational achievement for school pupils in Berkshire West**

Indicator	Date	Reading		West Berkshire		Wokingham	
		Outturn	Compared to England	Outturn	Compared to England	Outturn	Compared to England
School readiness: % of pupils who had a good level of development at the end of reception	2018/19	69.2%	Significantly worse	74.6%	Significantly better	77.1%	Significantly better
School readiness: % of pupils with free school meals who had a good level of development at the end of reception	2018/19	56.5%	Similar	41.4%	Significantly worse	50.7%	Similar
School readiness: % of Year 1 pupils achieving expected level in the phonics screening	2018/19	83.1%	Similar	81.8%	Similar	84.2%	Significantly better
School readiness: % of Year 1 pupils with free school meals achieving expected level in the phonics screening	2017/18	71.1%	Similar	57.0%	Significantly worse	60.1%	Significantly worse
Key Stage 2: % of pupils achieving expected standard in reading, writing and maths	2018	60.1%	Significantly worse	63.8%	Similar	71.1%	Significantly better
Average Attainment 8 score	2017/18	44.6	Significantly worse	49.0	Significantly better	55.1	Significantly better

Source: Public Health England (2019); [Child Health Profile](#)

Reading	West Berkshire	Wokingham
<p><b>12.7%</b> of pupils were eligible and claiming free school meals in 2018. This was a reduction on recent years and significantly better than national figures.</p> <p>Pupil absence rates in Reading schools are higher than the rest of Berkshire West at <b>4.0%</b> in primary schools and <b>5.1%</b> in secondary schools. The proportion of persistent absentees is also significantly higher in Reading than the national average at <b>9.8%</b> in primary and <b>15.9%</b> in secondary schools.</p> <p>Reading's GLD at the end of Reception, Key Stage 2 results and average Attainment 8 score are all significantly worse than the rest of Berkshire West and the national figures.</p>	<p><b>6.3%</b> of pupils were eligible and claiming free school meals in 2018. This was a reduction on recent years and significantly better than national figures.</p> <p>Pupil absence rates in West Berkshire schools are <b>3.5%</b> in primary schools and <b>4.5%</b> in secondary schools. The proportion of persistent absentees is <b>6.7%</b> in primary and <b>11.9%</b> in secondary schools.</p> <p>West Berkshire's results at the end of reception are significantly worse than the national figures for children who claim free school meals. Results for phonics screening in Year 1 for children who claim free school meals are also significantly worse.</p>	<p><b>5.3%</b> of pupils were eligible and claiming free school meals in 2018. This was significantly better than national figures.</p> <p>Pupil absence rates in Wokingham schools are <b>3.4%</b> in primary schools and <b>4.6%</b> in secondary schools. The proportion of persistent absentees is <b>5.9%</b> in primary and <b>12.0%</b> in secondary schools.</p> <p>Most of Wokingham's educational achievement results are significantly better than the national figures. However, results for phonics screening in children with free school meals in Year 1 are significantly worse.</p>

## 2.4.4 Employment

Employment, unemployment and economic inactivity rates vary across Berkshire West, due to the nature of the labour markets across the area. This is summarised in Figure 21.

**Figure 21: Summary of labour market and employment in Berkshire West**

	Latest period	Reading		West Berkshire		Wokingham		England	
		Value	Trend	Latest value	Trend	Latest value	Trend	Latest value	Trend
Employment rate (aged 16 to 64)	2018/19	76.8%		81.2%		81.9%		75.6%	
Unemployment rate (aged 16 to 64)	2018/19	4.9%		3.2%		1.9%		4.2%	
Economic inactivity rate (aged 16 to 64)	2018/19	19.2%		16.2%		16.5%		21.1%	
Main reasons for economic inactivity	2018/19	Student (33%) Looking after family (30%)		Student (27%) Looking after family (24%) Retired (22%)		Student (28%) Looking after family (22%) Retired (19%)		Student (27%) Looking after family (24%) Long-term sick (22%)	
Average gross weekly income (full-time workers)	2018	£611.00		£708.00		£732.30		£591.30	
Percentage of people employed in Soc 2010 Major groups 1-3 (managers and directors; professionals, associate professional and technical occupations)	Jun 2018 - Jul 2019	55.9%	-	51.0%	-	60.4%	-	47.6%	-
Percentage of people employed in Soc 2010 Major groups 8-9 (process, plant and machine operatives; elementary occupations)	Jun 2018 - Jul 2019	13.8%	-	11.1%	-	8.6%	-	16.4%	-

Source: Office for National Statistics (2019); [Labour Market Profiles](#)

All of the Berkshire West LAs have a higher employment rate for people aged 16 to 64 than the national average, with significantly higher levels of employment in Wokingham and West Berkshire. Reading's unemployment rate is notably higher than the other two areas in Berkshire West and has increased over the last two years. Reading also has a higher economic inactivity rate for people aged 16 to 64, which can partly be explained by the larger student population.

Approximately 14,000 households across Berkshire West were defined as workless in 2018, meaning that no occupant aged 16 to 64 was in employment. This was 9% of all households, compared to 14% nationally. Approximately 3,600 households with dependent children (aged under 19) were defined as workless in Berkshire West at 3%, compared to nearly 10% nationally ([Office for National Statistics](#) 2019).

**Young people not in education, employment or training (NEET)**

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood ([Public Health England](#) 2014). To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation was introduced in 2013 to raise the participation age for education and training. This required all young people to remain in some form of education or training until the end of the academic year in which they turn 17.

In 2018, there were 470 16 and 17 year olds who were NEET in Berkshire West. This was 4.4% of the age group, which was significantly better than the national figure of 5.5%. The proportion of NEET in West Berkshire was notably lower than the rest of the area at 1.7%, while Reading’s was significantly worse at 7.5% Young men were also more likely to be NEET compared to young women, both locally and nationally ([Public Health England](#) 2019).

Reading	West Berkshire	Wokingham
<p>Similar employment and unemployment rates to England for people aged 16 to 64.</p> <p>Higher economic inactivity rate than the rest of Berkshire West, partly due to the larger student population that may choose not to work when studying and a higher proportion of adults looking after the family or home.</p> <p><b>12%</b> of households with at least one occupant aged 16 to 64 are ‘workless’. 6% of households with dependent children (aged under 20) are workless.</p> <p><b>220</b> NEET in 2018 at <b>7.5%</b>. This was significantly worse than the national figure and the rest of Berkshire West.</p>	<p>Significantly better employment and unemployment rates than England for people aged 16 to 64.</p> <p>Economic inactivity rate includes a significantly larger proportion of people aged 16 to 64 who state that they are retired (22%), compared to the national average (12%).</p> <p><b>7%</b> of households with at least one occupant aged 16 to 64 are ‘workless’. 3% of households with dependent children (aged under 20) are workless.</p> <p><b>50</b> NEET in 2017 at <b>1.7%</b>. This was significantly better than the national figure and the rest of Berkshire West.</p>	<p>Significantly better employment and unemployment rates than England for people aged 16 to 64.</p> <p>Economic inactivity rate includes a significantly larger proportion of people aged 16 to 64 who state that they are retired (19%), compared to the national average (12%).</p> <p><b>8%</b> of households with at least one occupant aged 16 to 64 are ‘workless’. 1% of households with dependent children (aged under 20) are workless.</p> <p><b>150</b> NEET in 2017 at <b>4.5%</b>. This was significantly better than the national figure.</p>

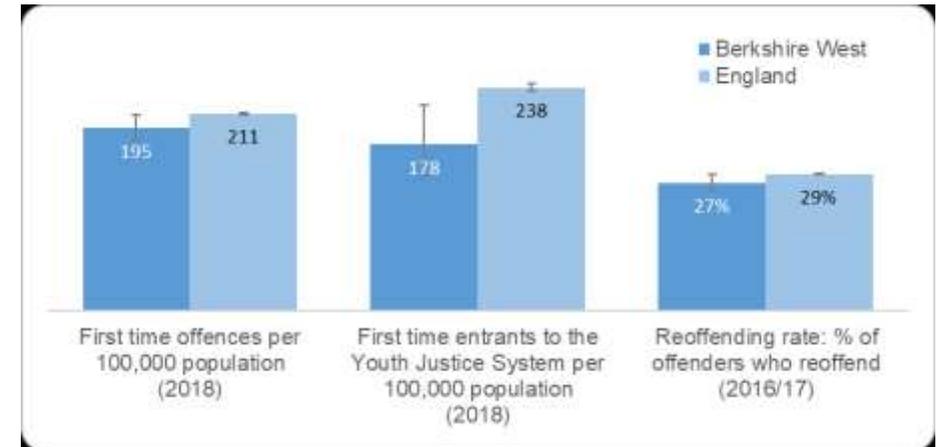
### 2.4.5 Crime and offending

Levels of crime have fallen both locally and nationally over recent decades, although there have been increases in some specific crime types ([Office for National Statistics](#) 2019). A range of crime indicators suggest that Berkshire West has lower levels of criminal activity than England, as shown in Figures 21 and 22. However, it is clear from Thames Valley Police and local Community Safety Partnerships information that levels of crime vary considerably across the local area. In 2017/18, there were 69 crimes per 1,000 households in the whole of Thames Valley, with a much higher rate of 100 per 1,000 households in Reading ([Thames Valley Police](#) 2018). Reading also has higher rates of first time offenders, first time entrants into the youth justice system, reoffending rates and reports of violence and sexual offences than the rest of Berkshire West ([Public Health England](#) 2019).

Thames Valley Police neighbourhood information and the latest release of the Indices of Deprivation highlight specific areas within Reading that have higher rates of crime. The crime domain of the Indices of Deprivation uses rates of violent crime, burglaries, theft and criminal damage from 2016/17 and 2017/18 to rank the risk of being a victim of crime in each local area. The higher the risk, the more ‘crime deprived’ an area is. 4 neighbourhoods in Reading were in the 10% most crime deprived areas in England, including areas in Whitley, Norcot, and Southcote wards. A further 6 neighbourhoods were in the 10-20% most crime deprived areas nationally, including areas in Abbey, Battle, Minster, Park and Tilehurst wards ([Ministry of Housing, Communities and Local Government](#) 2019).

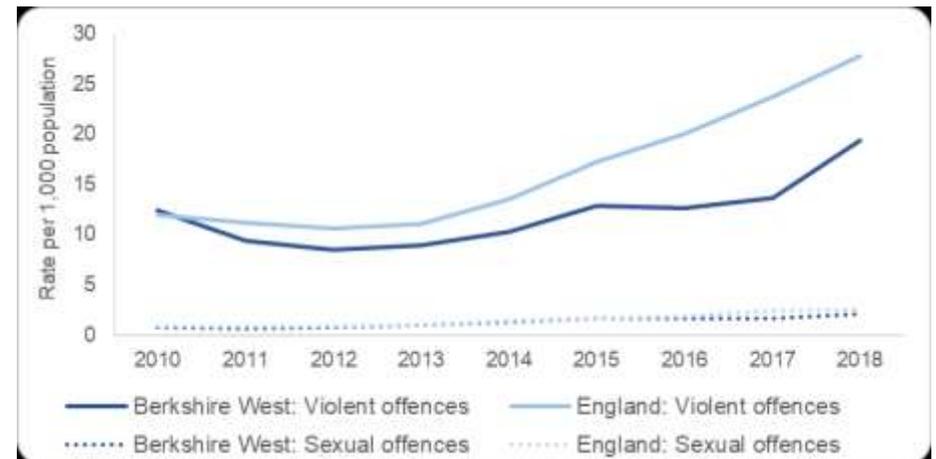
3% of Berkshire West’s children and young people aged 0 to 19 live in neighbourhoods that are in the most crime deprived quintile nationally. None of these are in West Berkshire and Wokingham.

**Figure 22: Indicators of crime for Berkshire West and England**



Source: [Public Health England](#) (2019); [Public Health Outcomes Framework](#)

**Figure 23: Rates of violent offences and sexual offences per 1,000 population**



Source: [Public Health England](#) (2019); [Public Health Outcomes Framework](#)

Reading	West Berkshire	Wokingham
<p>100 crimes reported per 1,000 households in 2017/18.</p> <p>There were 388 first time offenders in 2018 at a rate of 278 per 100,000 population.</p> <p>There were 30 first time entrants to the youth justice system in 2018 at a rate of 218 per 100,000 population. This was similar to the national rate.</p> <p>Nearly 30% of offenders reoffended in 2016/17.</p> <p>Rates of violence offences and sexual offences in Reading have increased and are higher than national figures (violent offences: 30.7 per 1,000 population; sexual offences: 3.1 per 1,000 population).</p> <p>Over 10% of children aged 0-19 live in neighbourhoods that are in the most crime deprived quintile nationally. These include neighbourhoods in Whitley, Norcot, Southcote, Abbey, Battle, Park, Minster and Tilehurst.</p>	<p>58 crimes reported per 1,000 households in 2017/18.</p> <p>There were 241 first time offenders in 2018 at a rate of 174 per 100,000 population.</p> <p>There were 23 first time entrants to the youth justice system in 2018 at a rate of 142 per 100,000 population. This was significantly better than the national rate.</p> <p>Nearly 27% of offenders reoffended in 2016/17.</p> <p>Rates of violence offences and sexual offences have increased in line with the national picture, but are one of the lowest rates in England (violent offences: 15.6 per 1,000 population; sexual offences: 1.7 per 1,000 population).</p> <p>No children aged 0-19 live in neighbourhoods that are in the most crime deprived quintile nationally. The neighbourhood with the highest crime rank is in Chieveley and Cold Ash ward.</p>	<p>48 crimes reported per 1,000 households in 2017/18 (for the Bracknell and Wokingham policing area)</p> <p>There were 193 first time offenders in 2018 at a rate of 135 per 100,000 population.</p> <p>There were 30 first time entrants to the youth justice system in 2018 at a rate of 179 per 100,000 population. This was similar to the national rate.</p> <p>22% of offenders reoffended in 2016/17, which was once of the lowest reoffending rates in England.</p> <p>Rates of violence offences and sexual offences have increased in line with the national picture, but are one of the lowest rates in England (violent offences: 11.8 per 1,000 population; sexual offences: 1.6 per 1,000 population).</p> <p>No children aged 0-19 live in neighbourhoods that are in the most crime deprived quintile nationally. The neighbourhood with the highest crime rank is in Norreys ward.</p>

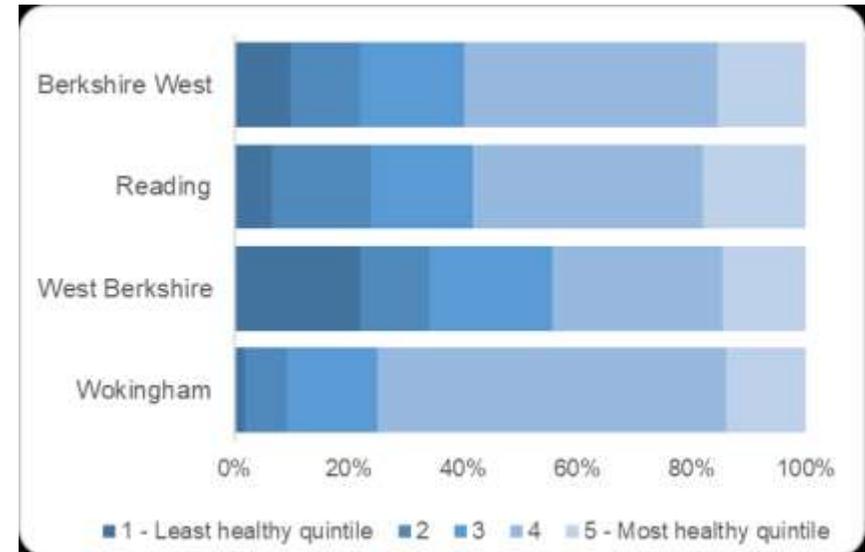
### 2.4.6 Healthy environments

The Access to Health Assets and Hazards (AHAH) index measures how 'healthy' neighbourhoods are. The index is multi-dimensional and includes data on access to retail outlets, health services, the natural environment and the air quality of an area. The purpose of this index is to better understand what areas have poorer health environments and helps to build a comprehensive measure of health at a neighbourhood level, rather than treating features of the environment in isolation.

Nearly 10% of 0-19 year olds in Berkshire West live in neighbourhoods that are in the least healthy quintile nationally, which is over 12,000 children ([Consumer Research Data Centre](#) 2019). Figure 24 shows that all of the local authorities in Berkshire West have neighbourhoods that are identified as 'unhealthy', with notably more in West Berkshire.

The components that make a neighbourhood unhealthy differ across Berkshire West, as shown in Figure 25. For Reading, the main impact is the retail environment, which includes proximity to fast food outlets, pubs, off-licences, tobacconists and gambling outlets. In West Berkshire neighbourhoods that are seen as unhealthy have a lack of access to health services (GPs, hospitals, pharmacies, dentists and leisure services) and the physical environment (green space and blue space). For Wokingham, only 2% of people aged 0 to 19 are living in neighbourhoods that are in the least healthy quintile. The main contributors for this are also lack of access to health services and the physical environment, however this is at a much lower level than West Berkshire.

**Figure 24: Proportion of people aged 0 to 19 by Access to Health Assets and Hazards (AHAH) index quintile (2017)**



Source: Consumer Data Research Centre (2019); [Access to Healthy Assets and Hazards \(AHAH\) Version 2](#)

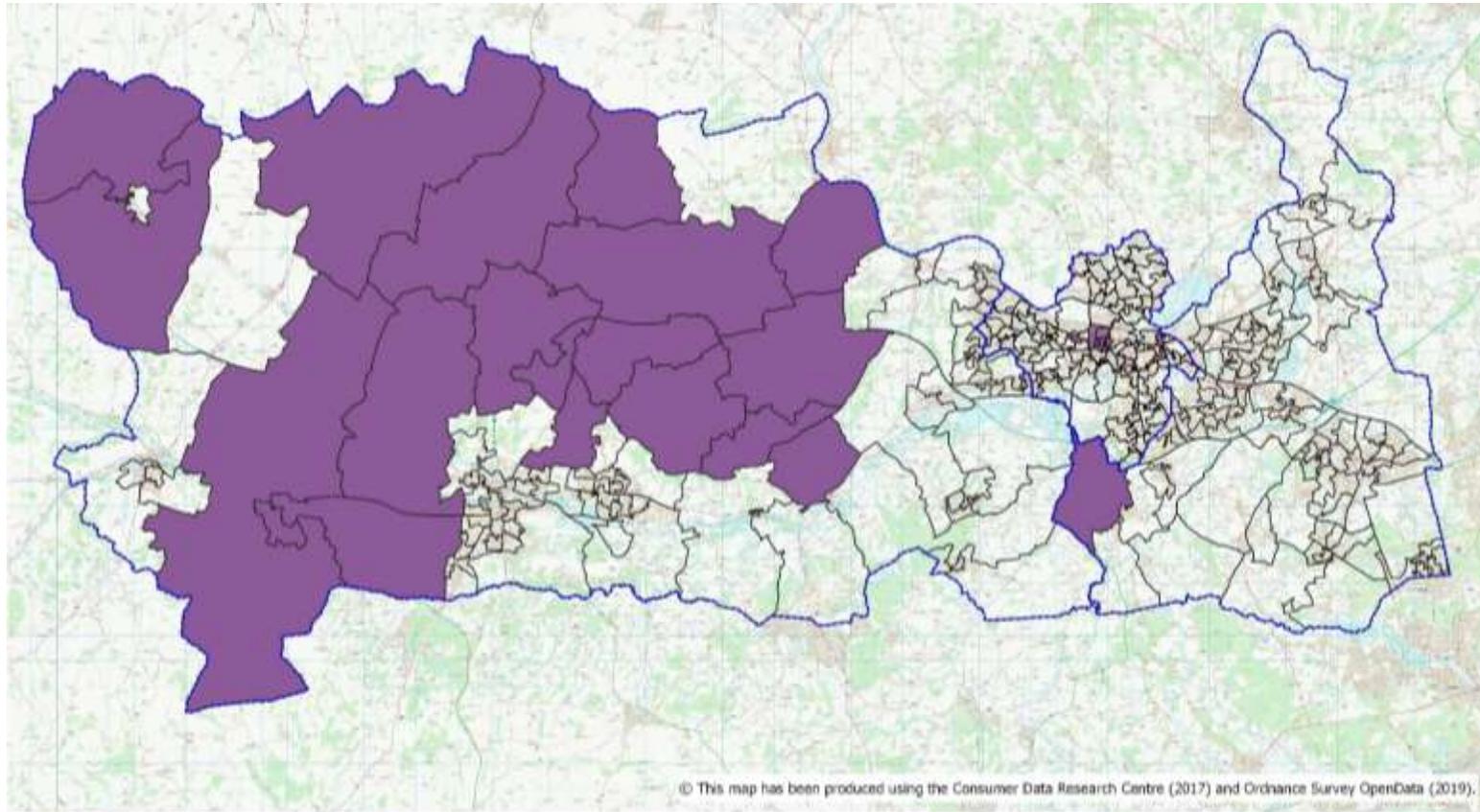
**Figure 25: Number and percentage of children and young people aged 0 to 19 who live in LSOAs in the least healthy quintile nationally (2017)**

	Berkshire West		Reading		West Berkshire		Wokingham	
	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number
Overall indicator (AHAH)	10%	12,121	7%	2,744	22%	8,561	2%	816
Retail environment	12%	15,282	25%	10,476	9%	3,331	3%	1,475
Health service	17%	21,542	0%	0	41%	15,973	13%	5,569
Physical environment	14%	17,866	5%	2,081	31%	11,933	9%	3,852
Air quality	0%	0	0%	0	0%	0	0%	0

Source: Consumer Data Research Centre (2019); [Access to Healthy Assets and Hazards \(AHAH\) Version 2](#)

Figure 26 highlights the neighbourhoods in Berkshire West that are in the least healthy quintile nationally.

**Figure 26: LSOAs in Berkshire West that fall into the least healthy quintile on the Access to Health Assets and Hazards (AHAH) index (2017)**



Source: Consumer Data Research Centre (2019); [Access to Healthy Assets and Hazards \(AHAH\) Version 2](#) . Map created by Public Health for Berkshire.

Reading	West Berkshire	Wokingham
<p>7% of children are living in one of the 20% 'least healthy' LSOAs in England. These include neighbourhoods in Abbey, Battle, Park and Redlands. The main contributory factors for this are proximity to unhealthy retail environment and air quality.</p>	<p>22% of children are living in one of the 20% 'least healthy' LSOAs in England. These are located in 12 wards across the District which are more rural, including several areas in Hungerford and Kintbury, Chieveley &amp; Cold Ash, Bucklebury, Lambourn and Downlands. The main contributory factors for this are lack of access to health services and green/blue space.</p>	<p>2% of children are living in one of the 20% 'least healthy' LSOAs in England, which is one neighbourhood in Shinfield South. This is identified as 'unhealthy' due to lack of access to health services and green/blue space.</p>

## 2.5 What do we know about their health and wellbeing?

This section looks at the health and wellbeing of children and young people in Berkshire West to provide an understanding of specific needs within the local area.



Areas that may require further investigation have been highlighted. These include:

- where Berkshire West's figures are significantly worse than England
- where Berkshire West's figures have declined significantly
- where there is significant variation and possible health inequalities across Berkshire West

### 2.5.1 Maternal and infant health

#### *Fertility rates and still births*

In 2018 there were 5,483 live births in Berkshire West. The total fertility rate (TFR) across the local authority areas ranged from 1.7 (Reading) to 1.8 (West Berkshire), which were similar to the national rate of 1.7. Local fertility rates have all decreased over the last 5 years, reflecting the national picture ([Office for National Statistics](#) 2019).

Stillbirth rates in the United Kingdom have shown little change over the last 20 years and the rate remains among the highest in high income countries. Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, history of mental health problems, antepartum haemorrhage and foetal growth restriction. In 2015 the government announced an ambition to halve the rate of stillbirths by 2030.

There were 77 stillbirths in Berkshire West between 2016-18 at a rate of 4.4 per 1,000 live births. This was similar to the national rate of 4.2 per 1,000 live births ([Public Health England](#) 2019).

#### *Smoking in pregnancy*

Smoking during pregnancy has a detrimental effect on the health of both the mother and the baby. Smoking increases the risk of serious pregnancy-related health problems, including miscarriage, premature birth, still birth and low birth weight. The [Tobacco Control Plan](#) contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022.

In 2018/19, 5.6% of women who gave birth in Berkshire West were smokers at the time of delivery, which was 301 mothers. This prevalence rate continues to be better than the national figure of 10.6% ([Public Health England](#) 2019).

### Perinatal mental health

Perinatal mental health problems are estimated to affect 10% to 20% of women during pregnancy or within the first year of having a baby ([Centre from Mental Health and London School of Economics](#), 2014). Modelled estimates for Berkshire West suggest that between 545 and 1,090 mothers experienced perinatal mental health problems in 2018. Many of these women will not have identified, sought or received support for these problems.

Figure 27 provides estimated prevalence rates for different perinatal mental health problems and approximates the number of women in Berkshire West who may have been affected by these in 2018.

Berkshire West's current Health Visiting Service is commissioned to provide Maternal Mental Health Reviews for mothers by the time their baby is 8 weeks old. In 2018/19, 3.5% of mothers were identified as requiring an onward referral for support following their review (BHFT 2019, Health Visitor Service Delivery Metrics 2018/19).

### Low birth weight

A baby is defined as being a low birth weight if they are under 2,500g and a gestational age of at least 37 complete weeks. Low birth weight increases the risk of childhood mortality, developmental problems in childhood and also indicates a risk of poorer health in later life. In 2017, 2.5% of term babies born in Berkshire West had a low birth weight, compared to 2.8% nationally ([Public Health England](#) 2019).

### Infant mortality

Infant mortality rates reflect the health and care of mothers and newborns, as well as being an indicator of the general health of an entire population. Rates of infant mortality are higher in areas of greater deprivation and the Government's [Public Health Strategy](#) (2010) aims to reduce this gap.

From 2016-18, 62 infants aged under 1 who were resident in Berkshire West died. This was 3.6 per 1,000 live births and was similar to the national rate of 3.9 per 1,000 live births. Berkshire West's infant mortality rate has continued to reduce since 2010-12, mainly due to improvements in Reading's figures ([Public Health England](#) 2019).

**Figure 27: Estimated number of women in Berkshire West with perinatal mental health problems (2018)**

Mental health issues	National prevalence	Estimated number of women
Postpartum psychosis	0.2%	11
Chronic serious mental illness	0.2%	11
Severe depressive illness	3%	164
Mild-moderate depressive illness and anxiety	10 - 15%	545 - 825
Post-traumatic stress disorder	3%	164
Adjustment disorders and distress	15 - 30%	825 - 1,635

Source: Public Health England (2019); [Perinatal Mental Health Profiles](#)

## Breastfeeding

Breastfeeding has health benefits for both mother and baby. Babies who are breast-fed experience lower levels of gastro-intestinal and respiratory infection and evidence also suggests that they will have lower levels of child obesity. Benefits for mothers include reduced risk of breast and ovarian cancer, as well as a faster return to pre-pregnancy weight. Current national and international guidance recommends exclusive breastfeeding for newborns for at least six months.

In 2018/19, 60% of infants were totally or partially breastfed at 6-8 weeks in Berkshire West. This was significantly higher than the England figure of 46%. Data was not published for Wokingham as the proportion of babies with a breastfeeding status recorded did not meet the minimum data quality standard of 95% ([Public Health England](#) 2019).



Reading	West Berkshire	Wokingham
<b>3.1%</b> of term babies were a low birth weight in 2017. This was similar to Berkshire West and national rates.	<b>1.9%</b> of term babies were a low birth weight in 2017. This was significantly better than the national rate.	<b>2.2%</b> of term babies were a low birth weight in 2017. This was similar to Berkshire West and national rates.
<b>25</b> infants died in 2016-18, which was <b>3.5</b> per 1,000 live births. This rate continues to reduce in Reading and is similar to the national rate.	<b>19</b> infants died in 2015-17, which was <b>3.8</b> per 1,000 live births. This rate is similar to the national rate.	<b>18</b> infants died in 2015-17, which was <b>3.4</b> per 1,000 live births. This rate is similar to the national rate.
<b>38</b> stillbirths in 2016-18 at a rate of 5.3 per 1,000 live births. This has decreased and is now in line with the rest of Berkshire West and national figures.	<b>19</b> stillbirths in 2016-17 at a rate of 3.7 per 1,000 live births. This is similar to the national rate.	<b>20</b> stillbirths in 2016-18 at a rate of 3.7 per 1,000 live births. This is similar to the national rate.
<b>63%</b> of infants were breastfed at 6-8 weeks	<b>56%</b> of infants were breastfed at 6-8 weeks.	Data was not published for 2018/19 as the proportion of babies with a breastfeeding status recorded did not meet the minimum data quality standard of 95%.

## 2.5.2 Early years and primary school children

### *Child development at 2 to 2 ½ years*

Since 2015, all children in England became eligible for a Healthy Child Programme development review around the time of their 2<sup>nd</sup> birthday, which is delivered as part of the universal health visitor service. Health visiting teams should be using the Ages and Stages Questionnaire (ASQ-3) as part of the 2 to 2 ½ year review. This questionnaire provides an objective measure of development and helps to identify children who may not be developing as expected, supporting decisions for continued monitoring or referral onto early intervention services where required. The ASQ-3 includes several domains to monitor the development of a range of skills, including communication, gross motor, fine motor, problem solving and personal-social skills.

In 2018/19, 79% of eligible 2 to 2 ½ year olds received a development review in Berkshire West and 92% of these were done using the Ages and Stages Questionnaire (ASQ-3). This was a significantly higher proportion than the national figure of 90%.

92% of children in Berkshire West who received the 2 to 2 ½ year ASQ-3 development review were meeting the expected levels in all 5 skill areas. This was also significantly better than the national figure of 84%. In total, 376 children in Berkshire West did not meet the expected level for at least one of the 5 skill areas, with the most support needs identified for communication skills. More detailed information about the ASQ-3 results in Berkshire West are included in the current service provision section of this Health Needs Assessment (4.1.5).

### *Dental health*

Information about dental health and tooth decay in children is collected through the Dental Public Health Epidemiology Programme for England. In 2016/17, 78% of 5 year olds in Reading and 83% of 5 year olds in West Berkshire were free of tooth decay. This compared to 77% nationally. Wokingham did not take part in the survey, so information about tooth decay for Wokingham's children is not available ([Public Health England](#) 2019).

### Healthy weight

The National Child Measurement Programme (NCMP) measures the height and weight of 4-5 year olds (Reception) and 10-11 year olds (Year 6) in primary schools. This surveillance data helps to identify patterns in obesity and excess weight in the child population, as well as those that are underweight. Figure 28 provides a summary of 2017/18 NCMP results for Berkshire West, compared to England.

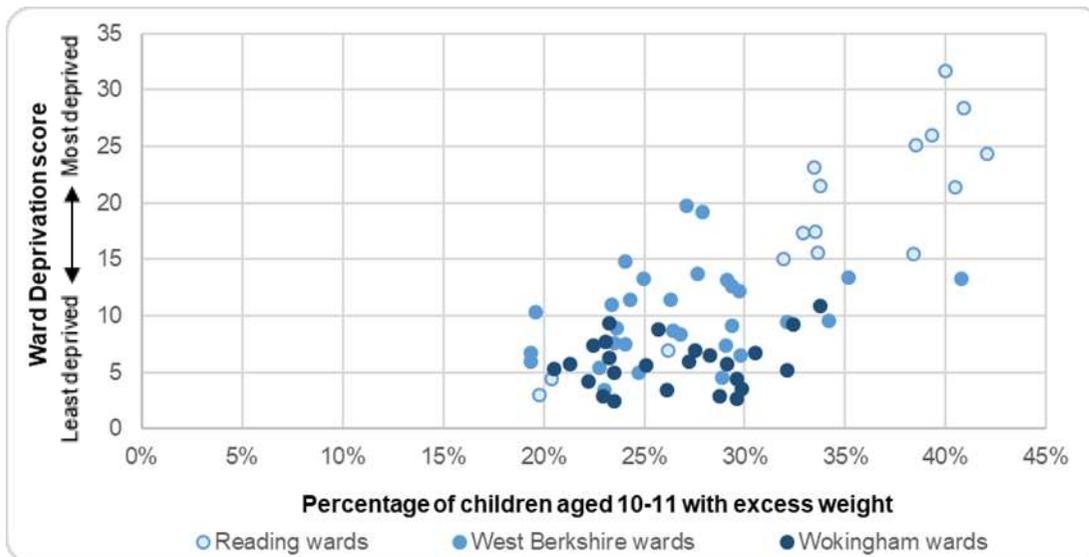
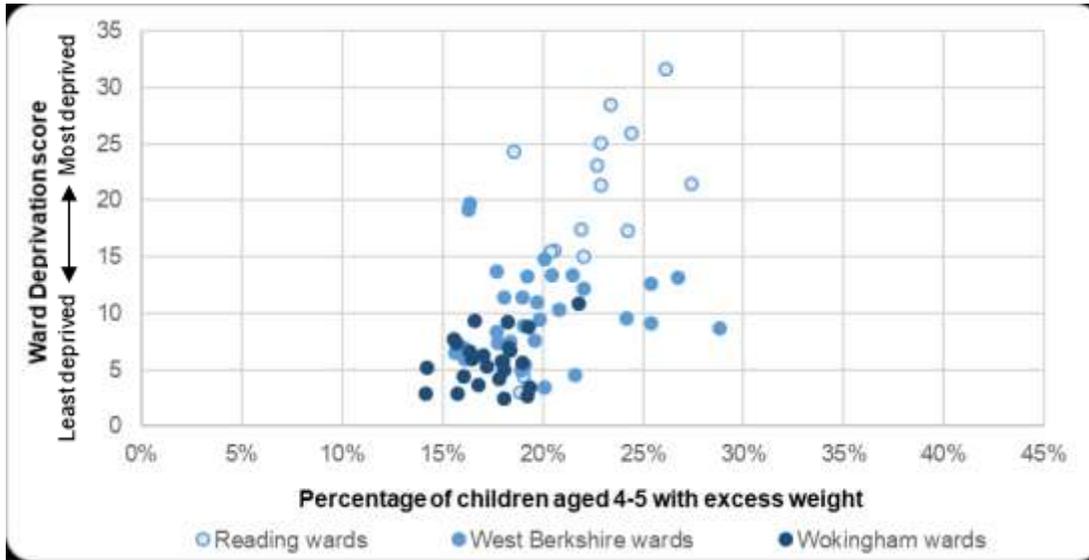
**Figure 28: Number and proportions of children in each weight group for Berkshire West and England (2017/18)**

Weight group	Reception (aged 4-5)		Year 6 (aged 10-11)		
	Berkshire West		Berkshire West		England
	Number of children	Percentage of children	Number of children	Percentage of children	Percentage of children
Healthy weight	4,722	79%	3,533	69%	64%
Under weight	78	1%	68	1%	1%
Overweight	674	11%	666	13%	14%
Obese	499	8%	856	17%	20%
Excess weight (obese and overweight)	1,173	19%	1,522	30%	34%

Source: Public Health England (2019); [NCMP and Child Obesity Profile](#)

Although Berkshire West's levels of excess weight (being overweight or obese) are better than the national average for both age groups, there is variation across the three local authorities and also within them. Figure 29 shows the proportion of children who have excess weight by ward and highlights the association between excess weight and deprivation, which is more evident for the older age group.

**Figure 29: Proportion of children with excess weight (overweight or obese) by ward and deprivation score (2015/16 to 2017/18)**



In 2017/18, 19% of 4 to 5 years olds in Berkshire West had excess weight (overweight or obese). West Berkshire and Wokingham had lower prevalence rates of obesity and excess weight compared to Reading. However, Reading’s levels of excess weight have improved in recent years.



10 to 11 year olds have higher levels of obesity and excess weight compared to the younger age group, both nationally and locally. In 2017/18, 30% of 10 to 11 year olds in Berkshire West were overweight and obese. This prevalence rate also varied across Berkshire West, with significantly higher levels of excess weight in Reading and significantly lower levels in Wokingham.



The proportion of Berkshire West’s children aged 4 to 5 who were underweight in 2017/18 was significantly higher than the national figures. This is due to a much higher prevalence rate of 2% in Reading. Children who are underweight may not be consuming the calories and nutrients that come from a varied and balanced diet, which could impact on their development and energy levels.

Source: Public Health England (2019); [NCMP and Child Obesity Profile](#)

Reading	West Berkshire	Wokingham
<b>91%</b> of 2 to 2 ½ year olds who received an ASQ-3 review in 2018/19 were meeting the expected levels of development in all 5 skill areas. This was similar to the rest of Berkshire West and significantly better than England.	<b>91%</b> of 2 to 2 ½ year olds who received an ASQ-3 review in 2018/19 were meeting the expected levels of development in all 5 skill areas. This was similar to the rest of Berkshire West and significantly better than England.	<b>94%</b> of 2 to 2 ½ year olds who received an ASQ-3 review in 2018/19 were meeting the expected levels of development in all 5 skill areas. This was similar to the rest of Berkshire West and significantly better than England.
<b>78%</b> of 5 year olds were free from tooth decay in 2016/17. Similar to national figures.	<b>83%</b> of 5 year olds were free from tooth decay in 2016/17. Significantly better than national figures.	Wokingham did not take part in the Dental Public Health Epidemiology Programme survey, so data is unavailable.
<b>22.3%</b> of 4-5 year olds had excess weight in 2017/18, with <b>10.5%</b> being obese. These were both similar to the national figures but significantly worse than Berkshire West's overall figures.  <b>1.7%</b> of 4-5 year olds were underweight in Reading (37 children), which was significantly worse than the national prevalence.	<b>20.4%</b> of 4-5 year olds had excess weight in 2017/18, with <b>7.8%</b> being obese. These were both significantly better than the national prevalence rates.	<b>16.2%</b> of 4-5 year olds had excess weight in 2017/18, with <b>6.6%</b> being obese. These were both significantly better than the national prevalence rates and rest of Berkshire West.
<b>34.3%</b> of 10-11 year olds had excess weight in 2017/18, with <b>20.6%</b> being obese. These were both similar to the national figures but higher than the other LAs in Berkshire West.	<b>28.7%</b> of 10-11 year olds had excess weight in 2017/18, with <b>15.5%</b> being obese. These were both significantly better than the national prevalence rates.	<b>26.1%</b> of 10-11 year olds had excess weight in 2017/18, with <b>13.9%</b> being obese. These were both significantly better than the national prevalence rates and rest of Berkshire West.
From 2015/16 to 2017/18, the highest rates of excess weight for 4-5 year olds were in Southcote (27.4%) and Whitley (26.2%) wards.  Highest rates for 10-11 year olds were in Abbey (42.1%), Church (40.9%), Minster (40.4%) and Whitley (40.0%) wards.	From 2015/16 to 2017/18, the highest rates of excess weight for 4-5 year olds were in Hungerford (28.8%) and Lambourn Valley (26.7%) wards.  Highest rates for 10-11 year olds were in Clay Hill (40.8%) and Calcot (35.2%).	From 2015/16 to 2017/18, the highest rates of excess weight for 4-5 year olds were in Shinfield North ward (21.8%). This ward also had the highest rates for 10-11 year olds at 33.8%, as well as Bulmershe and Whitegates (32.4%) and Hawkedon (32.1%).

### 2.5.3 Secondary school children

#### General Health

The 2014/15 What About YOUth (WAY) survey asked a sample of 15 year olds about their health and lifestyle behaviours. 13% of 15-year olds in Berkshire West stated that they had a long-term illness, disability or medical condition diagnosed by a doctor, which was comparable to the national response of 14%. However, the proportion of 15 year olds who reported that they had excellent health was lower in Berkshire West, compared to the national average, due to a significantly lower response in Reading. Only 25% of Reading's respondents felt that they had excellent health, compared to 31% in West Berkshire and 32% in Wokingham ([Public Health England 2019](#)).



#### Diet and physical activity

The WAY survey indicated that a significantly higher proportion of 15 year olds in Berkshire West eat 5 portions of fruit and vegetables per day, compared to the national average. This indicator is used as a proxy measure to establish whether young people have a 'good' diet, however it does not take into account the intake of salt, sugar and fat and therefore needs to be treated with caution ([Public Health England 2019](#)).

The [Chief Medical Officer's guidelines](#) state that children aged 5 to 18 should take part in sport and physical activity for at least 60 minutes every day. Results from the [2017/18 Active Lives Children and Young People Survey](#) showed that 18% of children were meeting these guidelines nationally and that a further 26% were close to these recommendations by doing an average of 60 minutes of activity per day across the whole week. The local results for Berkshire West were similar to the national picture (Figure 30) and indicate that 55% of local children are not close to reaching the physical activity guidelines.

The level of physical activity varies across age groups and also between boys and girls. Nationally, 20% of boys are active every day and 14% of girls.

Young people who spend more time sedentary have a greater fat mass, higher BMI and increased risk of being overweight or obese, irrespective of their levels of physical activity when not sedentary. Nationally, 70% of 15 year olds are estimated to have a mean daily sedentary time of over 7 hours per day. Berkshire West's levels of sedentary behaviour are significantly better than this, due to much lower levels in Wokingham (63%) and West Berkshire (66%). Reading's rates are similar to the national figure at 71% ([Public Health England 2019](#)).

**Figure 30: Activity status for Berkshire West children in school years 1 to 11 (2017/18)**

Activity status	Proportion of Berkshire West children
Active every day (60 minutes* or more every day)	20%
Active across the week (an average of 60 minutes* or more a day but not every day)	26%
Fairly active (an average of 30-59 minutes* a day)	21%
Less active (less than an average of 30 minutes* a day)	34%

\* minutes of moderate or vigorous activity

Source: Sport England (2018); [Active Lives Children and Young People Survey Academic Year 2017/18](#)

### Lifestyle and risk behaviours

The 2018 [Smoking, Drinking and Drug Use Among Young People in England Survey](#) provides information about young people's smoking, drinking and drug use habits. The figures from the survey can be used to provide modelled estimates for Berkshire West based on the mid-2018 population estimates and these are shown in Figure 31. These should only be used as a guide, as they do not take the demography of the area into account.

**Figure 31: Smoking, drinking and drug use habits of young people aged 11 to 15**

National Survey findings on smoking, drinking and drug use habits of people aged 11 to 15	National Prevalence	Modelled estimates for Berkshire West
Proportion that have ever tried smoking	15%	4,412
Proportion that are current smokers	4%	1,309
Proportion that smoked in the last week	3%	1,014
Proportion that have ever used an e-cigarette	23%	6,837
Proportion that are current e-cigarette users	5%	1,572
Proportion that have ever had an alcoholic drink	41%	12,142
Proportion that have drunk alcohol in the last week	9%	2,694
Proportion that have taken drugs	22%	6,523
Proportion that have taken drugs in the last month	8%	2,545

Source: Prevalence from NHS Digital (2019) [Smoking, Drinking and Drug Use Among Young People in England - 2018](#); Population from Office for National Statistics (2019); [Estimates of the population for the UK mid-2018](#)

The 2014/15 What About YOUth (WAY) survey asked a sample of 15 year olds about their health and lifestyle behaviours. The results for 15 years olds in Berkshire West did show some variation with risk behaviours locally. Young people in Wokingham had significantly lower proportions of young adults that regularly drink, smoke or take drugs, compared to the national figures. Reading and West Berkshire's figures were closer to the national average for all of these behaviours, apart from Reading having a significantly lower proportion of young drinkers and West Berkshire having a significantly lower proportion of young smokers ([Public Health England](#) 2019).

13% of Berkshire West's 15 year olds are estimated to have 3 or more risky behaviours (smoking, drinking, drug use, poor diet, physical inactivity), which is approximately 769 children. This is lower than the national prevalence of 16% ([Public Health England](#) 2019).

In 2018, a local survey was conducted to look at the consumption of cigarettes and alcohol amongst young people of school age in Berkshire West. This survey is repeated every year. The aim of the survey was to understand young people's habits, behaviours and attitudes towards smoking cigarettes and/or e-cigarettes, and drinking alcohol.

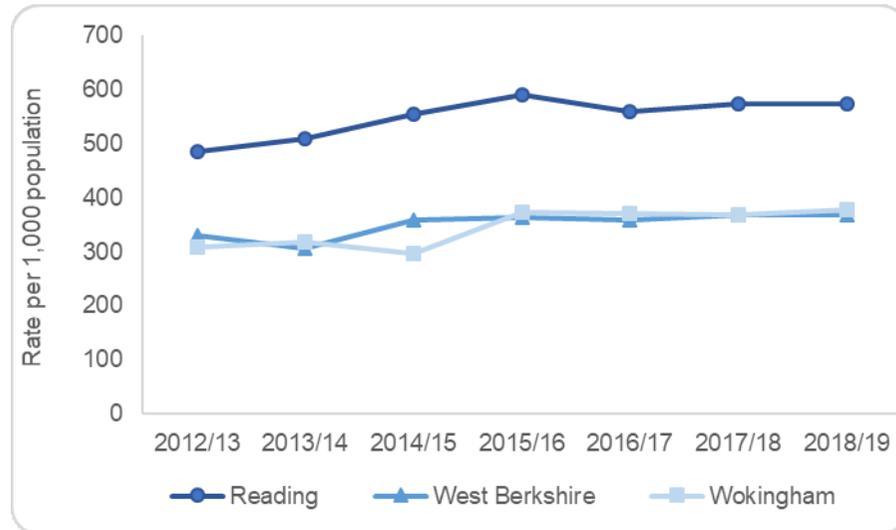
- 10 schools participated in the survey, which ran from 29 October 2018 to 31 January 2019. 3 Reading, 5 West Berkshire, 2 Wokingham
- 1938 completed questionnaires from pupils aged 11-17 years were received.
- 9.7% (188 out of 1938) of all pupils surveyed answered yes to 'Have you ever smoked a cigarette?' Broken down by gender this equates to 10.3% of males and 9.2% of females.
- Looking at this another way, in terms of all pupils surveyed, 4.5% said 'I have only tried smoking' (3%) or 'I never smoke now' (1.5%), and 1.6% answered 'Only a few times a year'. 2.2% said they smoked 'every day / almost every day'.
- Of all pupils surveyed, 92.9% answered 'I don't use e-cigarettes / e-shisha'. 4.1 % said that they used e-cigarettes / e-shisha; 2.5% of which smoked cigarettes as well.
- 49.5% (959 out of 1938) of all pupils surveyed answered yes to 'Have you ever drunk alcohol?' Broken down by gender this equates to 53% of males and 47.7% of females.
- 499 out of the 959 (52%) pupils who have 'ever drunk alcohol' answered yes to 'Have you drunk any alcohol in the last month?' This reduces to 214 out of 959 (22.3%) for the 'Have you drunk any alcohol in the last 7 days?' question.

Reading	West Berkshire	Wokingham
25% of 15 year olds reported that they were in excellent health, which was significantly lower than the rest of Berkshire West and England.	31% of 15 year olds reported that they were in excellent health, which was similar to England.	32% of 15 year olds reported that they were in excellent health, which was similar to England.
71% of 15 year olds reported that they were sedentary for over 7 hours a day, which was higher than the rest of Berkshire West.	66% of 15 year olds reported that they were sedentary for over 7 hours a day, which was significantly better than England.	63% of 15 year olds reported that they were sedentary for over 7 hours a day, which was significantly better than England.
Self-reported prevalence of smoking and taking drugs for 15 year olds was higher in Reading than the rest of Berkshire West. However, the proportion who regularly drink alcohol was the lowest in Berkshire West (4%) and significantly lower than England.	Self-reported prevalence of smoking in 15 year olds was significantly lower than the England rate at 6%. However, the proportion who regularly drink alcohol was the highest in Berkshire West (5%) and similar to England.	Self-reported prevalence of smoking, drinking alcohol and taking drugs for 15 year olds was significantly lower in Wokingham than the national figures.

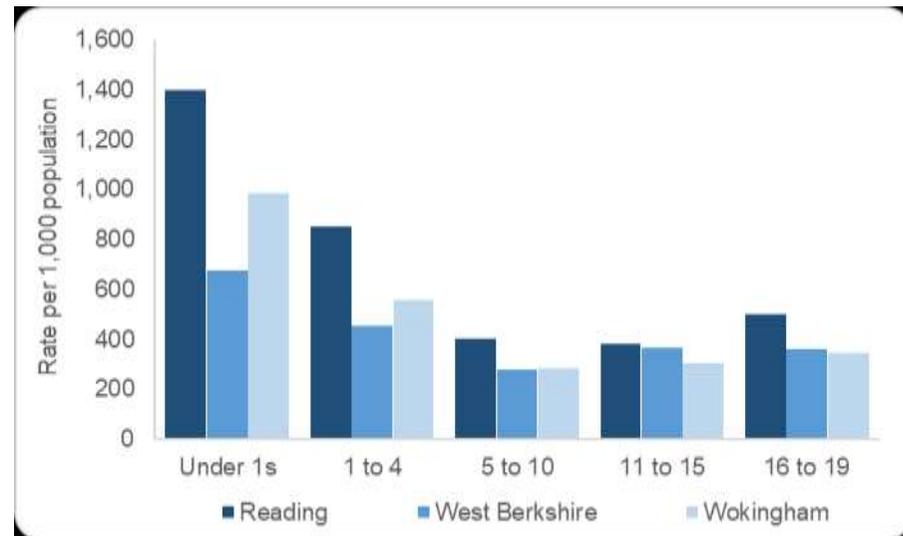
### 2.5.4 Hospital activity for children and young people

In 2018/19, there were 54,720 A&E attendances for children and young people aged 0 to 19 in Berkshire West. This was a rate of 441 attendances per 1,000 population and an 18% increase on 2012/13's figures. Figure 32 shows that Reading has a consistently higher attendance rate than the rest of Berkshire West.

**Figure 32: A&E attendance rate for people aged 0 to 19 in Berkshire West (2012/13 to 2018/19)**



**Figure 33: A&E attendance rate in Berkshire West by age group in 2018/19**



Source: NHS Digital (2019); Hospital Episodes Statistics dataset received by Public Health for Berkshire

 A&E attendance rates vary across age groups, as shown in Figure 33. Babies aged under 1 have a much higher attendance rate, followed by young children aged 1 to 4. Reading's attendance rates are higher in all age groups compared to the rest of Berkshire West, with a significantly higher rate of attendances for babies aged under 1.

From 2016/17 to 2018/19, 11% of A&E attendances for children and young people aged 0 to 19 led to a hospital admission. 55% were discharged with no follow-up required.



In 2018/19, there were 6,965 emergency hospital admissions for children and young people aged 0 to 19 in Berkshire West. This was a rate of 56 attendances per 1,000 population. Berkshire West’s admission rate for children and young people has increased by 7% since 2012/13. However, these changes are notably different between age groups and local authorities, as shown in Figure 34. Young people aged 16 to 19 have seen an 54% increase in emergency hospital admissions over the last 6 years in Berkshire West, which equates to over 400 more admissions per year.

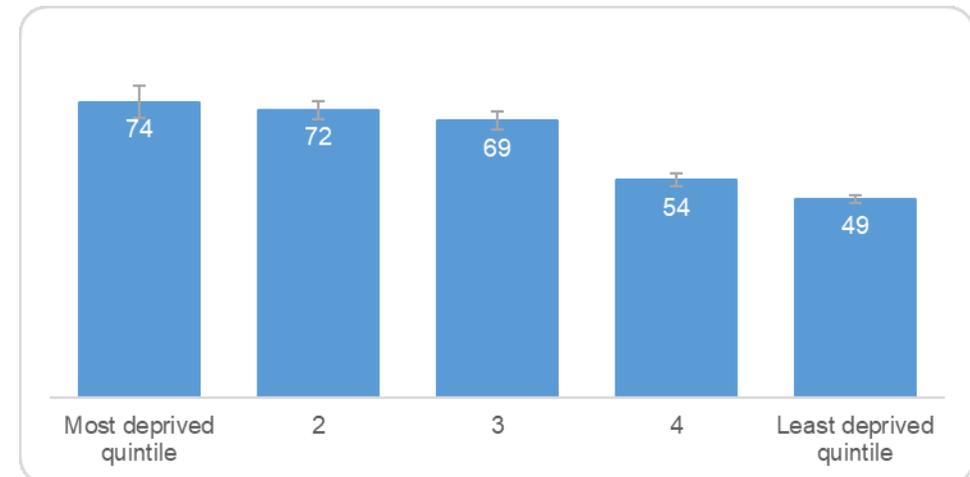
**Figure 34: Percentage change in emergency admission rate from 2012/13 to 2018/19 in Berkshire West**

	Age under 1	Aged 1 to 4	Aged 5 to 10	Aged 11 to 15	Aged 16 to 19	Aged 0 to 19
Reading	12%	-10%	-8%	19%	54%	<b>-2%</b>
West Berkshire	17%	12%	2%	15%	60%	<b>12%</b>
Wokingham	24%	26%	21%	-11%	50%	<b>14%</b>
Berkshire West	<b>17%</b>	<b>6%</b>	<b>4%</b>	<b>8%</b>	<b>54%</b>	<b>7%</b>

Source: NHS Digital (2019); Hospital Episodes Statistics dataset received by Public Health for Berkshire

Berkshire West’s emergency admission rate is associated with deprivation, as shown in Figure 35. In 2016/17 to 2018/19, the admission rate for children and young people living in the most deprived quintile was 23% higher than the least deprived quintile in Berkshire West.

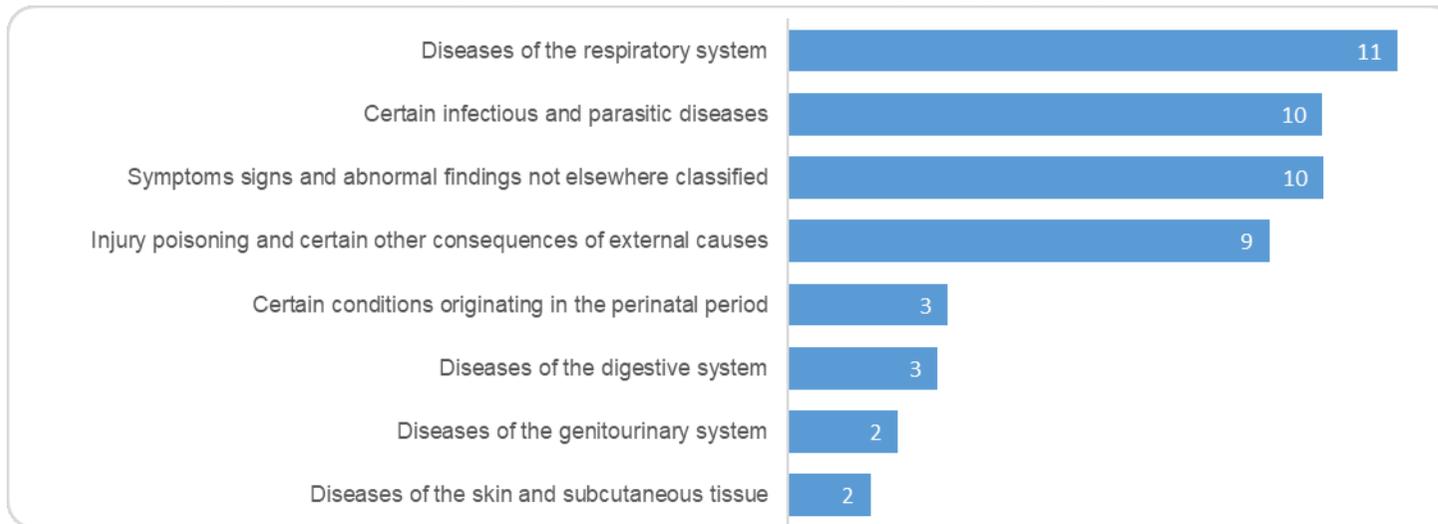
**Figure 35: Emergency admission rate per 1,000 population for children and young people aged 0 to 19 in Berkshire West by deprivation quintile (2016/17 to 2018/19)**



Source: NHS Digital (2019); Hospital Episodes Statistics dataset received by Public Health for Berkshire

Figure 36 shows the primary category causes for emergency admissions from 2016/17 to 2018/19. The main reasons for admission were *diseases of the respiratory system*, which accounted for 20% of all admissions, followed by *certain infectious and parasitic diseases* and *symptoms signs and abnormal clinical and laboratory findings not elsewhere classified* which accounted for 17% of admissions each.

**Figure 36: Primary causes for emergency admissions for children and young people aged 0 to 19 in Berkshire West (2016/17 to 2018/19)**



Source: NHS Digital (2019); Hospital Episodes Statistics dataset received by Public Health for Berkshire

Emergency admission causes differ across age groups, as shown in Figure 37. *Injury, poisoning and certain other consequences of external causes* is a greater contributor to the admission rate as children get older with 29% of all admissions for those aged 11 to 19 attributed to this cause.

**Figure 37: Top three main causes for emergency admissions in Berkshire West by age group (2016/17 to 2018/19)**

Age group	Disease/ condition group	Rate per 1,000 population	% of emergency admissions for age group
Under 1s	Diseases of the respiratory system	69	27%
	Certain conditions originating in the perinatal period	61	24%
	Symptoms signs and abnormal clinical findings not elsewhere classified	42	16%
1 to 4	Certain infectious and parasitic diseases	29	34%
	Diseases of the respiratory system	21	25%
	Symptoms signs and abnormal clinical findings not elsewhere classified	12	14%
5 to 10	Diseases of the respiratory system	6	19%
	Symptoms signs and abnormal clinical findings not elsewhere classified	6	19%
	Injury poisoning and certain other consequences of external causes	5	18%
11 to 15	Injury poisoning and certain other consequences of external causes	10	29%
	Symptoms signs and abnormal clinical findings not elsewhere classified	7	21%
	Diseases of the respiratory system	3	9%
16 to 19	Injury poisoning and certain other consequences of external causes	14	29%
	Symptoms signs and abnormal clinical findings not elsewhere classified	10	21%
	Diseases of the respiratory system	5	10%

Source: NHS Digital (2019); Hospital Episodes Statistics dataset received by Public Health for Berkshire

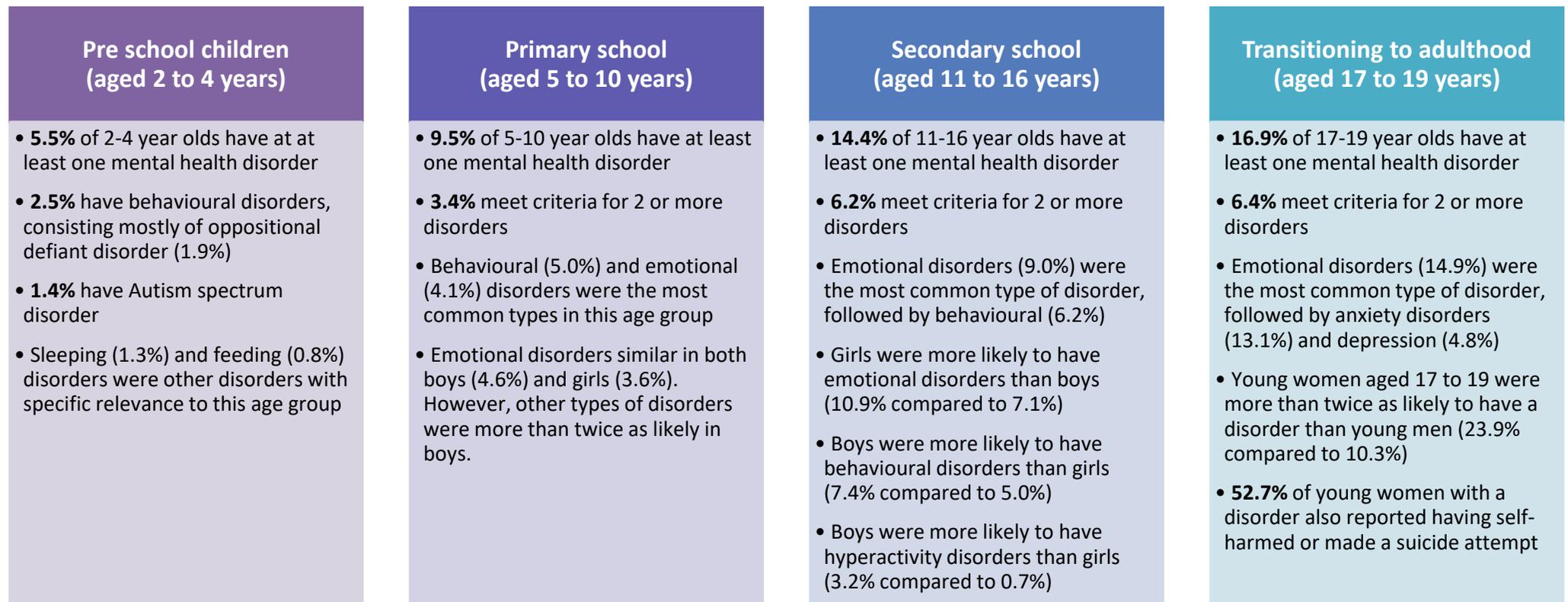
Reading	West Berkshire	Wokingham
<p><b>24,005</b> A&amp;E attendances for children and young people aged 0-19 in 2018/19, which was 573 per 1,000 population. This rate continues to be higher than the rest of Berkshire West and has increased by 18% in the last 6 years.</p> <p><b>10%</b> of A&amp;E attendances led to a hospital admission in 2016/17 to 2018/19, while 55% were discharged with no follow-up required.</p>	<p><b>14,385</b> A&amp;E attendances for children and young people aged 0-19 in 2018/19, which was 367 per 1,000 population. This rate has increased by 11% in the last 6 years.</p> <p>11% of A&amp;E attendances led to a hospital admission in 2016/17 to 2018/19, while 61% were discharged with no follow-up required.</p>	<p><b>16,325</b> A&amp;E attendances for children and young people aged 0-19 in 2018/19, which was 379 per 1,000 population. This rate has increased by 23% in the last 6 years.</p> <p>12% of A&amp;E attendances led to a hospital admission in 2016/17 to 2018/19, while 48% were discharged with no follow-up required.</p>
<p><b>2,610</b> emergency admissions for children and young people aged 0-19 in 2018/19, which was 62 per 1,000 population. This rate is higher than the rest of Berkshire, however the gap between the three localities is reducing.</p> <p>Reading is the only locality that has seen a decrease in the admission rate over the last 6 years with a 2% decrease overall. This is due to a decrease in admissions in the 1 to 10 age group. However, there has been a significant increase (54%) in admissions for the 16 to 19 age group over the same time period.</p>	<p><b>2,130</b> emergency admissions for children and young people aged 0-19 in 2018/19, which was 54 per 1,000 population.</p> <p>West Berkshire has had a 12% increase in admissions over the last 6 years. This increase varies across age groups, with the most significant increase (60%) in admissions for the 16 to 19 age group over this time period.</p>	<p><b>2,225</b> emergency admissions for children and young people aged 0-19 in 2018/19, which was 52 per 1,000 population.</p> <p>Wokingham has had a 14% increase in admissions over the last 6 years. This increase varies across age groups, with the most significant increase (50%) in admissions for the 16 to 19 age group over this time period. Wokingham has also had the greater increase in admissions across the 0 to 10 age group compared to rest of Berkshire West.</p>

## 2.5.5 Mental health and emotional wellbeing

### Prevalence of mental health disorders

The [2017 Mental Health of Children and Young People in England](#) survey found that 13% of children and young people aged 5 to 19 had at least one mental health disorder and 5% met the criteria for 2 or more disorders. The prevalence of mental disorders was shown to rise through the age groups from pre-school children to young adults. The key findings from this report are shown at Figure 38.

**Figure 38: Key findings from the 2017 Mental Health of Children and Young People in England for children aged 2 to 19 years**



Source: NHS Digital (2017); [2017 Mental Health of Children and Young People in England](#)

Figure 39 provides modelled estimates for the numbers of children and young people in Berkshire West who may have a mental health disorder. These are based on the prevalence rates identified in the 2017 national survey and take the age and sex of the local population into account. However, these have not been adjusted for other risks or protective factors that will impact on a child's risk of developing a mental health disorder. A high level summary of the factors identified in the 2017 survey have been included at Figure 40.

**Figure 39: Estimated prevalence of mental health disorders for children and young people in Berkshire West**

Type of mental health disorder	5 to 10 year olds		11 to 16 year olds		17 to 19 year olds		5 to 19 year olds (Total)	
	Estimated number	Prevalence	Estimated number	Prevalence	Estimated number	Prevalence	Estimated number	Prevalence
Mental health disorder (all)	3,854	9.5%	5,091	14.3%	2,997	17.0%	11,943	12.7%
Emotional disorder	1,668	4.1%	3,184	9.0%	2,651	15.0%	7,503	8.0%
Behavioural disorder	2,034	5.0%	2,206	6.2%	134	0.8%	4,374	4.7%
Hyperactivity disorder	703	1.7%	696	2.0%	135	0.8%	1,537	1.6%
Other less common disorder	911	2.2%	782	2.2%	317	1.8%	2,009	2.1%

Source: Prevalence from NHS Digital (2017); [2017 Mental Health of Children and Young People in England](#) Population from Office for National Statistics (2019); [Estimates of the population for the UK mid-2018](#)

**Figure 40: Risks and potential predictors for increased prevalence of mental health disorders in children and young people**

Demographic factors	Social and family related factors	Socio-economic factors
<ul style="list-style-type: none"> <li>- <b>Sexual-orientation:</b> Young people who identified as non-heterosexual were more likely to have a mental health disorder (34.9%), than those who identified as heterosexual (13.2%)</li> <li>- <b>Ethnic group:</b> Rates of disorder are higher in White British children (14.9%) and lower for other ethnic groups</li> <li>- <b>Physical Disability and Health:</b> Children with a disorder were more likely to have poor general health, a limiting long-term illness, a physical or developmental problem or a special educational need.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Family functioning:</b> 38.2% of children living in the least healthy functioning families had a mental disorder, compared to 8.3% of children living in the most healthy functioning families</li> <li>- <b>Parental mental health:</b> rates of mental disorder tended to be highest in children living with a parent with poor mental health</li> <li>- <b>Adverse life events:</b> Children with a mental disorder were more likely to have experienced certain types of adversity, such as parental separation or financial crisis at home</li> <li>- <b>Social support and participation:</b> Low levels of social support, smaller social network and not participating in clubs or organisations were associated with the presence of a mental disorder</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Lower income households:</b> Emotional and behavioural disorders were more common for children living in lower income households, although there was no association for hyperactivity and eating disorders.</li> <li>- <b>Receipt of benefits:</b> Disorder rates higher for children whose parents were in receipt of low income benefits</li> <li>- <b>Neighbourhood deprivation:</b> this was not associated with most types of disorders</li> </ul>

Source: NHS Digital (2017); [2017 Mental Health of Children and Young People in England](#)

### Emotional wellbeing

The 2014/15 What About YOUth (WAY) survey asked a sample of 15 year olds about their health and wellbeing. While the average wellbeing scores from the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) were similar across the three Berkshire West local authorities, responses to other questions varied significantly (Figure 41).

15-year olds in Reading had higher levels of low life satisfaction than the rest of the local area and those in West Berkshire were more likely to report experiences of bullying in the last two months.



**Figure 41: What About YOUth (WAY) survey question responses for 15-year olds in Berkshire West (2014/15)**

Reponses from 15 year olds in WAY survey	England	Reading		West Berkshire		Wokingham	
	Outturn	Outturn	Compared to England	Outturn	Compared to England	Outturn	Compared to England
Mean score for the 14 Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) statements	47.6	47.5	Similar	47.4	Similar	47.6	Similar
Percentage reporting low life satisfaction	13.7%	16.0%	Significantly worse	14.9%	Similar	10.5%	Significantly better
Percentage who were bullied in the past couple of months	55.0%	55.8%	Similar	61.9%	Significantly worse	49.9%	Significantly better
Percentage who had bullied others in the past couple of months	10.1%	10.1%	Similar	12.4%	Significantly worse	9.2%	Similar

Source: Public Health England (2019); [Child Health Profile](#)

### Hospital activity for mental health conditions and self-harm

In 2018/19, there were 115 hospital admissions for children and young people aged 0 to 19 in Berkshire West, which were for mental health conditions. This was a rate of 91 per 100,000 population. The rate of admissions has increased in Berkshire West, however the numbers are still relatively small and are therefore not statistically significant. 72% of admissions in 2018/19 were for the 15 to 19 age group and 21% were for those aged 10 to 14. 54% of admissions were for girls and young women (NHS Digital 2019; Hospital Episode Statistics restricted dataset).

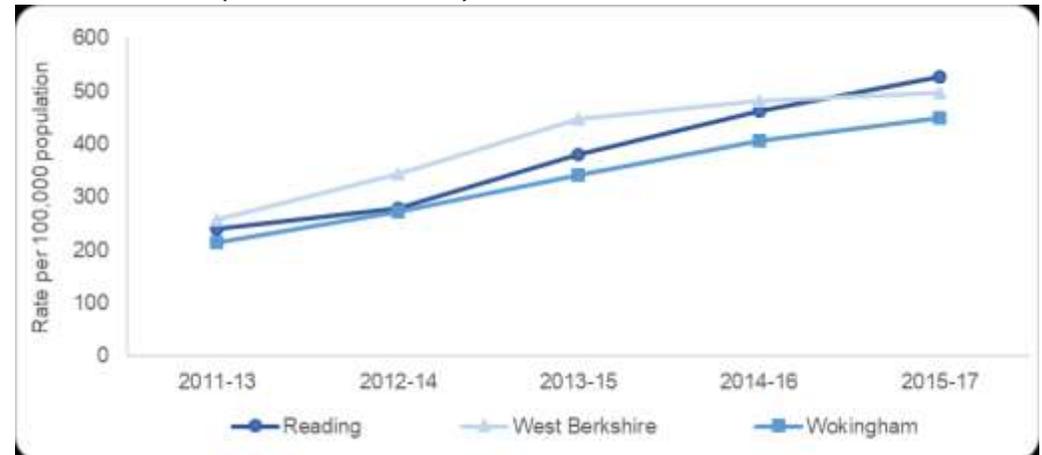
Self-harm is not a psychiatric disorder, but it is indicative of major mental distress ([McManus et al, 2016](#)). Self-harm is often a very private behaviour and sensitive topic, which means that there is limited reliable information about young people's healthcare usage associated with self-harm events. It is important to note that the majority of young people who do self-harm will either not harm themselves in a way that needs medical treatment or they will deal with it themselves.

From 2015-17, there were 845 admissions for self-harm for children and young people aged 10 to 19 in Berkshire West. This was a rate of 478 per 100,000 population and a 106% increase on 2011-13's admission rate. Figure 42 shows how admissions for self-harm have continued to increase since 2011-13 across all Berkshire West local authorities (NHS Digital 2019; Hospital Episode Statistics restricted dataset).

Of these hospital admissions for self-harm in 2015-17:

- 83% were for young people aged 15 to 19, compared to 17% for the 10 to 14 age group.
- 82% were for females
- 87% were due to intentional self-poisoning, while 13% were for intentional self-harm with a sharp object.

**Figure 42: Hospital admissions for self-harm for children aged 10 to 19 in Berkshire West (2011-13 to 2015-17)**



Source: NHS Digital (2019); Hospital Episodes Statistics dataset received by Public Health for Berkshire

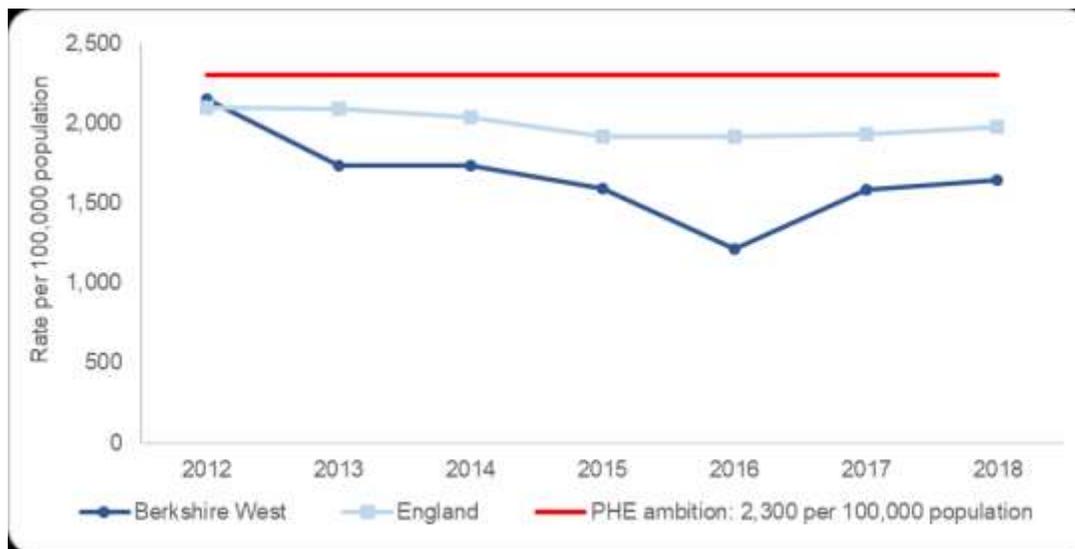
Reading	West Berkshire	Wokingham
<p>The prevalence of mental health disorders is expected to be higher in Reading than the rest of Berkshire West due to the impact of socio-economic factors.</p> <p>The proportion of 15 year olds reporting low life satisfaction was higher than the rest of Berkshire West and significantly worse than England.</p>	<p>The proportion of 15 year olds who reported being bullied or bullying others in the last 2 months was significantly worse than both the Berkshire West and England figures.</p>	<p>Wokingham had the lowest proportion of 15 year olds in Berkshire West who stated that they had low life satisfaction, were being bullied or were bullying others.</p>
<p><b>35</b> admissions for mental health conditions for children and young people aged 10 to 19. This is a rate of 88 per 100,000 population.</p>	<p><b>45</b> admissions for mental health conditions for children and young people aged 10 to 19. This is a rate of 112 per 100,000 population.</p>	<p><b>30</b> admissions for mental health conditions for children and young people aged 10 to 19. This is a rate of 74 per 100,000 population.</p>
<p><b>285</b> admissions for self-harm for children and young people aged 10 to 19 in 2015-17. This was a rate of 528 per 100,000 population.</p>	<p><b>290</b> admissions for self-harm for children and young people aged 10 to 19 in 2015-17. This was a rate of 498 per 100,000 population.</p>	<p><b>270</b> admissions for self-harm for children and young people aged 10 to 19 in 2015-17. This was a rate of 449 per 100,000 population.</p>

## 2.5.6 Sexual Health

### Sexually Transmitted Infections (STIs)

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. Chlamydia screening is recommended for all sexually active people under 25 and on partner change. [Public Health England](#) recommends that local authorities should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 population.

**Figure 43: Chlamydia detection rate per 100,000 population (aged 15 to 24)**



Source: Public Health England (2019); [Sexual and Reproductive Health Profiles](#)

In 2018, 17% of 15 to 24 year olds in Berkshire West were screened for chlamydia, which was lower than the national figure of 20%. This proportion has also steadily declined from 26% in 2012. The younger age group of 15 to 19 year olds had a lower proportion of people screened in Berkshire West at just under 10%. This was higher for young women at 15%, compared to 5% for young men (Chlamydia Testing Activity Database 2019).



947 cases of chlamydia were detected for 15 to 24 year olds in Berkshire West at a rate of 1,644 per 100,000 population. This was significantly below Public Health England's recommendation of 2,300 per 100,000 population and also below the national rate, as shown in Figure 43 ([Public Health England](#) 2019). 373 of these chlamydia diagnoses were in young people aged 15 to 19 in Berkshire West. The rate of detection in this age group was higher for young women at 1,947 per 100,000 population, compared to 652 per 100,000 population for young men (Chlamydia Testing Activity Database 2019).

Young people aged 15 to 19 have the second highest rate of new STI diagnoses in Berkshire West, following those aged 20 to 24. In 2018 there were a total of 557 new STI diagnoses for young people aged 15 to 19 at a rate of 1,946 per 100,000 population. Reading's rate of diagnoses is nearly three times greater than that of West Berkshire and more than double Wokingham's.



**Figure 44: Number and rate of new STI diagnoses in Berkshire West (2018)**

	Under 15		15 to 19		All ages	
	Number of diagnoses	Rate per 100,000 population	Number of diagnoses	Rate per 100,000 population	Number of diagnoses	Rate per 100,000 population
Reading	<5	Suppressed	316	3,319	1,784	1,094
West Berkshire	<5	Suppressed	112	1,192	683	431
Wokingham	0	0	129	1,329	750	455
Berkshire West	<5	Suppressed	557	1,946	3,217	661

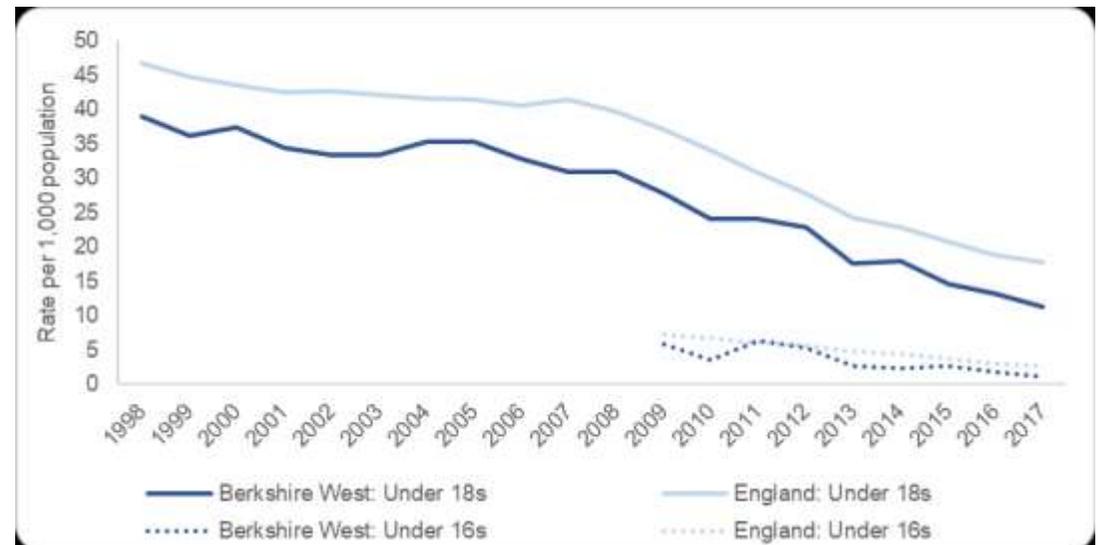
Source: Public Health England (2019); HIV and STI Web Portal

### Teenage pregnancy

The [Local Government Association](#) (2016) explains that teenage pregnancy is both a cause and consequence of health and education inequalities. Most teenage pregnancies are unplanned and around half end in an abortion. Longitudinal studies show that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems ([Public Health England](#) 2019).

Teenage conception rates in Berkshire West have shown a steady decline since 2018, reflecting the national picture (Figure 45). In 2017, 93 females aged 15 to 17 and 9 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion in Berkshire West. While Reading’s rate of teenage pregnancy has historically been much higher than the national rate and other areas of Berkshire West, there has been a significant decrease in conceptions over the last 12 years. 57% of under 18 conceptions led to an abortion in 2017 (53 in total) ([Public Health England](#) 2019).

**Figure 45: Under 18 and under 16 conception rates per 1,000 population**



Source: Public Health England (2019); [Sexual and Reproductive Health Profiles](#)

## Female genital mutilation (FGM)

Female Genital Mutilation (FGM) refers to procedures that intentionally alter or remove part or all of the external female genital organs for non-medical reasons. The practice is medically unnecessary, has no health benefit and is extremely painful and harmful to victims, both at the time the mutilation is carried out and in later life. The practice is associated with initiation rites for young girls originating in a number of countries across North and West Africa. In some cases, these practices have continued to be taken up by certain minority and immigrant communities living in countries in Europe and North America, including the UK. FGM has been a criminal offence in the UK since 1985 and there has been a duty of mandatory reporting for health and social care professionals in England and Wales since 2015 ([2015 Serious Crime Act](#)).

The number of women who have been victims of FGM locally is unknown, although the prevalence in any area is likely to be linked to migration patterns from countries where FGM is a normative cultural practice ([UNICEF](#) 2013). In 2018/19, approximately 20 women were identified as being victims of FGM in Berkshire West. Most of these women were recorded through Obstetric services who typically oversee more risky pregnancies. The majority of these women self-reported their FGM, although some were identified by practitioners on examination. All of the women were born in Africa or Asia and the FGM was undertaken in these countries ([NHS Digital](#) 2019).

Reading	West Berkshire	Wokingham
20% of 15 to 24 year olds were screened for chlamydia in 2017, which was the highest proportion in Berkshire West.	14% of 15 to 24 year olds were screened for chlamydia in 2017. This is significantly lower than the national rate.	15% of 15 to 24 year olds were screened for chlamydia in 2017. This is significantly lower than the national rate.
501 cases of chlamydia were detected for young people at a rate of 2,113 per 100,000 population. This was the highest rate in Berkshire West.	227 cases of chlamydia were detected for young people at a rate of 1,367 per 100,000 population.	219 cases of chlamydia were detected for young people at a rate of 1,267 per 100,000 population. This was the lowest rate in Berkshire West.
In 2017, there were 39 conceptions to females aged 15 to 17 at a rate of 16.5 per 1,000 population. This was higher than the other areas of Berkshire West, but has decreased significantly over the last decade to be similar to the national rate.	In 2017, there were 34 conceptions to females aged 15 to 17 at a rate of 11.3 per 1,000 population. This was significantly lower than the national rate.	In 2017, there were 20 conceptions to females aged 15 to 17 at a rate of 6.9 per 1,000 population. This was significantly lower than the national rate and is consistently the lowest rate in Berkshire West.
In 2017, there were 3 conceptions to females aged 13 to 15 at a rate of 1.3 per 1,000 population. This is similar to the Berkshire West and national rates.	In 2017, there were 6 conceptions to females aged 13 to 15 at a rate of 2.0 per 1,000 population. This is similar to the Berkshire West and national rates.	In 2017, there were no conceptions to females aged 13 to 15.
64% of under 18 conceptions led to an abortion in 2017 (25 in total).	53% of under 18 conceptions led to an abortion in 2017 (18 in total).	50% of under 18 conceptions led to an abortion in 2017 (10 in total).

Reading	West Berkshire	Wokingham
Approximately 20 cases of FGM were identified for women resident in Reading in 2018/19. This is higher than the rest of Berkshire West, which is expected as there are higher levels of residents born in North, Central and Western Africa.	No cases of FGM were identified for women resident in West Berkshire in 2018/19.	Under 5 cases of FGM were identified for women resident in Wokingham in 2018/19.

## 2.5.7 Immunisations and vaccinations

### Childhood immunisations

One of the most important ways to protect babies and children against ill health is to ensure that they receive the full programme of childhood immunisations. This protects individual children against many serious and potentially deadly diseases, as well as protecting other people in the community by reducing the spread of disease ([NHS Choices](#) 2019). The [Routine Childhood Immunisation Schedule](#) details the immunisations that are offered to all children, as well as additional immunisations available to specific risk groups. The World Health Organisation (WHO) recommends that at least 95% of children are immunised nationally, with at least 90% coverage in each local area. The Department of Health has adopted these coverage targets for all routine childhood immunisations ([NHS Digital](#) 2019).



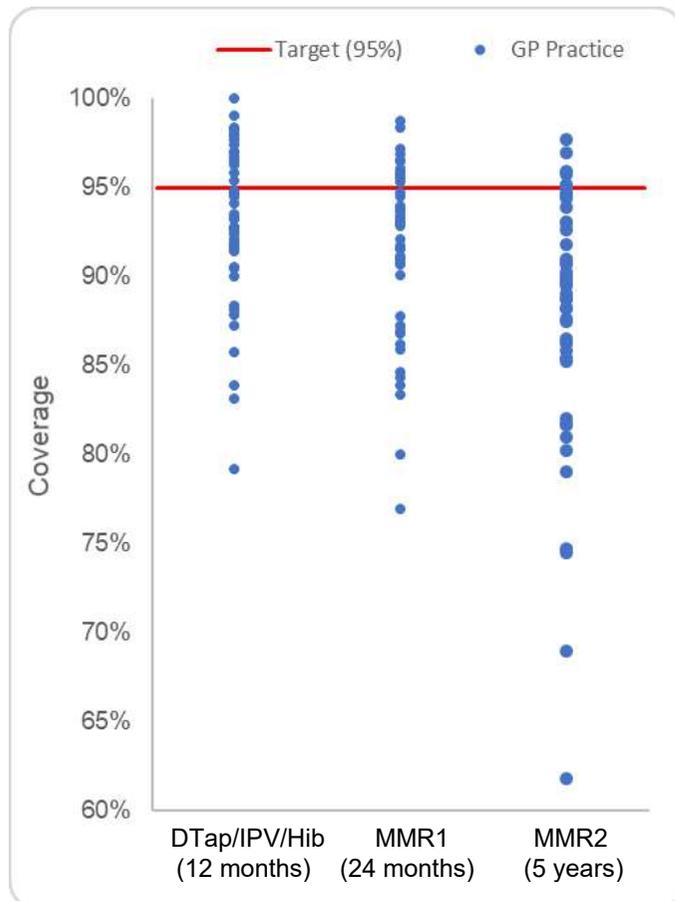
Figure 46 shows the latest coverage levels for childhood immunisations across Berkshire West and whether they met national targets. The uptake of immunisations varies across the local area with a much higher coverage for children in West Berkshire and Wokingham. These localities are also showing improvements in the uptake of some vaccinations. In contrast, Reading's coverage is below the national target for all immunisations for children aged under 5 and below the minimum standard of 90% for many of these. The level of uptake has also decreased in recent years.

**Figure 46: Childhood immunisations children aged 0 to 5 in Berkshire West**

Immunisation	Age group	Latest period	Reading		West Berkshire		Wokingham		England
			Value	Trend	Value	Trend	Value	Trend	Value
Dtap/IPV/Hib	12 months	2018/19	92.0%	↓	96.4%	↑	96.3%	↑	92.1%
PCV	12 months	2018/19	92.5%	↓	96.3%	↔	96.2%	↑	92.8%
Dtap/IPV/Hib Booster	24 months	2018/19	93.7%	↓	96.5%	↑	96.2%	↔	94.2%
PCV Booster	24 months	2018/19	88.8%	↓	93.5%	↑	94.3%	↑	90.2%
MMR (One dose)	24 months	2018/19	89.4%	↓	93.8%	↔	94.5%	↑	90.3%
Hib/ Men C booster	24 months	2018/19	89.0%	↓	93.8%	↔	94.6%	↑	90.4%
MMR (Two dose)	5 years	2018/19	81.6%	↓	90.9%	↑	90.0%	↑	86.4%

Source: Public Health England (2019); [Public Health Outcomes Framework](#)

**Figure 47: Coverage of three childhood immunisations by GP Practice in Berkshire West CCG (2018/19)**



Source: NHS England (2019); [Child Immunisation 2018/19 GP](#)

Coverage levels also vary between GP Practices in Berkshire West CCG. Figure 47 shows the latest uptake of three key immunisations for children aged 12 months, 24 months and 5 years by GP Practice. The range of coverage levels increases by age.

The national human papillomavirus (HPV) immunisation programme immunises secondary school girls to protect them against the main causes of cervical cancer. The first HPV vaccine dose is usually offered to females in Year 8 (aged 12–13 years) and the second dose 6 to 24 months later. In Berkshire, this immunisation is provided by the Berkshire Healthcare Trust Schools Immunisation Team. Coverage levels in Berkshire West are notably higher than the national uptake and exceeded the ambition of ≥90% coverage in 2017/18, as shown in Figure 48.

**Figure 48: HPV vaccination for females in Berkshire West in 2018/19**

Immunisation	Age group	Reading		West Berkshire		Wokingham		England
		Value	Trend	Value	Trend	Value	Trend	Value
HPV vaccination (One dose)	12-13 years	92.8%	↔	91.0%	↔	95.8%	↑	88.0%
HPV vaccination (Two doses)	13-14 years	91.9%	-	87.0%	-	92.4%	-	83.9%

Source: Public Health England (2019); [Public Health Outcomes Framework](#)

## Seasonal flu

During the 2018-19 winter season (Sep-18 to Mar-19) all GP practices in England were asked to offer the seasonal flu vaccine to all registered children aged two and three years. Figure 49 shows that all Berkshire West local authorities had higher coverage levels than England, with significantly higher coverage in West Berkshire and Wokingham.

**Figure 49: Seasonal flu vaccination for children aged 2 and 3 in Berkshire West**

Immunisation	Latest period	Reading	West Berkshire	Wokingham	England
2 year olds	2018/19	44.4%	61.2%	59.0%	43.8%
3 year olds	2018/19	48.7%	65.3%	62.2%	45.9%

Source: NHS Digital (2019); [Childhood Vaccination Coverage Statistics – England 2018/19](#)

Primary school children from Reception to Year 5 were offered the seasonal flu vaccine through the school delivery programme in 2018/19. The national ambition for each local authority was an average uptake of at least 65% across all years. Figure 50 shows that this ambition was met for West Berkshire and Wokingham primary school-children. Reading's coverage levels were lower, although they were still higher than the national average.

**Figure 50: Seasonal flu vaccination for primary school children in Berkshire West**

Immunisation	Latest period	Reading	West Berkshire	Wokingham	England
Reception (age 4-5)	2018/19	65.5%	81.1%	77.6%	64.4%
Year 1 (age 5-6)	2018/19	64.6%	82.2%	78.8%	63.6%
Year 2 (age 6-7)	2018/19	64.3%	80.3%	75.6%	61.5%
Year 3 (age 7-8)	2018/19	65.1%	80.7%	74.9%	60.4%
Year 4 (age 8-9)	2018/19	64.2%	78.3%	74.0%	58.3%
Year 5 (age 9-10)	2018/19	62.6%	77.3%	72.1%	56.5%

Source: Public Health England (2019); [Seasonal influenza vaccine uptake in children of primary school age: winter season 2018 to 2019](#)

## 2.6 What do we know about vulnerable groups in Berkshire West?

### 2.6.1 Children in need

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, whose health or development will be significantly impaired without the provision of services, or who is disabled ([Department of Education](#) 2020). These children are supported by children's social care and include those on child in need plans, child protection plans, looked after children, young carers and disabled children.

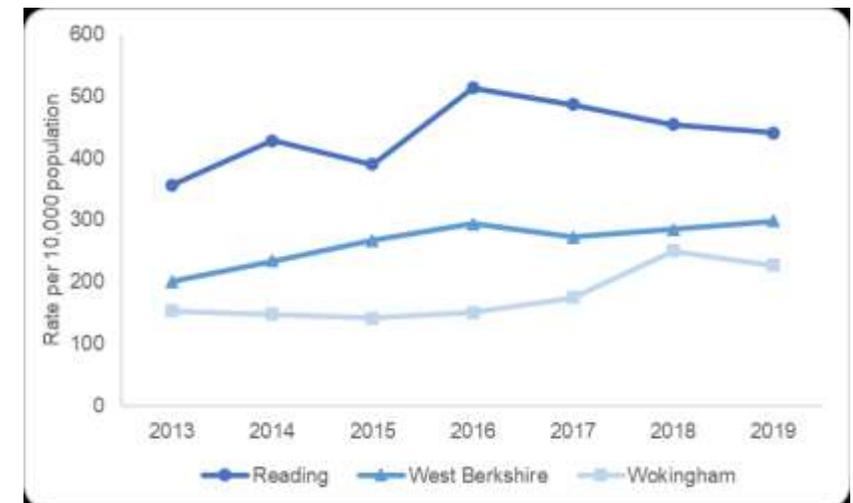
The [Department of Education](#)'s (2019) longitudinal analysis found that approximately 6% of children in England are in need at some point over the course of a year. Children in need have poorer outcomes at every stage of education than their peers, with a widening attainment gap as they progress through school. They are also more likely than other children to not be in education, employment or training (NEET) after age 18.

During 2018/19, Berkshire West had 6,313 children who had at least one episode of need in the year with nearly half of these children living in Reading.

On the snapshot date of 31<sup>st</sup> March 2019 there were 3,598 children in need in Berkshire West. The rate of children in need varied significantly across Berkshire West – Reading's rate of 441 per 10,000 population was significantly higher than the rest of the local area and the national rate, while Wokingham's rate was significantly lower at 227 per 10,000 population. Figure 51 shows the change in rates for each local authority over the last 6 years.

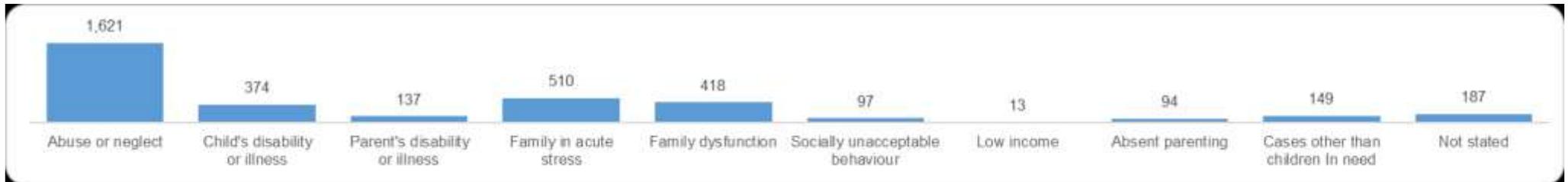
Figure 52 provides a breakdown of children in need on 31<sup>st</sup> March 2019 by their primary need group. Abuse or neglect was the main primary need group across all Berkshire West local authorities, accounting for 45% of all children in need locally.

**Figure 51: Rate of children in need on 31<sup>st</sup> March (2013 to 2019)**



Source: *Department for Education (2020); [Characteristics of children in need 2019](#)*

**Figure 52: Number of children in need by primary need group for Berkshire West at 31<sup>st</sup> March 2019**



Source: Department for Education (2020); [Characteristics of children in need 2019](#)

Nearly 10% of Berkshire West’s children in need had a disability recorded on 31<sup>st</sup> March 2019. Figure 53 shows the types of disability that were recorded for these children. Autism and Aspergers were the most common disabilities across Berkshire West.

**Figure 53: Number of disabilities recorded for Berkshire West’s children in need at 31<sup>st</sup> March 2019**



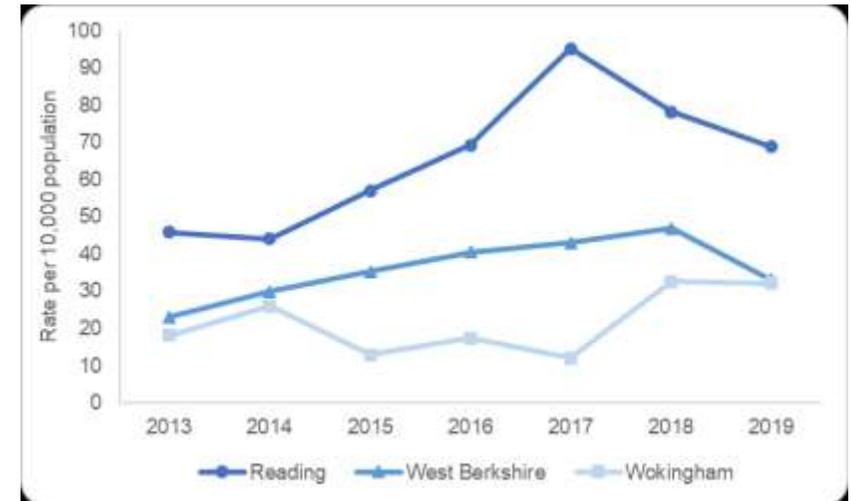
Source: Department for Education (2020); [Characteristics of children in need 2019](#)

### Child Protection

Local authorities have a responsibility to provide child protection plans for children who are at significant risk of harm through physical, emotional or sexual abuse or neglect. Child protection plans are developed with multi agencies and reviewed regularly to ensure that plans are in place to keep children safe.

On 31<sup>st</sup> March 2019, there were 500 children who were subject to a child protection plan in Berkshire West. This was a rate of 44.5 children per 10,000 population. The local child protection profile is similar to that of all children in need, with nearly half of those subject to a child protection plan living in Reading. Reading's rates remain significantly higher than the rest of the local area and the national rate, while Wokingham and West Berkshire's rates remain significantly lower. Figure 54 shows the change in rates for each local authority over the last 6 years.

**Figure 54: Rate of children in need on 31<sup>st</sup> March (2013 to 2019)**



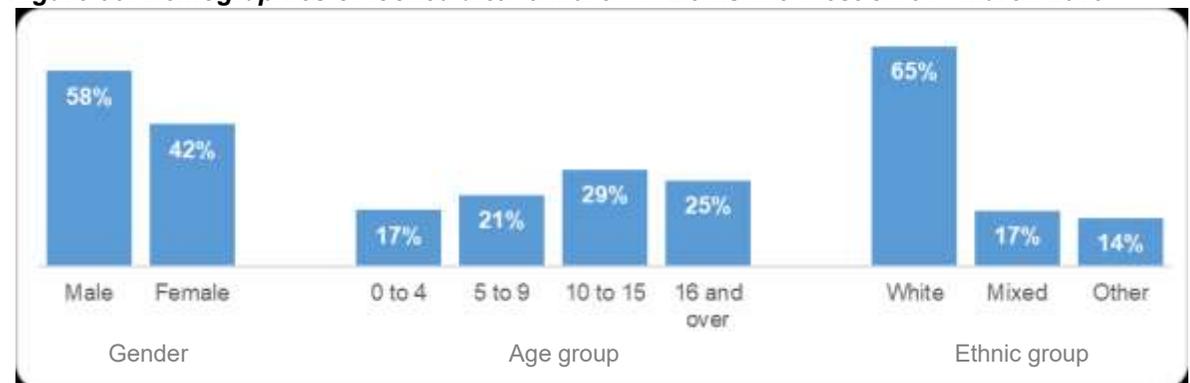
Source: Department for Education (2020); [Characteristics of children in need 2019](#)

### Looked after children

Children and young people in care are among the most socially excluded children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

On 31<sup>st</sup> March 2019, there were 555 looked after children in Berkshire West. While this rate of 50 per 1,000 population was significantly lower than the national one, it does mask differences across the local area. Reading has a significantly higher number and rate of looked after children, which has increased since 2015 ([Department for Education 2020](#)).

**Figure 55: Demographics of looked after children in Berkshire West on 31<sup>st</sup> March 2019**



Source: Department for Education (2020); [Children looked after in England 2018 to 2019](#)

The local demographics of looked after children are shown at Figure 55. Berkshire West's profile closely aligns with the national picture with a higher proportion of boys and children aged 10 and over. Berkshire West does have a lower proportion of children in care from a White ethnic group compared to England. This proportion is also lower than the estimated non-White population of the local area ([Department for Education 2020](#)).

Nationally, most children become looked after as a result of abuse and neglect. This is also the case in Berkshire West with 44% of children who entered the care system in 2018/19 doing so for this reason ([Department for Education 2020](#)).

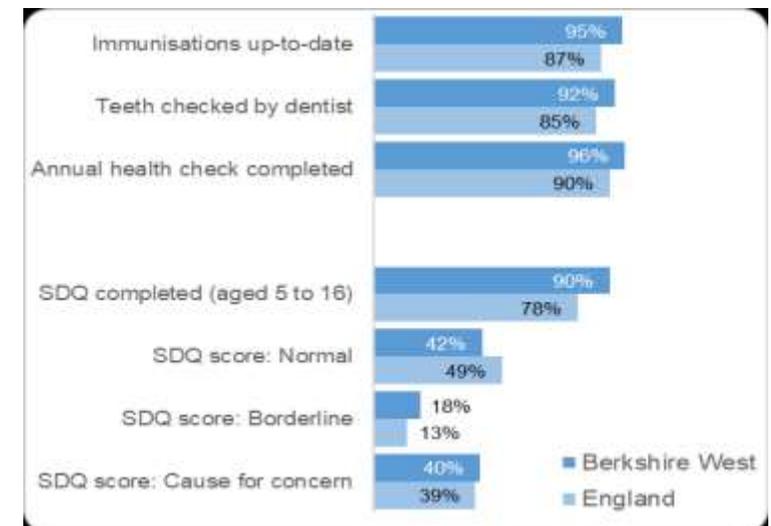
Approximately 8% of children and young people looked after in Berkshire West were unaccompanied asylum seekers (47 children in total). These made up a much larger proportion of the looked after children in West Berkshire (17%) and Wokingham (11%). Nationally, this sub group of looked after children are older (aged 16 years and above) boys and are in need due to absent parenting ([Department for Education 2020](#)). Many of these children and young people will have additional health needs that are specific to their asylum status, including poorer physical health and increased prevalence of emotional, behavioural and mental health problems ([Public Health England 2019](#)).

Although looked after children have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. The [Department for Education \(2015\)](#) explains that almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting these needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. Outcomes for Berkshire West children and young people who have been in care for over a year show that 55% have an identified Special Educational Need, 9% are persistent absentees at school and 13% have had at least one fixed-term exclusion in the year. Educational attainment scores are also significantly lower than children who have not been in care ([Department for Education 2020](#)).

Local authorities are responsible for safeguarding and promoting the welfare of looked after children, which includes a child's physical, emotional and mental health and acting on any early signs of health issues ([Department for Education 2015](#)). As part of this local authorities should ensure that children have access to regular health check-ups. Figure 56 shows that most looked after children in Berkshire West were up to date with their health care checks in 2019.

90% of looked after children aged 5 to 16 in Berkshire West had a Strengths and Difficulties Questionnaire (SDQ) score recorded in 2018/19. This short behavioural screening questionnaire is used as a tool to assess the emotional and behavioural health of children. 42% of these children had 'normal' emotional and behavioural health, 18% had borderline scores and 40% had scores which were a cause for concern ([Department for Education 2019](#)). This did vary from the national picture, with a larger proportion of children in Berkshire West not having a 'normal' score reported.

**Figure 56: Proportion of children in care who received health checks and outcomes of these checks (2019)**



Source: Department for Education (2020); [Children looked after in England 2018 to 2019](#)

Reading	West Berkshire	Wokingham
<p>Reading has significantly higher rates of children in need, child protection plans and looked after children compared to the rest of Berkshire West and the national figures. On 31<sup>st</sup> March 2019:</p> <ul style="list-style-type: none"> <li>- 1,635 children in need at a rate of 441 per 10,000 population</li> <li>- 255 children subject to a child protection plan at a rate of 65 per 10,000 population</li> <li>- 273 looked after children at a rate of 74 per 10,000 population</li> </ul>	<p>West Berkshire has significantly lower rates of children in need, child protection plans and looked after children compared to the national figures. On 31<sup>st</sup> March 2019:</p> <ul style="list-style-type: none"> <li>- 1,065 children in need at a rate of 299 per 10,000 population</li> <li>- 118 children subject to a child protection plan at a rate of 33 per 10,000 population</li> <li>- 172 looked after children at a rate of 48 per 10,000 population</li> </ul>	<p>Wokingham has significantly lower rates of children in need, child protection plans and looked after children compared to national figures. They are also the lowest in Berkshire West. On 31<sup>st</sup> March 2019:</p> <ul style="list-style-type: none"> <li>- 898 children in need at a rate of 227 per 10,000 population</li> <li>- 127 children subject to a child protection plan at a rate of 32 per 10,000 population</li> <li>- 110 looked after children at a rate of 28 per 10,000 population</li> </ul>

### 2.6.2 Care leavers

Young people leaving care have often had difficult childhoods and start living independently much earlier than their peers. The previous section has already indicated that abuse and neglect is the main reason for children entering the care system, both nationally and locally, which will have significant and lasting impact on their mental health and emotional wellbeing. The [National Audit Office](#) (2015) evidences how a care leaver's transition to adulthood may also lead to them facing challenging social problems with minimal support. Young people with a background in care are more likely than their peers to have poor social outcomes in later life, including higher risks of homelessness, contact with the criminal justice system, becoming a teenage parent and self-harm.

Local authorities have a responsibility to provide statutory support to help care leavers transition to living independently up to the age of 25. Data reported to the Department for Education shows the accommodation and activity status for care leavers aged 17 to 21 for each local authority. As these numbers are small for the Berkshire West local authorities, many of these items have been suppressed to ensure that individuals are not identifiable. A summary is included at Figures 57 to 59.

**Figure 57: Suitability of accommodation for care leavers in Berkshire West (2019)**

Area	All care leavers now aged 17 and 18							All care leavers now aged 19, 20 and 21						
	Total	Accommodation considered suitable		Accommodation considered unsuitable		No information		Total	Accommodation considered suitable		Accommodation considered unsuitable		No information	
		Number	%	Number	%	Number	%		Number	%	Number	%	Number	%
Reading	34	*	-	*	-	0	0%	96	86	90%	*	-	*	-
West Berkshire	20	20	100%	0	0%	0	0%	74	*	-	0	0%	*	-
Wokingham	22	22	100%	0	0%	0	0%	38	*	-	*	-	0	0%
England	-		88%		5%		6%	-		85%		6%		9%

Source: Department for Education (2020); [Children looked after in England 2018 to 2019](#)

**Figure 58: Activity status for care leavers aged 17 and 18 in Berkshire West (2018)**

Area	Total	In education, training or employment				Not in education, training or employment				LA does not have information
		In higher education	In other education (Not higher)	In training or employment	Total	Illness/disability	Other reasons	Pregnancy or parenting	Total	
Reading	35	0%	40%	20%	60%	0%	*	*	40%	0%
West Berkshire	20	*	*	*	60%	*	*	*	40%	0%
Wokingham	22	*	36%	*	64%	*	*	*	36%	0%
England	-	3%	43%	18%	64%	3%	23%	3%	30%	7%

Source: Department for Education (2020); [Children looked after in England 2018 to 2019](#)

**Figure 59: Activity status for care leavers aged 19, 20 and 21 in Berkshire West (2019)**

Area	Total	In education, training or employment				Not in education, training or employment				LA does not have information
		In higher education	In other education (Not higher)	In training or employment	Total	Illness/disability	Other reasons	Pregnancy or parenting	Total	
Reading	98	*	*	26%	*	13%	24%	11%	48%	*
West Berkshire	76	*	*	23%	35%	11%	12%	9%	32%	9%
Wokingham	38	*	*	11%	21%	*	*	0%	17%	0%
England	-	6%	21%	25%	52%	9%	23%	6%	39%	9%

Source: Department for Education (2020); [Children looked after in England 2018 to 2019](#)

### 2.6.3 Young carers

Young carers are children and young people who provide unpaid care and support to family members, friends, neighbours or others because of a long-term sickness, disability, mental ill health or problems relating to old age. Caring responsibilities can be difficult and stressful at any age, but for young carers the additional responsibility of supporting other people can have long-term effects on their health and wellbeing. The [Carers Trust](#) (2014) explain that young carers often talk about feeling tired and under pressure, with many experiencing traumatic life changes such as bereavement, family breakup, losing income or housing and seeing the effects of an illness or addiction on the person that they care for. Their survey of young carers also found that 29% reported that their own physical health was 'just OK' and that 38% reported a mental health problem.

In the 2011 census, 802 children aged 0 to 15 were identified as providing unpaid care in Berkshire West. This was approximately 0.9% of the population. A further 1,939 young people aged 16 to 24 were identified as carers, which was 3.7% of this population. The amount of care provided by young carers varies on an individual basis, however 129 children (aged 0-15) and 401 young people (aged 16-24) in Berkshire West regularly provided 20 hours or more care a week at the last census ([Public Health England](#) 2019). The [Carers Trust](#) (2014) explain that further analysis of the 2011 census showed that young carers providing this level of care (between 20 and 49 hours a week) were over 3 times more likely to report their health as not good compared to other children without caring responsibilities.

Young carers are defined as children in need and are therefore entitled to support from local children's social care. In 2018/19, the impact of being a young carer was factored into 140 children social care assessments across Berkshire West ([Department of Education](#) 2020).

### 2.6.4 Special Educational Needs and Disabilities

A child or young person aged from 0 to 25 years has special educational needs or disability (SEN) if they:

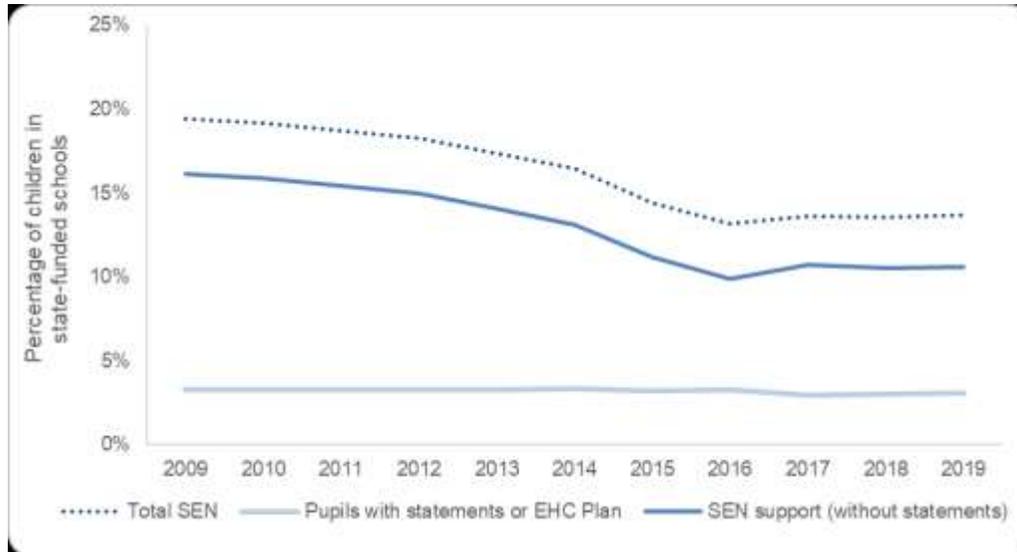
- Have a learning difficulty or disability which makes it much harder for them to learn than other pupils of the same age
- Require special educational provision to be made for them

SEN could include needs related to a child's communication and interaction, their cognition and learning difficulties, their social, emotional and mental health and/or their sensory and physical needs. Children and young people with identified needs can be given specific SEN support at school, such as speech therapy. Those with more complex needs may require an Education, Health and Care (EHC) plan that provides additional support that mainstream schools cannot usually deliver ([Department for Education](#) 2015).

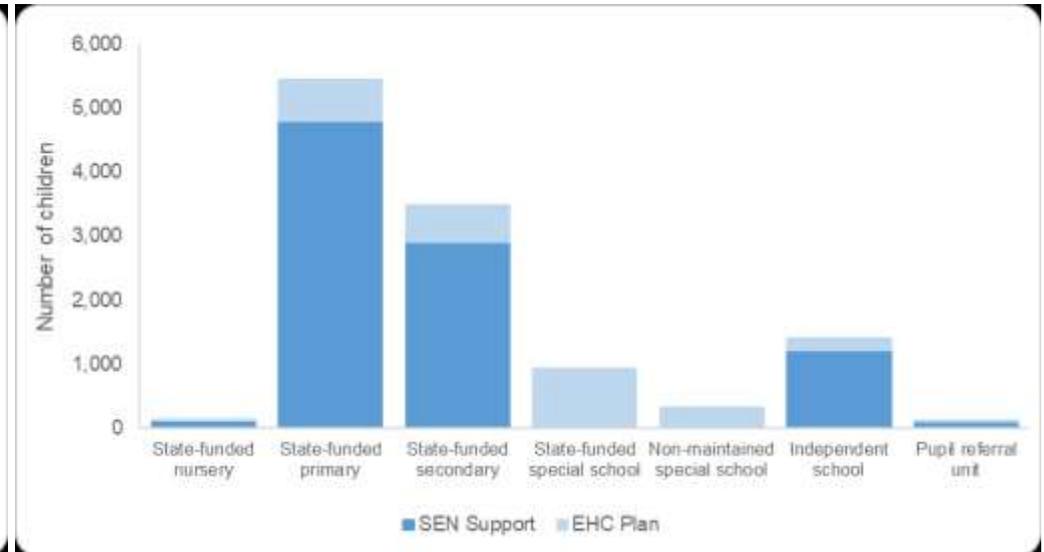
In January 2019, 13.7% (11,813) of all pupils in Berkshire West state-funded schools had a special educational need (SEN) identified. 3.1% (2,666) of these pupils had an Education, Health and Care (EHC) Plan, while 10.6% (9,147) received SEN support. The proportion of children with SEN has remained quite static in Berkshire West over the last four years, however there is some variation across the local authority areas ([Department for Education](#) 2019). A summary of the proportion of children with SEN is shown at Figure 60.

Figure 61 shows that the majority of children with identified SEN were in Berkshire West’s state-funded primary schools in January 2019 (46%). 30% were in state-funded secondary schools and 11% were in special schools (both state-funded and non-maintained) ([Department for Education 2019](#)).

**Figure 60: Proportion of children in Berkshire West state-funded schools who have a Special Educational Need (SEN) (January 2019)**



**Figure 61: Number of children with identified SEN in Berkshire West schools (January 2019)**



Source: Department for Education (2019); [Special educational needs in England: January 2019](#)

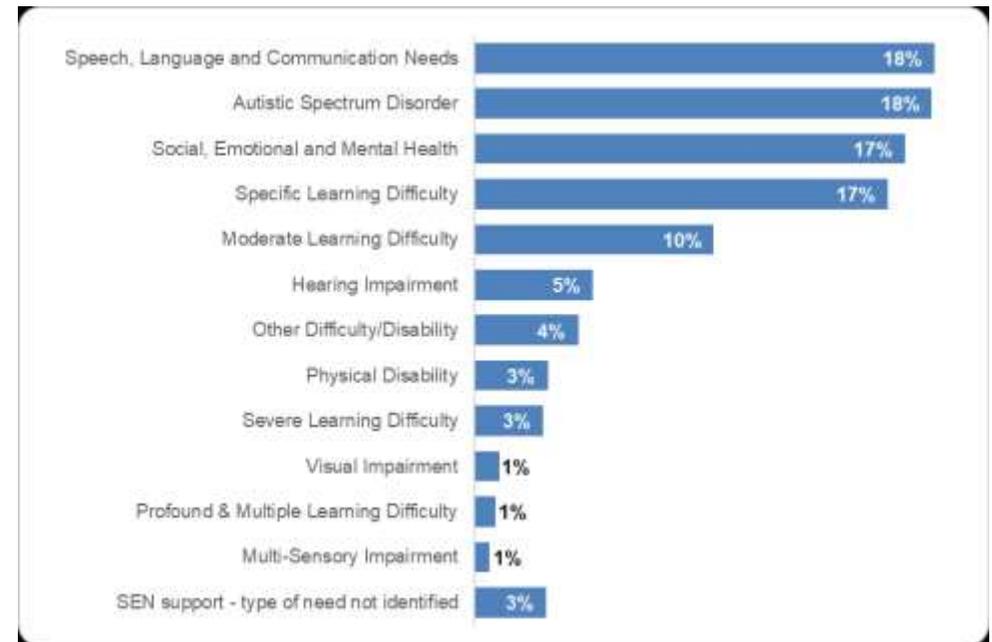
Speech, Language and Communication Needs and Autistic Spectrum Disorder are the most common primary types of need for children with SEN in Berkshire West. These each account for 18% of all children with SEN (1,872 children with Speech, Language and Communication Needs; 1,862 children with Autistic Spectrum Disorder). A further breakdown is shown at Figure 62.

National data from January 2019 shows that the distribution of each primary type varies greatly between those identified as SEN Support and those who have an EHC Plan. A much higher proportion of children with ASD have an EHC Plan, while children with Speech, Language and Communication Needs, Moderate Learning Difficulties and Social, Emotional and Mental Health needs receive more SEN Support. This information is not available at a local level, but is likely to be a reflection of the national picture ([Department for Education 2019](#)).

Local data is also not available on the demographics of children with SEN. However, nationally it is clear that special educational needs are more prevalent in certain groups:

- Boys are almost twice as likely to be receiving SEN support than girls
- SEN support is most prevalent in primary school age groups and decreases through secondary age groups. The most prevalent ages are aged 9 for boys and age 10 for girls.
- Children from a Gypsy/Roma or Irish traveller heritage have the highest prevalence of SEN, compared to all other ethnic groups. Those from an Indian background have the lowest
- Pupils with free school meal eligibility are more than twice as likely to have SEN compared to those without eligibility
- Pupils with English as a first language are slightly more likely to be identified with SEN than those whose first language is other than English.

([Department for Education 2019](#))



Source: [Department for Education \(2019\); \*Special educational needs in England: January 2019\*](#)

Reading	West Berkshire	Wokingham
<p>14.6% (3,766) of pupils in Reading state-funded schools were identified as SEN in January 2019. 2.8% had an EHC and 11.8% received SEN support.</p> <p>7% (277) of children with SEN are in special schools within the Borough.</p>	<p>15.4% (4,553) of pupils in West Berkshire state-funded schools were identified as SEN in January 2019. 4.0% had an EHC and 11.4% received SEN support.</p> <p>West Berkshire's prevalence of SEN is the highest in Berkshire West and this is due to the number of children in special schools within the District. 14% (618) of all children with SEN are in special schools within the District. It is important to note that many of these children may live in the surrounding area and not be resident in West Berkshire</p>	<p>11.4% (3,494) of pupils in Wokingham state-funded schools were identified as SEN in January 2019. 2.5% had an EHC and 8.8% received SEN support.</p> <p>10% (356) of children with SEN are in special schools within the Borough.</p>

## 2.6.5 Gypsy Roma and Travellers (GRT)

The umbrella term of Gypsy, Roma and Traveller (GRT) describes a diverse minority group who come from a range of ethnic groups. These include Gypsies (English, Scottish, Welsh and Romany), those with Irish Traveller roots, and Roma who are understood to be more recent migrants from Central and Eastern Europe ([UK Government](#) 2019). GRT are among the most disadvantaged people in the country and have poor outcomes in key areas such as health and education:

- Pupils from Gypsy or Roma backgrounds and those from Traveller Heritage have the lowest attainment of all ethnic groups through their school years
- Almost half of GRT students are classed as persistent absentees at school with many 'missing' from education altogether
- Life expectancy is 10 to 12 years less than that of non-Traveller populations
- 42% of GRT are affected by a long-term condition, compared to 18% of the general population
- One in five GRT mothers will experience the loss of a child, compared to one in a hundred in the non-Traveller community

In 2011, the census collected information about Gypsy and Traveller people for the first time. This identified that there were 545 people from this group in Berkshire West, including 215 children and young people aged 0-19. Over half of these were resident in Wokingham ([Office for National Statistics](#) 2012). The census did not capture information about people from a Roma background. It is acknowledged that the census count is likely to be an underestimation of the number of people from a GRT background living in local areas.

Reading	West Berkshire	Wokingham
0.1% of the population are from a Gypsy and Traveller group (90 people, 35 who are aged 0-19).	0.2% of the population are from a Gypsy and Traveller group (164 people, 71 who are aged 0-19).  Mortimer has the highest proportions of people from a Gypsy Traveller Group in West Berkshire (0.6% of total population).	0.2% of the population are from a Gypsy and Traveller group (291 people, 109 who are aged 0-19). These are the highest numbers and proportion of Gypsy and Travellers in Berkshire West.  Remenham, Wargrave and Ruscombe, Arborfield and Winnersh has the highest proportions of people from a Gypsy Traveller Group in Wokingham (0.7% of total population).

## 2.6.6 Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful events that occur during childhood, which can have a significant impact on outcomes in later life. [Public Health England](#) (2019) explain that ACEs can be directly related to the child (psychological, physical and sexual abuse or neglect) or related to the household that they live in (parental separation, domestic violence, mental illness, alcohol abuse, substance misuse, imprisonment).

A national study on ACEs in England found that almost half of the adult population in England had one ACE, while 8% had 4 or more ([Bellis et al](#), 2014). Risk behaviours for adults with 4 or more ACEs during childhood were much higher than those who had no ACEs, including being:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to be a current smoker
- 6 times more likely to have had sex under 16 years of age
- 11 times more likely to have smoked cannabis
- 16 times more likely to have used heroin or crack cocaine

These increased risk behaviours will impact on health outcomes for people with higher number of ACEs, as well as the socio-economic effects that are also associated with these. While local data on the prevalence and impact of ACEs is not known, it is clear that the prevention and early identification of these events is essential to the future health and wellbeing of children in Berkshire West.

## 3. Current service provision in Berkshire West

This section looks at the current service provision for the healthy child programme in Berkshire West and includes performance data that has been supplied from current providers.

### 3.1 Health Visitor Service

The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. This is achieved through health and development reviews, health promotion, parenting support and screening and immunisation programmes. The health visiting service consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families, including first time mothers and fathers with complex needs. In October 2015, the responsibility for commissioning children's public health for 0 to 5 year olds transferred from NHS England to local authorities ([Public Health England](#) 2019). Since this time, all three Berkshire West local authorities have commissioned Berkshire Healthcare Foundation Trust (BHFT) to continue to provide this service.

BHFT provides all the Berkshire West local authorities with quarterly performance information on their local Health Visiting service. This captures progress against the key service delivery metrics that have been outlined nationally, as well as local priorities and backing data to indicate how children and families have been supported. The local authorities use this information to monitor and improve the local service provision. They also submit the key metrics to Public Health England as part of the national voluntary return for Health Visitor Services. This data is published by [Public Health England](#) at a local, regional and national level and is also included in the [Public Health Outcomes Framework](#). Since the beginning of 2019/20, BHFT have also started to provide more qualitative data about the commissioned service.

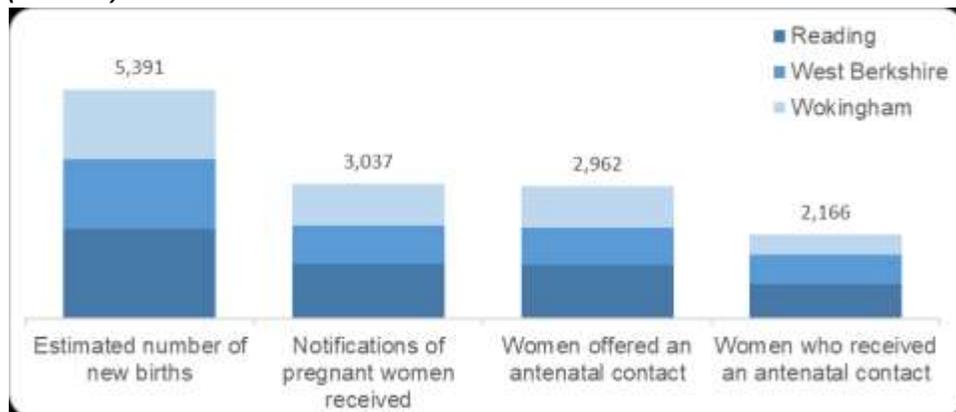
### 3.1.1 Antenatal contact

The antenatal health promoting visit is usually carried out by the health visiting service between 28-32 weeks of pregnancy. This is often the health visiting service’s first contact with the family and is crucial for developing the relationship. Research suggests this is important because an effective first contact positively impacts on the parents’ use of the service in the long-term ([Baldwin et al 2017](#)).

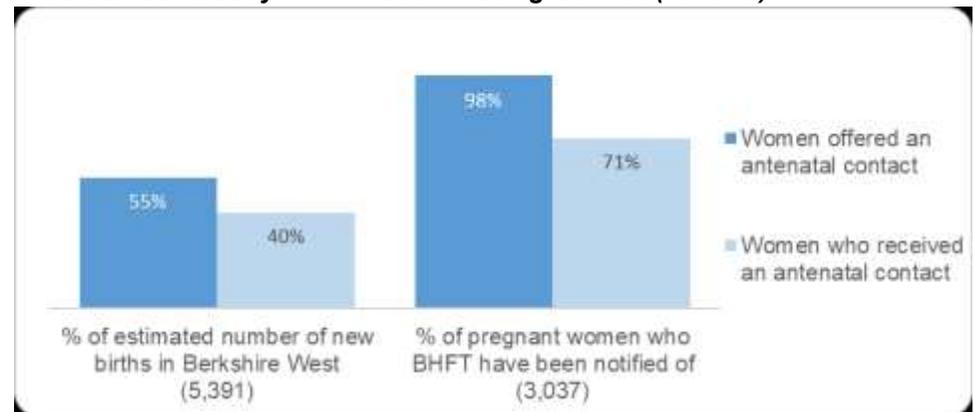
The antenatal health promoting visit does not replace the care provided by midwifery services. Instead it complements it by working across the antenatal service continuum encompassing hospital, primary care and community services.

In 2018/19, 2,166 mothers in Berkshire West received an antenatal contact with a BHFT health visitor. This was 71% of mothers who BHFT were notified about from midwifery services and 40% of the estimated number of new mothers. This means that approximately 3,225 pregnant mothers in Berkshire West would not have received antenatal contact with the Health Visitor Service prior to the birth of their baby.

**Figure 63: BHFT antenatal activity for pregnant women in Berkshire West (2018/19)**



**Figure 64: Proportion of pregnant women who were offered or received an antenatal contact by BHFT Health Visiting Service (2018/19)**



Source: Berkshire Healthcare Foundation Trust; Antenatal Activity Reports for 2018/19

The delivery of antenatal contacts differs across Berkshire West, based on agreed models between BHFT and the individual local authority. These reflect the different needs and priorities for each area.

In West Berkshire, the universal antenatal contact is delivered through group sessions. Initially the uptake of this offer was poor, however this has improved since BHFT moved to offering group antenatal sessions in the evening. Targeted antenatal contacts are delivered on a 1:1 basis, usually in the family home and appointments are well attended.

Reading has also recently moved to providing universal antenatal contacts through group sessions. Targeted antenatal contacts continue to be delivered on a 1:1 basis in the family home.

In Wokingham, the universal antenatal contact is not face to face and is delivered digitally through letters and signposting. Targeted antenatal contacts continue to be carried out in the home.

### 3.1.2 New birth visits

All babies and families are eligible to receive a face to face visit from a Health Visitor within the first two weeks after birth. This New Birth Visit (NBV) helps to ensure a continuum of support following on from midwife visits that usually end at day 10. The NBV can identify development issues with the baby, including early referral to a specialist team where required, and also gives an opportunity to support safe sleeping, feeding and discuss any concerns or worries, including maternal mental health.

In 2018/19, 99% of babies that turned 30 days old in Berkshire West received a face to face NBV from BHFT’s Health Visiting Service. This was 5,347 visits in total. 94% of the NBVs were within 14 days of birth, which was significantly better than the national figure of 89% (Public Health England 2019). This high level of performance was evident across all three local authority areas and has been consistently higher than national performance, as shown in Figure 66.

Figure 65: Total number of New Birth Visits completed for infants aged 30 days

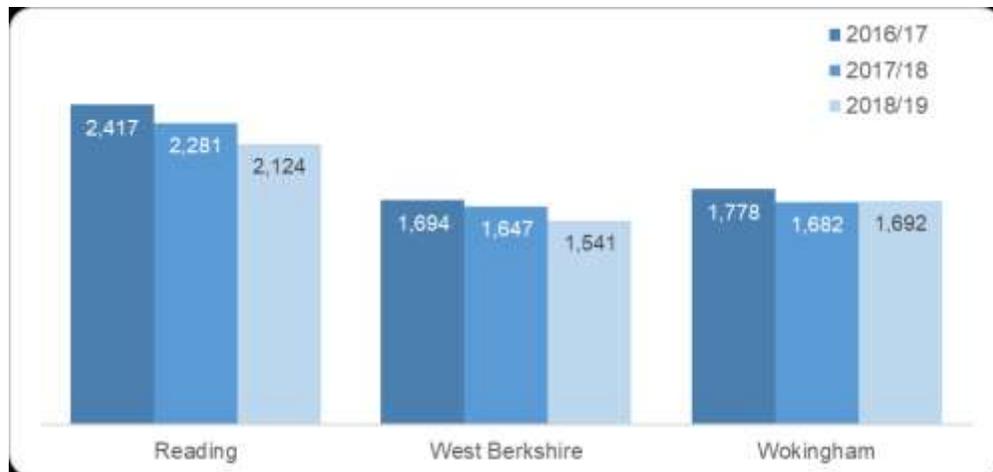
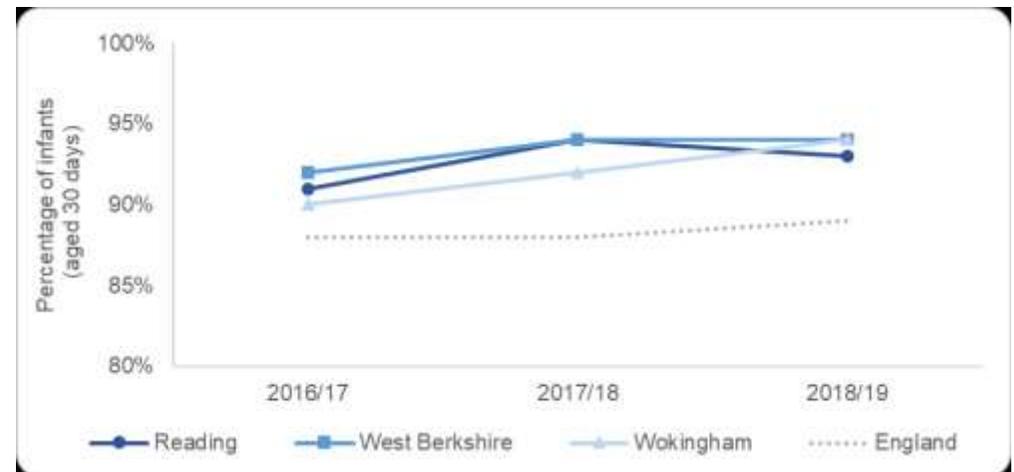


Figure 66: Proportion of New Birth Visits completed within 14 days of birth



Source: Public Health England (2019); [Health visitor service delivery metrics experimental statistics: annual data](#)

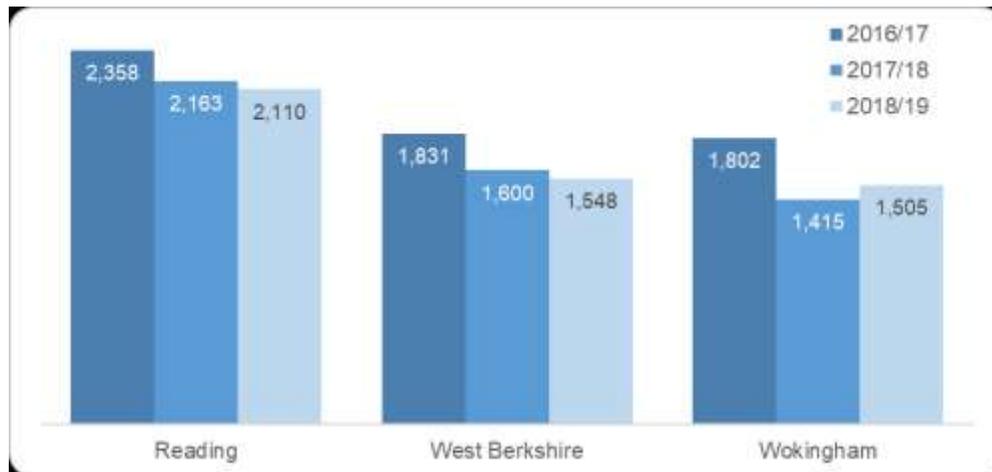
The number of infants who are eligible for an NBV has reduced by 9% (604 Infants) in Berkshire West over the last three years. The largest change has been in Reading with a 13% reduction.

The NBV is the only universal visit that will be provided by a qualified Health Visitor in the current commissioned service.

### 3.1.3 6-8 week reviews

In 2018/19, BHFT's Health Visiting Service completed 5,163 6-8 week reviews for babies in Berkshire West. 86% of babies received their review before they were 8 weeks old, compared to 85% nationally. There was some variation in the proportion of reviews completed in the three local authorities, as shown in Figure 67. Most notably, Wokingham's performance has dipped from 91% in 2016/17 to 79% in 2018/19. This is now significantly lower than the other Berkshire West authorities and the national average.

**Figure 67: Total number of infants who received a 6-8 week review**



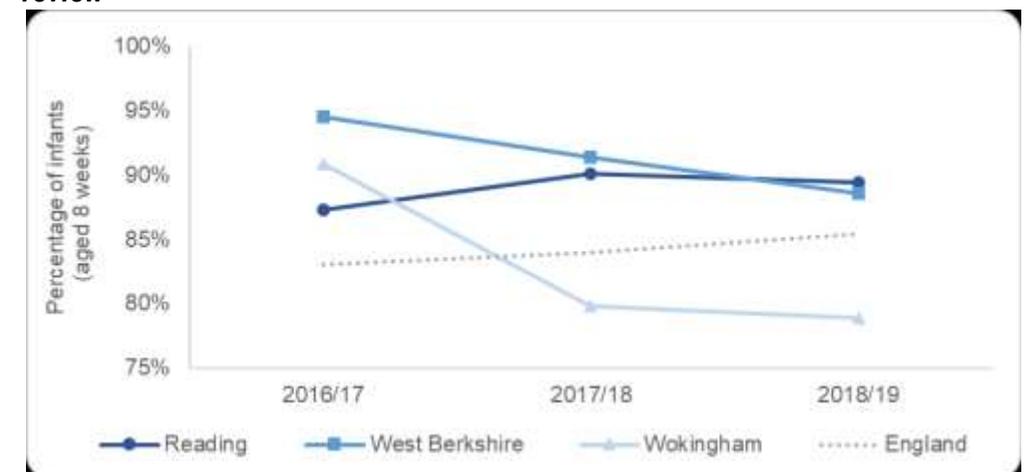
Source: Public Health England (2019); [Health visitor service delivery metrics experimental statistics: annual data](#)

The number of infants who are eligible for a 6-8 week review has reduced by 10% (633 Infants) in Berkshire West over the last three years. The largest change has been in Reading with a 13% reduction.

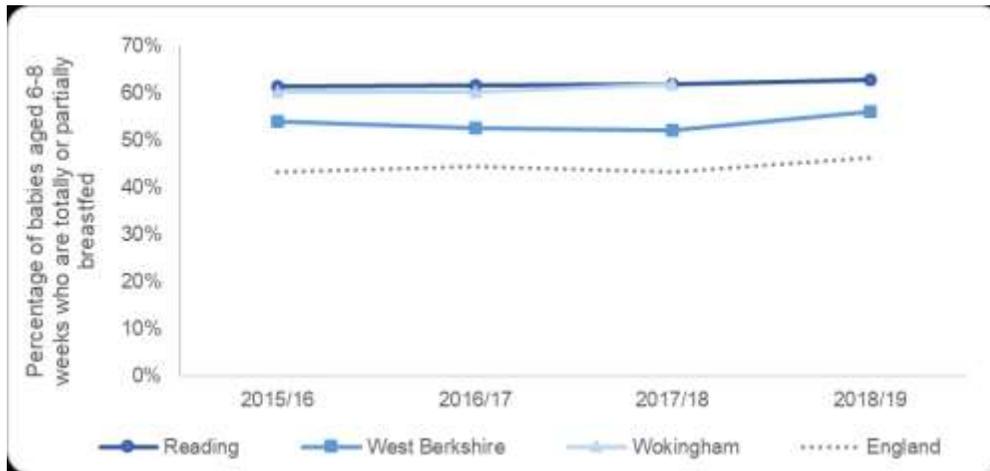
One of the key indicators collected through the 6-8 week review is the prevalence of breastfeeding. Breastfeeding is an important public health priority and one of the high impact areas included in the Healthy Child Programme. Breastfeeding can help to give babies the best possible start in life and also improve infant and maternal health and wellbeing. Health Visitors are well positioned to support mothers with breastfeeding as they provide continuous and active support.

Figure 69 shows the breastfeeding prevalence rates for infants aged 6-8 weeks in Berkshire West. These rates have all remained significantly higher than the national prevalence, with notably higher rates in both Reading and Wokingham. Wokingham's prevalence was not reported for 2018/19, as the proportion of babies with a breastfeeding status recorded did not reach the data validation threshold of 95% ([Public Health England 2019](#)).

**Figure 68: Proportion of infants aged 8 weeks old who received a 6-8 week review**

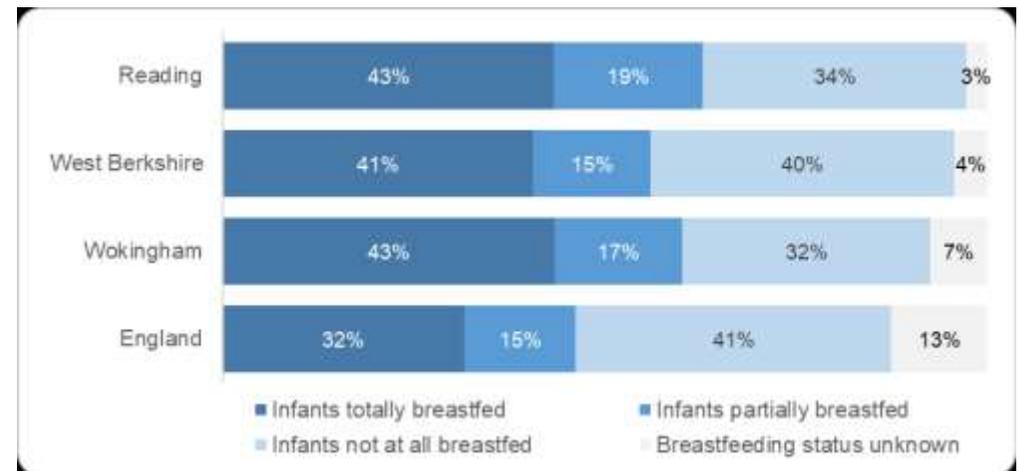


**Figure 69: Breastfeeding prevalence at 6-8 weeks in Berkshire West**



Source: Public Health England (2019); [Breastfeeding at 6 to 8 weeks after birth: annual data](#)

**Figure 70: Breastfeeding status for infants aged 6-8 weeks in Berkshire West (2018/19)**

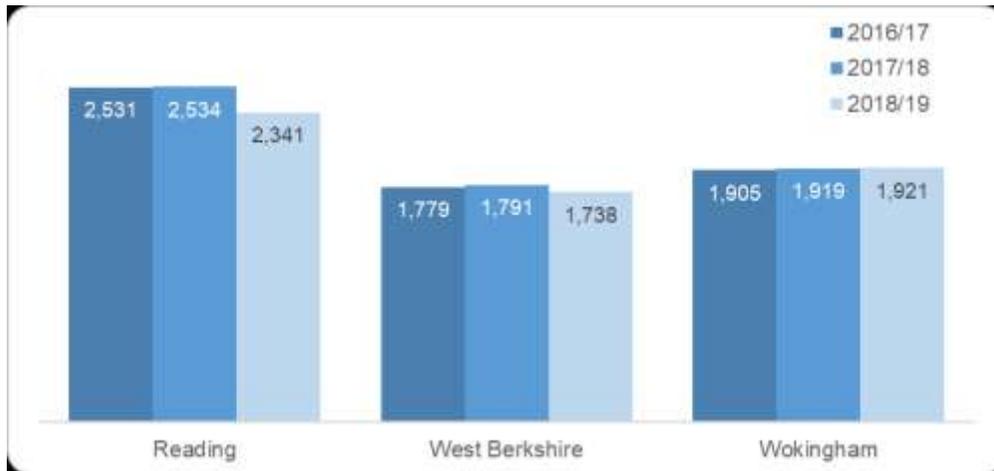


Some families are identified as requiring follow-up support and advice in the 6-8 week review. In 2018/19 Q3 and Q4, BHFT provided 99 targeted contacts to these families when the baby was 3 to 4 months old. 55 of these contacts were face to face follow-up and 40 were via the telephone. The types of support provided by the Health Visiting Teams through these targeted contacts included listening visits, parenting support from nursery nurses and referrals to Talking Therapies and Perinatal Mental Health. Some parents were also referred onto Family Hubs and Children's Centres (Berkshire Healthcare Foundation Trust 2019; Health Visiting additional data for Berkshire West).

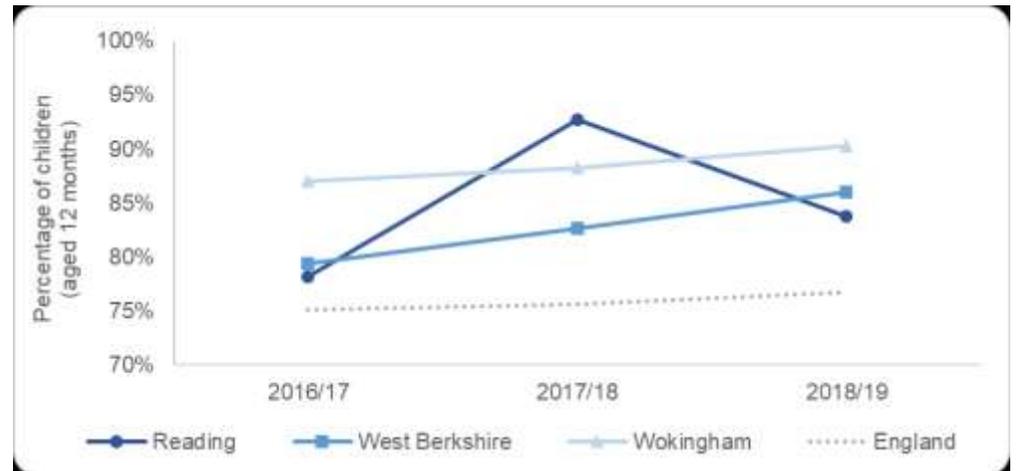
### 3.1.4 12 month reviews

In 2018/19, BHFT’s Health Visiting Service completed 5,160 12 month reviews for children in Berkshire West. 98% of these were completed by the time a child turned 12 months and the other 2% were completed by the time they were 15 months old. 86% of eligible children received a 12-month review during this time period, which means that approximately 789 children did not receive this developmental check.

**Figure 71: Total number of infants aged 15 months who had received a 12-month review**



**Figure 72: Proportion of children who received a 12 month review by the time they were 12 months old**



Source: Public Health England (2019); [Health visitor service delivery metrics experimental statistics: annual data](#)

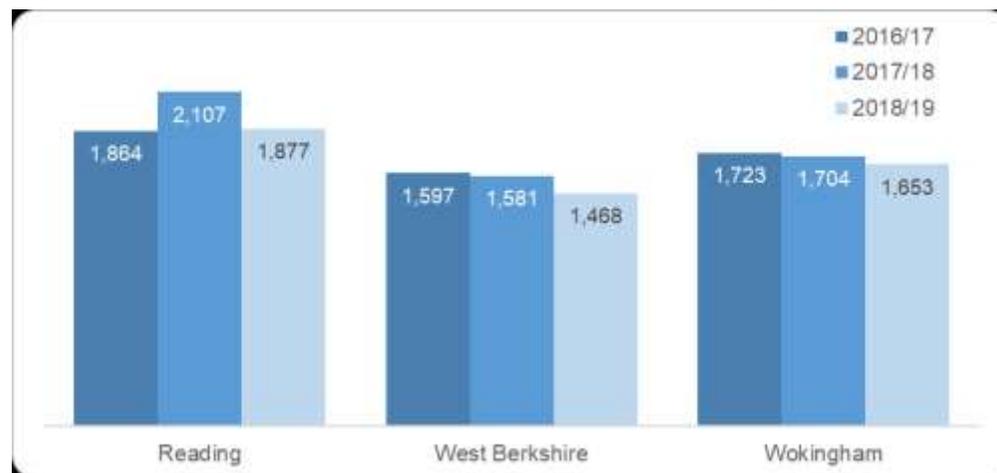
The number of infants who are eligible for a 12 month review has reduced by 6% (633 infants) in Berkshire West over the last three years. The largest change has been in Reading with a 10% reduction.

### 3.1.5 2 to 2 ½ year reviews

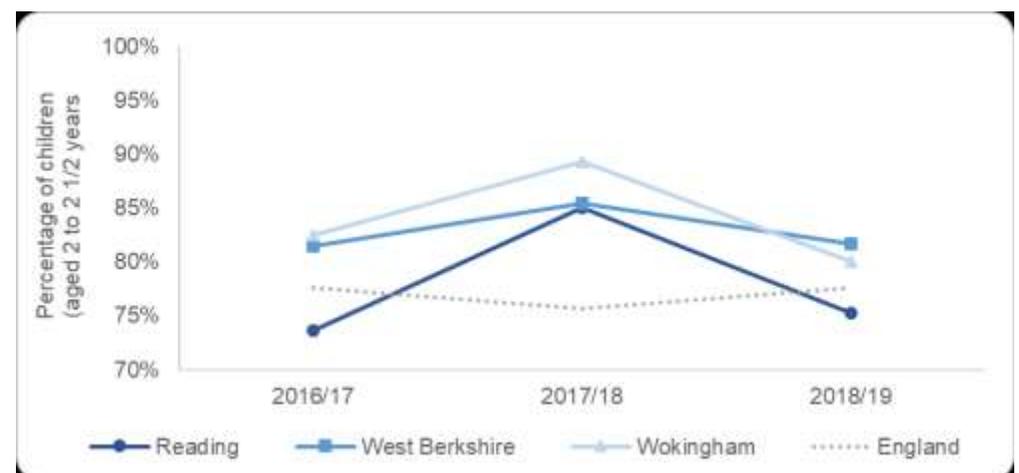
Disparities in child development are often recognisable in the second year of life and can have an impact by the time a child reaches school age. If left unsupported, these children will be more likely to not achieve their full potential ([Public Health England 2019](#)). Since 2015, all children in England became eligible for a Healthy Child Programme development review around the time of their 2<sup>nd</sup> birthday, which is delivered as part of the universal health visitor service. Health visiting teams should be using the Ages and Stages Questionnaire (ASQ-3) as part of the 2 to 2 ½ year review. This questionnaire provides an objective measure of development and helps to identify children who may not be developing as expected, supporting decisions for continued monitoring or referral onto early intervention services where required. The ASQ-3 includes several domains to monitor the development of a range of skills, including communication, gross motor, fine motor, problem solving and personal-social skills.

In 2018/19, BHFT’s Health Visiting Service completed 4,889 2 to 2 ½ year reviews and 92% of these were done using the Ages and Stages Questionnaire (ASQ-3). 79% of eligible 2 to 2 ½ year olds received a review during the year, which meant 1,359 children did not receive this development check.

**Figure 73: Total number of children who received a 2 to 2 ½ year review**



**Figure 74: Proportion of children who received a 2 to 2 ½ year review**

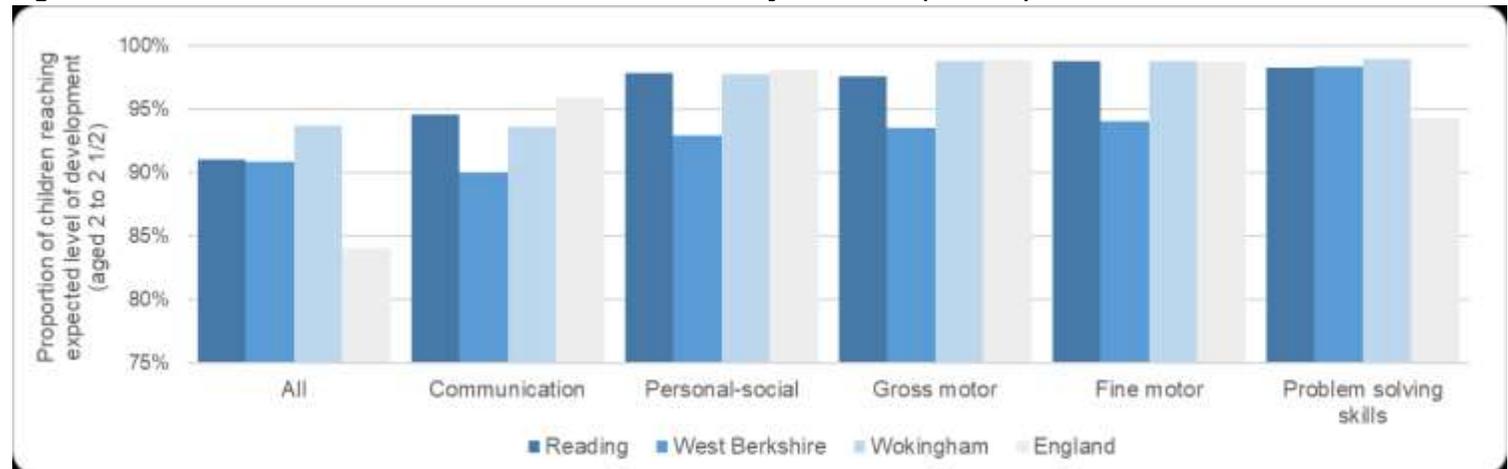


Source: Public Health England (2019); [Health visitor service delivery metrics experimental statistics: annual data](#)

The number of children eligible for a 2 to 2 ½ year review has reduced by 3% (225 children) in Berkshire West over the last three years. The largest change has been in West Berkshire with an 8% reduction.

The outcomes of the ASQ-3 questionnaires completed in 2018/19 indicated that 92% of 2 to 2 ½ year olds in Berkshire West were meeting the expected levels in all 5 skill areas. Figure 75 shows that this was significantly higher than the national average.

**Figure 75: Total number of children who received a 2 to 2 ½ year review (2018/19)**



Source: Public Health England (2019); [Child development outcomes at 2 to 2 and half years: experimental statistics 2018 to 2019 data](#)

**Figure 76: Number of children who did not meet expected level for each ASQ-3 development domain (2018/19)**

In 2018/19, 376 children in Berkshire West were identified as having one or more skill areas that did not meet the expected level. 65% of these children had a communication development need.

Figure 76 shows the number of children who did not meet the expected level of development for each of the domains in the ASQ-3. Information from BHFT has also been included to show that 73 of these children were referred on to other services for additional support

		Reading	West Berkshire	Wokingham	Berkshire West
All development areas	Did not meet expected level	156	124	96	376
	Referred on for further support	36	26	11	73
Communication skills	Did not meet expected level	111	73	62	246
	Referred on for further support	26	18	9	53
Personal-social skills	Did not meet expected level	40	29	29	98
	Referred on for further support	8	8	5	21
Gross motor skills	Did not meet expected level	22	33	17	72
	Referred on for further support	2	5	2	9
Fine motor skills	Did not meet expected level	22	16	20	58
	Referred on for further support	3	2	1	6
Problem solving skills	Did not meet expected level	30	22	16	68
	Referred on for further support	4	5	1	10

Source: Public Health England (2019); [Child development outcomes at 2 to 2 and half years: experimental statistics 2018 to 2019 data](#) and BHFT (2019); ASQ Scoring by LA and referral need

### 3.1.6 Health Visiting caseloads

BHFT provide information about the number and status of children on the Health Visiting caseload at the end of each quarter. In 2019 Q2 (Jun-Sep 2019), there were 35,431 children on the Health Visiting caseload across Berkshire West. This was a 12% increase on the previous year, with the biggest increase in Reading at 18%. Figure 76 provides a more detailed breakdown of BHFT's health visiting caseloads by local authority.

**Figure 77: BHFT Health Visiting caseloads in Berkshire West (2019 Q2 – June to September 2019)**

	Reading	West Berkshire	Wokingham	Berkshire West
Health Visiting caseload (total)	14,574	9,784	11,073	35,431
Caseload per Health Visitor (1 FTE)	673	825	883	-
Universal Partnership Plus caseload per Health Visitor (1 FTE)	506	258	232	-
Universal Plus caseload per Health Visitor (1 FTE)	185	108	187	-
Number of children on caseload with a Child Protection Plan (total)	71	30	46	147
Number of Looked After Children on caseload (total)	27	29	21	77
Number of Vulnerable Children on caseload (total)	203	96	67	366

Source: Berkshire Healthcare Foundation Trust (2019); Health Visiting additional data for Berkshire West

BHFT has explained that the complexity of cases across Berkshire West has increased over recent years, particularly in Reading. Caseloads are above the national recommendations in all three local authority areas.

### 3.1.7 Clinics and drop-ins

In addition to the mandated visits, BHFT is also commissioned to provide baby clinics and other drop-ins across Berkshire West. These are based in Children Centres and other satellite buildings, as agreed with the local authorities. Figure 77 shows activity levels for baby clinics and speech and language drop-in clinics in 2019 Q2 (June-Sep 2019).

**Figure 78: Clinics in Berkshire West (2019 Q2 – June to September 2019)**

	Reading	West Berkshire	Wokingham
Number of baby clinics in quarter	52 clinics	54 clinics	26-39 clinics
Average footfall at each baby clinic in quarter	1,409	1,754	1,020
Number of speech and language drop in clinics in quarter	25	19	23
Number of children who attended drop in clinics in quarter	71	48	40

Source: Berkshire Healthcare Foundation Trust (2019); Health Visiting additional data for Berkshire West

## 3.2 School Nursing Service

The school nursing service leads on the delivery of the Healthy Child Programme (HCP) for children aged 5 to 19 by providing public health expertise and support to enable schools to become healthy environments and contribute to improving health outcomes for their pupils. In addition, the service also provides targeted support to children and young people who require extra help or who are identified as vulnerable and at risk of poor health outcomes, such as those with long term health conditions, poor emotional health and well-being and where there are identified child protection and safeguarding concerns. Since October 2015, the three Berkshire West local authorities have all commissioned BHFT to provide a school nursing service to children and young people who attend state-funded primary schools, secondary schools, special schools and pupil referral units in Berkshire West.

BHFT provides each local authority with a School Nursing report every term (3 reports per year). These reports include detailed information on both the universal and targeted aspects of the service, such as the delivery of the National Child Measurement Programme (NCMP), hearing screening, caseloads, safeguarding involvement, health promotion and drop-in contacts, service user feedback and case studies. The local authorities use this information to monitor and improve the local service provision.

### 3.2.1 Caseloads and contacts

In 2018/19 Term 3, BHFT's School Nursing Service had 909 Berkshire West school-aged children on their caseload, which was approximately 1.4% of the total number of school-aged children in the area. Figure 79 provides a summary of the caseload and indicates that nearly one-third of children on the caseload have a child protection plan.

**Figure 79: BHFT School Nursing Services caseloads in Berkshire West (2018/19 Term 3)**

	Reading	West Berkshire	Wokingham	Berkshire West
Total number of school-aged children	16,740	24,550	22,150	63,440
Number of pupils on caseload	348	286	275	909
Number of pupils on Universal Plus caseload	146	98	127	371
Number of pupils on Universal Partnership Plus caseload	202	188	148	538
Caseload per School Nurse (1 FTE)	77	88	87	-
Universal Plus caseload per School Nurse (1 FTE)	32	30	40	-
Universal Partnership Plus caseload per School Nurse (1 FTE)	45	58	46	-
Number of children with a Child Protection plan (total)	121	76	96	293
Number of Looked After Children on caseload (total)	71	95	57	223
Number of Vulnerable Children on caseload (total)	19	27	12	58

Source: Berkshire Healthcare Foundation Trust (2019); School Nursing additional data for Berkshire West

The number of contacts that the School Nursing Service has with each child or their family varies according to their need.

### Child Protection

From Jan-Mar 2019, BHFT School Nurses had an average of 5 contacts per child for children who were on a child protection plan and who the service had an active involvement with (65 children) (BHFT 2019). This involved carrying out health assessments for these children and delivering targeted work to support emotional health, sexual health, hygiene, diet and growth monitoring. BHFT explain that once the child has had their holistic health assessment and no further health needs are identified, the school nurse withdraws from the core support group and no longer works directly with the family. However, the child remains on their caseload, so that professionals and the family can contact them to recall them to the core group if any health needs are identified.

### Vulnerable Children

This caseload incorporates children who have Child in Need Plans, are in homes with domestic abuse being perpetrated or who have multiple professional involvement. The level of contact for this caseload is variable, as it includes children who already have a Child in Need plan, as well as those awaiting a strategy meeting or an Initial Child Protection Conference.

### Looked After Children

Children who are taken into care have their health initially assessed by a paediatrician and a health care plan is put in place. School nurses complete annual health assessment reviews for all LAC pupils aged 5 to 16 and keep their health care plan up to date. BHFT explain that the average time spent per health assessment review is 7 ½ hours, which includes a 1:1 session with the child, a review of their records, a comprehensive health assessment and summary, discussion with foster carers and liaison with LAC Nurses and Social Workers as required. There is then often follow-up work that needs to be completed as

part of this annual health review. West Berkshire has a higher LAC caseload than the other local authorities in Berkshire West, as there are a larger number of children resident outside of the LA who are educated in West Berkshire schools (BHFT 2019).

### 3.2.2 National Child Measurement Programme

BHFT's School Nursing Service delivers the National Child Measurement Programme (NCMP) across primary schools in Berkshire West. This involves measuring the height and weight of children in the Reception Year and Year 6. After screening and measurements are completed, the information is provided to the national programme and parents are informed of their child's results. If a child's measurements fall outside the healthy weight range further advice and information will be included in a letter to their home address.

Information from BHFT shows that over 90% of eligible school pupils were screened from August to December 2019 (91% in Reading, 95% in Wokingham and 97% in West Berkshire). The main reasons for not attending screening were pupil absence and parent/child refusal (BHFT 2020).

The latest NCMP results and information about childhood obesity in Berkshire West is included at 2.5.2.

### 3.2.3 Hearing screening

BHFT's School Nursing Service provides hearing screening for Reception children in West Berkshire. This takes place at the same time as the National Child Measurement Programme. Reading decommissioned this service over the last academic year. Wokingham hearing screening for Reception children is done on an opt-in offer.

### 3.2.4 Nocturnal enuresis (Bed wetting)

School Nurses run nocturnal enuresis clinics in Berkshire West that parents can refer to directly. From Aug to December 2019, the clinics had a caseload of 156 children with 415 contacts. This indicates that each child/family was seen 2 to 3 times on average over this period.

BHFT note that all of the clinics are operating at capacity and that Wokingham's clinic currently has a waiting list.

**Figure 80: Nocturnal enuresis clinics in Berkshire West (August to December 2019)**

	Reading	West Berkshire	Wokingham
Number of children on caseload	57	29	70
Number of contacts for caseload	125	143	147
Average time for a child to be supported by clinic	4 months	5 months	7.5 months
Number of new referrals	34	42	41
Number of children discharged	40	49	48
Of those discharged:			

- Number who achieved dryness	26	27	30
- Number assessed and not yet ready/motivated to make changes	9	10	9
- Number referred onto other services	5	12	9

Source: Berkshire Healthcare Foundation Trust (2020); School Nursing Reports - August to December 2019

### 3.2.5 Young people attending further education colleges

BHFT's School Nursing Service provides a partial offer to young people who attend further education colleges in Berkshire West, as agreed with local commissioners. These young people can contact School Nurses through the SMS School Nurse messaging service. They also have access to the Young [SHaRON](#) on-line network, which is a peer-support health system that is run in partnership with the Emotional Health Academy. BHFT also provide a dedicated website providing 24/7 support and advice for 0-19 (25)'s physical and emotional development, as well as common health conditions. This can be accessed via <https://cypf.berkshirehealthcare.nhs.uk>.

## 4. Local intelligence on the needs and opportunities for children and young people in Berkshire West

This Health Needs Assessment has looked at high-level information about the demographics of children and young people living in Berkshire West and has evidenced some health needs and inequalities across the area. This section provides an opportunity to focus on more detailed local intelligence for Reading, West Berkshire and Wokingham. This aims to provide additional insight into the specific needs and opportunities for children and young people living in each local authority area.

Intelligence and knowledge have been gathered from:

- Local authority departments, such as Children's Services, Education and Public Health
- Local service providers and professionals
- Feedback from children and their families
- Public consultations and engagement events

### 4.1 Local intelligence: Reading

#### 4.1.1 Reading Borough Council's services for children and young people

In Reading Borough Council local authority area, children's services are provided by Brighter Futures for Children (BFfC), an independent, not-for-profit company wholly owned by the Council. Established in December 2018, BFfC offers a wide range of services for children, young people and families in Reading, including children's social care, provision of early help, education services, childrens centres, services that support children with special educational needs or disabilities and children looked after, adoption, fostering and youth offending services.

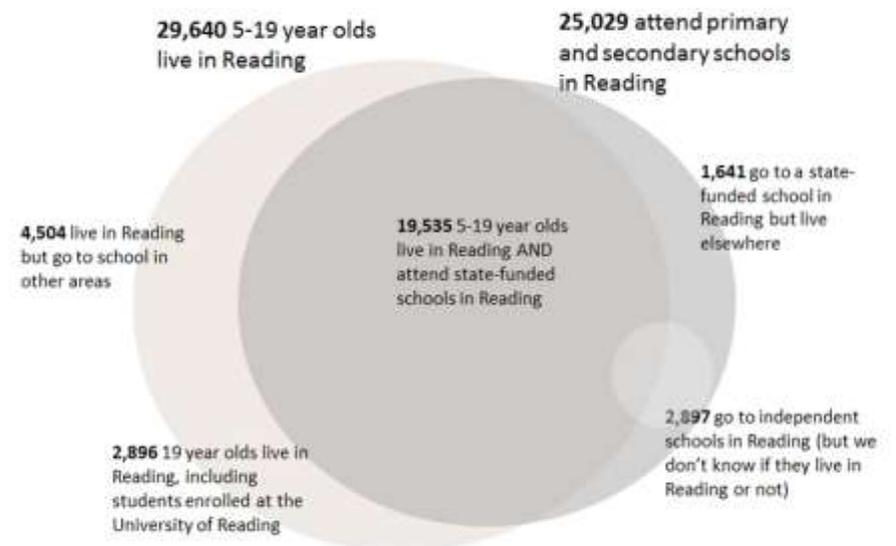
Brighter Futures for Children aims to protect and enhance the lives of the children of Reading, helping families find long-term solutions to ensure children lead happy, healthy and successful lives. To achieve this aim, they work closely with colleagues across the Council, the local NHS, schools, the voluntary, community and faith groups, and in partnership with children, young people and families themselves.

#### 4.1.2 Needs analysis for school-aged children in Reading

Reading Borough Council and Brighter Futures for Children (BFFC) published a needs analysis for school-aged children in 2019. The aim of this analysis was to support BFFC to deliver its plans to support and improve Reading schools, as well as to inform commissioning of services that support school aged-children.

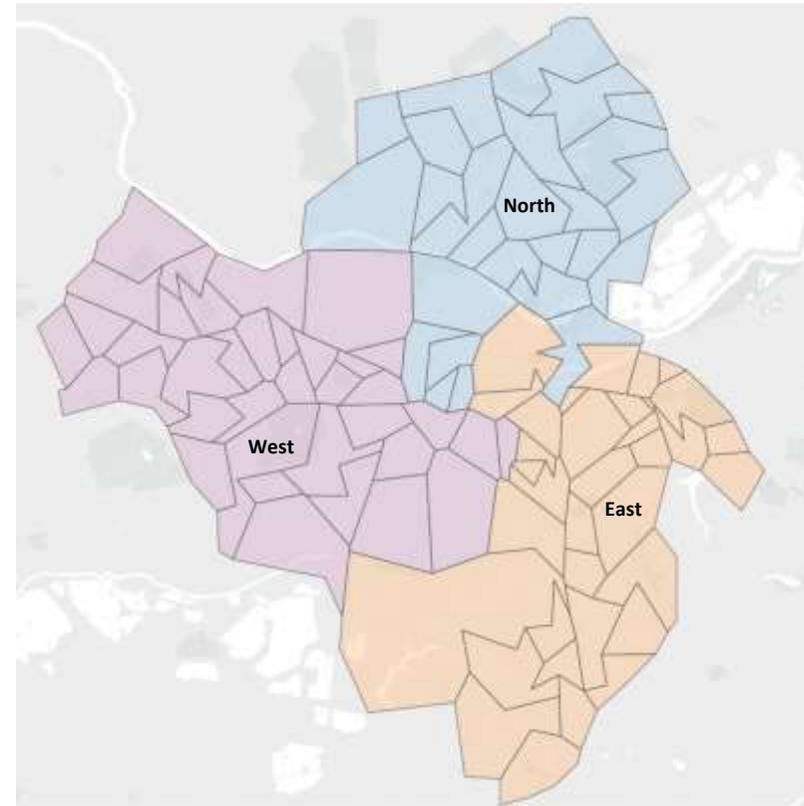
The needs analysis identified that two thirds of school-aged children and young people (aged 5 to 19) who live in Reading attend a state-funded school in the Borough. Amongst the remaining children and young people, almost half attend schools in other local authority areas. A summary of where Reading children and young people go to school/further education is shown in Figure 81.

**Figure 81: Comparison of 5-19-year olds living in Reading and children and young people attending Primary and Secondary Schools in Reading**



Source: Department for Education (2018); [Schools, pupils and their characteristics: January 2018](#)

BFFC uses geographical planning areas to plan school places across Reading. These include five areas for primary schools and three for secondary schools, which are shown in Figures 82 and 83. Reading's 2019 needs analysis uses the BFFC planning areas to compare populations, deprivation, attainment and other factors across the Borough. These findings reflect the inequalities identified in Section 3 of this Health Needs Assessment and are summarised below.

**Figure 82: Reading Primary School Planning Areas****Figure 83: Reading Secondary School Planning Areas**

Source: *Brighter Futures for Children*

### Deprivation

Whilst Reading benefits from high employment and high earnings, there are areas in the Borough that experience high and rising levels of deprivation. Key areas of high deprivation in Reading are found:

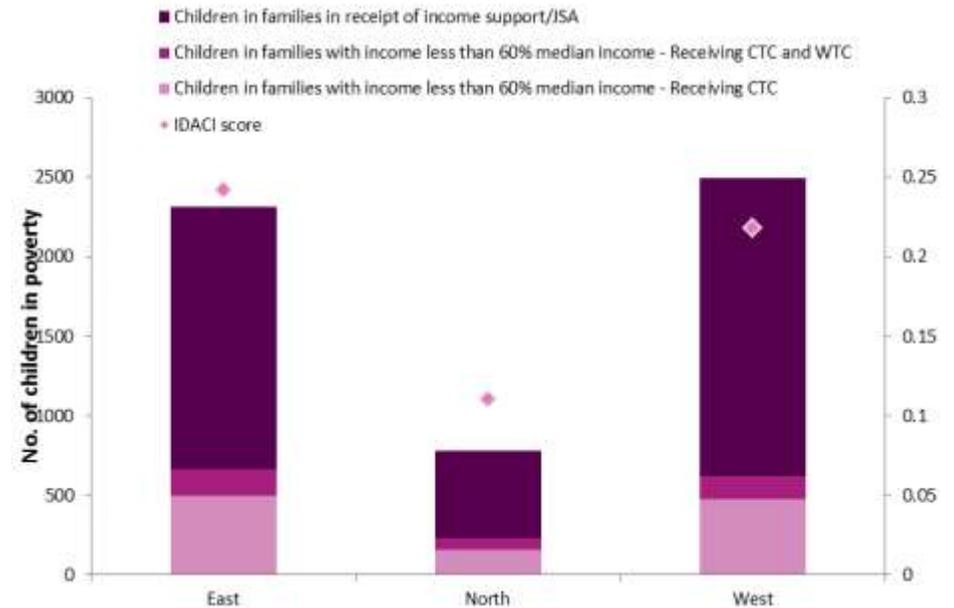
- in the far south of Whitley ward and the Northumberland Avenue area in the south of the borough;
- throughout Abbey ward and around the town centre;
- around Dee Road in Norcot ward;
- around Coronation Square in Southcote ward; and
- around Amersham Road in Lower Caversham.

Reading Borough Council's [2017 Poverty Needs Analysis](#) found that more than one in six children in Reading belonged to a household below the poverty line, with highest concentrations in areas of South and West Reading. An overview of deprivation and income indicators showed that children living in the South, West and Central West primary planning areas and the East and West secondary planning areas had a greater risk of deprivation and living in poverty. This is illustrated in Figures 84 and 85.

**Figure 84: Deprivation and poverty indicators by Reading Primary School Planning Areas**



**Figure 85: Deprivation and poverty indicators by Reading Secondary School Planning Areas**



Source: HM Revenue and Customs data via LG Inform Plus (2016)

## Ethnicity and Language

General populations in the East, South and Central West primary planning areas are more ethnically diverse than the Reading average, while the North and West planning areas have a higher proportion of White British residents than the Reading average. Amongst the three much larger secondary planning areas, East and West have much greater diversity than the North.

**Figure 86: Ethnicity by primary and secondary school planning areas (2011)**

		Asian	Black	Mixed	Other ethnic group	White
<b>Primary School Planning Area</b>	<b>North</b>	6%	2%	3%	1%	89%
	<b>West</b>	7%	6%	4%	0%	83%
	<b>East</b>	25%	7%	4%	2%	63%
	<b>South</b>	14%	8%	5%	1%	72%
	<b>Central West</b>	17%	10%	5%	1%	68%
<b>Secondary School Planning Area</b>	<b>East</b>	19%	8%	4%	1%	67%
	<b>North</b>	10%	4%	3%	1%	83%
	<b>West</b>	11%	8%	4%	1%	77%
<b>Reading</b>		14%	7%	4%	1%	75%

Source: Office for National Statistics (2012); [DC2101EW- Ethnic group by sex by age](#)

Census data also suggests differences in the proportions of the population who speak English as a main language. A higher proportion of residents in more central areas of Reading had a main language other than English. A higher proportion of households in the East (15%) and Central West (13%) primary school planning areas had no one with English as a main language, compared to the whole of Reading (9%) ([Office for National Statistics](#) 2013).

## Children Looked After

The rate of children looked after in Reading was 75 per 1,000 children on 31<sup>st</sup> March 2018, which was significantly higher than England and the rest of Berkshire West ([Department for Education](#) 2019). The characteristics of children in care in Reading differed to the national picture, reflecting the differences in the general population. A slightly higher proportion of children looked after by the local authority had an ethnicity other than White. A higher proportion were looked after by another placement in the community and a higher proportion had become looked after because their family was suffering 'acute stress'. Nationally, 59% of children looked after on behalf of the local authority were placed in care settings within the local authority boundaries, compared to 28% of children in Reading. Reading is a small, densely populated urban borough, and this is likely to reflect the need to look beyond the local authority boundaries to identify suitable placements.

Professionals in children's and public health services who are involved in the care of children looked after by the local authority are recommended to work collaboratively, particularly where there are complexities and multiple needs. Currently, school nurses in Reading schools carry out initial and annual review health assessments for looked after children attending schools in Reading, as well as providing ongoing support to any looked after child with identified health

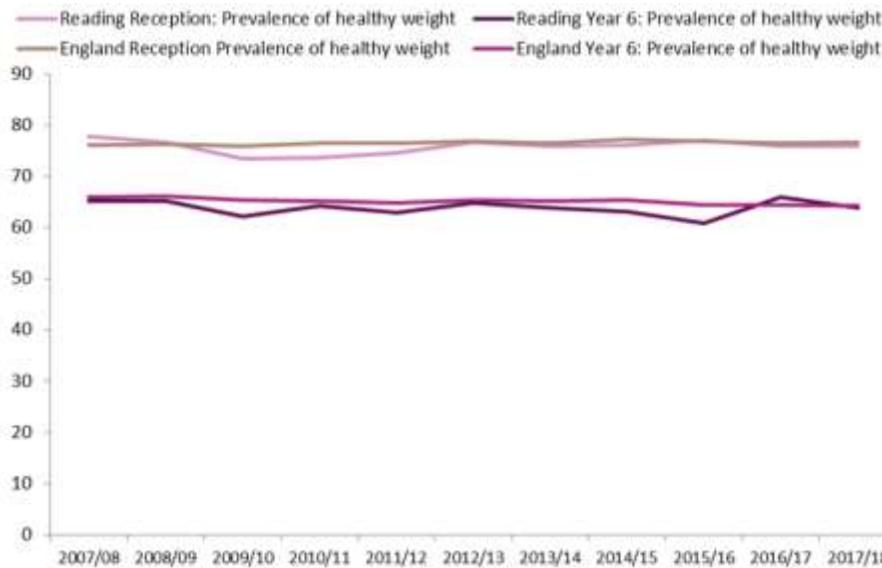
needs. Between September 2018 and July 2019, the school nursing service reported caseloads of between 53 and 66 looked after children throughout the academic year, with 32 contacts (including health assessments). Some children attending schools in Reading may be in the care of different local authorities and others in the care of Reading Borough Council may attend schools in other areas (Berkshire Healthcare Foundation Trust, Annual Performance Report – July 2019).

### Obesity

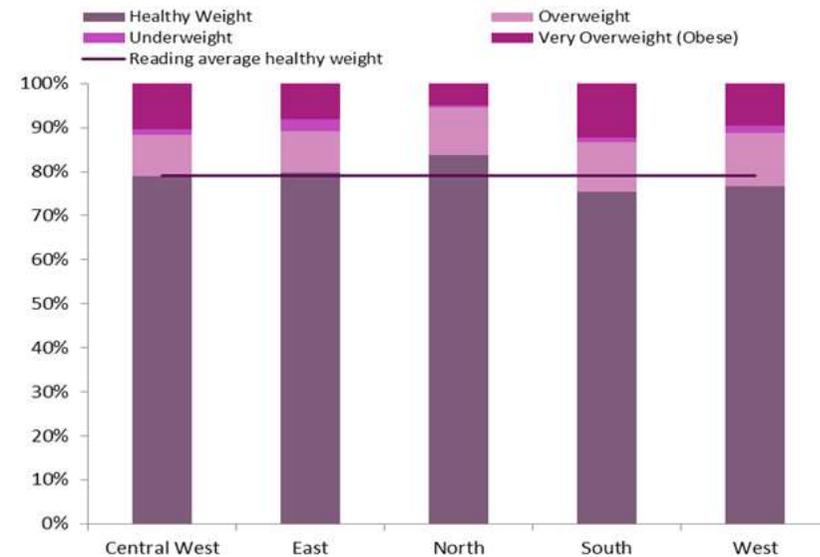
The National Child Measurement Programme (NCMP) collects height and weight data from all children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) of primary school each year. Nationally, overweight and obesity is more prevalent in pupils in year 6 than pupils in reception and in the most recent report year 6 boys were the most likely to be overweight or obese. The Programme found a strong correlation between deprivation and obesity, with obesity prevalence for children living in the most deprived areas more than double that of those living in the least deprived areas for both reception and year 6. Prevalence of severe obesity was almost four times as high in the most deprived areas than the least deprived ([NHS Digital 2018](#)).

Throughout the last ten years, the proportion of pupils in both Year R and Year 6 in Reading with a healthy weight has remained close to the England average (Figure 87). Figure 88 below shows the breakdown of the proportion of children in Yr R and Yr 6, by primary school planning area, in different weight categories. Reflecting the national picture, Figure 88 suggests that the proportion of pupils with a healthy weight was below average in the areas with the greatest concentration of deprivation.

**Figure 87: % of Year R and Year 6 pupils with a healthy weight (2007/08-2017/18)**



**Figure 88: NCMP by planning area (2012/13 to 2017/18)**



Source: Public Health England (2019); [MSOA, Ward and CCG data for prevalence of obesity and excess weight](#)

### Dental Health

The National Dental Epidemiology Programme survey collects data about the oral health of 5 year olds children in local authority areas. The most recent survey in 2017 suggests that 5 year olds in Reading had similar levels of decay to the average for England, with 22.2% of Reading children surveyed having some level of tooth decay. This compares to 23.3% for England as a whole. Data suggests a slight improvement in oral health, both nationally and locally since the last survey was carried out in 2015, when 28.1% of Reading children surveyed had some level of decay. Poor dental health is strongly linked to deprivation, with the survey reporting that nationally, 33.7% of children from the most deprived backgrounds experienced some tooth decay, compared to 13.6% in the least deprived areas ([Public Health England 2018](#)).

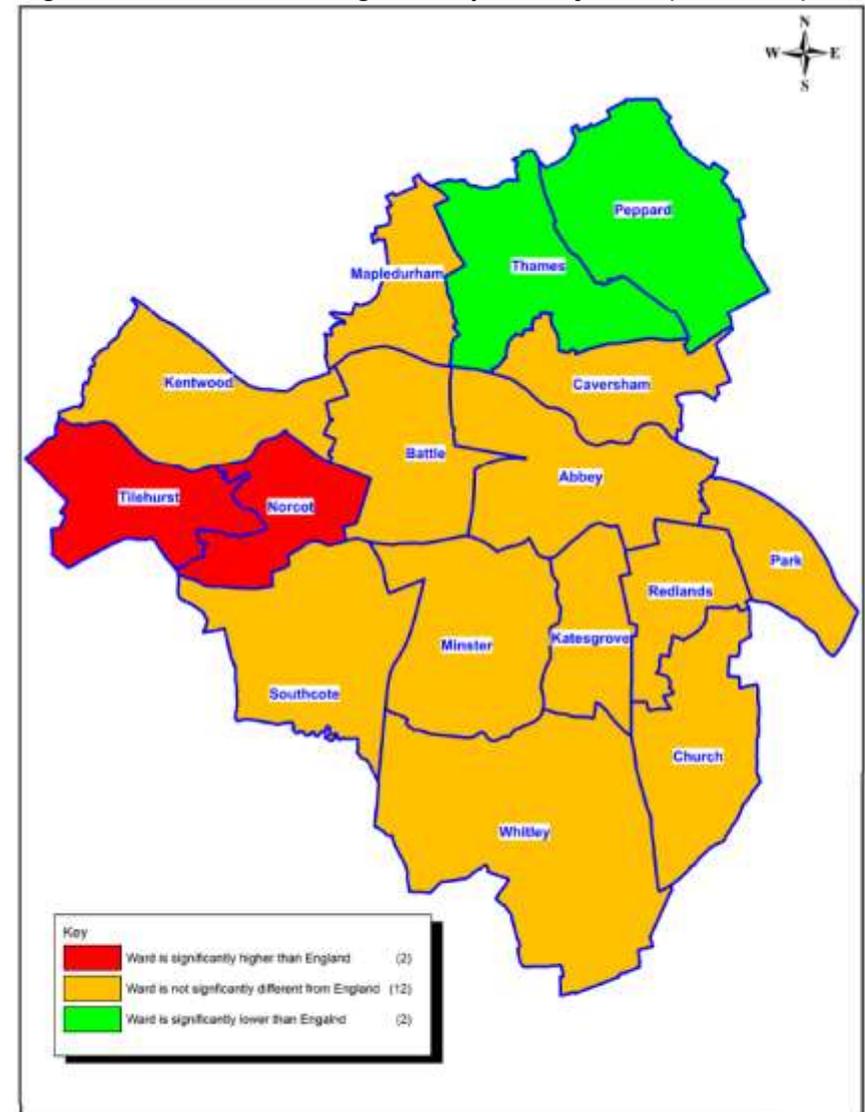
### Immunisations

Although coverage of vaccinations given to school age children in Reading are in line with or better than the national average, overall coverage for childhood vaccinations in Reading is below the national average and below national targets for 95% of children to be immunised. A report by the Royal Society of Public Health suggests that accessibility and convenience of vaccination services are the most important factors for parents taking up vaccinations. Almost half cited timing and availability of appointments as the most common barriers to getting their children vaccinated. Providing reassurance to parents and carers, providing written information and signposting to online resources are recommended for increasing vaccine uptake ([Public Health Matters 2019](#)).

### Teenage pregnancy

In 2017, there were 39 conceptions to females aged 15 to 17 at a rate of 16.5 per 1,000 population in Reading (Public Health England 2019). While Reading’s rate of teenage pregnancy has historically been much higher than the national rate and other areas of Berkshire West, there has been a significant decrease in conceptions over the last 12 years. Based on 2015-2017 data, the rate of teenage conceptions in Reading was estimated by PHE to be highest in Norcot and Tilehurst wards (Figure 89).

Figure 89: Estimated teenage conceptions by ward (2015-2017)



### Enuresis

Title: Teenage Pregnancy - ONS Conception Statistics 2015-2017

Produced by GIS & Mapping Services Date: 11/03/2020 Scale at A4: 1:46,000

Ref: G:\MapInfo\Data\Client datasets\Health\Adult Health\Teenage Pregnancy

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Bedwetting less than 2 nights a week has a prevalence of 21% at about 4 and a half years and 8% at 9 and a half years. More frequent bedwetting is less common and has a prevalence of 8% at 4 and a half years and 1.5% at 9 and a half years' ([NICE 2010](#)). The [Butler and Heron \(2008\)](#) study concluded that the much smaller number of children with nocturnal enuresis (wet at least twice a week) were more likely to have more persistent and complex conditions such as urinary tract infection, constipation, diabetes, behavioural or emotional problems or stressful family situations. If we apply the estimated prevalence to the Reading population of Yr R and Yr 6 children, we can estimate that around 397 children in Yr R and 151 in Yr 6 experience infrequent bedwetting and that around 151 children in Yr R and 28 in Yr 6 experience nocturnal enuresis.

Advice, support and treatment is indicated and available from the age of 5 through the School Nursing Nocturnal Enuresis clinic which runs weekly at Whitley Health and Social Services Centre during the school term. In the year from October 2018 to August 2019 the number recorded on caseload for the nocturnal enuresis clinic ranged from a minimum of 39 to a maximum of 59, with each family contacted on average twice each quarter. The clinic is demand-led, working to capacity and currently has no waiting list with new referrals being seen within a month of the referral being received by the team. The estimated prevalence data suggests that the support available to children via the school nursing service is only being taken up by less than half of those who might benefit from their support and treatment.

#### 4.1.3 Key priorities for Children and Young People in Reading

##### *Early Intervention and Prevention Partnership*

A multi-agency Early Intervention and Prevention Partnership has been established and met for the first time in March 2019. The *Early Intervention & Prevention Strategy (2018-21)* sets out three strategic priorities for children:

- 1) Getting the Early Years Right
- 2) Reducing Adolescent risk
- 3) Supporting Emotional Wellbeing

The Strategy acknowledges that it requires a range of statutory and non-statutory bodies working collaboratively within the Early Intervention and Prevention Partnership to achieve these priorities.

##### *Reading Joint Health and Wellbeing Strategy*

The *Reading Joint Health and Wellbeing Strategy (2017-20)* priorities provide a range of outcomes for children and young people. The Strategy is underpinned by three "building blocks":

- 1) Safeguarding vulnerable adults and children
- 2) Recognising and supporting all carers
- 3) High quality co-ordinated information to support wellbeing

Of the 8 priorities identified in the Strategy the following specifically mention children and young people:

Priority 1 - Supporting people to make healthy lifestyle choices – focussed on dental care, reducing obesity, increasing physical activity, reducing smoking

### Smoking

- reducing the estimated number of young people under the age of 18 years who smoke
- increasing the uptake of smoking cessation services in smokers under the age of 18
- raising awareness of tobacco harms amongst children and young people
- reducing illegal sales of tobacco products to under 18s.

### Obesity

- Actions that contribute to halting the continued rise in unhealthy weight prevalence in children and young people
- overseeing and promoting the delivery of the National Child Measurement Programme
- promoting a 'whole family approach' to healthy eating and physical activity
- promoting understanding of the health benefits of healthy eating and physical activity and what the recommended guidelines are
- providing information, advice and support on how to maintain/improve diet and or physical activities
- promoting local services and/or open spaces

### Physical Activity

- increasing the number of children benefitting from Bikeability
- increasing the number of children walking or cycling to school.

### Oral Health

- Development of an Oral Health Strategy focussing on groups at highest risk of poor oral health in the population, including children and young people.

### Priority 3 - Promoting positive mental health and wellbeing in children and young people

The Local [Future in Mind \(Transformation Plan for Children and Young People's Mental Health and Wellbeing\)](#) was last refreshed in October 2019. This Plan is owned by the Berkshire West CCG working in partnership with the West Berkshire and Wokingham local authorities, and with Brighter Futures for Children in Reading. Over recent years there has been a marked culture shift towards a mature thriving system which seeks strong relationships and a solution focussed approach as key to improving services for children, young people and families.

In January 2020, Brighter Futures for Children and Berkshire Healthcare NHS Foundation Trust launched Mental Health Support Teams in 15 schools in Reading. The teams support children and young people with emerging, mild or moderate mental health difficulties which may be affecting day to day life. The team comprises senior educational psychologists, primary mental health workers, CAMHS practitioner and outreach worker and educational mental health practitioners.

### Priority 5 Reducing the amount of alcohol people drink to safer levels

Health promotion activities in schools that address the risks of drinking alcohol and promote safer levels of drinking, in an age-appropriate manner.

Development of a Youth Health Champion role, encouraging young people at college and University to play an active role in promoting alcohol awareness in colleges and university and highlighting diversionary activities.

Establishment of a New Reading University Community Alcohol Partnership.

The Health & Wellbeing Strategy is due to be refreshed in 2020.

### **Reading Local Area SEND Strategy**

The *Reading Local Area SEND Strategy 2017-22 (refreshed October 2019)* sets out anticipated outcomes for children with special educational needs and disability:

- All services 0 – 25 will be able to demonstrate how they are supporting delivery of the SEND Strategy
- We will know our key strengths, gaps and areas for improvement, and will ensure these are addressed strategically and operationally
- Children and young people's SEND will be identified and addressed early, enabling them to make progress and preventing escalation to more specialist services where possible
- Children and young people, and their parents / carers will feel engaged in the process of assessing their needs and informing decisions about their support
- Children and young people and their parents / carers will feel confident in what is provided through being involved from the start in the development of services
- Children and young people, and their parents / carers, will be clear about the identification and assessment processes and the guidance / criteria used to make decisions (pathways)
- All agencies will work together to collectively and effectively improve outcomes for children, young people and their families
- Children and young people with SEND will make at least good progress from their starting points, and the gap will narrow between them and their peers

The following workstreams are highlighted;

- Strand 1: Improving communication
- Strand 2: Early intervention through to specialist provision
- Strand 3: Consistent and effective approaches to emotional wellbeing
- Strand 4: Preparing for adulthood
- Strand 5: Support for families / short breaks

#### 4.1.4 Public consultation and engagement

Reading Borough Council ran a public consultation from Nov-18 to Jan-19 and invited residents and other stakeholders to comment on the services offered or commissioned by the Council that contributed to health and wellbeing outcomes. 260 consultation questionnaires were returned and 81 of these included comments about health visiting, school nursing and children's centres. Some of the key themes from these comments were:

##### *Breastfeeding*

Many service users felt that there is not enough breastfeeding support for the local mums. Some reported that although health visitors offered some support around breast feeding, they felt that this was inadequate. Some responders were disappointed that the Breast-Feeding Network support in Reading has been discontinued and felt that there should be an additional peer support group for breast feeding mothers in Reading.

##### *Support with Postnatal Depression*

Some service users who were struggling with their mental wellbeing following child-birth reported that they valued the reassurance, encouragement and support offered by the health visitors' and were able to contact their health visitors when needed. Some reported that health visitors also signposted them to local children centres where they could socialise with other mums and access the services which they found beneficial for their mental wellbeing.

##### *Well baby Clinics*

Most service users who attended Well baby clinics especially new parents within Reading felt they received good support by the health visitors for child's health and feeding related problems and they were able to attend clinics when needed instead of taking up GP appointments.

##### *School Nursing Services*

Most responders felt that school nurses in Reading provided vital support to children's health and wellbeing at schools by focusing on prevention. They felt that children could access specialist service without parental involvement, giving children some control over their own health.

Overall, most service users who responded to the consultation had positive feedback for the health visiting and school nursing services and felt that the service supported a healthy start for children and their transition into adulthood. Most responders referred health visitors as invaluable resources for providing advice, support and information. They appreciated the continuous support, reassurance and guidance from the health visitors especially offering to local families during new birth visits and other mandated child health reviews. Some responders felt that the health visiting team was stretched and overworked with limited members of staff and felt there should be more health visitors to maximise their impact.

As a result of this consultation, Reading Public Health team is exploring more opportunities to work jointly with the new Children's Company, Brighter Future for Children to improve health outcomes for children and young people in Reading.

## 4.2 Local intelligence: West Berkshire

### 4.2.1 West Berkshire Council's services for children and young people

#### *Children and Family Services*

Children and Family Services in West Berkshire take responsibility for delivering services for the children and young people across the district identified as being amongst some of the most vulnerable in the community. The service supports the principles of targeted intervention and prevention.

Children and Family Services in West Berkshire work with Children, their families, partners and agencies to identify and support children to promote their wellbeing and to ensure they are safeguarded. They act as corporate parent for children in their care and those leaving care.

Children's Services have identified that families who do not require a statutory response, would benefit from a lower threshold of intervention, Early Response, with the aim of preventing the family from requiring a statutory response in the future for example research tells us that domestic abuse incidents increase in frequency and severity and that if an early intervention occurs, this could prevent further escalation.

Children's Services have therefore launched an Early Response Hub within the front door (ERH). The ERH is a multi-agency hub which includes Homestart, Swanswell (Adult Drug and Alcohol Support Service), A2 Dominion (Domestic Abuse Service), Gamcare (advice and support for anyone affected by problem gambling), Disabled Children's Team, Housing, schools on a rota basis, Early Years and Family Hubs. These agencies are represented both in person and also virtual partners.

Early Response multi-agency discussions also take place on the following themes as it is identified that these are the specific areas to target to prevent escalation:

- Domestic Abuse,
- Indicators of neglect
- Trio of vulnerabilities
- Indicators of CE/missing
- Supporting families to stay together

If a family are referred in with one of these themes present, a multi-agency discussion will identify a support plan to specifically target the issue of concern.

Figure 90 provides a snapshot of the most recent data in terms of context and volume of the service. In order to identify the total number of referred concerns made to Children's Services, the total referral number requires addition to total enquiries number (Enquiries plus referrals added together provides the number of contacts into WBC C&FS).

**Figure 90: West Berkshire Children and Family Service Enquiry and Referral activity 2019/20**

ENQUIRY NUMBERS						
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Total Enquiries received during the month	370	460	544	620	442	497
Total Enquiries YTD	370	862	1430	2053	2516	3035

REFERRAL NUMBERS						
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Total Referrals received during the month (Tiers 3 and 4)	94	132	145	167	151	132
Total Referrals YTD (Tiers 3 and 4)	94	223	371	534	687	812
Referrals per 10,000 population based on ytd	314	372	413	448	459	452

Source: West Berkshire Council 2019/20

Health Visitors and School Nurses play an important role in child protection. Health visitors and school nurses attend child protection conferences and associated meeting, i.e. strategy meetings. Figure 91 provides a snapshot of context and volume of Children in Need and Child Protection Numbers, YTD.

**Figure 91: West Berkshire Children in Need and Child Protection Numbers 2019/20**

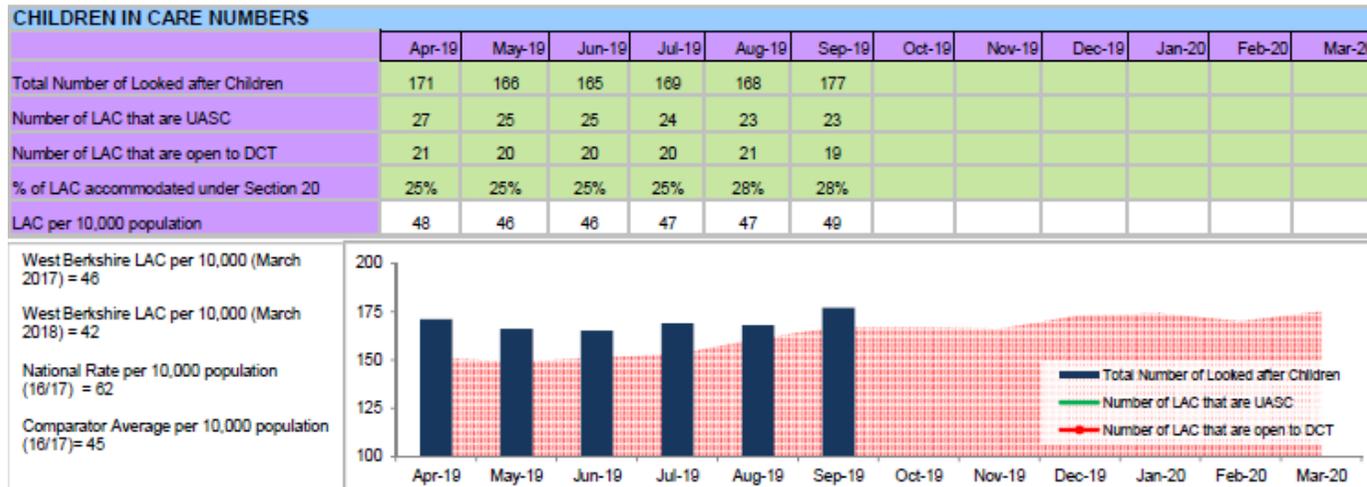
CIN NUMBERS						
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Total Children in Need (exclu Early Interv)	745	640	721	743	745	723
Total CIN (including LAC & CP)	1027	967	982	1004	1010	992
CIN (including LAC and CP) per 10,000 population	286	269	273	279	281	276

CP NUMBERS						
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Number of children subject to CP Plans (exclu Temp Plans)	115	111	100	95	102	100
Number of above that are open to DCT	7	7	7	7	7	5
CP Plans per 10,000 population	32	31	28	26	28	28

Source: West Berkshire Council 2019/20

In addition, School nurses undertake the health assessments for Children in Care (previously LAC). West Berkshire has a higher number of Children in Care than Reading and Wokingham and also a higher number of "host" Children in Care, i.e. children from other local authorities. Figure 92 provides a snapshot of the number of Children in Care in 2019/20.

**Figure 92: West Berkshire Children in Care Numbers 2019/20**



Source: West Berkshire Council 2019/20

### Family Hubs

Family Hubs support families, parents and carers of children aged 0 to 5 years old. Services are delivered from a number of different locations within West Berkshire and are split into three areas (hubs):

- Central Family Hub - Thatcham
- East Family Hub - Calcot
- West Family Hub - Newbury

In addition outreach work is carried out from various ‘community delivery points’. They could be based in a local community centre, a school or a Family Hub building. Hungerford and Area Family Centre works in partnership to provide services in Hungerford, Lambourn and Kintbury as a community delivery point.

West Berkshire’s Family Hubs provide:

- early years education and childcare
- help to access social services
- health services
- training and employment services
- information and advice services

This is done in various ways and includes the following:

**Family Support work is delivered 1-1 at the Hubs or via Home Visits. Telephone support is also provided. The aim of the family support work is to support families to**

- Improved routines
- Understanding the importance of play
- Improved interactions with children
- Introduction of Boundaries
- Strategies for managing behaviour
- Improved family relationships
- Increased understanding of issues such as weaning, toileting
- Improved financial situation/debt reduction
- Improved self-confidence/self-esteem
- Improved home conditions
- Improved understanding of keeping children safe
- Signposting to specialist services including: A2Dominion Domestic Abuse service, Swanswell Drug & Alcohol service, Homestart, Citizen's Advice Bureau, Emotional Health Academy, Recovery in Mind, West Berkshire Directory

**Adult Learning – BOOST. This course aims**

- To gain a greater understanding of what self-esteem means
- To be able to use techniques to improve self-esteem
- To understand how to communicate effectively with others
- To be able to say 'no'
- To recognise positive and negative relationships
- To be able to give and receive compliments
- To be able to look after and do things for myself
- To have improved self-esteem

**Adult Learning - SHARE. This course aims to**

- To gain a better understanding of how children learn and develop
- Spend more time interacting with children on play based activities to support children's learning at home
- Create age appropriate resources to support children's learning and development
- Improved school readiness of children through interactions from parents/carers, improved self-esteem & confidence, turn taking, supporting emotions, communication & self-help skills

**Baby Massage, is delivered in a group setting and can help**

- Reduce colic
- Improvement in reflux
- More settled baby
- Reduction in stress
- Improved mothers wellbeing
- Better bonding and attachment between parent and baby

In addition the following services/support are also delivered:

- Health Visitor Baby Clinic
- Postnatal Sessions
- Speech & Language Drop In No. of under 5's
- Stay, Play & Learn Friday No. of under 5's
- Stay, Play & Learn Tuesday No. of under 5's
- Peer support for first time parents
- Breastfeeding Support
- Bumps & Beyond No. of babies

***Early Year's Foundation Stage in West Berkshire***

Recent Early Years Foundation Stage (EYFS) results for 2019 have shown an improvement across West Berkshire in the percentage of children assessed as achieving a good level of development, as well as a narrowing of the gender gap and also between children born in different seasons. There has also been an improvement for funded two year olds and outcomes for all SEND, SEN Support and EHCP groups. Emerging national data shows that West Berkshire are above the national percentage for Good Level of Development in Reading, Writing, Number and Shape and Space and Measure learning areas (West Berkshire Education Service – Self Evaluation).

West Berkshire has identified areas where improvement is still needed, including:

- The gap between FSM children and Non-FSM children has increased and therefore needs to be reduced. To tackle this issue, some financial investment and a strategic plan needs to be put in place, supported by school improvement. By increasing the level of resource it will strengthen our footprint in schools and help to improve outcomes.
- The specific areas are the key “stumbling blocks” to children achieving a GLD.
- 72% of the children who missed GLD by one goal was due to the Writing ELG, more support for teachers to ensure children achieve the Writing ELG would be beneficial.
- Work which supports parents prepare their children for school prior to starting helps children come in at a higher baseline and enables teachers to spend more time on helping children secure the specific areas.

West Berkshire's EYFS Service is particularly proud of several initiatives and services:

### *Flying Start*

The Flying Start Programme works predominantly with vulnerable families in West Berkshire. The EYFS results for 2019 indicated that a higher proportion of children in the Flying Start Programme (67%) had a Good Level of Development than those who were in the funded two year old group (53%) or those receiving Free School Meals (40%).

### *Imagination Library*

The imagination library is a scheme that gives free books to children, once a month from birth to the age of 5. There are currently 725 children in West Berkshire registered with the Imagination Library and a further 289 have turned five and 'graduated' from the scheme. This means that currently 725 children are receiving one free book every month in the post to keep and we are currently registering a new cohort of children who qualify so numbers should increase over the next 2 months. From January 2019 to September 2019, 4,919 books were sent out and numbers increased each month.

### *Vulnerable 2 Year Old data*

There is a coordinated approach to engaging parents with their entitlement to funding for a vulnerable two year old. The funding team work closely with settings and the Family Hubs to secure applications and to ensure that those applications result in a child accessing early education in an appropriate setting. This work has resulted in the up take increasing across the year and reaching 96% which is the best up take West Berkshire has ever achieved. These children are then tracked across provision ensuring that on entry to school information is shared fully so that they are given the best opportunities to thrive. They are a target for ECaT, The Imagination Library and an important part of the on-going conversation with both early years settings and Family Hubs.

### *Every Child a Talker (ECAT)*

Every Child a Talker (ECAT) is designed to help practitioners and parents create a developmentally appropriate, supportive and stimulating environment in which children can enjoy experimenting with and learning language. Through everyday, fun and interesting experiences which reflect children's interests, ECAT encourages early language development right from the outset, extending children's vocabulary so that before they start school, children are confident and skilled communicators.

- 32 settings and 9 schools are engaged in ECAT.
- The ECAT website has been running for 8 years and is referenced in the communication trust materials that support the cache level 3 as good resource to use.
- Some of the Early Language Practitioners have been involved in delivering ECAT for the 10 years the programme has been running.
- 6 more Early Language Practitioners have completed their level 3 speech and language award this year.
- Links with Voice 21 oracy project so supports whole school development.
- Strong links with Booktrust

Schools are beginning to show an interest in taking the programme through to Reception and year one.

### ***Special Educational Needs and Disabilities (SEND)***

West Berkshire's Joint Strategic Needs Assessment highlights three areas where children with SEND face barriers to achieving the outcomes their peers can expect:

#### ***Good educational attainment***

In 2017, 8% of SEN pupils with statements / EHCPs achieved the expected standard in reading, writing and maths at KS2 compared to 6% the year before; this represents a gap with the non-SEND population of 63% and is in line with national averages. At KS4, 5% of pupils with Statements / EHCPs achieved 5 GCSEs Grade A\* to C. This was below the national average of 10.5%.

Children at SEN support were achieving above the national average in Phonics in 2015, but since then performance has fallen with 42% achieving the expected level in 2017, compared to 47% nationally. Performance of children with SEND at Key Stage 2 has also been variable and has not been consistently above the national average (West Berkshire Council SEND Strategy 2018-2023).

#### ***Employment opportunities***

Young people with special education needs and disabilities often struggle to get paid work when they leave education. This could be due to a lack of work experience opportunities, through to the sometime negative attitudes of employers and a lack of accessible information. In England only 5.7% of working age (aged 18 - 64 years) service users who received long term support during the year with a primary support reason of learning disability support were in paid employment. In West Berkshire, this was 6.0% (2016-17) (West Berkshire Council SEND Strategy 2018-2023).

In West Berkshire, the percentage of 17 year olds at SEN Support who are in Education, Employment or Training is higher than the national average, 94% compared to 88%.

Yet, the overwhelming majority of young people are capable of sustainable paid employment with the right preparation and support. Both the Children and Families Act 2014 and the Care Act 2014, strongly endorse participation in work as a desired and fulfilling outcome. The SEND reforms and the introduction of EHC Plans from year 9 and extended to 25 year olds requires local authorities to give greater consideration to the support a young person might need after school.

In West Berkshire, different pathways for gaining employment are being set up. These include supported employment approaches in schools, supported internships and better access to apprenticeships.

### *Good physical and mental health*

Young people with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions including age related conditions or illnesses. Barriers to good physical and mental health can include for example, a lack of availability and access to leisure and cultural and other public facilities and transport. They may be less likely to be able to access leisure, cultural, public facilities and transport that will enable them to stay physically and mentally healthy. People with learning disabilities are three times more likely to die early compared to the general population. Men with learning disabilities live, on average, 13 less years than men in the general population. Life expectancy for women with learning disabilities is 20 years less than the general female

population (source). In West Berkshire, the Berkshire Transforming Care Joint Health and Social Care Plan is driving forward system wide change to improve services for people with learning disabilities and / or autism, who display behaviour that challenges.

### *The Exclusion Reduction Strategy*

A number of approaches have been put in place to address the rise in exclusions in West Berkshire. This includes the adoption of a therapeutic thinking approach. Therapeutic Thinking is an approach to support children and young people's Social Emotional and Mental Health needs in schools. Being therapeutic means that school policy and the day to day practice in schools is designed to provide experiences that create sustained prosocial feelings within all children, adults and particularly within the non-typical and/or 'unlucky' young people who have experienced childhood adversity and trauma (ACEs). Other local authorities that have adopted a similar approach have seen impressive outcomes. For example, one local authority found that in schools where head teachers were trained as trainers there was a 60% reduction in fixed term exclusions, an 89.5% reduction in exclusion days and no permanent exclusions. This was achieved within a year.

To enable schools to make this culture change, training was provided to around a third of schools in West Berkshire. Further training dates are scheduled. The training allows Senior Leaders to deliver training to their staff and supports them to make changes to their leadership and management, policies, as well as providing tools and strategies to support children and young people who need individual plans.

Another initiative that is due to be implemented involves working with Thames Valley Police and the Youth Offending Team to facilitate a drug diversion scheme in secondary schools. This is an approach that has been very successful in the community and provides education and harm reduction in relation to those found in possession of substances. 39 pupils received exclusions due to substance related incidents last year. The scheme involves reducing and in some instances not using exclusions and referring to an education programme instead.

While there were 11 fixed term LAC exclusions in 2018/19, no LAC pupil was permanently excluded, nor have any been over the last five years.

### *Elective Home Educated*

Elective Home Educated (EHE) numbers have increased significantly in West Berkshire, more than doubling from 82 in 2013/14 to 171 in 2018/19 (West Berkshire Education Service – Self Evaluation). There has also been a slight increase since 2016/17 in the return to formal schooling. From September 2019 a number of secondary schools have signed up the EHE three-way protocol, which means that all EHE parental proposals will lead to a voluntary three-way

meeting with parents, the school and the local authority to explore and try to resolve any 'issues' so pupils can remain in school. A second element to this protocol is currently being negotiated with Heads, around 'return to original school', within a set timeframe.

### *Public Health and Wellbeing in Schools programme*

The aim and purpose of the Public Health and Wellbeing in Schools programme is to lead, support deliver and occasionally commission an offer which supports children and young people to develop their health literacy – including their resilience, confidence and independence – and help them know how to keep physically and mentally healthy. This is achieved by working closely and in partnership with schools, local authority teams, third sector, regional and national organisations. Key to this is offering a high quality service to schools and local organisations which supports the development of health literacy within the population. The schools programme is led by the H&WB in Schools coordinator supported by CYP Healthy Lifestyles Officer.

### *The Emotional Health Academy*

The Emotional Health Academy was established in 2016 in West Berkshire in response to the need for more early help services around children and young people's emotional and mental health. It is funded by West Berkshire Council, Public Health and Berkshire West CCG, as well as continued support from schools who contribute via our traded service.

The primary function of the Emotional Health Academy is to offer high quality early emotional health support to children, young people and families in West Berkshire, through promotion, training and direct therapeutic work, developing the role in a variety of community settings including schools. The aim, by supporting children, young people and families, is to strengthen resilience and coping skills enabling them to improve their wellbeing, attainment and life chances, and so reducing the pressure on specialist CAMHs and medical services.

The EHA has three operational teams:

#### 1) Emotional Health Triage

The EHA coordinates West Berkshire's point of access for emerging mental health difficulties. Triage involves a multiagency panel of professionals who review, discuss and recommend a wider range of support options for children and young people with mild and moderate emotional health difficulties. The long term impact on Triage will be to ease pressure on specialist mental health services. The short term impact will be getting children, young people and their families the right help at the right time.

In 2018/19, the total number of triage referrals was 537. The largest proportion of referrals were signposted to the Emotional Health Academy either to an Emotional Health Worker in school or to the EHA Primary Mental Health Workers (121) There was a significant decrease (46%) in the number of referrals stepped up to CAMHS this year from 37 down to 17. This may be due to referrals to the EHT being more appropriate over the last year in terms of severity and risk. EHT continues to demonstrate its value in enabling children, young people and their families to access Early Help Emotional Health support. EHT is still a well-used and accessed service by parents and professionals across West Berkshire.

The proportion of referrals for boys and girls was similar in 2018/19 and were predominantly from children and young people of a White British background, reflecting the ethnic profile of West Berkshire's population. Triage received referrals for 67 children and young people with current involvement from Children and Family Social Services. A significant number of referrals had identified vulnerability factors relating to Domestic Abuse (44 , 8%), Parental Substance

Misuse (17, 3%) and Parental Mental Health Problems ( $n = 39$ , 7%). A total of 2 referrals were identified by the referrer as being at risk of or had a history of Child Sexual Exploitation (CSE).

## 2) Primary Mental Health Support:

The EHA provides assessment and brief evidenced based interventions to children and young people with emerging mental health problems. This includes, but is not limited to, CBT and safety planning. There are also two PMHWs for specific cohorts – Children in Care, and iCollege (PRU) students. In 2018/2019, there were 31 individual referrals made by the iCollege to the EHA and 48 ongoing clients overall. 66% of referrals were male and 34% were female. 34 out of 37 closures had a successful outcome (92% successful outcome), 3 were withdrawn and 0 dropped out or disengaged from the sessions. The average increase in student wellbeing was 7.2 on the Outcome Rating Scales. The EHA CiC MHW held seven cases of which there was direct involvement with six, and indirect advice and consultation to the team around the seventh. A total of 83 intervention goals were reviewed in three monthly care plans over the year. The proportion of goals successfully achieved at review was 74%. 18% of goals were partially successful and carried over to the next review period to monitor ongoing impact on outcomes. 8% were unsuccessful and new goals were developed in collaboration with the young person. Overall 92% of therapeutic goals resulted in a positive difference in the child's life by their latest review

## 3) Emotional Health Outreach:

Schools are able to buy in an Emotional Health Worker, either through an annual or bespoke packages, to support children and young people on an individual or group basis. Emotional Health Workers support children and young people with difficulties associated with worries, low mood, self-harm, self-image or identity and low resilience. EHA also support children and young people diagnosed with, or waiting for assessment for ASC and ADHD. Parenting workshops are also offered through schools and there are programmes that schools can purchase to support young people, such as 'Stronger You' and 'Dealing with Difficulties'.

The EHA has closed a total of 391 direct interventions during 2018/2019, and reached a further 1,114 children and young people through large group or classroom based emotional health activities. Outcomes of direct interventions showed 81% improvement in their emotional and mental health. The primary reasons for interventions were anxiety, low mood, challenging behaviour and self-harm.

EHA are also working closely with the new Mental Health Support Team which has been established in West Berkshire as a Government funded pilot project as part of the outcomes from the Government Green Paper on Mental Health. This is based in 3 secondary schools (Kennet, Downs and John O'Gaunt) and their feeder primaries.

## Young People's Mental Health

Nationally, the rate of Young People being admitted to hospital as a result of self-harm is increasing, and this is also the case in West Berkshire. The admission rate in the latest pooled period is also higher than the England average. Nationally, levels of self-harm are higher among young women than young men. (West Berkshire Child Health Profiles March 2019).

## Young People's Drug and Alcohol Service for West Berkshire

The Young People's Drug & Alcohol Service for West Berkshire is provided by The Edge. The service offers a non-judgemental and confidential service for young people up to the age of 18, who have drug or alcohol concerns, living in West Berkshire. The service:

- provides support, information and advice for young people in a friendly setting
- raises awareness of drug and alcohol issues to minimise harm
- works with young people to offer a user-friendly and open-door service across West Berkshire
- offers a range of projects and programmes to assist young people and their families in making positive changes

From April to December 2019, 68 children and young people in West Berkshire were in treatment. Figure 93 provides a client profile of The Edge for 2018/19.

Figure 93: Client Profile for The Edge 2018/19



*Source: The Edge (2018/19)*

### ***West Berkshire Youth Offending Team***

The Youth Offending Team (YOT) is made up of social workers, education workers, a police officer, health worker, probation, restorative justice and youth workers. The team involves people from these different agencies to help access the services young people need to help turn them away from crime. The YOT:

- Works with young people who have received an out of court disposal from police, or who have been to court for an offence, and the court has ordered them to work with the YOT
- Provides reports for the court to advise on what services are available, to assist in decisions about sentencing for young people
- Provides services to parents to help them to respond to any difficulties their children have
- Work with victims of youth crime, offering advice and information, and an opportunity for the effect of the offence on them to be made known to the young person, either directly or indirectly

Figures 94 and 95 provide an insight into the issues affecting the young people that access the service and also the types of offences committed.

Figure 94: West Berkshire Youth Offending Team Out of Court Disposals Profile (2018/19)



Source: West Berkshire Youth Offending Team (2018/19)

Figure 95: West Berkshire Youth Offending Team Prevention Profile (2018/19)



Source: West Berkshire Youth Offending Team (2018/19)

## **Exploitation and Missing Children and Young People in West Berkshire**

In West Berkshire there is a procedure and guidance for professionals working with children and families vulnerable to, or at risk from, Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE). Children can be exploited in various ways. The procedure aims to address the most prevalent forms of exploitation, both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE).

There were 52 referrals to the EMRAC Panel from October 2018 to October 2019. The number of children and young people identified as being at risk of CSE fluctuated between 2 to 6 each month and those at risk of CCE fluctuated between 2 and 10 (West Berkshire 2019, EMRAC Panel activity).

Missing children and young people must be considered at an enhanced risk of exploitation. From October 2018 to October 2019, there were 379 missing episodes for children from West Berkshire.

### **4.2.2 Local service providers and professionals**

#### **Home-Start West Berkshire**

Home-Start West Berkshire support families through trained volunteers. The families must live in West Berkshire and have one or more children under the age of 5. They offer a trained volunteer to support the family weekly within the home for practical and emotional support or offer places at family groups for parents who feel isolated and lack confidence or a postnatal support group for families experience postnatal depression.

Families may be:

- feeling isolated, maybe with no family nearby and struggling to make friends
- suffering with post-natal depression and maybe finding it hard to talk to anyone about it
- having a hard time coping with your child's illness or disability
- being affected by the death of a family member
- struggling with the emotional and practical demands of twins, triplets or children under 5
- finding it hard to cope with relationship difficulties
- feeling exhausted or depressed
- coping with your own illness or disability

With regards to working with the current 0 – 19 (25) Public Health Nursing Service within West Berkshire, the manager of Home-Start said that *“Referrals to Home-Start are high and since December we have had to close our books as we cannot keep up with demand. Health Visitors now only see complex families so that is all they refer and this is a challenge to our service. We feel that a lot of families on the edge of needing support are being missed whilst and by the time they are identified their difficulties are much more entrenched but this is only our observation. It is hard for us to place volunteers in families where there are so many hardships as it can be quite demoralising and depressing”*.

### 4.2.3 Feedback from Children and their Families

#### *Young People's Attitudinal Survey – Domestic Abuse, Sexting and Criminal Exploitation*

West Berkshire Council created a survey for young people attending secondary settings in West Berkshire. The survey is biannual and has been completed in 2017 and 2019. The aim of the survey was to understand how aware young people are of child exploitation, sexting and domestic abuse, as well as their attitudes towards the subjects. The survey was split into three distinct sections, but the questions were similar throughout. In 2019, 12 schools/colleges participated in the survey, which ran from 14 January to 15 February 2019.

- In total, 1,834 completed questionnaires from year 7 - 13 pupils were received.
- 68.6% young people surveyed had heard of Child Sexual Exploitation (CSE).
- 86.6% young people surveyed answered 'Yes' when asked 'Do you know what Sexting is?'
- Approximately 1 in 4 (71.4%) agreed that Sexting was a big issue.
- (5.5%) young people surveyed thought there were occasions that people deserved physical, emotional, financial or sexual abuse in a relationship. Examples of occasions when they thought it was ok were 'in self-defence or if you're defending somebody else', 'if someone is being horrible to you', 'at the right time', 'because if a girl can give a punch, they can take a punch', and 'if the person involved is rude, annoying, ignorant, selfish, brattish, churlish, insubordinate, arrogant or is a bully
- When asked 'How would you prefer to receive information about CSE, Sexting, Healthy Relationships and Domestic Abuse?', the most popular responses were 'Assemblies' (49.1%), 'Drama performances' (41.2%) and 'Workshops' (31.6%). The least popular choice was 'Postcards' (8.3%).
- In response WBC has coordinated drama performances in schools on County Lines, Risky behaviour and Alcohol use and updated CE awareness resources

#### *Daily Mile activity in Schools*

West Berkshire Council created a survey for all schools to assess the prevalence of the Daily Mile, impact and barriers to participation. The survey has been carried out in 2018 and 2019. In October 2019, for the second consecutive year, we conducted a survey to see which schools in West Berkshire were running a Daily Mile. The survey has identified schools running the Daily Mile, schools running weekly, interested schools, the impact of the intervention and the barriers for those schools not running the Daily Mile or have stopped running the Daily Mile.

- 44 Schools completed the survey 55% of West Berkshire Schools
- An increase from 23 schools running the Daily Mile in October 2018 to 29 schools (36% of WBC schools) running one in 2019. We have also heard from schools where the "existing playgrounds, field's halls" are deemed too small or inappropriate for a daily mile, tackling this barrier by offering alternative daily physical activities for the whole school.
- 92 % of schools state that the Daily Mile was having a positive effect on the school community.
- 8% stated that there was no change with one school stating it was too early to tell as they had "*only just restarted it as part of our day*".

- Schools commented that the Daily Mile was making “*children happier*” and that when students returned to class they were “*Definitely more focused on learning,*” with “*improved behaviour’s*” One school, who have focused on The Daily Mile for their Health and Wellbeing in Schools Award, attribute it to having “*halved our illness absence*”

#### 4.2.4 Public consultation and engagement

West Berkshire Public Health ran a series of consultations in 2019 to inform the recommissioning of the 0-19 (25) Public Health Nursing service. These included consultations with service users, stakeholders and the Health Visiting and School Nursing workforce. A total of 231 responses were received to the consultation.

The feedback provided some useful insight into the 0 – 19 (25) service from various perspectives. However, further work is needed to “tease out” some of the information from the consultation.

In particular, working with the current workforce to ascertain workable solutions for service improvement. As the professionals on the ground, they see the issues first hand so their experience and knowledge in this area should not be overlooked.

Furthermore, no feedback was received from midwifery, GP’s or children’s social care.

Breastfeeding came up the most from the Health Visiting Service consultations with mixed feedback received regarding the support offered. Some reported that they received good support but many reported that they were not adequately supported. Going forward adequate breastfeeding and feeding support must be a priority for future services. This cannot be done by the health visiting service alone, it must be done in partnership with midwifery, GP’s, Pharmacies, National Breastfeeding support organisations/charities and community/peer support projects. Getting breastfeeding support right is important not merely because the evidence regarding the benefits of breastfeeding is undisputed, but it also clear from this consultation that there is a gap in this service and the mums need and want breastfeeding/feeding support.

The importance of having the same HV or NN in order to be able to build relationships was also a topic that came up again and again within the consultation. As was more visits with a Health Visitor rather than a nursery nurse. Another topic identified several times within the consultation is that settings such as clinics for appointments are not always conducive for sharing personal or sensitive information and/or concerns/worries.

From the workforce as a whole, a feeling that they are always “firefighting” as opposed to undertaking preventative work was a common theme. In addition, across both HV and School Nursing services and from all perspectives there was a theme of not having enough time, feeling rushed, lack of capacity and the skills of HV and School Nurses not being utilised to their fullest.

In terms of feedback from schools regarding the school nursing service, one of the main issue that was raised is that medical awareness training is now being offered in clusters.

#### **4.2.5 Key priorities for children and young people in West Berkshire**

The first 1001 days of life, ACE's & Trauma Informed Approaches are priorities for West Berkshire's Health & Wellbeing Board. Work is currently being taken forward by the Children's Delivery Group to start the process of making West Berkshire a Trauma Informed District.

It is anticipated and hoped that working upstream in this way will have a positive impact on the key area of concern including health inequalities, school readiness and emotional health and wellbeing including reducing the rate of Self Harm among young people.

### 4.3 Local intelligence: Wokingham

#### 4.3.1 Local Context (includes existing strategies/ work plan)

As of January 2020, 90.6% of school-aged children and young people (aged 5 to 19) who live in Wokingham attend a state-funded school in the Borough.

Amongst the remaining children and young people, almost half attend schools in other local authority areas.

Wokingham Borough Council have a number of key strategies and plan which essentially outline the key priorities and drivers for their mandated responsibilities, within these, there are priorities which broadly impact on children and families. For example, Wokingham Borough Council's Corporate Delivery Plan (2020 to 2024) seeks to enrich lives by tackling health issues and social isolate, particularly in areas of deprivation. The Council are aiming to build safe and strong communities, ensuring Wokingham is a great place to live, learn, work and grown.

Other key strategies and key priorities for specifically for children and young people include:

- Wokingham's Children and Young People Plan 2020 – 2023
- Wokingham's SEND Strategy 0-25's
- Wokingham Borough Council's Carers Strategy 2020 – 2025
- Children's Emotional Wellbeing Strategy
- Berkshire West Multi-Agency Safeguarding Partnership

In addition to these, there are draft strategies currently in draft format which are due for publication in coming months. This includes:

- Children in Care and Care Leavers Strategy 2021 – 2023
- Wokingham's Early Intervention and Prevention Strategy
- Autism Strategy
- Wokingham YOS Youth Justice Strategic Plan

Wokingham Borough Council routinely publishes plans, policies and strategies on their website [here](#)

#### 4.3.2 Local analysis of key stages/groups for Children & Young People

##### Early Years Foundation Stage in Wokingham

Early Years Foundation Stage (EYFS) results have overall improved in 2019. The children achieved 77% of good level of development (GDL) as compared to 75% in 2018 in Wokingham. However, in the latest data (2019) there was a 25.2% attainment gap between all children and the lowest 20%. 51% of children with free school meal status achieved a GDL at the end of their reception year and 60.1% with free school meal status achieved the expected level in the phonics screening check in year 1. This is a decrease from the previous year.

**Figure 96: Proportion of children in Wokingham who achieved a good level of development in summer 2017, 2018 and 2019**

	Proportion of children who achieved a good level of development in 2017	Proportion of children who achieved a good level of development in 2018	Proportion of children who achieved a good level of development in 2019
All pupils	76%	75% ↓	77.1% ↑
Children who meet the Free School Meal (FSM) criteria	57%	54% ↓	51% ↓
Children who meet the Pupil Premium (PP) criteria	60%	58% ↓	55% ↓
Children who meet the “Disadvantaged” criteria	59%	57% ↓	51% ↓
Children who have English as an Additional Language (EAL)	77%	73% ↓	75% ↑
Children who are of Black or Minority Ethnic origin (BME)	73%	74% ↑	77% ↑
Looked After Pupils	-	75%	50% ↓

Source: [Department for Education](#) 2019

There remains a notable gap and decline between those children who meet the disadvantaged, FSM or PP criteria, compared to the rest of Wokingham children.

Children with a Special Educational Need or Disability (SEND) fair particularly poorly in terms of their attainment within the EYFS, compared to other children in Wokingham and nationally. Children in Wokingham, who have an Education, Health and Care (EHC) plan show an improving trend in achieving a GLD; **7%** in 2019 compared to **3%** in 2018. However, in early years settings and primary schools, children with SEND are supported through locally agreed additional High Needs Block funds (Early Years Inclusion and/or Exceptional Needs Fund). This additional support allows the school to establish the needs of the child and determine whether an EHC assessment is required, therefore the majority of children with SEND in early years will be supported without an EHC plan.

The trend for children in receipt of SEN support is more positive; **38%** in 2019 compared to **37%** in 2018. However, this remains low compared to other Wokingham children, and national averages of all children. The national average for children with SEN Support was 29% in 2019. Above all, the correlative link between level of SEND and likeliness of not achieving a GLD remains the highest priority for Wokingham Borough.

Settings are provided with termly training for their SENCOs delivered by the Service Manager for SEN and the Principal Educational Psychologist, as well as specialist guest speakers as appropriate.

### Key Stage 2 and 4 attainment of pupils with SEND (Special Educational Needs and Disabilities)

KS2	WBC % of pupils who achieved expected standard in KS2 R/W/M 2017	WBC % of pupils who achieved expected standard in KS2 R/W/M 2018	WBC % of pupils who achieved expected standard in KS2 R/W/M 2019
All pupils	70	72 ↑	74 ↑
Children with EHCPs/Statements	14	12 ↓	6 ↓
Children with no identified special educational need	77	79 ↑	81 ↑
Children who meet the Free School Meal (FSM) criteria	43	39 ↓	44 ↑
Children not known to meet the Free School Meal (FSM) criteria	72	74 ↑	76 ↑
Looked After Children	100	50 ↓	50 ↔

In 2019, 6% of SEN pupils with statements / EHCPs achieved the expected standard in reading, writing and maths at KS2 compared to 12% the year before; this represents a gap with the non-SEND population of 75 percentage points (pp) which is an increase from 2018 and 2017 but nationally this gap has also increased from 2017 to 2019 (National gaps: 2017 63pp, 2018 65pp, 2019 66pp). In 2019 the percentage of FSM pupils achieving the expected standard for R/W/M increased from 39% to 44% with the gap between these and non FSM pupils decreasing in 2019 to 32pp however this is higher than the 2019 national gap of 21pp. The number of LAC pupils is low so yearly outcomes can make a significant difference to percentage achievement rates.

KS4 (GCSE)	WBC KS4 Attainment 8 score 2017	National KS4 Attainment 8 score 2017	WBC KS4 Attainment 8 score 2018	National KS4 Attainment 8 score 2018	WBC KS4 Attainment 8 score 2019	National KS4 Attainment 8 score 2019
All Pupils	51.7	46.4	52.3	46.6	50.9	46.8
Children with EHCPs/Statements	18.4	13.9	18.4	13.5	16.8	13.7
Children with no identified special educational need	54.5	49.7	54.4	49.9	53.3	50.1
Children who meet the Free School Meal (FSM) criteria	33	35.1	34.9	34.5	32.8	35
Children not known to meet the Free School Meal (FSM) criteria	52.8	48.2	53.3	48.4	52	48.8
Looked After Children	19.4	19.3	15.2	18.9	25.8	19.2

From 2017 to 2019 the average KS4 attainment 8 score for Wokingham pupils with EHCPs/Statements was higher than the national figure. In 2017 and 2019 the average KS4 attainment 8 score for FSM pupils was lower than the national figure but in 2018 was marginally higher.

<b>PHONICS</b>	<b>WBC % of Y1 pupils meeting the required standard in Phonics 2017</b>	<b>National % of Y1 pupils meeting the required standard in Phonics 2017</b>	<b>WBC % of Y1 pupils meeting the required standard in Phonics 2018</b>	<b>National % of Y1 pupils meeting the required standard in Phonics 2018</b>	<b>WBC % of Y1 pupils meeting the required standard in Phonics 2019</b>	<b>National % of Y1 pupils meeting the required standard in Phonics 2019</b>
All pupils	83	81	86 ↑	82 ↑	84 ↓	82 ↔
Children with EHCPs/Statements	22	18	22 ↔	19 ↑	10 ↓	20 ↑
Children with no identified special educational need	88	87	90 ↑	89 ↑	88 ↓	88 ↓
Children who meet the Free School Meal (FSM) criteria	59	68	68 ↑	70 ↑	60 ↓	70 ↔
Children not known to meet the Free School Meal (FSM) criteria	84	83	87 ↑	84 ↑	86 ↓	84 ↔
Looked After Children	-	-	86	-	84 ↓	-

Children in Wokingham with EHCPs were achieving above the national average in Phonics in 2017 and 2018, but since then performance has fallen with 10% in those achieving the expected level in 2019, compared to 20% nationally. From 2017 to 2019 non FSM pupils consistently achieved above the national average in Phonics however those pupils eligible for FSM did not achieve the national average for the FSM cohort.

#### 4.3.3 Local Services and approaches for Children & Young People

Children Services in Wokingham take the main responsibility for delivering services for the children and young people across the district identified as being amongst some of the most vulnerable in the community. The service supports the principles of targeted intervention and prevention. Children Services in

Wokingham work with Children, their families, partners and agencies to identify and support children to promote their wellbeing and to ensure they are safeguarded. They act as corporate parent for children in their care and those leaving care.

### Integrated Early Help

Wokingham Borough Council offers a range of support to families who need more support than what universal services offer, but do not need specialist intervention. Wokingham's Integrated Early Help service provide targeted help and are based in Children's Centres, Wokingham Youth Centre and the Family resource Centre. In addition to working in community based centres, staff also work in schools and family homes to ensure support is accessible for those who most need it. Referrals are received through the local Duty, Triage and Assessment team (DTA), our locality Social Work teams and through the Courts where it felt that Early Help can reduce the risks associated with:

- Harm, neglect and social isolation
- Children going missing from home
- Exclusion from school
- Involvement in anti-social behaviour and offending
- Child exploitation
- Family breakdown/ edge of care

Referrals for Early Help support are discussed in a weekly Multi-Agency Early Help Hub where other specialist or community based support may be offered to families

Wokingham's Early Intervention can support a range of different needs for example:

- Developmental delay in a young child and providing additional support in
- A child having difficulty settling into school, which may be affecting that child's behaviour
- A young person who is grieving following bereavement or family break-up
- Families who are affected by disadvantage or disrupted lives
- Anti-social behaviour or substance misuse issues in older children
- Working with families where domestic abuse is an issue

### Parenting and Family Support Service

The Parenting and Family Support Service work with families with children aged 5-18 to support parents and the child with behavioural concerns or challenging behaviour, poor attendance at school, anti-social behaviour, the impact of parental substance misuse and/or parental mental health and where there has been parental separation which can involve issues over contact. The service can advise and provide direct input to children and families where there are worries over self-harm, feelings of low self-worth or CSE (Child sexual exploitation) concerns. They also run Triple P parenting groups for primary and secondary aged children which run throughout the year.

## Children's Centres

Children's Centres and current Health Visitors services work closely together to support families, parents and carers of children from pregnancy to 5 years old. Services are delivered from a number of different locations within the Wokingham borough. Children's Centres are located in:

- Wokingham (Brambles)
- Woodley (Ambleside)
- Finchampstead
- Shinfield
- Twyford
- Winnersh

Children's Centres offer a range of health, education and parenting support. They are open for families to drop-in throughout the day for advice and support and each children's centre has a timetable of activities. Examples of group sessions include, but are not limited to, the following:

- Play and Learn
- Baby Play for pre-walkers
- Messy Play
- Bookstart Read and Rhyme
- Postnatal Workshops
- Wiggly Worms – a group for families who have children on the autistic spectrum or have been referred for an assessment
- Munchkins group for young parents (under 25)

Children's Centres also offer a wide variety of courses and workshops such as:

- Family First Aid
- Healthy Eating
- Conflict Resolution
- Relate counselling
- English to Speakers of Other Languages (ESOL)
- Learning through Play
- Baby Massage
- Parenting programmes

Children's Centres host the following health sessions, run by health professionals:

- Preparing for birth classes and antenatal appointments
- Healthy Child Clinic (Well Baby Clinic)
- Development reviews (9 month and 2 year check)

- Breastfeeding peer support
- Speech and Language Therapy drop-in sessions

Children's Centres also offer a range of one to one family support and advice such as employment support and support with accessing entitlements and benefits, including 2 year old funding. Some 2 year olds are entitled to free childcare if the family receive certain benefits, or the child is looked after by a local authority, has an Education, Health and Care plan, gets Disability Living Allowance or has left care under an adoption order, special guardianship order or a child arrangements order. The offer aims to improve disadvantaged children's social and cognitive outcomes so that by the age of five they are as ready as their peers to start and fully benefit from school. A breakdown of reasons for accessing 2 year old funding in Wokingham in 2020 is below.

**Figure 97: Reasons for 2 year old funding Eligibility (January 2020)**

Economic	High Level SEND Need	Looked After Child Arrangement	Total
103	9	7	119

Source: Wokingham Borough Council, 2020

## Breastfeeding Network

The Breastfeeding Network (BFN) offer a volunteer-led, confidential support to Wokingham women. The local service has been adapted during COVID-19 with women being able to access support via video or phone call. Prior to COVID the local BFN offered local drop-in clinics around the area. Support and advice is available to any mother, whether she is pre or postnatal, regardless of the aged of her baby.

All volunteers are mum's who have been trained to guide mothers through the basics, help them to get breastfeeding established and to support and listen to any questions or concerns regarding any stage of a breastfeeding journey.

Breastfeeding support is also available from NHS staff in the breastfeeding clinics at the Royal Berkshire Hospital and Wokingham Community Hospital. These clinics see mums and babies up to 6 weeks, by appointment only.

## Youth Offending Service

The Youth Offending Service (YOS) provide early help support to reduce the risk of exploitation and offending behaviour amongst young people as well as delivering post-court interventions. Areas of support include:

- Education, employment and training
- Drugs and alcohol work
- Offending behaviour work

Young people are referred from the children's services front door via the Early Help Hub, the Police Youth Justice unit and from various Youth Courts post sentencing. Young people attending the YOS also have access to support from a Children and Adolescent Mental Health Service (CAMHS) worker and Speech

and Language Therapy advice. In 2018/19, out of the young people accessing the YOS 10% were on a child protection plan, 26% (this figure shows all young people who were having problems in education) had been excluded from school, 71% had speech, language and communication difficulties, 36% had a special educational need and 50% had had CAMHS contact (this figure is all young people that had contact with mental health services).

### Targeted Youth Service

Wokingham also has a Targeted Youth Service who work on a one to one basis with young people who have substantial, persistent and significant needs including:

- Young people at who are disengaging from crucial support
- Young people at risk of re-offending, have involvement with the youth offending service or are persistently involved in offending and anti-social behaviour
- Young people who are in care
- Young people who have a negative self-perception, low self-esteem and low motivation
- Young people who are experiencing social exclusion and deprivation

The service has targeted workers who are skilled at building supportive relationships with vulnerable people which can help prevent problems occurring or escalating. This is done through:

- Assessing needs
- Working with other agencies
- Mentoring and other work

### Educational Psychology Service

Wokingham's Educational Psychology Service (EPS) work with schools, settings, parents/ carers, children and other professionals to promote children's learning, development and psychological wellbeing. They can have a key role in assessment and intervention, and in providing support and advice to parents. They can also help teachers and parents understand children's individual needs and support them to bring about change. Following discussions (consultation) with parents and school staff, Educational Psychologists may:

- Provide help in clarifying problems and devising problem solving strategies
- Carry out specialised assessments
- Help staff manage children's behaviour and anxiety
- Evaluate individual pupil progress
- Provide therapeutic support to children and young people
- Deliver group work with groups of children and young people
- Provide advice, recommendations and strategies to setting staff to support children and young people

Educational Psychologists also provide training for school staff, other professionals and parents to help develop their skills and knowledge, assist with projects to raise achievements and promote inclusion, contribute to statutory processes such as EHC assessments and Annual Reviews, and support school staff and pupils following critical incidents.

### Wokingham Mental Health Support Teams (MHST)

The Mental Health Support Team (MHST) will support children and young people with emerging, mild or moderate mental health difficulties which may be affecting day to day life. The project initially is for those pupils on roll at 12 schools in Wokingham. Depending on the age of the child or young person, we may work either directly with them or with their parents. The Mental Health Support Team will also work with school staff and offer support on different levels with the aim of developing and supporting a whole school approach to mental health. The team consists of:

- Senior Educational Psychologist
- Primary Mental Health Workers
- A Specialist CAMHS practitioner
- An Outreach worker
- Educational Mental Health Practitioners (EMHPs)
- Administrator

#### **How To Access the Service**

##### ***Young people under 16 years old:***

- Parent/Guardians can speak to the Special Educational Needs Co-ordinator (SENCO) or Senior Mental Health Lead (SMHL) at school and they will complete the referral form with you.
- Young people can also speak to a member of school staff, School Nurse, their GP or any other professional who works with them who could support them with completing a referral.

##### ***Young people who are 16 years or over:***

- Can self-refer
- Or a referral can be supported with consent from the young person.

If pupils are experiencing moderate to severe difficulties, where symptoms are having a significant impact on their daily life requiring more help, they can refer to local [Children and Adolescent Mental Health Services \(CAMHS\)](#) or [visit your GP](#).

### Healthy Schools offer and PSHE networks

In 2019 local schools and governors were consulted on to help shape Wokingham's local healthy schools offer. Since then, despite COVID-19, further work has continued to develop a local offer and there is ongoing engagement with local schools.

West Berkshire's Health and Wellbeing in Schools Award has been identified as a local example of best practice and Wokingham representatives will be attending workshops to learn from West Berkshire colleagues how to implement it in Wokingham schools. The award will be adapted and localised to best meet Wokingham school's needs.

The award achieves a whole schools approach supporting the NICE guidelines for schools and will have a focus on local data and priorities to improve health related outcomes. The programme supports schools to embed a holistic approach to health and wellbeing and also supports the new Relationships, Sex and Health Education (RSHE) curriculum. Alongside this, two PSHE networks are being created (one for primary and one for secondary schools) to further support schools implementation of the RSHE curriculum and to support best practice of PSHE locally.

Work has been undertaken to learn which areas of the curriculum schools would most like support with. Secondary schools have reported mental health and emotional wellbeing and drugs and alcohol as areas they would like initial support with and Primary schools have identified mental health and emotional wellbeing. Public Health are in the process of bringing together a network of professionals including health visitors and schools nurses who can extend and support delivery of the healthy schools offer. These local experts will also be a part of the support for the PSHE networks.

The stakeholder group will support the healthy schools offer and support the new RSHE curriculum, either by training school staff or delivering workshops directly to children and young people. Other topics include, but are not limited to, healthy lifestyles -healthy eating, oral health, healthy weight and physical activity, smoking, drugs and alcohol, child sexual exploitation, sexting and active and sustainable travel.

#### 4.3.4 Local information on wider determinants of health

##### Findings from the Children and Young People's Emotional Wellbeing Needs Assessment

The 2017 mental health survey found that one in eighteen 2 to 4 year olds were identified as having at least one mental health disorder. Less common disorders feature highly amongst this age group, sleeping, feeding disorders and eliminating (toilet) disorders are of specific relevance to this age groups and were the most common within the 'less common disorders' category ([Mental Health of Children and Young People in England, Summary of Key Findings](#), 2017).

The Early Years Foundation Stage (EYFS) covers children's development from birth to five years. It sets standards for the learning and development of children that they are expected to achieve by the end of the academic year they turn five. There are seven areas of learning, one of which is 'personal, social and emotional development'. Within this area there are three Early Learning Goals, one of which is 'Managing Feelings and Behaviour'. To achieve the expected level of development on this goal, children are expected to be able to *"talk about how they are with others show feelings, talk about their own and others' behaviour, and its consequences, and know that some behaviour is unacceptable. They work as part of a group or class, and understand and follow the rules. They adjust their behaviour to different situations, and take changes of routine in their stride."* (page 18, [Early Years Outcomes](#), 2013). For each Early Learning Goal, children are scored as Emerging, Expected or Exceeding.

In 2018/19 and 2017/18 91.8% of children in Wokingham achieved at least the expected level of development on this goal (Expected and Exceeding combined). This means 8.2% of children who finished their reception year in September 2017/18 and September 2018/19 (academic years) had **not** achieved the expected level of development on this goal and boys were more likely to show emerging development than girls. This gender difference was also seen in the 2017 mental health survey which found that boys (6.8%) were more likely than girls (4.2%) to have at least one identifiable disorder in the 2 to 4 year old age group.

##### Special Educational Needs and Disabilities (SEND)

The Early Help Service Manager also holds responsibility for the Disabled Children's team which is the social work service for children with disabilities where the child reaches the threshold for specialist or statutory intervention. This service also provides Occupational Therapy Assessments for those eligible for equipment in the home and supports transitions for young people into adult services.

Wokingham's Early Help and Short Breaks service provides a range of integrated, specialist services comprised of:

- ASSIST Team (Autistic Spectrum Service for Information Support and Training)
- Bridges – includes tea visits, overnights and weekends for disabled children aged 8 to 18 where they are encouraged to develop daily living skills
- CAN (children with additional needs) Network
- Family Based Short Break
- Family Intervention Resources & Support Team (FIRST)
- Saturday Clubs (Under 11 years and 11 years plus)
- Short Breaks Service and Early Help Team

As of census day in January 2020 9.3% of pupils (equating to 2,918 pupils) in Wokingham schools (including independent and non-maintained schools) were receiving SEN support, which is where a child's needs have been identified and can be met within the resources of the school. A further 2.7% (equating to 845 pupils) of children and young people in Wokingham schools had an EHC plan as of census day in January 2020. In total 12% of pupils in Wokingham schools (equating to 3,763 pupils) had SEND (had an EHC plan or received SEN support) as of census day in January 2020. This may include children who are living outside of the Wokingham borough, but are educated in Wokingham schools.

The number of children and young people living in Wokingham who have EHC plans has been increasing since 2015 and shows a sharp increase to 1,078 Wokingham children and young people with an EHC plan as of census day in January 2020. These are the EHC plans that Wokingham Borough Council is responsible for maintaining, although the children and young people may be educated in settings outside of the Wokingham borough.

Wokingham has a similar rate per 1000 of Children with Autism known to schools (18.7) than England (18.0) and the South East (19.3). ([Fingertips Learning Disability Profile, 2020](#)). Within Wokingham there has been a general trend of increases in the proportion of pupils with primary needs of Autism Spectrum Disorder (ASD), Severe Learning Difficulties and Social, Emotional and Mental Health (SEMH) who have EHC plans.

**Figure 97: Primary Needs of 0-24 Year Olds with EHCPs Maintained by Wokingham (January Each Year)**

	2017	2018	2019	2020	2021
Autistic Spectrum Disorder	38.7%	39.5%	40.0%	40.9%	40.6%
Social, Emotional & MH.	16.1%	18.0%	18.2%	20.0%	19.9%
Moderate Learning Difficulty	11.0%	11.1%	9.7%	9.0%	9.4%
Speech, Language & Com.	9.5%	6.9%	7.4%	7.4%	9.1%
Severe Learning Difficulty	8.1%	8.9%	9.5%	8.9%	7.8%
Physical Disability	6.7%	5.8%	5.4%	4.9%	4.6%
Profound & Multiple LD.	4.4%	3.8%	3.7%	3.5%	2.9%
Hearing Impair.	2.6%	2.7%	2.8%	2.4%	2.3%
Specific Learning Difficulty	2.4%	2.3%	2.2%	1.9%	1.5%
Other Difficulty/ Disability	0.0%	0.5%	0.4%	0.6%	1.1%
Visual Impair.	0.4%	0.2%	0.3%	0.3%	0.6%
Multi-Sensory Impair.	0.2%	0.2%	0.2%	0.2%	0.2%

**Source: Wokingham Borough Council (2021)**

Under the [Children and Families Act 2014](#), there is a legal requirement for the Local Authority to maintain Education Health and Care (EHC) plans for young people up to the age of 25 if they remain in education. In December 2019, there were 250 16 – 25 year olds with EHC plans who had left school. The majority (101) were attending Reading College, followed by Berkshire College of Agriculture and Bracknell and Wokingham College. A proportion of 16 – 25 year olds with EHC plans are Not in Education, Employment or Training (NEET) or are unknown. They have retained their EHC plans as they had expressed an interest in returning to education or training. Further information on young people who are NEET can be found in 4.7. The Wokingham Borough also has a higher rate of adults (18+) with Learning Disabilities per 1,000 who are getting support from the Local Authority (4.02) than England (3.46) or the South East (3.32). Wokingham's rate is also gradually increasing ([Fingertips Learning Disability Profiles](#), 2019/20).

### Children in Need and Child Protection

The Conifers, Ambleside and Brambles teams work with children who are under Child in Need or subject to Child Protection plans and keep cases until ready for closure or at the conclusion of care proceedings when the permanency plan for the child has been agreed. Wokingham has been using Signs of Safety for 5 years and this is embedded into the Child Protection conferencing process.

### Children in Care

Children and young people who are in care are supported by the Here 4 U team. The team is comprised of both social workers who work with children in care and personal advisors who work with young people who are care leavers and transitioning into adulthood and independent living arrangements. These teams maintain close links with Wokingham Borough Council's Virtual School to ensure looked after children are supported to achieve the best possible education. School nurses undertake the health assessments for Children in Care (Looked After Children).

Whilst Wokingham has significantly lower rates of Looked After Children (LAC) compared to national figures, and the lowest in Berkshire West, they are increasing. In 2017 Wokingham had a rate of 20 per 10,000 children under 18 years which increased to 28 per 10,000 children by 2019 ([Children Looked After in England including Adoption: 2018 to 2019](#)). These are children who are in care to Wokingham Borough Council, but who may live in placements outside the Wokingham borough. Nationally, 59% of children looked after on behalf of the local authority were placed in care settings within the local authority boundaries, compared to 39% of children in Wokingham. Wokingham is a small borough, and this is likely to reflect the need to look beyond the local authority boundaries to identify suitable placements.

In addition LAC are more likely to have a special educational need than the general population.

### Persistent Absenteeism and Exclusions

Children are at a higher risk of missing school if they fall into one of the following groups:

- Have poor mental health, particularly conduct disorders, anxiety or depression
- Special educational needs and disability
- A long term health condition
- Caring responsibilities
- Have been bullied

([Absenteeism](#), Mentally Healthy Schools)

DfE statistics indicate 1,903 children were persistently absent in Wokingham primary, secondary and special schools in the 2018/19 academic year. Special Schools had the highest rate of persistent absence, which is the same for England and the South East. ([Pupils absence in schools in England: 2018 to 2019](#))

### Exclusions

The Timpson Review of School Exclusion, 2019 identifies that vulnerable groups of children are more likely to be excluded including those who have poor mental health and pupils with special educational needs and disabilities. Boys with social, emotional and mental health difficulties without EHC plans were 3.8 times more likely to be permanently excluded than children without special needs, while girls were around 3 times more likely. ([Timpson Review](#), 2019).

The local vulnerability profile ([Children's Commissioner](#), 2020) indicates that 351 children received at least one fixed period exclusion during the year in the 2017/18 academic year (from DfE statistics). This equates to a lower percentage (1.33) than for England (2.33) and the South East (2.15). However, the number of fixed period exclusions in Wokingham due to persistent behaviours has been increasing since 2013/14. The percentage remains lower than the percentage for England but appears to be following the same trend. The Department of Education Guidance on Mental Health and Behaviour in School report that disruptive behaviour may be a sign of an underlying mental health problem"([Public Health Profiles definitions](#)).

During 2018/19 there were no permanent LCA exclusions since recording started (2017/18) and there were 14 fixed term LAC exclusions in 2018/19.

### NEET/ Employment

SEND reforms and the introduction of EHC Plans extended to 25 year olds requires local authorities to give greater consideration to the support a young person might need after school. Transition planning starts in year 9 with the aim of having discussions about the young person's future focused on what the

young person wants to achieve and the best way to support them to achieve it, and to plan preparation for adult life. Wokingham has a NEET prevention service who provide information, advice and guidance to 16 – 18 year olds in Wokingham and young people up to the age of 24 with SEND, covering career planning, education, jobs, apprenticeships, training opportunities, work experience and volunteering.

In December 2019, there were 250 16 – 25 year olds with EHC plans who had left school. 59 young people were not in education, employment or training (NEET) or, their current status was unknown at that point.

The percentage of 16 and 17 year olds with EHC plans who were NEET or unknown in Wokingham over a 3 month period (December 2018 to February 2019) is higher than those who received SEN support, and higher than the overall percentage of NEET 16 and 17 year olds in Wokingham, although numbers are small. The percentage of 16 and 17 year olds with EHC plans who are recorded as NEET or unknown in Wokingham is also higher than the national and South East figures of NEET 16 and 17 year olds with EHC plans. ([Statistics: NEET and participation](#)).

As of 31<sup>st</sup> March 2019 Wokingham had 38 care leavers aged 19, 20 or 21. While 29% were in employment or training, 45% were NEET compared to 39% nationally. For care leavers aged 17 and 18, 36% were NEET compared to 30% nationally ([Children Looked After in England including Adoption: 2018 to 2019](#)). 23% of all care leavers are in education other than Higher Education (*Source: Wokingham Borough Council*).

## Young Carers

Wokingham Borough Council commission a range of services for carers, spending approximately £400k per year in total on carers services across a number of different areas of need. Investment specifically in young carers is approximately £60k per year. Funding aims to support carers in enable them to have access to advice and information from Wokingham's Outreach Service. This includes information on benefits, carers support groups and how to access carers assessments. Carers are also encouraged to register with the local Emergency Respite and Support Services so that they have confidence in knowing they have a contingency plan in place should something happen.

The Young Carers' Service currently supports in excess of 200 young carers in Wokingham. The service specifically provides support groups and activities to young carers to enable them to access opportunities that their peers who are not in a caring role, have access too and to try and support them to take a break from their caring roles. Caring has significant impact on the emotional health and wellbeing of young carers, leading to mental health issues. A significant number of young carers in Wokingham report suffering from severe anxiety and mental health problems. In Wokingham, 11% of young carer's the service currently work with have been referred to statutory services with mental health issues.

Many young carer's go unidentified, despite the fact that through Adult Social Care [ASC] services may already be involved working with the family member that they provide some care for. In Wokingham, 3% of referral come from ASC, 46% come from Early Help Hub and 15% from the duty triage and assessment teams in Wokingham's children services. The local young carer's service will work with children and young people up the age of 18, until they transition into support services for adult carers. There is a new transitions team in Wokingham who are working to ensure that the process of transition begins earlier and that we improve the transition in a much more supportive and streamlined way.

## Exploitation and Missing Children and Young People

Across Berkshire West there are procedures and guidance for professionals working with children and families vulnerable to, or at risk from, Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE). Children can be exploited in various ways. The procedure aims to address the most prevalent forms

of exploitation, both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE). In Wokingham there were 46 new EMRAC referrals from October 2018 to October 2019, for CCE there were 7-14 each month and for CSE 1-7 each month.

Missing children and young people must be considered at an enhanced risk of exploitation. From October 2018 to October 2019, there were 389 missing episodes for children from Wokingham.

### Home Start – Wokingham

Home Start in Wokingham offer a unique, confidential and supportive service to children and families in the borough with the aim of supporting local parents who may be struggling to cope with the daily challenges of family life. The overall aim of the service is to help parents give their child the best possible start in life. Families can face a wide range of issues, including mental and physical health problems, multiple births, lack of confidence and more increasingly, isolation from their support networks or communities. Many families they support have children with behavioural or learning difficulties, making parenting even harder. Referrals to the service often occur where there is little or no other support.

### Young People's Drug and Alcohol Service

#### Here4Youth Wokingham

Here4Youth is Wokingham's new dedicated service supporting young people who have questions about, are using or affected by substances. The specialist team practice in a way which understands that all young people they work with have diverse challenges but they also recognise individual strengths and identity and this forms a large basis of the work. They strive to develop a therapeutic alliance between worker and young person offering appointments in a location they feel safe – including online. They take the least intrusive view to all our interventions and support. In line with this, we have developed an evidence-based Screening, Prevention and Upward Referral (SPUR) approach.

Their SPUR approach provides interventions along four pathways, with varying levels of interventions and support. Here4YOUth is eager to continue to build the local offering by working closely with additional agencies to develop individualised packages for young people across a range of domains including sexual health, healthy lifestyles and wellbeing.

### Supporting Families

Here4YOUth and Cranstoun also have a dedicated worker who specialises in supporting those who are affected by someone else substance use. Both adults and young people can access this service offering an individualised package of 1:1 support either via phone, face to face or Online. Support typically focusses on emotional support, substance awareness, signposting and implementing healthy boundaries. For young people this is mainly aimed at supporting them around issues related to a parent or carers drug or alcohol use. We understand the impact that living with substance can have on young people and we have a specialist programme of tailored support for this cohort.

### Smoking Cessation Service Provision

The specialist, free stop smoking service provision, [Smokefreelife Berkshire](#), offer a confidential, free service to all resident smokers across the Berkshire West. The team are about to offer one-to-one or group session for up to 12 weeks, free weekly supply of Nicotine Replacement Therapy (NRT), support via a quit line, text or face to face video. The team are able to work with children and young people under the age of 18 years and this includes being able to work

with young people over the age of 12 years that show clear nicotine dependence. NRT products are not suitable or prescribed for young people under the age of 18 years.

### Sexual Health Service Provision

The Royal Berkshire NHS Foundation Trust's Florey Clinic provide confidential open access sexual health services to all who access the service. This includes to young people under 16 years. They offer the same level of confidentiality to young people, as to those who are over 16 years. The service is appropriately trained in Berkshire West Children and Adult safeguarding procedures in order to protect their patient or someone else from harm.

In addition to the main, open access service available at the main 21a Craven Road, Reading Clinic – the service in Wokingham is also offered through Wokingham Hospital and Woodley Centre. Clinic times and location are published and regularly updated on the local Safe Sex Berkshire website which is available here <https://www.safesexberkshire.nhs.uk/>

### 4.3.5 Public Engagement

Wokingham Borough Council frequently undertake consultations to inform the recommissioning of key services across the Council and, specifically for children and families. One of the most recent consultations has been on the recommissioning of the Healthy Child Programme. This consultation was launched in February 2021 and was open for six weeks. There were three survey's available covering three target audiences who interact with the local Healthy Child Programme, Children and Young People, Parents/Carers or Guardians and Key Stakeholders.

A total of 222 surveys were completed, 29 children and young people 151 parents/carers and guardians and 42 key stakeholders. About half of the children and young people reported being familiar with the school nursing services, with half reporting being not familiar. Of those who were both familiar and used the existing service, nearly a third reported very positive experience. There was some uncertainty of how to contact the services and of the 45% who were not familiar with the service, they were not sure what school nurses could support them with. Survey response was low so it is difficult to draw conclusion from this but raising the service profile could be beneficial.

151 Parents and guardians completed the survey. Nearly 90% of respondents reported having awareness of both health visiting and school nursing services. Nearly 50% of respondents reported that the service they received was good or better and that it was easily accessible. For those completing the survey who had not had interactions with either service, when asked why, over half said they were not fully aware of what the services could offer/help with. 8% reporting have challenges with getting timely access to local provision. Overall the response were generally positive however there could be additional service promotion, using multiple methods of contact or ways of interacting with either service.

42 key stakeholder completed the online survey. 43% respondents worked in children services, 21% identified as working in a nursery, early years or pre-school setting and 10% were other health professionals. There was higher awareness reported of health visiting service (98%) in comparison to school nursing service (81%). Respondents reported both services as being very responsive, with nearly 75% of stakeholders reporting their interaction with health visiting services as excellent (43%) or good (30%). For school nurses, 84% of respondents reported their interaction as being excellent (26%) or good (58%). Overall the responses were positive, but there was ask for greater awareness of what the services were able to offer.

During 2019/2020 Wokingham also undertook consultation to help inform the commissioning of services supporting the emotional and health wellbeing of children in young people in the borough. When considering the new model of delivery for emotional health and wellbeing, some of the key relevant findings and feedback from young people included:

- Timely support was important
- Clear signposting should be available for parents, friends, family and young people to accurate and reliable resources
- Timeframes, reassurance and information were important aspects of first contact
- Assessments should be robust (specifically related to initial assessments for emotional health and wellbeing)
- Referral processes need to be as open as possible (including self-referral) but not complicated so as to avoid being overwhelming

## 5. See Wokingham Mental Health Support Teams for more information on service provision. **Guidance and best practice**

Guidance and legislation highlight the importance of delivering prevention and early intervention services which are needs led and targeted to meet the needs of children, young people and their families. Reducing the health inequalities gap needs to start in pregnancy and birth and beyond. The Healthy Child Programme is a prevention and early intervention public health service. It aims to support parents at crucial stages, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.

### 5.1 National Context

#### 5.1.1 Healthy Child Programme

Public Health England, alongside its partners, has produced four guides to support local authorities and other stakeholders to commission effective public health services for children and young people. The suite of support guides was republished in March 2018 to reflect new evidence and guidance and focus on the contribution of health visiting and school nursing services in the co-ordination of the Healthy Child Programme.

>> Public Health England (2018); [Best start in life and beyond: Improving public health outcomes for children, young people and families](#)

The Healthy Child Programme sets out plans for a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting starting in pregnancy through the early weeks of life and throughout childhood.

>> Department of Health (2009); [Healthy Child Programme: Pregnancy and the first five years of life](#)

Public Health England published a rapid review of the evidence base which underpinned the Healthy Child Programme, including systematic review level evidence about 'what works' in key areas: parental mental health; smoking; alcohol etc.

>> Public Health England (2015); [Rapid review to update evidence for the healthy child programme 0 to 5](#)

### 5.1.2 Working together to Safeguard Children

The statutory guidance makes clear that everyone who works with children has a responsibility for keeping them safe. This includes teachers, GPs, nurses, midwives, health visitors, early year's professionals, youth workers, police, Accident and Emergency staff, voluntary and community workers and social workers. The guidance also highlights the Section 11 duties of the Childrens Act 2004 which will need to be considered as part of the service.

>> Department for Education (2018); [Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children](#)

### 5.1.3 Public Health Outcomes Framework

Children's public health services contribute to the Public Health Outcomes Framework for England (PHOF).

>> Public Health England (2020); [Public Health Outcomes Framework](#)

### 5.1.4 Marmot Review into Health Inequalities

The Marmot Review into health inequalities in England, published in February 2010, looked at the differences in health and wellbeing between social groups and described how the social gradient on health inequalities is reflected in the social gradient on educational attainment, employment, income, quality of neighbourhood and so on. Professor Sir Michael Marmot's review of health inequalities gives priority to action in the early years.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life, and reducing this disadvantage and associated health inequalities requires action on six policy objectives including:

- Giving every child the best start in life
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing sustainable places and communities
- Strengthening the role and impact of ill-health prevention

>> The Marmot Review (2010); [Fair Society, Healthy Lives](#)

>> The Marmot Review (2020); [Health Equity in England: The Marmot Review 10 Years On](#)

### 5.1.5 Healthy Lives, Healthy People

The Healthy Lives, Healthy People White Paper sets out the Government's long-term vision for the future of public health in England. The aim is to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership.

>> Department of Health and Social Care (2010); [Healthy Lives, Healthy People: our strategy for public health in England](#)

### 5.1.6 Early Intervention

The Early Intervention Foundation set out a bold plan of action to ensure effective early intervention is available to the children, young people and families who need it most

>> Early Intervention Foundation (2018); [Realising the potential of early intervention](#)

The Science and Technology Committee report of 2018 made recommendations for what national and local government should do to ensure that every child has access to evidence-based early interventions if they need it.

>> HM Gov Science and Technology Committee (2019); [Evidence-based Early Years Intervention](#)

### 5.1.7 Supporting Families in the Foundation Years

The joint publication between the Department for Education and Department of Health and Social Care recognised that, as Graham Allen says, coherent integrated services are essential.

>> Department for Education and Department of Health and Social Care (2011); [Supporting Families in the Foundation Years](#)

### 5.1.8 A Better Start

The Local Government Association's guide sets out concisely the reasons that the early years are so essential to future outcomes and wellbeing; the measures being taken by local authorities to bring together health, social care and early education services to create a more holistic approach to identifying and meeting the needs of young children and their families – making provision more efficient and effective; and an idea of the increasing range of interventions available to address particular issues early, before they escalate into more damaging (and expensive) problems.

>> Local Government Association (2018); [A Better Start: supporting child development in the early years](#)

### 5.1.9 School Nursing

Commissioning of local services are dependent on local needs. This guidance aims to set out the core school nurse offer and the innovative ways that school nursing services can be commissioned and developed to meet local need to ensure effective, seamless delivery of public health for school-aged children and young people.

>> Department of Health and Public Health England (2014); [Maximising the school nursing team contribution to the public health of school-aged children](#)

A resource for best practice in school nursing and health visiting to support the delivery of the Healthy Child Programme

>> Department of Health and Social Care (2015); [Getting it right for children, young people and families](#)

### 5.1.10 THRIVE

The update of the THRIVE framework (2014) seeks to re-emphasise that whilst THRIVE does not in itself provide a blueprint for implementation it is aligned to implementation models including the Choice and Partnership Approach (CAPA) (York & Kingsbury, 2013). This edition also provides more detail as to how THRIVE aligns with the payment systems work, which was developed in parallel and informed the development of aspects of the framework.

>> Anna Freud Centre (2015); [THRIVE Elaborated](#)

## 5.2 Local Context

### 5.2.1 The Joint Health and Wellbeing Strategy

For the first time the Health and Wellbeing Boards in Reading, West Berkshire and Wokingham have joined together to agree to produce a Joint Health and Wellbeing Strategy for Berkshire West. The new strategy will be the focus for health and social care working in partnership across all three areas to improve your health and wellbeing. The new strategy is expected to be published in Autumn 2021

### 5.2.2 The Local Transformation Plan

The Local Transformation Plan for children and young people's mental health and wellbeing in Berkshire West describes how as a local system, we are improving the emotional wellbeing and mental health of all children and young people across Reading, West Berkshire and Wokingham. This is in line with the national ambition and principles set out in the government document "Future in Mind".

>> Department of Health (2015); [Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing](#)

### 5.2.3 Berkshire West Multi-Agency Safeguarding

Berkshire West partners are strongly committed to the shared responsibility to safeguard and protect children and young people. Berkshire West benefits from excellent inter-agency engagement, and proactive leadership, of this shared safeguarding agenda. We commit to working as partners to ensure all children and young people can live safe, happy and positive lives, achieving their potential and being respectful to others.

>> NHS Berkshire West CCG; [Berkshire West Multi-Agency Safeguarding Arrangements](#)

### 5.2.4 Child Death Overview Panel

Berkshire has a joint Child Death Overview Panel (CDOP) which looks at the causes of death and services provided for all Berkshire children that die. CDOP members come from services that surround children, keeping them safe and well and caring for them and their families when they need it.

>> NHS Berkshire West CCG; [Pan Berkshire Child Death Overview Panel](#)

### 5.2.5 Reading Children and Young People Plans

The health and wellbeing of children and young people are incorporated into key Council Plans and strategies, including the Health and Wellbeing Strategy (2017-20), More information is included in Reading's Local Intelligence section (4.1.3).

### 5.2.6 West Berkshire Children and Young People Plans

West Berkshire does not currently have a stand-alone Children and Young People's Plan. A Children's Delivery Group, which reports into the Health & Wellbeing Board, is currently working on priority areas for 2019/20, including the first 1001 days of life, ACE's & Trauma Informed Approaches.

In addition, a priority for the West Berkshire Council Strategy 2019-2023 is to "Ensure our vulnerable children and adults achieve better outcomes".

### 5.2.7 Wokingham Children and Young People's Plan

Our shared vision is: *'We will work collaboratively across partnerships to ensure that all children and young people in Wokingham are the best they can be whilst being happy, healthy and safe'*

Our shared priorities are:

- Early Intervention and Prevention,
- Emotional Wellbeing,
- Contextual Safeguarding
- Special Educational Needs and Disabilities.

### 5.2.8 Mapping Workshop for Conception to age 5

In September 2018, a joint mapping workshop across Reading, Wokingham and West Berkshire was held. The purpose of the workshop was to improve Joint Working between staff working from preconception to age 5. The workshop was well attended and included representatives from health visiting, children's services, family hubs, midwifery, maternity voices and the third sector. Delegates were asked to identify relevant topics and to identify what the evidence/strategy/current data is in relation to these topics, and to identify risks/issues/concerns along with possible solutions.

Following the workshop, information was collated and the topics that were most prominently identified by the workshop delegates as needing to be prioritised were as follows:

- School readiness
- Breastfeeding
- Ante-natal referrals
- 2-2.5 year reviews and EYFS review
- Immunisations
- Perinatal mental health checks
- Parenting, attachment and ACEs

Progress against these topic areas since the workshop has varied. An attempt to track the current position has been undertaken, and further information can be found accessed when writing the partnership working section of the service specification.

## 5.3 Legislation

### 5.3.1 Children Act 2004

The [Children Act 2004](#) provides the legal basis for how social services and other agencies deal with issues relating to children and was designed with guiding principles in mind for the care and support of children. These are:

- To allow children to be healthy
- Allowing children to remain safe in their environments
- Helping children to enjoy life
- Assist children in their quest to succeed
- Help make a contribution – a positive contribution – to the lives of children
- Help achieve economic stability for our children's futures

This act was brought into being in order for the government in conjunction with social and health service bodies to help work towards these common goals.

### 5.3.2 Public Services (Social Value) Act 2012

The [Public Services \(Social Value\) Act](#) came into force on 31 January 2013 and requires local authorities commissioning public services to consider how they can secure wider social, economic and environmental benefits. Before the procurement process begins, commissioners should consider about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

### 5.3.3 Health and Social Care Act 2012

Through the [Health and Social Care Act 2012](#) Local Authorities are now responsible for improving the health of their population including commissioning of public health services for children and young people. Directors of Public Health have taken responsibility as commissioners for school nursing services which are now funded through the Public Health grant, but also oral health improvement for children and more recently the transition into the local authority of health visiting and family Nurse partnership.

### 5.3.4 Children and Families Act 2014

The [Children and Families Act](#) makes provision to provide greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life.

## 5.4 Evidence Base

- Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)
- Better health outcomes for children and young people Pledge

- The Children and Young People's Health Outcomes Strategy (DH, 2012)
- Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London
- Allen, G. (2011b) Early Intervention: Smart Investment, Massive Savings. HM Government: London
- Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults. HM Government: London.
- Health visitor implementation plan 2011-15: A call to action (DH, 2011)
- The National Health Visitor Plan: progress to date and implementation 2013 onwards (DH, 2013)
- The Operating Framework for the NHS in England 2012/13 (DH, 2011)
- The NHS Outcomes Framework 2012/13 (DH, 2011)
- Improving outcomes and supporting transparency, Part 1: A public health outcomes framework for England, 2013-2016 (DH, 2012)
- Improving outcomes and supporting transparency, Part 2: Summary technical specifications of public health indicators, (DH, 2012)
- The Marmot Review (2010) Strategic Review of Health Inequalities in England, post-2010
- Dame Clare Tickell (2011) The Early Years: Foundations for life, health and learning – An Independent Report on the Early Years Foundation Stage to Her Majesty's Government
- Hall D and Elliman D (2006) Health for All Children (revised 4th edition). Oxford: Oxford University Press. (Please note: this link opens to the bookstore for purchase of copies of this edition).
- Service vision for health visiting in England (CPHVA conference 20-22 October 2010)
- Securing Excellence in Commissioning for the Healthy Child Programme 0 to 5 Years 2013 – 2015
- Equity and excellence: Liberating the NHS (DH, 2010) and Liberating the NHS: Legislative framework and next steps DH, 2011)
- Achieving equity and excellence for children. How liberating the NHS will help us meet the needs of children and young people (DH, 2010)
- Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs (DH, 2010)
- Healthy lives, healthy people: our strategy for public health in England (DH, 2010) and Healthy lives, healthy people: update and way forward (DH, 2011)
- Healthy lives, healthy people: a call to action on obesity in England (DH, 2011)
- UK physical activity guidelines (DH, 2011)
- Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children (HM Government 2013)
- Fair Society, Healthy Lives. A strategic review of health inequalities in England post 2010 (The Marmot Review, 2010)
- The 1001 Critical Days: The importance of the conception to age two period. Wave Trust, 2013
- Conception to Age two: The Age of Opportunity. WAVE Trust and DfE
- Annual Report of the Chief medical Officer 2012. Our Children Deserve Better: Prevention Pays. Department of Health, 2013
- UNICEF UK Baby Friendly Initiative

## 5.5 Applicable National Standards

The National Institute for Health and Care Excellence (NICE) public health guidance that relates to children and young people include:

- PH3 - Prevention of sexually transmitted infections and under 18 conceptions

- PH6 - Behaviour change at population, community and individual level (Oct 2007)
- PH8 - Physical activity and the environment
- PH9 - Community engagement (July 2010)
- PH11 - Maternal and child nutrition
- PH12 - Social and emotional wellbeing in primary education
- PH14 - Preventing the uptake of smoking by children and young people
- PH17 - Promoting physical activity for children and young people
- PH21 - Differences in uptake in immunisations
- PH24 - Alcohol-use disorders: preventing harmful drinking
- PH26 - Quitting in smoking in pregnancy and following childbirth (June 2010)
- PH27 - Weight management before, during and after pregnancy (July 2010)
- PH28 - Looked-after children and young people: Promoting the quality of life of looked-after children and young people (October 2010)
- PH29 - Strategies to prevent unintentional injuries among children and young people aged under 15 Issued (November 2010)
- PH30 - Preventing unintentional injuries among the under-15s in the home
- PH31 - Preventing unintentional road injuries among under-15s
- PH40 - Social and emotional wellbeing – early years: NICE public health guidance 2012
- PH42 - Obesity working with local communities
- PH44 - Physical activity: brief advice for adults in primary care
- PH46 - Assessing body mass index and waist circumference thresholds for intervening to prevent ill health a premature death among adults from black, Asian and other minority ethnic groups in the UK.
- PH49 - Behaviour change: individual approaches
- CG43 - Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children
- CG45 - Antenatal and postnatal mental health: clinical management and service guidance (February 2007)
- CG62 - Antenatal care: routine care for the healthy pregnant woman (March 2008)
- CG89 - When to Suspect Child Maltreatment (July 2009)
- CG93 - Donor milk banks: the operation of donor milk bank services
- CG110 - Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors
- QS22 - Quality standards for antenatal care
- QS31 - Quality standard for the health and wellbeing of looked-after children and young people
- QS37 - Postnatal Care
- QS43 - Smoking cessation: supporting people to stop smoking
- QS46 - Multiple pregnancies QS48 - Depression in children and young people

## 6. Summary: What is this telling us?

Professionals from Berkshire West's three local authorities and Clinical Commissioning Group were invited to read an early draft of the HNA to identify what the information was telling them about children and young people in Berkshire West.

This section provides a summary of the key areas raised through a workshop event, as well as individual responses received.



### Did the HNA tell you what you already knew?

Workshop attendees felt that the HNA reflected what they already knew about children and young people in Berkshire West. There was a recognition that the level of need was increasing across all localities and that the HNA had helped to evidence what was being reported by professionals working in the local system. The level of inequality between children and young people across Berkshire West was greater than some workshop attendees expected.

### What are the health inequalities in Berkshire West?

Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health ([Institute of Health Equity 2020](#)). The workshop highlighted several areas of inequality within Berkshire West, which will impact on the health and wellbeing of children and young people's in different ways.

#### Deprivation

Deprivation has a direct correlation with poorer health outcomes – ultimately, the more deprived an area is the shorter the life expectancy ([Institute of Health Equity 2020](#)).

The levels of affluence and deprivation in Berkshire West vary widely, with some of England's most affluent and most deprived neighbourhoods all situated within the local area. Reading has higher levels of deprivation affecting children than the other local authority areas in Berkshire West, however there are still pockets of deprivation visible within West Berkshire and Wokingham. Reading also saw a larger reduction in income deprivation affecting children between 2015 and 2019 than the rest of Berkshire West.

The HNA highlighted a number of inequalities affected by deprivation locally, including the rate of A&E and hospital admissions, educational achievement and obesity. The workshop recognised that it was essential that future service models pointed towards areas of greater deprivation across Berkshire West and that the pockets of deprivation within Wokingham and West Berkshire were not masked by the general affluence of the area.

## Mental Health

Over half of all mental health problems start before a person is 14 years old ([Public Health England](#) 2018). However, the [Mental Health Foundation](#) estimates that 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age. This will impact on the severity of mental health problems that individuals have in their later life and the health inequalities that this brings, such as lower life expectancy, increase in risky lifestyle behaviours that pose risk to health, social isolation and wider social and environmental determinants of poor health. Local commissioners recognise that mental health is a key inequality across the whole of Berkshire West, rather than just within specific localities or groups of children and young people. Risk factors and predictors of increased mental health prevalence are wide ranging and include demographic, socio-economic and social or family-related factors.

## Self-harm

The rate of young people self-harming is increasing both nationally and locally. The hospital admission rate for 10 to 19 year olds who self-harm increased by 106% in Berkshire West between 2011-13 and 2015-17 (NHS Digital 2019, Hospital Episodes Statistics dataset (Restricted)). Local data shows that 80% of these admissions are for females, reflecting the national picture. The workshop highlighted the rise in self harm as a key area of concern across the whole of Berkshire West.

## Antenatal contacts

Information from the current Health Visiting service provider indicated that they only received notification of 56% of pregnant women by midwifery services in 2018/19. This means that over 2,300 new mothers would not have received an antenatal contact from the Health Visiting Service, limiting their opportunity to receive additional support and practical advice prior to the arrival of their baby. This appears to have affected women equally across Berkshire West, rather than specific geographies or groups. The workshop also noted that the commissioned model for antenatal contacts was different across the three local authorities, with Wokingham not offering a universal face-to-face contact. Local commissioners noted that these models had been risk assessed and that more vulnerable mothers continued to receive a face-to-face offer across all of Berkshire West.

## Vulnerable groups

The HNA identified a number of different vulnerable groups who are more likely to have health inequalities, such as children with special educational needs, young carers, children in care, care leavers, migrants, Gypsy Roma and Travellers, young people not in education, employment and training and children who experience adverse childhood events. These groups are not mutually exclusive and many children will fall into several of these categories. The workshop noted that the level of support currently provided was unclear and agreed that this information needed to be captured more robustly in future service models.

## Children and young people waiting for diagnoses

The HNA does not include information about the waiting times for different services and interventions or diagnoses pathways within Berkshire West. However, feedback from the workshop identified clear inequalities between children who had received diagnoses for specific conditions and those that were still waiting for a diagnosis. Specific examples were discussed for children and young people who presented with signs of autism. A lack of diagnosis can impact on the types of services and support that children and their families receive and their ability to access targeted support within the current system. Local commissioners noted that children should receive the support they need when they present with problems, rather than waiting for a diagnosis.

## What are the specific health inequalities in the three local authority areas?

Some of the specific health inequalities that affect children and young people in the three local authorities differ. This may be because they are more prominent in certain localities or because there are a wider inequalities gaps within the individual areas.

### Reading

#### **Homelessness**

Reading's rates of family homelessness and homelessness for young people are significantly worse than the national average and the rest of Berkshire West. Identifying and supporting children in homeless or temporary households was identified as a key concern by local commissioners in Reading.

#### **Persistent absenteeism**

The proportion of school pupils in Reading who are persistent absentees (miss 10% or more school sessions) is significantly higher than the England average for both primary and secondary schools.

#### **Not in Education, Employment or Training (NEETs)**

7.5% of 16 to 17 year olds in Reading are NEET, which is significantly worse than the national average and the rest of Berkshire West. This rate continues to increase. Young people who are NEET are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood ([Public Health England 2014](#)) and are therefore a group that need support.

#### **Childhood obesity**

The level of childhood obesity in Reading is significantly higher the rest of Berkshire West for both Year R and Year 6 age groups. The link between obesity and deprivation is evident in Reading, with over 40% of Year 6 children having excess weight in Abbey, Church, Minster and Whitley wards.

#### **A&E attendances and hospital admissions**

Reading has significantly higher rates of A&E attendances and hospital admissions for all childhood age groups, compared to the rest of Berkshire West. These have increased over the last 7 years.

#### **Children in care**

The rates of children in care and who are on a child protection plan are significantly higher in Reading, compared to England and the rest of Berkshire West. These figures have also continued to increase over the last 4 years.

**Immunisation rates**

Immunisation coverage rates for young children in Reading are significantly lower than the target of 95% and are decreasing.

**Adverse Childhood Events**

Although the actual number of children who have been affected by ACEs is unknown, indicators of certain adverse childhood experiences are higher in Reading than they are in other areas of Berkshire West. These include rates of domestic violence, child protection cases for neglect and estimated number of parents with substance misuse and/or alcohol dependency.

**West Berkshire****Access to health services**

The Access to Health and Hazards index shows that 22% of children in West Berkshire live in one of the 20% least healthy areas nationally. The main reasons for this were the proximity of health services (doctors, pharmacies), as well as access to blue and green space. Early investigation does not indicate that these areas have higher rates of hospital admissions and many are also in neighbourhoods that are relatively affluent. However, this will need to be investigated further to understand the impact that this may have of children and families in these areas.

**Rurality**

West Berkshire has a large number of rural areas within the district. Children, young people and families who live in more rural and remote areas may not have easy access to services, due to transport routes and the proximity of services. This needs to be considered when services are commissioned to ensure that inequalities are not widened.

**School readiness**

School readiness for children who are eligible for free school meals in Reception and Year 1 is significantly worse than the England average. The inequality gap between pupils who are eligible for free school meals and those that are not is also increasing in West Berkshire.

## Wokingham

### Early Years Foundation Stage

Children in Wokingham who have an Education and Health Care Plan are the only group of children who show a declining trend in achieving a good level of development (GLD) at the Early Years Foundation Stage. The GLD performance figures for children in receipt of SEN support has improved in Wokingham, however these still remain significantly lower than local and national average for all children. Local commissioners in Wokingham notes that the link between the level of SEND and the likeliness of not achieving a GLD remains the highest priority.

### School readiness

The number of children who are eligible for free school meals (FSM) in Wokingham is relatively small. However, the proportion of children who are eligible for FSM and who met the expected standard in phonics screening in Year 1 remains significantly worse than the England average. The inequality gap between pupils who are eligible for free school meals and those that are not is also increasing in Wokingham.

### Gypsy Roma and Travellers (GRT)

Wokingham has the highest numbers and proportion of GRT children in Berkshire West, with increased numbers in Remenham. Wargrave and Ruscombe, Arborfield and Winnersh wards. Children from GRT communities are among the most disadvantaged people in the country and have poor outcomes in key areas such as health and education.

What will the future needs of children and young people be and how will this impact on local services?

### Population projections

Population projections for Berkshire West indicate that there will be an initial increase in the number and proportion of children in the population until 2028, with a steady decrease from this point onwards. The numbers of younger children (aged 0 to 9) are expected to decrease over the next 10 years, while the numbers of older children (aged 10 to 19) will increase. This will impact on the type of services required for children and young people in Berkshire West, as well as the required skill-mix to work with older age groups.

### Housing developments

National population projections do not take local housing development plans into account. The three Berkshire West local authorities all have significant housing developments that are in progress or planned for the next 10 years and these will inevitably increase the numbers of children that live in certain parts of the local area. Housing plans will indicate the types of homes that intend to be built, such as flats, apartments and larger houses, however these cannot predict the size of families that will move into these new homes. The impact of future housing developments on children and young people's service in Berkshire West could therefore be unpredictable and will need to be carefully monitored to inform future service planning.

### Children and young people with additional needs

The number of children in Berkshire West who have additional or more complex needs has increased over the last 10 years. This is evident through school census information, the numbers of children receiving SEN support, increasing estimates for the proportion of children with mental health disorders and also feedback from local Health Visitors, School Nurses and health practitioners. This increasing level of need is expected to continue over the next ten years and will impact on local services and the resources required to support these children. Local commissioners specifically identified the need for more mental health support for young people in Berkshire West and noted that the new Mental Health Teams in Schools programme would provide some of this.

### Obesity

Levels of maternal and childhood obesity have increased locally over the last ten years, in line with the national picture. This will impact on the long-term health needs of children and young people as they become the next generation of adults in Berkshire West.

## What factors do we need to consider when developing future service models?

### Provision for children and young people who do not attend school

The current School Nursing service provides support to children and young people who attend schools within Berkshire West, as agreed with local commissioners. This full provision does not cover a number of different groups, including:

- young people aged under 20 in colleges or further education settings
- young people with SEND aged under 25 in colleges or further education settings
- children who are educated at home or are 'hidden' to local Education systems
- young people not in employment, education or training (NEET)

Local commissioners noted that a partial offer of support was currently available to young people attending further education settings through the SMS messaging service, Young [SHaRON](#) online network and [BHFT](#)'s dedicated webpage. Children who are educated at home, and their parent/carers, are also able to access School Nursing services if they chose to, although this offer has not been taken up locally. It was acknowledged that these gaps needed to be addressed in future service models to ensure that the health needs of these particular groups are understood and addressed.

### Partnerships and links with other local services

Local commissioners identified partnership working as central to the success and effectiveness of any future service model. Other services that support children and young people will often be working with the same families as Health Visitors and School Nurses. Robust partnership working will ensure that these services dovetail to provide a support network for these families, while also reducing duplication and overlap within the system. To improve partnership working across the system, local commissioners agreed that mapping out the local services across Berkshire West would be beneficial. This would help to clarify the remit of each organisation, identify existing links and explore how these could be improved. Engaging with alternative models of delivery, such as non-clinical and peer-led organisations, would also help to provide more innovative support options to specific groups of children and young people.

Practical arrangements, such as data sharing and information governance, are also crucial to the success of partnership working. The local system should look to address these collectively to resolve unnecessary barriers that prevent organisations working together.

### **Focus on quality and outcomes**

The performance data provided by Berkshire West's current Health Visiting Service indicates that the majority of pregnant women, babies and young children receive their mandated visits within the required timescales. Berkshire West's performance for these metrics continues to be significantly better than the national picture. However, the local provider and commissioners recognise that this information does not evidence the quality and outcomes of the service's interventions or the emerging levels of need.

Local commissioners have agreed that processes for assessing the quality and outcomes of services will need to be included in future service models. This could include more robust professional and service user feedback, additional information on the complexity of caseloads, quality audits to assess the support received and also audits to understand individual 'journeys' through the system.

### **Balance between reactive and proactive prevention work**

The HNA shows that the current caseloads held by local Health Visitors are significantly higher than the recommended levels set by the Institute of Health Visiting. Local School Nurse caseloads are also heavily focussed on targeted groups with one-third of the current caseload having a child protection plan. Local commissioners are keen to rebalance some of this work to ensure that resources are allocated to more proactive prevention work. This would focus on key public health priorities at a more universal level, such as childhood obesity and childhood mental health problems.

### **Flexibility in service model**

The HNA has identified demographic changes in Berkshire West over the next 10 years, as well as a predicted rise in the number of children and young people with identified additional needs (for example: mental health problems and ACEs). These pressures, as well as any political and legislative changes, mean that the commissioned service will need to be flexible to meet the changing needs of Berkshire West's children and young people.

Local commissioners also identified the importance of identifying emerging needs of children and young people in Berkshire West, who may require different types of support in the future (for example: transgender children and those who suffer from Adverse Childhood Events). National evidence and guidance will need to be used to ensure that these children and young people receive the support they need and local services will need to be flexible to accommodate this.

## What are our knowledge gaps?

The workshop identified information that would have been useful in the HNA, but was either not available or unknown. These knowledge gaps need to be considered to decide whether additional intelligence is required for the future commissioning services or whether it is sufficient to keep these areas as a watching brief.

### Current service provision and pathways

The workshop agreed that the current provision of services available to children and young people across Berkshire West was unclear. It was agreed that it would be beneficial to map this service provision out, alongside the pathways and interactions that individuals may have with multiple organisation, to truly understand the support children and young people receive in Berkshire West. This approach would highlight opportunities for future models, identify local assets and support the development of system leadership in within Berkshire West.

### Adverse Childhood Events (ACEs)

As previously stated in this section, the numbers of local children and young people who have suffered Adverse Childhood Events is unknown. This means that the needs and types of support required for these children and young people is also unknown and cannot be fully factored into future service models. The workshop agreed that prevention and early identification of these events is essential to the future health and wellbeing of children in Berkshire West and that further work should be undertaken to understand the local prevalence of ACEs.

### Children educated at home and hidden to the education system

Berkshire West local authorities keep a register of children who are educated at home in line with the Education Act 1996, which states that have a duty to find out as far as possible whether home educated children are receiving suitable full-time education. The health needs of these children will not be known by local authorities, unless specifically raised by their parents. It was also acknowledged that there will be children who are not known to their local authorities and who are therefore not included on home-educated registers. These are likely to include children who have recently migrated into the area (internal or international migration), children from Gypsy, Roma and Traveller families and children who have never received any formal education. The numbers and health needs of these children are not known.

### Special Educational Needs and Disabilities (SEND)

A true estimate of children and young people who have special educational needs in Berkshire West is not known. Information from the School Census helps to identify those in schools, but does not provide the level of detail needed about the support required or where these children are based. Local commissioners agreed that additional analysis should be undertaken across the local system to provide a more detailed picture of the levels of SEND need across Berkshire West.

### Local usage of other support services

The assistance provided to Berkshire West families by other services in the local area are not fully known, such as the usage of local Food Banks and support from specific charities. This information would be beneficial to ensure that aspects of deprivation and need are not masked when assessing areas of inequality.

### Population projections

The population projections and housing development plans for Berkshire West provide an estimate for the number of children and young people who live in the local area. However, these are not exact figures and could change significantly based on a wide range of social, political and economic factors. Population projections will need to be continually updated as new evidence and local intelligence is made available. Local commissioners agreed that it would be essential to work with school planning and housing departments within the local authorities to identify any notable changes.

## 7. Conclusions

The Berkshire West 0-19 (25) HNA provides a comprehensive assessment of the health and wellbeing of children and young people living in the local area. It has included a review of the available data on the population of children and young people in Berkshire West, including who they are, where they live and what we know about them. It contains a wide range indicators on the health and wellbeing of children and young people across Berkshire West, including wider determinants of health. This provides an insight into the health inequalities faced both within and between the three local authorities. In addition, it has considered the current service provision, informed by data collected by the current provider of Health Visiting and School nursing services. This is further enhanced by local intelligence on services working with children and young people, outside of the Healthy Child Programme.

The workshop held following the first draft of the Health needs assessment, enabled stakeholders and partners to comment and identify what gaps are remaining and the implications this has for future service planning. The analysis and findings included will primarily be used to inform the commissioning of the Healthy Child Programme across Reading, West Berkshire and Wokingham. In addition, the information can also be used to help with the development of other strategies and initiatives across the whole Berkshire West system.

## APPENDIX 1

### Berkshire West 0-19s: Impact of COVID on population need and service provision

#### Introduction

The local authorities in Reading, West Berkshire and Wokingham took the decision in 2019 to jointly commission services for children and young people aged 0-19 years. This was originally intended to have a start date of 1<sup>st</sup> April 2021. A service specification was to be developed jointly and it was anticipated that the commissioning process would take a number of months to fully complete. In order to inform the service specification, a Berkshire West Health Needs Assessment for 0-19s was undertaken to identify the current and future needs of the population.

However, in March 2020 the coronavirus pandemic led to a national lockdown in the UK, involving the closure of schools and businesses with people told to stay at home to “protect the NHS and save lives”. Social distancing was introduced along with limitations on mixing with people from outside your own household. Around two million people with certain health conditions were advised to “shield” by staying at home and adopting stricter distancing measures. Temporary Nightingale hospitals were constructed in London, Manchester and Birmingham. Thousands of people were furloughed, a government scheme paying people to stay at home rather than going out to work, aimed at supporting businesses and keeping people in employment.

The national lockdown had a significant impact on the ability of the local authorities to undertake the commissioning process for 0-19 services. Local authorities went into a command and control structure, with the vast majority of staff working from home - facing challenges of virtual working and balancing childcare responsibilities with work and other personal challenges due to lockdown. In addition, NHS staff usually working in 0-19 services were redeployed to assist on the front-line Covid-response. In view of this, the decision was made to postpone the joint commissioning of 0-19 services with a new start date of April 2021.

#### Impact on COVID19 on children and young people

The coronavirus pandemic has had far reaching impacts on the entire population. Figure 1 demonstrates the impacts across the lifecourse, divided into short, medium and long term. For children and young people in particular, the impacts have been felt throughout all aspects of their lives. Antenatal services have been delivered virtually in addition to restrictions on partner and family support during labour and delivery. Along with the social isolation of lockdown with a newborn, this has potentially had a significant impact on perinatal mental health.

# Impacts of Covid-19 pandemic across the lifecycle

○ Symbol indicates PHOF indicator

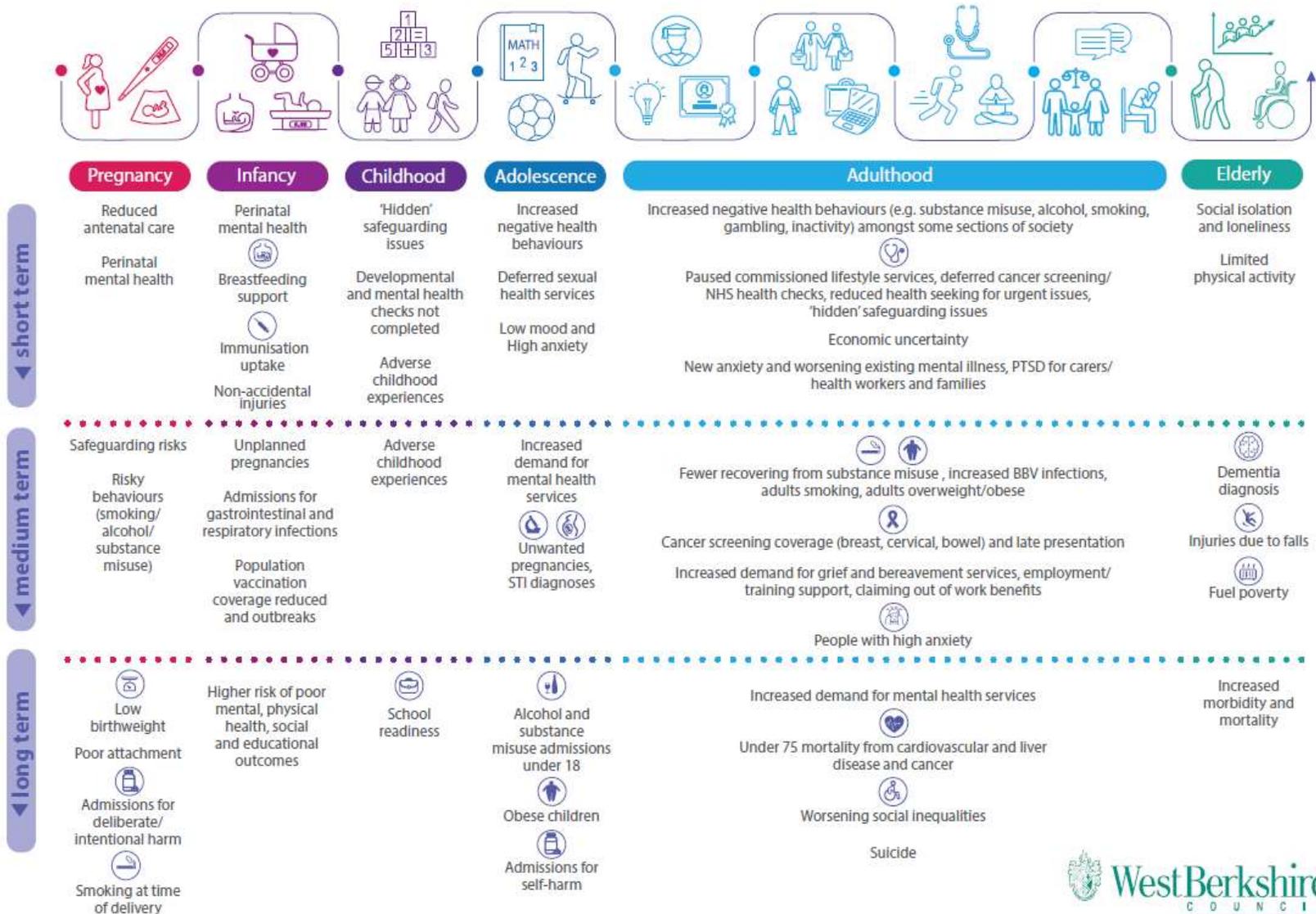


Figure 1: Impacts of Covid-19 pandemic across the lifecycle

Schools being closed and lockdown measures have affected the ability of services to support children and families and undoubtedly led to an increase in “hidden” safeguarding issues, particularly at a time when families are dealing with huge challenges. The identification of newly vulnerable children who had become so due to covid-19, but were not already known to any service has been identified as a particular challenge. However, a study by the Early Intervention Foundation identified examples where partnership working had improved significantly throughout this crisis and previous issues around data sharing between public health, schools, children’s centres and local authority early help services had been overcome in a way that had not been previously possible. Early help services across the country moved to be virtual, however that presented challenges with IT and the digital capability of families requiring support. Although, some services in the EIF report identified that moving to virtual support meant that their capacity increased and so more families were able to be helped.

The closure of schools and early years settings specifically has had far reaching impacts. Although they remained open for vulnerable children, the uptake of these places was at least initially very low. This meant that children had lost their sources of support outside of their home and were remaining in a potentially harmful environment. In addition to the most vulnerable, there are a bigger group of disadvantaged children who have likely fallen behind their peers significantly, partly due to lack of parental engagement with school work, partly due to lack of capacity as parents were trying to work themselves throughout this period. Language and technology barriers have been cited as particular barriers to parents supporting children with school work at home.

The impact on mental health for children and young people is also of huge concern. Almost every young person has had to adjust to dramatic changes in their education and home life. Some children will have experienced specific trauma during this time, including bereavement of family members. A study by Young Minds finds that 80% of respondents agreed that the coronavirus pandemic had made their mental health worse, with 87% of respondents describing feeling lonely or isolated during lockdown even though 71% had been able to stay in touch with friends.

There have also been concerns that parents and carers have delayed seeking healthcare for their children, for fears of contracting the virus or concerns about adding to the “burden” being experienced by the NHS. Although preventative services such as the routine vaccination programme continued throughout, there was uncertainty from parents about whether to attend. Routine development assessments have been impacted and either delayed or happened virtually. This may have led to harm by certain conditions being identified late, having a long term impact on the child. Community services with already long waiting lists, for example autism diagnoses are likely to have been exacerbated.

As lockdown measures are eased, the full impact of covid-19 will start to be realised and services are likely to be under a huge demand. A study by the Royal College of Paediatrics and Child Health (RCPCH) identified that the most common barriers to restoring services are being encountered by outpatient services and elective admissions with paediatric space not being returned from other services and concerns about maintaining social distancing. Early help and safeguarding services are likely to see increased demands during the coming months and beyond as the full extent of issues comes to light.

However, not all impacts are negative. Figure 2 demonstrates the opportunities that are present as we start to move towards a recovery phase. For children and young people that might particularly be around physical activity opportunities, the potential for healthier eating as people move towards more basic cooking at home and supporting the local food economy. Families have the potential for an improved work life balance as flexible working and active travel

increases. However, it is likely that these opportunities will fall unequally across our populations and so it is within the remit of the 0-19s services to help prevent and address these widening health inequalities.

### Covid-19 pandemic - rebuilding and moving forward together

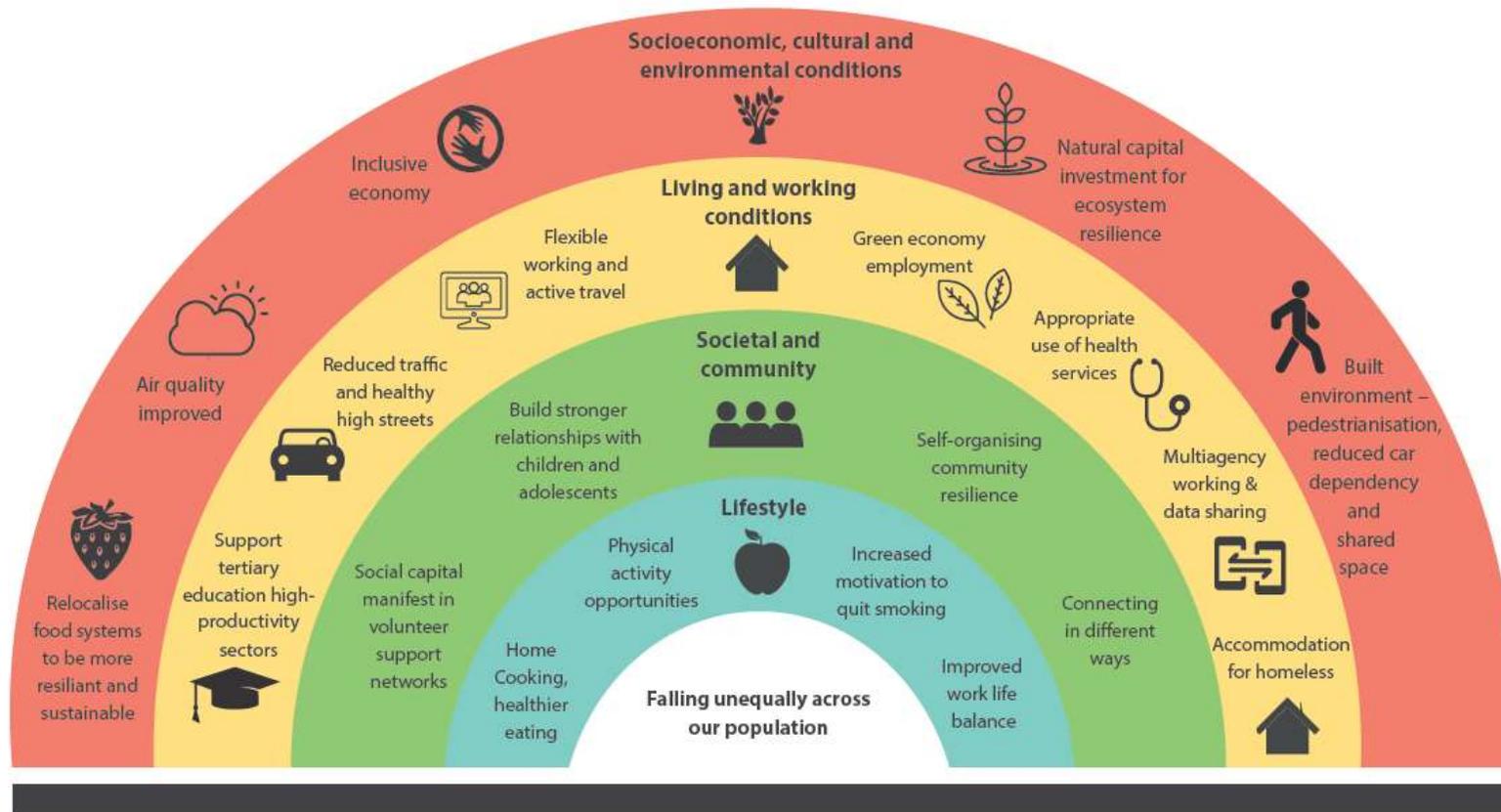


Figure 2: Opportunities during the recovery from covid-19

## Conclusion

The coronavirus pandemic has had huge impacts on the lives of children and young people and the services that exist to support them. As we move to planning for future services, we need to take these impacts into account but also take advantage of the opportunities that are present too.

Specific issues to be considered in the commissioning of future 0-19 services across Berkshire West include

- What opportunities exist in the virtual delivery of 0-19s services
- How can the increased partnership working be expanded upon and what barriers with regards to data sharing continue to exist
- How can long term impacts of the coronavirus pandemic on children be mitigated and what service developments could be used to help this
- How can we track the impact of covid-19 on children in Berkshire West in order to plan for future services

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