

2024 Torbay Health Needs Assessment for Children and Young People

Part One- A Quantitative Analysis

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Section One

Executive Summary and Introduction

Purpose

Torbay is undertaking a strategic review of its 0-19 Service provision for children, young people, parents and families and this Needs Assessment will help to inform the basis from which outcomes will be identified, services planned, resources committed, and progress measured.

The assessment is presented in two parts:

- Part One – A Quantitative Analysis: setting the local and national context and using data to review issues affecting children and young people in Torbay.
- Part Two – A Qualitative Analysis: using research to inform the views and wishes of children, young people and their families in Torbay.

The purpose of this section of the report is to provide a quantitative analysis of issues affecting children and young people in Torbay by looking at data from multiple local and national datasets. The analysis provides an overview of the situation in Torbay from which potential issues can be identified.

Approach

For most indicators in this needs assessment the Torbay values are compared with England values using 95% confidence intervals, calculating them to be significantly higher than, significantly lower than or not significantly different to England (the latter is referred to as similar in this report). These are rated red, amber, or green depending on whether higher or lower is better or worse than the England value. Vaccination indicators are benchmarked against a target and rated red, amber, or green depending on how the value compares to the target.

The quantitative data in this report has been sourced from local and national governmental and health organisations and is subject to change by the source. Data in this document is correct as at the point of access within Summer and Autumn 2023. It uses national and statistical neighbours as comparators which allow a position on the challenges facing children and young people in Torbay.

Throughout the document, data is compared to Torbay's statistical neighbours. These are 10 local authorities calculated to be the 'closest statistical neighbours' to Torbay due to having similar characteristics to Torbay, identified in the Children's Services Statistical Neighbour Benchmarking Tool¹. In graphs and tables throughout this HNA, the statistical neighbour figures shown are the average of the 10 statistical neighbours. These 10 local authorities are:

- Bournemouth, Christchurch & Poole

¹ [Children's services statistical neighbour benchmarking tool](#) (National Foundation for Educational Research-NFER).

- Isle of Wight
- Norfolk
- North East Lincolnshire
- Plymouth
- Redcar & Cleveland
- Rotherham
- Southend-on-Sea
- Telford & Wrekin
- Wigan

For this review, the age ranges are segregated into two core categories, however some areas cross into both ranges. They include:

- Ages 0-5 Antenatal and preschool
- Ages 5 – 19 School Age and 24 for those with Special Educational Needs and Disabilities (SEND) and those with care experience.

Scope

The scope of this HNA is informed by the core public health priorities as determined by the Department of Health and Social Care's Healthy Child Programme. This HNA does not reflect the lived experiences of children, young people and families in Torbay, these will be explored in part two of the assessment.

This HNA does not explore fully the interdependencies between some of the data, this is suggested in the areas for further exploration as discussed below.

Audience

The needs assessment is intended to inform the policies, strategies, development and commissioning plans and practice amongst stakeholders and organisations. These organisations include teams within the local authority, voluntary, Community and Social Enterprise Sector (VCSE) and the Integrated Care System (ICS) and local NHS Trusts.

Summary of Key Findings

The following section summarises the key findings from the analysis.

Deprivation

The percentage of Torbay's children living in relative low-income families is increasing, and significantly higher than the England average. Deprivation has been associated with poor oral health, healthy weight and school readiness and preparedness for Torbay's children. Children living in low-income families are less likely to achieve a Good Level of Development (GLD) by the end of the Reception Year.

Birth rate

Despite an overall decrease in birth rates in Torbay and a decrease in teenage pregnancies, Torbay continues to have a higher rate of teenage pregnancies compared nationally, with the rates of under 18s conceptions increasing the more deprived an area is.

Breastfeeding

For the three years published, Torbay has had significantly lower breastfeeding rates than the England value, in 2021/2022 Torbay recorded a breastfeeding rate of 43.9% whilst England's rate was 49.2%. Infant feeding interventions more recently have led to an increase in Torbay's breastfeeding rates, however official figures were not available at the point of writing.

Oral health

Significant regional inequalities remain and children from the most deprived areas have more than twice the level of tooth decay than those from the least deprived. Torbay has significantly higher rates of hospital tooth extractions due to dental caries for 0-19 year olds than England. There are higher levels of hospital tooth extractions due to dental decay in 0-19 year olds living in more deprived areas in Torbay.

Healthy weight

Obesity rates are highest in the most deprived 10% of the population, more than twice that of the least deprived 10%. Relating to obesity, in 2021/22 around 1 in 10 children, or 10.6% of children in Torbay's reception classes were in the obesity category and around 1 in 5 children, or 21.9%, in year six. These are both similar to the England figures which were 10.1% and 23.4% respectively.

Drug and alcohol use

The rate of hospital admissions of under 18 year olds for alcohol specific conditions has remained consistently higher in Torbay than the statistical neighbours and England rates.

Emotional health and wellbeing

Torbay is significantly higher than England in the percentage of both boys and girls with Special Educational Needs (SEN) relating to social, emotional and mental health needs in 2020/21 and 2021/22. More than double the number of boys than girls are identified with these needs in Torbay as is the case nationally.

19.7% of boys aged seven-10 have a probable mental disorder compared to 10.5% of girls. Conversely, far more young women aged 17-19 than young men of this age have a probable mental disorder, 33.1% of young women and 18.7% of young men.

Self-harm

Hospital admissions for self-harm are more prevalent in younger people. For 10–24-year-olds, Torbay has fluctuated over the years but has remained significantly higher than England. There are large differences between females and males, with rates consistently three to four times higher for females than males across England. In Torbay, the number of admissions for females is almost four times higher than males.

Eating disorders

Torbay has had a consistently significantly higher rate of admissions relating to disordered eating than England from 2017/18 onwards and it is on an upward trend. In 2021/22 the

Torbay rate was 90.3 per 100,000 compared with the England rate of 32.8 per 100,000. Most admissions are females.

Conceptions and births

Torbay is following the national trend of a falling teenage pregnancy rate. Torbay is still higher than England in 2021 at 20.2 per 1,000 compared with England which is 13.1. In relation to deprivation, in England there is a clear gradient with rates of under 18s conceptions steadily increasing the more deprived an area is.

Cared for children

The rate of cared for children in Torbay is 118 per 10,000 on 31 March 2022 compared to the England rate of 70. Torbay's rate has been decreasing since it peaked in 2019 but remains significantly higher than the statistical neighbours and England.

Education – Free School Meals (FSM)

In Torbay, 74% of children not eligible for free school meals achieved grade four or above compared to 32% for those who are eligible for FSM. This is an attainment gap of around 42 percentage points. Torbay is significantly lower than the statistical neighbours and England in the percentage of free school meal eligible children achieving grade 4 or above, England's attainment gap is around 28 percentage points.

Education – school attendance

Persistent absenteeism in Torbay schools has been significantly higher than England for the five years shown. The significant increase in 2021/22 follows the England and statistical neighbours' trend. Torbay's rate increased from 15.2% in 2020/21 to 28.8% in 2021/22, compared with England which was 22.5% in 2021/22.

Torbay's permanent exclusion rate from state funded schools has remained significantly higher than England for the past seven years. Torbay has a rate of 0.20% in 2021/22, equating to 40 pupils, compared to the 0.08% England rate.

Education - Special Educational Needs and Disabilities (SEND) and Education, Health and Care (EHC) plans.

Torbay has significantly higher percentages of five-19 year olds with EHC plans than the statistical neighbours and England as a whole. In 2023, 6.9% of five to 19 year olds have an EHC plan compared to 4.6% in England. Torbay's levels are rising as is the case nationally.

Homelessness

Torbay has had significantly higher rates of homelessness than England for the past three years with a rate of 20.6 per 1,000 households in 2021/22, compared with England at 14.4, consisting of 290 Torbay households.

Priorities

The priorities threaded throughout the report reflect the data analysis and the risk areas where targeted interventions could impact the most. Priority areas are not given to Special Educational Needs and Disabilities (SEND) in this report as these are addressed as part of the [2023 Torbay SEND Strategy](#). The priority areas for this report include:

- Linking support to deprivation
- Stopping smoking in pregnancy
- Infant feeding
- Speech Language and Communication Needs (SLCN)
- Oral health
- Healthy weight and active play
- Young people's drug and alcohol
- Emotional health and wellbeing
- Self-harm and suicide
- Youth services

Areas for Further Exploration

This HNA provides some evidence towards the interdependencies between deprivation and poor educational, emotional, and physical health outcomes for children and young people in Torbay, but further investigation would broaden the understanding. The data also provides some linkages between persistent absenteeism and permanent exclusions with the youth justice system but there is scope for further review and analysis.

Section Two

Local and National Context

This section sets the national and local strategic context for children and young people, including Torbay’s Corporate Plan and Michael Marmot’s review – Fair Society, Healthy Lives, both offering precedence to the importance of children being given the best start in life to maximise potential.

The section discusses the Department of Health and Social Care’s Healthy Child programme, a national framework on which the Torbay 0-19 Service was built and provides the foundation for any new service. The section explores the history of the Torbay 0-19 Service, highlighting some gaps in provision for school aged children and references the Family Hubs Start for Life national grant funded programme, both considered strategic priorities for Torbay Local Authority.

Torbay’s Strategic Priorities

Torbay Council has an ambition of creating a prosperous and healthy Torbay. In meeting this ambition, the Council and its partners have a clear vision for children and young people which is articulated throughout its plans and strategies.

The Council’s Corporate Plan sets out, as one of its Targeted Actions, that it will “Protect all children and give them the best start in life”. The Children and Young People’s Plan was developed with the involvement and support of a range of partners, stakeholders and young people, with the aim of improving outcomes for children and families. It is intended as an overarching plan for all services which directly affect children and young people in all the communities which make up Torbay. It draws upon the evidence base provided by our Joint Strategic Needs Assessment and Sufficiency Strategy.

The Children and Young People’s Plan aligns to the rest of the Council’s Policy Framework including the Joint Health and Wellbeing Strategy, Domestic Abuse and Sexual Violence Strategy, Housing Strategy and the Economic Strategy. Throughout the Plan, consideration is given to the safeguarding of children and young people, their health and social care needs, their education, and their futures as active, informed and participating members of the community.

Torbay Council’s Corporate Plan



To deliver the objective of the plan, there are four interconnected priorities which ensure all children are protected and given the best start in life. The priorities are:

1. Children get the best start in life.
2. The impact on children and families from domestic abuse, alcohol/substance misuse and all forms of child exploitation is reduced.
3. Education outcomes for all children and young people are improved.
4. Young people are healthy, make positive choices and influence their own future².

The Marmot Review – Fair Society, Healthy Lives

In 2010, The Marmot Review published Fair Society, Healthy Lives. This was an independent review into health inequalities in England which Professor Sir Michael Marmot was asked to chair by the then Secretary of State for Health. The review proposes the most effective evidence-based strategies for reducing health inequalities in England. The review sets out a framework for action under two policy goals: to create an enabling society that maximizes individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies.

Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the six policy objectives and, similarly to Torbay council, to the highest priority being given to the first objective:

1. Giving every child the best start in life.
2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives.
3. Creating fair employment and good work for all.
4. Ensuring a healthy standard of living for all.
5. Creating and developing sustainable places and communities.
6. Strengthening the role and impact of ill-health prevention³.

The Healthy Child Programme

The Healthy Child Programme (HCP) is an evidence-based government initiative set up in 2009, initially led by Public Health nurses including Health Visitors, School Nurses and Community Nursery Nurses. In recent years it has modernised into a programme that incorporates provision stretching from preconception to aged 25 and in July 2023 the Healthy Child Programme Schedule of Interventions was launched as a tool to improve access to evidence-informed approaches to support local decision making on early intervention and prevention. The tool incorporates guidance on provision including community, universal, targeted and specialist support across all ages.

² [Torbay Council's Children and Young People's Plan 2018 - 2023](#)

³ [Fair Society, Healthy Lives: The Marmot Review](#)

Figure One: The Healthy Child Programme Schedule of Interventions by Activity⁴

The Healthy Child Programme	
Alcohol and Drug Use	Mental health and emotional wellbeing
Breastfeeding	Opportunistic Care – Contraception and Sexual Health
Children and young people with additional health and development needs	Oral Health and Dental Care
Continuity of care	Parenting support
Domestic violence and abuse	Physical Activity
Health and wellbeing development reviews	Positive adult relationships and parental conflict
Health Visiting five mandated contacts	Promoting healthy behaviors
Healthy weight, nutrition and physical activity	Safeguarding
Immunisations and screening	Safe sleep
Inclusion Health: Black, Asian and minority ethnic (BAME) women	Smoking
Inequalities and disparities	Special Educational Needs and Disabilities (SEND)
Infant feeding education and planning	Speech, Language and Communication Needs (SLCN)
Infant mental health	Transition to education settings
Keeping safe and accident prevention	Transition to Parenthood
Maintaining healthy relationships including sexual health	Vulnerabilities and identification of additional needs
Making Every Contact Count (MECC)	

Torbay 0-19 Service

Torbay's 0-19 Service was procured during 2018 for an April 2019 commencement date, with the contract being let as a Prime Provider with sub-commissioned suppliers. Torbay and South Devon NHS Foundation Trust is the contracted organisation with Action for Children and the Children's Society being sub-contracted by the Trust.

The aim of the 0-19 procurement was to bring together a range of children and family services that had previously been commissioned and managed disparately into a single integrated model, including, but not limited to, the services forming the Healthy Child Programme. Figure two summarises those provisions that comprise the 0-19 service that sit under the initial specification and services that have been brought into the contract since the procurement.

⁴[The Healthy Child Programme](#)

Figure Two: Torbay 0-19 Service by Activity

Primary 0-19 Services Under the 2018 Specification	Service Provider
Health Visiting (Public Health Nursing)	TSDFT
School Nursing (Public Health Nursing)	TSDFT
National Child Measurement Programme	TSDFT
Parenting Aspirations, Self Esteem, Skills and Family Support (Early Help and Family Support)	Action for Children
Child Development and School Readiness (including speech, language and communication support)	TSDFT/Action for Children
Children's Centres/Community Hubs	Action for Children
Young People's Substance Misuse Service.	TCS-Checkpoint
Advocacy and Independent Visitors Service.	TCS- Checkpoint
Missing and Return Home Interview Service.	TCS- Checkpoint
Additional Services Since the Procurement	
Family Hubs provision	TSDFT/Action for Children
SSMTR capacity for substance misuse.	TCS- Checkpoint
Homeless advocacy.	TCS-Checkpoint
Trauma focussed emotional wellbeing service for CYP living in domestic abuse safe accommodation.	TCS-Checkpoint
HENRY family weight management coordination and creche pilot provision.	TSDFT

A recent service mapping exercise established that the current 0-19 Service incorporates provision for children from 0 to 19 (25 with SEND and for care experienced children) but universal services is weighted towards the pre-school age group. The existing contract does not deliver universal, preventative interventions for school age children outside of school nursing. There is a strategic opportunity to design and implement a comprehensive youth offer in Torbay.

Family Hubs and Start for Life Programme

The Family Hubs and Start for Life programme helps meet commitments in [The best start for life: a vision for the 1,001 critical days](#), published as government policy in March 2021. This programme is jointly led by the Department for Education (DfE) and Department of Health and Social Care (DHSC).

The programme's objective is to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all parents and carers can access the support they need when they need it.

In 2022, Torbay was chosen by the government as one of 14 trailblazer local authorities to lead the way in delivering a comprehensive Family Hubs programme. The services have been designed and developed in partnership with 0-19 Service, parents, carers and alongside the voluntary and community sector to ensure the needs of children and families are met. With funding for the programme due to end in March 2025, the challenge lies in evidencing the impact of interventions and developing strategies for sustainability.

Section Three

Demography and Environment

This section explains the relationship between demography and environmental factors in Torbay. Focused on the 2021 census data, this analysis gives an insight into the population's composition, age distribution and socio-cultural dynamics.

Population

Torbay encompasses the three coastal towns of Torquay, Paignton and Brixham. The 2021 census records a population of around 139,330 people within almost 63,000 households. According to the census, 27,596 of the population are aged 0-19 years which is 20% of the total population⁵.

Age and sex

In England, 0–19-year-olds make up 23% population, this is more than Torbay where children and young people make up 20% of the population. Conversely, Torbay has a considerably higher percentage of older people in the population than the England average and 27% are aged 65 and over compared to 18% in England.

Figure Three: Age groups- 0-19 year olds, Torbay, 2021⁶

Age group	Number	% of 0-19s
0-4 years	6,059	22.0%
5-9 years	7,312	26.5%
10-15 years	8,921	32.3%
16-17 years	2,962	10.7%
18-19 years	2,342	8.5%
Total	27,596	

The number of 0–19-year-olds in the population has remained at a standstill since the 2011 census with around 30 fewer individuals in this age group in 2021. This is despite a 6.4% increase in the total population.

In 2021, 49% of Torbay's 0–19-year-old population are female and 51% male which is the same as the England population.

⁵ [2021 Census](#)

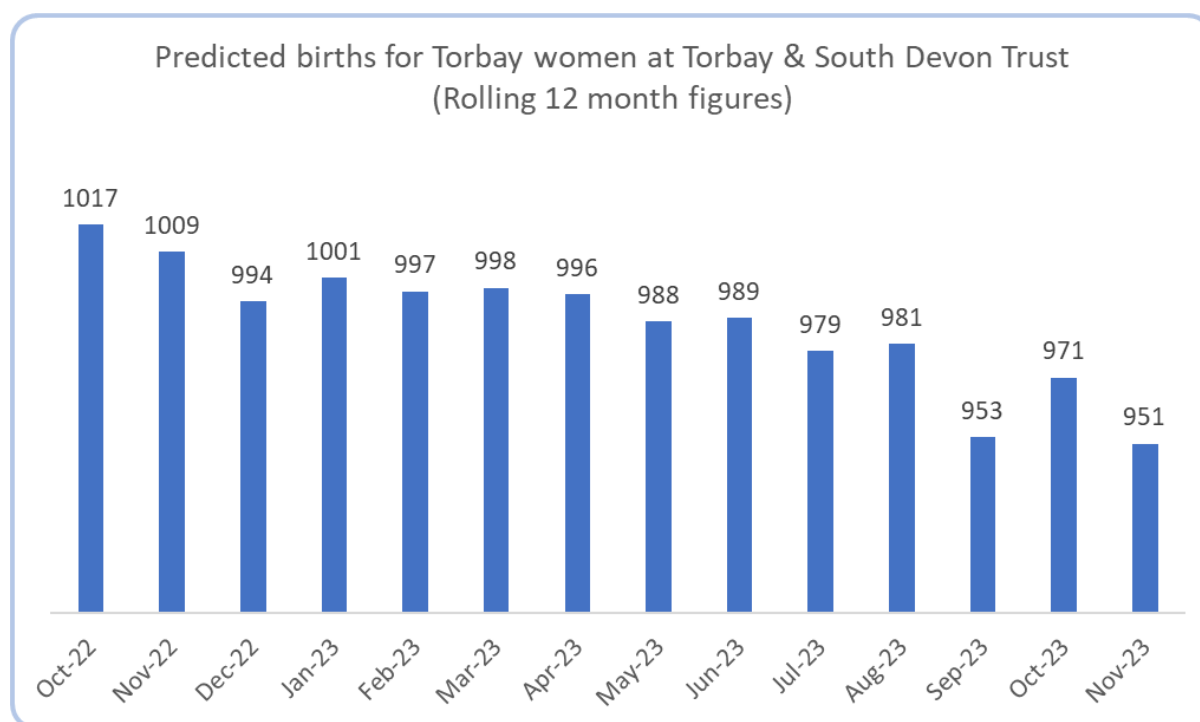
⁶ [2021 Census](#)

Figure Four: Sex- 0-19 year olds, Torbay, 2021⁷

Sex	Number	% of 0-19s
Female	13,420	48.6%
Male	14,176	51.4%

Birth Rate

According to official figures, the number of babies born in England and Wales in a year dropped in 2022 to the lowest level in two decades⁸. This is reflected in Torbay, where there has been a gradual decline over the past year. Figure five indicates the number of pregnant women in Torbay who accessed maternity services and were given a predicted date for their baby or babies to be born, it does not reflect the actual birth dates. Numbers of conceptions and births in the last decade to Torbay mothers aged 19 and under is discussed in Section Four section of the paper.

Figure Five: Pregnant Women Given a Predicted Birth Date at Torbay and South Devon NHS Foundation Trust⁹

⁷ [2021 Census](#)

⁸ ONS Births in England and Wales:2022).

⁹ Torbay and South Devon NHS Foundation Trust

Disability

Of the 0–19-year-old population, one in 10 (10.7%) reported in the 2021 census that their day-to-day activities were limited by long-term physical or mental health conditions or illnesses. This defines them as disabled under the Equality Act 2010. This is a higher proportion than England (7.3%) and equates to around 2,960 people. 4.6% of them stated that their day-to-day activities were limited a lot¹⁰.

Ethnicity

In Torbay, 90.4% of 0–19-year-olds identified as White: English, Welsh, Scottish, Northern Irish or British in the 2021 census. Therefore, 9.6% of the 0-19 population are of other ethnic groups, around 950 more than in 2011, with 6.4% stating a non-white ethnicity. In England as a whole, 27.4% of 0–19-year-olds recorded a non-white ethnicity¹¹.

Gender identity

This was included in the census for the first time in 2021, asked of those aged 16 and over. In Torbay, 1.1% of 16–24-year-olds reported their gender identity as not the same as the sex registered at birth. In England as a whole, this was 1.0%. In Torbay 5.6% of 16–24-year-olds did not answer the question (England- 7.1%)¹².

Marriage and partnership

Fewer than five of Torbay's 16–19-year-olds reported in the 2021 census that they were married or in a registered civil partnership with the rest of this age group never having been. A decade earlier in 2011, 31 within this age group reported either being married or in a registered civil partnership, separated, divorced or the partnership dissolved, widowed or the surviving partner of a civil partnership.

Religion

In the 2021 census, compared to 10 years earlier in 2011, there is a large increase in the number of Torbay's 0–19-year-olds reporting that they do not have a religion. 60.5% report this compared to 39.2% in 2011, around 5,850 more people. This movement broadly mirrors Torbay's total population and England as a whole. Most 0–19-year-olds with a religion stated Christian (around 8,610). In Torbay 6.7% did not answer the question¹³.

Sexual orientation

This was included in the census for the first time in 2021 and asked of those aged 16 and over. Of Torbay's 16- to 24-year-olds, 7.5% gave a sexual orientation other than straight or heterosexual. In England this was 6.9%. In Torbay 8.7% did not answer the question (England- 9.7%)¹⁴.

¹⁰ [2021 Census](#)

¹¹ [2021 Census](#)

¹² [2021 Census](#)

¹³ [2021 Census](#)

¹⁴ [2021 Census](#)

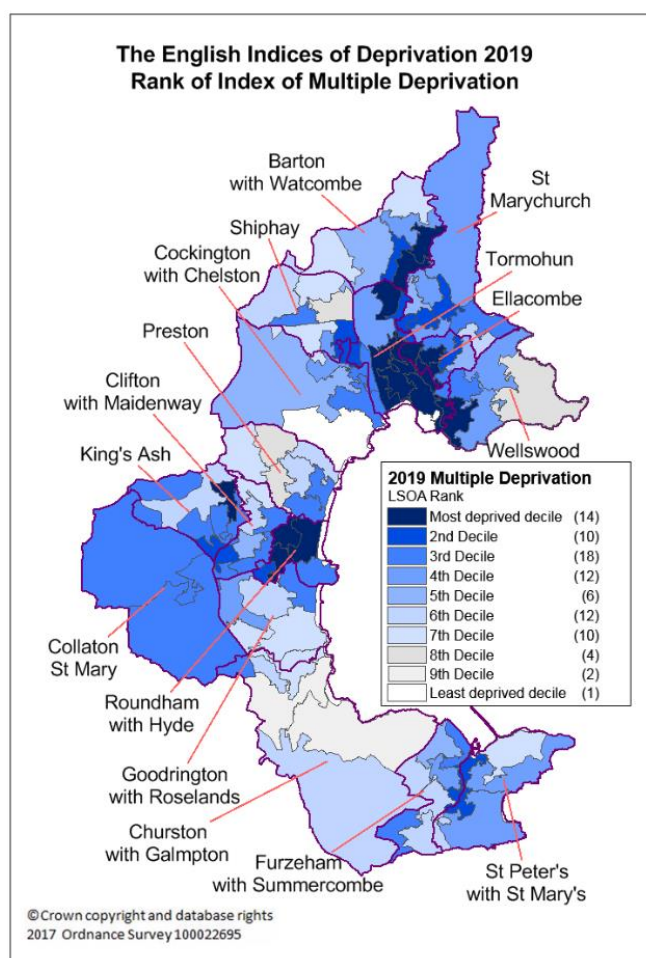
Deprivation

The English Index of Multiple Deprivation (IMD) measures relative levels of deprivation in small geographical areas in England- Lower-layer Super Output Areas (LSOA) which each have a population of around 1,600.

A family is defined as being in relative low income when their income is below 60% of the UK average (median) income. They must have claimed Child Benefit as well as Universal Credit, Tax Credits and/or Housing Benefit in the year to be included in this measure. These low-income statistics do not take housing costs into account.

Torbay is ranked as the 38th most deprived upper-tier local authority out of 151 for 2019. In 2015 it was 37th, and in 2010 it was the 41st.

Figure Six: Deprivation in Torbay Lower Super Output Areas (LSOAs), 2019¹⁵

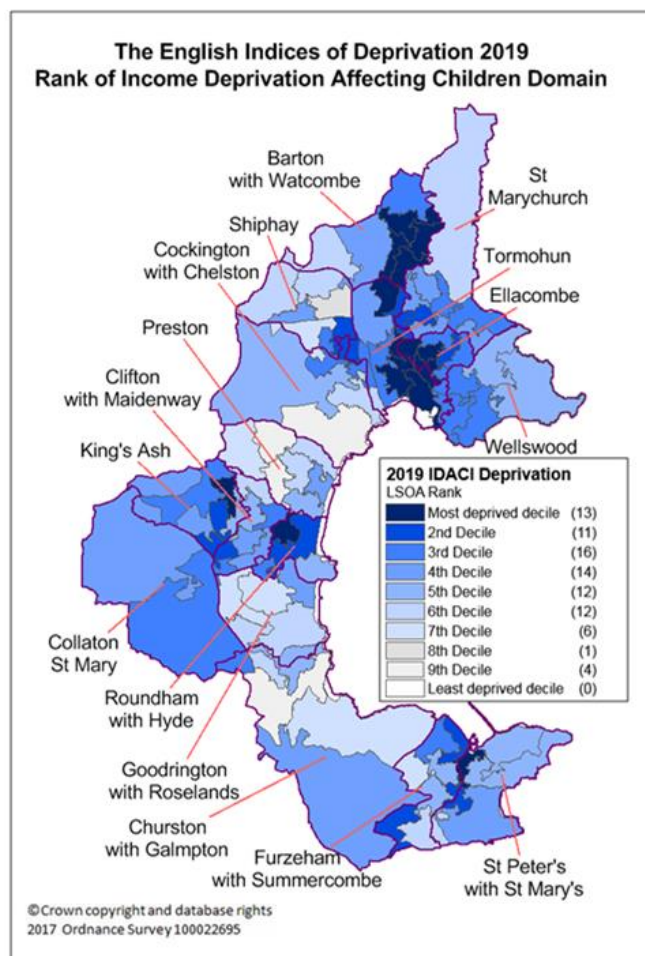


27% of Torbay's population lives in the 20% most deprived areas in England. The more deprived the areas, the darker blue they are on the map as seen in figure six.

An element of the IMD measures income deprivation affecting children aged up to 15 years old as seen in figure seven, Torbay ranks as the 30th most deprived upper-tier local authority out of 151 for this element of deprivation in 2019.

¹⁵ [English indices of deprivation 2019](#)

Figure Seven: Income deprivation that affects children in Torbay Lower Super Output Areas (LSOAs), 2019¹⁶

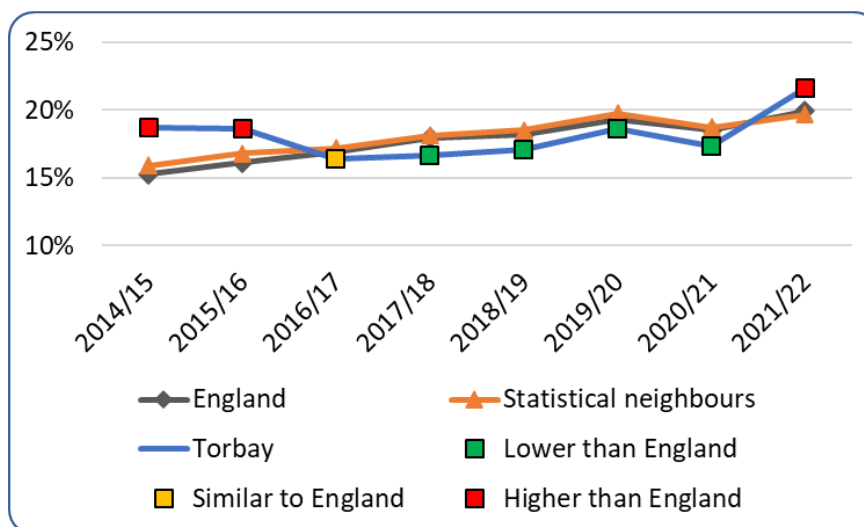


30% of Torbay’s children live in an area that is amongst the 20% most deprived in England in relation to income deprivation affecting children, as seen in figure seven. In 2015 this was 29% of children.

Proportionately, people in Torbay’s more deprived communities spend a larger amount of their life in need of some increased level of support.

¹⁶ [English indices of deprivation 2019](#)

Figure Eight: Percentage of children in relative low income families, aged under 16¹⁷



The percentage of children living in relative low-income families was 21.6% in Torbay in 2021/22. This is significantly higher than the England average but for several years previously Torbay was lower than England. The statistical neighbours average has broadly followed the England value.

Priority One: Linking Support to Deprivation

Evidence shows that those living in the most deprived areas face the worst healthcare inequalities in relation to healthcare access, experience, and outcomes. Targeting help antenatally onwards to areas of deprivation would go some way in reducing child health inequalities.

¹⁷ Stat-Xplore, ONS population estimates, 2021/22 is provisional

Section Four

0-5 - Antenatal and preschool

Section four investigates the early years, encompassing antenatal care and the preschool period. The first 1001 days, spanning pregnancy and the initial two years of a child's life, is universally acknowledged as pivotal, significantly influencing lifelong health, well-being, and developmental trajectories. This section details the current provisions and data for perinatal mental health, smoking cessation, breastfeeding, infant mortality, immunisations, early language identification, and children's developmental achievements.

Best Start in Life – First 1001 Days

The first 1001 days include pregnancy and the first two years of a child's life. There is clear and compelling evidence that this is a significant and influential phase in development, and impacts on a child's life, through to adulthood. What happens to a child during this phase lays the foundation for every child's future health, wellbeing, learning and prosperity¹⁸.

A healthy pregnancy can set up the unborn baby for a healthy life. As the baby grows, it responds to the mother physically and emotionally. The physical and emotional wellbeing of a mother is important for a baby's development, and important for the mother¹⁹.

The mental health and wellbeing of mums, dads, partners, and carers is also important for the development of the baby. Poor mental health can impact a parent's ability to bond with their baby. This is why it is important that parents and carers have their own needs met so they can meet the needs of their child.

Perinatal Infant Mental Health (PNIMH)

As more evidence emerges about the effects of perinatal mental illness (PMI) on the mother, father and developing foetus/infant, the term perinatal mental health (PMH) is now commonly used to describe the emotional wellbeing of women, their children, partner, and families from conception through pregnancy to one year following the child's birth. Some key national statistics include:

- Mental health problems in the perinatal period affect one in five women.
- New father's depression rates are double the national average for men in the same age group.
- 122,000 babies under the age of one are living with a parent who has mental illness.
- The mental health of parents in the perinatal period can have long-term, effects on the infant, especially in relation to their later emotional and behavioural development.

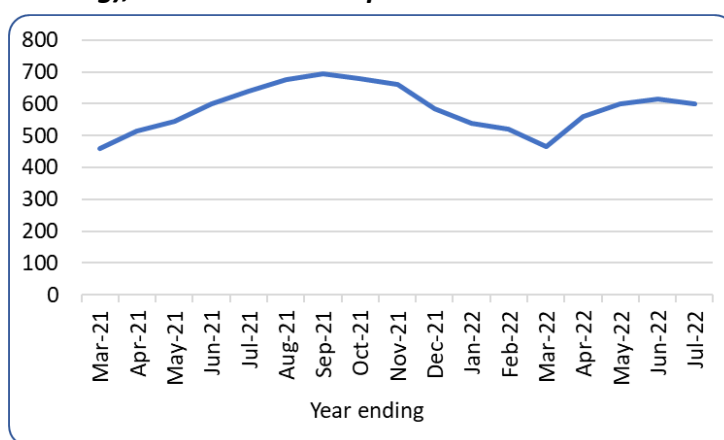
¹⁸ [WHO The Global Strategy for Women's, Children's and Adolescents' Health \(2016-2030\)](#)

¹⁹ [Wave Trust 1001 Critical Days: The Importance of the Conception to Age Two Period\)](#)

- Suicide is the leading cause of direct maternal deaths occurring within a year after the end of pregnancy in the UK²⁰.

In Torbay, specialist PNIMH services are provided by Devon Partnership Trust (DPT). Figure nine shows a rolling 12-month figure of females who have had a contact with the service in the previous year. More recent data available at this point (years ending August 2022 – March 2023) has been affected by a cyber incident that impacted providers including Devon Partnership Trust so has not been included. It was not possible to separate data locally, therefore the data includes both Devon and Torbay. Plymouth’s services are not provided by DPT.

Figure Nine: Number in contact with Specialist Perinatal Mental Health Community Services (12 month rolling), Devon Partnership Trust²¹



Torbay’s 0-19 Service Public Health Nursing team as part of the Family Hubs Start for Life programme provide mental health support to mothers, fathers and infants as an early intervention during the perinatal phase. Data that supports the numbers of people accessing the service and the measured outcomes of the service received were not available at the point of writing this report.

Smoking at time of Delivery

Smoking at time of delivery is responsible for an increased rate of stillbirths, miscarriages and birth defects, as well as increasing children’s chances of developing asthma, obesity, diabetes, and psychological problems. In 2017, the government set a target to reduce rates of maternal smoking to 6% by 2022. However, new data for 2022/2023 show this target has been missed with 8.8% of pregnant women smoking during this period²².

Figure ten shows the percentage of pregnant women known to be smoking at the time of delivery as a percentage of maternities with a known smoking status. This has been on a

²⁰ [iHV Perinatal and Infant Mental Health: What it is and why it matters](#)

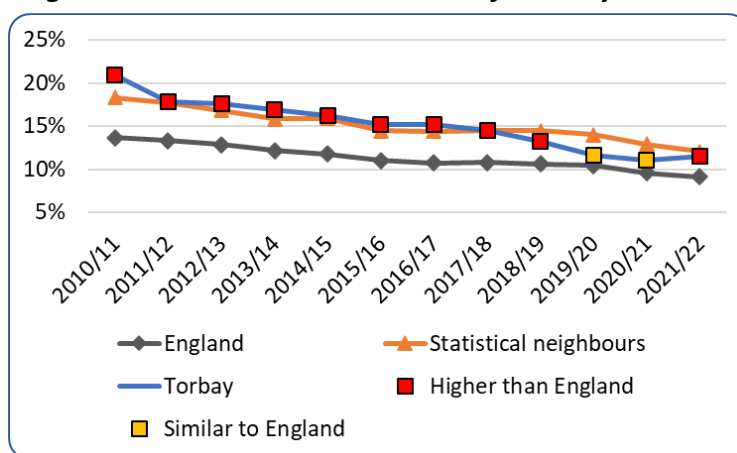
²¹ [NHS Digital monthly statistics](#) NHS England indicator MHS91

²² [ASH](#)

decreasing trend for the years shown although there is an increase in 2021/22 for Torbay to 11.5% (England- 9.1%).

It should be noted that from 2019/20 onwards the values reported for Torbay have been the Devon-wide Clinical Commissioning Group, now the Devon Integrated Care Board (ICB) figure therefore masking variation at local authority level. Prior to 2019/20 the figures were for Torbay Local Authority.

Figure Ten: Percentage known to be smokers at time of delivery²³



The Devon Smoke Free Alliance has a priority to protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake. They aim to do this by ensuring antenatal support around smoking cessation and smokefree homes, raising awareness of the harms of second-hand smoke.

Across Torbay, women are offered antenatal support around smoking cessation by the midwifery team and a carbon monoxide breath test on some visits. With consent, women are referred to A Better Life (ABL) who provide a cessation programme for pregnant women. At the eight-week visit, there is a handover where the health visitor continues to support the woman in smoking cessation, carbon dioxide monitoring and information and sign posting.

In 2022/2023, 48 pregnant people in Torbay set a quit date with 30 reporting a successful quit through the local stop smoking service. This is a success rate of around 62%. Smoking at time of delivery (SATOD) remains significantly higher than the England average (at 11.5% compared to 9.9%) but local NHS data shows a downward trend of SATOD and SATOB rates²⁴.

Priority Two: Stop smoking support is appropriate for women before, during and after pregnancy and their families. Women who smoke are identified by health care professionals, peers and those who work in the community and offered an appropriate intervention.

²³ Office for Health Improvement and Disparities (OHID)- [Public Health profiles](#)

²⁴ Business and Governance Strategic Report Smoking July 2023

Breastfeeding

Breastfeeding and breast milk gives babies the absolute best start in life as it promotes health, prevents disease, contributes to reducing inequalities and there are links between infant feeding and forming baby and parent relationships, important for developing babies' brains. Breastfeeding has also been proven to protect against some short and long-term illnesses and diseases for both mum and child.

UNICEF UK's Baby Friendly Initiative (BFI) enables public services to better support families with feeding and developing close and loving relationships so that all babies get the best possible start in life²⁵. Torbay is part of the BFI accredited programme which is recognised and recommended in numerous government and policy documents including National Institute for Health and Care Excellence (NICE).

BFI's work to support breastfeeding is based on extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide. Exclusive breastfeeding is recommended by the World Health Organisation (WHO) for babies until six months' old and thereafter with other foods for two years and beyond²⁶.

In the UK we have some of the lowest breastfeeding rates in the World, with eight out of ten women stopping feeding before they are ready to²⁷.

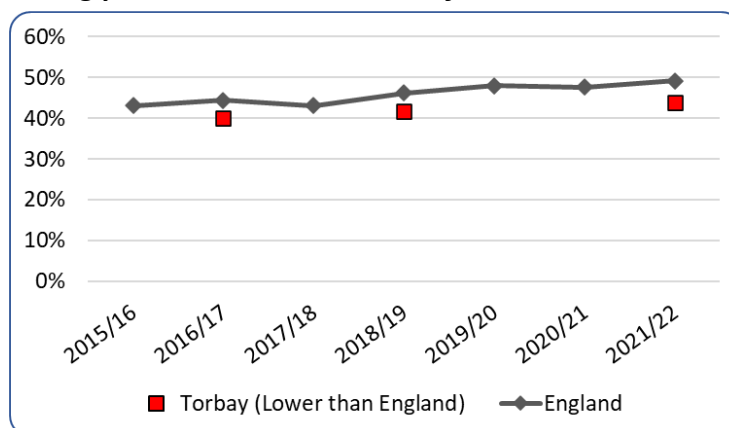
Local and regional data for Breastmilk at First Feed rate is superficial with submissions often absent. Therefore, it is not feasible to include in this assessment. Through the NHS Devon Integrated Care Board (ICB) and as part of the Joint Forward Plan, targets have been set to achieve a rate of 78% for Breastmilk as the First Feed. Before this can be assessed, improvements will be made on the quality of submission data to evidence any achievements or short falls.

The six-to-eight-week mandated contact by Health Visitors is a means to measure breastfeeding either exclusively, partially or not at all. Figure 11 is the percentage of babies who, at the 6-8 week check, were totally or partially breastfeeding. For the 3 years published Torbay is significantly lower than the England value, in 2021/2022 Torbay recorded a rate breastfeeding of 43.9% whilst England's rate was 49.2%. There is a generally increasing trend in Torbay and England although Torbay's three values are statistically similar to each other.

²⁵ [UNICEF BFI](#).

²⁶ [WHO Breastfeeding](#)

²⁷ [UNICEF BFI](#)

Figure 11: Breastfeeding prevalence at 6-8 weeks after birth²⁸

If the breastfeeding status is unknown, then it is counted as not breastfeeding in this measure so means an underestimate of the percentage recorded as breastfeeding. Data for a number of years has not been published for data quality reasons which is generally the case across local authorities.

The work towards BFI Gold accreditation and the Infant Feeding interventions provided as part of the Family Hubs Start for Life programme are not supported by this data, there is increasing evidence to indicate the infant feeding interventions as part of these programmes are contributing to an increase in breastfeeding rates in Torbay. The preliminary data that indicates an upward trend in Torbay for 2023 has not been applied to this HNA.

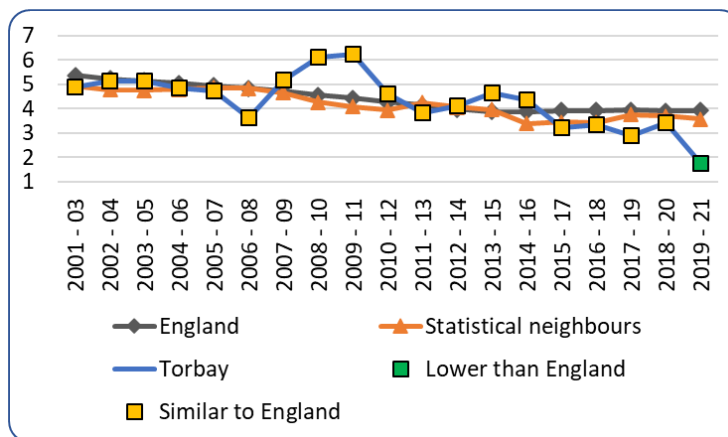
Priority Three: Infant feeding interventions are offered and available to families antenatally, immediately after birth and throughout the perinatal phase. Interventions are professional, and peer led, responsive to the needs of individual families.

Infant mortality

The infant mortality rate in Torbay has dropped in 2019-21 (3 years combined) to 1.8 per 1,000 which equates to 6 deaths, compared to the 3.9 per 1,000 England value. This is the lowest number and rate for Torbay in the 19 years shown, and significantly lower than England. The low numbers mean that rates fluctuate over time, but the general trend is downwards as is the case for Torbay's statistical neighbours and England. Looking at England data, infant mortality is higher in areas that are more deprived, it is not possible to determine this for Torbay as the infant mortality rates are so low.

²⁸ OHID- [Public Health profiles](#)

Figure 12: Number of infant deaths under 1 year old, per 1,000 live births²⁹

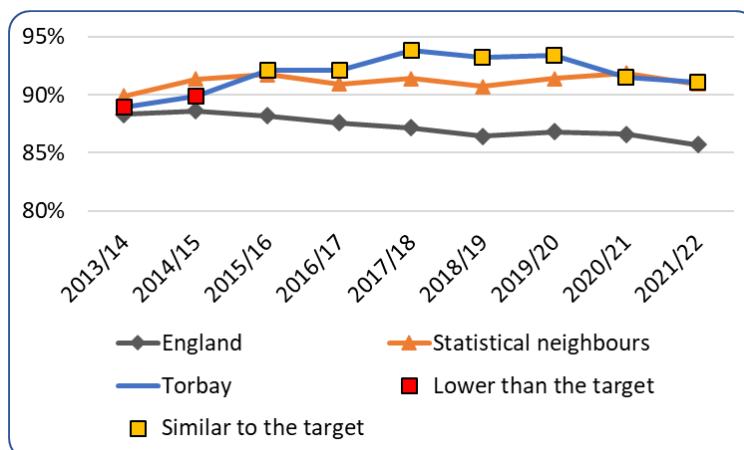


Immunisations

Childhood immunisations are an important way of protecting children from serious disease and illness, many of which protect into adulthood.

The percentage of children who have received two doses of the combined measles, mumps and rubella (MMR) vaccine by the age of five is shown in Figure Thirteen. The target is 95% and Torbay has been similar to the target for the last seven years with percentages ranging from 91.1% to 93.9%. Torbay and the statistical neighbours have been above England for all the years shown. In 2021/22 Torbay achieved 91.1% coverage compared to 85.7% in England.

Figure 13: Percentage of 5 year olds who have received 2 doses of the MMR vaccine³⁰



Torbay’s 2021/22 coverage of children receiving one dose of the MMR vaccine by the age of two years old was 94.6% and by the age of 5 was 96.6%.

²⁹ OHID- [Public Health profiles](#), uses year of death registration

³⁰ OHID, [Public Health profiles](#)

Coverage of other early years vaccines in 2021/22:

- Torbay achieved above the 95% target coverage for 3 doses of the Diphtheria, Tetanus, Pertussis, Poliomyelitis and Haemophilus type b (Dtap IPV Hib) vaccine by the age of two years. Torbay has been above this target for more than a decade.
- Torbay's coverage was below 90% (89.8%) for the DTaP and IPV booster by the age of five years (England- 84.2%).
- The following early years vaccinations have Torbay coverage from 91% to just below 95%:
 - Dtap IPV Hib- 3 doses by aged 1 year
 - MenB- 2 doses by aged 1 year
 - MenB booster by aged 2 years
 - Rotavirus- 2 doses by aged 1 year
 - PCV booster by aged 2 years
 - Hib and MenC booster by aged 2 years
- Torbay's coverage of the flu vaccine for 2-3 year olds is 47.3% compared to the national goal of 70% (England- 50.1%).

Early Language Identification Measure (ELIM)

There is a gap in cognitive development, specifically speech and language skills between children from different social backgrounds and the gap is identifiable very early in a child's life and well established by school entry³¹.

Early communication difficulties may also be indicators of wider neurodivergence and complex support needs. The development of the government's ELIM intervention was introduced in 2018 and forms the guiding tool of the two to two and a half visits carried out by Health Visitors as part of the HCP.

ELIM outcomes data is not reported nationally and therefore not included as part of this report. ELIM interventions were introduced by Torbay's Public Health Nursing team in 2021, therefore comparable data is not available for this report. An average of 20 children a month were referred to targeted or specialist support between August 2022 and August 2023 in Torbay.

Children Achieving a Good Level of Development (GLD)

Children are defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) in the reception year if they have achieved at least the expected level for the Early Learning Goals (ELGs) in the prime areas of learning (personal, social, and

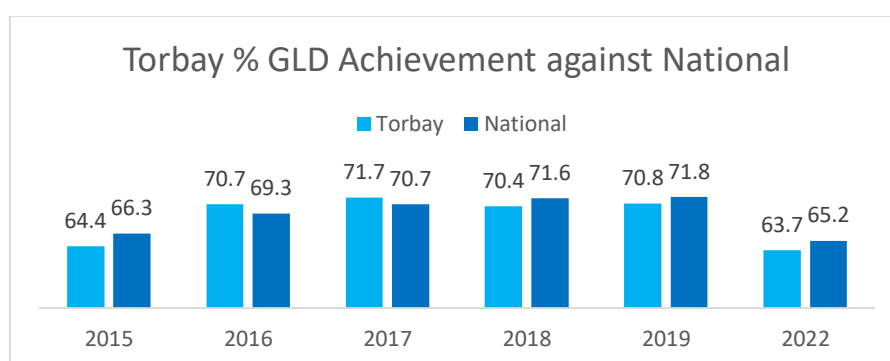
³¹ [PHE Early language identification measure.](#)

emotional development; physical development; and communication and language) and the specific areas of mathematics and literacy.

Locally, 63.7% of children achieved a GLD at the end of Reception in 2022. This demonstrates a decrease compared to 2019 but is similar to the national average which is 65%. There were two factors which could be attributed to the decrease in achievement for children, COVID-19 and the changes to the Early Learning Goals and which saw a revised assessment criterion.

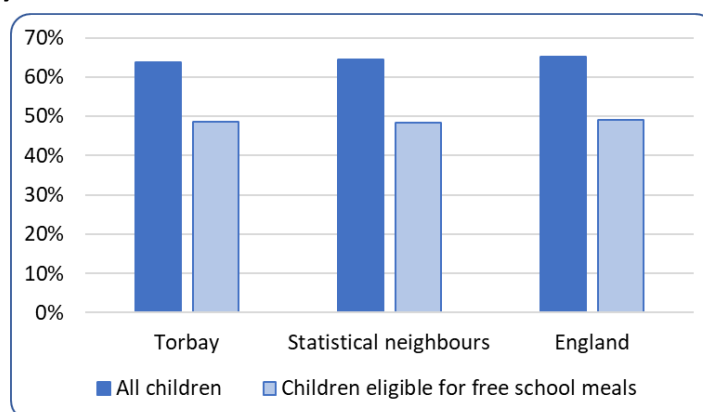
Due to COVID-19 restrictions, there is not data in the following graphs for 2020 and 2021.

Figure 14: Percentage of children achieving a GLD in Torbay compared nationally between 2015 and 2022³²



Due to the changes in the EYFS assessment framework, 2022 should not be compared with the previous years.

Figure 15: Percentage of children achieving a good level of development (GLD) at the end of Reception, 2021/22³³

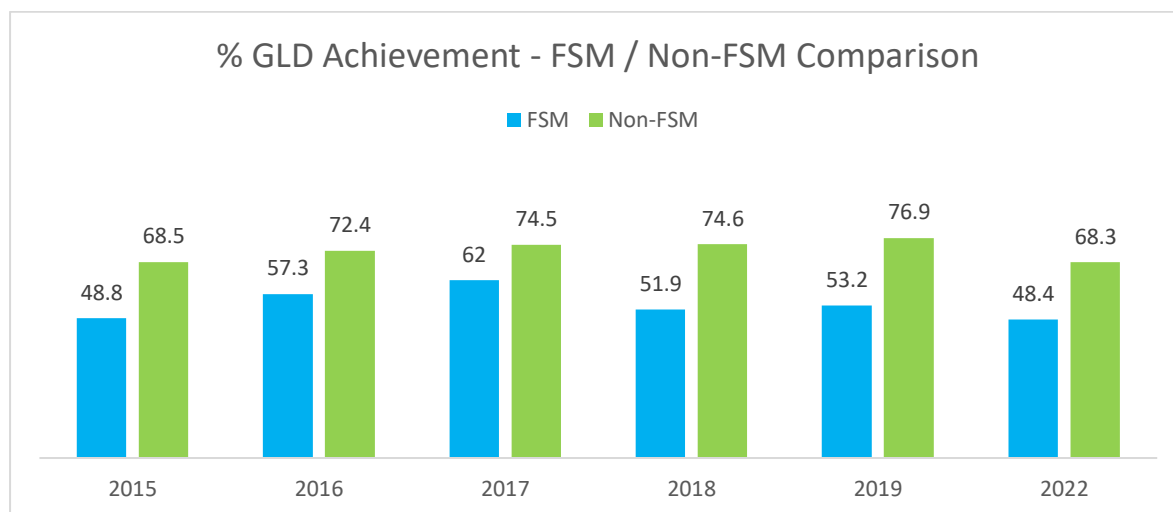


Disadvantaged children eligible for free school meals achieve considerably lower GLD achievement outcomes at the end of Reception with 48.5% of Torbay children achieving a good level of development (England- 49.1%). Torbay, the statistical neighbours and England all have similar outcomes for these children.

³² OHID, [Public Health profiles](#)

³³ OHID, [Public Health profiles](#)

Figure 16: Torbay GLD Achievement for Children Eligible for Free School Meals (FSM) Compared to non-FSM Children



Due to the changes in the EYFS assessment framework, 2022 should not be compared with the previous years.

Priority Four: SLCN are identified at the earliest opportunity, with a system wide approach to the support offered. Speech and language pathways are developed across the system, involving families in the process; pathways are well-defined and accessible.

Section Five

0 – 19 and up to 24 for those with SEND and care experience.

Section five discusses the health and wellbeing of school-age children and young people. It presents data demonstrating the health, educational and social landscape and challenges facing children and young people of school age and up to 25 with SEND and with care experience.

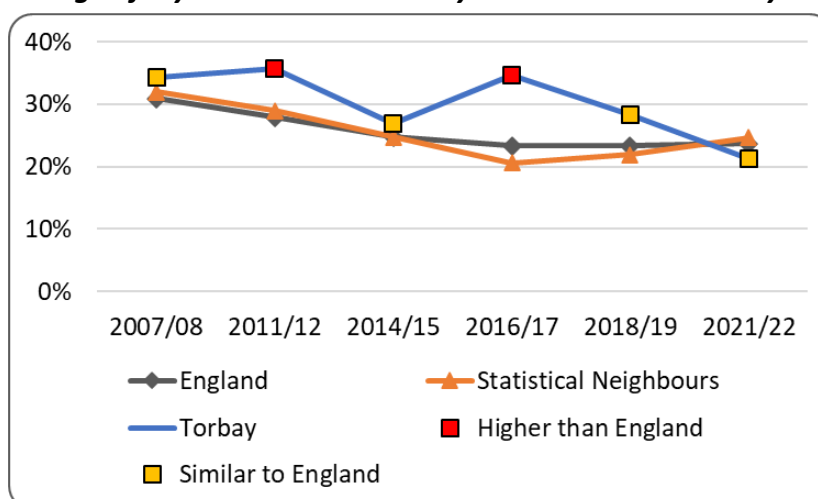
Oral health

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. The national oral health survey of 5-year-olds in 2019 showed that just under a quarter have tooth decay. Each child with tooth decay will have on average 3 to 4 teeth affected. For those children at risk, it can happen early in life. The national oral health survey of 3-year-olds in 2020 found that 11% had visible tooth decay, with on average three teeth affected³⁴.

Significant regional inequalities remain and children from the most deprived areas have more than twice the level of decay than those from the least deprived³⁵.

Figure 17 shows a general reducing trend of tooth decay amongst 5-year-olds, taken from the National Dental Epidemiology Programme surveys. In 2021/22, 21.3% in Torbay had visible dental decay (England- 23.7%) which is the lowest in the six surveys. It should be noted that the surveys were not carried out equal years apart.

Figure 17: Percentage of 5-year-olds with visually obvious dental decay³⁶



Torbay has significantly higher rates of hospital tooth extractions due to dental caries for 0–19-year-olds than England as a whole for the six years shown.

³⁴[National Dental Epidemiology Programme for England, 2019](#)).

³⁵ National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019.

³⁶ OHID- [Public Health profiles](#), from National Dental Epidemiology Programme surveys

Figure 18: Rate of hospital tooth extractions due to dental caries, aged 0-19, per 100,000³⁷

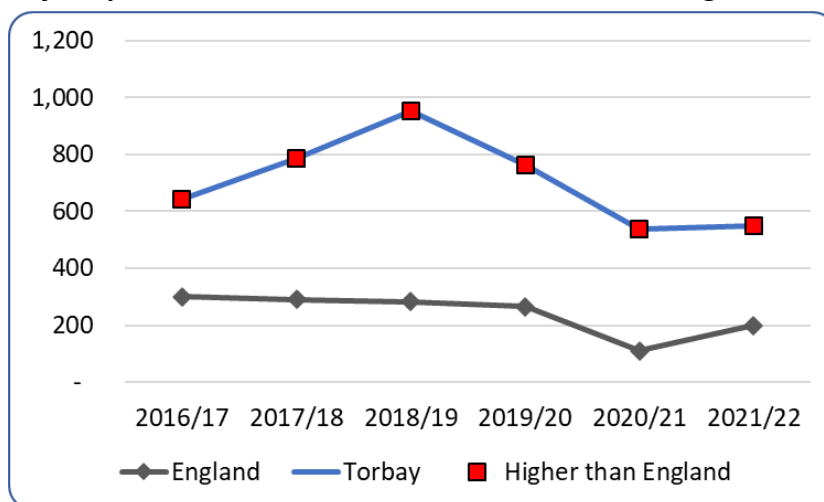
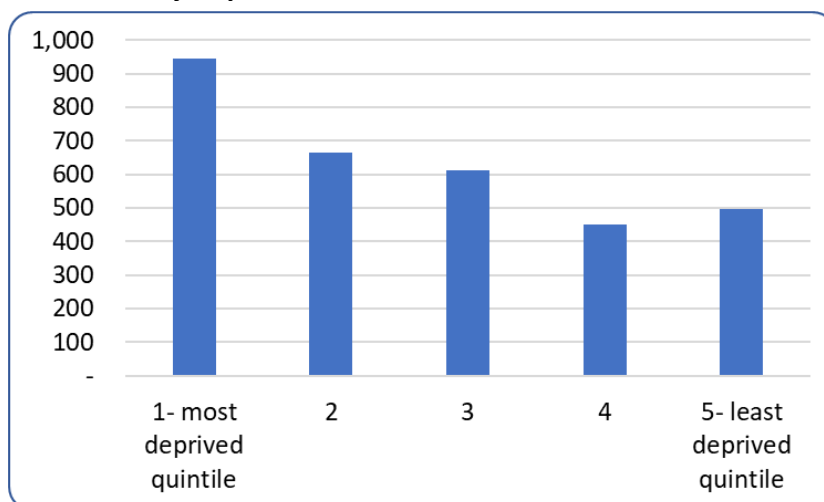


Figure 19 combines the six years of data which is separated by the deprivation level of the area where the children live into quintiles (fifths) where quintile one consists of the most deprived areas and quintile five the least deprived. This shows there are higher levels of hospital tooth extractions due to dental decay in 0–19-year-olds living in more deprived areas with the most deprived areas (quintile one) having significantly higher rates of extractions than the other areas.

Figure 19: Torbay rates of hospital tooth extractions due to dental caries, aged 0-19, per 100,000, 2016/17-21/22, by deprivation³⁸.



Priority Five: An oral health improvement strategy is localised, comprehensive and universal with a targeted oral health preventative offer associated with deprivation.

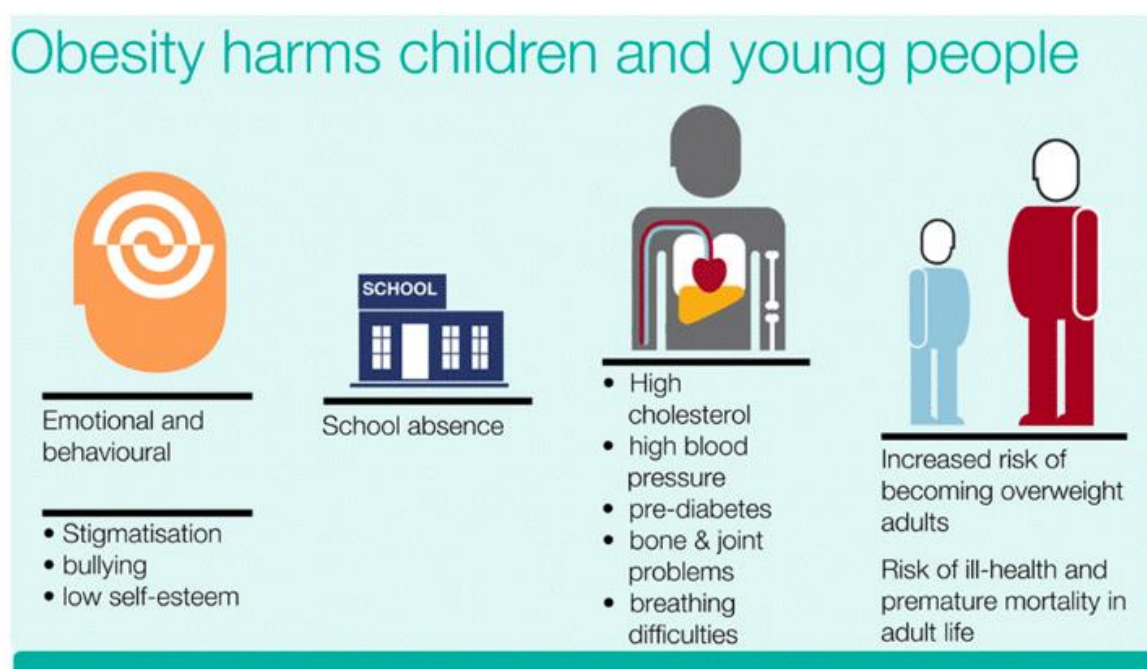
³⁷ Hospital Episode Statistics, ONS mid year population estimates

³⁸ Hospital Episode Statistics, ONS mid-year population estimates, Index of Multiple Deprivation 2019.

Healthy Weight – National Child Measurement programme (NCMP)

Childhood obesity and excess weight are significant health issues for children and their families with potentially significant implications associated with poor psychological, emotional and physical health.

Figure 20: Obesity Harms Children and Young People³⁹



The National Child Measurement Programme (NCMP) is a nationally mandated public health programme. It provides the data for the child excess weight indicators in the Public Health Outcomes Framework (PHOF) and is part of the government's approach to tackling child obesity.

The NCMP annually measures height and weight of children in primary schools across England in the school years of reception (4–5-year-olds) and year six (10–11-year-olds).

Obesity rates are highest in the most deprived 10% of the population, more than twice that of the least deprived 10% as shown in the graph below from the 2018 to 2019 NCMP data.

³⁹ [Childhood obesity: applying All Our Health](#)

Figure 21: 2018 to 2019 National Child Measurement Programme Data⁴⁰

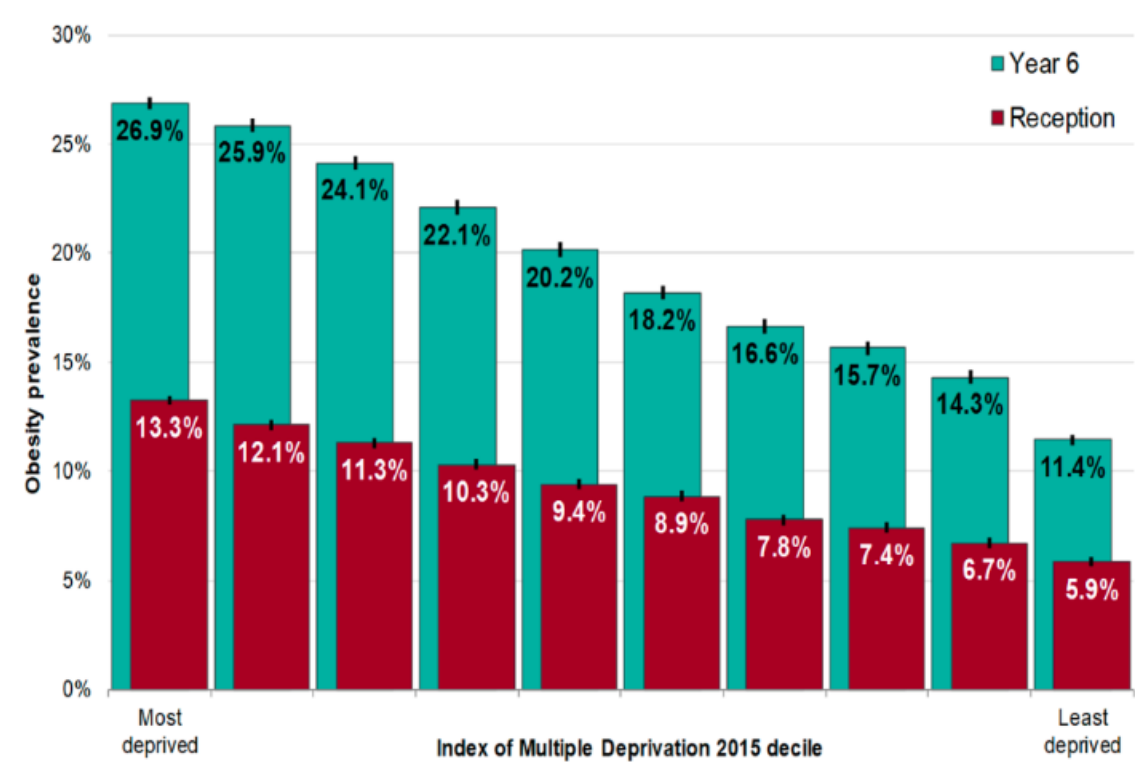


Figure 22 shows that a higher proportion of the older children are overweight or living with obesity than the younger which is the same nationally.

Figure 22: Children who are overweight (including obesity) in Torbay, 2021/22⁴¹

Reception:



Around 1 in 4 children (25.7%) in reception (aged 4-5) are overweight or living with obesity in 2021/22

Year Six:



Around 1 in 3 children (36.5%) in Year 6 (aged 10-11) are overweight or living with obesity

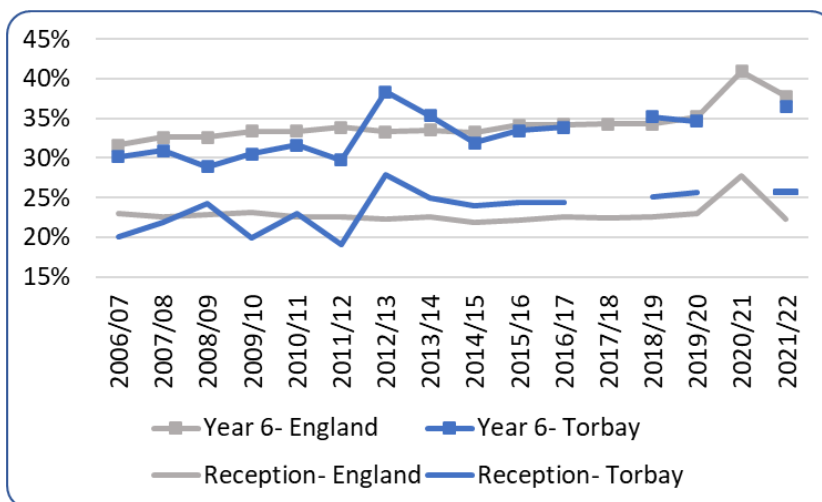
Figure 23 shows general gradual increasing trend over the years in Torbay for both year groups although figures fluctuate. In 2021/22, compared to England, Torbay is significantly higher for reception children as was the case in the previous years of 2018/19 onwards.

⁴⁰ [Childhood obesity: applying All Our Health](#)

⁴¹ OHID- [Obesity profile Torbay report](#)

In year six children, Torbay’s value is similar to England and has been from 2013/14 onwards. In 2020/21 low levels of data collected for Reception and Year Six due to the Covid-19 pandemic meant data was not published at Local Authority level. Torbay data was not published for 2017/18 due to low participation levels.

Figure 23: Percentage of children who are overweight (including obesity), by school year⁴².



Relating to obesity, in 2021/22 around 1 in 10 children, or 10.6% of children in Torbay’s reception classes were in the obesity category and around 1 in 5 children, or 21.9%, in year six. These are both similar to the England figures which were 10.1% and 23.4% respectively.

Figure 24: Children living with obesity, Torbay, 2021/22⁴³

Reception:



Year 6:



⁴² OHID- [Public Health profiles](#)

⁴³ Source: OHID- [Obesity profile Torbay report](#)

Priority Six: A comprehensive local healthy weight and active play strategy is developed and implemented antenatally, throughout pre-school and into the school years. Interventions are preventative and universal, with targeted support linked across community, education and youth settings involving children, young people and families in the process.

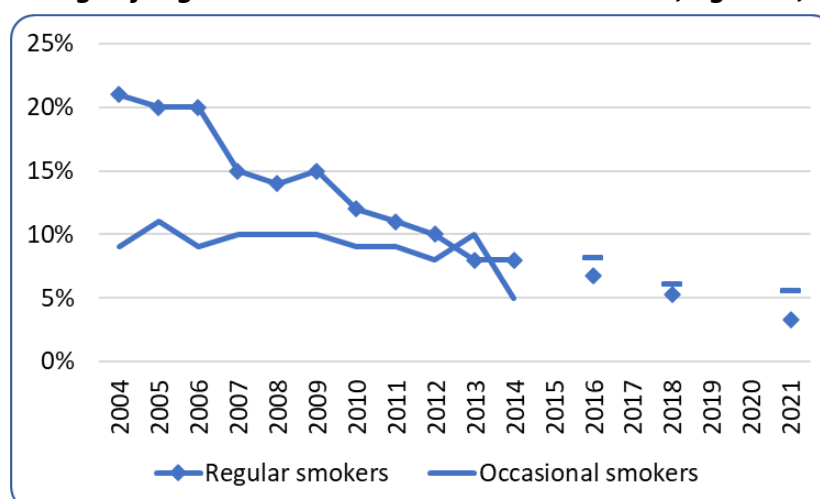
Smoking and Vaping

Smoking is the largest single preventable cause of morbidity, mortality and inequalities in health in Britain and accounts for almost half of the difference in life expectancy between the lowest and the highest income groups⁴⁴.

People who start smoking at a young age are more likely to continue to smoke into adulthood, with two thirds of adult smokers stating before their teens. In addition, people who start smoking as a child or young person are more susceptible to the long-term harms of tobacco and are more likely to develop conditions associated with tobacco⁴⁵.

The survey in Figure 25 shows a decrease in 15-year-olds regularly smoking tobacco over the years (at least 1 cigarette a week) to 3.3% in 2021. The percentage of 15-year-olds classed as occasional tobacco smokers (usually less than 1 cigarette a week) is also on a decrease but is now higher than the regular smokers' percentage and is 5.5% in 2021.

Figure 25: Percentage of regular and occasional tobacco smokers, aged 15, England⁴⁶



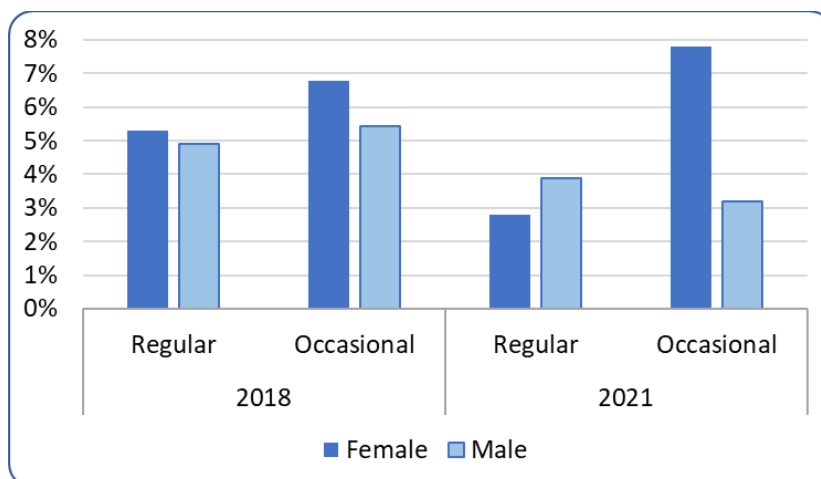
⁴⁴ [Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America.](#)

⁴⁵ [PHE Working together to promote cessation of smoking in children and young people](#)

⁴⁶ OHID- [Public Health profiles](#), from Smoking, Drinking and Drug Use Among Young People in England (SDD) survey

More 15-year-old females (7.8%- 2021) than males (3.2%- 2021) are occasional tobacco smokers with the percentage of regular smoking females significantly decreasing between 2018 and 2021 to 2.8%. Overall, there are lower percentages of 15-year-old males reporting as tobacco smokers than females.

Figure 26: Percentage of regular and occasional tobacco smokers, aged 15, by sex, England⁴⁷



Figures from NHS Digital show a decrease in numbers of school children smoking cigarettes, but a rise in vaping. The report also found that 3% of pupils were current smokers, a decline from 5% in 2018. 12% reported having ever smoked compared to 16% in 2018 and the lowest level ever recorded⁴⁸.

Disposable electronic cigarette products, more commonly known as vapes, have only been available in the UK since 2007, therefore studies on the impact of vaping on children’s health and wellbeing is scarce. Despite this, there have been widespread calls from paediatricians, charities, environmental groups and children’s commissioners to urge the UK government to ban all disposable vapes because of concerns about children’s health and the environment.

According to Action on Smoking and Health (ASH), in March /April 2023 the proportion of children experimenting with vaping had grown by 50% year on year. Children’s awareness of vapes has also grown considerably. ASH concludes that youth vaping is continuing to grow as is the awareness of the promotion of vapes⁴⁹.

The Smoking, Drinking and Drug (SDD) survey reported amongst 15-year-olds in England that 9% of males and 12% of females were regular e-cigarette users in 2021 and 6% of males and

⁴⁷ OHID- [Public Health profiles](#), from Smoking, Drinking and Drug Use Among Young People in England (SDD) survey

⁴⁸ [NHS Digital: Smoking, Drinking and Drug Use among Young People in England, 2021](#)

⁴⁹ [ASH Use of e-cigarettes \(vapes\) among young](#)

10% of females were occasional users. This shows a higher proportion of 15-year-old females using e-cigarettes than males⁵⁰.

Drug and Alcohol Use

The National Drug Treatment Monitoring System (NDTMS) collects data from sites providing structured substance misuse interventions to young people in every local authority in England. The data collected includes information on the demographics and personal circumstances receiving treatment, as well as details of interventions delivered and their outcomes.

Specialist treatment services for young people differ to those offered for adults, supporting young people to reduce the harm their alcohol or drug uses causes them to prevent it becoming a significant problem as they get older. Young people's alcohol and drug treatment in England is commissioned by local authorities using the Public Health grant.

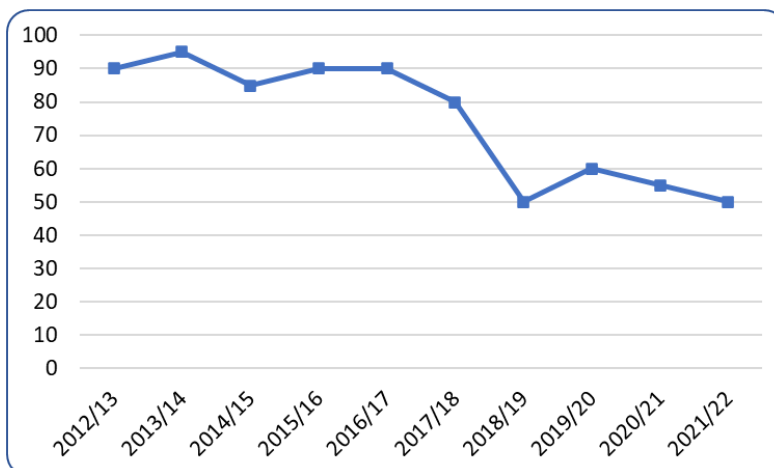
Cannabis followed by alcohol were the substances most reported by young people in treatment as being a problem for them, reported when they started treatment. This is the case for both Torbay and England throughout the last decade. In Torbay in 2021/22 the numbers were the same for both substances.

When Torbay young people started treatment, the highest proportion were living with parents or other relatives, in terms of education and employment the highest proportion were in mainstream education. This has been true throughout the previous decade and the same in England as a whole.

Figure 27 shows the number of under 18-year-olds in contact with drug and alcohol services. There is a downward trend in the last decade as is the case in England as a whole. There were 50 Torbay young people in treatment in 2021/22. This data does not necessarily reflect the numbers of children and young people who may benefit from being in receipt of treatment.

⁵⁰ [SDD survey, NHS Digital](#)

Figure 27: Number aged under 18 in treatment- drug and alcohol services, Torbay⁵¹

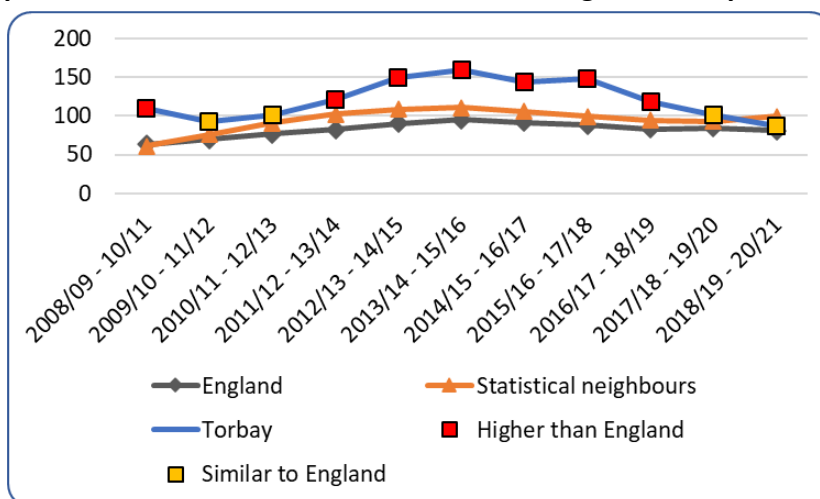


Hospital admissions due to substance misuse consists of admissions where the primary diagnosis is:

- Mental and behavioural disorders due to psychoactive substance misuse
- Poisoning and toxic effect from substances such as narcotics or organic solvents

In Torbay, the numbers admitted to hospital due to substance misuse are low with 35 admissions in the 3 years combined of 2018/19–20/21, the lowest number in the time period shown. This equates to a rate of 87.1 per 100,000, similar to the England rate of 81.2. Numbers may have been affected by the Covid-19 pandemic. Torbay rates, however, have been decreasing since 2015/16-17/18.

Figure 28: Hospital admissions due to substance misuse, aged 15-24, per 100,000⁵²



Drinking alcohol can damage a child’s health, even if they are 15 or older. Alcohol can affect the normal development of vital organs and functions including the brain, liver, bones and hormones.

⁵¹ [National Drug Treatment Monitoring System \(NDTMS\)](#)

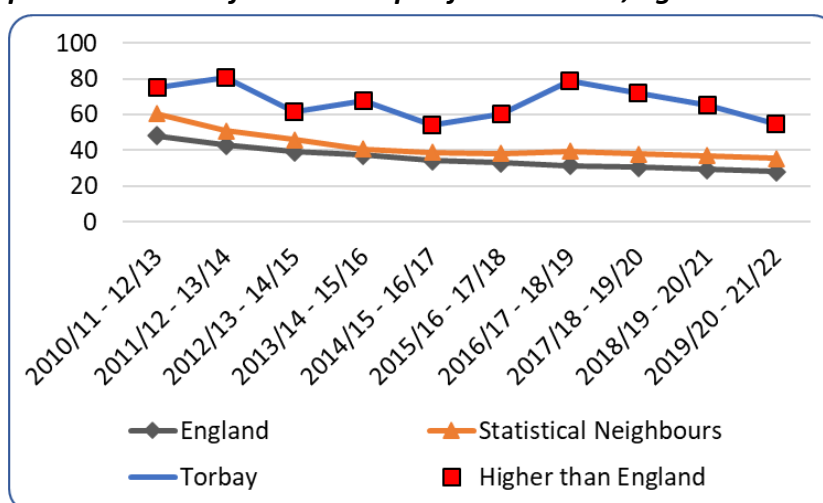
⁵² OHID- [Public Health profiles](#)

Beginning to drink alcohol before the age of 14 is associated with increased health risks including alcohol-related injuries, involvement in violence and suicidal thoughts and attempts. Drinking alcohol at an early age is also associated with risky behaviours such as violence, sexual risk taking, unplanned pregnancy, drug use, employment problems and drink driving⁵³.

The rate of hospital admissions of under 18-year-olds for alcohol specific conditions has remained consistently higher in Torbay than the statistical neighbours and England rates. There has been a significant fall in admissions amongst males in Torbay with 58 admissions for 2009/10 to 2014/15 and 29 admissions for 2015/16 to 2020/21.

Female rates have remained steady over the same period with 63 admissions for 2009/10 to 2014/15 and 67 admissions for 2015/16 to 2020/21. An alcohol specific condition is a hospital diagnosis code that is wholly attributable to alcohol.

Figure 29: Hospital admissions for alcohol-specific conditions, aged under 18, per 100,000⁵⁴



Priority Seven: Stop smoking, drug and alcohol youth services are designed and implemented alongside young people. They are preventative and universal with robust targeted support linked across primary and secondary healthcare, community, education and youth settings.

Emotional Health and Wellbeing

Mental health problems often develop early in a child’s life and half of all mental health disorders are established by the age of 14⁵⁵. Early interventions and access to appropriate

⁵³ [NHS Should my Child Drink Alcohol](#)

⁵⁴ OHID- [Public Health profiles](#), Hospital Episode Statistics (2021/22), ONS mid year population estimates

⁵⁵ NHS Digital [Mental Health of Children and Young People in England](#).

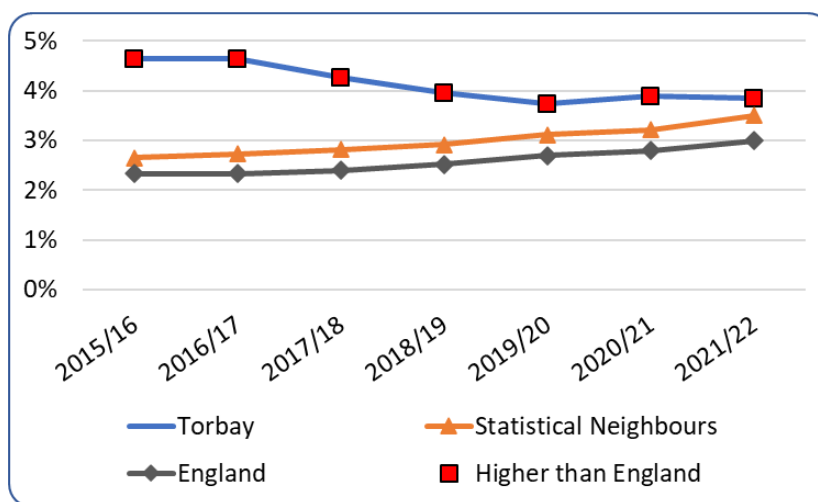
services enables children and young people experiencing difficulties to maximise their prospects for a happy, healthy life.

Policies and strategies have focussed on expanding access to mental health support in education settings and NHS Children and Young People’s Mental Health Services (CYPMHS) including 2015 Future in Mind⁵⁶, the 2016 Five Year Forward View for Mental Health⁵⁷, the 2018 Green Paper on Transforming Children and Young People’s Mental Health Provision⁵⁸ and the 2019 NHS Long Term Plan⁵⁹. All have recognised the importance and goals for children and young people being able to access provision at the earliest opportunity to support better outcomes.

The COVID-19 pandemic impacted on children and young people’s mental health. In 2017, one in nine children aged five to 16 were identified as having a probable mental health problem. By July 2021, this number rose to one in six⁶⁰.

Figure 30 shows the percentage of school children who have Special Educational Needs (SEN) with a primary need of social, emotional and mental health. Torbay is significantly higher than England throughout but has decreased and then levelled out over the last few years. Torbay is higher than England for both primary and secondary pupils with these needs.

Figure 30: Percentage of school pupils with SEN of social, emotional and mental health needs⁶¹



⁵⁶ [Future in Mind](#),

⁵⁷ [The Five Year Forward View for Mental Health](#),

⁵⁸ [Transforming Children and Young People's Mental Health Provision: a Green Paper](#)

⁵⁹ [NHS Long Term Plan](#)

⁶⁰ [Young Minds](#)

⁶¹ [Public Health profiles](#)

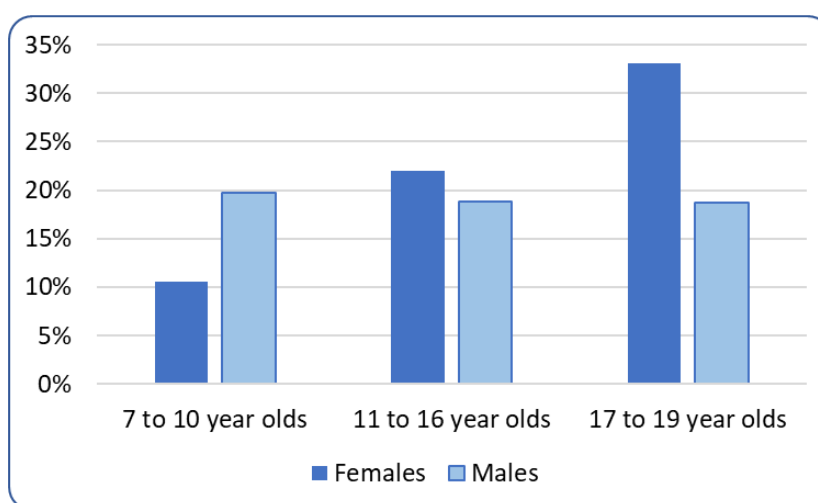
Torbay is significantly higher than England in the percentage of both boys and girls with social, emotional, and mental health needs in 2020/21 and 2021/22 (the two years reported by Office for Health, Inequalities and Disparities - OHID). More than double the number of boys than girls are identified with these needs in Torbay as is the case nationally.

The 2022 survey of the mental health of children and young people in England is the wave three follow up of a cohort of children and young people from 2017. Surveys took place in 2017, 2020, 2021 and 2022 with findings weighted to represent the English population of children and young people. Surveys were completed by parents and/or the children/young people depending on their age.

Rates of children aged 7-16 years with a probable mental disorder rose from 12.1% in 2017 to 16.7% in 2020 and stayed stable after that at 17.8% in 2021 and 18.0% in 2022.

Figure 31 details the differences that can be seen between age and sex of seven- to 19-year-olds in 2022. 19.7% of boys aged seven-10 have a *probable* mental disorder compared to 10.5% of girls, boys are significantly higher. Conversely, far more young women aged 17-19 than young men of this age have a probable mental disorder, 33.1% of young women and 18.7% of young men.

Figure 31: Percentage of children/young people with a probable mental disorder, England, 2022⁶²



Child & Family Health Devon (CFHD) are an alliance of local NHS providers for children’s health services across Devon. Referral rates to services for Torbay children are still below rates seen in 2019/20 (pre-COVID). Average wait times from receipt of referral to first definitive treatment appointment have risen considerably from June 2019 to June 2022 across most services. Wait times for the Specialist Autism Spectrum Assessment Team have increased significantly from 19.9 weeks in June 2019 to 71.7 weeks in June 2022. Also, there have been

⁶² NHS Digital- [Mental Health of Children and Young People in England 2022](#), using the Strengths and Difficulties Questionnaire

significant increases in waiting times since 2019 for services including Speech & Language Therapy, Occupation Therapy, Physical Therapy, and Mental Health & Wellbeing. There have also been significant rises in referrals and average wait times since 2017/18 for Community paediatrics across Torbay and South Devon as indicated in figure 32.

Figure 32: Average wait times in weeks from receipt of referral to first definitive appointment -CFHD Torbay⁶³

Service	June 2019	June 2020	June 2021	June 2022
Mental Health & Wellbeing	10.5	12.4	17.6	16.9
Speech and Language Therapy	8.2	13.5	14.7	20.3
Occupational Therapy	0.7	0.7	16.1	14.7
Physiotherapy	7.4	13.3	10.7	13.0
Special Autism Spectrum Assessment Team	19.9	47.3	58.1	71.7
Learning Disability	10.4	8.9	3.4	0.6

Priority Eight: There is a drive for continuous improvement in CYP's mental health outcomes through system wide partnership working with children, young people, and families. Emotional health and wellbeing outcomes are prioritised when designing and implementing all health and social care interventions.

Self-Harm

Self-harm is when somebody intentionally damages or injures their body. Some of the reasons people self-harm include:

- Expressing or coping with emotional distress.
- Trying to feel in control.
- A way of punishing themselves.
- Relieving emotional stress.
- A way of asking for help.
- A response to intrusive thought.

⁶³ [2023 Torbay SEND JSNA](#)

Self-harm may be linked to negative experiences that are current or in the past, sometimes the reason is unknown⁶⁴.

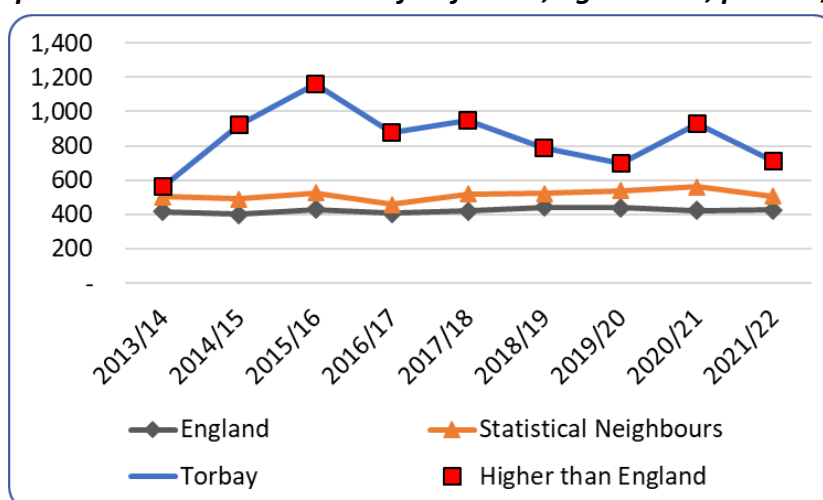
Hospital admissions for self-harm are used as a proxy of the prevalence of severe self-harm and do not reflect the overall problem affecting many children and young people. We are challenged in understanding the full extent of how many children, young people and those supporting them are affected by self-harm. Local estimates suggest that hospital admissions only represent around 5% of the children and young people who are self-harming in Torbay. In a small sample (n=21) of Year 8 children from a local secondary school, 38% responded ‘yes’ to the question “Have you ever hurt yourself on purpose?” in April 2023.

Hospital admissions for self-harm are more prevalent in younger people. For 10–24-year-olds Torbay has fluctuated over the years but has remained significantly higher than England, see Figure 33. There are large differences between females and males, with rates consistently three to four times higher for females than males across England. In Torbay, the number of admissions for females is almost 4 times higher than males over the five-year period 2017/18 to 2021/22.

Similar to other age groups, the majority of self-harm admissions are a result of intentional self-poisoning (excluding alcohol) and are generally higher in children and young people who live in more deprived communities.

The data is for admissions, not individuals so will be influenced by people who are admitted more than once, sometimes several or many times. Based on a proxy measure for repeat self-harm admissions in 10–24-year-olds, Torbay’s ratio (1.7) was significantly higher than regionally (1.4) and nationally (1.3) in 2019/20. If the ratio equals 1, this indicates no repeat admissions. Repeat self-harm admissions are likely to be contributing to Torbay’s consistently high self-harm admission rates over the years, particularly for females.

Figure 33: Hospital admissions as a result of self-harm, aged 10-24, per 100,000⁶⁵



⁶⁴ [NHS Why People Self Harm](#)

⁶⁵ Source: OHID- [Public Health profiles](#)

Recent local engagement work with people (parents, carers and education staff) in Torbay who support children and young people who self-harm found the following:

- Generally, supporters felt young people's wellbeing, and their parents' which is understood as highly determinative of young people's wellbeing, had declined in recent years, exacerbated by the Covid-19 pandemic.
- Those working in schools tended to offer in-house support rather than referring young people elsewhere - not because it was the most appropriate place but because they felt despondent about the appropriateness or availability of support elsewhere. Schools did not speak highly of CAMHS or GP support.
- One participant with expertise supporting young people with SEND noted high rates of self-harm amongst those they supported⁶⁶.

A specific Devon-wide self-harm health needs assessment is in progress which will better identify any gaps provision. This will make recommendations to the Devon Integrated Care System to improve care and support for local people who self-harm.

Eating disorders

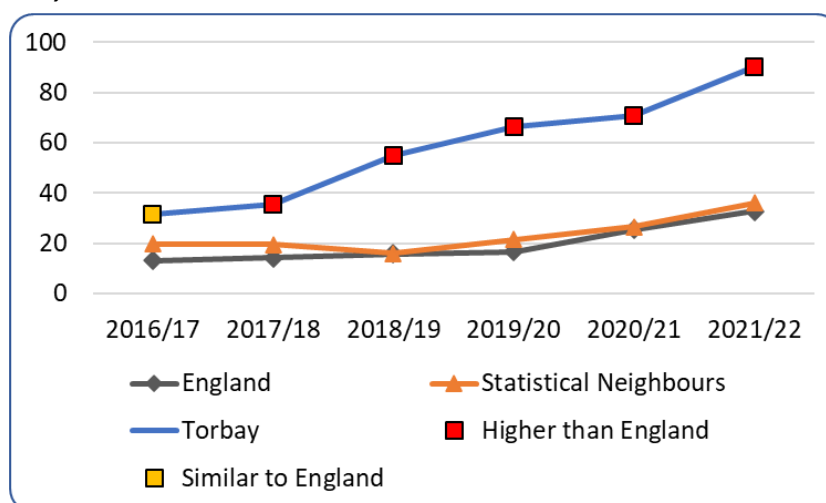
An eating disorder is a mental health condition where people use the control of food to cope with feelings and other situations. Unhealthy eating behaviours may include eating too much also known as bulimia or eating too little also known as anorexia and worrying about weight and body shape⁶⁷.

The number of hospital admissions with a primary diagnosis of anorexia, bulimia, or other eating disorders amongst under 18s is small but only the most severe cases be receiving hospital interventions. Torbay has had a consistently significantly higher rate of admissions than England from 2017/18 onwards, see figure 34 and it is on an upward trend. In 2021/22 the Torbay rate was 90.3 per 100,000 (England- 32.8).

⁶⁶ [Make Space CIC](#)

⁶⁷ Source: [NHS Eating Disorders](#)

Figure 34: Rate of hospital admissions due to primary diagnosis of an eating disorder, aged under 18, per 100,000⁶⁸



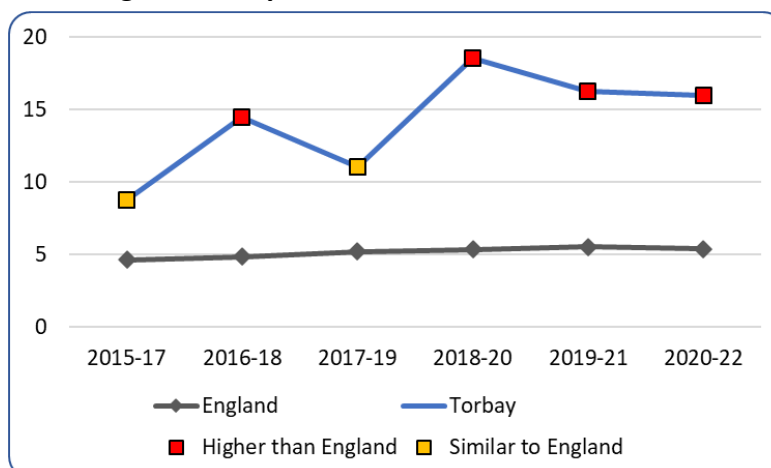
Most admissions in England are female. For the six years, 2016/17 to 2021/22 combined, 2 out of every 3 admissions of Torbay residents where the primary diagnosis related to an eating disorder were females under the age of 18, equating to 82 admissions.

Suicide

Suicide is defined here as all deaths where the underlying cause of death was recorded as intentional self-harm (aged 10+) or injury/poisoning of undetermined intent (aged 15+). Nationally over the past decade, suicide rates in 10–24-year-olds have been rising, particularly in 15–19-year-olds.

The suicide rate amongst Torbay’s 10–24-year-olds fluctuates due to small numbers which can affect the rates. It is significantly higher than the England average in the last three time periods (of three years combined). In the eight years from 2015 to 2022, 19 Torbay residents aged 10-24 died by suicide with the majority aged 19 years and over. Suicides in 10–24-year-olds make up around 10% of total suicides in Torbay.

⁶⁸ Hospital Episode Statistics, ONS mid year population estimates

Figure 35: Suicide rate, aged 10-24, per 100,000⁶⁹

Priority Nine: A Torbay suicide and self-harm prevention plan is implemented with the aim of stabilising and reducing rates of suicide and self-harm across Torbay.

Chlamydia

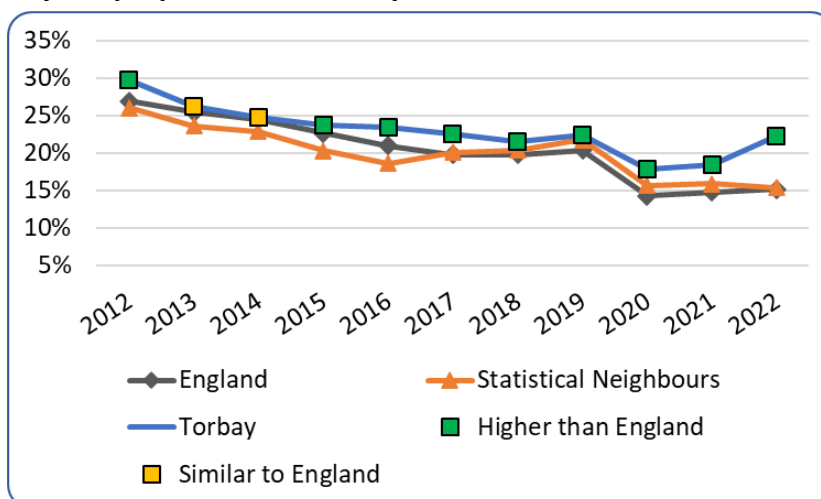
Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups⁷⁰. It is the most diagnosed bacterial sexually transmitted infection (STI) and if treated early responds well to antibiotics.

The proportion of 15–24-year-olds screened for chlamydia (asymptomatic screens and symptomatic tests) in Figure 36 measures tests rather than people, as a percentage of the population. The higher the percentage, the more tests being carried out and testing is good in terms of sexual health and infection management. This age group is covered by the National Chlamydia Screening Programme, offering screening to sexually active under 25-year-olds attending sexual health and community settings. The proportion screened in 2022 in Torbay is 22.3%, significantly higher than England (15.2%) as has been the case for the last 8 years. The proportion in 2022 is higher than in 2020 and 2021, and then similar to 2019. The data reported in 2020 and 2021 will have been affected by the reconfiguration of sexual health services due to the Covid-19 pandemic.

⁶⁹ Primary Care Mortality Database, ONS- [Deaths caused by suicide by quarter in England](#), ONS population estimates and projections, age standardised, the year 2022 is provisional

⁷⁰ [OHID](#)

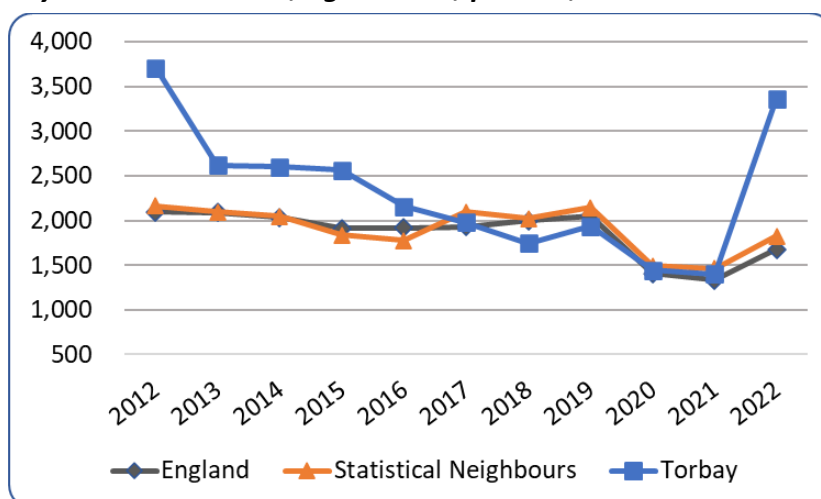
Figure 36: Chlamydia- proportion of 15–24-year-olds screened⁷¹



The chlamydia detection rate is a measure of control activity, for example screening, in the population, not morbidity. A higher detection rate indicates higher levels of control activity. Torbay’s rate in 2022 has more than doubled compared to the previous year, increasing from 1,400 to 3,366 per 100,000. This is a far greater increase than the statistical neighbours or England as a whole. Previously the rate was on a decreasing trend although 2020 and 2021 will have been impacted by the Covid-19 restrictions. Numbers more than doubled for both males and females in 2022 compared to 2021. Figure 37 shows rates in 2022 are higher than the last 9 years.

Figures 36 and 37 encompasses those accessing sexual health services and community-based settings.

Figure 37: Chlamydia detection rate, aged 15-24, per 100,000⁷²



⁷¹ Source: OHID- [Public Health profiles](#)

⁷² Source: OHID- [Public Health profiles](#)

Conceptions and Births

Torbay is following the national trend of a falling teenage pregnancy rate. Torbay is still higher than England in 2021 at 20.2 per 1,000 compared with England which is 13.1, but the general trend is downwards. The majority of under 18s conceptions are in 16- and 17-year-olds, for example, under 16s accounted for five of the 43 under 18 conceptions in 2021. In relation to deprivation, in England there is a clear gradient with rates of under 18s conceptions steadily increasing the more deprived an area is.

Under 18s conception rates consist of pregnancies that result in one or more live or still births or a legal abortion.

Figure 38: Under 18s conception rate per 1,000 female population aged 15-17⁷³

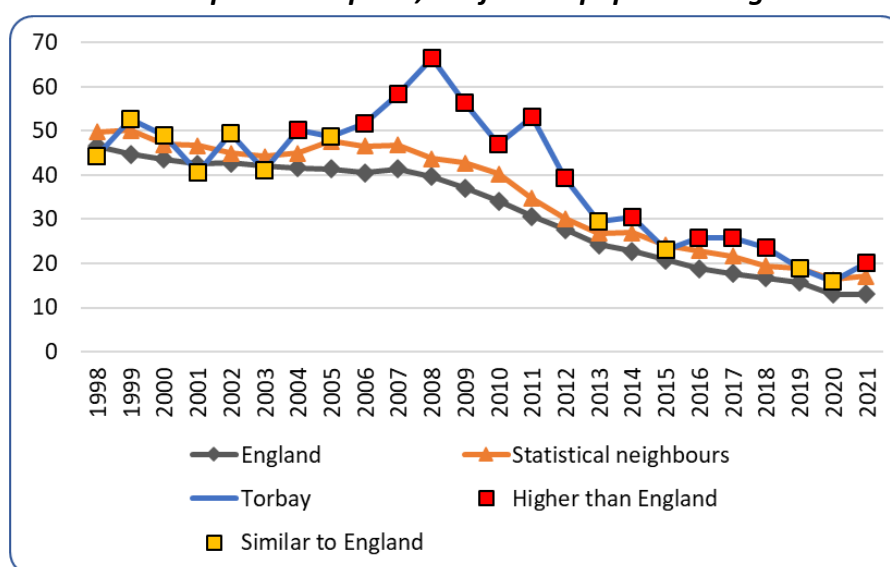
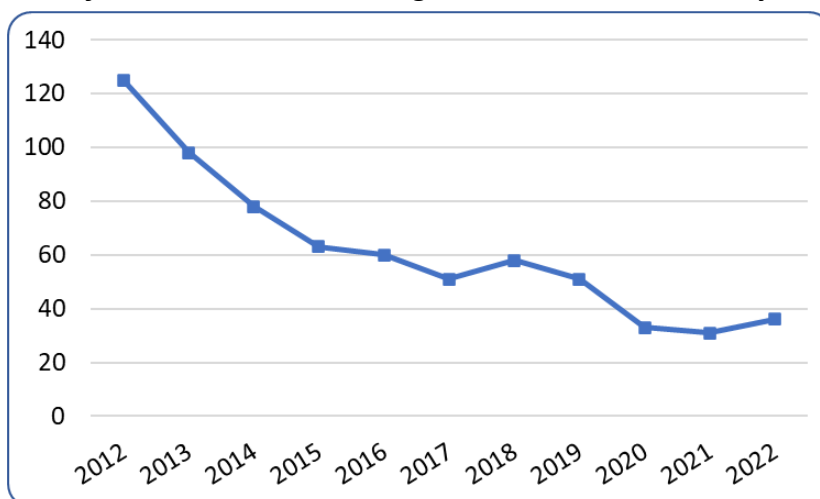


Figure 39 shows a decreasing trend in the number of births in the last decade to Torbay mothers aged 19 and under. This has levelled out in the last 3 years to 36 in 2022. The total number of births of all ages has declined in Torbay during this time period.

⁷³ OHID- [Public Health profiles](#), ONS [Conceptions in England and Wales](#), ONS mid year population estimates

Figure 39: Number of live births to mothers aged 19 and under in Torbay⁷⁴

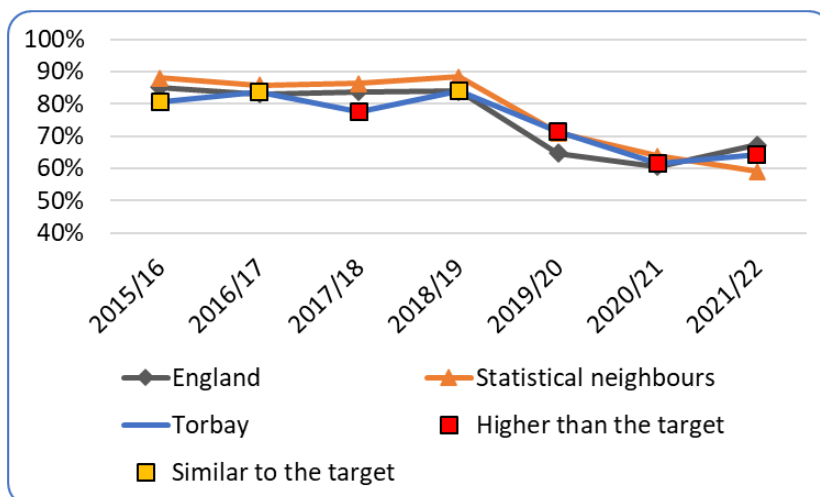


Human Papillomavirus (HPV)

HPV is very common and is transmitted through intimate sexual contact with another person who already has it. Because it is very common, most people will contract it in their lifetime. There are many different types of HPV, most do not cause any symptoms and resolve on their own. Some do not resolve and can cause genital warts, in some cases HPV can lead to cancer of the throat, cervix, vulva and anus⁷⁵.

In the UK, a two-dose immunisation programme is offered to 12–14-year-olds, initially for females the programme was extended to males in 2019. Due to the Covid-19 pandemic there were disruptions to coverage in the 2019/20 and 2020/21 academic years across England.

Fig 40: Percentage receiving 2 doses of the HPV vaccine, females aged 13-14 years⁷⁶



⁷⁴ Devon Births database

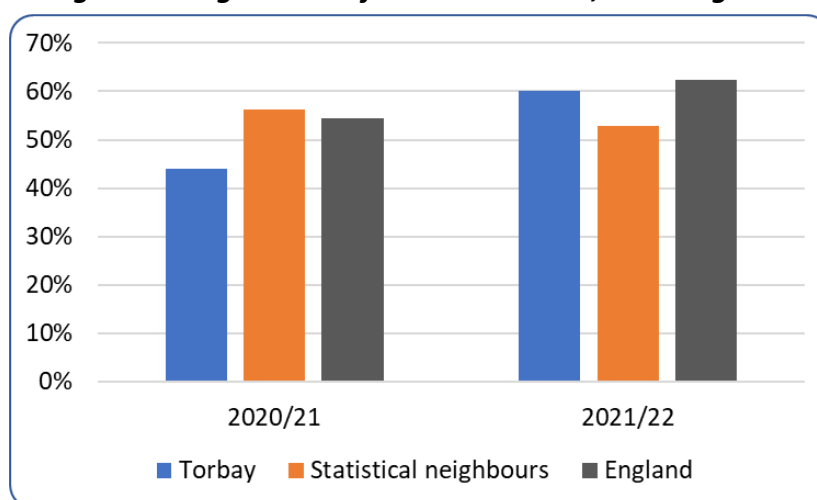
⁷⁵ [NHS Human Papillomavirus](#)

⁷⁶ OHID- [Public Health profiles](#)

Torbay, the statistical neighbours average, and England have been below the target of 90% coverage for the seven years for females receiving two doses of the vaccine and there was a decrease in the two years affected by Covid-19. Torbay slightly increased in 2021/22 to 64.2% compared to England at 67.3%.

The two years of data for males receiving two doses of the HPV vaccine shows an increase in Torbay from 44.0% in 2020/21 to 60.1% in 2021/22 (Fig 18). The England value has also increased but the statistical neighbours value has decreased to 52.9%.

Figure 41: Percentage receiving 2 doses of the HPV vaccine, males aged 13-14 years⁷⁷



Other Immunisations for School Aged Children

Influenza Vaccine, protecting against severe flu infection is offered to ages four to-11-year-olds. In 2021, 45.1% of Torbay children had been vaccinated compared to England which was 57.4%. These are against a national ambition in 2021/22 of 70% coverage of this age group. In 2020, 61.7% were vaccinated. Secondary school aged children are also eligible for the vaccine.

The MenACWY vaccine, protecting against the four strains of meningococcal bacteria which cause meningitis and blood poisoning (septicaemia) is offered to 14–15-year-olds. In 2021/22 56.7% of Torbay's 14–15-year-olds had been vaccinated compared with England which was 79.6%, considerably lower than the national target of 90%. Torbay achieved a coverage of the high 70s in previous years which reduced in 2020/21 and again in 2021/22

⁷⁷ OHID- [Public Health profiles](#)

Cared for Children

A child who has been in the care of their Local Authority for more than 24 hours is known as a cared for child. Cared for children are often also referred to as children in care, a term which many children and young people prefer⁷⁸.

In general, cared for children are:

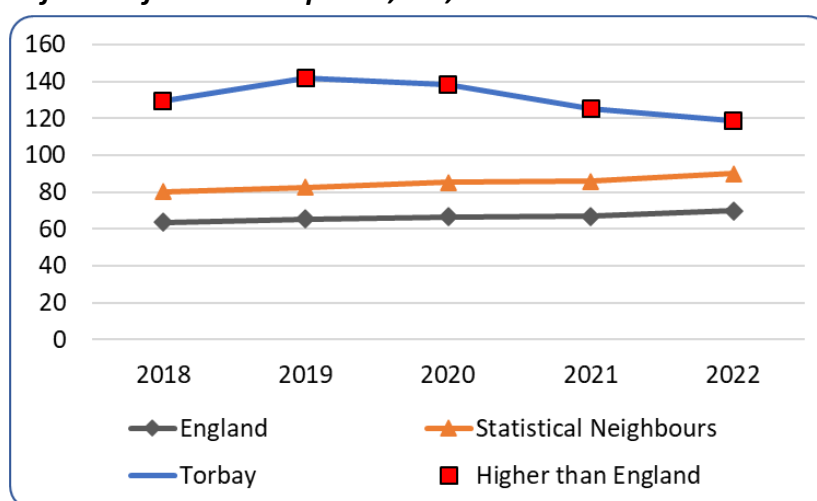
- Living with foster parents.
- Living in a residential children's home.
- Living in residential settings like schools or secure units.

A child stops being cared for by the local authority when they are adopted, return home, or turn 18. However local authorities in all the nations of the UK are required to support children leaving care at 18 until they are at least 21. This may involve them continuing to live with their foster family.

Children and young people may enter care for many reasons, for example the parents may have agreed to this, the child could be an unaccompanied asylum seeker, and/or children's services may have intervened because the child was at significant risk or harm. Many enter care because they have been abused and/or neglected and these experiences can leave children with complex emotional and mental health needs, often increasing their vulnerability to abuse and exploitation⁷⁹.

The rate of cared for children in Torbay is 118 per 10,000 on 31 March 2022 compared to the England rate of 70. Torbay's rate has been decreasing since it peaked in 2019 but remains significantly higher than the statistical neighbours and England. Figures exclude children in a series of short-term placements.

Figure 42: Rate of Cared for Children per 10,000, at 31 March⁸⁰



⁷⁸ [NSPCC Looked After Children](#)

⁷⁹ [NSPCC Achieving Emotional Wellbeing for Looked After Children](#)

⁸⁰ Department for Education- [Children looked after in England](#)

The percentage of Torbay’s cared for children who went missing during 2022 is 10% equating to 40 children with 23 of them going missing more than once during the year. ‘Missing’ is defined as the child being away from their placement or place where they were expected to be, for example their education setting, with their whereabouts unknown. It is not possible to compare with England figures or over time due to changes in how data is reported.

Education – Free School Meals (FSM)

Children’s eligibility for FSMs is based on their parents or carers meeting certain criteria including the following:

- Income Support.
- Income-based Jobseekers Allowance.
- Income-related Employment and Support Allowance.
- Support under Part VI of the Immigration and Asylum Act 1999.
- The guaranteed element of State Pension Credit.
- Child Tax Credit (provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190).
- Working Tax Credit.
- Universal Credit.

In January 2023, there were around two million pupils known to be eligible for FSM, representing 23.8% of state funded pupils. The eligibility rate has increased dramatically in the past few years and is the highest rate since the introduction in 2006⁸¹.

Table six shows pupils who are eligible for FSM in Torbay state funded schools. The data includes those who are FSM eligible, it doesn’t include the universal infant FSM but includes those within that who meet the eligibility criteria, for example due to income.

Figure 43: Pupils eligible for Free School Meals (FSM), Torbay, 2022/23⁸²

School type	Number of pupils who are FSM eligible	% of pupils who are FSM eligible
State-funded alternative provision school(s)	26	60.5%
State-funded primary	3,092	29.7%
State-funded secondary	1,940	20.9%
State-funded special school(s)	322	54.7%
Total	5,380	26.5%

⁸¹ [House of Commons Briefing Food Poverty: Households, food banks and free school meals](#)

⁸² School census, Department for Education- [Schools, pupils and their characteristics, Academic year 2022/23](#)

On average, pupils eligible for FSM have lower attainment than pupils that are not eligible. The difference in attainment between pupils not eligible for FSM and those who are eligible is known as the attainment gap. In 2022, 47% of pupils in England eligible for FSM achieved a standard GCSE pass in English and Maths compared to 75% of pupils not eligible. This was an attainment gap of around 28 percentage points⁸³.

Figure 44 shows the percentage of pupils in state schools who have achieved a standard pass of grade four or above in their English and maths GCSEs in 2021/22. Torbay, the statistical neighbours and England see higher achievement in children who are not eligible for free school meals compared to those who are eligible.

In Torbay, 74% of children not eligible for free school meals achieved grade four or above in English and Maths GCSEs compared to 32% for those who are eligible for FSM. This is an attainment gap of around 42 percentage points. Torbay is significantly lower than the statistical neighbours and England in the percentage of free school meal eligible children achieving grade 4 or above.

Figure 44: Percentage of children achieving grades 4 or above in English and maths GCSEs (Key Stage 4), by free school meal eligibility, 2021/22⁸⁴

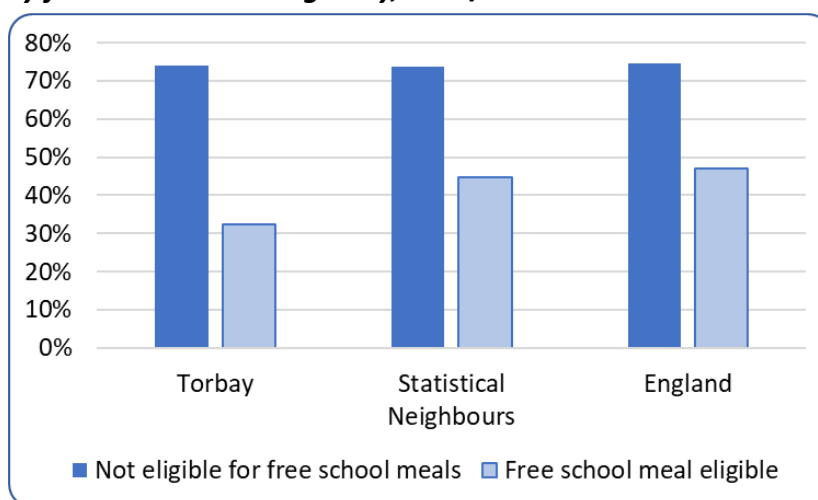
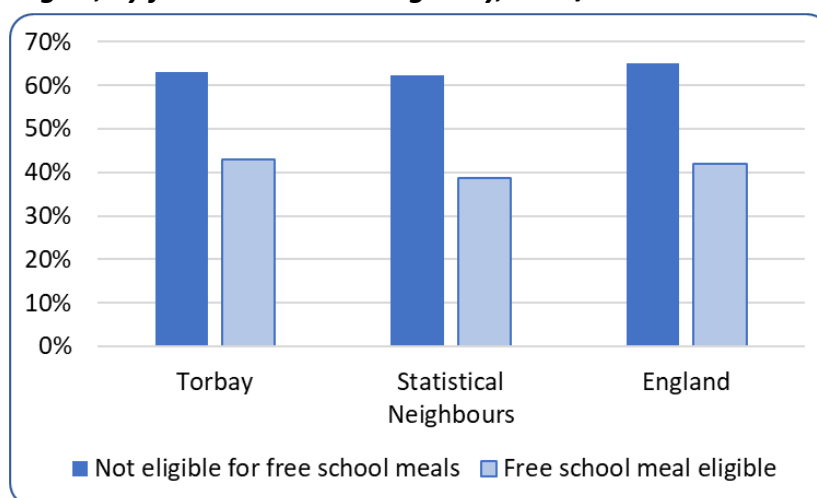


Figure 45 shows attainment of pupils in state schools at the end of Key Stage Two (KS2) in 2021/22, KS2 refers to ages seven to 11. Torbay, the statistical neighbours, and England see higher levels of attainment in children who are not eligible for free school meals compared to those who are. Torbay is similar to the other two areas in the attainment levels of both groups of children. In Torbay 63% of children not eligible for free school meals attained the expected standards compared to 43% of those free school meal eligible. This is an attainment gap of 20 percentage points compared to England's gap of 23 percentage points.

⁸³ [Department for Education: Key stage 4 performance](#)

⁸⁴ Department for Education- [Key stage 4 performance](#)

Figure 45: Percentage of children meeting the expected standard in reading, writing and maths at Key Stage 2, by free school meal eligibility, 2021/22⁸⁵



This data provides some evidence that the attainment gap between those children eligible for FSM and those not eligible increases as children move through their school journey. In the previous years of 2019/20 and 2020/21 assessments at the end of KS2 did not take place due to the Covid-19 pandemic.

The summer GCSE exam series returned in 2021/22 after being cancelled in the previous two years due to the Covid-19 pandemic, where alternative processes were set up to award grades.

Education – School Attendance

Some pupils find it hard to attend school and the reasons can be complex and widespread. Since the COVID-19 pandemic, there has been an increase in children and young people not attending their school setting and an increase in the proportion of pupils with high levels of absence. Some groups of pupils are more likely to be persistently absent than others, for example those eligible for FSM⁸⁶.

There is a link between absence and attainment at KS2 and Key Stage Four (KS4) in mainstream schools. KS4 refers to children aged 14 to 16. Pupils with higher attainment at both KS2 and KS4 had lower absence compared with those with lower attainment. Generally, the higher the percentage of sessions missed across KS2 and KS4, the lower the level of attainment at the end of the key stage⁸⁷.

Elective home education (EHE) is when parents have chosen to provide education for their children at home instead of sending them to school full time. In Torbay 440 children received

⁸⁵ Department for Education- [Key stage 2 attainment](#)

⁸⁶ [House of Commons Library School Attendance in England](#)

⁸⁷ [House of Commons Library School Attendance in England](#)

EHE at some point during 2021/22. On school census day in the autumn term there were 310 children receiving it and 330 in the Spring term census day.

In the spring term census reasons were given for choosing EHE for around half of the 330 Torbay children. The most common reasons were general dissatisfaction with school and dissatisfaction with the school relating to SEND.

Figure 46: Children in elective home education, Torbay⁸⁸

Time period	Number
2021/22	440
2022/23 census day- Autumn term	310
2022/23 census day- Spring term	330

‘Education provided by a local authority Otherwise Than At a School’ (EOTAS) includes a different set of children and young people where school or college is not appropriate for them.

Children missing education are children of compulsory school age not registered at a school and not receiving suitable education otherwise than at school or elective home education. It includes children who are waiting for a place at a school and those receiving education considered unsuitable. In Torbay, 100 children were missing education at some point during 2021/22. On school census day in the autumn term there were 20 children missing education and in the spring term there were 10.

Figure 47: Children missing education, Torbay⁸⁹

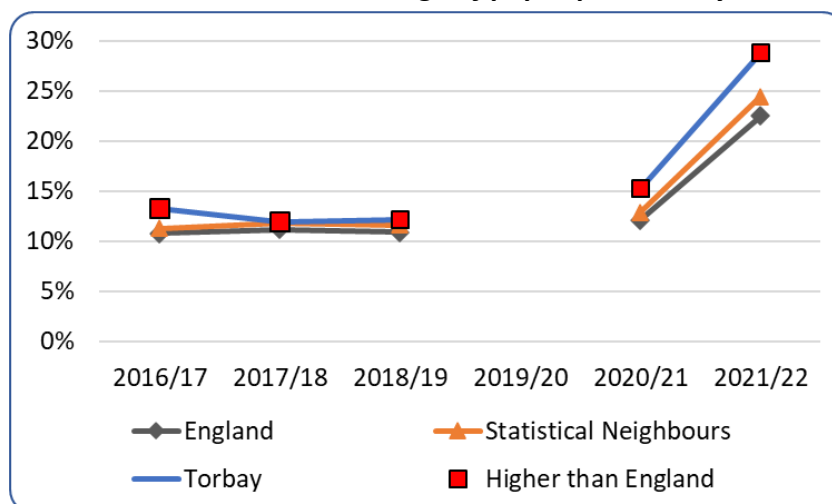
Time period	Number
2021/22	100
2022/23 census day- Autumn term	20
2022/23 census day- Spring term	10

A persistent absentee is defined as a pupil who misses 10% or more of their possible sessions, these figures include pupils in state funded schools. Persistent absenteeism in Torbay schools has been significantly higher than England for the five years shown. The significant increase in 2021/22 follows the England and statistical neighbours’ trend. Torbay’s rate increased from 15.2% in 2020/21 to 28.8% in 2021/22, compared with England which was 22.5% in 2021/22.

⁸⁸ Department for Education- [Elective home education](#), rounded to nearest 10

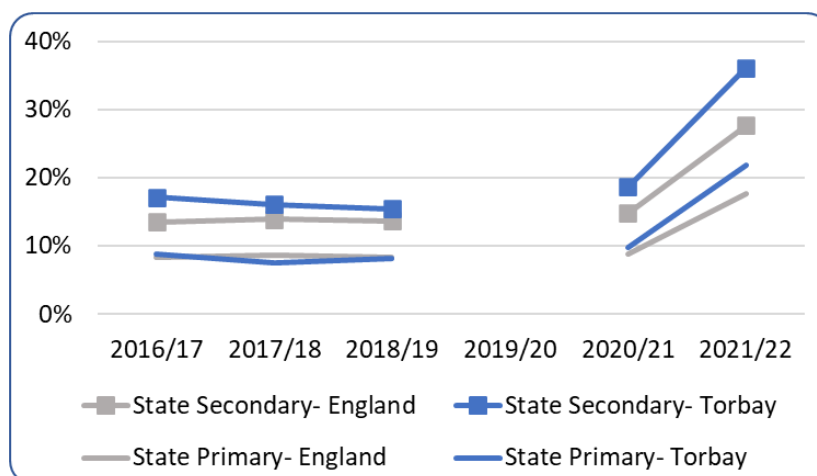
⁸⁹ Department for Education- [Children missing education](#), rounded to the nearest 10

Figure 48: Persistent absence rates- Percentage of pupils persistently absent⁹⁰



Separating out state primary and secondary schools shows that Torbay is higher than England for both school types in 2021/22 with persistent absenteeism in Torbay secondary schools increasing to 36.2% compared with England which was 27.7%. In Torbay primary schools the figure was 21.8% compared with England which was 17.7%.

Figure 49: Persistent absence rates- Percentage of pupils persistently absent, by school type⁹¹



Torbay's permanent exclusion rate from state funded schools has remained significantly higher than England for the seven years shown in figure 49. Torbay has a rate of 0.20% in 2021/22, equating to 40 pupils, compared to the 0.08% England rate.

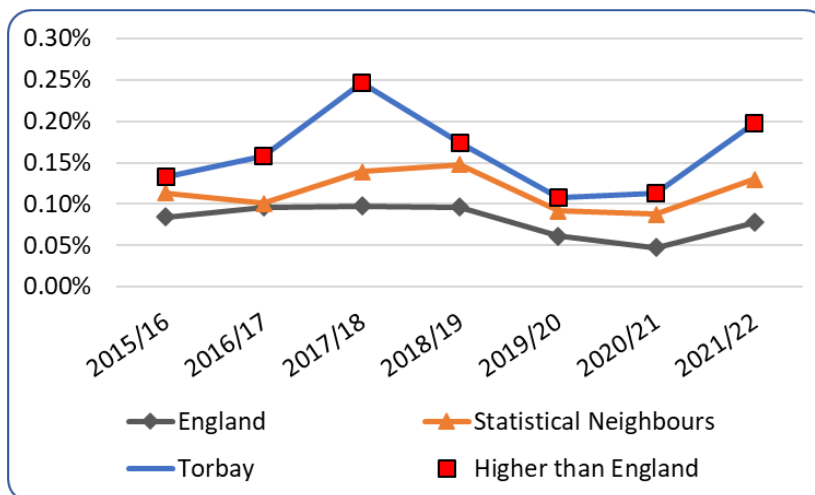
Torbay and England have far higher exclusion rates of boys than girls and of children eligible for free school meals compared to those not eligible. However, numbers are small which will influence rates.

⁹⁰ Department for Education- [Pupil absence in schools in England](#)

⁹¹ Department for Education- [Pupil absence in schools in England](#)

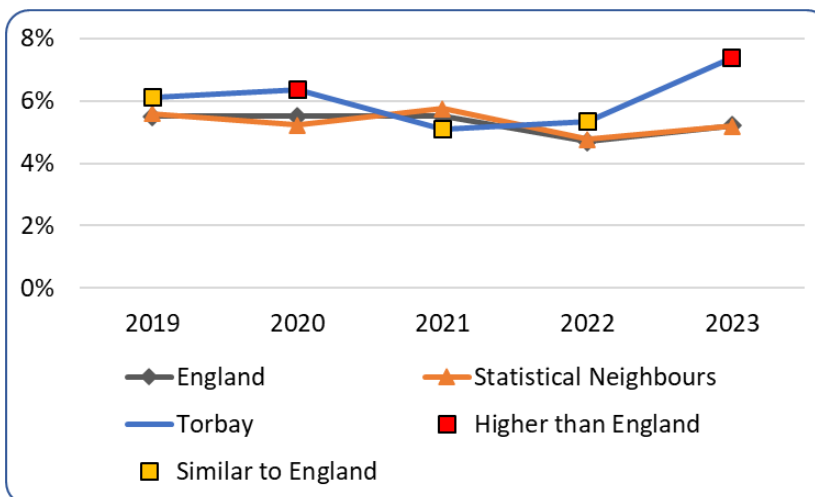
The data only includes permanent exclusions upheld by the governing body or Independent Review Panel and not those which are ongoing. Please note that Covid-19 restrictions will have had an impact on the rates of permanent exclusions in 2019/20 and 2020/21.

Figure 50: Permanent exclusion rates- Percentage of pupils excluded⁹²



The percentage of 16–17-year-olds in 2023 who are Not in Education, Employment or Training (NEET) or whose activity is not known has increased since the previous year to 7.4% compared with England which is 5.2%. Torbay’s percentage fluctuates for the five years with 2023 being the highest in this period and significantly higher than the England value. Figures for each year are the average of December of the previous year and January and February of the current year.

Figure 51: Percentage of 16–17-year-olds Not in Education, Employment or Training (NEET) or activity not known⁹³



⁹² Source: Department for Education- [Permanent exclusions and suspensions in England](#)

⁹³ Source: Department for Education- [Participation in education, training and NEET age 16 to 17](#)

Education - Special Educational Needs and Disabilities (SEND) and Education, Health and Care (EHC) plans.

Special Educational Needs and Disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:

- Behaviour or ability to socialise, for example they struggle to make friends.
- Reading and writing, for example because they have dyslexia.
- Ability to understand things.
- Concentration levels, for example because they have ADHD.
- Physical ability⁹⁴.

Those classified as having SEND usually receive one of the following levels of support:

1. SEN Support – support plans which must be provided by mainstream schools, this may involve the class teacher receiving advice and support from external specialists.
2. Education, Health and Care Plan (EHCP) – this is for when SEN support is not enough. This is a legal document which outlines the needs and additional help that will be required. This is available for children and young people aged up to 25 years.

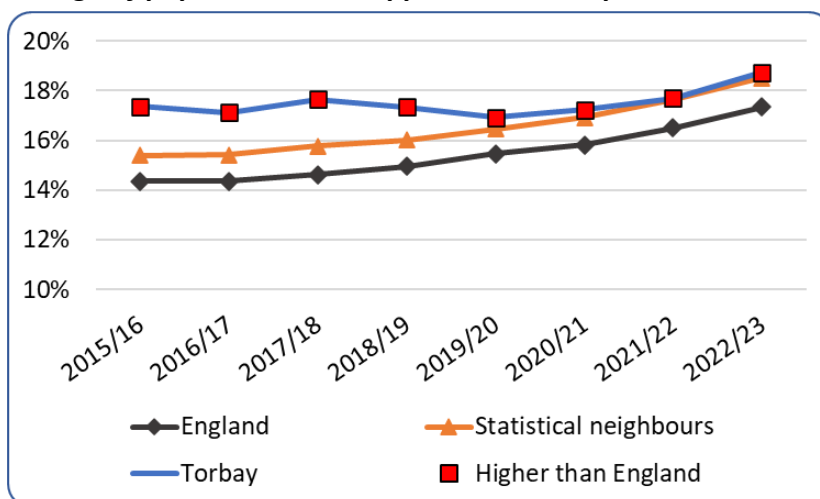
There has been a 42% rise in the number of children and young people aged 0 to 25 who are in receipt of an Education, Health & Care Plan (EHCP) in 2022 when compared to five years previous, this rise has occurred in all age groups except zero to four-year-olds. Children in Torbay are most likely to receive a new EHCP between the ages of five and 10 with close to half in this age group. Requests for an EHCP assessment disproportionately come from the areas of Torbay that are among the 20% most deprived in England⁹⁵.

Figure 52 shows the percentage of pupils in all schools (state funded and other types) with SEN support or an EHC plan. In Torbay the percentage is higher than England in the eight years shown, 18.7% in 2022/23 compared with England at 17.3%. In the last few years levels have been rising as is the case for the statistical neighbours and England as a whole.

⁹⁴ [GOV Children with SEND](#)

⁹⁵ Source: [Torbay Special educational needs JSNA \(southdevonandtorbay.info\)](#)

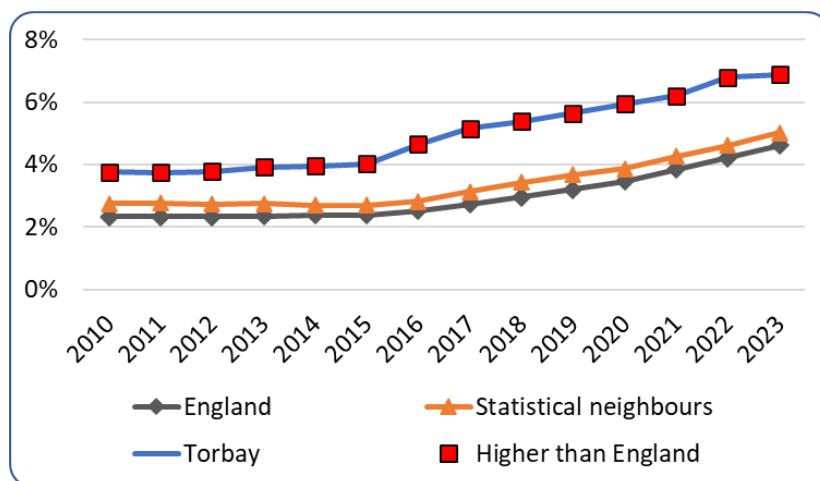
Figure 52: Percentage of pupils with SEN support or an EHC plan⁹⁶



In state funded primary schools in Torbay rates have risen, in state funded secondary schools SEN support rates have fallen while EHC plan rates have risen. England sees SEN support and EHC plan rates rising in both primary and secondary schools.

Figures 53 and 54 show children and young people with an EHC plan split by age. EHC plans were introduced from September 2014. Previously statements of SEN were used, and Local Authorities were given until March 2018 to transfer children and young people with a statement of SEN over to EHC plans. Figures 52 and 53 therefore include both statements of SEN and EHC plans.

Figure 53: Percentage of five- to 19-year-olds with an EHC plan, as in January of the year⁹⁷



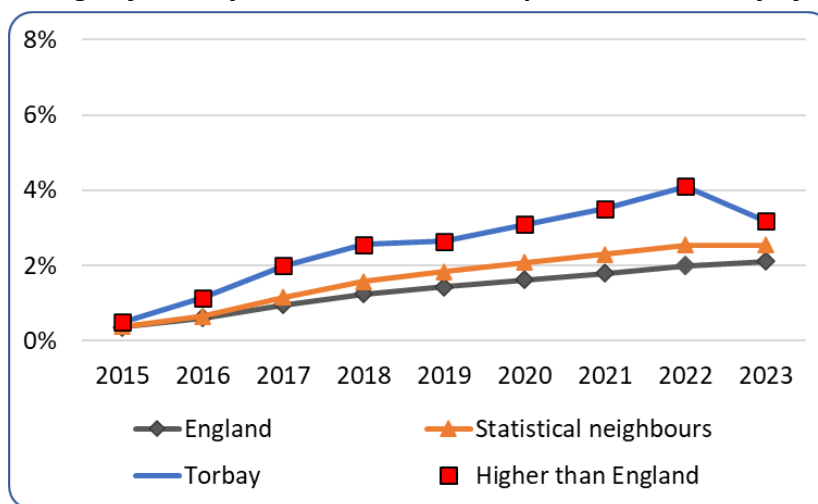
Torbay has significantly higher percentages of five-19-year-olds with EHC plans than the statistical neighbours and England as a whole. In 2023, 6.9% of five- to 19-year-olds have an EHC plan compared to 4.6% in England. Torbay’s levels are rising as is the case nationally.

⁹⁶ Department for Education- [Special educational needs in England](#)

⁹⁷ SEN2 return- [Education, health and care plans](#) , ONS mid year population estimates

As mentioned above, EHC plans started to replace statements of SEN from September 2014 onwards. Statements of SEN had not been available for children once they left education whereas EHC plans can carry on to the age of 25. Therefore, percentages of 16-25s have risen from almost zero in 2015. Figure 54 shows that, as with the younger age groups, Torbay has significantly higher percentages of EHC plans in the older age groups (Figure 53 shows from 2010, Fig 54 shows from 2015). In 16–25-year-olds there was a reduction in Torbay in 2023 to 3.2%, compared with England which was 2.1%.

Figure 54: Percentage of 16-25 year olds with an EHC plan, as in January of the year⁹⁸



Looking at different age groups in Torbay shows that the highest numbers of EHC plans are found amongst 11–15-year-olds followed by 5–10-year-olds.

Please refer to Torbay’s 2023 SEND Joint Strategic Needs Assessment for a full analysis [Torbay SEND JSNA](#).

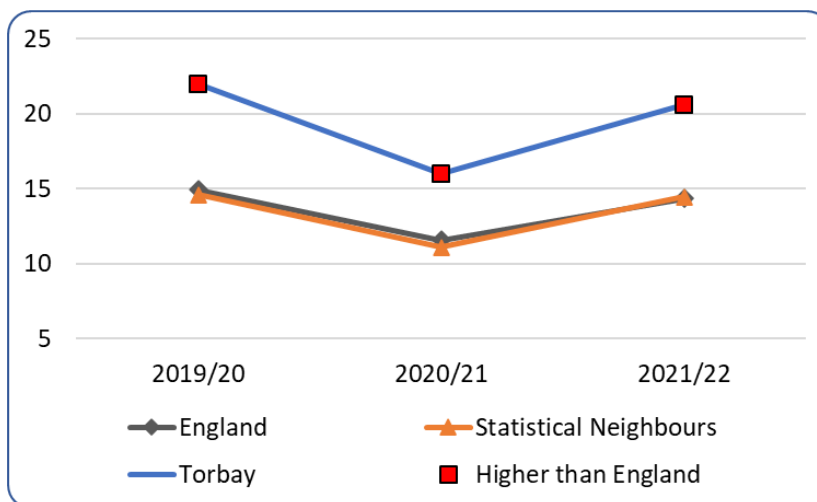
The Torbay SEND strategy sets out a vision and direction of travel for children and young people aged 0 -25 with SEND. It aims to be achieved through effective partnerships between children, young people, their families and the wider system. The [Torbay SEND Strategy 2023](#) includes a classification of the shared Torbay SEND vision and the five priority areas.

Homelessness

Figure 55 shows households with dependent children who are owed a prevention or relief duty under the Homelessness Reduction Act 2018, owed to eligible households who are already homeless or threatened with becoming homeless within 56 days. Torbay has had significantly higher rates than England for the past three years with a rate of 20.6 per 1,000 households in 2021/22, compared with England at 14.4, consisting of 290 Torbay households.

⁹⁸ SEN2 return- [Education, health and care plans, ONS mid year population estimates](#)

Figure 55: Rate of households with dependent children owed a duty under the Homelessness Reduction Act, per 1,000 households⁹⁹

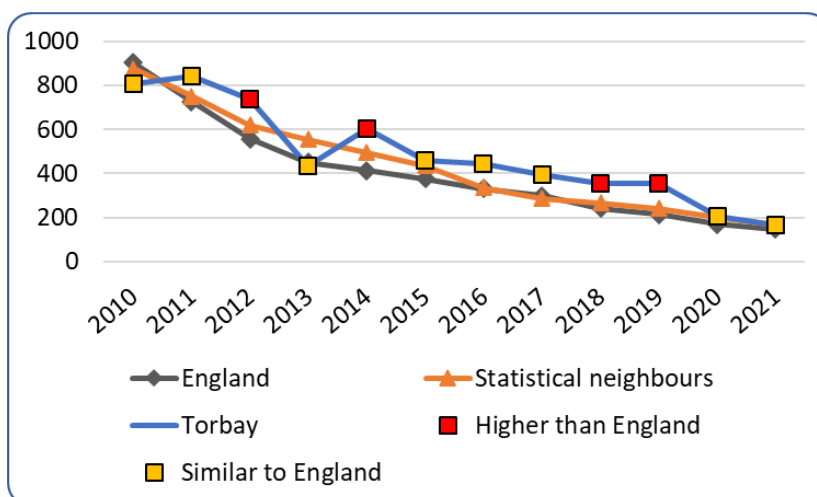


Dependent children are under 18s living at home and 18-year-olds if they are in full time education or can't support themselves for other reasons and live at home.

Youth Offending

Figure 56 shows the rate of 10–17-year-olds receiving their first reprimand, warning or conviction. Torbay's rate is decreasing in line with the statistical neighbours and England rates. In 2021 Torbay had a rate of 168.5 compared with England at 146.9. Regarding deprivation, nationally rates increase the more deprived an area is.

Figure 56: Rate of first-time entrants to the youth justice system, aged 10-17, per 100,000¹⁰⁰



⁹⁹ OHID- [Public Health profiles](#)

¹⁰⁰ OHID- [Public Health profiles](#)

Figure 57 shows offences by 10–17-year-olds where an outcome (sentence) has been received. The most common offence overall and in each year was violence against the person, making up around a third of the 620 offences. These were committed by 264 10–17-year-olds.

Figure 57: 5 most common offences by 10–17-year-olds, 1 January 2020 – 25 July 2023, Torbay¹⁰¹

Offence	Number
Violence Against the Person	221
Drugs	84
Criminal Damage	70
Motoring Offences	56
Theft And Handling Stolen Goods	49

More than three out of four, 77%, had experienced fixed exclusion from school and one in five, 22% had experienced a permanent exclusion. Of the 264 children, two out of five, 39% had been or still were eligible for free school meals.

Figure 58: Information about 10–17-year-olds sentenced for offence(s), 1 January 2020 – 25 July 2023, Torbay¹⁰²

	Number	%
Number sentenced for 1 or more offences	264	
Of the above, those who have experienced:		
Fixed exclusion from school	204	77%
Permanent exclusion from school	59	22%
Free school meal eligibility	103	39%
Education, Health and Care Plan	80	30%
In school SEN support	31	12%

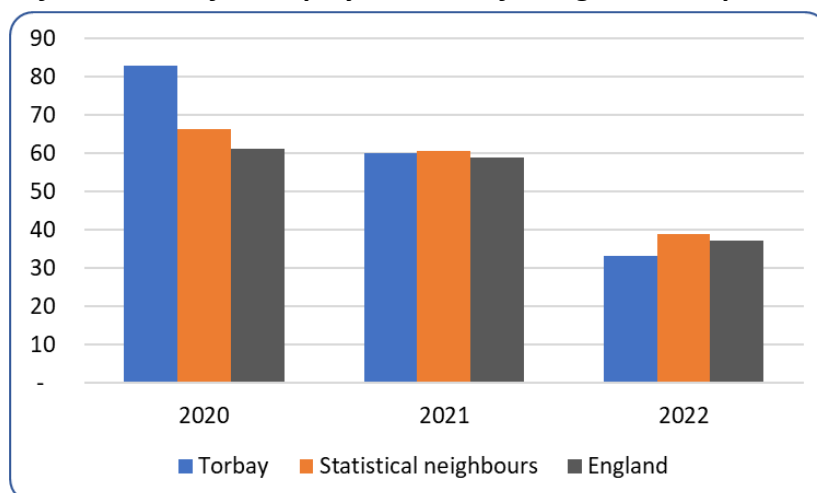
Unemployment benefit claimants

Figure 59 consists of claimants of Universal Credit who are required to seek work and be available for work as well as claimants of Job Seekers Allowance. Rates of 16–24-year-old claimants in all three areas have reduced over the three years. In 2020, Torbay's rate of 16–24-year-old claimants was significantly higher than the statistical neighbours and England rates but by 2022 Torbay was significantly lower than these areas. In 2022 Torbay's rate was 33 per 1,000 (England- 37), it has significantly reduced over the 3 years as is also the case for the statistical neighbours and England.

¹⁰¹ [Torbay Youth Justice Service](#)

¹⁰² Torbay Youth Justice Service

Figure 59: Rate of claimants of unemployment benefits, aged 16-24, per 1,000¹⁰³



Priority Ten: A comprehensive youth offer for Torbay is designed and implemented alongside Torbay's young people and their families.

Domestic Abuse

Domestic abuse is any type of controlling, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and experiencing domestic abuse is child abuse. Types of domestic abuse include:

- Kicking, hitting, punching, or cutting.
- Rape (including in a relationship).
- Controlling someone's finances by withholding money or stopping someone earning.
- Controlling behaviour, like telling someone where they can go and what they can wear.
- Not letting someone leave the house.
- Reading emails, text messages or letters.
- Threatening to kill someone or harm them.
- Threatening to another family member or pet¹⁰⁴.

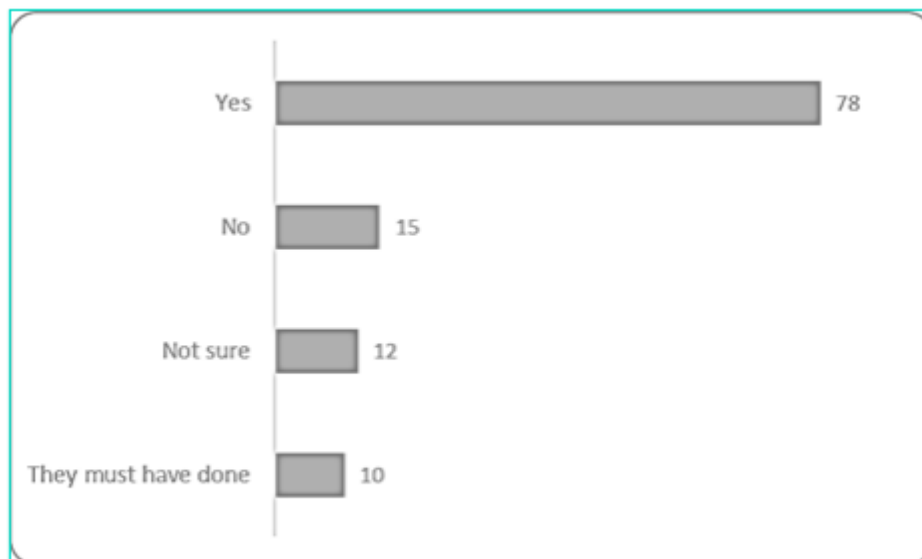
NSPCC research has found that around one in five children have been exposed to domestic abuse and that one third of children witnessing domestic abuse also experience another form of abuse. It is now well recognized that the exposure of children to any form of family violence constitutes child abuse.

¹⁰³ [Nomis](#), ONS mid-year population estimates

¹⁰⁴ NSPCC [What is Domestic Abuse?](#)

In Torbay, the 2016 Are You Okay survey for victims highlighted the number of children that had witnessed domestic abuse. The question asked was “do you think the children heard or saw any of the abusive episodes?” The results of the question are shown in figure 60.

Figure 60: Number of Domestic Abuse Victims who said their Children had Witnessed Domestic Abuse¹⁰⁵



Domestic abuse is also prevalent within relationships of young people. It is estimated that 1,080 Torbay young people between 16 – 24 will experience domestic abuse every year and females are disproportionately at increased risk than males¹⁰⁶.

Child Exploitation

Child Sexual Exploitation is a type of sexual abuse. When a child or young person is exploited, they're given things like gifts, money, status and affection in exchange for performing sexual activities. Children and young people are often tricked into believing they are in a loving relationship, also known as grooming.

Children and young people may be trafficked into or within the UK to be sexually exploited. They can be moved around the country, experiencing sexual abuse often by more than one person. Young people in gangs can often be more vulnerable to sexual exploitation¹⁰⁷.

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

County lines is a form of criminal exploitation, it is when criminals befriend children, both online and offline, and manipulate them into drug dealing. The lines refer to mobile phones that are used to control a child or young person who is delivering drugs, often to towns outside their home county.

¹⁰⁵ [A review of the whole system response to domestic abuse in Torbay](#)

¹⁰⁶ [A review of the whole system response to domestic abuse in Torbay.](#)

¹⁰⁷ [NSPCC What is CSE?](#)

In Torbay, a Child Exploitation Toolkit has enabled a multiagency approach to addressing safeguarding concerns relating to exploitation. Since the introduction of the toolkit in 2019, Torbay has recorded a significant increase in children at risk of Child Criminal Exploitation, with 66 young people identified as being at risk between 2020 and 2021, this is an increase from six children from 2019. The sharp rise is due to the introduction of the Toolkit, as opposed to an increase in children at risk.

In terms of children at risk of CSE, numbers have remained consistent. In January 2021 there were 57 children recorded as at risk and in February 2021, 63 children were recorded as being at risk of CSE.

Child exploitation can happen to anyone, but research has identified circumstances that may make a child or young person more vulnerable. These include:

- Low self-esteem or self-confidence.
- Lacking friends from the same age group.
- Being a young carer.
- Being in or leaving care.
- A history of abuse, particularly sexual abuse.
- Recent bereavement or loss.
- Homelessness.
- Links to a gang through relatives, peers, or intimate relationships.
- Living in a gang-affected neighborhood¹⁰⁸.

¹⁰⁸ [GOV Child Sexual Exploitation](#)

Section Six

Conclusion and Priorities

The data collated as part of this report highlights the impact poverty and deprivation has on children and young people's physical and mental health, emotional and social wellbeing and education and employment outcomes. As highlighted in Marmot's Review, if children are to thrive to their maximum capabilities, they should be given the very best start in life.

The data from this report alongside the research that profiles the voice of the child and young person will be applied as methods for reviewing the health issues facing Torbay's children and young people. Outcomes from these quantitative analyses highlight areas where the evidence points to impactful interventions, setting priorities to improve health outcomes for children and young people in Torbay, as listed below.

Priority One: Linking Support to Deprivation. Evidence shows that those living in the most deprived areas face the worst healthcare inequalities in relation to healthcare access, experience, and outcomes. Targeting help antenatally onwards to areas of deprivation would go some way in reducing child health inequalities.

Priority Two: Stop smoking support is appropriate for women before, during and after pregnancy and their families. Women who smoke are identified by health care professionals, peers and those who work in the community and offered an appropriate intervention.

Priority Three: Infant feeding interventions are offered and available to families antenatally, immediately after birth and throughout the perinatal phase. Interventions are professional, and peer led, responsive to the needs of individual families.

Priority Four: SLCN are identified at the earliest opportunity, with a system wide approach to the support offered. Speech and language pathways are developed across the system, involving families in the process; pathways are well-defined and accessible.

Priority Five: An oral health improvement strategy is localised, comprehensive and universal with a targeted oral health preventative offer associated with deprivation.

Priority Six: A comprehensive local healthy weight and active play strategy is developed and implemented antenatally, throughout pre-school and into the school years. Interventions are preventative and universal, with targeted support linked across community, education and youth settings involving children, young people, and families in the process.

Priority Seven: Stop smoking, drug and alcohol youth services are designed and implemented alongside young people. They are preventative and universal with robust targeted support linked across primary and secondary healthcare, community, education and youth settings.

Priority Eight: There is a drive for continuous improvement in CYP's mental health outcomes through system wide partnership working with children, young people, families. Emotional health and wellbeing outcomes are considered when designing and implementing all health and social care interventions.

Priority Nine: A Torbay suicide and self-harm prevention plan is implemented with the aim of stabilising and reducing rates of suicide and self-harm across Torbay.

Priority Ten: A comprehensive youth offer for Torbay is designed and implemented alongside Torbay's young people and their families.