East Sussex
County Council

Appendix 3
Children's Services Early Help Needs Assessment

Early Help Review Needs Assessment

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1. Summary

This Needs Assessment helps us understand what communities in East Sussex need from early help services.

Families with children under 19 in full time education make up 24% of the population in East Sussex: around 60,000 households in total. Numbers of children and young people have risen very slightly over the last ten years, with a higher proportion of children living in Hastings compared with other areas of the county.

We've estimated that over four thousand families in East Sussex need help to look after their children safely. Social and economic deprivation is strongly associated with need for early help services. There is significant variation across the county, for example almost 3 in 10 children in Hastings live in families affected by income deprivation compared to less than 1 in 10 in Wealden. Hastings and St Leonards, Eastbourne and Bexhill have areas of deprivation in the highest 10% nationally.

Parent vulnerabilities known as the trigger trio (parent mental health, substance misuse and domestic abuse) cause increasing problems in some families, leading to emotional abuse and neglect of children. Emotional abuse and neglect of children is the main reason for social care interventions using child protection plans in East Sussex. Numbers of children's social care interventions due to domestic abuse have been rising and it is the main reason for over a quarter of child protection plans. Parental drug misuse was a factor in 39% of 2,160 Level 4 social care children in need cases, and 33.8% involved parental alcohol misuse, in East Sussex in 2016/2017.

Complex and serious family issues cause vulnerability in children and young people, and this can be observed in the data for East Sussex. There are thought to be 4,200 young carers in East Sussex, between a third and a half of young carers are children of parents with mental health problems.

Admissions of 0-4 year old children to hospital caused by unintentional and deliberate injuries are consistently higher in East Sussex than the region and England, rising in 2016/2017 and highest in Hastings, Eastbourne and Rother.

School absence is higher in East Sussex than in England and similar counties, has been rising and is highest in Hastings.

Children and young people's mental health admissions are also higher than regional and national comparators; children and young people's mental health service caseloads are highest in Hastings, Eastbourne, Hailsham and Newhaven.

National reports, including those by the Association of Children's Services Directors and Local Government Association, plus local activity measures, lead us to expect that the need for Children's Services Early Help across the East Sussex population is likely to rise. This is mainly as a result of economic factors impacting the most vulnerable families.

2. Introduction to the Needs Assessment

i. Purpose

This Needs Assessment helps us understand what the different communities in East Sussex need from Children's Services Early Help. It aims to answer the questions:

- What proportion and number of people need Children's Services Early Help services in East Sussex?
- Is the need in East Sussex higher or lower than other similar places?
- What do we know about families' specific vulnerabilities in East Sussex?
- Are there significant differences in need in different parts of the county?
- Is the number of families needing early help expected to rise or fall?

The Needs Assessment is one of a suite of analyses provided as supporting evidence to the draft Children's Services Early Help Strategy, all of which are available online.

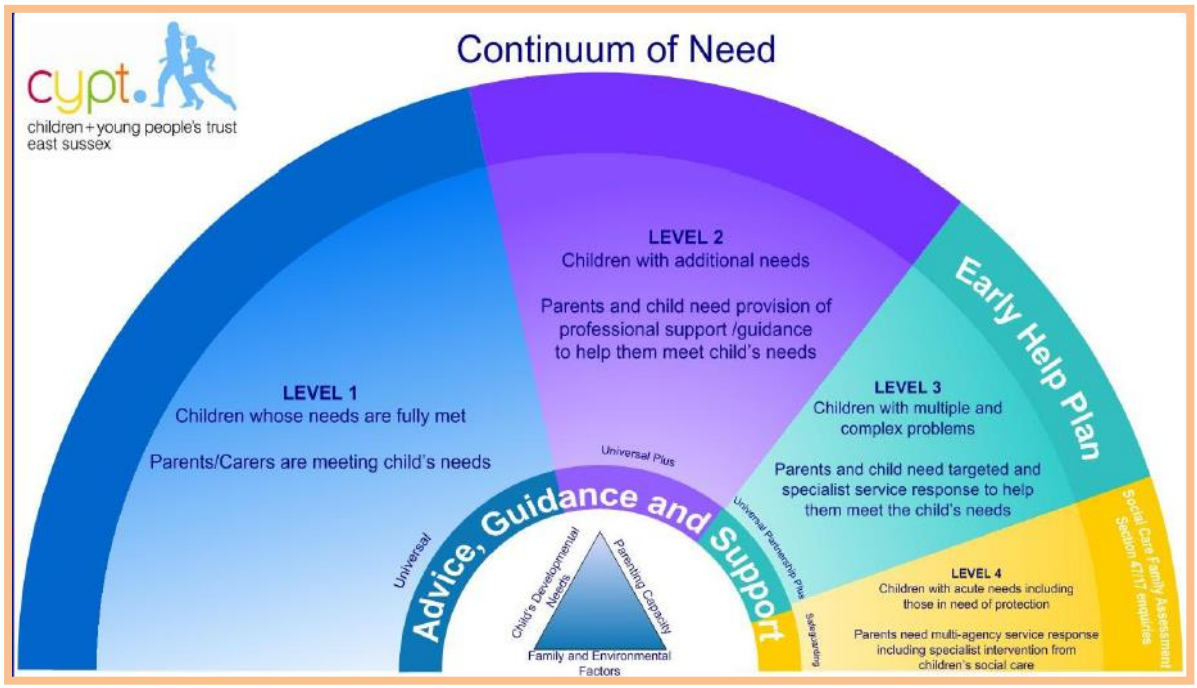
The draft Early Help Strategy is based on					
National and Local Context	**Needs Assessment**	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
Consultation Analysis (following the close of public consultation)					
Equality Impact Assessment					

ii. Levels of Need

Most families will need advice or support to meet their child's needs at some point, which is why professionals working with children in East Sussex use a framework to understand the different levels of families' needs called the Continuum of Need (diagram on the next page).

Early Help services, funded by East Sussex Children's Services, are currently offered for children and families at Level 1-3 of the Continuum of Need (CoN), although predominantly for Level 3 (families with multiple and complex needs). Services seek to target the most vulnerable families so that they can keep their children safe and well. This analysis is therefore focussed on understanding the vulnerabilities of families who are at Level 3 of the Continuum of Need.

Continuum of Need for families



iii. Early help themes

This Needs Assessment is focussed on a set of early help themes. These have been developed to:

- Deliver Council priorities as set out in the *Council Plan*.
- Align with national Troubled Families priorities.
- Assess family, parenting and children and young people's resilience.

Council priorities: the early help themes address all Council priorities, as shown in the following table. They will help keep people safe and help families help themselves, will support economic growth through financial inclusion and education and are focussed on avoiding unnecessary social care interventions by making best use of Council resources.

Troubled Families: The early help themes will also support East Sussex's commitment to the national Troubled Families Programme, which was introduced in East Sussex in 2012, addressing all the themes, or family vulnerabilities, which are local priorities. The programme provides income for the Council via Payment By Results. You can find more information about the Troubled Families Programme on the *gov.uk website*.

Early help themes support Council priorities and Troubled Families themes

Council Priority	Children's Services Early Help Theme	East Sussex Troubled Families Themes
Driving economic growth	Educational attendance and progress	Missing education
Keeping vulnerable people safe	Crime and risk of exploitation	Crime and anti-social behaviour
	Child safety	Children in need of help
	Children and young people's emotional and mental health	Health and wellbeing
Helping people help themselves	Employability and financial inclusion	Worklessness and financial exclusion
	Parenting resilience	Health and wellbeing
Making best use of resources	Demand for statutory social care interventions	Children in need of help Domestic abuse

iv. How the Needs Assessment is structured

This Needs Assessment has 17 sections and a list of references.

Section 1 and 2 are the executive summary and introduction. Sections 3 to 17 contain the data and analysis, with references in Section 18.

Sections 3 to 6 starts by considering information about all families in East Sussex, how many may be at higher risk of vulnerabilities and need Children's Services Early Help support due to deprivation, how many have been assessed as having Level 3 needs and what we know about their vulnerabilities:

Section 3 - families with children in East Sussex.

Section 4 - families at higher risk due to deprivation associated with risk factors.

Section 5 - families with Level 3 needs.

Section 6 - family vulnerabilities.

The next sections of the needs assessment consider the specific Children's Services Early Help themes, first those which affect the whole family resilience, then those which affect parenting resilience and finally those which affect the resilience of children and young people, as shown in the following table:

Whole family resilience	Parenting resilience	Children and young people's resilience
Section 7 - Employability and financial inclusion Section 8 - Community resilience	Sections 9 and 10 - Parenting resilience and child safety, including drug and alcohol use, parental mental health issues and domestic abuse Section 11 - Need for statutory social care interventions	Section 12 - Educational attendance and progress Section 13 - Young people's emotional and mental health Section 14 - Crime and risk of exploitation

Section 15 considers what professionals working with children have suggested is of most importance when directing resources.

Section 16 considers whether need is demonstrated by current demand for Children's Services Early Help.

Finally, in Section 17, key factors which may impact the numbers of families and children needing early help in the future are forecast and considered.

v. Data used in the Needs Assessment

The Needs Assessment is based on information we have about families' needs from:

- National quantitative data about families and children.
- Quantitative and qualitative data about families in East Sussex.
- Experience of Children's Services Early Help staff and other professionals working with families.

We chose the East Sussex data which will give us the most accurate picture of families' needs:

- Relevant - relating to risk factors or outcomes known to increase the need for early help.
- Specific - data showing significant variations in need across the County, commissioning themes, or trends.
- Readily available - and so cost effective to obtain.
- Publically available - either online or by request to agencies and organisations.
- Detailed - to locality and district / borough level - to identify variation in need.
- Trustworthy - from recognised sources like government or council bodies.
- Established - with the ability to describe and review trends over time.

Where possible we have used data already collected for recent needs assessments by East Sussex County Council. Much of the data used is available from *East Sussex in Figures* (ESIF) or the *Joint Strategic Needs Assessment* website.

Information for the Needs Assessment was gathered during 2018 and updated as far as possible.

Data used in the Needs Assessment

Subject	Data we've used
Families with children in East Sussex	Population, population density and transport maps Households estimates Child population
Families at higher risk of needing support - deprivation	Indices of Multiple Deprivation 2010-2015 Child poverty Free School Meals
Families with Level 3 or 4 needs	Health Visitors' assessment of needs
Family vulnerabilities	Troubled Families Programme data on vulnerabilities

Subject	Data we've used
Whole family resilience – economic inclusion	Income deprivation Households with children in temporary accommodation Proportion of lone parents Unemployment Highest educational qualification
Whole family resilience – community networks	Wellbeing and Resilience Measure
Parenting resilience – parenting risk factors: Substance Misuse Domestic Abuse Mental Health Teenage pregnancy Criminal Activity	Adults and parents with alcohol and drug dependency Co-existing substance misuse and mental health issues ESCC Child Protection Plans with substance misuse, mental health or domestic abuse as a factor Maternal smoking Teenage conceptions Hospital admissions: injuries to children Crime deprivation Warwick-Edinburgh Mental Wellbeing Scale
Parenting resilience - child safety and need for social care	ESCC Children's social care data
Children and young person resilience – education	School attendance and exclusions Young people not in education, employment or training Education, skills and training deprivation EH Keywork caseload - children with identified SEND (behavioural needs) Children with SEND – EHCPs and SEN support
Children and young person resilience – emotional and mental wellbeing	Child and Adolescent Mental Health Service referrals CAMHs caseload mapping March 2017 Inpatient rate for mental health disorders 0-17 years Young carers referrals Alcohol related hospital admissions < 18 years

Subject	Data we've used
	<18 in drug treatment Pupil survey – health and wellbeing (SHEU)
Children and young person resilience – Crime and exploitation	First time entrants to the Criminal Justice System Youth antisocial behaviour incident levels Crimes involving a child < 18 in East Sussex East Sussex Multi Agency Child Exploitation Nominals data
Information from Children's Services Early Help staff and other professionals working with families	Staff survey results Stakeholder survey results
Current demand for Children's Services Early Help • Level of need • Trends • Across East Sussex	ESCC Social Care data Single Point of Advice contacts and referrals Multi-Agency Safeguarding Hubs (MASH)
Future need for early help	Population projections SEND forecasts Children in Need forecasts (and national research)

When we have looked at families' needs across East Sussex, we have shown the county's geography in different ways:

- 5 boroughs and districts – reflecting the areas in which other services we work with are provided.
- 7 localities – reflecting the areas in which the health services we work with are provided by Clinical Commissioning Groups in East Sussex.
- For detailed maps - 300+ super output areas, as used by the Office of National Statistics.

As part of the Early Help Property Analysis, we have included some ward-level information which originates from the same data used to present district and borough level information in this needs assessment document, in order to give higher level needs information relating to the position of the county's children's centres.

3. Families with children in East Sussex

This section considers how many people live in East Sussex, recent trends, how people are distributed across the county, and the number of families and children.

Families are a relatively small proportion of the population in East Sussex and numbers are stable. Populations of families with children are most dense in towns along the coast.

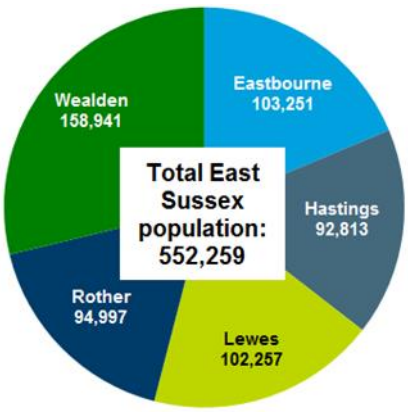
i. General population

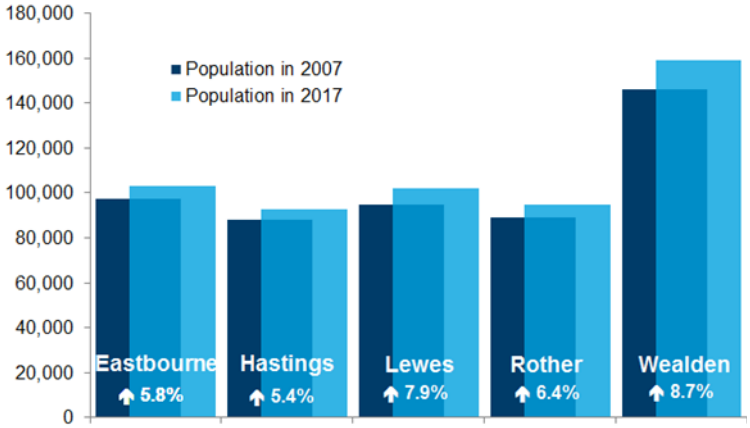
The population of East Sussex is around 550,000, and has been increasing year on year. The most recent estimates give increases as follows between 2007 to 2017 (based on ONS mid-year estimates):

- England 8.2%
- South East 8.7%
- East Sussex 7.0%

International migration has been the main driver of population growth in England in recent years. However in East Sussex, internal migration of 3,100 was the key contributor to population growth between 2016 and 2017, with international migration of 1,100 playing a smaller role. Net population growth is lower than net migration as there have been more deaths than births for at least the last 45 years.

In June 2017 the population of East Sussex was 552,300, which was an increase of 2,700 people or 0.5% over a one year period. The population in Wealden has been increasing at a higher rate than the other areas of the county.



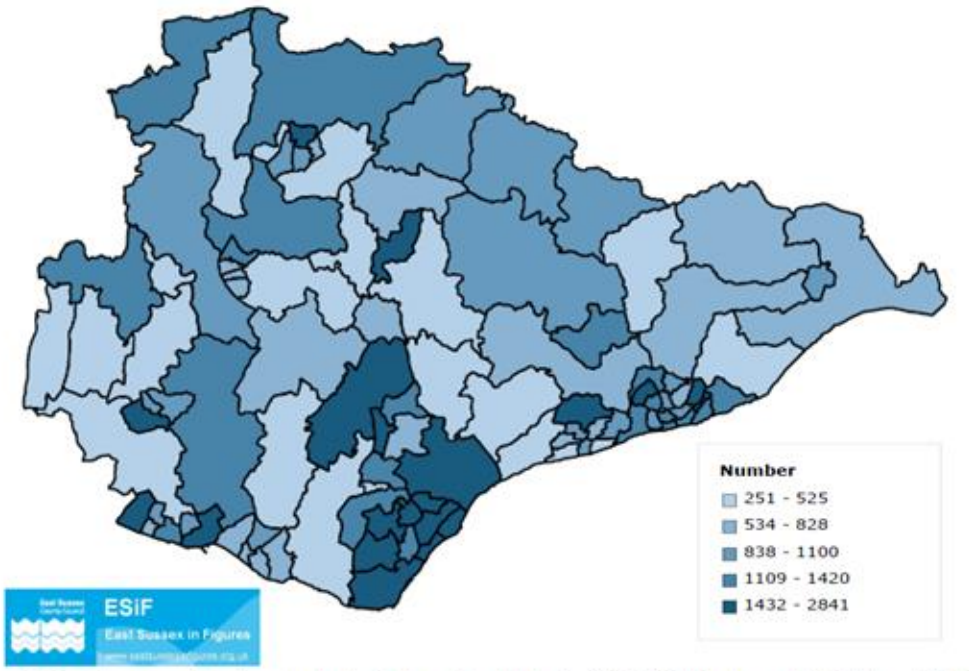


It is an ageing population, the median age of the East Sussex population was 46.5 years in 2017, compared to a national average of 38.8. Rother has the second highest proportion of people aged 85 and over of all districts and unitaries in England.

ii. Population density

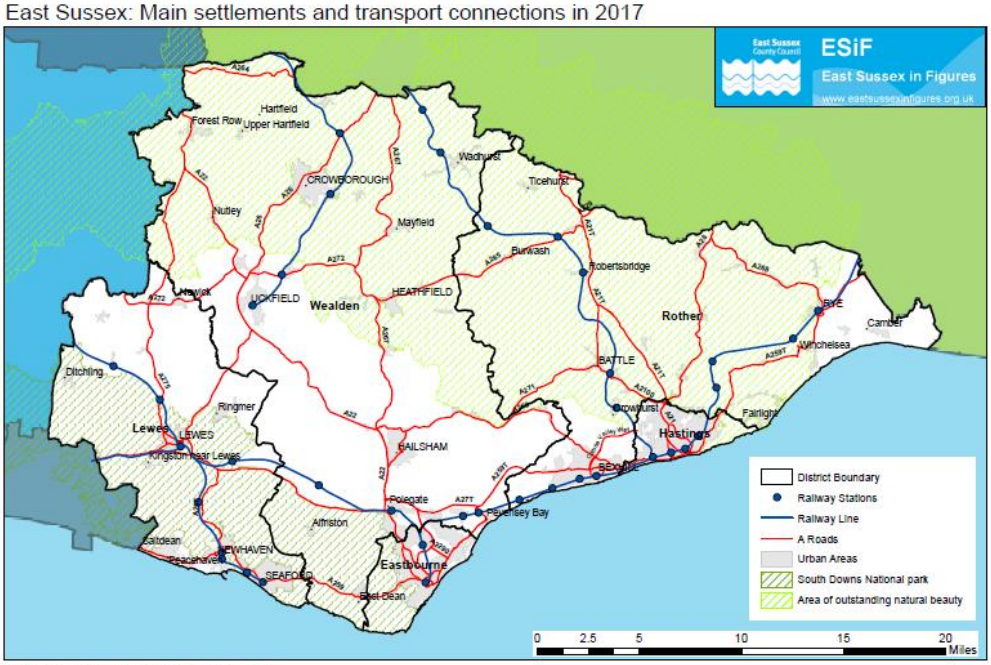
The East Sussex landscape is mainly rural in character, but nearly three quarters of the population live in urban areas (58% live in the coastal urban areas and 18% live in market towns such as Lewes, Uckfield and Crowborough). Eastbourne and Hastings are the largest and most densely populated urban areas in the county. Maps below show population estimates by lower layer super output area (LSOA) and, for reference, towns and transport links.

Population estimates children age 0-17 years, *number per LSOA*, 2017



ONS mid-year estimates - includes fully revised data for 2012-2016 released in October 2018

East Sussex: Main settlements and transport connections in 2017



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iii. Child populations

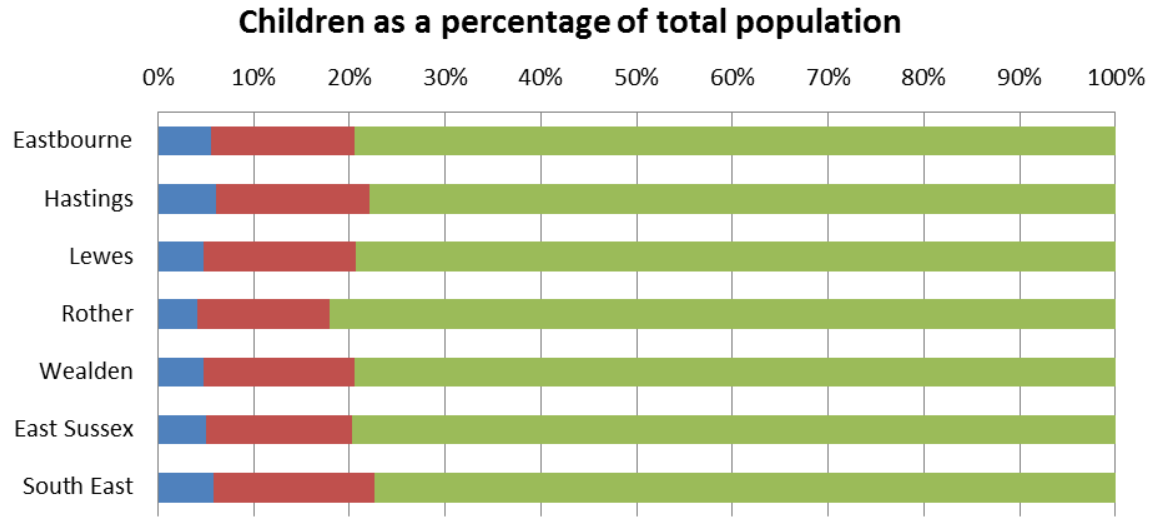
According to latest estimates (2016), East Sussex has a relatively low proportion of households with resident children (under 19 years old and in education) at 24.3% compared to 28.6% in the South East. Rother has a particularly low percentage of households with children at 21.1%.

Households with children estimates

Area	All households	Households with children	Households with children as % of all households
Eastbourne	46,558	11,084	23.8%
Hastings	42,367	10,360	24.5%
Lewes	43,850	11,224	25.6%
Rother	42,498	8,952	21.1%
Wealden	66,934	17,281	25.8%
East Sussex	242,208	58,901	24.3%
South East	3,704,853	1,058,949	28.6%
England	22,884,532	6,461,070	28.2%

Source: East Sussex in Figures (ESiF) from 2016-based household projections

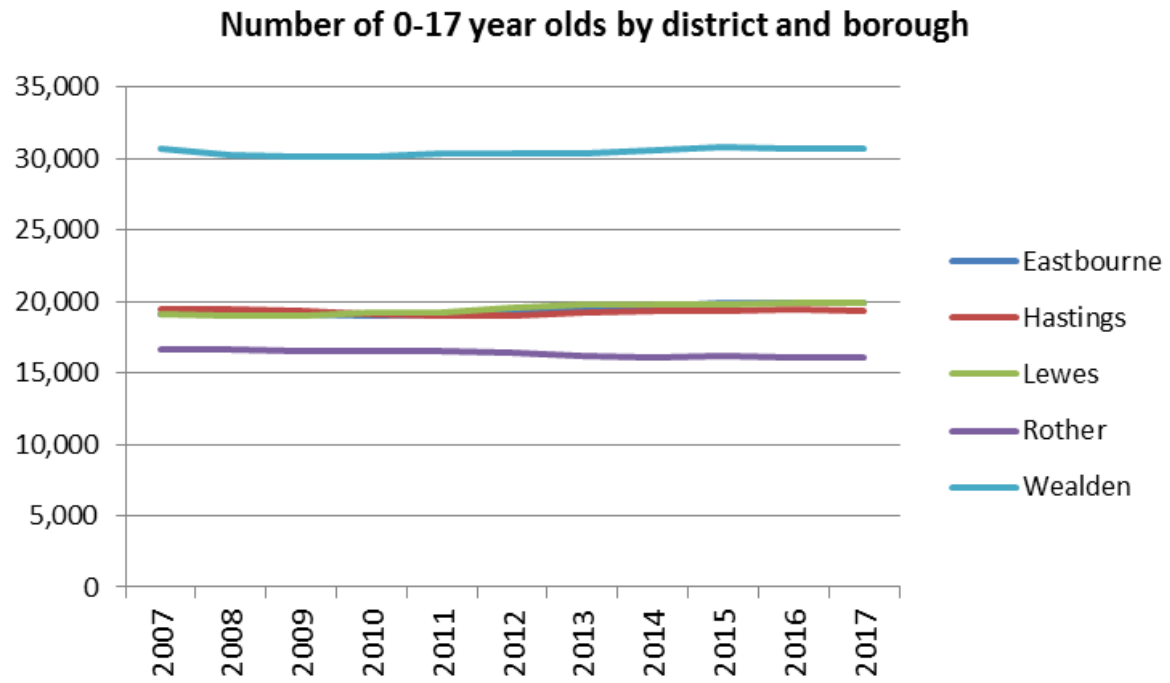
The most recent population estimates below show that Hastings has the highest proportion of children compared with the total population. However, all districts and boroughs in the county have a lower proportion of children than the South East region and England.



	South East	East Sussex	Wealden	Rother	Lewes	Hastings	Eastbourne
Total 0-4	533,223	27,493	7,488	3,873	4,833	5,626	5,673
Total 5-18	1,518,586	84,814	25,047	13,170	16,277	14,837	15,483
Total adults	7,029,016	439,952	126,406	77,954	81,147	72,350	82,095

Source: ONS Population based on mid-year estimates 2017 – districts

Over the ten years to 2017, the numbers of children under 18 years in East Sussex have been stable (1.0% rise).



Source: ESIF population estimates 2007-2017

Small increases in Eastbourne (4.1%) and Lewes (4.6%) have been offset by reductions in the number of children in Rother (down by 3.6%).

Child population change – estimated numbers 2007 to 2017 age 0-17

Area	Population change 2007-2017 numbers	Population change 2007-2017 as a percentage
Eastbourne	+789	4.1%
Hastings	-98	-0.5%
Lewes	+886	4.6%
Rother	-602	-3.6%
Wealden	+24	0.1%
East Sussex	**+999**	**1.0%**

Source: ESIF population estimates 2007-2017

4. Families needing support – deprivation

This section considers how deprivation in East Sussex compares to the rest of the country, how it is distributed and trends to date. It looks at child poverty in East Sussex - prevalence, distribution and trends to 2015.

It explains that economic and social deprivation is closely associated with need for Early Help. A number of urban areas on the coast of East Sussex are among the most deprived in the country, also having high rates of child poverty. This data suggests a trend towards improvement in all districts and boroughs except Hastings, however the latest available figures (2015) predate recent changes to families' economic security e.g. changes to the benefits system. In particular, the rollover to Universal Credit is recognised as causing additional financial strain for low income families, and this rollout continues in the county.

i. Deprivation and early help need

Deprivation and economic exclusion are recognised as strongly associated with early help need. The Department of Work and Pensions carried out a study demonstrating the link between worklessness, poor parenting resilience and children's outcomes, reported in *Improving Lives: Helping Workless Families*, 2017. The Association of Directors of Children's Services also highlighted the link between increasing child poverty and the number of families needing support in *A Country That Works For All Children*, 2017, with two-thirds of all children living in poverty now living in working households. The National Centre for Social Research showed the multiple family vulnerabilities caused by economic exclusion in *Child poverty in Britain*, 2013.

ii. How Indices of Multiple Deprivation (IMD) are calculated

IMD is the UK government measure of relative deprivation in England for each small defined area with an average of 1,500 residents known as a Lower-layer Super Output Area (LSOA). IMD for each LSOA is calculated through scores and national rankings for seven separate 'domains' of deprivation, which map closely onto the early help commissioning themes. The seven IMD domains and their weightings are shown in the table below:

Domain	Weight
Income deprivation	22.5%
Employment deprivation	22.5%
Health deprivation and disability	13.5%
Education skills and training deprivation	13.5%
Barriers to housing and services	9.3%
Crime domain	9.3%
Living environment deprivation	9.3%

Source: ESIF IMD 2015

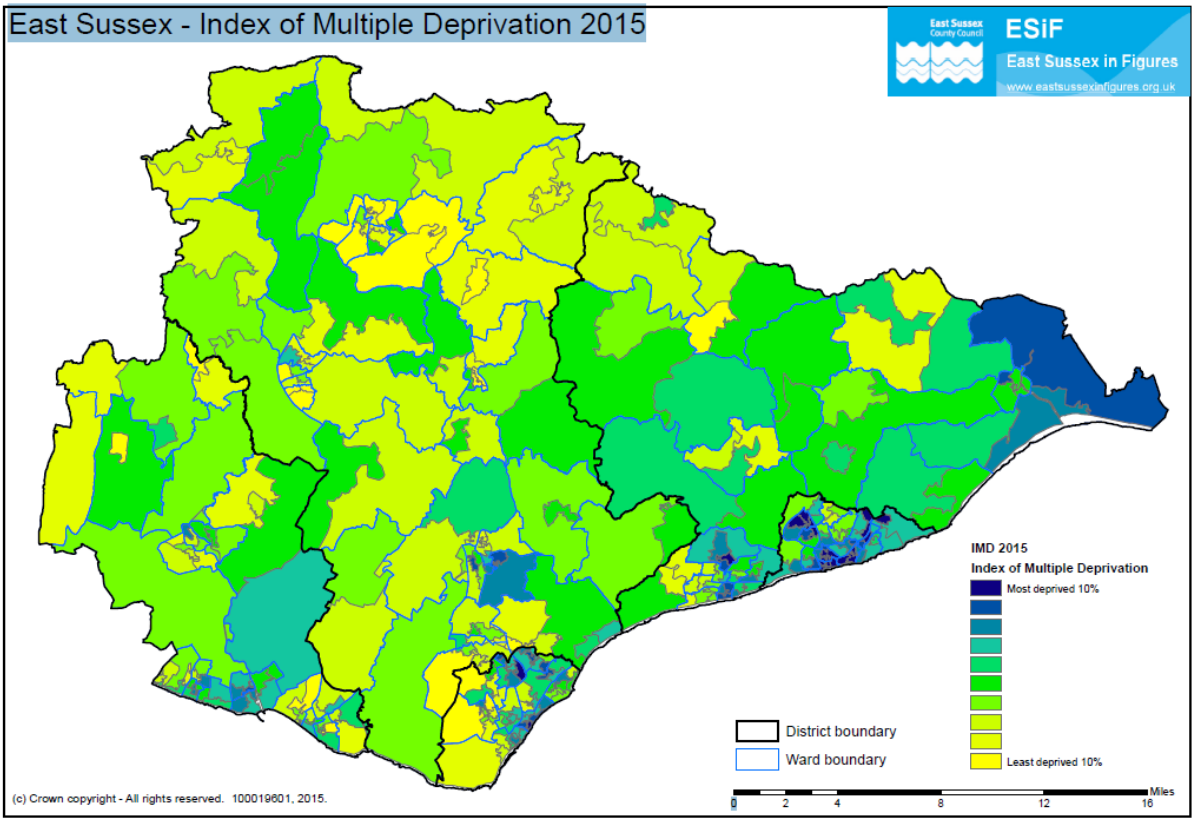
Each domain represents a distinct dimension of deprivation that may be experienced by individuals. People may be counted in one or more of the domains, depending on the number of types of deprivation that they experience, in the same way as several interrelated disadvantages or factors can lead to the need for early help and support for families.

All of the information in this section originates from ESIF IMD data and associated reports.

iii. Multiple deprivation across East Sussex

East Sussex has pockets of very high levels of deprivation mainly along the coastal strip (IMD 2015).

The map below shows the national deprivation rank in neighbourhoods (LSOAs) in of East Sussex. The ranks are 1-10 – divided into 10 equal groups known as deciles. The darkest blue highlights the East Sussex LSOAs ranked as the most deprived 10% in the country.



Source: ID 2015, Index of Multiple Deprivation (IMD) - East Sussex

The table on the next page describes key facts about deprivation by borough and district (source: ESIF IMD 2015 Report). In summary:

- 19 out of 329 neighbourhoods in East Sussex are among the 10% most deprived in England.16 of these are in Hastings, two are in Eastbourne and one in Rother.
- In Hastings, 30% of neighbourhoods are amongst the 10% most deprived nationally, making it one of the 13 most deprived local authorities in England by this measure.
- Two Hastings neighbourhoods are amongst the most deprived 1% in the country, in Baird and Tressell wards.
- Seven Hastings neighbourhoods are among the most deprived 5% nationally, along with one neighbourhood in Bexhill.
- East Sussex has a higher number of neighbourhoods in the most deprived decile (6%) compared to the rest of the South East (3%).
- East Sussex has a low number of neighbourhoods in the least deprived decile (7%) compared to the South East (21%).
- 22 out of 329 neighbourhoods in East Sussex are in the least deprived 10% in England. 14 are in Wealden (15% of Wealden neighbourhoods), 4 in Lewes, 3 in Eastbourne and one in Rother.

Multiple Deprivation by district and borough (using latest data IMD 2015)

Eastbourne

- There are two LSOAs in the most deprived 10% in England, compared to five in 2010. One is located in Devonshire, and one in Hampden Park
- Six LSOAs are among the worst 20% of LSOAs in England, four fewer than in 2010.
- Eastbourne ranks as 153 out of 326 local authorities (where 1 is the most deprived) for proportion of LSOAs in the most deprived decile.

Hastings

- Levels of deprivation continue to be the worst in the South East by almost all measures. Hastings ranks 13th out of all 326 local authorities for proportion of LSOAs among the most deprived 10% nationally.
- 30% of LSOAs are in the most deprived decile, with two among the most deprived 1% of LSOAs, in Baird and Tressell wards.
- 40% of LSOAs in Hastings are among the most deprived 20%, but this is lower than the 45% in 2010. In 2010 about 40% of LSOAs ranked in the most deprived decile for health, but that has fallen to just 19% in 2015.
- Hastings Baird ranks as 11 for both income deprivation, and Income Deprivation Affecting Children Index (IDACI), worst in the South East.
- Central St Leonards is the only ward in East Sussex where all four of the LSOAs are among the most deprived decile nationally.

Lewes

- Lewes has no LSOAs among the least deprived 10% in the country.
- Newhaven Valley now falls among the most deprived 20% with a rank of 6,248.
- 13 LSOAs rank in a better decile than in 2010, compared to seven which rank in a worse decile.
- 4 LSOAs in Lewes are in the least deprived decile.

Rother

- Just one LSOA in Rother falls into the most deprived decile in 2015, compared to two in 2010. Rother 007E in Sidley ward in Bexhill ranked as 1,064 in 2015.
- Altogether six (10%) LSOAs are among the most deprived 20% in England, four in Bexhill (Sidley and Central wards), one in Rye (Rother 004E) and one in Eastern Rother (Rother 002A).
- 25 LSOAs rank in a better decile than in 2010, compared to six which rank worse.

Wealden

- Wealden has no LSOAs among the least deprived 10% in the country.
- Only two LSOAs fall into the most deprived 20% in England and both are in Hailsham. The most deprived LSOA is Wealden 016D in Hailsham South and West, and the other is Wealden 017B in Hailsham East.
- Although the rest of Wealden does not have high levels of multiple deprivation, 19 LSOAs in Wealden are in the most deprived 10% for the Barriers to housing and services domain.
- 32 LSOAs rank in a better decile than in 2010, compared to 15 that rank worse.

iv. Changes in deprivation levels

Between 2010 and 2015, East Sussex districts and boroughs with the exception of Hastings have improved in their IMD average score and rank for deprivation, relative to the rest of England, as shown in the table below.

Changes in comparative deprivation in East Sussex 2010-2015 as measured by Indices of Multiple Deprivation and Rank (arrow down is good as moving down the rankings)

Area	Summary measure (Rank of)	IMD 2010	IMD 2015	Relative Movement
Eastbourne	Average Score	84	120	↓
	Average Rank	68	129	
Hastings	Average Score	19	20	↔
	Average Rank	23	20	
Lewes	Average Score	188	201	↓
	Average Rank	179	211	
Rother	Average Score	139	148	↓
	Average Rank	132	155	
Wealden	Average Score	253	276	↓
	Average Rank	250	275	
East Sussex	Average Score	90	99	↓
	Average Rank	91	99	

Source: East Sussex in Figures, Department for Communities and Local Government (DCLG), Indices of Deprivation, 2010 and 2015

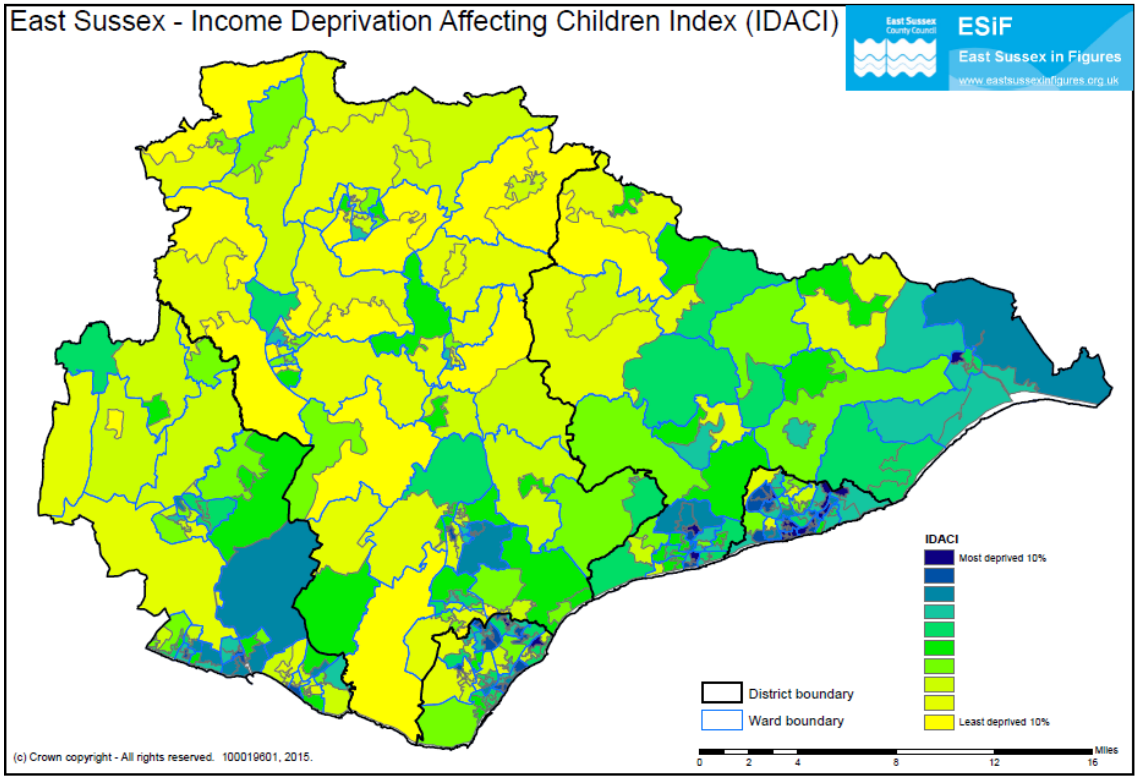
v. Child poverty in East Sussex

Child poverty has been measured using the Children in Low-Income Families Local Measure, used to produce the Income Deprivation Affecting Children (IDACI) scores. The measure is the proportion of all children under 16 in the area, who are living in families in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income. Young people up to the age of 20 are included if their family continues to receive Child Benefit for them.

16,000 or 17% children are affected by income deprivation in East Sussex (source: ESIF IMD 2015 Report); this is higher than the South East regional average (14%) but lower than the average for England (20%).

The following map shows significant variation across the county. Almost 3 in 10 children in Hastings are living in families affected by income deprivation compared to less than 1 in 10 in Wealden.

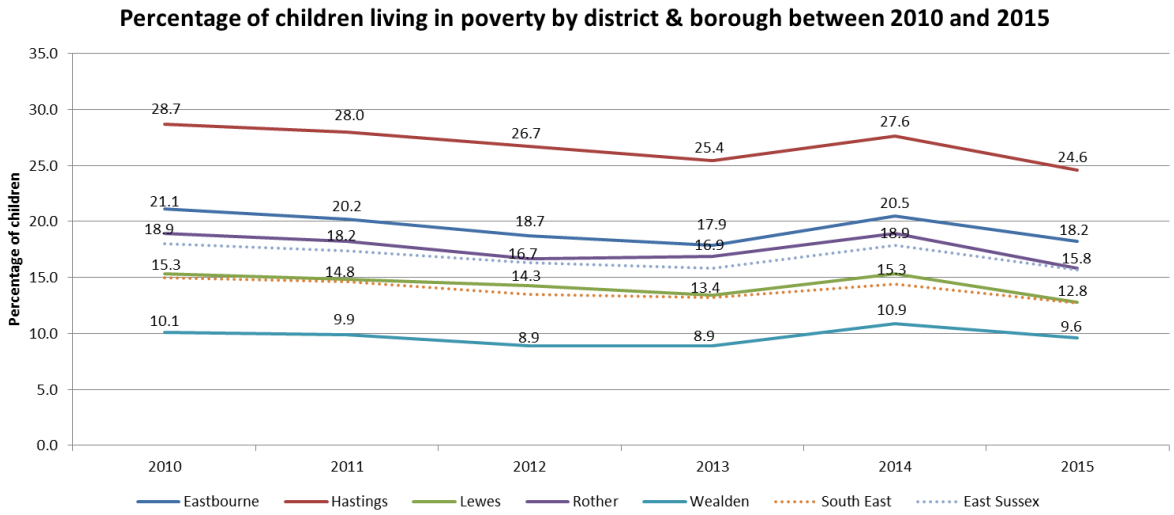
Demand for children's social care is strongly associated with levels of deprivation, which makes the IDACI profile a powerful metric in predicting the need for social care intervention in different areas of East Sussex.



Source: ESiF Children living in poverty, 2015 - super output areas

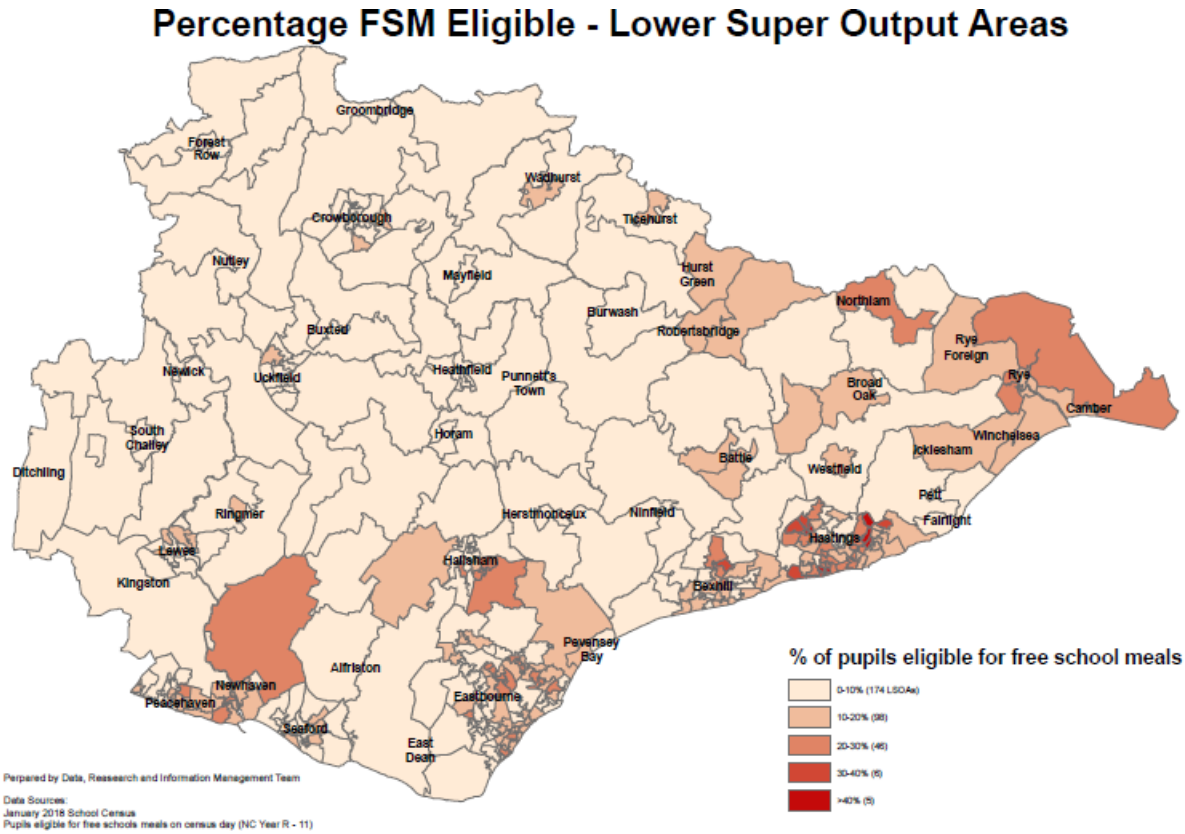
In one neighbourhood in Hastings, part of Baird ward, 75% of children are living in families affected by poverty. In East Sussex, 30% (101) of neighbourhoods have a higher proportion of children living in income deprived families than the national average.

The table below illustrates the differences in child poverty by district and borough. While it shows a decrease in child poverty, the latest available figures (2015, not due to be refreshed until February 2019) predate recent changes in families' economic security e.g. housing costs and benefits changes.



Source: ESIF Children living in poverty, 2015 - super output areas

Eligibility for free school meals (FSM) can be used as another measure to show the concentration of children living in low income families.



Source: ESCC DRIM

The percentage of eligible children differs widely between averages for ward totals in the five areas, with Hastings having 21.6% FSM eligibility compared with only 7.3% for Wealden:

Eligibility for Free School Meals by district / borough Jan 2018

Area	No FSM	FSM eligible	Total	%FSM
Eastbourne	11,186	**1,810**	12,996	13.9%
Hastings	10,002	**2,749**	12,751	21.6%
Lewes	10,680	**1,160**	11,840	9.8%
Rother	8,497	**1,308**	9,805	13.3%
Wealden	16,767	**1,330**	18,097	7.3%
East Sussex	**57,132**	**8,357**	**65,489**	**12.8%**

At ward level, children living in the 'top 3' wards Central St Leonards, Baird and Tressell in Hastings have FSM eligibility rates between 32% and 36%. This contrasts with the lowest scoring Crowborough St. Johns ward with only 0.5% children eligible for FSM. This correlates with the IMD data for multiple deprivation and is relatively consistent with the income deprivation map, although they are difficult to compare as FSM has only five bandings (colours showing different concentrations) rather than ten.

vi. The impact of Universal Credit

Professionals working with vulnerable adults and families in East Sussex have advised us that the roll out of Universal Credit has had a negative impact on some claimants, with significant financial consequences, increased risk of homelessness and associated stress on family members. There is limited local data to support this, however a number of national studies have evidenced this impact as the new benefit has been rolled out across England.

The National Audit Office (NAO) has released a study: *Department for Work & Pensions (DWP) Rolling out Universal Credit June 2018.*

The NAO has concluded that the DWP's assumptions about how Universal Credit would work in practice underestimated the impact it would have on some claimants.

The local delivery organisations and national representative bodies that the NAO met during their study provided evidence of how Universal Credit was not working for at least a significant minority of claimants, including the following issues:

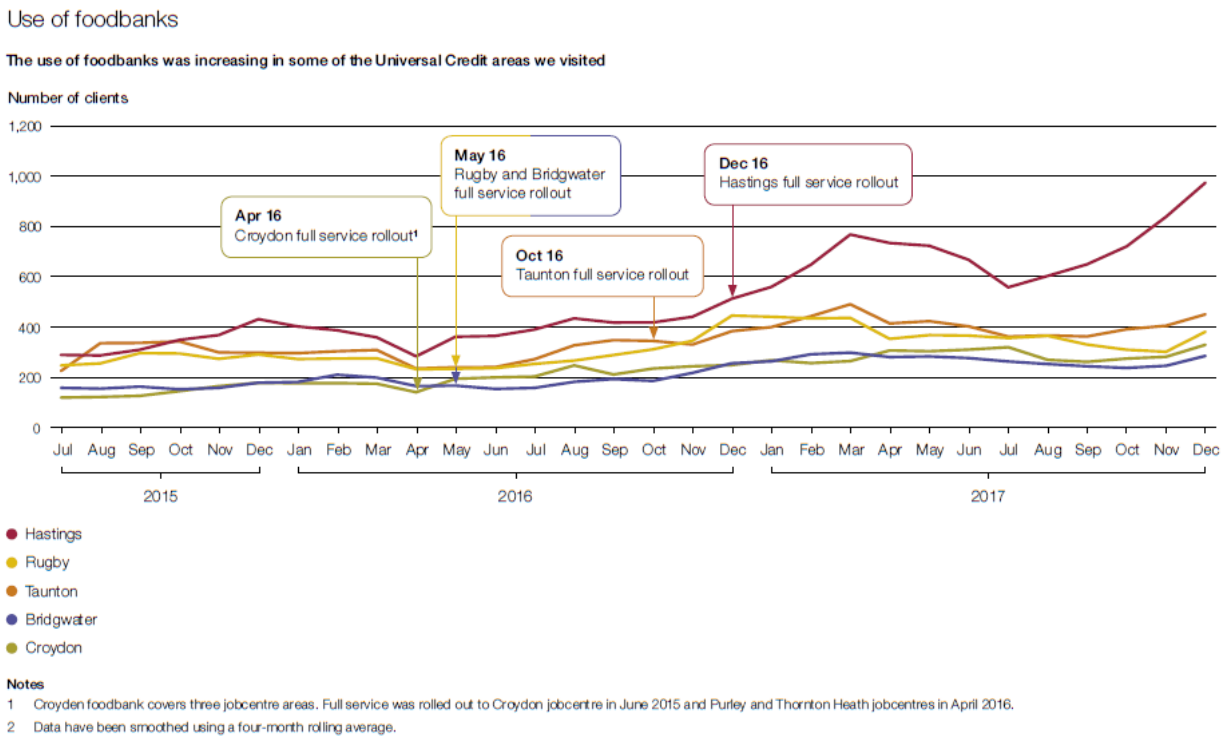
- Hardship because of not having savings to last the initial wait for payments.
- Problems with monthly budgeting because of fluctuating Universal Credit payments.
- Difficulties making and managing a claim online, because of a lack of digital access and skills.
- The initial wait leading to rent arrears, and subsequent debt and hardship for some claimants.

In the DWP survey of full service claimants, published on 8 June 2018, the Department found that four in ten claimants that were surveyed stated they were experiencing financial difficulties.

The Trussell Trust report *Left Behind: 2018* surveyed the experiences of 284 people referred to a foodbank in their network whilst experiencing an issue with Universal Credit. It states that *'Poor administration, the wait for the first payment, and repayments for loans and debts are driving some people to severe financial need. This is particularly acute for families with dependent children and disabled people.'*

The Trussell Trust suggested that foodbank use had increased by 30% in the six months after Universal Credit full service rolled out in an area, compared with 12% in non-Universal Credit areas. In three of the four areas the NAO visited, the use of foodbanks increased more rapidly once full service had rolled out. Hastings foodbank saw an increase of 80% following an early rollout of full service in the area in 2016 (Figure 16 from their report). There were also increases prior to full service being rolled out, which aligns with the Trussell Trust's analysis of a general increase nationwide.

Hastings had an early roll-out of full service Universal Credit. All new benefits claimants in East Sussex are now put onto Universal Credit with the exception of families with two or more children, who will be moved over from April 2019. The full roll out of Universal Credit for existing benefits clients is set to continue throughout the county between 2019 and 2024 by Job Centre area.



Source: Department for Work & Pensions (DWP) [Rolling out Universal Credit June 2018](#) page 47

Even after the inclusion of state benefits, families with children face higher levels of poverty than other demographic groups. In 2016–17, around 30% of children were in poverty, compared with around 18% of working-age adults without children and about 16% of pensioners (source Institute For Fiscal Studies, *[Public spending on children in England: 2000 to 2020](#)* June 2018).

5. Families with Level 3 and 4 needs (Health Visiting)

This section provides a snapshot of the prevalence and distribution of family vulnerability and need for early help in 2018, using information from Health Visitor assessments.

It shows that 7.2% of children 0-5 were assessed as having multiple, complex or severe needs, and potentially in need of early help or social care. From this percentage of 0-5 year old children, it is broadly estimated that around 4,200 families in East Sussex may be at Level 3 or 4 and need support.

i. Health Visitor Assessments

As part of the national *Healthy Child Programme*, Health Visitors aim to visit all new mothers and babies, and carry out a series of up to 5 checks on children between 0-5 years. As part of these visits, the Health Visitors assess family needs against the Health Visiting Status Guide, which aligns with the East Sussex Continuum of Need.

Health Visitor assessments are subjective, take into account primary health concerns, and do not provide long term comparative data. However, the Health Visiting service records information about all new mothers, reaching more families than many services. These records provide a rich source of information about the needs of families with at least one child under 5 years old, and an insight into the likely proportion of all families which are vulnerable.

Health Visiting Status Guide aligns to the Children's Services Continuum of Need

ii. Numbers of families assessed at Level 3 or 4

The tables below show the numbers of families with children aged under 5 years who Health Visitors were working with in April 2018, and of those how many were assessed as being in need at Level 3 (Children's Services Early Help) or at Level 4 (social care intervention). The data is shown in two ways – by district and borough, and then by locality (Clinical Commissioning Group or CCG) area, and shows that for this caseload snapshot:

- 7.2% of children were assessed as having families with Level 3 or 4 needs, although it should be noted that these numbers will also include small numbers of families assessed as higher need due to the complex medical needs of the new baby.
- The locality based data overleaf shows that the Health Visitor service was working with 50 homeless families, 18% of which have Level 3 or 4 needs.
- The next highest rates of complex and severe needs as demonstrated by the ward level data were in Hastings (10.3%) and Eastbourne (9.7%).

Health Visiting caseload 23 April 2018 with Continuum of Need level - by district and borough

Area	Level 3 (UPP)	Level 4	Total number of children under 5 years	L3+L4	L3 + 4 as % of total 0-5 population
Eastbourne	353	125	4,946	478	9.7%
Hastings	287	215	4,865	502	10.3%
Lewes	132	75	4,355	207	4.8%
Rother	103	84	3,535	187	5.3%
Wealden	222	100	6,548	322	4.9%
Unknown ward	46	27	432	73	16.9%
Total	**1,143**	**626**	**24,681**	**1,769**	**7.2%**

Source: Health Visiting Service Case Records
Note: the Unknown ward category in this ward-level dataset are predominantly homeless families, those living in an unknown district or borough - mainly in new build homes with postcodes unknown to the software used, with a small number temporarily living outside the county.

Health Visiting caseload 23 April 2018 with Continuum of Need level - by CCG and locality area

CCG	Locality	Level 3 (UPP)	Level 4	Total no. children under 5	L3+L4	L3 + 4 as % of total 0-5 population
Eastbourne, Hailsham &	Eastbourne	359	126	5,148	485	9.4%
	Hailsham & Seaford	177	79	3,566	256	7.2%
Hastings & Rother	Hastings	165	88	1,979	253	12.8%
	Rother	105	89	3,530	194	5.5%
	St Leonards	141	138	2,970	279	9.4%
High Weald, Lewes & the	High Weald	83	30	3,794	113	3.0%
	Lewes & the Havens	109	71	3,644	180	4.9%
	Homeless	4	5	50	9	18.0%
	Total	**1,143**	**626**	**24,681**	**1769**	**7.2%**

Source: Health Visiting Service Case Records

Applying the rate of prevalence of Level 3 and 4 needs to estimates of households with children, the number of families with early help and social care needs can be estimated as shown in the following table. This suggests in the region of 4,200 families may be vulnerable, with estimates per district and borough in the following table.

Estimated number of families with early help and social care needs in East Sussex

Area	Households with children	L3 + 4 as % of total 0-5 population	Estimated families with early help and social care needs
Eastbourne	11,084	9.70%	1,075
Hastings	10,360	10.30%	1,067
Lewes	11,224	4.80%	539
Rother	8,952	5.30%	474
Wealden	17,281	4.90%	847
East Sussex	58,901	7.20%	4,241

Source: Department for Communities and Local Government 2016 households estimates, Health Visiting Case Records

6. Family vulnerabilities

This section considers snapshot information about the kinds of needs that vulnerable families have experienced, using information from Troubled Families 2 Programme assessments over the three year period 2015-2018.

It shows that over the last three years, 2,600 families were worked with across the county. Also that nearly half of these families were in Hastings and Eastbourne, and that most families have three or more vulnerabilities that can be supported with early help.

i. Troubled Families Programme

The national Troubled Families Programme was introduced in East Sussex in 2012. Families worked with under this scheme are assessed under six themes against thirty three vulnerability indicators, providing an insight into the main issues they are experiencing.

Families helped under The Troubled Families Programme have needs under two or more of the themes.

National Troubled Family Programme Themes	East Sussex Troubled Families Themes
community and social behaviour	crime and anti-social behaviour
education	missing education
children in need of help	children in need of help (Level 3 of CoN)
employment and financial exclusion	worklessness and financial exclusion
healthy relationships	domestic abuse
health and wellbeing	health and wellbeing

You can find more information about the Troubled Families Programme on the *gov.uk website*.

Over the three financial years 2012 to 2015, the initial Troubled Families 1 programme successfully achieved the target of 1,015 East Sussex households receiving support.

Between 2015 and 2018, 2,624 families had received or were receiving TF2 support and 1,029 had achieved Payment by Results outcomes.

ii. Troubled Families – location of families worked with

The following table shows that in the period 2015-2018 the TF2 programme was working with families across the county, with the highest numbers in Eastbourne and Hastings (48% combined).

Households worked with/currently working with via Troubled Families 2 Programme (1 April 15 - 31 March 18)

District/Borough	Number	%
Eastbourne	567	21.7%
Hastings	693	26.5%
Lewes	461	17.6%
Rother	409	15.6%
Wealden	486	18.6%
Grand Total	**2,616**	**100%**

Source: Troubled Families Programme, East Sussex

iii. Troubled Families – complexity of need

The table below shows that many families have multiple areas of need, with 11% of the 2,616 families worked with requiring support with five or six of the vulnerability themes.

Number of Troubled Families vulnerability themes per household worked with April 15 – March 18

District/ Borough	Number of themes recorded per family					Total number
	2	3	4	5	6	
Eastbourne	199	179	116	58	15	567
Hastings	238	198	179	66	12	693
Lewes	180	137	86	50	8	461
Rother	133	134	96	37	9	409
Wealden	215	136	91	34	10	486
Grand Total	**965**	**784**	**568**	**245**	**54**	**2,616**
Percentage	**37%**	**30%**	**22%**	**9%**	**2%**	**100%**

Source: Troubled Families Programme, East Sussex

iv. Troubled Families – referral reasons and themes

The 2,616 families worked with under TF2 over the three years have exhibited over 8,103 vulnerability themes between them. As shown in the table below, the most frequently occurring were 'Children in need of help' (100% or all of the referred cases as required) and 'Health and wellbeing' (79% of the referred cases).

- 'Children in need of help' refers to families on the edge of social care, or after social care intervention, including children at risk of exploitation.

- 'Health and wellbeing' includes substance misuse and mental health issues.

Troubled Families Households referral reason (vulnerability theme) April 15 to March 18

District/ Borough	Community and Social Behaviour	Education	Children in need of help	Employment and financial exclusion	Healthy Relation-ships	Health and wellbeing
Eastbourne	82	139	567	338	227	426
Hastings	94	202	693	434	238	527
Lewes	52	136	461	225	165	374
Rother	45	120	409	241	137	339
Wealden	50	114	486	230	149	403
Grand Total	**323**	**711**	**2,616**	**1,468**	**916**	**2,069**
% of families	**12%**	**27%**	**100%**	**56%**	**35%**	**79%**

Source: Troubled Families Programme, East Sussex

7. Whole family resilience – economic inclusion

This section explores the Early Help theme of employability and financial exclusion. It builds on the deprivation and child poverty data in Section 4, by considering the prevalence, distribution and recent trends in factors associated with economic exclusion: income deprivation, temporary accommodation, lone parenting, unemployment, and lack of qualifications.

It shows recent increases in the number of East Sussex families and children in temporary accommodation which are significantly higher than national trends. The affordability gap between house prices and wages means that home ownership is unachievable for many parents. The percentage of lone parents is higher in Hastings and Eastbourne than the average for England and Wales.

In most parts of the county unemployment rates are below the England average, but they are higher in Hastings and Eastbourne. The County's economy lags behind the rest of the South East. In Hastings and Lewes, the highest level of qualification for the working age population is consistently lower than the England average rates, from Level 1 (NVQ) up to Level 4 (degree level) qualifications.

i. Income deprivation

The Indices of Multiple Deprivation (IMD) referred to in Section 4 includes specific figures on income deprivation. This measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes people who are out-of-work, and in work but who have low earnings (and who satisfy the respective means tests).

Income deprivation affects 13% (69,500) of people in the county compared to 10% regionally and 15% nationally (source: ESIF IMD 2015 Report). The Department for Education *Social mobility in Great Britain report 2017* named Hastings as an 'entrenched' social mobility cold spot, rated 299 of 324 local authority districts in England & Wales.

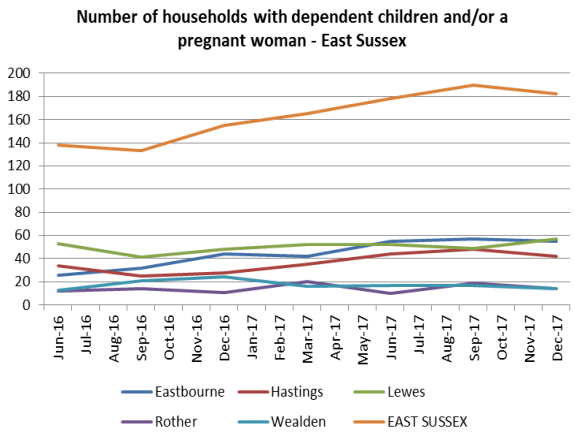
ii. Children in temporary accommodation or poor housing

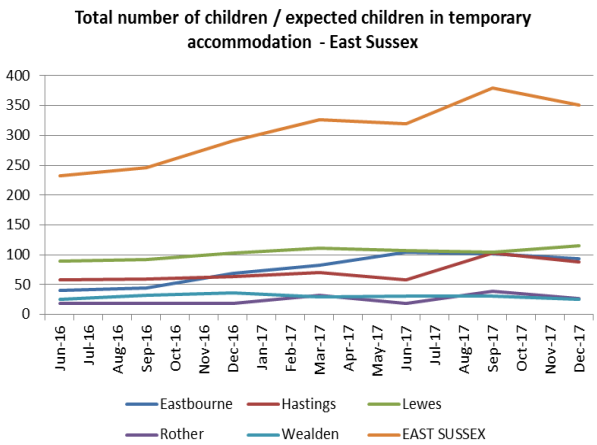
Experience of poor housing increases children's risk of ill-health and disability by up to 25%, increases the risk of mental health problems and problems with behaviour and is associated with lower educational attainment and ongoing poverty (*Shelter, Chance of a lifetime: the impact of bad housing on children's lives, 2006*).

The following graphs illustrate the rising number of families with children in temporary accommodation, and numbers of children in East Sussex from June 2016 to December 2017. In December 2017, the number of children in temporary accommodation in East

Sussex was 351. The numbers were highest in Lewes (116), Eastbourne (94), and Hastings (88). However, temporary housing may not be in the same neighbourhood as a family's previous address, therefore this information is being considered at county level for the purposes of assessing the needs of families in East Sussex.

Households with children, and children, in temporary accommodation arranged by the local authority at the end of the quarter June 2016 to December 2017





Source: ESCC data provided as a national indicator

Between December 2016 and December 2017 England saw only a small rise in families in temporary accommodation (0.46%) and the number of children in these households (1.33%). In the same 12 month period, the number of families in temporary accommodation in East Sussex increased by 17%, and the total number of children in these households increased by 21%.

Housing in the South East is high cost compared with other areas of the UK, and ESCC staff working with homeless families have reported decreasing numbers of private landlords willing to allow tenants paying via housing benefit (reported by the Operations Manager, CSD Countywide Duty and Assessment Team).

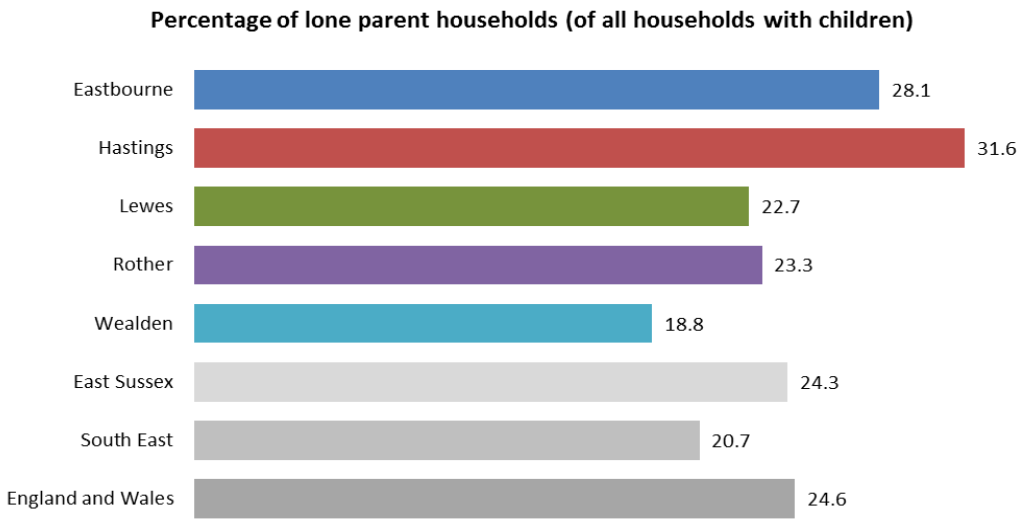
Due to the different housing supply across the county, the figures for families and children in temporary accommodation by district and borough are not necessarily illustrative of the proportion of need in those areas. However a steep rise in demand in Eastbourne and Hastings over 2017 demonstrates that financial hardship and lack of secure housing is a significant and increasing need experienced by families and children in East Sussex.

When low income families do have housing, it is not always suitable for their needs which may contribute to poor outcomes. In 2011, 20.5% of households in Central St Leonards ward had fewer rooms than required; this was over one third in parts of Devonshire ward, Eastbourne, compared with 8.7% in England and 7.5% in the South East (source: Census 2011, MHCLG live tables on dwelling stock).

iii. Proportion of lone parents

Almost 1 in 4 lone parents are out of work, (*Poverty and Social Exclusion, Economic and Social Research Council funded research, 2014*). Lone parent families are more likely to be low income, which is a risk factor for stress and a higher chance of poor mental health, with an impact on resilience and health and wellbeing.

The following table shows that East Sussex has a comparable proportion of lone parent households (24.3%) to England and Wales (24.6%). Hastings has a higher percentage of lone parent families (31.6%), followed by Eastbourne (28.1%).



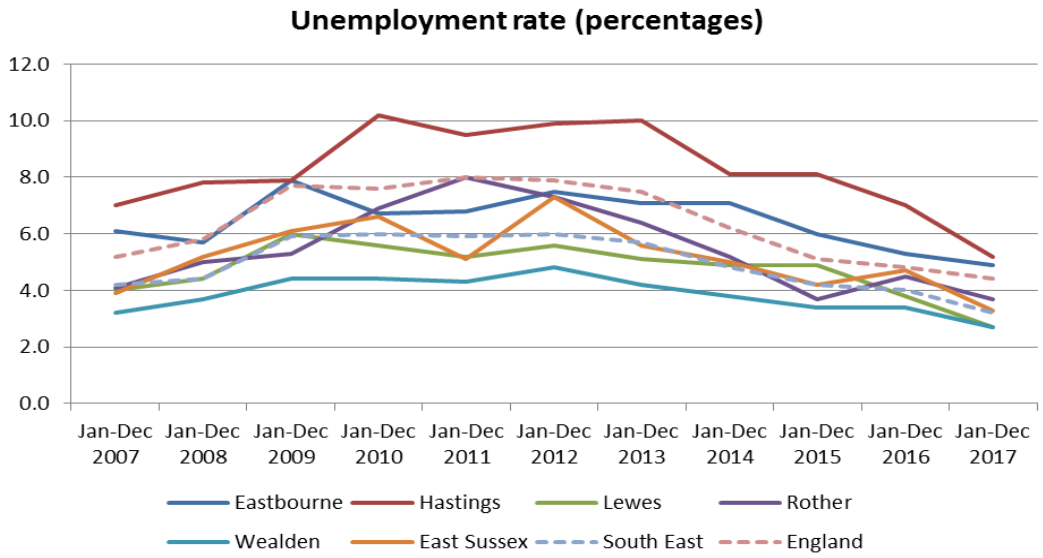
Source: ESIF household projections

The percentage of adults whose current marital status is separated or divorced is significantly higher compared to England across most the county, although similar to the England average in Wealden) – *source East Sussex JSNA*.

iv. Unemployment

In East Sussex, 12% (32,600) of the working age population experience employment deprivation. This is higher than the 9% in the South East region, but in line with England as a whole (12%) (source: ESIF IMD 2015 Report).

The following chart shows unemployment rates for the ten years from 2007. Unemployment rates in East Sussex reflect the downward England and regional trend since 2013. At the end of 2017, the rate in East Sussex (3.3%) was lower than the England average (4.4%). The rate was above the national average in Hastings (5.2%) and Eastbourne (4.9%), but lower in Lewes and Wealden (both 2.7%).



Source: ESIF Model-based estimates from Annual Population Survey data combined with Claimant Count data.

v. Highest level of educational qualification

A parent's level of education is likely to be linked to their ability to find employment and the salary level and security of their employment (Resolution Foundation, *The Changing Shape of the UK Job Market*, 2012).

The table below shows the percentage of the population which has at least each level of qualification, ranked in order from the highest to the lowest, and shows that:

- East Sussex qualification levels are broadly comparable to those for England averages up to Level 4 (degree level).
- In Hastings and Eastbourne qualification levels are consistently lower than the East Sussex average from Level 1 (NVQ) upwards.
- Level 4 (degree level) education qualification is notably lower than the England average (38.3%) in Eastbourne (28.1%) and Hastings (31.2%), and above average in Lewes (47.4%) and Wealden (42.8%).

Percentage of highest qualification for the working age population, 2005-2017

Area	No qualifications	Qualified to at least level 1	Qualified to at least level 2	Qualified to at least level 3	Qualified to at least level 4
Eastbourne	4.4	87.6	74.1	50.4	28.1
Hastings	6.5	84.5	73.3	54.6	31.2
Lewes	3.7	90.8	81.2	64.7	47.4
Rother	7.3	90.9	86.3	63.1	37.3
Wealden	5.1	90.5	79.5	62.0	42.8
East Sussex	**5.3**	**89.0**	**78.7**	**59.1**	**37.9**
England	**7.6**	**85.5**	**74.6**	**57.1**	**38.3**

Source: ESIF Qualifications of working age population 2017

8. Whole family resilience – community networks

This section explores the potential impact of a family's community and local support network, using information from a recent Wellbeing and Resilience Study as a snapshot of the prevalence and distribution of community resilience.

It indicates that community resilience is lowest in Hastings and Eastbourne. This is consistent with other indicators, although national comparators are not available.

i. Community resilience

Community resilience is about empowering individuals, businesses and community groups to take collective action to both increase their own resilience and that of others [and] come together to identify and support vulnerable individuals (*Cabinet Office, 2016*).

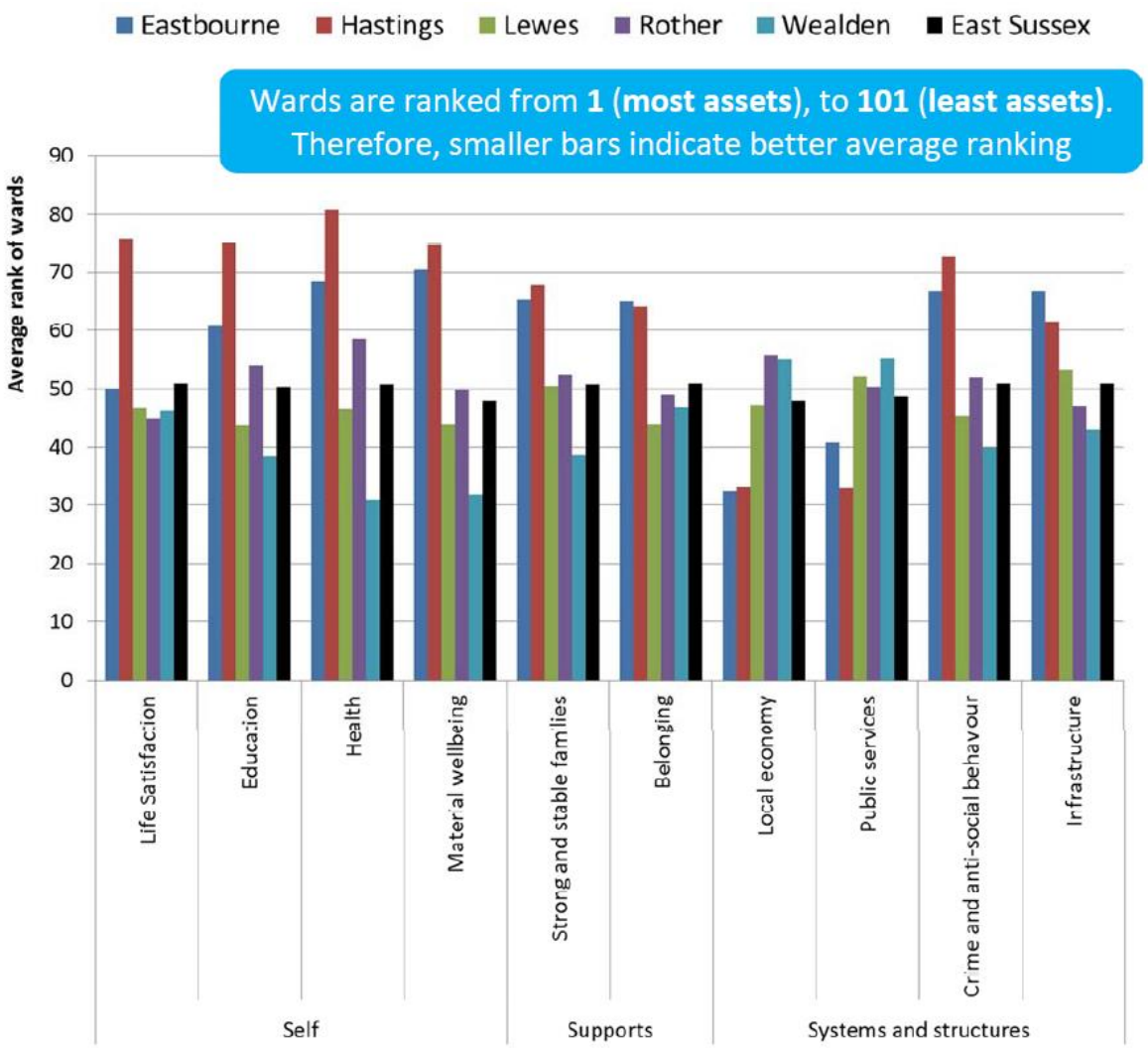
Families are more likely to need early help if they do not have access to a strong community and networks of information, advice, support and activities.

The Wellbeing and Resilience Measure (WARM) measures wellbeing and resilience at community level. WARM 2016, published in the 2016/17 *Wellbeing & Resilience in East Sussex Annual Report* includes the results from the first Community Survey.

The survey covered a range of wellbeing topics including: strong and stable families, life satisfaction and belonging. Community resilience was measured in terms of 'assets', with the 101 East Sussex wards ranked from being resilient/having many assets (1) to being less resilient / having fewer assets (101).

No national or regional comparisons are available, but the following can be learned from the WARM data, summarised in the following chart:

- The ranked strength and stability of their families was significantly lower in Eastbourne and Hastings than the rest of the county.
- The ranked sense of belonging to community was significantly lower in Eastbourne and Hastings than the rest of the county.
- Hastings has the worst average ranking for six out of ten components but the best average ranking for Public Services.
- Wealden has the best average ranking for six out of ten components but the worst average ranking for Public Services.



Source: 2016/17 [Wellbeing & Resilience in East Sussex Annual Report]

9. Parenting resilience – key parenting risk factors

This section considers the Early Help theme of parenting resilience. It considers key factors associated with of parenting vulnerability: mental health issues, substance misuse and domestic abuse.

It finds that the combination of the trio of needs, parent mental health, substance misuse and domestic abuse is associated with children's social care need, but is hard to measure the prevalence. However, extrapolating from the recent findings of a Children's Commissioner report, we believe there may be around 3,800 children in the county living with the 'trigger trio'.

Parental substance misuse is recorded as a contributory risk factor in a large proportion of children in need (CiN) cases in East Sussex, with 38.5% of the 2,160 CiN assessments in 2016/17 involving parental drug misuse and 33.8% involving parental alcohol misuse (it should be noted that there will be some cross over in these figures).

Two-thirds of Child Protection Plans in May 2018 had parental mental ill health recorded as a factor in the case. Numbers of child protection plans due to domestic abuse have been rising and this is the main reason for over a quarter of child protection plans.

Studies indicate a very high level of unmet need when there is alcohol or drug misuse in the family and this is particularly likely for families with older children.

The trigger trio of parental resilience factors are associated with deprivation. Families with very poor levels of parental resilience due to these factors are most likely to be on the cusp of requiring social care interventions and would therefore benefit most from early help support, in collaboration with specialist services as appropriate.

i. Trigger trio of parenting needs

Parenting resilience risk factors often include inter-related mental health, substance misuse, and domestic abuse issues (Department of Work and Pensions, *Improving Lives: Helping Workless Families*, 2018). According to a recent Children's Commissioner report (*Estimating the prevalence of the 'toxic trio', July 2018),* 420,000 children in England under 18 are in homes where all three toxic or 'trigger' trio issues are present to a 'moderate' or 'severe' extent. Using their ONS mid-year estimates for 2017; this equates to 3.5% of all children aged 17 years and under, or around 3,800 children in East Sussex. The Commissioner's report also estimated that about a quarter of these children live in homes with 'severe' parental mental ill-health, domestic abuse and parental drug and alcohol misuse.

Without Children's Services Early Help, these factors can lead to child neglect and child safety risks, and the need for statutory social care interventions.

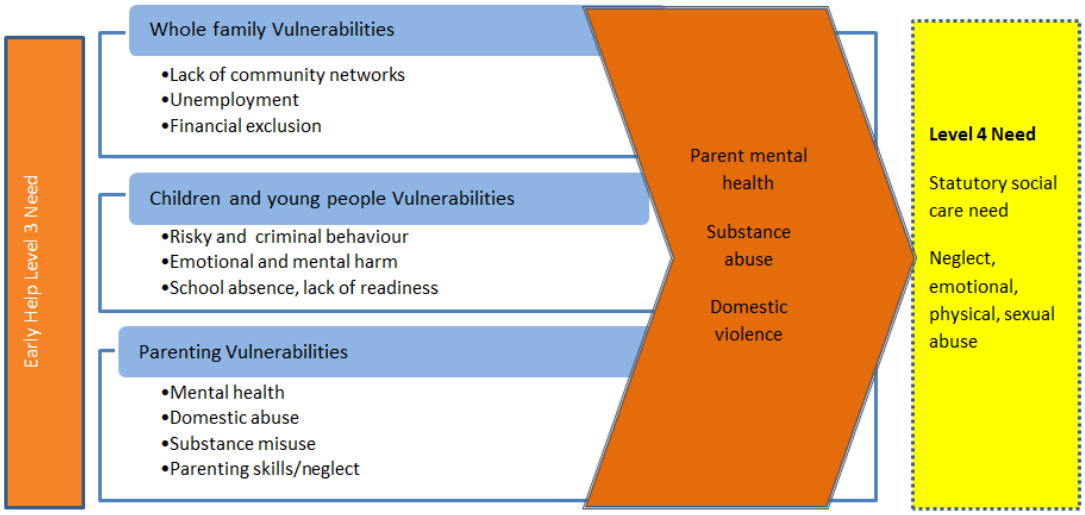
In the sixth phase of *The Association of Directors of Children's Services Safeguarding Pressures Research* (*November 2018*) evidence from 140 of the 152 local authorities in England revealed the extent of the trigger trio throughout the country. The report documents increasing child safeguarding activity. *"Domestic abuse, poor parental mental health and substance misuse are becoming more common amongst the children and families we work with and it is clear that without addressing unmet parental need we cannot make sustained improvements in the lives of children".*

Any of these three factors can be damaging to the welfare of every family member and present a risk of harm to children. If children are living with multiple parental difficulties, it is the 'multiplicative' impact of combinations of factors that have been found to increase the risk of harm to children, with family disharmony and domestic abuse posing the greatest risk to children's immediate safety and long-term wellbeing (*University of East Anglia, Neglect and Serious Case Reviews, 2013*). Children living with parents with these issues may also be reluctant to disclose what is happening as they are worried about the consequences, however the family environment often leads them to have mental health issues themselves, as well as poorer adult outcomes (see young carers' section 13ii).

As noted in the Joint Strategic Needs Assessment for co-existing mental health and substance misuses issues, at the present time we lack direct local indicators. The Children's Commissioner's analysis warns that the real trigger trio prevalence rate is likely to be higher than its estimate (at 3.5% of all children under 18) because the estimate cannot factor in when trigger trio issues are divided between the different adults within a household, rather than found in a single individual. However, the available research literature and Public Health England data demonstrates strong links between mental health, alcohol use and drug use. Most users of drug and alcohol services also experience mental health problems.

When we are considering the circumstances which may lead to 'children in need', we need to think about the full range of potential factors for families living in East Sussex, as illustrated in the diagram below.

Examples of Initial Thinking about Need



ii. Substance misuse - parents

Most parents who drink alcohol or take drugs do not cause harm to or neglect their children. However children living with parents with high levels of alcohol or drug use or addiction can be at greater risk.

In 2016/17, there were 729 alcohol and 831 drug misuse episodes identified as a risk factor by Social Workers completing Children in Need assessments, out of a total of 2,160 records in East Sussex. Regional and national proportions are provided below for comparison.

Risk factors identified in CIN assessments	Alcohol	Drugs
East Sussex	33.8%	38.5%
South East regional average	18.7%	19.4%
National (England) average	18.0%	19.7%

Source: Public Health England Problem parental alcohol and drug use toolkit

Note that these figures represent assessment information following a referral to children's social care. An assessment may have more than one factor recorded and many cases will have both alcohol and drug use as risk factors.

National analysis indicates that 7% of young carers are looking after a parent or relative with drug or alcohol use problems. Of these, 28% had received an assessment and 40% were missing school, or had other indicators of educational difficulties (*Dearden & Becker Young Carers in the UK 2004*).

The *Department for Education's children in need census* showed that in 2016/17, drug use was assessed as a factor in 19.7% of cases and alcohol use a factor in 18%.

Parental alcohol and drug use is a common factor in serious case reviews (local enquiries into the death of, or serious injury to, a child where neglect or abuse is known or suspected). In a recent analysis, problem parental alcohol and drug use were present in over a third of reviews (37% and 38% respectively), with at least one of these in present 47% of cases (*Pathways to harm, pathways to protection, analysis of SCRs 2011-14*).

Research has shown that responses to referrals about children with alcohol and drug using parents are often only made when matters have reached a child protection level, rather than providing early support to a child in need (*Nagle & Watson Parental substance misuse: An Islington perspective 2008*).

A rapid evidence review on the potential impacts on children of parental alcohol and drug use found that the main evidence was around child substance misuse and externalising difficulties (*McGovern et al Addressing the impact of nondependent parental substance misuse upon children* 2018).

Data for the Public Health England (PHE) toolkit used in this section comes from the National Drug Treatment Monitoring System (NDTMS), alongside the estimates of local prevalence for alcohol and opiate dependence. Rates of met need are calculated by dividing

the number of alcohol or opiate users in treatment living with at least one child by the prevalence estimate. *Link to full PHE toolkit*.

iii. Alcohol - parents

In 2017 PHE commissioned the University of Sheffield to provide estimates for number of dependent alcohol users with children living in the household and the number of children in those households (PHE *Alcohol dependence prevalence in England*).

Adults with an alcohol dependency	East Sussex Prevalence	East Sussex Treatment	East Sussex % met need	Benchmark %	National %
Total number of adults with a dependency who live with children	1,066	239	22%	20%	21%
Total number of children who live with an adult with a dependency	1,962	428	22%	21%	21%

Source: Public Health England Problem parental alcohol and drug use toolkit

Figures for East Sussex are comparable to national averages and benchmarks. This national research highlights the large numbers of children living in households with alcohol-dependent parents whose needs are not currently being recognised or met according to the researchers.

iv. Drugs - parents

Liverpool John Moore's University were commissioned by PHE to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households (*PHE Estimates of the number of children who live with opiate users, England 2014/15*).

	East Sussex			Benchmark	National
Adults with an opiate dependency	Prevalence	Treatment	% met need	%	%
The number of women with a dependency who live with children	181	118	65.2%	82.1%	59.5%
The number of children who live with a woman with a dependency	314	210	66.9%	78.3%	60.5%
The number of men with a dependency who live with children	218	113	51.8%	59.2%	47.6%
The number of children who live with a man with a dependency	389	190	48.8%	58.4%	48.8%
Total number of adults with a dependency who live with children	399	231	57.9%	67.2%	51.7%
Total number of children who live with an adult with a dependency	703	400	56.9%	65.3%	52.8%

Source: Public Health England Problem parental alcohol and drug use toolkit

Note that any opiate dependency treatment delivered through hospitals or primary care will not be recorded on this NDTMS data.

Estimated prevalence of opiate and/or crack cocaine use – only collected 2011/12 and 2014/15

Area	2011/12	2014/15	% change
East Sussex	2,152	2,296	6.7%
England	293,879	300,783	2.3%

Source: Public Health England Problem parental alcohol and drug use toolkit

The most recent data shows an increase in the use of these Class A drugs in East Sussex which is above the national increase for 2011/12 to 2014/15.

The East Sussex SWIFT Drug and Alcohol team had an average of 126 open cases at a given time during 2017/18, where they were offering interventions to parents of school aged children subject to a social care referral.

v. Co-existing mental ill health and substance misuse

East Sussex performs less well than the South East average for the estimated percentage of adults with alcohol dependence (latest data available is 2014/15, *PHE Fingertips*). East Sussex scores 1.2, equivalent to 5,297 adults per 100,000 population, whereas the South East average is 1.11, and Brighton and Hove is 1.94 per 100,000); no trends available.

Mental health problems are common among those needing treatment for alcohol misuse and alcohol misuse is common among those with a mental health problem. The figures show the numbers of adults (aged 18 plus) in East Sussex and in England, who when they entered specialist alcohol or drug treatment, were receiving treatment from mental health services for reasons other than substance misuse at the time of assessment. The proportion shown is the number of adults with both mental health and substance misuse problems as a percentage of all the adults receiving specialist substance misuse treatment. Only the last two years of data are comparable following some changes in data collection.

Concurrent mental health issues and services for alcohol misuse

	2015/16		2016/17	
	Number	As % of patients treated for alcohol misuse	Number	As % of patients treated for alcohol misuse
East Sussex	288	49.7	226	55.0
England	11,365	20.8	11,035	22.7

Source: Public Health England

Concurrent mental health issues and services for drug misuse

	2015/16		2016/17	
	Number	As % of patients treated for drug misuse	Number	As % of patients treated for drug misuse
East Sussex	299	46.9	314	54.2
England	16,942	22.1	17,565	24.3

Source: Public Health England

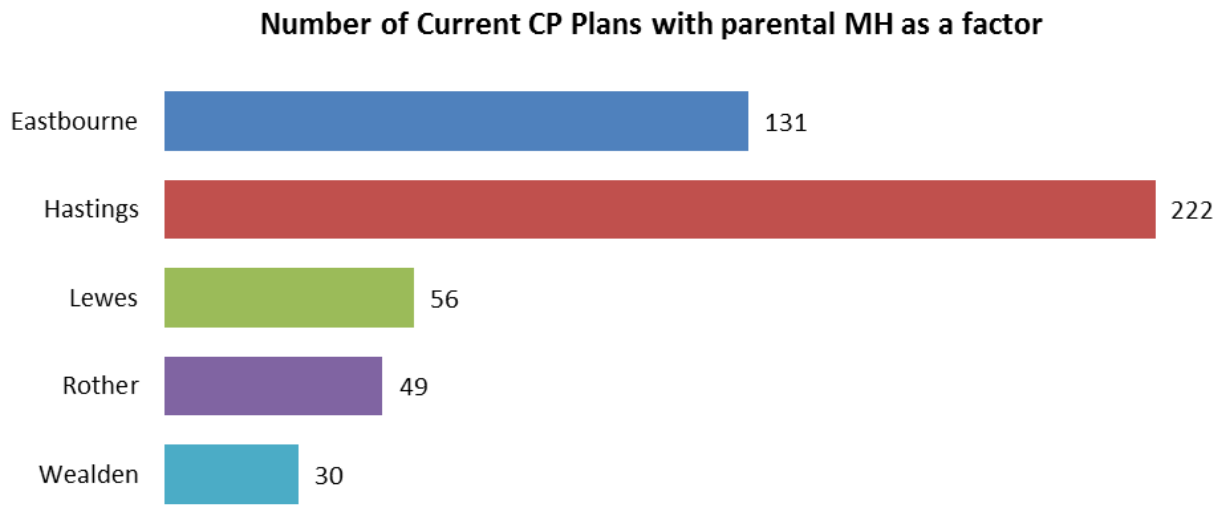
These figures show that a higher than expected proportion of adults receiving treatment for serious substance misuse also have mental health problems; more than half for both drugs and alcohol treatment.

vi. Parental mental health

A recent snapshot (May 2018) of all current Child Protection Plans for East Sussex children showed that parental mental health issues are a recorded factor in two-thirds of cases.

Area	MH issues not recorded	MH is recorded as a factor	Total number of CP Plans	MH factor as % of all cases
Eastbourne	39	92	131	70.2%
Hastings	81	141	222	63.5%
Lewes	18	38	56	67.9%
Rother	21	49	70	70.0%
Wealden	23	30	53	56.6%
Grand Total	**182**	**350**	**532**	**65.8%**

Source: ESCC Children's Social Care data May 2018

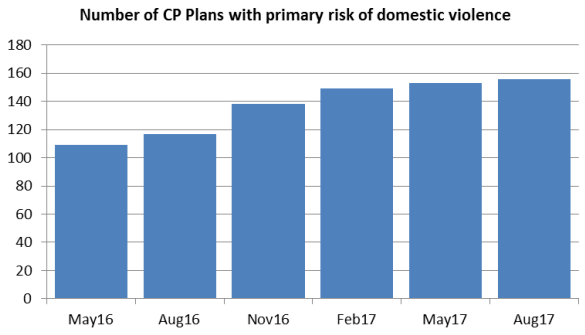


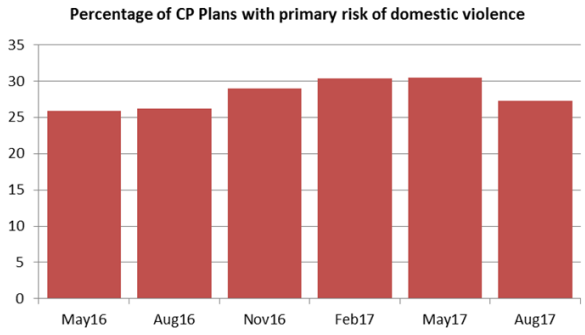
Source: ESCC Children's Social Care data May 2018

vii. Domestic abuse

The charts below use the latest available data on child protection plans for which the primary reason was domestic abuse:

- Numbers of child protection plans due to domestic abuse have been rising in the 16 months since May 2016, to 156 plans in August 2017.
- Domestic abuse is the key identified risk for over a quarter of child protection plans.





Source: ESCC Children's Services Social Care Data May 2018

10. Parenting resilience – additional considerations

This section considers indicators of parenting capability and a positive home environment: maternal smoking, children admitted to hospital with injuries and crime.

In Hastings, 19% of new mothers smoke, with an East Sussex average of just under 12%.

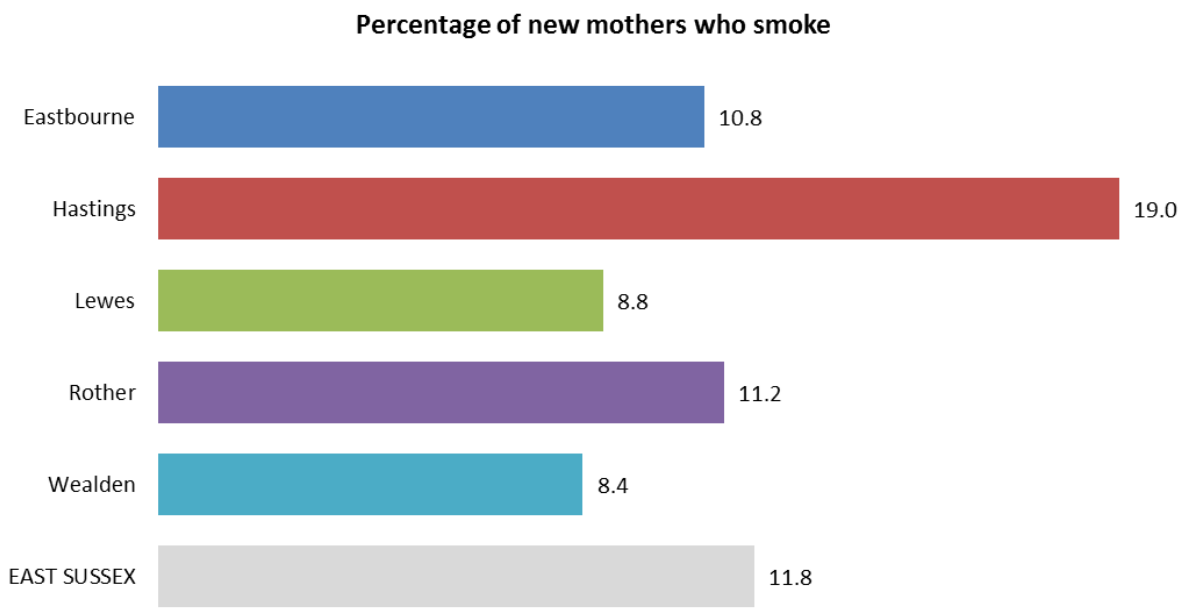
Teenage pregnancy can be an indicator of previously unmet Early Help need and future parenting vulnerability. East Sussex rates of teenage conceptions have fallen below average England rates (19 per 10,000 population), but in Hastings they remain notably higher (25 per 10,000).

Admissions of children to hospital for injuries are consistently higher in East Sussex than the region and England, rising in 2016/2017, and highest in Rother, Hastings and Eastbourne.

In areas in Hastings and Eastbourne the crime domain of the indices of multiple deprivation (violence, burglary, theft and criminal damage) is in the highest 10% in the country.

i. Maternal smoking

Health Visitors record whether a new mother is smoking at the time of birth. There are strong links between poor mental health and smoking, alcohol use and drug use (*Mental Health Foundation research*). The percentage of new mothers who were recorded as smoking is shown below, by district and borough. In Hastings, 19% of new mothers smoked, with an East Sussex average of just under 12%.

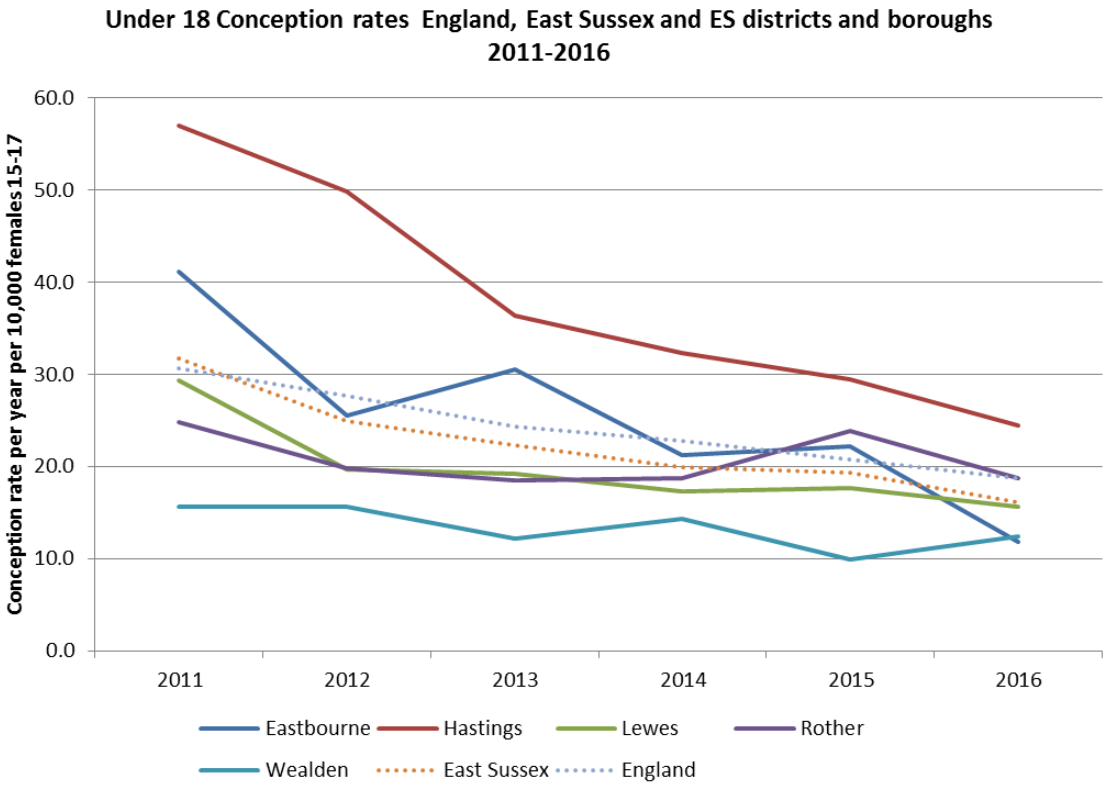


Source: HV data numbers of new mothers smoking March 2017 to March 2018

ii. Teenage conceptions

Teenage conceptions and pregnancy can be an indicator of previously unmet early help need and future parenting vulnerability which may benefit from early help. The graph below shows conception rates per 10,000 population of 15-17 year olds between 2011 and 2016.

- East Sussex rates of teenage conceptions have fallen from 31.8 per 10,000 in 2011 population to 16.1 in 2016, below the England average (18.8).
- In 2016, the teenage conception rate in Hastings remained the highest in East Sussex (24.5 per 10,000 population), and although reducing each year from a 2011 rate of 57.0 per 10,000, it is still well above the England average (18.8).



Source: Public Health Outcomes Framework, Public Health England

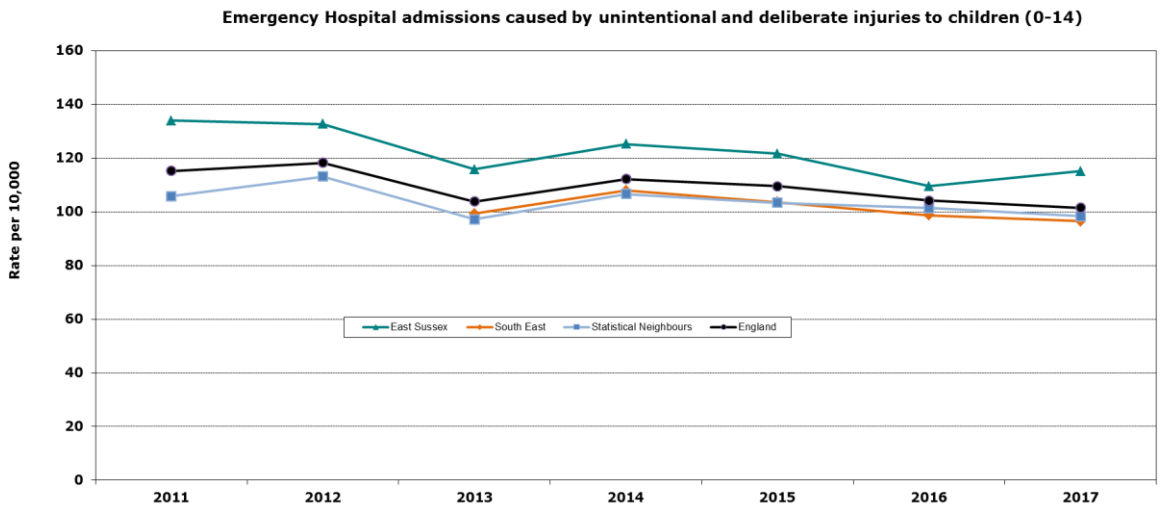
iii. Hospital admissions – injuries to children

The following chart and table show hospital admissions following injuries to children per 10,000 population, between 2011 and 2017.

Admissions have consistently been higher in East Sussex than the South East region and England, rising to 155 per 10,000 population in 2016/17, compared to 126 in England:

- Hastings, Rother and Eastbourne have consistently had worse outcomes that the England average for this indicator.

- In 2017 Rother had 215 admissions per 10,000 population and Hastings 187, compared to the England average of 126.
- In the past three years only Lewes has had better outcomes in this area than the England average.



Source: LAIT website

Hospital admissions caused by unintentional and deliberate injuries, 0-4 years, rate per 10,000 population, by district and borough (as data available)

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
England	143	148	135	141	137	130	126
East Sussex	192	178	154	182	169	148	155
Eastbourne	188	191	172	192	168	158	153
Hastings	281	241	202	274	241	176	187
Lewes	165	136	119	129	117	105	104
Rother	216	193	156	231	200	170	215
Wealden	135	142	128	115	132	135	133

Local data comparative to England overall

Worse	Similar	Better

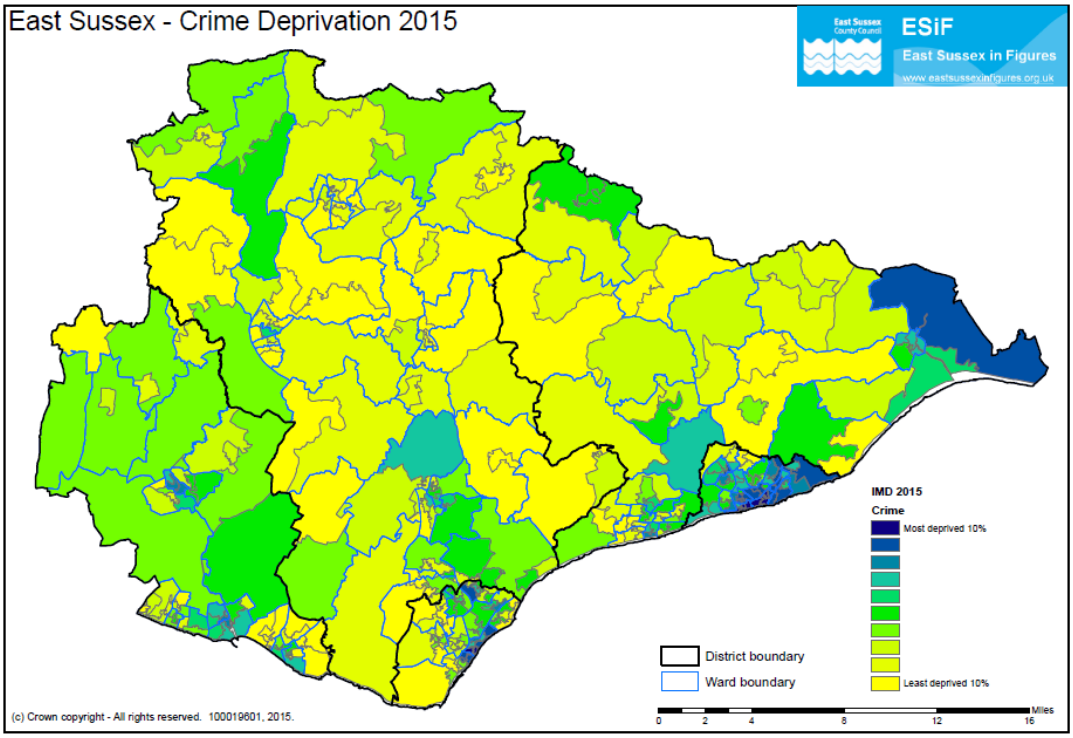
Source: Public Health Outcomes Framework, Public Health England

iv. Crime domain deprivation

Crime by parents is one of the vulnerabilities considered in the Troubled Families Programme.

Crime is included in the Indices of Multiple Deprivation (IMD) considered in Section 4, but the crime domain can be shown separately.

The map below is based on Home Office data about violence, burglary, theft and criminal damage from 2013/14. It shows that in areas of Hastings and Eastbourne, the crime domain of the IMD is in the highest 10% in the country.



Source: ESIF 2018

v. Mental wellbeing

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing that focuses on the positive aspects of mental health. A WEMWBS community survey was carried out for East Sussex in the *Wellbeing & Resilience in East Sussex Annual Report (2016)* by the Director of Public Health. The questionnaire was sent to 42,316 East Sussex addresses, with a 36% return rate.

The aggregated results form an average WEMWBS score on a scale that runs from 14 (the lowest level of mental wellbeing) to 70 (the highest level). For East Sussex, the mean mental wellbeing score was:

- 50.0 across all East Sussex respondents, in line with the latest national data for England (50.8 average score).
- Highest in Wealden (51.0) and lowest in Hastings (48.5) and Eastbourne (48.9).
- Only 47.5 among those aged 18-24 rising to 51.5 among those aged 65-74, before falling to 48.8 among the oldest residents aged 75+.
- Lower for social tenants (43.7) and private renters (47.9) than owner occupiers (51.2).
- Lower for those with no qualifications (47.9) than qualified to A or higher levels (52.2).

This survey does not indicate significantly differing needs across the county, possibly as respondents are self-selecting, and has been included for reference only.

11. Parenting resilience – child safety and need for social care

This section explores the need for social care, using Children in Need or CiN (Level 4) data.

The prevalence of children requiring social care interventions indicates unmet early help needs. Younger and older children have differing needs. Older children requiring interventions due to difficult home circumstances are more likely to be missed, with 0-5 year olds being assessed and monitored through Health Visiting.

The rates of referrals to Children's Social Care decreased in 2012-2015 following investment in early help. However, in line with similar counties, it then increased in 2016-2017, suggesting a rising need for early help.

The reasons for child protection plans can show the specific early help needs which should be targeted to avoid the need for social care intervention. The most frequently used categories under which child protection plans are made are emotional abuse and neglect. These risks usually have an identified association with the trio of parental behaviour needs: mental ill health, substance misuse and domestic violence.

Analysing the CiN data at ward level reveals pockets of potential early help need.

i. Specific parenting needs of 0-5 year olds

Children aged 0-5 have specific needs, with specific vulnerabilities due to their age. They are entirely reliant on the parents and carers around them. If very young children are neglected, they are more likely to die than older children. Children with conditions such as ADHD may not have been diagnosed at this age, and mental health services do not work with children this young. At this age, the child's development needs are primarily addressed through family interventions which support positive and confident parenting.

ii. Potentially unrecognised needs of older children

Ofsted's third joint targeted area inspection programme resulted in a report *Growing up neglected: a multi-agency response to older children*, July 2018. For the purposes of the report, 'older' children were aged 7 to 15 years old.

The report highlighted the need for a greater awareness of the neglect of older children, often due to domestic abuse or parental substance misuse and/or poor mental health. This neglect can be masked when professionals assume that the problem lies with the young person, who may be exhibiting poor mental and physical health, difficulties with interpersonal relationships, offending or risky behaviour and /or substance misuse.

iii. Early help and children in need

Early help enables families to look after their children themselves. When early help needs are not supported, families' Level 3 needs can escalate into child safety concerns and the children being in need of statutory social care intervention. The prevalence of children in need indicates the likelihood of unmet early help needs.

Children in Need (Level 4) are those who East Sussex County Council has a statutory duty to help and protect, safeguarding them from significant harm. Some children in need are placed on formal child protection plans and some become looked after children.

iv. Child social care data

The section below gives East Sussex County Council child social care data 2013 – 2017, including referrals requesting social care intervention per 10,000 population, re-referrals of the same child more than once, the number of children in need, child protection plans and looked after children per 10,000 population.

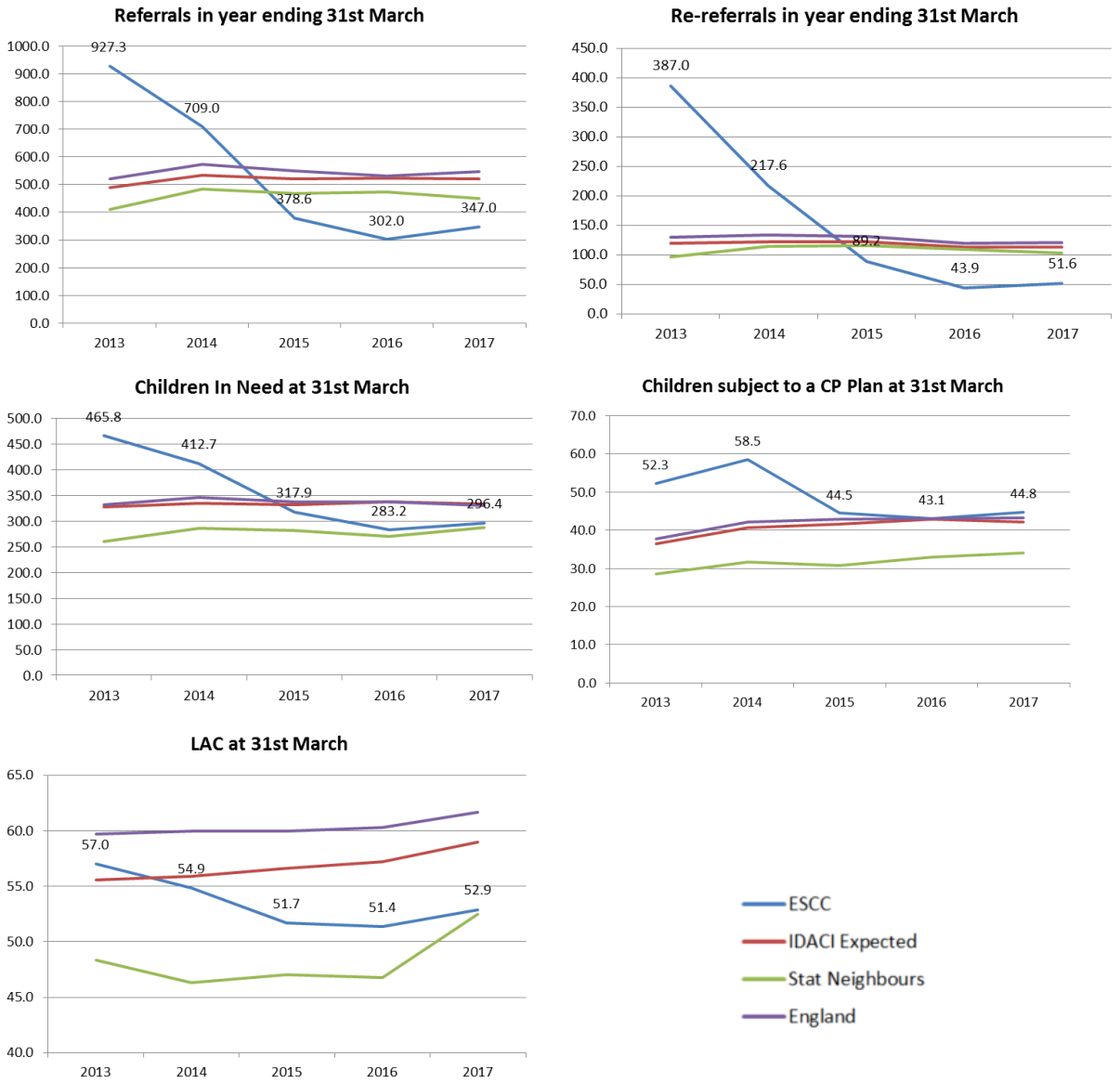
It compares East Sussex care data to:

- England
- Statistical neighbours (counties similar in nature to East Sussex)
- Expected rates calculated using child deprivation statistics based on Income Deprivation Affecting Children (IDACI) scores.

A district / borough breakdown is not available. The data shows:

- A downward trend of referrals and re-referrals for intervention, and Children in Need, between 2012 and 2016, to lower than all comparators. This follows investment in Children's Services Early Help and other changes to Children's Services through the Thrive Programme.
- An increase in referrals from 2016 (302 per 10,000 population) to 2017 (347), and re-referrals from 2016 (44 per 10,000 population) to 2017 (52).
- An increase in children in need in 2017 from 289 to 296 per 10,000 population rising into line with statistical neighbours.
- Child protection plans had been at a consistent rate since 2015, at 43-44 per 10,000 population, although there has been a recent upward trend.

Social care data – referrals, re-referrals, children in need, child protection plans and looked after children, rates per 10,000 population 2013-2017



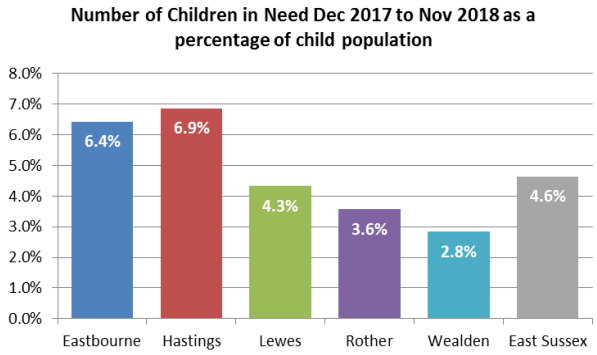
Source: East Sussex County Council Social Care System

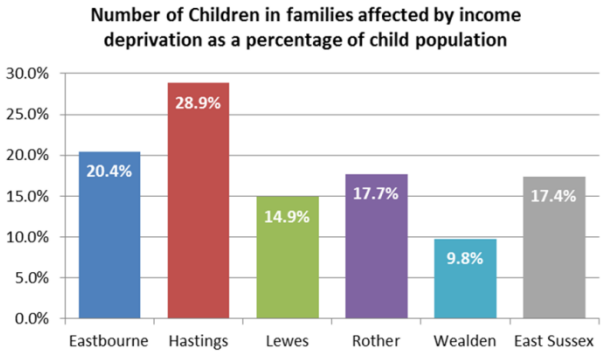
A snapshot of ESCC Children In Need relating to social care (CiN) as of November 2018 shows the number of CiN broken down by district or borough for the child's address. This can then be represented as a percentage of the total population of children under the age of 18 years (most recent ONS estimate) to give an indication of the rate of CiN by area.

Area	Number of CiN aged 0-17	0-17 Population total	CiN as a percentage of 0-17 population
Eastbourne	1,281	19,935	6.4%
Hastings	1,331	19,376	6.9%
Lewes	862	19,944	4.3%
Rother	573	16,082	3.6%
Wealden	872	30,708	2.8%
East Sussex	4,919	106,045	4.6%

Source: East Sussex County Council Social Care System, 2017 ONS population estimates

Children living in Hastings and Eastbourne are more than twice as likely to be Children in Need (rates of 6.9%, 6.4%) as children living in Wealden (2.8%) as shown in the chart on the left. These numbers were based on the total number of individual children aged 0-17 who were registered as CiN at any point over the period December 2017 to November 2018.





Source: ESCC CiN Dec17 to Nov18 / ONS 0-17 Population estimates 2017 (latest)

Source: IDACI 2015, Children affected by income deprivation / ONS 0-15 Population estimates 2017 (latest)

These rates by area can be compared with the IDACI numbers for the percentage of children living in families affected by income deprivation (chart on the right).

The two charts suggest some correlation between child income deprivation and the likelihood of a child requiring social care intervention; one key exception is the Rother figures (where we would expect a greater number of children to be CiN from the proportion of children living in families affected by income deprivation).

The CiN data can be further analysed at ward level to show pockets of potential early help need which are otherwise disguised within the district / borough level data.

The following table gives only the 30 East Sussex wards with 50 or more children recorded as CiN at any point over the period Dec 2017 to Nov 2018, also as a percentage of the latest population estimate for the ward. This gives a focus on those wards with the greatest number of children who are likely to benefit from early help support. Eastbourne has several larger wards so has comparatively high numbers of CiN per ward compared with Hastings.

The figures as a percentage of total population of 0-17 year olds for each ward can be compared with the average for East Sussex for this measure, which is 4.6%.

District or borough	Ward	Estimated number of children aged 0 -17 years	Total no.of CiN by postcode Dec17 - Nov18	% of CiN per population of 0-17 year olds	Ranking for number of CiN per ward
Eastbourne	Devonshire	2841	225	7.9%	1
Eastbourne	Hampden Park	2707	221	8.2%	2
Eastbourne	Langney	2517	203	8.1%	3
Eastbourne	St Anthony's	2552	135	5.3%	6
Eastbourne	Sovereign	2200	119	5.4%	9
Eastbourne	Old Town	2692	114	4.2%	11
Eastbourne	Meads	1432	113	7.9%	12
Eastbourne	Upperton	1420	93	6.5%	15
Eastbourne	Ratton	1574	58	3.7%	24
Hastings	Baird	1439	183	12.7%	4
Hastings	Tressell	1509	134	8.9%	7
Hastings	Central St L	1178	132	11.2%	4
Hastings	Gensing	1297	123	9.5%	9
Hastings	Hollington	1719	115	6.7%	10
Hastings	Wishing Tree	1259	104	8.3%	13
Hastings	Castle	1298	99	7.6%	14
Hastings	Braybrooke	1100	77	7.0%	17
Hastings	Ore	1222	71	5.8%	19
Hastings	West St L	1130	71	6.3%	19
Hastings	Ashdown	1336	53	4.0%	27
Lewes	N’ven Denton & Meeching	1970	157	8.0%	5
Lewes	Newhaven Valley	964	75	7.8%	18
Lewes	Ouse Valley & Ringmer	1241	67	5.4%	20
Lewes	E Saltdean & T Cliffs	1553	61	3.9%	22
Lewes	Peacehaven North	984	60	6.1%	23
Lewes	Peacehaven West	805	54	6.7%	26
Lewes	Lewes Priory	1788	51	2.9%	28
Rother	Sidley	1467	123	8.4%	7
Wealden	Hailsham South & West	1852	120	6.5%	8
Wealden	Hellingly	1924	81	4.2%	16
Wealden	Hailsham East	772	63	8.2%	21
Wealden	Polegate North	1336	60	4.5%	23
Wealden	Pevensey & Westham	1893	57	3.0%	25

Source: ESCC Social Care data 2018 / ONS population estimates 2017

Over the period covered, Eastbourne and Hastings have an almost equal level of need with a total of 1,281 and 1,331 CiN respectively in all their wards.

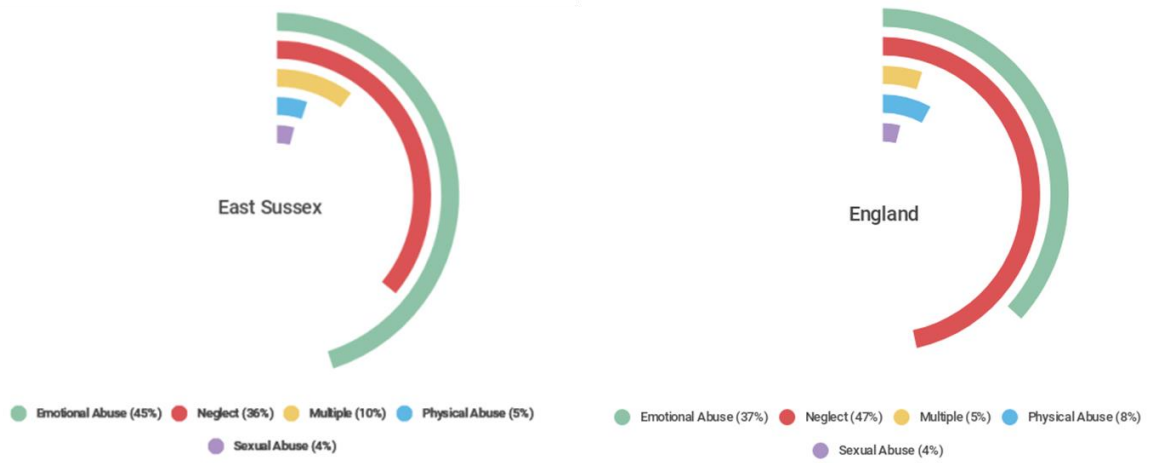
The two Newhaven wards have very high numbers of CiN at 157 and 57, or a rate of 8.0% and 7.8%. The Ouse Valley and East Saltdean are also high at 67 and 61 CiN, although against larger populations. Peacehaven North and West wards have 114 CiN between them. In Rother, Sidley is the only ward with high numbers, 123 or 8.4% of the 0-17 population. In Wealden, Hailsham South and West has 120 CiN (6.5%), and Hellingly has above average numbers. The majority of these figures might be expected from other indicators of deprivation.

v. Categories of child protection plans

The categories for child protection plans can show the specific early help needs which should be targeted to avoid the escalation of risk which might lead to social care intervention. As can be seen in the charts below:

- The categories under which child protection plans are made are emotional abuse (45%), usually associated with domestic abuse, and neglect (36%), usually associated with the trigger trio of needs: mental ill health, substance misuse and domestic abuse.
- Together (81%) they are very similar to the England average (84%)

Child Protection Plans by category of abuse, March 2018



Source: East Sussex County Council Social Care System, nationally published data Characteristics of Children in Need 2018

12. Child and young person resilience - education

This section considers children and young people's educational attendance and progress, an early help theme. Children and young people's vulnerability is indicated by unauthorised absence, exclusion from school, not being in education, employment or training at 16 or 17 years old, and overall by education/skills/training deprivation. A child with special educational needs and disabilities (SEND) can present additional vulnerability and their additional needs can place extra pressures in the family, leading to a need for early help. There are higher rates of children with SEND in Eastbourne and Hastings and we will consider this need regarding specific support for young people, in particular our targeted youth clubs.

School absence is higher in East Sussex than in England and similar counties, and has been rising. It is highest in Hastings.

East Sussex has higher rates of exclusion than the regional and national averages, and similar counties. The number was rising between 2013/14 and 2015/16.

Despite poorer rates of absence and exclusion that England and other similar counties, rates of participation in education employment and training for 16 and 17 year olds have been comparatively high in East Sussex, and have been rising. Hastings and Eastbourne show the lowest rates of participation.

Neighbourhoods in Rye, Hastings, Eastbourne, Hailsham and Peacehaven are amongst the 10% most deprived in the country (for educational achievement and progression).

i. School attendance

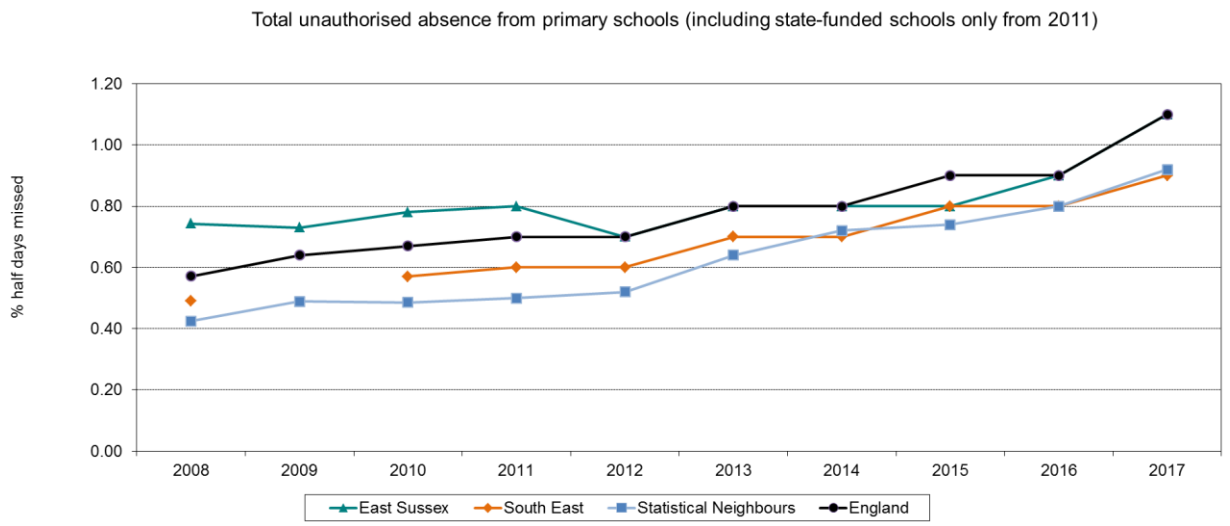
The following table shows rates of unauthorised school absence in 2016/17, while the following chart compares East Sussex data from 2008-2017 to rates of unauthorised absence in England and similar counties:

- In East Sussex in 2016/17, 7,017 (12%) of children were absent from school at least 10% of the time.
- Absence was highest in Hastings with 1,603 (14.3%) children absent at least 10% of the time. Eastbourne and Lewes district follow with relatively high rates, with lower rates in Rother and Wealden.
- Total unauthorised absence has been consistently higher in East Sussex than in similar counties and England and at secondary level has been rising since 2015.

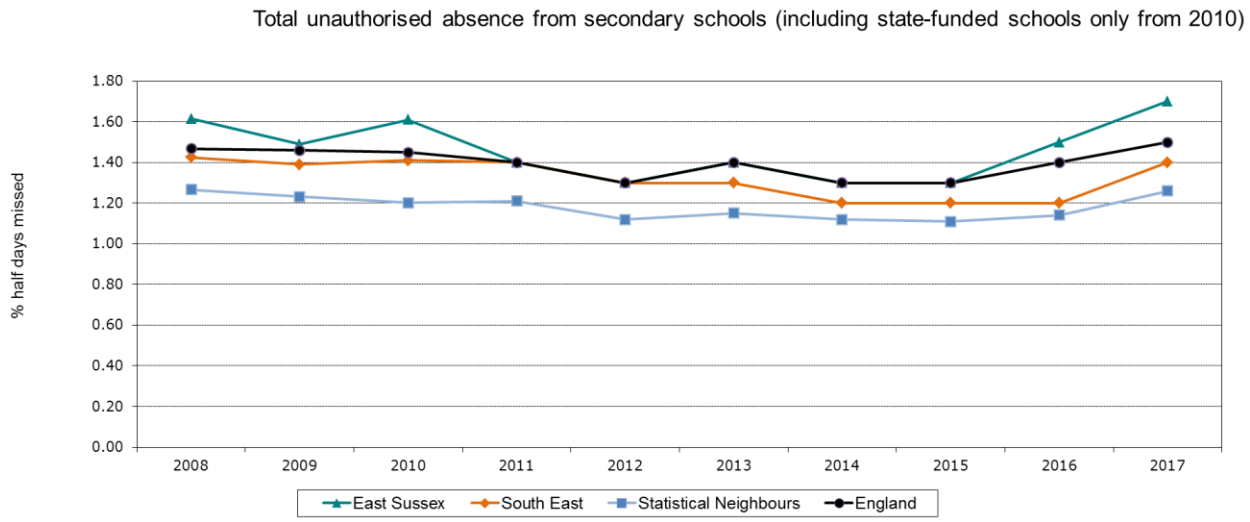
Unauthorised school absences 2016/2017 academic year all school age pupils

	10% absence or more	Total	>10% absence as a %
Eastbourne	1,437	11,475	12.5%
Hastings	1,603	11,215	14.3%
Lewes	1,346	10,609	12.7%
Rother	925	8,680	10.7%
Wealden	1,706	15,792	10.8%
Grand Total	**7,017**	**57,771**	**12.1%**

Source: ESCC Access database 2016/17 academic year



Source: DFE 2018/LAIT

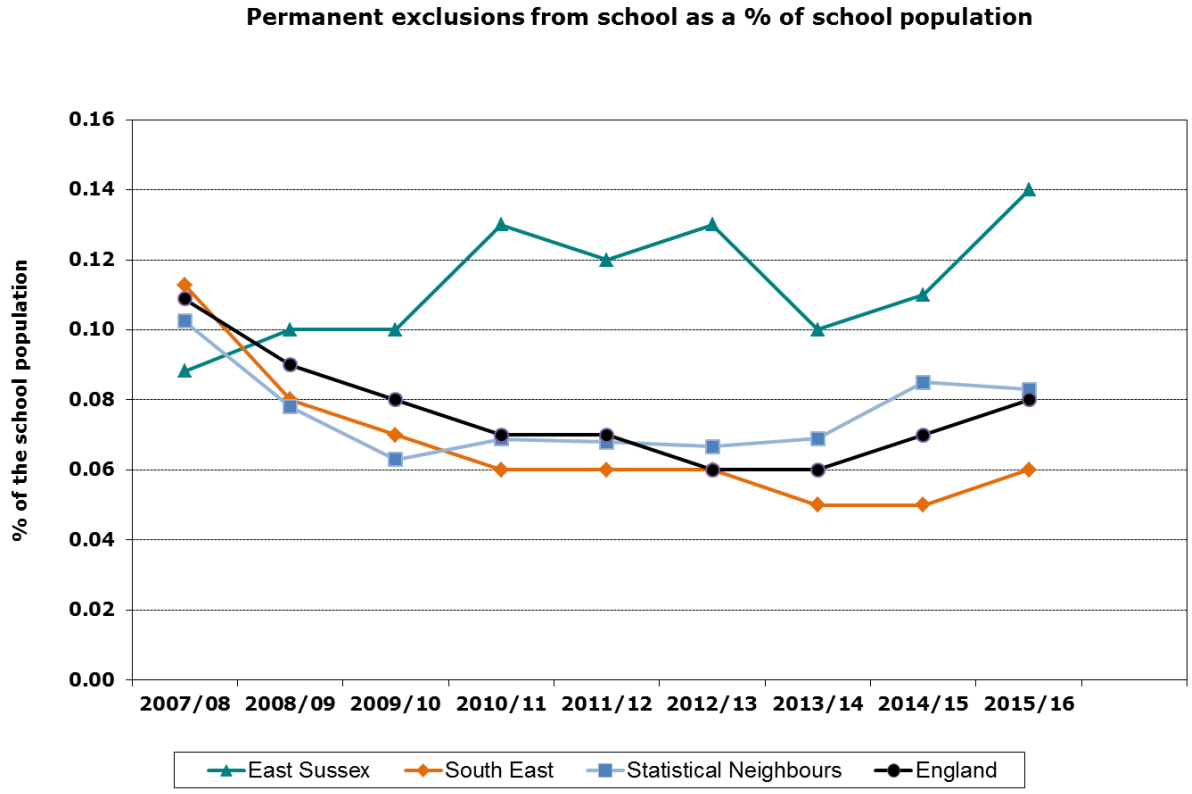


Source: DFE 2018/LAIT

LAIT is the Department for Education Local Authority Interactive Tool; this is an interactive spreadsheet for comparing data about children and young people across all local authorities in England

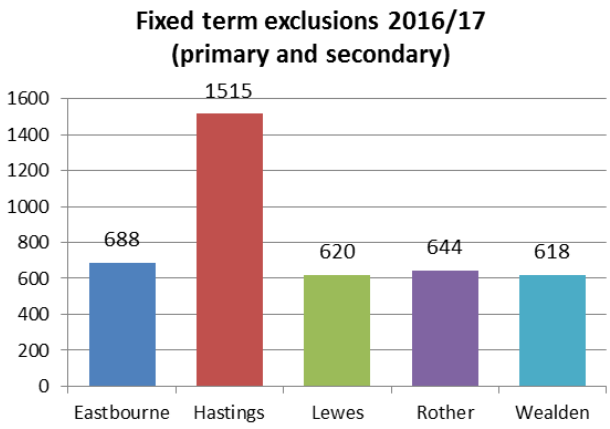
ii. Exclusions from school

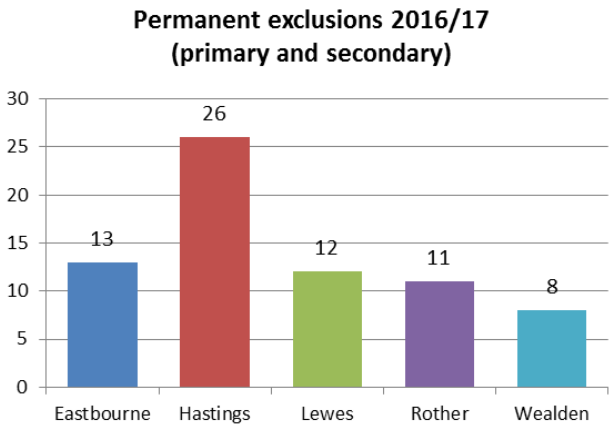
The chart below shows East Sussex exclusions from 2007/08 to 2015/16, comparing them to the regional average, England and similar counties. East Sussex has higher rates of exclusion than the regional and national averages, and similar counties. The number was rising to 2015/16.



Source: DFE 2018/LAIT

Hastings has more than twice as many fixed term and permanent exclusions than any other East Sussex district or borough.





Source: ESCC Access database 2016/17 academic year

The Hastings Opportunity Area Partnership Board has been funded by the Department for Education, and tasked with improving social mobility in Hastings. In their *Delivery Plan* the Board notes that Hastings falls behind in many education success measures, however they also recognise pockets of excellent education in Hastings, partly attributing the fact that so few young people progress to low parental expectations.

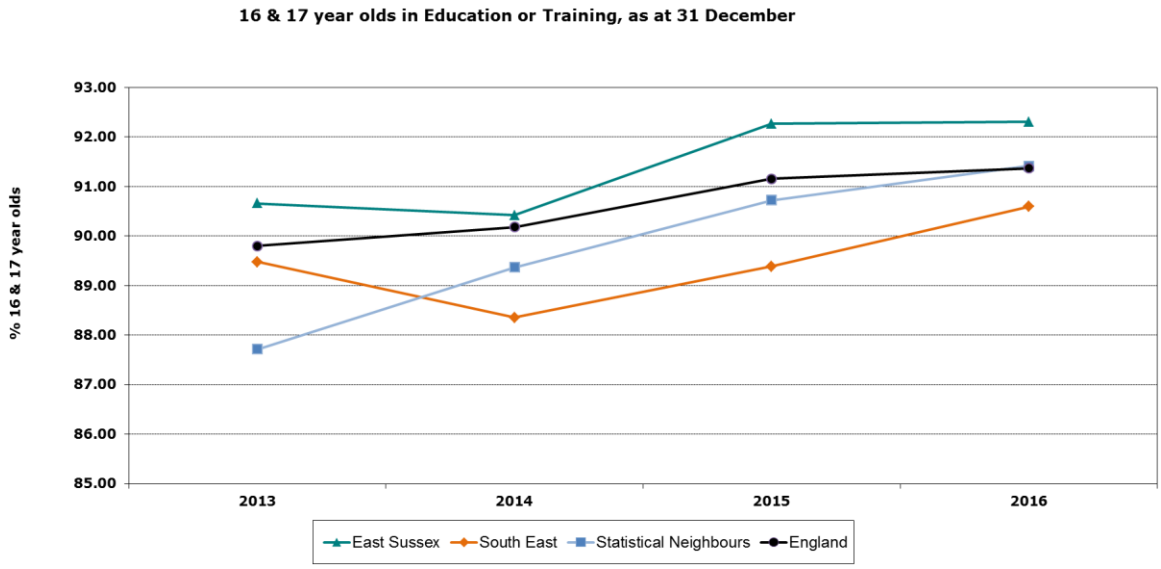
iii. Young people over 16 Not in Education, Employment or Training (NEET)

The chart below compares the percentage of 16 and 17 year olds who were in education, employment and training in East Sussex with the regional, England and similar counties between 2013 and 2016.

The following table below shows the numbers and percentage of 16 and 17 year olds living in East Sussex who were not in education, employment or training in March 2018.

- In Autumn 2016, 92% of 16 and 17 years olds in East Sussex were in education, employment or training, slightly higher than all comparators at 90-91%.

- By March 2018, just 5% of 16 and 17 year olds were out of education, employment and training, with Hastings (6.1%) and Eastbourne (5.9%) showing the lowest rates of participation. We do not have the figures for England for 2018.



Source: DfE 2018/LAIT

Percentage of 16-17 year olds not in education employment or training March 2018

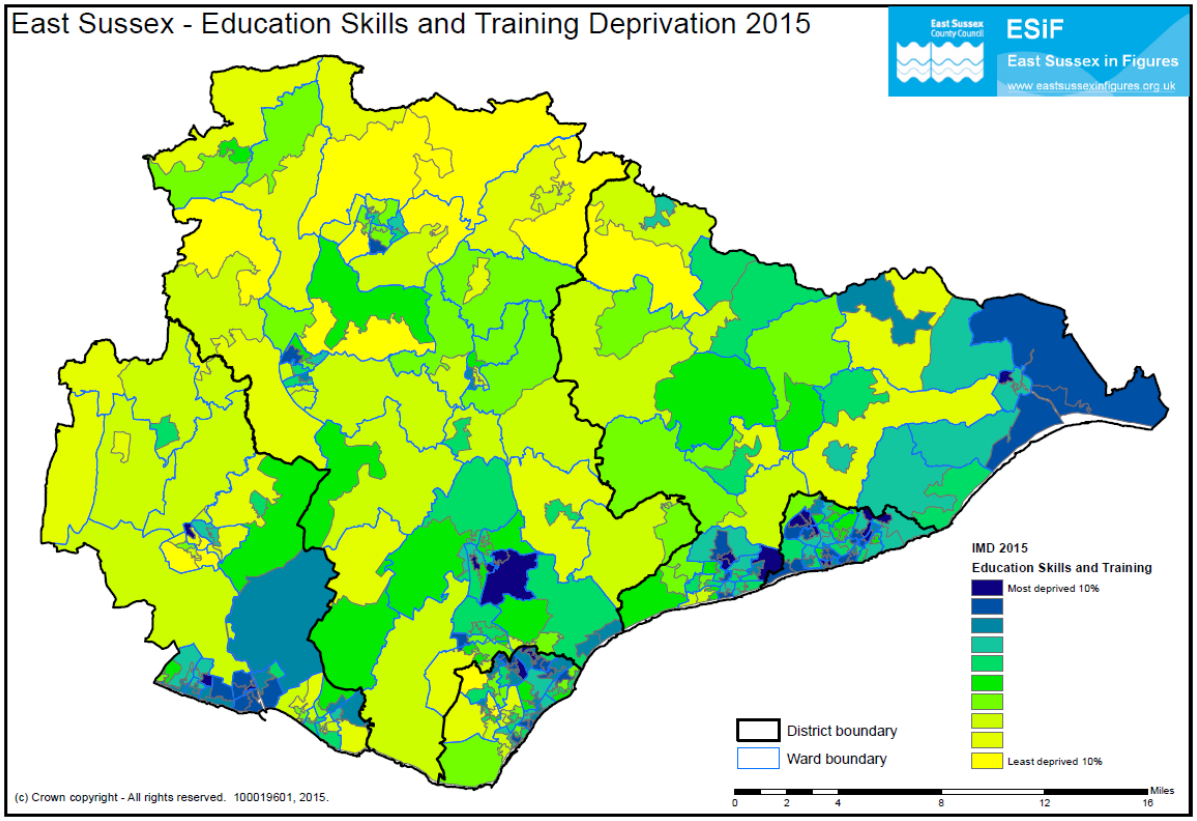
	NEET	Total	NEET as a %
Eastbourne	117	1,981	5.9%
Hastings	124	2,039	6.1%
Lewes	82	2,065	4.0%
Rother	84	1,734	4.8%
Wealden	108	2,957	3.7%
East Sussex	**515**	**10,776**	**4.8%**

Source: ESCC snapshot for March 2018, all 16 & 17 year olds living in East Sussex. The NEET figure includes the categories Not Known, Refused and Currency Expired

iv. Education, skills and training domain in IMD in East Sussex

Education indicators are included in the Indices of Multiple Deprivation considered in Section 4. Education deprivation is mapped separately below, measured as combined Key Stage 2 and 4 attainment, secondary school absence, staying in education after 16 years old, entry to higher education, adult skills, and English language proficiency.

Neighbourhoods in Rye, Hastings, Eastbourne, Hailsham and Peacehaven are within the 10% most education deprived in the country under this measure.



Source: [ESIF Indices of deprivation 2015 (latest)]

v. Children and young people with special educational needs and disabilities

Special Educational Needs and Disabilities (SEND) need is associated with early help need, being one of the multiple and complex factors that can make families vulnerable. Most families of children and young people with SEND do not require Children's Services Early Help. However, data collected by East Sussex practitioners shows that 21% of families receiving Children's Services Early Help have a child or children with an identified health / behavioural need associated with SEND; predominantly Autistic Spectrum Condition (ASC) or Attention Deficiency Hyperactivity Disorder (ADHD).

The information below is a snapshot of the Children's Services Early Help services caseload in June 2018, and shows that 13.5% (156) of the 1,153 5-19 year olds included in active Early Help Keywork services have a recorded Health condition regarding ASC/ASC traits or behavioural related support. When this is recorded by family, 21% (125) of the 599 families open to keywork in June 2018 included a child with these conditions.

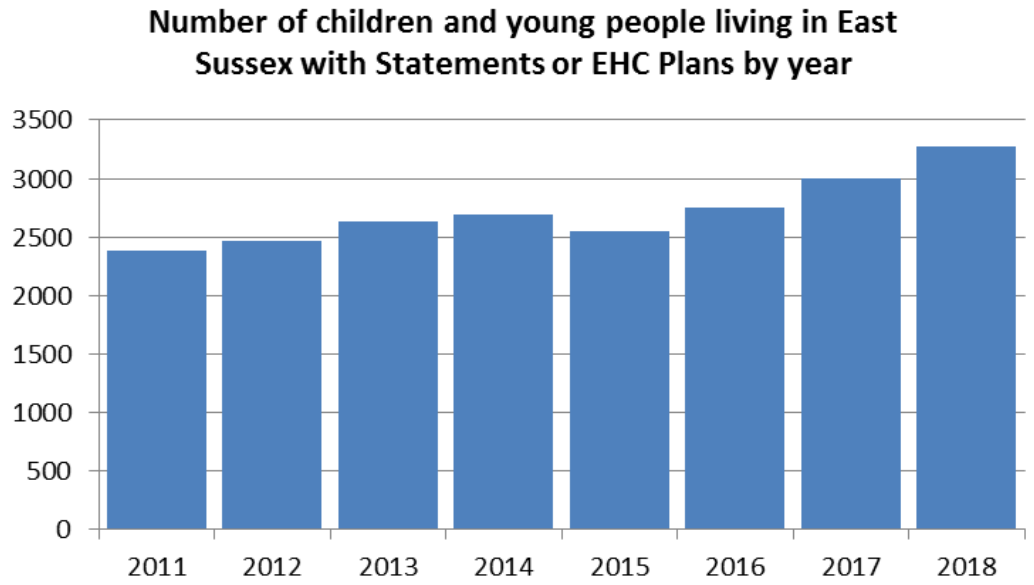
Condition	Number of Individuals on caseload with a recorded condition
Autistic Spectrum Condition (ASC)	62
Displaying traits similar to Autistic Spectrum Condition (ASC)	55
Attention Deficit Hyperactivity Disorder (ADHD)	27
Asperger's Syndrome	4
Attention Deficit Disorder (ADD)	2
Obsessive–Compulsive Disorder (OCD)	3
Oppositional Defiant Disorder (ODD)	1
Pervasive Developmental Disorder (PDD)	1
Pathological Demand Avoidance (PDA)	1
Total	**156**

Source: ESCC Family Keywork data 2018 as recorded by EHKWs on their caseload

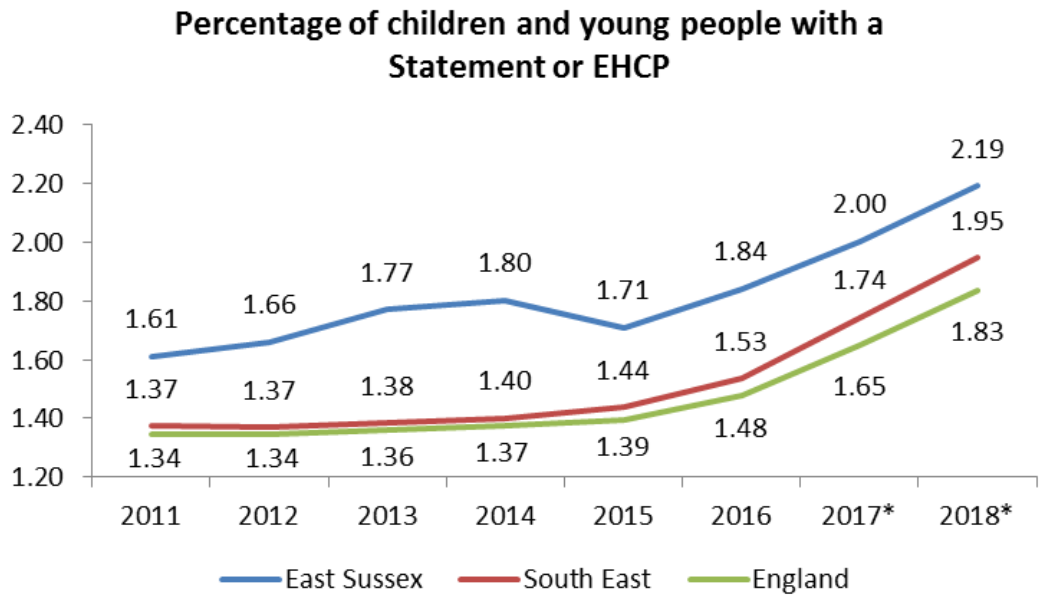
The percentage of children and young people in the East Sussex population with an Education, Health and Care Plan (EHCP) is only 2.2%, far less that the proportion indicated by Children's Services Early Help Keyworkers (however it should be noted that not all of the identified children will have been issued with an EHCP).

The number and proportion of children and young people with SEND in East Sussex can be measured through numbers of SEN Statements or EHCPs, as shown in the following charts.

While the number of children with identified SEND has been rising, this is in part due to the recent extension of SEND support from 18 to 25 years old. This adult cohort is not so relevant to Children's Services Early Help, which provides service to families with children to age 19. Therefore the following information is included for reference.



Source: ESCC

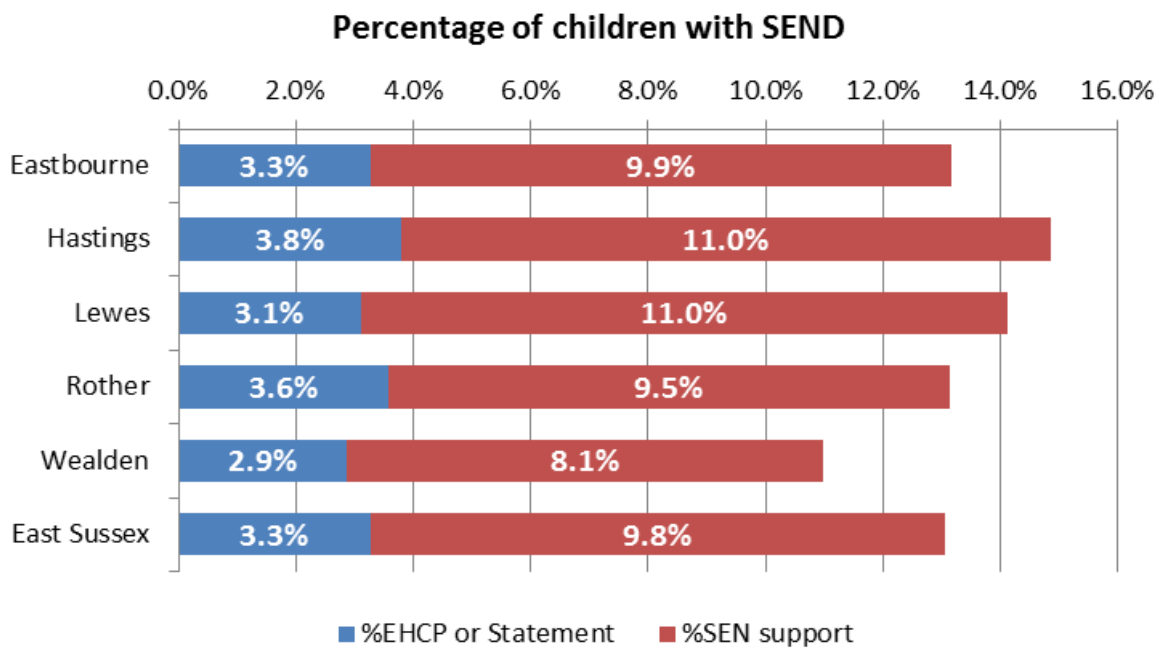


Source: ESCC / DfE /ONS for total populations
Note: 2016 0-25 year old populations (ONS) were used to calculate percentage for 2017 & 2018

The numbers of 4-16 year old children and young people with SEN statements / EHC Plans or lower level 'SEN Support' who were attending maintained schools in East Sussex in January 2018 is shown below by the school's district or borough, and then again as a percentage of total school population per area.

	Total number of children	Number of children with SEN Support	Number of children with SEN Statement or EHCP
Eastbourne	12,996	1,285	425
Hastings	12,751	1,408	485
Lewes	11,840	1,303	368
Rother	9,805	936	351
Wealden	18,097	1,470	519
East Sussex	65,489	6,402	2,148

Source: ESCC School census Jan 2018



Source: ESCC School Census January 2018

The percentage of children with SEND is significantly higher in Hastings (a total of 14.8%), with the Lewes district at 14.1%, Eastbourne 13.2%, and Rother 13.1%. Wealden has a much lower percentage of children recorded as having SEND, with a total of 11.0%.

Families with children with disabilities are known to be more likely to live in poverty, which can increase their vulnerability further. In *Blackburn et al's (2010)* analysis of the Family Resources Survey, they found the highest proportion reporting debts was among families with both disabled children and disabled adults. Being behind with payments for council tax, water rates and telephone bills were the most commonly reported sources of debt. But households with a disabled child were also more likely to have child-related deprivation such as lacking leisure equipment, having a friend around for tea or a snack once a fortnight and having an outdoor space or facilities nearby where s/he can play. The analysis also highlighted that one third of disabled children lived in lone parent households. Reasons for this relationship between lone parenthood and disability are unclear; possible explanations are divorce rates amongst parents of disabled children, lower rates of re-partnering and a higher prevalence of births of disabled children to lone mothers.

13. Child and young person resilience – emotional and mental wellbeing

This section considers early help needs around emotional and mental health: mental health referrals, young carer referrals and substance misuse by children and young people.

It finds that children and young people's mental health needs are higher than regional and national comparators, and rising. Children and young people's mental health service caseloads are highest in Hastings, Eastbourne, Hailsham and Newhaven.

Numbers of young carers are significant - there are an estimated 4,200 young carers in East Sussex, with some research suggesting more. Between a third and a half of young carers are children of parents with mental health problems. 88% of new referrals are for children 14 years old or younger.

While rates of alcohol related hospital admissions for children and young people have been falling since 2012/13, Hastings children and young people are admitted at around twice the rate of East Sussex and England, with the highest rate in girls. Numbers of children and young people treated for drug use are small but rising.

i. Mental health

The primary provider of support for children and young people with mental health disorders works in close partnership but is outside the Council – the Child and Adolescent Mental Health Service (CAMHS). CAMHS will treat children and young people with diagnosable mental health disorders which are causing significant impairment (Level 3) with tier 4 being admission as an inpatient.

Families with children and young people experiencing poor emotional and mental wellbeing below CAMHS thresholds can seek Children's Services Early Help, if it is beyond the capacity of the school or college to address these needs. Emotional and mental health needs can drive behaviour associated with significant risks to children and young people. Children's Services Early Help staff are not qualified to treat children and young people with diagnosable mental health disorders, but they can provider earlier interventions, and contribute to reducing problems from developing and improving family resilience factors.

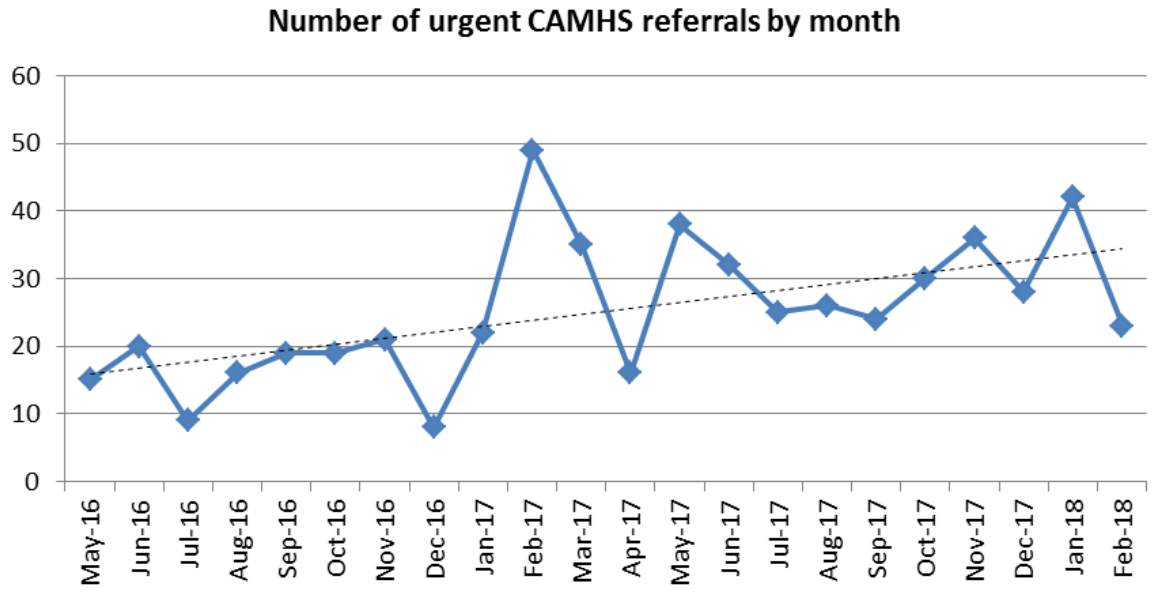
An *Education Policy Institute report* (October 2018) suggests that nationally child mental health referrals have increased by 26% in five years, with one in four referrals either rejected or deemed inappropriate for treatment by CAMHS. Referrals failed to meet the criteria for CAMHS support for a range of reasons. This included self-harm referrals only being accepted if accompanied by another mental health condition. This increase in referrals suggests that there may be growing unmet need for mental health support for children and young people.

In the 2017 East Sussex Public Health Schools Health Education Unit (SHEU) *pupil survey*, 16% of East Sussex Year 10 pupils reported that they sometimes cut or hurt themselves in response to a problem that worried them, or when they were feeling stressed (494 of the 3,089 respondents). In the same survey, 5% of boys and 9% of girls had a low score on the short version of the Warwick Edinburgh Wellbeing scale.

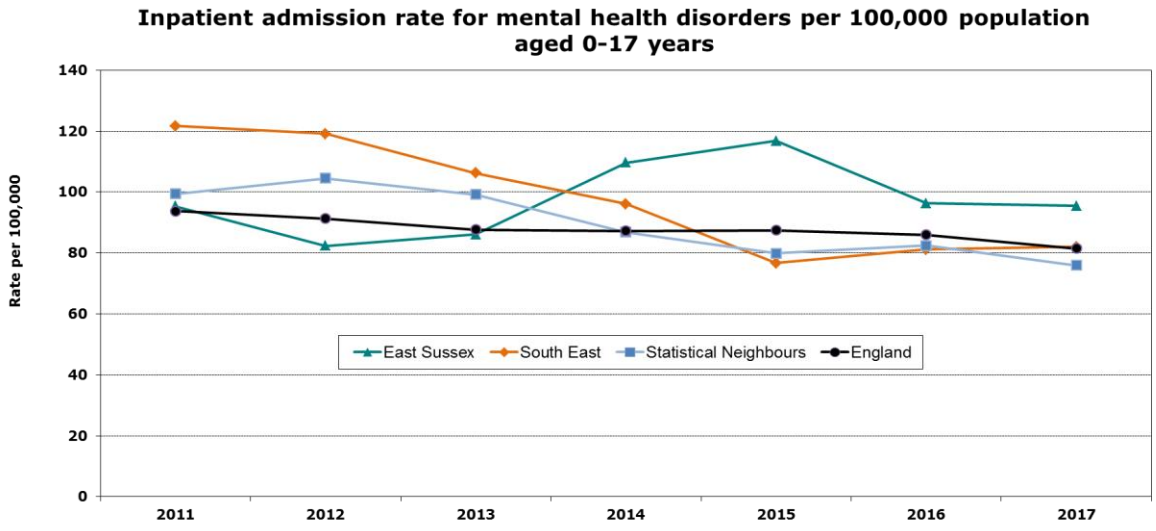
In the year 2016/17, *PHE* report that 76 10-14 year olds living in East Sussex were admitted to hospital due to self-harm. At 261.7 per 100,000 of population, this is significantly higher for this age group than the England average of 211.6 per 100,000, with an upwards trend over the previous 6 years.

The two following charts measure the prevalence and trends in mental health needs of children and young people in East Sussex:

- Number of children referred to the CAMHS for an urgent assessment within 4 hours 2016-2018; it should be noted that whilst these are referred as urgent, a proportion are downgraded to non-urgent once assessed
- The rate of children's admissions to hospital for mental health disorders per 100,000 population compared to South East regional and England averages and similar counties from 2011-2017.



Source: East Sussex CAMHS

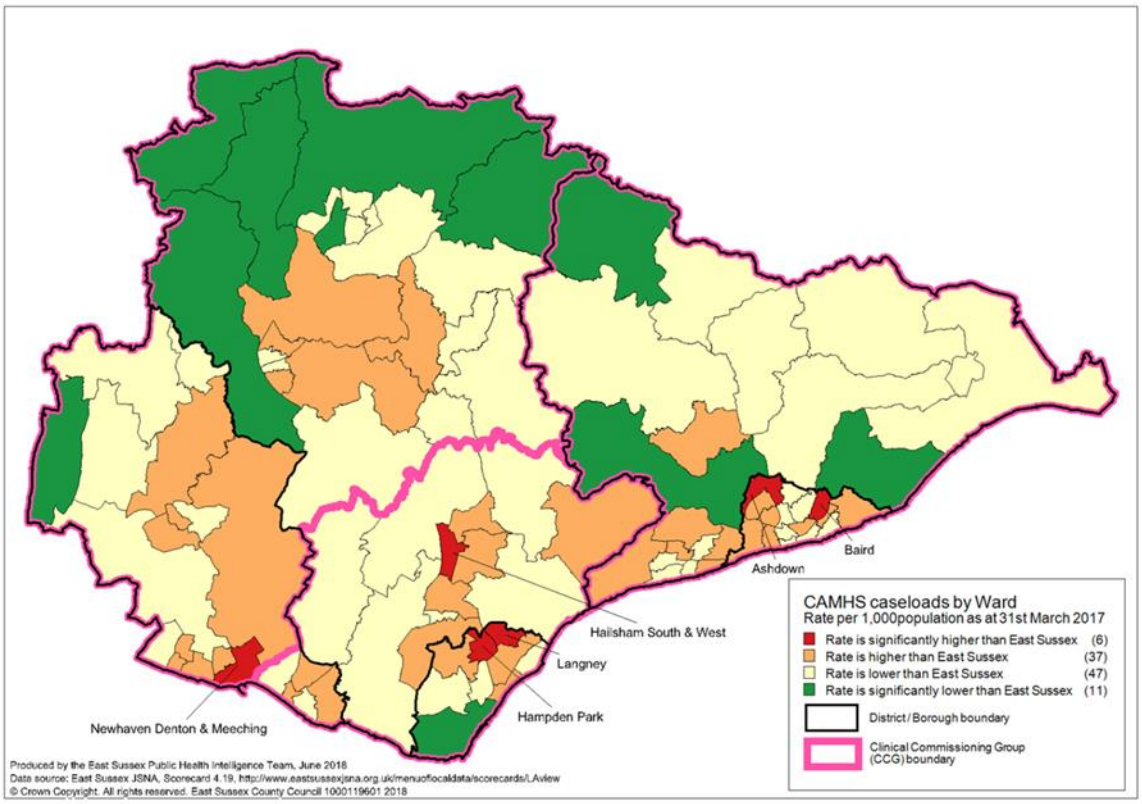


Source: DFE 2018

The charts show that:

- Urgent referrals to CAMHS doubled in the period May 2016 to October 2017 from 15 to 30, with an upward trend over the last 2 years.
- Since 2014, children's inpatient admissions for mental health have been higher than all comparators although falling since 2015. In 2017 in East Sussex they were 95.4 per 100,000 compared to 81.5 per 100,000 in England.

CAMHS caseload data from March 2017 (for 2,499 children in the care of the service) was used to investigate the number of children receiving support from CAMHS at ward level. The following map shows that rates per 1,000 child population were highest in Newhaven Denton and Meeching, Hampden Park and Langney Eastbourne, and Ashdown and Baird in Hastings.



Source: East Sussex CAMHS

ii. Young carers

Young carers may be looking after a parent or sibling with medical, physical or mental health needs, or a parent who is addicted to drugs or alcohol, as well as younger siblings. Young carers are likely to have poorer general health themselves (*ONS A summary of unpaid care by 5-17 year olds 2013*). The Department for Education commissioned a report *The lives of young carers in England January 2017*, which found that the large majority of carers aged 5-17 looked after someone in their own home. Of these, over half (55%) were caring for their mother and one in four (25%) were caring for a sibling. The younger carers (aged 5 to 11) were more likely to be assisting with the care of a sibling whilst older carers (aged 16 or 17) were most likely to be caring for their mother. Young carers were more at risk of being absent from school than their peers who did not provide care, and to experience tiredness when in school.

The Children's Society *Hidden from view 2013* reported on several thousand 13 and 14 year old carers who were tracked, and had the following key findings:

- The latest census statistics (2011, released 2013) reveal there were 166,363 young carers in England, compared to around 139,000 in 2001. This is likely to be an under-representation of the true picture as many remain under the radar of professionals.
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.

- Young carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
- Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
- The average annual income for families with a young carer is £5000 less than families who do not have a young carer.
- There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.
- Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
- Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

Children of parents with mental health problems make up between a third and a half of all children receiving services from young carers' projects, while local service audits indicate that 'parental mental health concerns are likely to be a pressing problem in about a quarter of new referrals to social services, with higher proportions for children involved in protection enquiries or those newly looked after by the local authority' (*Parental mental health problems: Messages from research, policy and practice*, Tunnard, J. Dartington: Research in Practice 2004, p 10).

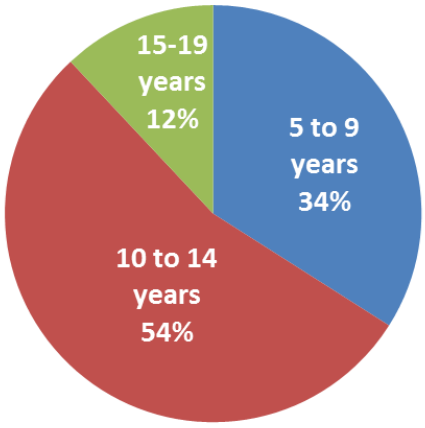
In families where alcohol or drug misuse is a problem, children can be faced with a caring role which can also create huge anxiety, and which like mental health carries additional stigma and likely isolation if the family is not being adequately supported.

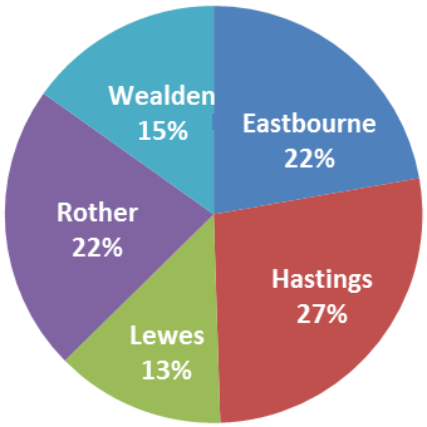
There are currently thought to be 4,200 young carers in East Sussex (5% of 5-18 year olds based on 2016 population estimates) with over 1,200 of these known to East Sussex Young Carers. According to *BBC research in 2010* there could be even more 'hidden' young carers in East Sussex. A BBC survey of more than 4,000 UK school pupils found one in 12 or 8% had moderate or high levels of caring responsibility; a figure that is over 50% higher than population estimates based on census information in 2011.

In the 2017 SHEU pupils survey (see next section) 5% of the responding 3,089 Year 10 pupils said that they were a young carer, 6% weren't sure if they were.

The charts below show referrals to the East Sussex (Local Authority commissioned) Young Carers service in the six months from October 2017:

- 158 new referrals were made to East Sussex Young Carers in this period.
- 88% were 14 years old or younger.
- Referrals rates were highest in Hastings (27%), Eastbourne (22%) and Rother (22%), although this does not take into account the size of the local child populations.

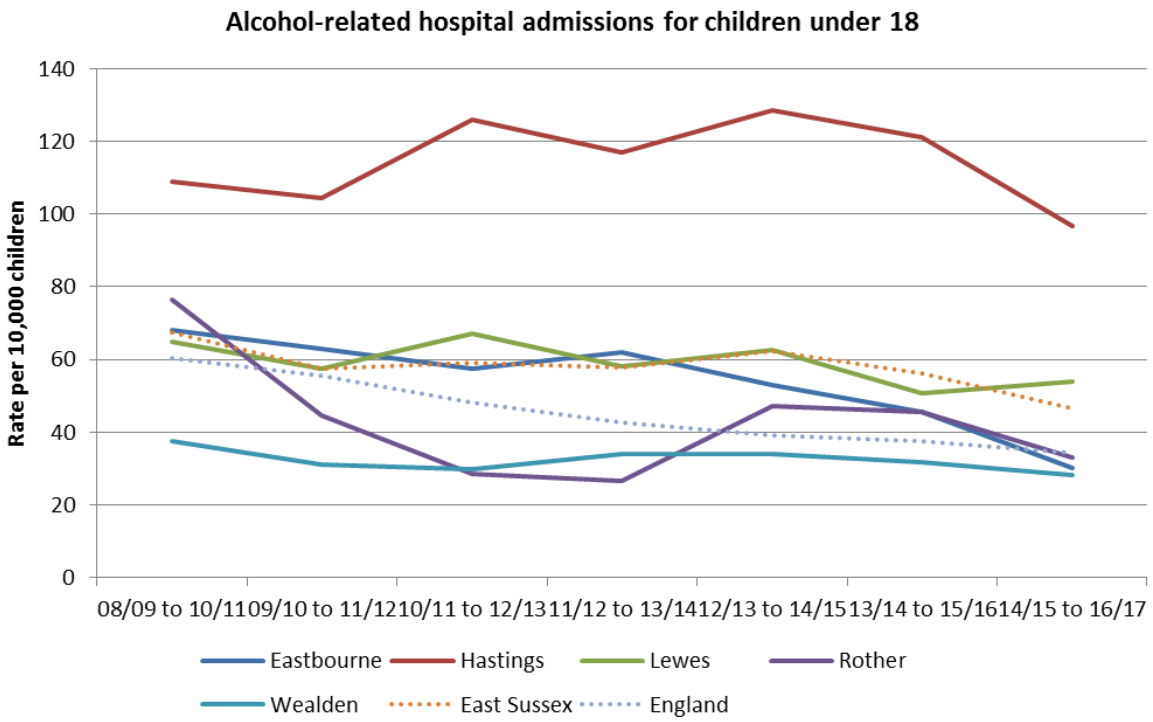




iii. Substance misuse in children and young people

As indicators of prevalence and trends in young people's substance misuse, the following charts show alcohol related hospital admissions for children under 18 per 10,000 population 2008/2008 to 2017/2018, and the numbers of under 18 year olds receiving drug treatment 2016-2018.

- The number of alcohol related hospital admissions per 10,000 population has been falling since 2012/13.
- At 96.6 per 10,000 population per year in 2014/15 to 2015/16 (latest available), the rate of children living in Hastings admitted after alcohol use remained double the number of those living elsewhere in East Sussex (46.7), and almost triple the average for England (34.2).



Source: Local Alcohol Profiles for England, Public Health England

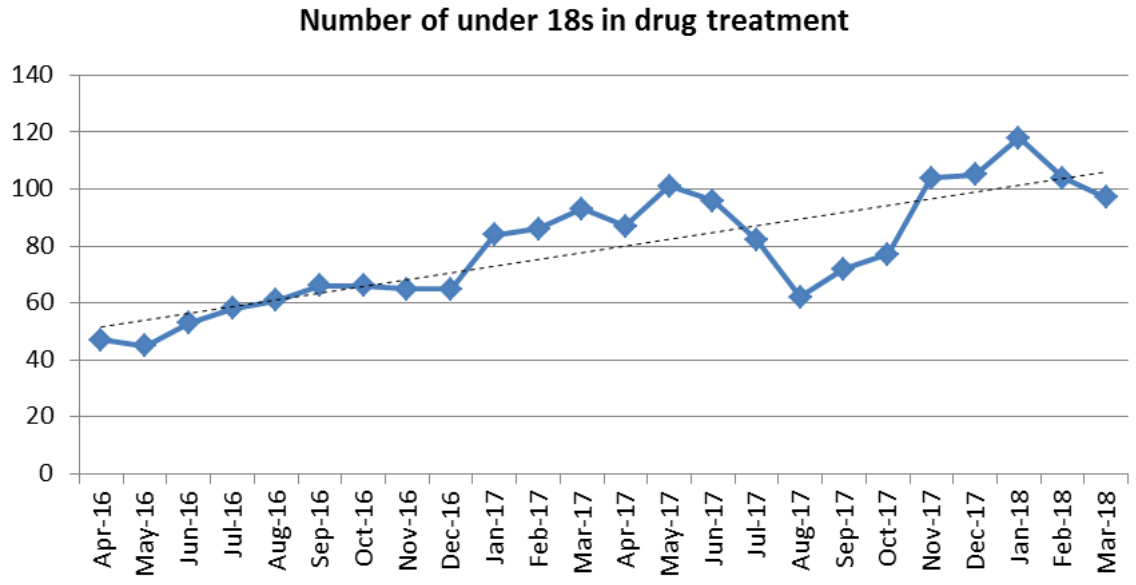
Admission episodes for alcohol-specific conditions under 18s rolling 3 years 2014/15-2016/17, with estimated rates per 100,000 using ONS mid-year population estimates

	Boys count	Boys Rate per 100,000	Girls count	Girls Rate per 100,000
Eastbourne	7	22.9	11	38.0
Hastings	15	50.5	41	145.0
Lewes	14	44.9	18	63.8
Rother	7	28.2	9	38.3
Wealden	13	27.6	13	29.0
East Sussex	56	34.3	92	59.8
England	4,925	27.4	7,062	41.3

Source: Public Health England Fingertips

Using the most recently available district and borough level 3 year average for East Sussex split by gender, it is clear that excessive alcohol use by under 18s in Hastings is highest in girls. There is also a high rate in the Lewes district. This behaviour has been shown to have a link with percentages of teenage conceptions and pregnancies (*Contributions of alcohol use to teenage pregnancy, Centre for Public Health 2009*).

Numbers of East Sussex children and young people treated for drug use are small (97 in March 2018) but have more than doubled since April 2016.



Source: Public Health England

At 7%, East Sussex has a significantly higher percentage than England (5%) of 15 year olds who have tried cannabis or taken cannabis over the last month – *source East Sussex JSNA*.

Within the Troubled Families 2 Programme, Children's Services Early Help Keywork services are asked to retain a local recording of the number of families where a family member has a drug or alcohol problem. At January 2017 there were 1,495 households in TF2 and 194 households were recorded as having a family member with problematic drug/alcohol use; 128 were adults and 66 were children.

In Child Protection Planning, the primary factors reported were similar in 17/18 to 16/17 and were reported as 35% Neglectful Parenting, Domestic Abuse 21%, Drug/Alcohol misuse 12%.

The Under 19's Substance Misuse Service attends multi-agency Child Exploitation meetings and contributes to the planning for young people who are referred. Professionals have advised that as well as young people being exploited by criminal gangs, they are increasingly 'self-medicating' to cope with the situation.

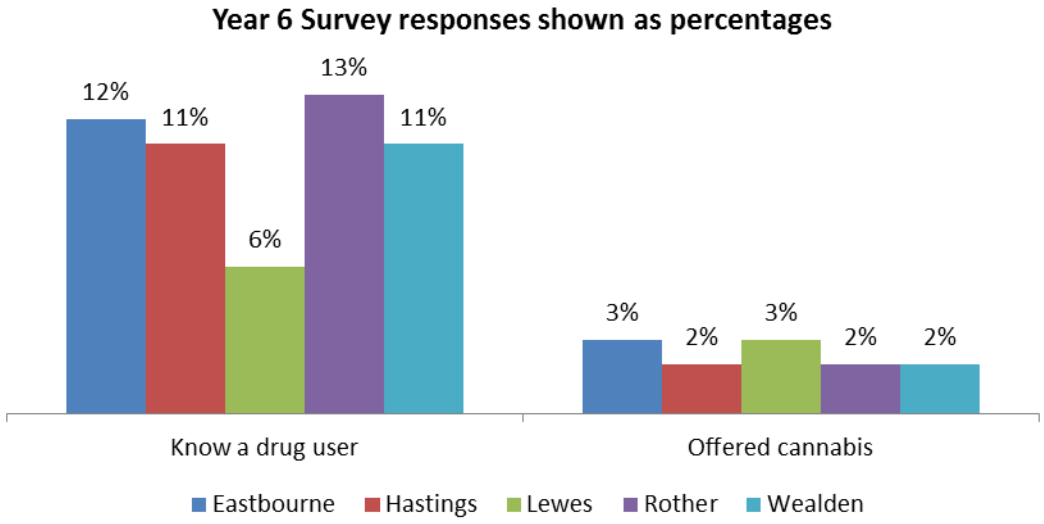
iv. Information from the Pupil Survey into health and wellbeing 2017

During the summer term of 2017, schools across East Sussex were supported by the Schools Health Education Unit (SHEU) to undertake a health related behaviour *survey* commissioned by East Sussex Public Health. Age-appropriate surveys were completed by 3,089 Year 10 pupils (14 and 15-year-olds) and 3,260 Year 6 pupils (10 and 11-year-olds) in East Sussex primary, secondary and special schools. For Year 6 (the last year in primary education), the survey was completed by 62% of pupils on the school roll, or 86% of pupils in the participating schools. All the charts in this section originate from the survey data.

The findings offer a snapshot of the experiences of children living in the county, and some of these experiences may indicate vulnerabilities. Using this information we can compare the rates and differences in children's responses for the five districts and boroughs, to help with assessing the potential need for early help for them and their families.

In East Sussex:

- 11% of pupils said that they were 'fairly sure' or 'certain' that they know someone who uses illegal drugs.
- 2% of pupils said they have been offered cannabis.

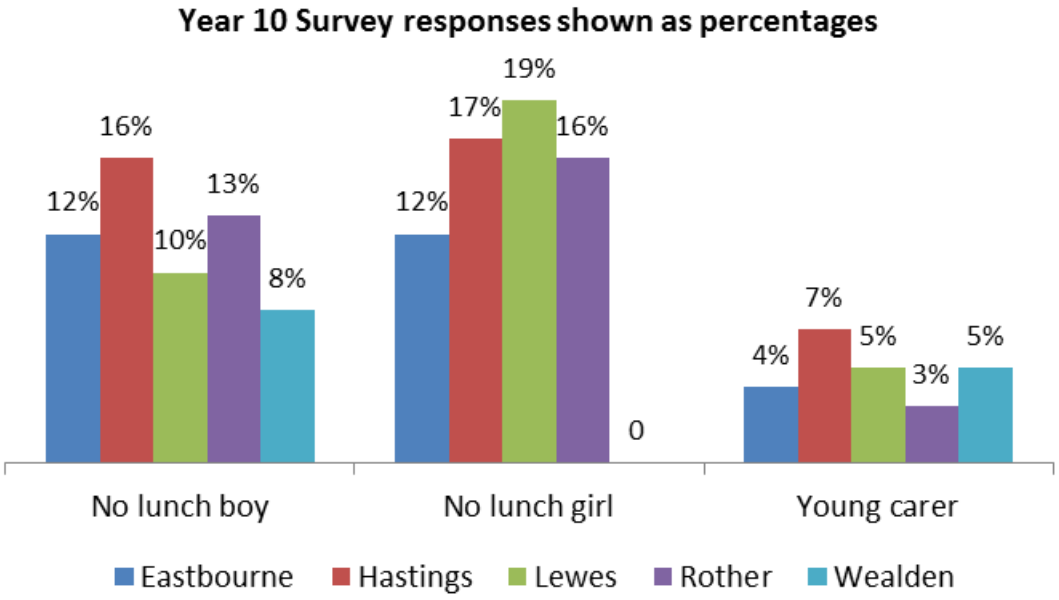


Source: SHEU 2017

A greater proportion of Year 6 pupils living in Eastbourne and Rother disclosed that they knew someone who uses illegal drugs.

As children get older, it becomes more difficult to identify signs of neglect. For Year 10, the longer survey was completed by 65% of pupils on the school roll. In East Sussex in Year 10:

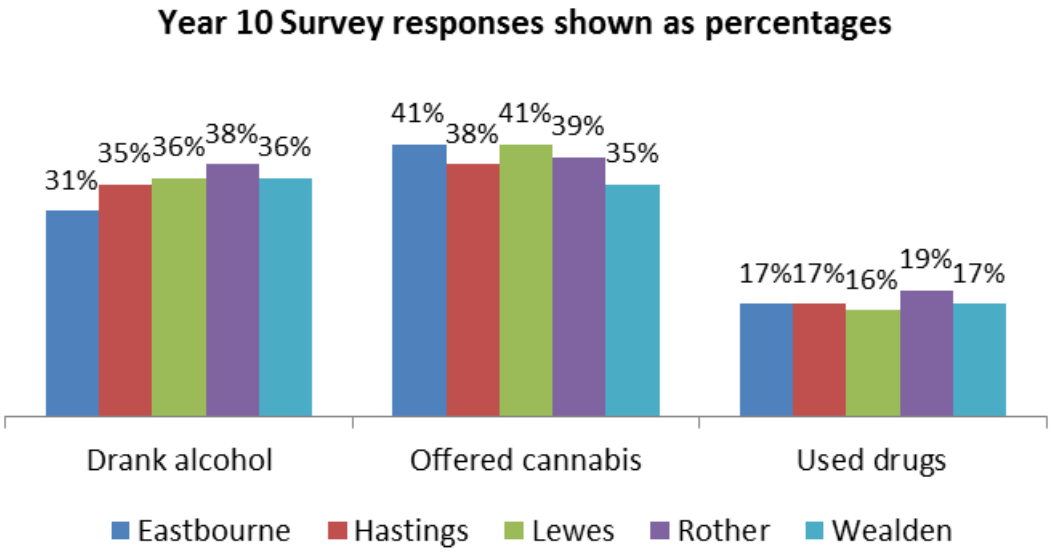
- 12% of boys and 16% of girls said that they had no lunch on the day before the survey.
- 5% of pupils said that they were a young carer, 6% weren't sure if they were.



Source: SHEU 2017

There are also more pupils who describe themselves as young carers in Hastings, which matches the referral rate to the East Sussex young carers' service.

- 36% of East Sussex Year 10 pupils said they drank alcohol in the last week. This is significantly higher than the wider SHEU data, where the combined average has been calculated for Cambridgeshire, Devon, Hertfordshire, Plymouth, Somerset, Stockton, Wolverhampton and East Sussex (22%).
- 41% of pupils said they had been offered cannabis.
- 19% of pupils said that they had used cannabis, or another illegal drug.



Source: SHEU 2017

14. Child and young person resilience – crime and exploitation

This section considers the prevalence, comparative prevalence and recent trends of criminal and anti-social behaviour in young people, which is an Early Help theme, by looking at first time entrants to the justice system, youth antisocial behaviour (ASB) and measures of sexual exploitation risk.

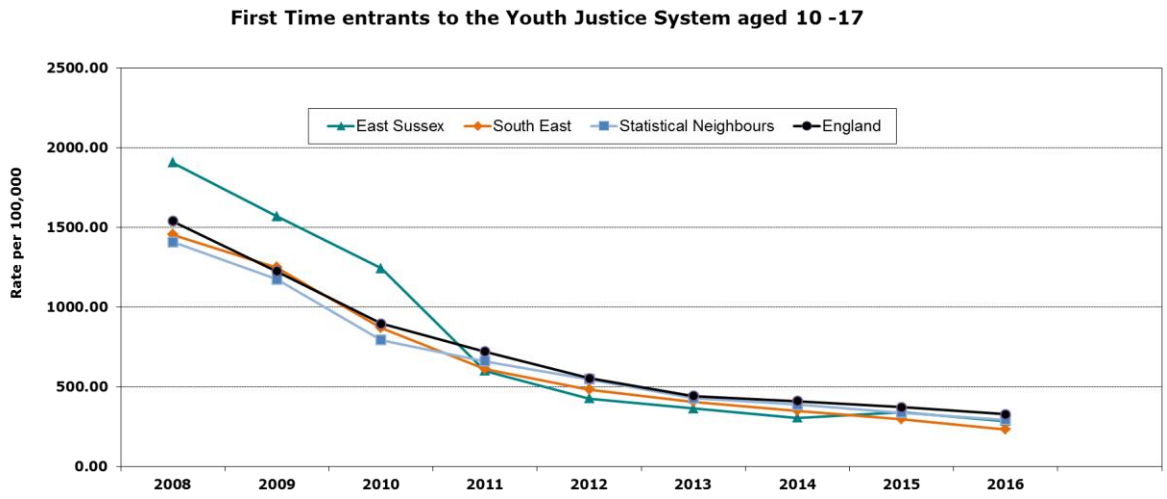
Per head of child population, numbers of ASB incidents are highest in Eastbourne and Hastings. Police records show that crimes occurring in East Sussex categorised as 'violence against the person' involving a child increased by 7.4% over the two years 2015/16 to 2017/18. The specific crime 'possession of weapons' has increased by 11.6% over the same period, and our young people have demonstrated concern about youth knife crime.

There has been a recent increase in child exploitation in East Sussex, particularly as a result of County Lines activity, which has hotspots in Eastbourne and Hastings.

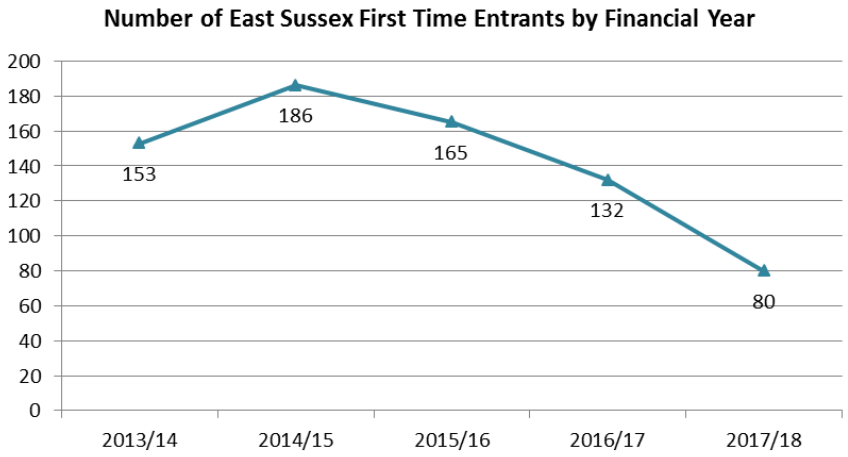
i. First time entrants to the youth justice system

The majority of young people who do become First Time Entrants (FTE) to the justice system do so for violent offences. The most recent data (East Sussex number of FTE per financial year) is shown below. Numbers are too small to be plotted by geographical area.

The Ministry of Justice data shows that we have seen a reduction in the number of FTE over the past four years with East Sussex below both the South East and National rate. There has been a change in that young people are increasingly dealt with through the use of restorative justice interventions. This disguises the need to work with young people due to criminal tendencies. For this reason, we have also included some data on youth anti-social behaviour (ASB).



Source: DFE May 2018



ii. Youth related antisocial behaviour (ASB)

The number of youth related ASB incidents have been recorded by Sussex Police for each district and borough, note that these are recorded where the incident occurred rather than where the perpetrator or victim reside.

Number of youth related ASB incidents 2016/17 and 2017/18

	Total number of youth related ASB incidents in 2016/17 Financial Year	Total number of youth related ASB incidents in 2017/18 Financial Year	As percentage change from 2016/17 to 2017/18
Eastbourne	277	276	-0.4%
Hastings	290	293	+1.0%
Lewes	179	242	+35.2%
Rother	143	135	-5.6%
Wealden	167	187	+12.0%
East Sussex	**1,056**	**1,133**	+7.3%

Source: Sussex Police

In order to give some degree of context, these figures are calculated below as a percentage of total estimated population (ONS) for 2016 for each of the areas:

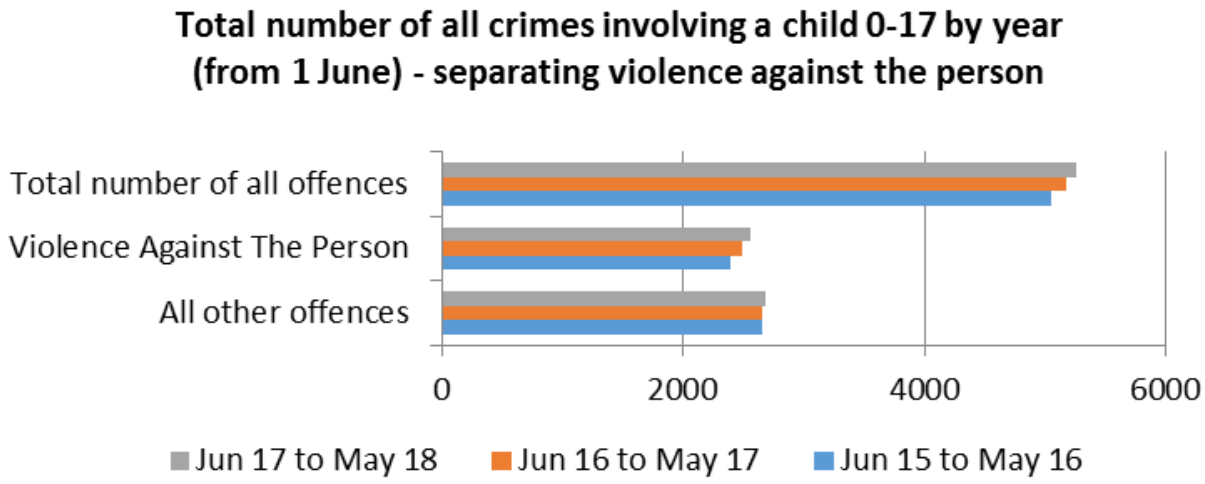
	ASB incidents in 2016/17 FY as % of population	ASB incidents in 2017/18 FY as % of population
Eastbourne	1.81	1.80
Hastings	1.95	1.97
Lewes	1.11	1.50
Rother	1.08	1.02
Wealden	0.67	0.75
East Sussex	**1.25**	**1.34**

Source: Sussex Police

Per head of child population, numbers of ASB incidents are highest in Eastbourne and Hastings, and lowest in Wealden at less than half the rate, although there was a significant increase in incidents between 2016/17 and 2017/18 in the Lewes district.

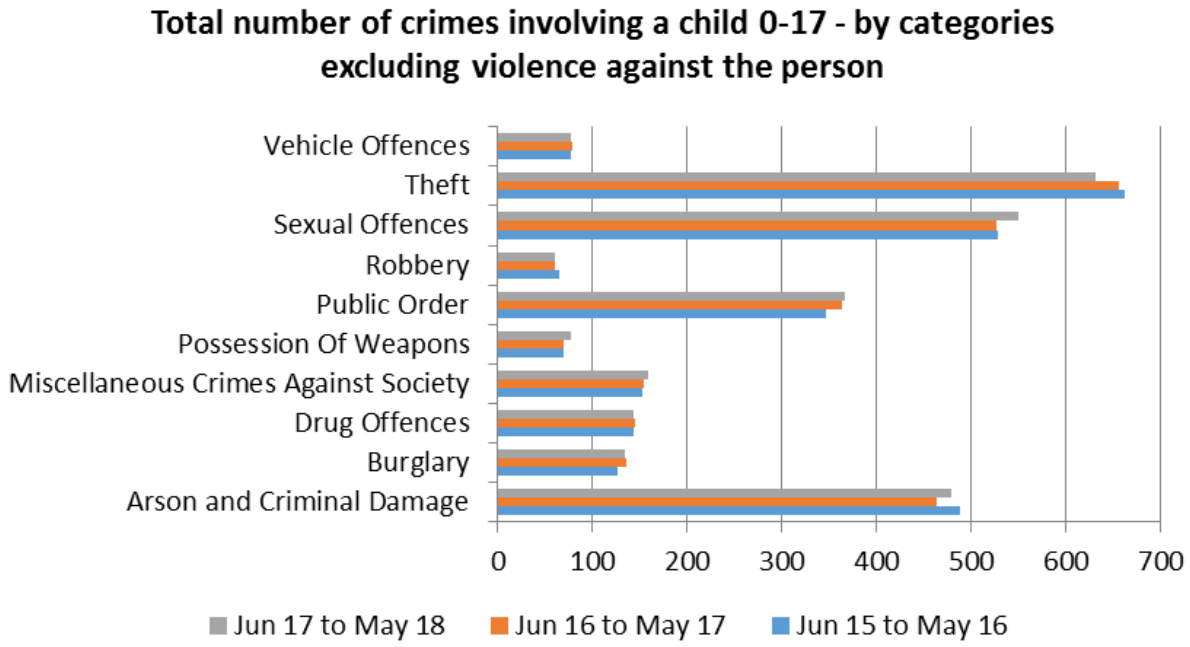
The most recent available data from Sussex Police on crimes where the victim is a child between up to17 years old reflects a national trend of increasing violent crimes against children over the past 5 years. Sussex Police were not able to provide specific details on the perpetrators for the violent crime offences.

The data was provided for three years, reported from the start of June to the end of May. The following chart shows a breakdown of crimes in East Sussex categorised as 'violence against the person' which make up around half of all crimes involving children. It should be noted that the child could be the perpetrator or the victim. Plotting annual numbers for 'violence against the person' alongside the numbers for all other offences demonstrates that the overall increase in crime is mainly due to this category, which increased by 7.4% over the two years 2015/16 to 2017/18, whilst all other crimes combined increased by only 0.7% over the same period.



Source: Sussex Police 2018

The following chart shows a breakdown of all the other types of crime (other than violence against the person) involving children age 0-17 to pick out any changes in these smaller categories of crime. It shows that theft, the second most common offence involving children has decreased by almost 5%; however sexual offences, public order offences and possession of weapons have increased (by 4.2%, 5.8% and 11.6% respectively) over the same period.



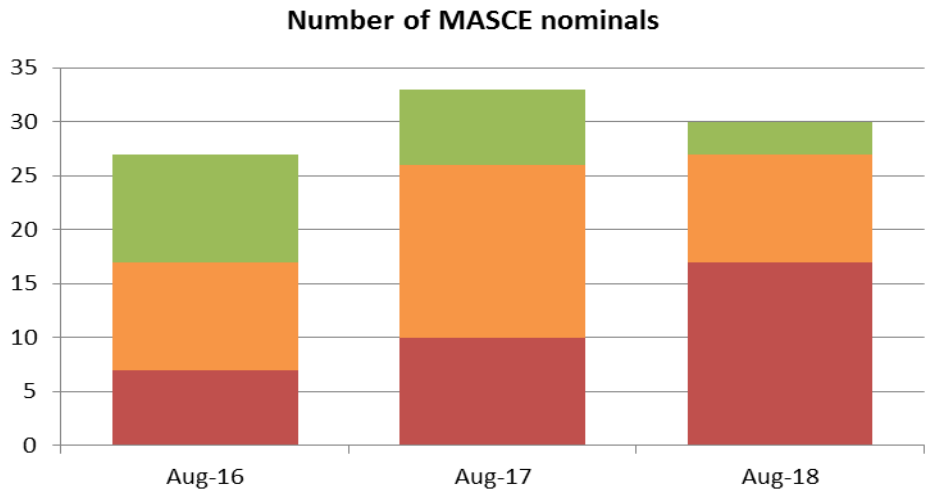
Source: Sussex Police 2018

Knife crime is a concern for children and young people. Limited information is available from schools on knife-related incidents, with 72 incidents for possession of a weapon recorded during 2016/18. Police recorded 342 violent crime offences in the last 12 months where 'knives' has been mentioned in incidents across Hastings. This includes the fatal stabbing of a 16 year-old in St. Leonards. Over this 12 month period violent crime where a knife has been mentioned has increased by 18%. In the September *2018 ESCC 'Make Your Mark'* survey for 13-18 year olds, the top issue voted for by young people was 'End knife crime' with 2,406 of 12,166 votes (followed by 'mental health' at 1,889 votes).

iii. Child sexual exploitation

In East Sussex there are Multi-Agency Child Sexual and Criminal Exploitation meetings twice a month (once for each of the East and West areas). Overall numbers are small, however data on sexual and criminal exploitation suggests a gradual increase in high risk cases over the 3 years August 2016 to August 2018.

'MACSE nominals' are children who have been identified as at risk of child sexual or criminal exploitation. At MASCE meetings there is a review of the level of risk to which each child is currently exposed. This generates a high (red), medium (amber) or low (green) risk score. A multi-agency plan is created for each child within the MACSE process which includes; planned engagements, home-visits, and medical assessments.



Source: East Sussex MASCE

iv. Child criminal exploitation

Police and community partners from across East Sussex have identified a recent increase in youth exploitation, especially in relation to local 'County Lines' drug dealing originating from London gangs, where children are being actively exploited to be involved illicit drug supply locally.

Detective Chief Inspector Steve Rayland of Sussex Police has reported that "The groups will sometimes draw vulnerable youngsters, from London or more locally, into their activities, using them as runners to take drugs from one location to another. This exposes them to the risk of violence, gets them involved in other criminality such as sexual exploitation, and cynically introduces them to a criminal lifestyle."

As a result of County Lines, small numbers of East Sussex children have been exploited and some have also become drug users themselves. Criminal exploitation can impact on any child irrespective of gender or age and background but are most common identified profile is male children aged between 12 & 17, who have previous exposure to abuse and neglect and where there is are parenting vulnerabilities. Sussex has 384 County Lines (40% identified regionally and 21% nationally). They have not yet reached the saturation point but an escalation in serious violence is expected as competition increases. Eastbourne has the third highest number of County Lines in the South East with other hotspots in Hastings and St Leonards (source: Sussex Police).

In 17/18, 121 of the 540 East Sussex Child Protection Plans were for older children aged 12 plus which resulted in a rise of 33% for this age group from the previous year. The increase is being partly attributed to child criminal exploitation.

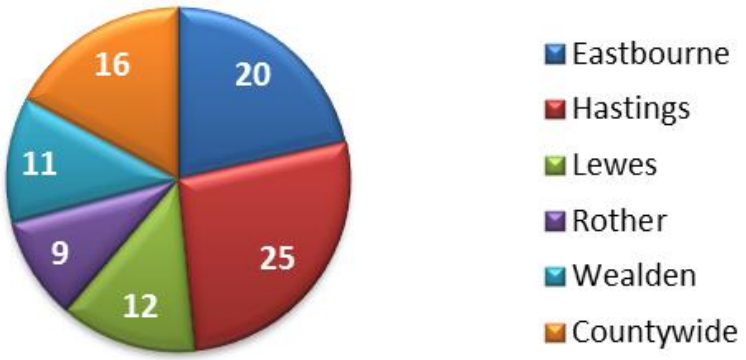
MASCE is an important mechanism for identifying and reducing the ongoing risk for an increasingly complex group of young people and their families.

15. Information from Children's Services Early Help staff and other professionals working with families

Staff working with families to offer early help have direct experience and understanding of the main reasons for families needing extra support. They were asked for their opinions on the current and future service via an online survey in May 2018.

i. Feedback from staff managing and delivering Children's Services Early Help

A total of 93 respondents completed a Children's Services Early Help survey with 11 questions in May 2018. The response rate was 21.5% for Early Help staff, and 9% for Health Visiting staff. The delivery areas for the 93 responding staff are shown below, 16 of them deliver Children's Services Early Help countywide:



Children's Services Early Help and Health Visiting teams work with families assessed at Level 3 on the Continuum of Need. The responses from the survey illustrate that the target families require support to develop their parenting skills. Family members, both adults and children, frequently exhibit mental health and wellbeing issues, and older children often display risky behaviours and poor school attendance.

Children's Services Early Help addresses these needs by empowering families to make positive changes for themselves, through parenting strategies and other motivational and solution-focused approaches. Respondents identified 'Improving parent capacity /positive parenting' as the most effective element of Children's Services Early Help support (score of 84%).

ii. Feedback from associated staff and stakeholder organisations

The survey was sent out to stakeholders via Children's Services, Clinical Commissioning Groups/GPs, Criminal justice/Police/Community safety, district and borough Councils, Public Health ESCC, Schools & colleges and the voluntary and community sector. A total of 137 responses were received, of these 70 were from school staff.

The most 'very important' outcome that Stakeholders identified for a future model was that 'Children are safer'.

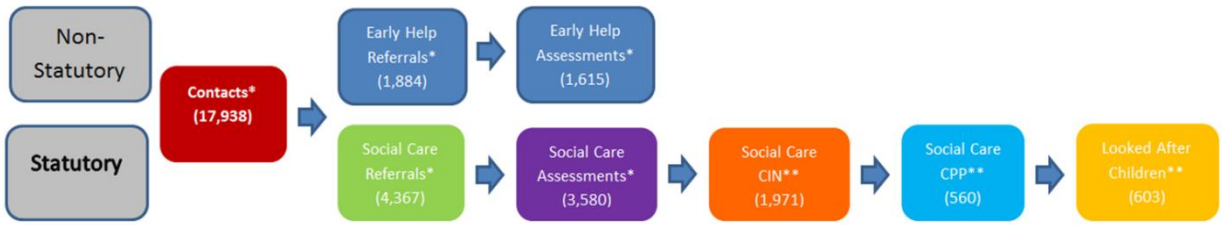
16. Current demand for Children's Services Early Help

When professionals or members of the public have concerns about the safety of a child, and /or their basic needs not being met by their parents or carers, they will make a referral through Children's Social Care. The numbers of referrals are indicative of the potential of many of these families to benefit from early help.

Our recent figures show that more than half of cases assessed as Level 3 or 4 by Children's Services are families living in Eastbourne and Hastings. This indicates a higher level of need in these boroughs (which together have just over one-third of the child age population in East Sussex).

i. SPOA Referrals

The East Sussex Single Point of Advice (SPOA) advises practitioners with concerns reaching Level 3 or 4 (targeted and child protection services) on the Continuum of Need, providing a pathway for children and families who need extra support. The main stages of on the pathway are:



**Total for the year 1st April 2017 to 31st March 2018, **Total at November 2018, national reporting protocols include all CIN, CP and LAC in the CIN total of 3,134. These figures are from the DfE publication "Characteristics of Children in Need 2018" and "Children Looked After in England 2018".*

The type of action following each referral to SPOA is recorded by ESCC, with the detail shown in the following table by district and ward. Cases on the edge or meeting Level 4 criteria (indicating the need for social care intervention) are referred onto the Multi-Agency Safeguarding Hubs (or MASH) which are described in the next section.

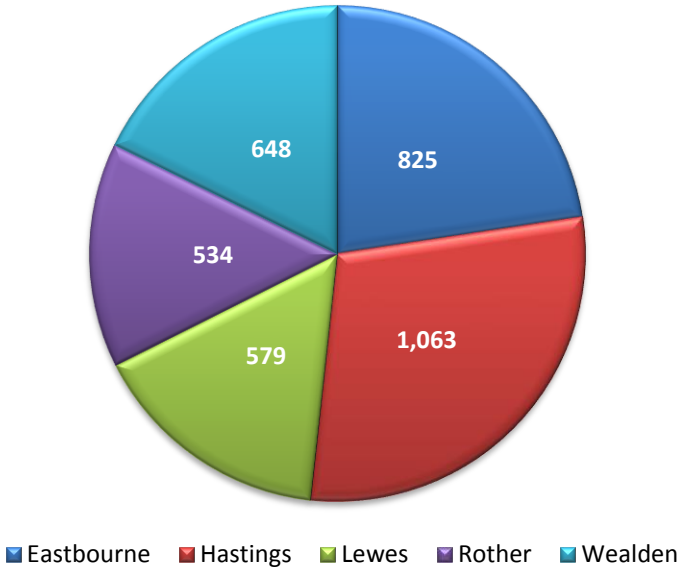
The following tables originate from ESCC Children's Social Care data for the two financial years 2016/17 to 2017/18.

SPOA data FY2016/17 to 2017/18: Actions by numbers of families referred:

	Early Help Hub	Level 1 No Further Action	Level 2 Info Sharing	Level 2 Info, Advice, Guidance	Level 2 No Further Action	Link to Current EH Plan	MASH 3/4	MASH 4	No outcomes recorded	Grand Total
Eastbourne	502	78	517	1,089	470	38	787	542	17	**4040**
Hastings	621	112	479	1,163	537	48	1,015	499	25	**4499**
Lewes	474	81	447	961	423	24	555	317	31	**3313**
Rother	362	57	280	615	285	19	515	220	19	**2372**
Wealden	526	57	348	1,039	417	26	622	322	19	**3376**
Out of County	49	40	439	341	184	3	158	197	17	**1428**
Grand Total	**2,534**	**425**	**2,510**	**5,208**	**2,316**	**158**	**3,652**	**2,097**	**128**	**19,028**

Around half of the cases which are Level 3 / 4, or which are linked with a current Early Help Plan are families living in Hastings and Eastbourne, reflecting needs in these two districts, which also have higher percentages of referrals assessed as Level 4:

Number of SPOA cases which are assessed as Level 3 / 4 or are linked with a current Early Help Plan 2016/18

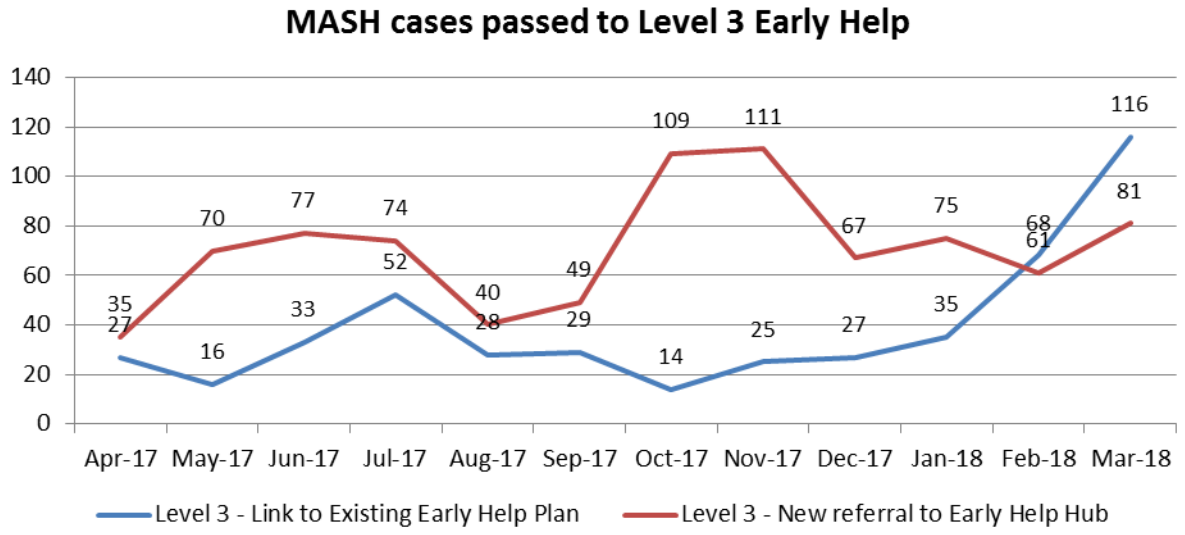


SPOA data FY2016/17-2017/18: Actions as percentages of total referrals by district/ borough:

	Early Help Hub	Level 1 No Further Action	Level 2 Info Sharing	Level 2 Info, Advice, Guidance	Level 2 No Further Action	Link to Current EH Plan	MASH 3/4	MASH 4	No outcome recorded	Grand Total
Eastbourne	12.4%	1.9%	12.8%	27.0%	11.6%	0.9%	19.5%	13.4%	0.4%	100.0%
Hastings	13.8%	2.5%	10.6%	25.9%	11.9%	1.1%	22.6%	11.1%	0.6%	100.0%
Lewes	14.3%	2.4%	13.5%	29.0%	12.8%	0.7%	16.8%	9.6%	0.9%	100.0%
Rother	15.3%	2.4%	11.8%	25.9%	12.0%	0.8%	21.7%	9.3%	0.8%	100.0%
Wealden	15.6%	1.7%	10.3%	30.8%	12.4%	0.8%	18.4%	9.5%	0.6%	100.0%
Out of County	3.4%	2.8%	30.7%	23.9%	12.9%	0.2%	11.1%	13.8%	1.2%	100.0%
Grand Total	**13.3%**	**2.2%**	**13.2%**	**27.4%**	**12.2%**	**0.8%**	**19.2%**	**11.0%**	**0.7%**	**100.0%**

ii. The Multi-Agency Safeguarding Hubs (MASH) referrals

The MASH process is triggered for cases that are considered to be at levels 3/4 (borderline) or 4. There are two MASH in East Sussex; East and West. The MASH process is led by Children's Social Care, involving partners such as Police, Health, Education, the Youth Offending Team and Children's Services Early Help. When cases are assessed as Level 3, they are passed on to Early Help services, or flagged in regard to a current Early Help Plan where one exists. The numbers for the financial year 2017/18 are shown in the following chart:



Source: ESCC Children's Social Care 2018

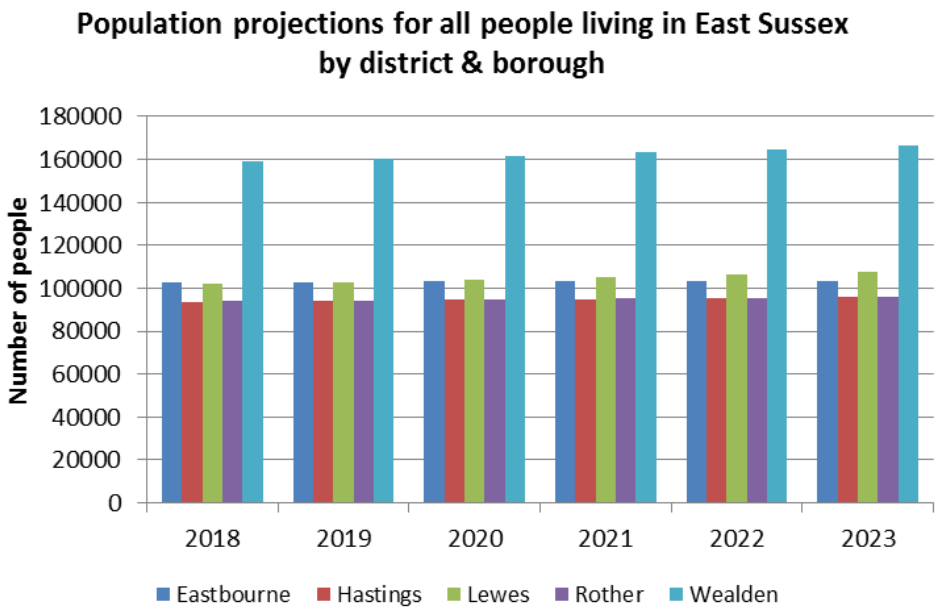
17. Future need for Children's Services Early Help

Forecasting the level of needs for early help services in the coming years must inform the Early Help Strategy. With so many complex and overlapping factors influencing how the county's most vulnerable families are able to cope and keep their children safe, any forecasting will be speculative.

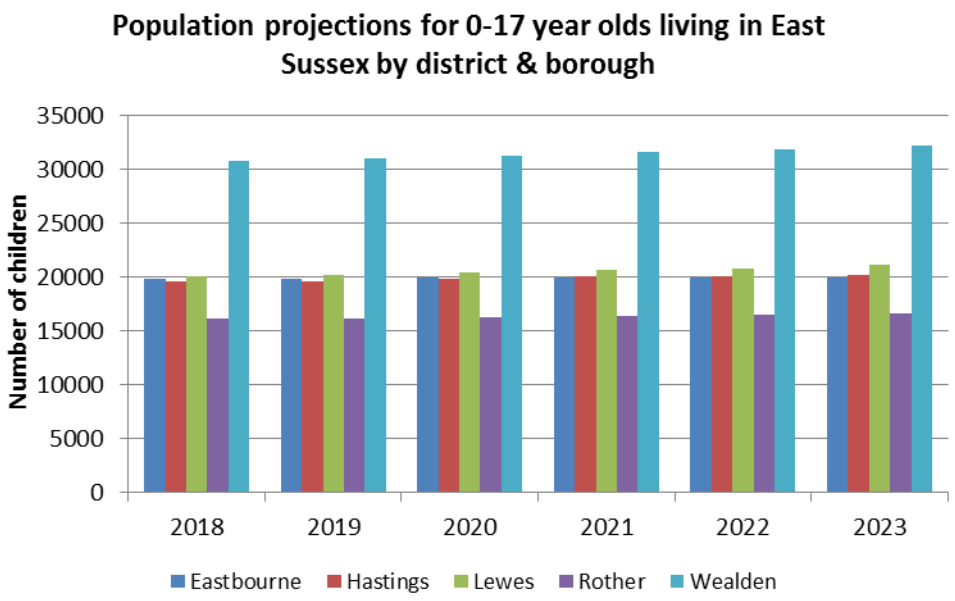
However, we are able to consider estimates regarding the changes in the total child population, the numbers of children with SEND, and the numbers of Children in Need.

i. General population projections

Population growth over the forecast period up to 2031 is projected to be mostly among the over 60s as the population continues to age, with an expected increase of 16,800 between 2018 and 2023 for the whole population. The figures below originate from ESIF.



The population of 0-17 year olds is forecast to increase by a total of 3,600 over the same period, as the age group makes up around 20% of the complete population.



Source: ESiF population projections refreshed April 2018. These projections are based on the very latest 2016 population data, births, deaths and migration released by ONS in March 2018. They also reflect the most up to date planned housing figures available as at April 2018, which have been provided by each borough and district.

The biggest increase in the total population is anticipated to be in the Lewes district (around 5% over the five years), followed by Wealden, Hastings and then Rother. The population is forecast to remain relatively unchanged in Eastbourne.

Percentage increase in forecast populations between 2018 and 2023

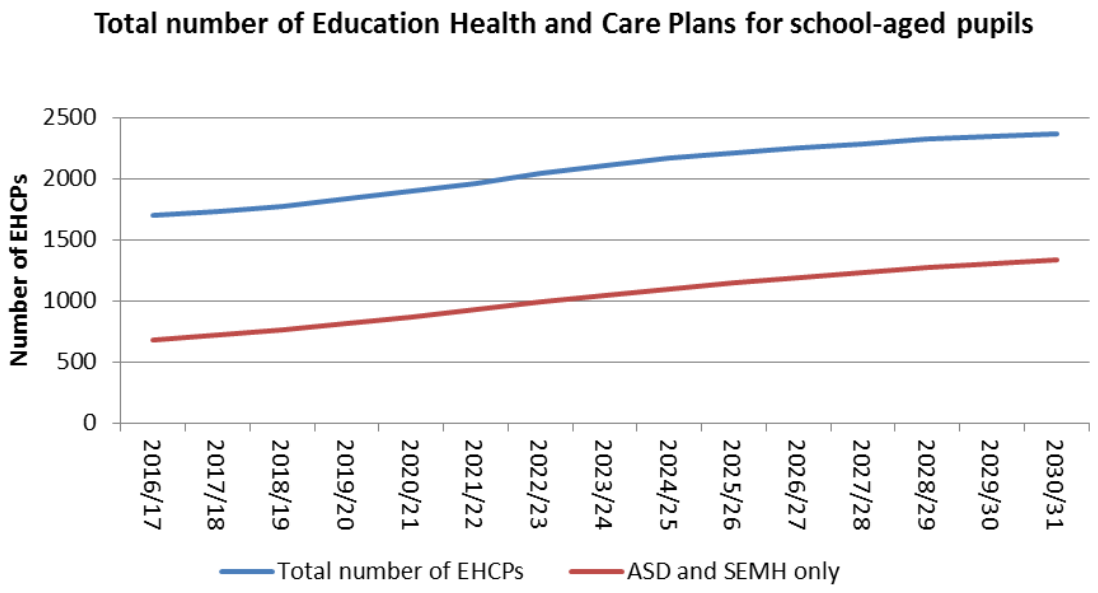
	All ages	0-17 only
Eastbourne	0.45	0.27
Hastings	2.43	3.50
Lewes	4.94	5.08
Rother	1.81	2.96
Wealden	4.59	4.49
East Sussex	**3.04**	**3.40**

The 0-17 child population is projected to increase in Lewes by 5.08%, Wealden by 4.49%, Rother by 2.96%, and Hastings by 3.50%, but in Eastbourne the population is expected to see little change over the 5 year projection from 2018 to 2023.

The ESCC State of the County 2018 (informed by ONS forecasting) has stated that the number of young people (aged 0-17) will increase by 2.7% in the next three years.

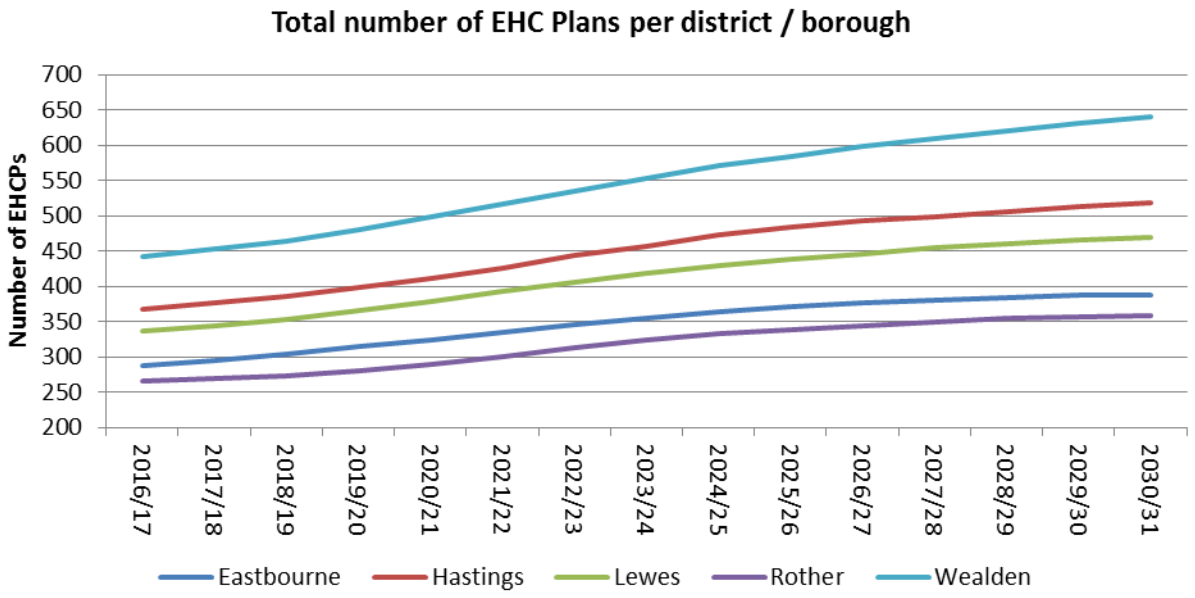
ii. Children with SEND forecast

The number of children age 4-16 with an EHC Plan is expected to steadily increase over the next 10 years. This is directly related to the expected increase in EHC Plans with Autism Spectrum Disorder (ASD) or Social, Emotional and Mental Health (SEMH) as the child's primary need.



Source: ESCC Children's Services 2018

The EHCP forecast shown at district and borough level:



Source: ESCC Children's Services 2018

Although some of this increase will be due to improvements in ASD diagnosis and appropriate SEN planning, it does indicate that there will be greater numbers of children who may exhibit negative behaviours which then contribute to the vulnerability and needs of their families.

21% of families currently receiving Children's Services Early Help have a child or children with an identified health / behavioural need associated with SEND; predominantly Autistic Spectrum Condition (ASC) or Attention Deficiency Hyperactivity Disorder (ADHD). This EHCP forecast is therefore likely to impact on the number of families who potentially need Children's Services Early Help support in the future.

iii. Children in Need forecast

ESCC does not forecast for Children in Need. The ESCC strategy of using Children's Services Early Help and Child Protection Plans to keep children at home is connected to the rate of Looked After Children (LAC) which remains below IDACI expected rates. However demand for social care intervention is now beginning to increase following the plateau after the implementation of the THRIVE programme. One of the key challenges for Children's Social Care going forward is reconciling available resources with rising demand between 2016/17 to 2017/18 which is likely to continue:

- 21% increase in social care referrals.
- 17% increase in Child Protection Plans.
- 8% increase in the number of Looked After Children.

The numbers of children requiring social care is likely to be impacted by the further deterioration of the economic climate for low income families on the edge of coping with their children. The proportion of children living below the poverty line in the South East is projected by the Institute for Fiscal Studies to rise by 1.5 - 2.0 percentage points between 2017/18 and to 2021/22 (*Living Standards, poverty and inequality in the UK*, *Nov 2017*).

In October 2017, the Association of Directors of Children's Services published *A Country That Works For All Children*. It stated that the need for early help and statutory services is increasing due to rising levels of child poverty, welfare reforms and austerity resulting in cuts to local services.

East Sussex also continues to have a severe shortage of affordable housing, with a recognised need to provide more suitable accommodation for families on low incomes. The affordability gap between house prices and wages means that home ownership is unachievable for many, and private rental rates are often too high for parents on benefits. If these housing needs are not met it could lead to an increase in the numbers of children living in insecure or unsuitable accommodation (information via the Operations Manager, CSD Countywide Duty and Assessment Team).

18. List of references

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
2 ii	ESCC Council Plan	East Sussex County Council	2018/19	Link
2 ii	National evaluation of the Troubled Families programme 2015-20	Ministry of Housing, Communities & Local Government	Mar 2018	Link
2 v	East Sussex in Figures *(web-based information)*	East Sussex County Council	N/A	Link
2 v	Joint Strategic Needs & Assets Assessment (JSNA)	East Sussex Public Health / NHS	2018 (or latest)	Link
4 i	Improving Lives; Helping Workless Families	Department for Work and Pensions	Apr 2017	Link
4 i & 17 iii	A Country That Works For All children	The Association of Directors of Children's Services	Oct 2017	Link
4 i	Child poverty in Britain	National Centre for Social Research	May 2013	Link
4 vi	Rolling out Universal Credit	National Audit Office	Jun 2018	Link
4 vi	Left behind: Is Universal Credit really universal?	Trussell Trust	2018	Link
4 vi	Public spending on children in England: 2000 to 2020	Institute For Fiscal Studies	Jun 2018	Link
5 i	The Healthy Child Programme – Health Visitor Fact sheet	Public Health England	Jan 2012	Link
7 i	Social mobility in Great Britain	Social Mobility Commission	No 2017	Link
7 ii	Chance of a lifetime: the impact of bad housing on children's lives	Shelter	Sep 2006	Link
7 iii	Parenting Alone: Work and welfare in single parent households	Poverty and Social Inclusion	Jan 2014	Link
7 v	The Changing Shape of the UK Job Market	Resolution Foundation	Mar 2012	Link
8 i	Community resilience framework for practitioners	Cabinet Office	Oct 2016	Link
8 i	Wellbeing & Resilience in East Sussex	Director of Public Health	2016/17	Link
9 i	Improving lives: Helping Workless Families	Department for Work and Pensions	Apr 2017	Link
9 i	Estimating the	Children's	Jul 2018	Link

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
	prevalence of the 'toxic trio'	Commissioner		
9i	Safeguarding Pressures Research Phase 6	Association of Directors of Children's Services	Nov 2018	Link
9 i	Neglect and Serious Case Reviews	University of East Anglia/NSPCC	2013	Link
9 ii	Young Carers in the UK	Carers UK/The Children's Society	2004	Link
9 ii	Characteristics of children in need: 2016 to 2017	Department for Education	Nov 2017	Link
9 ii	Analysis of serious case reviews: 2011 to 2014	Department for Education	Jul 2016	Link
9 ii	Parental substance misuse: an Islington perspective	Islington Children's Services	Nov 2008	Link
9 ii	Addressing the impact of nondependent parental substance misuse upon children	Public Health England	Apr 2018	Link
9 iii	Alcohol dependence prevalence in England	Public Health England	Mar 2017	Link
9 iv	Estimates of the number of children who live with opiate users, England 2014/15	Public Health Institute	Mar 2018	Link
9 v	Public Health Profiles ('fingertips data')	Public Health England	N/A	Link
10 i	Smoking and mental health	Mental Health Foundation	2018	Link
11 ii	Growing up neglected: a multi-agency response to older children	Ofsted, CQC, HMPPS, HMICFRS	Jul 2018	Link
12 ii	Hastings Opportunity Area Plan 2017-20	Department for Education	2017-20	Link
12 v	Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK	Blackburn, C.M, Spencer, N.J, Read, J.M	Apr 2010	Link
13 i	Social Mobility & Vulnerable Learners Report	Education Policy Institute (EPI)	October 2018	Link
13 i&iv	SHUE Pupil survey for East Sussex 2017	East Sussex County Council	2017	Link
13 ii	Providing unpaid care may have an adverse	Office For National Statistics	Jun 2013	Link

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
	effect on young carers' general health			
13 ii	The lives of young carers in England	Department for Education	Jan 2017	Link
13 ii	Hidden from view	The Children's Society	May 2013	Link
13 ii	Parental mental health problems	Research in Practice, Jo Tunnard	2003	Link
13 ii	"Hidden Army" of young carers could be four times as high as official figures *(online report)*	BBC	Nov 2010	Link
13 iii	Contributions of alcohol use to teenage pregnancy	Centre of Public Health, Liverpool John Moores University	2009	Link
17 iii	Living standards, poverty and inequality in the UK: 2017–18 to 2021–22	Institute For Fiscal Studies	Nov 2017	Link

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