The State of Children in Suffolk 2016

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Acknowledgements
This document had many contributors across the Public Health and Protection Directorate to whom we extend our thanks for their knowledge, expertise and insight. In addition, we would like to thank the kind assistance of the CYP Intelligence Hub and contacts in provider organisations for providing both raw data and helpful insight into its interpretation.
Executive summary
This report combines data from national bodies, Suffolk County Council, and partner organisations to assess the health and wellbeing of children and young people (CYP) in Suffolk. It comprises four chapters: demographic information, vulnerable groups, health, and education.

Suffolk has much to be proud of; across many indicators of health and wellbeing, Suffolk performs better than the nation or the local region, and performance and outcomes are usually improving. Seeking to build on this success, each chapter identifies key areas that could improve. This is where any of the following apply:

- Outcomes worse than the national or local averages, or worse than statistical ‘nearest neighbours’,
- Deterioration over time,
- Inequalities among children and young people due to their age, sex, ethnicity, location, deprivation, or other protected characteristics,
- Indicators that are concerning in absolute terms, even if they compare favourably to other areas.

Due to this focus, a large amount of data and analysis did not make it into the final report, as most indicators do not raise concerns in this way. This information is provided in a data appendix in the hopes it may inform other work for CYP in Suffolk.
Key messages

1. Approximately 18,000 under 16s in Suffolk live in poverty, 13% of all children. Mapping deprivation across Suffolk reveals that need commonly overlaps: the same areas tend to perform worse across multiple areas of CYP health and wellbeing. Although this is focused on the major towns, there are also ‘hot spots’ of rural deprivation observed.

2. Among children in care (CIC), there has been an upswing in numbers of unaccompanied asylum seeking children. These children bring unique challenges and opportunities to CYP services, and their numbers are expected to increase further.

3. Suffolk has seen a significant rise in the proportion of overweight or obese children, both in absolute terms and relative to national benchmarks. Suffolk's children show low levels of physical activity, high levels of sedentary behaviour, and low concordance with national guidelines on fruit and vegetable consumption. The consequences, both for children and health services are considerable, especially if this forms patterns of behaviour that persist in later life.

4. Suffolk has seen broad improvements in education, both in absolute terms and in relation to ‘closing the gap’. Yet not all children have benefitted equally: children from deprived areas, children in care or children in need, and children with special educational needs tend to do much worse. Of greatest concern, these inequalities grow larger as children progress through education.
Child population profile in the local socio-economic context

| **741,900** | The 2015 total population of Suffolk. |
| **205,600** | The total 0-24 population in Suffolk. |
| **27.7%** | The proportion of 0-24 year olds in Suffolk. |
| **10.6%** | The predicted increase in the total Suffolk population by 2034. |
| **1.8%** | The predicted increase in the 0-24 Suffolk population by 2034. |
| **1 in 10** | Suffolk children were from a non-White British ethnic group in 2011. |
| **8%** | Of Suffolk school pupils have a first language other than English (2016 data). |
| **1,497** | The number of 0-15 year olds identifying themselves as unpaid carers in the 2011 Census. |
| **3,216** | The number of 16-24 year olds identifying themselves as unpaid carers in the 2011 Census. |
| **18,440** | The 2013 estimate of the number of children under 16 years of age living in poverty. |
This chapter considers the child and young person population within the county, and the influencing social and demographic circumstances that have the potential to impact upon an individual child’s opportunities in later life.

Summary Points

1. **Population**: The total population of the county is projected to increase over the next 18 years, although the overall 0-24 year old population is anticipated to increase much less rapidly. Within this age group however, a notable increase in 10-14 year olds is expected to place higher demand on services such as secondary schools over the next two decades.

2. **Deprivation**: Suffolk is generally a county of low deprivation relative to other parts of England, but there are pockets of deprivation right across the county, that are not limited to the urban centres. Poverty and deprivation can have a significant effect on a child’s life chances and achievements.

3. **Services**: Existing services will need to adapt to the changing characteristics of the child population in some parts of the county, particularly Ipswich, where there is expected to be large numbers of children whose first language may not be English. Services to ensure these children can fully participate in educational life will be required.

4. **Caring**: Children caring for an adult or another child(ren) are often a hidden group that face challenges. Their ability to reach their educational potential can be affected by caring duties, with consequential impacts later in life. Identification of this group can be difficult, however it is important to ensure that any child with significant caring responsibilities is recognised and provided with appropriate support.

5. **Resilience**: Understanding the characteristics and needs of the current and future generation of young people, and commissioning appropriate services in response to this, will enable the county to have a successful and resilient adult population in the future.
**Child Population**

Suffolk is a rural county and has borders with Norfolk to the north, Cambridgeshire to the west and Essex to the south. It has a total population of 741,900\(^1\). Latest population estimates show that there were 205,600 children in Suffolk aged 0-24 years (inclusive) in 2015; this is 27.7% of the county’s total population. The graph below shows the distribution of children aged 0-24 years by district.

Figure 1: Young people in Suffolk, % of total population aged 0-24 years (inclusive). Local Authority Districts in Suffolk with county, regional and national averages, 2015

![Bar chart showing percentage of people aged 0-24 years by district]

Source: \(^1\)

Forest Heath and Ipswich have the highest percentages of 0-24 year olds within their overall population, with a third of their populations being aged between 0-24 years. This is higher than the county, regional and national averages. Conversely, 0-24 year olds account for just one quarter of the total population in Suffolk Coastal. 2014 ward level data indicates that Aldeburgh on the east coast has the lowest percentage of its population aged 0-24 years (14.5%) whilst Eriswell and the Rows in the north west of the county had the highest percentage, with one in four of its total population aged 24 years or under. As might be expected the east coast has the lowest concentrations of young people, reflecting the older age groups attracted to the coastal areas in their retirement. Table 1 provides further detail on age groups.
Table 1: Young people in Suffolk, number and percentage of persons aged 24 years and under by age group, Suffolk, 2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>% of people of all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>41,990</td>
<td>5.7%</td>
</tr>
<tr>
<td>5-11 years</td>
<td>59,970</td>
<td>8.1%</td>
</tr>
<tr>
<td>12-15 years</td>
<td>32,070</td>
<td>4.3%</td>
</tr>
<tr>
<td>16-18 years</td>
<td>26,090</td>
<td>3.5%</td>
</tr>
<tr>
<td>19-24 years</td>
<td>45,490</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>134,030</th>
<th>18.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 years</td>
<td>205,600</td>
<td>27.7%</td>
</tr>
</tbody>
</table>

Source: 1

An important consideration is the current cohort of 0-11 year olds, which accounts for just over 101,960 children. As this cohort ages, the need for some services e.g. school places, will increase. Meeting these needs will require significant levels of forward planning to ensure adequate provision in the future.

**Projections of Suffolk’s child population**

The total population in Suffolk is projected to increase by 10.6% by 2034. However, the 0-24 year old cohort is expected to increase by much less than this, by just 1.8% (Figure 2).

However, the projected change within this population is not uniform across all age groups. Table 2 highlights the large increase projected for those aged 10-14 years (in numbers, increasing from 40,100 to 44,800 by 2034) and the expected decrease in children aged 0-4 years.

Although the expected decrease in those aged 20-24 years old is large between 2014 and 2024, over the 20-year period to 2034, the overall change in numbers is very small (Table 2).
Figure 2: Projected change in Suffolk’s young people population, % change by age group, Suffolk County, 2014-2024 and 2014-2034

Table 2: Projected change in Suffolk’s young people population, number of 0-24 year olds by age group, Suffolk, 2014, 2024 and 2034

<table>
<thead>
<tr>
<th>Age</th>
<th>2014</th>
<th>2024</th>
<th>2034</th>
<th>% change 2014-2024</th>
<th>% change 2014-2034</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>42,400</td>
<td>41,000</td>
<td>39,900</td>
<td>-3.3%</td>
<td>-5.9%</td>
</tr>
<tr>
<td>5-9 years</td>
<td>42,600</td>
<td>43,600</td>
<td>42,200</td>
<td>2.3%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>10-14 years</td>
<td>40,100</td>
<td>45,700</td>
<td>44,800</td>
<td>14.0%</td>
<td>11.7%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>41,700</td>
<td>42,300</td>
<td>43,800</td>
<td>1.4%</td>
<td>5.0%</td>
</tr>
<tr>
<td>20-24 years</td>
<td>39,400</td>
<td>34,000</td>
<td>39,300</td>
<td>-13.7%</td>
<td>-0.3%</td>
</tr>
<tr>
<td>0-24 years</td>
<td>206,200</td>
<td>206,600</td>
<td>210,000</td>
<td>0.2%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Source: ²

The projections suggest declining numbers of children of primary school age over the next 20 year period, but an increasing number of older children, particularly those aged between 10 and 19 years. This is an important consideration in respect of resources and demand for services.
There are other influencing factors on the number of young people expected to be living in the county in the future, which are not considered in the projections shown in Table 2. One of the key influences will be inward migration.

There are several large housing developments either being built or anticipated over the next few years. Between 2014 and 2019 there are seven potential developments of 300 or more dwellings across the county, in the following locations:

- Fornham
- Martlesham
- Moreton Hall
- Oulton
- North west Haverhill
- South west Ipswich
- Westley

This will undoubtedly impact the total population of the county and those aged 0-24 and may require additional provision in and around these locations.

Data on National Insurance registrations of adult overseas nationals in Suffolk shows that between 2002/2003 and 2014/2015 there were a total of 51,362 registrations, of which more than a third (38.8% or 19,923) were resident in Ipswich. In 2014/15 there were 5,152 registrations in Suffolk, a 38.2% increase on the previous financial year and numerically higher than any year since 2005/06.

There is no data which permits estimates of children connected to these individuals to be calculated, i.e. it is not known whether these registrations apply to lone adults, or adults with children. However, it is reasonable to assume that a proportion will have young children with them and who will therefore place additional demand on a variety of local services.

**Ethnicity and languages spoken other than English/national identity**

In 2011, one in ten children (10.8%) in Suffolk was from a non-White British ethnic group. Suffolk School Census data for January 2016 indicates that this picture has
changed in the five years since, with 14.6% of school children recorded as being of a non-White British ethnic group (where the ethnic group of child was recorded)\(^a\).

An analysis by broad ethnic group shows that more than nine in ten school pupils are of White ethnic origin (90,783 pupils), within this there is a sizeable ‘White Other’ group of just over 5,700 children.

**Figure 3: Ethnicity of school children in Suffolk, number of children, 2016**

![Ethnicity of school children in Suffolk](image)

Source: \(^5\)

Figures from the January 2016 School Census for Suffolk indicate that 8.0% of pupils have a first language that is not English (8,121 pupils)\(^b\). The five most commonly spoken first languages (other than English) were:

- Polish (1.4%)
- Portuguese (0.8%)
- Lithuanian (0.4%)
- Romanian (0.4%)
- Bengali (0.3%)

\(^a\) 2.2% of pupil records did not have any ethnicity coding recorded (number=2,244) and have therefore not been included in this analysis.

\(^b\) Information on first language was not available for 1,811 pupils (1.8% of the total number of pupils).
The most linguistically diverse district is Ipswich where almost one in five children speaks a primary language other than English (19.7%). The main non-English languages spoken in the Borough match those identified above: Polish (2.7%), Portuguese (2.2%), Lithuanian (1.4%), Romanian (1.4%) and Bengali (1.3%).

Across Suffolk, Polish is the most frequent non-English primary language spoken followed by Portuguese. Portuguese is the most commonly spoken language after English in Waveney district.

Table 3: Numbers of children whose main language is not English, children resident in local authority districts in Suffolk, January 2016

<table>
<thead>
<tr>
<th>Area</th>
<th>Polish</th>
<th>Portuguese</th>
<th>Lithuanian</th>
<th>Romanian</th>
<th>Bengali</th>
<th>Total with English not as first language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>78</td>
<td>7</td>
<td>8</td>
<td>14</td>
<td>*</td>
<td>386</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>254</td>
<td>76</td>
<td>36</td>
<td>12</td>
<td>8</td>
<td>894</td>
</tr>
<tr>
<td>Ipswich</td>
<td>585</td>
<td>471</td>
<td>297</td>
<td>295</td>
<td>272</td>
<td>3,839</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>60</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>*</td>
<td>309</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td>272</td>
<td>101</td>
<td>34</td>
<td>20</td>
<td>18</td>
<td>1,141</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>110</td>
<td>25</td>
<td>25</td>
<td>24</td>
<td>25</td>
<td>831</td>
</tr>
<tr>
<td>Waveney</td>
<td>46</td>
<td>108</td>
<td>24</td>
<td>24</td>
<td>8</td>
<td>537</td>
</tr>
<tr>
<td>Suffolk</td>
<td>1,405</td>
<td>797</td>
<td>43</td>
<td>394</td>
<td>342</td>
<td>7,937</td>
</tr>
</tbody>
</table>

Source: 5

*Note that numbers <5 and numbers from which numbers <5 could be imputed have been suppressed. Also pupils attending school in Suffolk but who do not live in the county are not included in the analysis.

With almost 8,000 pupils living in the county having a first language that is not English there is a requirement to ensure that these pupils can fully participate in school life and have the same opportunities to achieve success as their English speaking counterparts. This may come in the form of: translation services, documentation
available in languages other than English, and specialist one to one support for children who are unable or struggling to keep up with in classroom teaching.

**Family and household structure**
There is a growing body of evidence to suggest that family structure impacts on children’s wellbeing and attainment to a similar extent as socio-economic outcomes. Family structures change and develop constantly. The 2011 Census shows that, since the 1960s, there have been several long term trends that have affected UK families, the most significant being:

- Increases in the number of children being born to unmarried parents,
- Increases in the numbers of people cohabiting,
- Increases in the number of people living alone,
- A decrease in marriage rates.

The impact this experience has on children is a key issue for local partnerships, and when family relationships break down there is a responsibility to provide support to optimise positive outcomes for children.

**Births outside of marriage**
Between 2009 and 2014, the number of children born outside marriage increased in all districts/boroughs in Suffolk (although by very small numbers in some instances), mirroring the regional and national trends.

In 2014, almost half of all births (49%) in Suffolk were to unmarried parents, similar to the England and Wales average of 48%. In Waveney, however the percentage was much higher; six of every ten births in Waveney in 2014 occurred outside of marriage (61.0%), contrasting with just three in ten in Forest Heath (33.4%).

**Cohabitation**
The percentage of people cohabiting has doubled since 1996, making this the fastest growing family type in the UK. In 2011, almost one in eight people in Suffolk were living as part of a co-habiting couple (12.8%)\(^4\). Across the county, there was variation across both districts and wards. Just one in ten people in Suffolk Coastal were part of a co-habiting couple (10.4%) while 14.4% of people in Mid Suffolk were co-habiting.
Red Lodge in Forest Heath had the highest percentage of people co-habiting of all wards in Suffolk (19.5%) whilst Riverside in Suffolk Coastal had the lowest (6.4%).

Some studies have shown that the children of married parents do better than the children of cohabiting parents in a number of areas, particularly on measures of social and emotional development at the ages of 3 and 5. However, they have also shown that parents who are married differ from those who are cohabiting in very substantial ways, particularly relating to their ethnicity, education and socio-economic status, and their history of relationship stability and the quality of their relationship, even when the child is at a very young age. Once these factors are taken into account, there are no longer any statistically significant differences in these child outcomes between children of married and cohabiting parents.

**Household structure in Suffolk**

In 2011, just approximately one in five children in Suffolk (21.5%, or 18,309 children) were living in lone parent households. More recent estimates suggest that in 2014 there were almost 20,000 children in Suffolk living in lone parent households (19,505 children), accounting for almost a quarter (23.0%) of all children in the county.

The highest number of children living in lone parent families is in Ipswich where nearly one in three (28.7%) children live as part of this family type (5,015). The percentages of lone parent households in Ipswich, Waveney and Forest Heath are statistically higher than the Suffolk County average of 23.0%.

A single parent with adequate resources may provide a stable, nurturing home in which children thrive just as well as those who have two parents. On the other hand, a single parent who is coping less well and has little time, energy or skill for parental duties may result in a child not receiving the support they need to develop.

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*Suffolk County Council estimate based on HMRC Personal Tax Credit Statistics (accessed via Suffolk Observatory on 13 May 2016: [link](http://www.suffolkobservatory.info/IAS/dataviews/tabular?viewId=566&geoid=14&subsetId=))
Figure 4: Dependent children living in lone parent households, local authority districts in Suffolk County, 2014

Lone parents are twice as likely to live in poverty and have less resource to support their children compared to two parent households. The report *Poverty and Social Exclusion in Britain* found that children in lone parent families are the most likely to be ‘necessities deprived’, being almost twice as likely as children of couples to be without one item considered necessary and three times as likely to go without two or more items such as school trips, bicycles or reasonable quality clothing.

The impact of poverty extends beyond economic and material deprivation and can also influence the mental health and well-being of children. A report by The Children’s Society notes that children living in low-income households are nearly three times as likely to experience mental ill health compared to their more affluent peers.

Further information about this issue can be found in the 2014 Annual Public Health Report.

Source: 8
Impact of family breakdown on children’s wellbeing
There is evidence to suggest that the children of separated parents are at increased risk of:

- Growing up in households with lower incomes and poorer housing,
- Experiencing behavioural problems,
- Performing less well in school and gaining fewer educational qualifications,
- Leaving school and home when young,
- Becoming sexually active, pregnant or a parent at an early age,
- Reporting more depressive symptoms,
- Reporting higher levels of smoking, drinking and other drug use during adolescence and adulthood.

Source: 11

However, there is other research that suggests that whilst children affected by a family breakdown are at increased risk of adverse outcomes, this does not imply that the majority of children will be adversely affected in the longer term12.

The Indices of Deprivation (ID) 2015
Deprivation is considered a multi-dimensional problem, encompassing a range of domains such as financial, health, education, services or crime13–15.

The ID 2015 are comprised of indices on the following seven domains (and two sub-domains):

1. Income deprivation
   a. Income Deprivation Affecting Children Index (IDACI)
   b. Income Deprivation Affecting Older People Index (IDAPOI)
2. Employment deprivation
3. Health deprivation and disability
4. Education skills and training
5. Barriers to housing and services
6. Crime
7. Living environment

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*The Indices of Deprivation measure relative rather than absolute deprivation; they do not tell us how many people are affected by deprivation or how significant the levels of deprivation being experienced are, only that one area is more or less deprived than a different area.*
These domains are combined to create an overall score of relative deprivation, the index of multiple deprivation (IMD). Figure 6 illustrates that the most deprived lower super output areas (LSOAs) in Suffolk are generally found in urban centres. However, this should not be interpreted as there being limited or no deprivation in more rural areas. Often the types of deprivation experienced by the two classifications are different, reflecting their different demographic, economic and social characteristics.

Figure 5: Index of Multiple Deprivation 2015, LSOAs in Suffolk County, distribution of deprivation scores by Suffolk deprivation quintile

Within Suffolk the most deprived LSOAs are in the following areas:

- Lowestoft,
- Ipswich,
- Felixstowe,
- Bury St Edmunds,
- Newmarket,
- Sudbury and surrounding area,
- Brandon,
- Mildenhall,
Some rural wards in east and west Suffolk appear as relatively deprived. Most of these areas will have relatively higher deprivation due to poor access to services, rather than income deprivation and employment deprivation. For more information, see the deprivation report on the Healthy Suffolk website: www.healthysuffolk.org.uk/JSNA

The following sections of this chapter focus on those domains/sub-domains of the IMD 2015 that relate to children and young people, these being the Income Deprivation Affecting Children Index (IDACI), and education, skills, and training.

**Income Deprivation Affecting Children Index (IDACI)**
The IDACI measures the proportion of all children aged 0 to 15 living in income deprived families, where these are defined as families receiving any of the following:

- Income support,
- Income-based jobseekers allowance,
- Income-based employment and support allowance,
- Pension credit (guarantee),
- Working tax credit,
- Child tax credit with equalised income, (excluding housing benefit) below 60% of the national median before housing costs.

Figure 6 illustrates that the most deprived LSOAs on the IDACI measure are located within the urban centres of Suffolk, with several isolated pockets in more rural parts. In particular, Leiston on the east coast and Waldingfield, and Glemsford/Stanstead in the south western part of the county are in the top 20% most deprived LSOAs on the IDACI measure.

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There is a concentrated area in the north east of Suffolk – extending from Peasenhall and Saxmundham up to Wrentham and then into Lowestoft where several LSOAs are in the top 40% most deprived nationally.

Figure 6: Income Deprivation Affecting Children Index (IDACI) for LSOAs in Suffolk, 2015

Children and young people exposed to income deprivation are likely to have much more limited opportunities than those in areas that are more affluent. The impact on such children affects them at all stages of their life, and not just in relation to outcomes associated with their later life as adults.

The impact of low income and material deprivation is associated with an increased risk of families and children experiencing depression, poor health, domestic violence, unemployment and overcrowding and limited access to educational resources such as books at home and internet linked computers. It can mean reduced opportunities to attend organised school events and trips, and limited access to latest fashions and technology. The longer-term impact may hinder personal development, which can continue into adulthood.
**Education, skills, and training deprivation**

This domain measures the ‘lack of attainment and skills in the local population’ and is split into a children and adult measure. The children sub-domain is comprised of the following data sets:

- Key stage 2 attainment,
- Key stage 4 attainment,
- Secondary school absence,
- Staying on in education post 16 years,
- Entry to higher education.

Figure 7 shows that there is a large area of north west Suffolk, covering the areas of Brandon, Lakenheath and Mildenhall where education deprivation is relatively high for children in Suffolk. Lowestoft on the north east coast, and Ipswich, both also have a large number of LSOAs falling within the most deprived quintile on this sub-domain.

Other pockets are centred in the urban areas of the county - such as Bury St Edmunds, Felixstowe, Haverhill, Newmarket, Stowmarket, and Sudbury – but there are LSOAs in rural areas that also fall within the top 20% most deprived LSOAs in the county. These include Stanton in north Suffolk, and Leiston, and Southwold and Reydon on the east coast. This area is explored more in depth in the education and skills section of this report.
These areas are where both educational attainment and further education uptake is lowest, and whose young people are likely to experience reduced opportunities, particularly around employment and future earnings, compared to their counterparts in other areas of the county.

Children in Poverty
The Marmot Review identifies childhood poverty as an indicator of future premature mortality and poorer health outcomes as adults. As such, reducing the numbers of children affected by poverty should lead to improved adult health outcomes and more years of healthy life expectancy.

Measures of children living in poverty aim to quantify the numbers of young people living in absolute deprivation. Tax credits data from HMRC is used to estimate the number of children living in poverty and in Suffolk in 2013 there were an estimated:

- 18,440 children under 16 years of age in poverty,
- 20,735 for dependent children under the age of 20 in poverty.
The number of children living in poverty has been declining since 2010. This is also true of the percentage of children in poverty. Data for Suffolk indicates that in 2010, 16.0% of under 16s were living in poverty compared to 14.8% in 2013\(^1\).

**Estimates of children living in relative deprivation in Suffolk**

There is a complex relationship between deprivation and outcomes for children and young people. This relationship is influenced by a multitude of factors and the impact of income poverty on health, housing, educational achievement and wellbeing, can in part be explained by the exposure to multiple risk factors which are more prevalent amongst deprived children (Department for Children, Schools and Families, 2009).

Poverty can have a detrimental impact on the wellbeing of the whole family, and the quality of parenting which will have a direct effect on children’s educational and emotional development and other outcomes. A literature review\(^2\) provided evidence that parents in deprived and low income families are likely to have a low level of education and are less likely to be involved in their children’s education through reading, encouragement and aspiration. This shows the importance of deprivation as a determinate of outcomes for children and young people. Further information about Suffolk County Council’s strategy to address poverty can be found by viewing: [Working together to tackle poverty: A Strategy to Address Poverty in Suffolk 2015-2020](#).

Almost 12% (52) of the 441 LSOAs in Suffolk are classified as having nationally high levels of deprivation, being in the top 20% most deprived LSOAs in England. Twenty-one of these LSOAs are in the top 10% most deprived nationally; these are LSOAs exclusively located in either Ipswich (12 LSOAs) or Waveney (9 LSOAs).

Using the data from the ID at LSOA level, it is possible to estimate the number of people in relative deprivation. Table 5 shows the number of people of all ages in Suffolk that live in the top 10% and top 20% most deprived LSOAs, and equivalent figures for those aged 0-15 years and 0-24 years.

---

\(^1\) The under 20s definition is dependent children under 20 and therefore it is not possible to calculate accurate percentages of this group living in poverty based on available population estimates.
Table 4: People living in relative deprivation in Suffolk. Suffolk residents in the most deprived 10% and the most deprived 20% of LSOAs in England by age group, Index of Multiple Deprivation 2015

<table>
<thead>
<tr>
<th></th>
<th>All ages</th>
<th>0-15 years</th>
<th>0-24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% of total pop</td>
<td>Number</td>
</tr>
<tr>
<td>Most deprived 10% LSOAS</td>
<td>31,160</td>
<td>4.20%</td>
<td>6,836</td>
</tr>
<tr>
<td>Most deprived 20% LSOAs</td>
<td>79,383</td>
<td>10.70%</td>
<td>17,022</td>
</tr>
<tr>
<td>Suffolk population</td>
<td>741,895</td>
<td></td>
<td>134,030</td>
</tr>
</tbody>
</table>

Sources: 1, 16
Vulnerable Children

**Toxic Trio**
Parental mental ill health, substance abuse and domestic violence. This ‘toxic trio’ increases the risk of a child being vulnerable.

**Multi Agency Safeguarding Hub (MASH)**
Just over one third of referrals are for children aged 12 to 17 (33.7%).

**2,363**
The number of children in need in Suffolk in March 2016.

**428**
The number of children with a child protection plan in Suffolk in March 2016.

**795**
The number of children in care in Suffolk in March 2016.

**70%**
The proportion of children in need due to ‘abuse or neglect’ or ‘family dysfunction’ in Suffolk.

**20%**
The proportion of children in need with a recorded disability.

**62%**
The proportion of boys in care in Suffolk in 2015, higher than the national proportion (55%).

**10,803**
The number of children receiving special educational needs support in Suffolk in 2016.

**39**
The number of unaccompanied minors in Suffolk as of June 2016.
This chapter looks at groups of children in Suffolk who are particularly vulnerable, and services in Suffolk. Data in this area is particularly challenging to interpret – there are seldom easily applicable national benchmarks, and patterns of data in targeted services are susceptible to selection effects that invert potential interpretation: an increasing number of (for example) safeguarding referrals could be bad if it reflects an upward trend in underlying need of the population, but it could be good if it instead represents better ascertainment of those in need (and vice versa). As such this chapter is more descriptive and less ‘normative’ than the others.

**Summary points**

1. Both avenues for safeguarding concerns, the Multi-Agency Safeguarding Hub (MASH) and the Common Assessment Framework (CAF) show declining numbers of referrals over recent years.
2. Children in need (CIN), children with a child protection plan (CPP) and children in care (CIC) show volatility in numbers without a clear overall trend. Boys are more likely than girls to be in one of these groups.
3. The number of ‘first time’ young offenders has fallen over time, and is lower than regional or national averages.
4. Vulnerable groups overlap: a child in one vulnerable group is more likely than the general population to be in another vulnerable group.
5. When it is possible to map prevalence of a vulnerable group, this tends to correspond with the pattern of deprivation seen across Suffolk.

**Introduction**

Vulnerability is multifaceted; children can be vulnerable in many ways. This chapter summarises information on several vulnerable groups: children in care (previously known as looked after children), children in need, and those with a child protection plan; children with disabilities including learning disabilities; young offenders; and asylum seeking children. These groups can overlap, and some children are in the multiple vulnerable groups.

The risk factors that lead to a child being vulnerable are similarly multifaceted: the main ones are summarised in Figure 8. It is important to recognise that risk factors are often multi-layered, and frequently not dependent on a one single circumstance. One common theme identified in Suffolk is a ‘Toxic Trio’ of
parental mental health issues, substance abuse, and domestic violence. For more information see the Hidden Harm needs assessment.

Figure 8: Life time risk factors

Source: 23,24

Raising safeguarding concerns in Suffolk
There are two routes for raising concerns about a child in Suffolk: the MASH and CAF. The MASH aims to identify the potential harm for referred children, and ensure that correct interventions are provided to avoid further harm by providing advice and referring to appropriate services. Referrals for MASH can be made without consent of a child or parent. CAF, on the other hand, is an early intervention screening used by frontline practitioners. The aim of the CAF process is to establish a complete picture of a child’s or young person’s unmet additional needs. Unlike the MASH referrals, CAF is a consensual process that can only be commenced with the full informed consent of the child or young person and family.

If people have an immediate safeguarding concern about a child, they can call ‘Customer First’ on 0808 800 4005.
Multi Agency Safeguarding Hub (MASH)

In 2014, Suffolk established a MASH which brought together a team of multi-disciplinary professionals from partner agencies including social care, police, and health to deal with all safeguarding concerns. A safeguarding concern is a situation where someone is worried about the safety or well-being of a vulnerable child or an adult at risk of abuse.

Figure 9 depicts trends of both contacts and individuals for each month. As a single contact may involve multiple children (e.g. siblings), the number of individuals is higher than the number of contacts. Although there is considerable variation, both are on a mild downward trend. The three biggest sources of referrals are from the police, education, and health sectors.

**Figure 9: Total number of contacts and number of individual children processed by MASH, October 2014-March 2016**

Source: 27

Just over one third of referrals are accounted for children aged 12 to 17 (33.7%), followed by those aged 6 to 11 (32%), and children under five (29%), with unborn children presenting only a fraction of the individuals. Overall there is not much gender difference for referred children.
Approximately half of referrals resulted in information and advice being given. Around 15% went on to assessment, and a similar proportion referred to the Early Help Team. A smaller minority (5%) result in section 47 child protection enquiries\(^h\), which are immediately passed on to the CIN team. The remainder were decided as no action required or redirected to another service.

**Common Assessment Framework (CAF) and Team around Child (TAC)**

The main purpose of the CAF is to identify a young person with unmet needs and provide early intervention to avoid escalation of the problems.\(^28\) The great majority of CAFs lead to a team around the child (TAC) being formed, usually with the early help team being the lead agency.

Schools are the leading agencies (i.e. initiating) in CAF assessments, followed by social services. The number of open CAFs in 2013-2016 is given below suggesting a slow decline. The commonest needs identified in open CAFs in the 2016 report were child behaviour, child mental health, and then parental boundaries and parental mental health.

**Figure 10: Cumulative open CAFs by month**

![Cumulative Open CAFs by Month](image)

**Source:**\(^27\)

---

\(^h\) A section of the Children Act 1989 that places a duty on local authorities to investigate into the circumstances of children considered to be at risk of "significant harm".
In 2015-2016, over 60% of the cases closed when desired outcomes have been achieved, and only around 12% closed due to either lack of engagement or withdrawal of consent.

**Children in Care (CIC), Children in Need (CIN), Children with a Child Protection Plan (CPP)**

These definitions represent differing levels of involvement from local children’s services.

**Definition for CIN**

According to the Children Act 1989, a child in need is “a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled”\(^30\). Children in need are assessed by a social worker to gather information and evidence both about a child’s developmental needs, and the parents’ capacity to meet the child’s needs within the context of the wider family and community are assessed\(^30\). ‘Children in need’ is a wide definition, and it includes also the following groups: unborn children, older children, young carers, children in secure settings, and young people aged 18 or over still receiving care and accommodation or post-care support from children’s services\(^31,32\).

**Definition for CPP**

For a child in need, the child’s local authority may contemplate a child protection plan. A child protection plan is drawn up during a multi-agency child protection case conference, if the child is believed to be suffering or at risk of suffering significant harm. The purpose of the child protection plan is to detail how the child is to be kept safe, and what needs to be done to promote a child’s health and development. Furthermore, the plan needs to detail the ways in which professionals can support the child’s family, if involvement would be beneficial for the child’s welfare\(^33,34\).

**Definition of CIC**

The term children in care (previously looked after children) describes children and young people who are cared for in a foster care or in a residential placement (i.e. in an institution such as a children’s home). Children in care may be subject to a care order (i.e. legal order to remove children from their parent/s or carer/s) or parent/s may request care for their child. The main reasons for children to enter in care are abuse and neglect\(^35,36\). The length of the time a child spend in care varies. It is
estimated that just under third of the children remain for a short-period in care, while around 13% remain in care over five years\textsuperscript{35}.

\textbf{Risk Factors}
The most common reasons for a child to require intervention from local children’s services are neglect and abuse. Children under the age of four and those with special needs, such as physical and/or learning disabilities, are at increased risk. Evidence has also indicated that, for mothers, a number of factors are associated with a child to requiring care: socio-economic status, benefit receipt, single parenthood, ethnicity, age, disability, smoking in pregnancy, mental illness, alcohol misuse and learning difficulties\textsuperscript{37,38}.

\textbf{Demography}
As of March 2016, there were 2,363 children in need in Suffolk, 428 had a child protection plan, and 795 children were in care. 2.3% of all children and young people under 18 years of age in Suffolk are known to be children in need. The rate of children in need in Suffolk has been lower than the English average throughout 2013-2014 and 2014-2015.

The total numbers of CIN, CPP and CIC do not demonstrate a clear trend upwards or downwards, although CIN show much greater month-to-month variation. There is substantial movement into and out of these classifications. For example, in each year there have been more initiations and terminations of episodes of need for CIN than the total number at the end of the year.

\textsuperscript{1} Based on the 2014 population estimate, there were 151,332 children aged between the ages of 0-18. Unfortunately, we do not have the data to establish a) the degree of movement between categories; b) the degree to which an individual child may have multiple episodes of need (or CPP, CIC) opened and closed during the year.
The prevalence of children in need mirrors the map of deprivation affecting children, with concentrations in major urban centres, but also areas of rural deprivation – for example, along the north west coast.
In Suffolk, the largest single group of need was ‘abuse and neglect’, followed by ‘family dysfunction’, both of which counted for nearly 70% of all primary assessments. During the last two data periods there has been a shift towards more families being considered dysfunctional: due to the short time course, this is likely to represent changes in ascertainment.

Children with disabilities and illness account for between 12% and 14% of CIN (i.e. around 430 children in Suffolk), which has been above the English average for the last four years40. 20% of CIN have a recorded disability (regardless of the primary need): 7% higher in Suffolk than the English average. The most reported disabilities are learning disabilities (47%), followed by disabilities in behaviour, communication and mobility, each of which is reported for a third of the children40,k.

Of the 614 new child protection plans during 2014-2015, children who became the subject of a plan for a second or subsequent time accounted for 18% of the total (116). This is a lower proportion than most other comparable counties.

The initial category of need for children subject to a CPP indicates that in Suffolk a vast majority of child protection cases are initially assessed as neglect, followed by emotional abuse. Sexual abuse accounted for 4.5% of children with a CPP, which is similar to the national average of 4.6%. While the proportion of children assessed as requiring protection due to emotional abuse is similar to England, cases of neglect are considerably higher in Suffolk. This difference persists even when the latest (i.e. not the initial reason) category of abuse was considered.

**Age, Gender, and Ethnic Group**

Characteristics of CIN and children on a CPP as of 31st March 2016 are shown in Table 6. Boys are over-represented among CIN (but not CPP), the proportions of both CIN and CPP by ethnic group mirror the proportions seen in the Suffolk child population. In Suffolk the number of children in need are weighted towards younger age groups in comparison to England average40.

Table 5: Characteristics of children with CIN or CPP status as at 31st March 2016 by gender, age, and ethnicity in Suffolk

---

<k A child may have more than a one disability; hence the combined percentage is over 100%>
<table>
<thead>
<tr>
<th>Total number of children in need</th>
<th>Suffolk</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CIN</td>
<td>CPP</td>
</tr>
<tr>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th>Total Number</th>
<th>2,353</th>
<th>428</th>
<th>390,950</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,208</td>
<td>209</td>
<td>51%</td>
</tr>
<tr>
<td>Female</td>
<td>1,073</td>
<td>207</td>
<td>45%</td>
</tr>
<tr>
<td>Unborn</td>
<td>72</td>
<td>12</td>
<td>3%</td>
</tr>
<tr>
<td>Undefined</td>
<td>†</td>
<td>†</td>
<td>†</td>
</tr>
</tbody>
</table>

**Age Band**

<table>
<thead>
<tr>
<th>Total Number</th>
<th>2363</th>
<th>364</th>
<th>392960</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>215</td>
<td>64</td>
<td>9%</td>
</tr>
<tr>
<td>1 to 4 years</td>
<td>514</td>
<td>109</td>
<td>22%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>641</td>
<td>117</td>
<td>27%</td>
</tr>
<tr>
<td>10 to 15 years</td>
<td>735</td>
<td>121</td>
<td>31%</td>
</tr>
<tr>
<td>16 + years</td>
<td>258</td>
<td>17</td>
<td>11%</td>
</tr>
</tbody>
</table>

**Ethnic Group**

<table>
<thead>
<tr>
<th>Total Number</th>
<th>2363</th>
<th>427</th>
<th>372950</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,816</td>
<td>363</td>
<td>77%</td>
</tr>
<tr>
<td>Mixed</td>
<td>139</td>
<td>26</td>
<td>6%</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>25</td>
<td>13</td>
<td>1%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>33</td>
<td>†</td>
<td>1%</td>
</tr>
<tr>
<td>Other ethnic groups</td>
<td>135</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>215</td>
<td>13</td>
<td>9%</td>
</tr>
</tbody>
</table>

† Figures not shown in order to protect confidentiality

Source: 39, 40
Children in Care

In 2015 boys accounted for 62% (455) of CIC, higher than the 55% seen nationally. 88% of children in care are from a white ethnic background, with mixed ethnic group the second greatest proportion (6%). The most common age becoming a child in care in Suffolk is between 10 and 15 years of age, accounting for over 40%.

There have been rapid changes in the demography of CIC. Unaccompanied asylum-seeking children have risen from 10 in 2014 to 62 in 2016, and are projected to rise to 107 as part of the central government’s dispersal programme. These children tend to be male and relatively older (12-17), leading to changing demography in addition to further challenges (e.g. language).

Figure 13: Age and sex demographics of children in care, 2014 versus 2016

Source: 39

The most common reason for a child to require care in Suffolk and in comparable counties was abuse and neglect, followed by family dysfunction and stress.41,42 Around three-quarters of children in care in Suffolk are placed with foster carers, similar to the English average.

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1 Information in this section is extracted from the national children in care statistics 2014 and 2015, and, unless stated otherwise, the characteristics of children are described as of 31st of March 2014 and 2015 respectively.42
CIC have significantly higher incidence of mental ill health compared to the general child population aged 5 to 15. While it is estimated that on average 45% of CIC have some form of mental ill health, this rises to 72% among children and young people in residential care. The most prevalent forms of mental ill health among CIC are conduct disorders, followed by emotional disorders such as anxiety and depression. In addition, 11% of CIC have Autism Spectrum Disorder (ASD).

It is estimated that two-thirds of CIC have at least one physical health complaint. This includes speech and language problems, bedwetting, coordination difficulties, and eye or sight problems. Further, research has indicated CIC are in increased risk of becoming obese. CIC also experience high levels of teenage pregnancy, drug and alcohol abuse.

There are three indicators for healthcare for CIC: up to date immunisations, dental checks, and an annual health assessment. Suffolk’s performance for these (88.1%, 72.3%, and 91.1% respectively), lie within the range seen in statistical neighbours.

Table 6: Proportion of CIC receiving health assessments; April 2014 to March 2015, Suffolk and statistical neighbours

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Number of CIC for at least 12 months (1)</th>
<th>Those with immunisations up to date (2)</th>
<th>Those who have had a dental check (3)</th>
<th>Those who have had annual assessment (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Suffolk</td>
<td>505</td>
<td>445</td>
<td>88.1%</td>
<td>365</td>
</tr>
<tr>
<td>Social care statistical neighbours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cornwall</td>
<td>305</td>
<td>305</td>
<td>100.0%</td>
<td>255</td>
</tr>
<tr>
<td>Devon</td>
<td>445</td>
<td>320</td>
<td>71.9%</td>
<td>360</td>
</tr>
<tr>
<td>Dorset</td>
<td>240</td>
<td>205</td>
<td>85.4%</td>
<td>180</td>
</tr>
<tr>
<td>East Sussex</td>
<td>435</td>
<td>390</td>
<td>89.7%</td>
<td>415</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>310</td>
<td>280</td>
<td>90.3%</td>
<td>280</td>
</tr>
<tr>
<td>Lincolnshire</td>
<td>405</td>
<td>400</td>
<td>98.8%</td>
<td>395</td>
</tr>
<tr>
<td>Norfolk</td>
<td>780</td>
<td>755</td>
<td>96.8%</td>
<td>665</td>
</tr>
<tr>
<td>Shropshire</td>
<td>215</td>
<td>195</td>
<td>90.7%</td>
<td>125</td>
</tr>
<tr>
<td>Somerset</td>
<td>305</td>
<td>265</td>
<td>86.9%</td>
<td>270</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>450</td>
<td>310</td>
<td>68.9%</td>
<td>160</td>
</tr>
<tr>
<td>East of England</td>
<td>4,310</td>
<td>3,900</td>
<td>90.5%</td>
<td>3,690</td>
</tr>
<tr>
<td>England</td>
<td>48,090</td>
<td>42,240</td>
<td>87.8%</td>
<td>41,250</td>
</tr>
</tbody>
</table>
Young offenders

The most recent figures from the Youth Justice Board (Oct 14 – Sep 15) show that Suffolk has a rate of 286 first time entrants to the youth justice system per 100,000 population aged 10-17, nearly half the rate of the two previous years and below both regional and national rates since April 2013. Reoffending rates have risen from 33.0% up to 35.5%, although this remains lower than national and regional figures (37.9% and 36.8%). These may be linked: if efforts to tackle young offending mainly help those ‘at the margin’, the remaining cohort of offenders will have a relatively higher proportion of those at higher risk of re-offending. Suffolk uses custody considerably less than the national average (0.18 per 10,000 10-17 year olds versus 0.4 per 10,000).

Young offenders as a group have a variety of needs independent of their contact with the youth justice system. Data is patchy however, between 33% and 92% of young people in custody have experienced neglect or abuse. Around a quarter of the young offenders have special educational needs and nearly 30% have literacy and numeracy difficulties. It is projected that around 60% of children in youth justice system have significant speech, language, and communication difficulties.

Children with Special Educational Needs (SEN)

A child’s or a young person’s capability to learn may be affected by numerous reasons including; behavioural difficulties, limited ability to socialise, difficulties with reading and writing, problems in understand things (e.g. ASD), lowered ability to concentrate (e.g. attention deficit hyperactivity disorder or ADHD), mental health difficulties, long-term health conditions, and physical disability. Children whose needs can be managed within the school environment receive special educational needs (SEN) support. Children with more complex needs who require more support than their school provides may need an education, health and care (EHC) plan, which was launched in September 2014 (previously known as a statement of SEN). Children with the EHC plan can receive funding to enable them to get the support they need.
From 2011 to 2016 in Suffolk, the relative number of pupils with a statement or EHC plan has remained stable between 2.6% and 2.7% of all school pupils. The number of children in Suffolk receiving SEN support (10,803) exceeds the number of children with a plan (2,720) in 2016. Their distribution by ward suggests concentration in the east of Suffolk, especially on coastal regions. There is also some indication of an association between deprivation and special educational needs.

Figure 14: Percentage of school children with special educational needs

There are a number of schools for children with special educational needs in Suffolk. In Suffolk as in comparable counties in 2015, the most common primary needs for children to receive SEN support were learning difficulties (32%) followed by speech, language, and communication (SLC) needs (19%), and emotional and mental health needs (17%). This is broadly similar to the proportions observed in other statistical neighbours.

Children with disabilities
According to the Equality Act 2010, a person has a disability if they “have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your
ability to do normal daily activities”. Estimating the number of children with disabilities is dependent on how disability is defined, i.e. what conditions and illnesses are deemed disabling.

Research has indicated that boys are twice as likely as girls to be categorised as disabled. Furthermore, children under the age of five are less likely to be recognised disabled than older children and young people. The Office for Disability Issues estimated that in Great Britain during 2008/2009 there were 0.7 million children (under 18) with a disability, which had increased to 0.8 million by 2011/2012. The Papworth Trust estimated that in 2012/2013 there were 0.9 million children with disabilities in Great Britain, accounting for 7% of all children. There have been a number of differing estimates depending on the definition of disability used, and as different councils use different reporting norms, comparisons between councils are inappropriate.

In addition, it is estimated that of the disabled children in UK, 40% live in poverty, with nearly a third of these children classified as living in ‘severe poverty’. In Suffolk, this equates to an estimated 11,185 children and young people aged under 18 with disability, of whom 4,470 are estimated to live in poverty. This contrasts to the estimated 15% of all children in Suffolk who live in relative poverty.

Table 7: Estimated number of disabled children and disabled children living in poverty

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Estimated number of disabled children 7%</th>
<th>Disabled children in poverty 40%</th>
<th>Of which in severe poverty (approx. 30%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>2,964</td>
<td>1,185</td>
<td>356</td>
</tr>
<tr>
<td>5-11 years</td>
<td>4,107</td>
<td>1,643</td>
<td>493</td>
</tr>
<tr>
<td>12-15 years</td>
<td>2,282</td>
<td>913</td>
<td>274</td>
</tr>
<tr>
<td>16-18 years</td>
<td>1,832</td>
<td>733</td>
<td>220</td>
</tr>
<tr>
<td>Total</td>
<td>11,185</td>
<td>4,474</td>
<td>1,342</td>
</tr>
</tbody>
</table>

Disability intersects with other aspects of vulnerability. It is estimated that of all children in need in Suffolk, 430 have this status due to disability or illness, while an estimated 301 children have special educational needs due to physical disability.
Lesbian, gay, bisexual, and transgender children (LGBT)

Sexual orientation is defined as a lasting pattern of “emotional, romantic and/or sexual attractions of men to women or women to men (heterosexual), of women to women or men to men (homosexual), or by men or women to both sexes (bisexual)”55. Similarly, sexual orientation can describe an individual’s expression of gender such as a person assigned as a woman at birth but who identifies as a man and vice versa and those who do not conform to societal gender roles. In addition, some people do not identify either as a woman or a man55-57. Some research suggests that children identify as lesbian, gay, or bisexual, on average, at the age of 13, but many start to express gender identity between the ages of 2 and 356.

In the UK self-reported figures indicate that 7% of 16-24 year olds identify themselves as lesbian, gay or bisexual. This would indicate that in Suffolk, over 5,060 youngsters aged 16-24 identify themselves as LGB57. Furthermore, it has been estimated that just under 1% of the UK population aged 15 and over identify themselves a transsexual, indicating that around 650 young people aged 15-24 identify themselves as transsexual in Suffolk58.

LGBT young people are at higher risk of adverse outcomes58. In the UK, reports suggest that over 40% of LGBT young people have thought about suicide, while half of all LGBT young people report self-harming56,59,60. LGBT young people are at risk of violence directed towards them because of their sexual orientation60. The majority of LGBT young people report bullying, hearing homophobic derogatory language, and feeling discriminated against56,59,60. LGBT young people have an increased risk of substance abuse60. Family acceptance of a young person’s LGBT identity is a key moderator of these risks58.

Young carers

Young carers and young adult carers are a small but important part of the unpaid caring population. The identification of young carers and young adult carers can be difficult, and care often takes place in very different settings to that of the adult unpaid carer population.

According to the 2011 Census4, 1,497 young people aged 0-15 identified themselves as unpaid carers, as did a further 3,216 young carers/young adult carers aged
between 16-24. Of these, 495 reported that they were delivering 50 or more hours of unpaid care per week. Many young carers in Suffolk remain unknown to professionals, and therefore these numbers underestimate the true number young carers in the county.

8% of people providing unpaid care in Ipswich were aged under 25 years old; this is higher than the county (6.1%), regional (6.7%) and national (7.6%) averages.

*Figure 15: Young people providing unpaid care, % of all children in age group, local authority districts in Suffolk County, 2011*

Source: 4

Figure 16 shows the estimated distribution of young carers in Suffolk.61 The distribution of young carers in Suffolk does not follow exactly the pattern seen previously among children in need, or those with special educational needs. However, areas around Saxmundham and Leiston appear to have relatively high proportion of young carers, children in need and those with special educational needs. Other areas that fit this pattern are pockets in Ipswich and around Sudbury. However, there also appears to considerable number of young carers in South East Suffolk, an area where there are fewer children with special educational needs, but where there are pockets of deprivation.
Young carers face a number of challenges that may affect their life chances. It is estimated that one in 12 young carers are caring for more than 15 hours per week, while one in 20 miss school because of their caring responsibilities. Furthermore, young carers are 1.5 times more likely than their peers to be from Black, Asian or other minority ethnic communities, and are twice as likely to not speak English as their first language. Similarly, young carers are 1.5 times more likely than their peers to have a special educational need or a disability, with lower family annual income than families without a young carer.\textsuperscript{61,62} Educational attainment of young carers is considerably lower at GCSE level, the equivalent to nine grades lower overall than their peers. In addition, young carers are less likely than the national average to be in education, employment or training (NEET) between the ages of 16 and 19.\textsuperscript{61,62}

**Impact of caring on young people**

One of the most salient and recent pieces of research that demands further attention is the Children’s Society’s report, ‘Hidden from view: the experience of young carers in England’.\textsuperscript{63} This important study draws on government commissioned data on over 15,000 pupils aged 13 and 14. The size of the sample should give local
service commissioners and policy makers’ confidence in the findings, many of which confirm earlier research. The report is based on new evidence on young carers from the Longitudinal Survey of Young People in England (LSYPE). The LSYPE was commissioned by the then Department for Children, Schools and Families (DCSF) as a major innovative panel study of young people.

The LSYPE data is useful in helping to understand the circumstances affecting the daily lives of young carers. The data has been used to look at household economic factors, parental characteristics, family structure, and young carers’ contact with different agencies.

Table 4 below shows the factors that have a significant and strong association with being a young carer, in comparison with their peers:

**Table 8: Significant and strong associations**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family income</td>
<td>The median family income for families including a young carer was £5000 less than families without a young carer</td>
</tr>
<tr>
<td>Adults in the household in work</td>
<td>Young carers are over four times more likely to live in a household where no adults are in work</td>
</tr>
<tr>
<td>Maternal education levels</td>
<td>Young carers are 1.6 times more likely to have a mother who has no educational qualifications</td>
</tr>
<tr>
<td>Adults with a limiting disability</td>
<td>Young carers are over twice as likely to live in households where at least one adult has a limiting disability</td>
</tr>
<tr>
<td>Number of children in the family</td>
<td>Young carers are 1.6 times as likely to live in households where there are three or more other children living</td>
</tr>
</tbody>
</table>

Source: 63

More information can be found in the *Young Carers and Young Adult Carers Needs Assessment*.

**Suffolk Family Focus**

Suffolk Family Focus is an approach to families with complex difficulties: a key worker or acts as a single point of contact, with responsibility to bring together professionals to work with the family64. Available data indicates that in 2015 there were 2,235 families with two or more problem areas who receive Suffolk Family Focus support.
Akin to the distribution of poverty in Suffolk, Ipswich and Waveney have the largest numbers of families with multiple difficulties (see figure 17).

Most of the families in this cohort have two identified difficulties (1873/83%), but this leaves a sizeable minority of families who experience three or more problems simultaneously. For the purposes of the service evaluation, the needs of the families are divided in four broad categories; children who need help, crime, education, and unemployment: children requiring help is the most common cause, followed by education and unemployment. Information was not available regarding domestic abuse or health at the time of writing due to small numbers. As a family will have at least two needs to be eligible for this intervention, the total number of needs reported are at least double the number of families.

**Figure 17: Total number of difficulties by type and area**

Source: 65

**Unaccompanied minors**

Children separated from their parents or care givers, including unaccompanied asylum seeking children, should be supported by local authorities in agreement with their duties to children under the Children Act 1989. Some unaccompanied asylum-seeking children are brought to the attention of local authorities quickly after their arrival in the UK. In Suffolk, the number of unaccompanied minors as of June 2016
stands at 39. There has, however, been a steady increase in the number of youngsters registered as an unaccompanied through the last 3 years in Suffolk. In 2013-2014 eight unaccompanied minors were recorded in Suffolk, which increased to 22 new entrants in the 2014-2015. During the year 2015-2016 there were 27 new registered unaccompanied minors in Suffolk.

Health
This chapter focuses on the health of children in Suffolk. Data has been collected for indicators across the early lifecourse: from conception, to maternal health, to health
behaviours, to physical and mental wellbeing. For conciseness, only data illustrating a priority health need is provided; the other data, with many more indicators, are included in the data appendix.

**Summary points**

Although Suffolk’s children are healthy: across many measures, and compare favourably to regional or national benchmarks, the following key areas are identified:

1. **Teenage conception:** Suffolk has a low teenage conception rate overall, but Ipswich and Waveney have higher rates than average for Suffolk, the wider region, and the nation. High rates of teenage pregnancy are of concern as they risk poor outcomes for both mother and child. They also represent avoidable costs to both the woman and the health service where these pregnancies end in termination.

2. **Smoking during pregnancy:** Although falling, Suffolk’s proportion of pregnant women who smoke remains higher than the region and the Government’s target. On one process indicator of smoking cessation services for pregnant women (proportion setting a quit date), Suffolk performs very poorly. Smoking during pregnancy is significantly detrimental to the unborn child, and is one of the few modifiable risk factors in pregnancy.

3. **Oral health:** Suffolk performs well on measures of oral health. However, unlike most other areas which are improving, Suffolk’s performance has been recently deteriorating. There is also some evidence of regional inequality.

4. **Obesity:** Suffolk has seen a small but statistically significant rise in the proportion of children overweight or obese, mainly in 10-11 year olds (Year 6). Suffolk’s children have low rates of physical activity, high levels of sedentary behaviour, and low concordance with national guidelines for fruit and vegetable consumption, albeit similar to the pattern seen regionally and nationally.

5. **Alcohol use:** Surveys of Suffolk children suggest they drink significantly more than compared to national figures. Alcohol related attendances to A&E have also increased, (although this may represent better reporting). The rate of hospital admissions remains lower than the national average, although Ipswich, Waveney, and St Edmundsbury show higher rates than other regions of the county.

6. **Sexual Health:** Although Suffolk has lower prevalence of Sexually Transmitted Infections (STIs) and overall lower rates of teenage conception, a recently...
commissioned needs assessment identified significant regional inequalities (e.g. Ipswich has a higher-than-national rate of STIs among young people) and some process indicators are either poor or on a worsening trend.

7. Sleep: Around 30% of year 8 and year 10 children in Suffolk report getting insufficient sleep, compared to around 20% reported nationally. Sleep is important to wellbeing and good performance in school.

**Pregnancies and teenage conception**

Suffolk has a similar fertility rate to the rest of the UK, and teenage conception, abortion, and live birth rates are below regional and national averages and continue a mild downward trend. These patterns are not equally distributed: the teenage conception rate in both Ipswich and Waveney are outliers and greater than regional or national benchmarks. Both have demonstrated greater than 50% decreases since 1998 (similar to most other regions), but they remain somewhat behind other areas of the county. Conception rate, live birth rate, and abortion rate are all correlated, thus areas with higher rates of teenage conceptions have higher rates of teenage and young adult live births and abortions as well.

**Table 9:** Teenage conception rate, (conceptions per 1,000 women), 1998-2014

<table>
<thead>
<tr>
<th>Area</th>
<th>Rate 1998</th>
<th>Rate 2014</th>
<th>Decrease in rate</th>
<th>Number 1998</th>
<th>Number 2014</th>
<th>Decrease in number</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>46.6</td>
<td>22.8</td>
<td>23.8</td>
<td>41089</td>
<td>21282</td>
<td>19807</td>
</tr>
<tr>
<td>East of England</td>
<td>37.9</td>
<td>20.2</td>
<td>17.7</td>
<td>3592</td>
<td>2108</td>
<td>1484</td>
</tr>
<tr>
<td>Suffolk</td>
<td>37.5</td>
<td>17.4</td>
<td>20.1</td>
<td>439</td>
<td>223</td>
<td>216</td>
</tr>
<tr>
<td>Babergh</td>
<td>28.8</td>
<td>10.8</td>
<td>18.0</td>
<td>42</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>28.0</td>
<td>9.2</td>
<td>18.8</td>
<td>33</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>Ipswich</td>
<td>60.4</td>
<td>26.6</td>
<td>33.8</td>
<td>126</td>
<td>60</td>
<td>66</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>17.9</td>
<td>13.8</td>
<td>4.1</td>
<td>27</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>St.Edmundsbury</td>
<td>45.2</td>
<td>16.4</td>
<td>28.8</td>
<td>68</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>29.8</td>
<td>14.4</td>
<td>15.4</td>
<td>62</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>Waveney</td>
<td>42.9</td>
<td>24.2</td>
<td>18.7</td>
<td>81</td>
<td>47</td>
<td>34</td>
</tr>
</tbody>
</table>

Source: 66

Teenage conception is of public health concern for several reasons: it is associated with poor physical and mental health (for both mother and child), social isolation and poverty; as well as symptom of deprivation, it can also perpetuate it67. It remains
a key sexual health indicator for Public Health England\textsuperscript{48} and a key priority for department of health's framework for Sexual Health Improvement\textsuperscript{69}.

Research suggests that whilst factors related to deprivation such as child poverty, unemployment and free school meals eligibility strongly influence under-18 conception rates\textsuperscript{70}, other issues are also important, such as persistent school absence before age 14 and poor academic progress between Key Stage 2 and 3 (ages 11-14). This suggests that strategies to reduce teenage pregnancy must be broad in focus and consider not only the material circumstances of young women but also their education and life chances.

**Smoking during pregnancy**
Smoking remains one of the few modifiable risk factors in pregnancy. The Government’s Tobacco Control Plan contained a national ambition to reduce the rate of smoking throughout pregnancy to 11\% or less by the end of 2015 (measured at time of giving birth). Smoking status at time of delivery is included as an indicator within the Public Health Outcomes Framework, with the aim of ensuring that the local tobacco control activity is appropriately focused on pregnant women.

In Suffolk, by 2013/14 this rate had reduced to 12.5\%, a level not significantly different to the national average of 12\% for the same year, but higher than the Government’s target of 11\% for 2015. Suffolk data is not available for 2014/15 due to data quality issues.

*Figure 18: Smoking status at time of delivery. Suffolk, East of England and England. 2010-2014.*

Source: \textsuperscript{71}
Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. In the UK, smoking in pregnancy causes up to 5,000 miscarriages, 300 peri-natal deaths and around 2,200 premature births each year.

Smoking during pregnancy is associated with a 20 to 30% higher likelihood of stillbirth, a 40% higher rate of infant mortality and a 200% higher incidence of Sudden Infant Death Syndrome (SIDS). The total annual cost to the NHS of smoking during pregnancy is estimated to range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23.5 million for treating infants (aged 0–12 months).

Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively). Mothers in routine and manual occupations are more than four times as likely to smoke throughout pregnancy, compared to those in managerial and professional occupations (29% and 7% respectively). Pregnant women are also more likely to smoke if they are less educated, live in rented accommodation and are single or have a partner who smokes.

**Smoking cessation**

In terms of service provision and access, only a small number of women take up the NHS Stop Smoking service offer during pregnancy or after childbirth. The success rate of pregnant women who set the quit date for Suffolk in 2014/15 was 33%. This was much lower than the average rate of 49% in the eastern region and less than half the success rate of the top four councils in the region.
Table 10: Proportion of pregnant women setting a quit date who successfully quit – East of England 2014/15

<table>
<thead>
<tr>
<th>Region &amp; local authority name</th>
<th>% of successful quitters at 4 weeks (self-reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>47</td>
</tr>
<tr>
<td>East of England</td>
<td>49</td>
</tr>
<tr>
<td>Peterborough City Council (Unitary)</td>
<td>81</td>
</tr>
<tr>
<td>Bedford Borough Council</td>
<td>72</td>
</tr>
<tr>
<td>Essex County Council</td>
<td>65</td>
</tr>
<tr>
<td>Central Bedfordshire Council</td>
<td>64</td>
</tr>
<tr>
<td>Cambridgeshire County Council</td>
<td>58</td>
</tr>
<tr>
<td>Thurrock Council (Unitary)</td>
<td>56</td>
</tr>
<tr>
<td>Luton Borough Council (Unitary)</td>
<td>51</td>
</tr>
<tr>
<td>Hertfordshire County Council</td>
<td>38</td>
</tr>
<tr>
<td>Suffolk County Council</td>
<td>33</td>
</tr>
<tr>
<td>Norfolk County Council</td>
<td>27</td>
</tr>
<tr>
<td>Southend-on-Sea Borough Council (Unitary)</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: 78

There are known inconsistencies in the promotion and quality of smoking cessation services locally. Poor recording and data quality is also likely to partly account for the low success rate. These issues are now being tackled by a multi-agency public health led working group.

**Oral health**

The oral health of children in Suffolk is generally better than the average for England. Over 90% of 3 year olds, 80% of 5 year olds and 70% of 12 year old children do not experience any tooth decay (decayed, filled or missing teeth). However, national surveys indicated that the proportion of 5 year old children in the East of England and England experiencing tooth decay reduced between the 2011/12 and 2014/15 (23% to 20% and 28% to 25%) respectively. Suffolk however has seen a small increase from 18% to 21% which is contrary to the national and regional trend, and is of concern. The number of tooth extractions also show a similar upward trend.
Population level data can hide local variations, for example how decay experience differs by district. Forest Heath has almost double the proportion of 12 year olds with tooth decay than Suffolk Coastal. However, due to low survey sample sizes the confidence intervals are often quite wide, meaning that differences may not reflect the true picture. Between 2011/12 and 2014/15 all but Forest Heath and Mid Suffolk experienced an increase in the proportion of those experiencing tooth decay. Only in Ipswich this change was statistically significant (from 16% to 25%).

Tooth decay is one of the most common preventable childhood diseases and can often be halted and reversed in its early stages. Without proper care however caries can progress until the tooth is destroyed. Early childhood caries greatly affects the quality of life of children, causing pain, discomfort, sleepless nights and in extreme cases, weight loss.

If the disease progresses to permanent teeth then the burden may last a lifetime because once a tooth structure is destroyed it will usually need treatment and additional maintenance throughout life. It is therefore an important public health issue.

Obesity
Nearly a third of Suffolk children enter secondary school overweight or obese, which is equivalent to 2,277 children. This is similar to the regional average (31%) and national average (33%). Nationally, there are signs that the proportion of overweight and obese 10-11 year olds may be decreasing. Regionally, there has been very little change since 2007/08. However, Suffolk county has seen a small but statistically significant increase.

\textsuperscript{m} Based on ONS 2014 mid-year population estimates.
Table 11 shows the change in district for both excess weight in 10-11 year olds as well as 4-5 year olds. The table demonstrates ‘across the board’ increases in excess weight in 10-11 year olds in each district, although not all changes represent statistical significance. That the proportion of excess weight decreased over the same time in those aged 4-5 may raise a further concern that gains made at this stage are lost later in childhood.
Table 11: Proportion of 4-5 and 10-11 year olds classified as overweight or obese. Suffolk, 2007/8 and 2014/15

<table>
<thead>
<tr>
<th>District</th>
<th>Excess weight in 4-5 year olds (reception)</th>
<th>Excess weight in 10-11 year olds</th>
<th>Change</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
<td>23.03</td>
<td>22.73 (β)</td>
<td>-0.30</td>
<td>28.93</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>22.19</td>
<td>18.10</td>
<td>-4.09</td>
<td>28.64</td>
</tr>
<tr>
<td>Ipswich</td>
<td>21.72</td>
<td>21.45</td>
<td>-0.27</td>
<td>30.96</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>16.84</td>
<td>17.39 (β)</td>
<td>0.55</td>
<td>26.44</td>
</tr>
<tr>
<td>St. Edmundsbury</td>
<td>26.23</td>
<td>20.53</td>
<td>-5.70 (α)</td>
<td>28.64</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>20.46</td>
<td>20.71</td>
<td>0.25</td>
<td>26.15</td>
</tr>
<tr>
<td>Waveney</td>
<td>22.73</td>
<td>24.25</td>
<td>1.52</td>
<td>31.14</td>
</tr>
<tr>
<td>Suffolk</td>
<td>22.12</td>
<td>20.97</td>
<td>-1.15</td>
<td>28.85</td>
</tr>
<tr>
<td>East of England</td>
<td>22.49</td>
<td>20.65</td>
<td>-1.84 (α)</td>
<td>30.90</td>
</tr>
<tr>
<td>England</td>
<td>22.60</td>
<td>21.89</td>
<td>-0.71 (α)</td>
<td>32.59</td>
</tr>
</tbody>
</table>

α = statistically significant change between 2007/8 and 2014/15
β = statistically different to East of England

Source: 80

Obesity is recognised as a major public health threat. Childhood obesity both causes immediate challenges to physical and psychological health for a child, but also increases their likelihood of remaining obese or overweight as an adult, with consequent health detriment later in the lifecourse. Nationally, childhood obesity is recognised as a major threat, with national initiatives aimed at addressing this (e.g. The Healthy Child Programme, the Public Health responsibility deal).

The Chief Medical Officer’s guidelines on physical activity advise that all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes, and up to several hours every day. It also recommends that they should minimise the amount of time spent being sedentary (sitting) for extended periods81.
There is evidence to suggest that as few as 13% of 15 year olds in Suffolk meet the CMO guidelines for physical activity, although levels are similar regionally and nationally\(^8\).

The SHEU survey of participating Suffolk schools\(^9\) reported similar results, with only 11% of Year 8 and 10 pupils and 12% of Year 6 pupils reporting an hour or more of moderate to vigorous activity on at least five of the previous seven days\(^8\).

**Sedentary behaviour**
As well as low levels of physical activity, there is growing public health concern about the amount of time spent in very low levels of movement and sitting, known as sedentary behaviours (SBs). Seventy percent of 15 years olds in Suffolk spend more than 7 hours a day sedentary. Again, this is very similar to regional and national levels\(^8\).

**Nutrition**\(^8\)
The What About YOUth? survey, suggests that approximately half of 15 year olds in Suffolk eat 5 portions or more of fruit and veg per day, which is similar to regional and national figures\(^8\).

However, the SHEU survey of participating Suffolk schools\(^9\) found that only 23% of year 8/10 pupils and 24% of year 6 pupils ate at least 5 portions of fruit and vegetables on the day before the survey. Furthermore, 9% of year 8/10 pupils and 7% of year 6 pupils didn’t eat any portions of fruit or vegetables on the day before the survey.

**Alcohol use**\(^9\)
According to the SHEU survey of participating secondary schools in Suffolk, 13% of boys (Confidence interval (CI): 7% to 19%) and 9% of girls (CI: 4% to 14%) in Year 8 had an alcoholic drink in the past week. This is considerably higher than the 2% prevalence suggested by national surveys. In Year 10, 31% of boys (CI: 22% to 40%)

\(^8\) 28 primary schools (759 pupils) and 6 secondary schools (460 pupils).
\(^9\) Other nutrition indicators are available nationally but not locally (e.g. sugary drink consumption). We omit these as this data would provide only limited insight to the state of affairs in Suffolk.

\(^p\) 28 primary schools (759 pupils) and 6 secondary schools (460 pupils).
\(^q\) Similar to §3.5.2, other indicators are available nationally but not locally, and are omitted from the report.
and 33% of girls (CI: 24% to 41%) reported drinking alcohol in the past week, which again is considerably higher than the 11% reported by the national survey.

Children and young people who drink alcohol are at risk of a wide range of adverse outcomes including liver disease, accidental injury, poisoning, violence, depression, poor academic performance, and damage to the developmental process, especially in those who drink heavily. Those who drink are also more likely to be victims of crime, have problems is maintaining relationships and engage in regretted and unprotected sex\(^8^4\).

**A&E attendance due to alcohol**

Figure 20 shows attendance to hospital for Suffolk residents aged under 25, when poisoning or overdose due to alcohol consumption is recorded. Although the data quality is variable\(^8\), it provides an indication of the impact of excess alcohol consumption on the wellbeing of young people and burden on hospital services. Between 2010/11 and 2014/15 there were 1,161 such attendances, although this is likely to be an underestimation. There appears to have been an increase in attendances since 2010/11, however this may be due to factors such as improved recording.

**Figure 20: Accident and emergency attendances (first attendances) which include diagnosis of poisoning / overdose due to alcohol. By age groups 0-17 and 18-25. Suffolk residents, 2010-2014.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Females 0-17</th>
<th>Males 0-17</th>
<th>Females 18-25</th>
<th>Males 18-25</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>38</td>
<td>52</td>
<td>33</td>
<td>43</td>
</tr>
<tr>
<td>2011/12</td>
<td>30</td>
<td>61</td>
<td>67</td>
<td>51</td>
</tr>
<tr>
<td>2012/13</td>
<td>59</td>
<td>62</td>
<td>73</td>
<td>64</td>
</tr>
<tr>
<td>2013/14</td>
<td>33</td>
<td>79</td>
<td>79</td>
<td>81</td>
</tr>
<tr>
<td>2014/15</td>
<td>63</td>
<td>66</td>
<td>67</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: \(^8^5\)

---

\(^8\) Alcohol may not be the primary reason for admission. It should be noted that the quality of this data is less reliable than other sources of hospital data. This is particularly the case in Waveney where this diagnostic code is rarely used.
Hospital admissions due to alcohol
Excessive alcohol consumption in under 18 year olds is an avoidable cause of hospital admissions. There were 137 such admissions in Suffolk during 2012-2014 for this age group.

The crude rate per 100,000 in Suffolk has decreased significantly since 2006-2009 and 2012-2014, from 42 to 30. Rates for Ipswich, Waveney and St. Edmundsbury are generally higher than the county average, although all Suffolk districts have rates lower than the national average.

Sexual Health
In general, sexual health in Suffolk is characterised by low prevalence rates for Sexually Transmitted Infections (STIs) including HIV and lower rates of teenage pregnancy in comparison to other parts of England. However, this broad picture hides significant areas of need within the population:

- In 2014 Ipswich and Waveney had higher rates of STIs than other parts of the county; Ipswich was also higher than the national rate.
- Between 2012-14, Suffolk consistently fell below the national target for chlamydia detection.
- Suffolk has a downward trajectory for STI testing rates (2012 to 2014).
- There is an increasing trend in repeat abortions in those aged under 25 years compared to static picture for regional and national figures (2012 to 2014).
- Among NHS funded abortions, in 2014, the proportion of those under 10 weeks gestation was 75.7%, which is worse than the England proportion of 80.4%

For more information, please see the 2015 Suffolk Sexual Health needs assessment.

Sleep
The SHEU survey found between 72% – 80% of year 8 and year 10 pupils reported that the amount of sleep they normally get is enough to stay alert and concentrate on their school work. The same survey of participating Suffolk schools' suggests far fewer secondary school pupils are getting enough sleep, particularly Year 10 girls. See

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1 Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates – fingertips.phe.org.uk
1 28 primary schools (759 pupils) and 6 secondary schools (460 pupils).
Table 12. The figure is higher for Year 6 children (85%), however this still leaves a considerable amount of children who feel they are not getting enough sleep.\(^{83}\)

**Table 12: SHEU Schools Survey 2015. Proportion of Year 8 and 10 children reporting that they are getting enough sleep to stay alert and concentrate on your school work. England and Suffolk**

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>Suffolk (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 8 female</td>
<td>80</td>
<td>69 (CI: 61 to 77)</td>
</tr>
<tr>
<td>Year 8 male</td>
<td>84</td>
<td>70 (CI: 62 to 78)</td>
</tr>
<tr>
<td>Year 10 female</td>
<td>72</td>
<td>52 (CI: 43 to 61)</td>
</tr>
<tr>
<td>Year 10 male</td>
<td>78</td>
<td>70 (CI: 61 to 79)</td>
</tr>
</tbody>
</table>

Source: \(^{83}\)

Sleep is an important component of overall health and wellbeing. Poor sleep (insufficient sleep and poor quality sleep) may be both the cause and the result of health problems. It may also impact scholastic performance and psychological and emotional wellbeing. There are also concerns that late evening use of smart phones, tablets and computers contributes to sleep disturbances in this age group.\(^{86}\).
This chapter focuses on the educational needs of children and young people in Suffolk, reflecting the important connections between education, life opportunities, and health and wellbeing.

The majority of the data is from routine data collected by schools, and has been taken from internal reporting within Suffolk County Council, national reporting by Department for Education (DfE), or direct from the 2016 School Census of pupils in
Suffolk. Other data sources include the Office of National Statistics (ONS) for employment data and Index of Multiple Deprivation, and UCAS (Undergraduate Courses at University and College) for higher education data.

Limitations of these routine data sources include the lack of availability of certain data either at sub-county geographical levels, or broken down by different pupil characteristics; the lack of longer term trend data and the timeliness of national reporting. The School Census provides rich pupil-level detail, however it only includes state schools, and geographical information is missing for pupils resident out of county who attend school in Suffolk, which means no deprivation information was available for these pupils. As with previous chapters, only data that illustrate a priority education need are presented. The full data reviewed is provided in the data appendix.

**Summary points**

1. **Performance: Suffolk was previously identified as having relatively poor educational attainment despite its affluence. Since the ‘Raising the bar’ initiative, Suffolk has improved both in absolute terms and in terms of ‘catching up’ with the national averages. For example, in 2012, 51% of students achieved 5 good GCSEs (i.e. with grades A* -C), 8% below the national average; in 2015 53% of students achieved this, and the gap has narrowed to 1%\(^u\). In 2015 at all the key attainment milestones of EYFS, key stage 2 and 4, an increase in the percentage of pupils from the most deprived areas was associated with a statistically significant decrease in performance.**

2. **Inequality of educational attainment: Girls outperform boys (60% of girls achieved 5 good GCSEs versus 49% for boys, a gap similar to that observed nationally), and there is a complex pattern of ethnic inequality which shifts by age group. Deprivation is significantly negatively associated with educational attainment - troublingly, its impact seems to grow larger at later ages.**

3. **Vulnerable groups: Those with special educational needs tend to have much lower educational attainment than those who do not have special educational needs: 21% of these children achieve 5 good GCSEs, compared**

\(^u\) Performance on this metric has declined nationally from 2012, from 59% to 55%, thus Suffolk has managed to effect an improvement in absolute terms against this downward trend.
to 53% for those without special educational needs. Both children in care and children in need also perform worse than the general pupil population (13% and 9% achieving 5 good GCSEs).

4. Post-16 Outcomes: The number of 16-18 year olds who are not in Education, Employment, or Training (NEET) is 4.9%, both a fall and lower than the national average. However, there remains considerable inequalities both in Rural and Urban areas, and similar disparities with university application and entry rates.

The public health importance of education

Education is consistently found to have a positive impact on health throughout the lifecourse, and on determinants of health including health behaviours and preventative service use.

Income inequality (and other forms of deprivation) is associated with poor health outcomes, and education can act as a protective factor to mitigate the effects of such inequality on a person’s health. Furthermore, education is consistently identified as the key mechanism to overcome the intergenerational transmission of disadvantage and poverty, the childhood factors of which operate primarily by reducing the level of educational attainment. Such factors impact from very early in life, with educational deficits emerging even before children start school, and widening during school-age years.

Higher levels of educational attainment are well established to lead to better employment prospects and higher earnings, with those holding degrees found to earn on average 85% more than those with no qualification beyond GCSEs. But there are many avenues to embarking on successful and satisfying careers, and the development of vocational and work-orientated skills beyond school is a key stepping stone to improved job prospects.

The relationship between education and health is not just a one-way street: promoting the health and wellbeing of children and young people within schools and colleges has the potential to improve their educational attainment and their health and wellbeing outcomes, and evidence suggests it is important to adopt a whole-school approach to deliver this.
The educational landscape in England has changed in recent years, with the expansion of ‘free schools’, greater political drive to see all schools becoming academies, and the raising of the official school leaving age up to 18 years from 2015. There are set to be further increases to university tuition fees from 2017.

**Overall performance**

**Raising the bar**
The *Raising the Bar* initiative was launched by Suffolk County Council in 2012 with the vision of raising both attainment and aspirations for young people in education in Suffolk.

The current *Raising the Bar* priorities for 2015-17 are:

1. Effective and timely school improvement,
2. Strong School to School support,
3. Excellence in leadership and governance,
4. Developing aspirations,
5. Strategy and communications.

The quality of school (and non-school) education provision in England is assessed by Ofsted. In 2012, 68% of schools in Suffolk were rated ‘Good’ or ‘Outstanding’ by Ofsted.

In January 2016, Suffolk achieved 79% of schools rated ‘Good’ or ‘Outstanding’ by Ofsted, achieving the *Raising the Bar* target of 77% by the end of 2015, and in June 2016 Suffolk achieved 81%. The national average for schools judged ‘Good’ or ‘Outstanding’ by Ofsted is currently 84%; the gap between this and Suffolk has now been narrowed to just 3%.

**Educational attainment**
Education in England up to age 18 is developmentally categorised into the foundation years followed by key stages (KS) 1-5. Attainment is assessed during each of the five key stages. KS4 is assessed through the GCSE examination process and KS5 comprises A-level and equivalent examination. Suffolk performance is assessed
for Early Years Foundation Stage, KS2, and KS4. These measures are usually closely correlated, and in these cases only KS4 data will be shown (data for each stage remains available at the data appendix).

Performance at Key Stage 4, assessed by percentage of pupils achieving 5 or more GCSEs at Grade A* to C (including English and Maths), has improved in Suffolk against a backdrop of falling performance nationally. In 2015 Suffolk’s performance matched the English average of 53%, but was 3.9% below the East of England average. The percentage making expected progress in the key subjects of English (69%) and Maths (67%) has also improved, and is now only 1% below the national average in English, and equal to the national average in Maths. Overall this shows a marked narrowing of the gap between Suffolk and England for performance at GCSEs. Similar trends are observed with EYFS and KS2 performance.

Figure 21: Key stage 4 performance data; Suffolk and England, 2012 to 2015.

Source: 91
Figure 22 is a map showing the variation in Key Stage 4 performance across the county at Lower Super Output Area (LSOA) level. Of note is that it closely resembles maps of income deprivation affecting children.

Figure 22: Map of Suffolk showing percentage of children achieving 5 or more GCSEs (grades A* to C including English and Maths) at Key Stage 4, by LSOA, 2015

**Inequalities in educational attainment**
Suffolk demonstrates inequalities in educational achievement by gender, ethnicity, and deprivation. There are also differences between those who have English as a first or second language although reassuringly this gap falls dramatically by KS4 recently (full data in the appendix).

**Gender**
Girls perform better academically than boys at all key stages. Of further concern is that this gap between genders, like nationally, increases with age up to Key Stage 4.

*It also closely resembles the map for Educational deprivation, although this is unsurprising as KS4 attainment is an indicator used in developing this combined measure.*
In terms of expected progress at these milestones in 2015, there were relatively small gender gaps in Suffolk at Key Stage 2 across Reading, Writing and Maths (3%, 4% and 2% respectively). However, at Key Stage 4 there was a much more pronounced gender gap of 13% for expected progress in English. This was 3.5% for Maths. There was a similar pattern nationally, with gender gaps of 10.6% for English and 3.6% for Maths in 2015.

**Ethnicity**

It is important to note that ethnicity may be associated with whether or not English is a child’s first language, and whether or not they live in a deprived area. It is therefore important to consider a wider range of factors when contemplating reasons for observed gaps in educational attainment between children of different ethnic categories.

The demography chapter and the pupil profile in this chapter describe the broad breakdown by ethnicity of children in Suffolk on the school census in 2016. With less than 10% of pupils on the census recorded under a non-White ethnic category, it is important to bear in mind that these categories (and their subcategories) can
contain absolute numbers which are relatively small, affecting the precision and variability of results observed in these categories. This also affects the disclosure of data where it might be possible to identify individuals.

Broadly, performance across all ethnic groups has improved in all stages over the last three years. Unfortunately, performance at Early Years Foundation Stage, and key stage 2 is better than that seen at key stage 4: children of either black or mixed ethnicity underperform relative to England average (although those of Asian ancestry over-perform) – although these groups are gaining ground.

**Figure 24: Percentage of children achieving 5 or more GCSEs at Grade A* to C (including English and Maths) at Key Stage 4, by Ethnic category, Suffolk and England, 2013-2015**

Source: 91 (results for Chinese ethnic category suppressed due to low numbers)

**Deprivation**

The Index of Multiple Deprivation is a measure of relative deprivation at a small area level, and using geographic information from the School Census has enabled
analysis to explore how variation in this measure may affect the educational attainment of children who live in different areas in Suffolk.

The level of social disadvantage in a school’s intake can negatively affect academic progress and attainment, and it is believed that if a school has a high proportion of children from deprived areas then this has a contextual effect that lowers overall performance against educational standards. Research has found that the attainment gap between pupils from disadvantaged backgrounds (measured using Free School Meal status as a proxy indicator) and other pupils is remarkably persistent regardless of the Ofsted classification of the school, highlighting the need to take into account levels of deprivation experienced at a school-level when assessing school performance in terms of achievement of exam milestones, in order that accountability mechanisms are not biased against schools that experience greater effects of deprivation93.

The potential contextual effect on attainment of attending a school with a high proportion of students from deprived areas has been explored for schools in Suffolk. By linking each pupil on the school census to the Lower Super Output Area (LSOA) where they live, a measure at school level was derived for the percentage of pupils who were from LSOAs ranked in the 40% of most deprived LSOAs in England.

Increasing deprivation was significantly associated with worse educational performance for all educational milestones (EYFS, KS2, KS4), even when controlling for SEN. This negative association grew stronger across the milestones: whether this represents a cumulative effect of deprivation, or that the effects increase with age, is not clear without following cohorts over time.

**Free school meals status**
Free school meals (FSM) are available to children whose parents receive one or more of a range of qualifying benefits, and a child’s status as to whether they claim Free School Meals is recorded in the National Pupil Database, and is used as a proxy indicator of income deprivation and socio-economic status of the child’s family.
Trend data from the DfE show that the gap in Level 2 qualification achievement at 19 years between children previously claiming FSM and their peers has halved over the past 10 years, from 31.5% to 15.9%. This pattern mirrors the national figures very closely.

Source: 91
Vulnerable groups
This section looks in more depth at educational attainment across the same three milestones according to different characteristics of the children in education: protected characteristics (gender, ethnicity), vulnerable groups (CIC, CIN) and other sources of disadvantage (English as additional language, Special Educational Needs (SEN) and area deprivation). Local data is presented to show the inequalities in educational outcomes that children with these characteristics experience, which in turn may lead to disadvantages in both life opportunities and long-term health and wellbeing.

Special Educational Needs
SEN can affect a child or young person’s ability to learn in a wide range of ways, including behaviour and concentration as well as reading and writing. Children with SEN may be eligible for help in one of two ways:

- SEN support – where support such as speech therapy is given in school,
- An Education, Health and Care Plan (EHCP) (formerly SEN Statement) – which identifies educational, health and social needs and sets out the additional support to meet those needs.

In 2016 the number of children in Suffolk receiving SEN support was 10,803 and the number of children with an EHC plan was 2,720. For further information and a descriptive summary of SEN in Suffolk, see the vulnerable children chapter.

Educational attainment for children with SEN in Suffolk shows a complex pattern. Attainment is similar to national averages for EYFS and improving in step with national trends. KS2 shows fairly static performance over time and a small gap, and KS4 shows stable performance for those SEN, albeit a remaining gap.
The performance of children with a SEN statement or EHCP in Suffolk at KS4 (achieving 5 GCSEs at grade A*-C (including English and Maths)) has changed little in the past three years, at around 5%. This remains below the national average of 9%. For children receiving SEN support the performance gap has reduced, both against other children in Suffolk, and against children with SEN support nationally, although still remains slightly below the national average at 21% compared to 23%.

**Children in Care**
CIC are known to be at higher risk of negative health, welfare, and social outcomes, including lower levels educational attainment than their peers. For further information, see the chapter on vulnerable children.
While the performance gap between CIC and other pupils in Suffolk has increased over the last three years, these observed results should be seen in the context of a slight national decline in results for CIC. The gap between Suffolk and England for CIC remains very close, at 3%. Of greater concern is, similar to the nation, the gap in performance between children in care and the general population increased from KS2 to KS4 (from 28% to 40%).

This disadvantage appears to persist later in life, with a much higher percentage not in Education, Employment or Training (NEET) than the general population (5.4%). This proportion has also increased among CIC.

Table 13: 16-18 year old CIC as defined by DfE (using academic age for NCCIS purposes).

<table>
<thead>
<tr>
<th></th>
<th>March 2016</th>
<th>April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEET</td>
<td>32.8%</td>
<td>29.0%</td>
</tr>
<tr>
<td>In education</td>
<td>41.1%</td>
<td>51.7%</td>
</tr>
<tr>
<td>In work-based learning</td>
<td>16.5%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Not known</td>
<td>3.8%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Source: 91
**Children in Need (CIN)**

For further information on this vulnerable group, see the chapter on vulnerable children.

**Figure 28**: Percentage of children achieving 5 GCSEs at grade A* to C (including English and Maths) at Key Stage 4, CIN, Suffolk and England, 2013-2015.

The gap seen both locally and nationally is much larger for CIN taking their GCSEs than for KS2: in Suffolk in 2015 their attainment of the standard was 43% below their peer age group, similar to the gap seen nationally, although in Suffolk the level of attainment was 5.5% below the England average (15.1%), and 7.3% below Suffolk’s statistical neighbours (16.9%, excluding Cornwall).
Post-16 outcomes

Not in Education, Employment or Training (NEET)
Suffolk had 5.4% of its 16-18 population in March 2016 who were NEET. For the full 16-18 age group, the percentage of NEETs continues to remain positive compared to previous years with increased numbers of young people in Suffolk in education or training.

Figure 29: Percentage of 16-18 year olds NEET

The districts within Suffolk broadly move in parallel with one another. The percentage NEET is mapped in figure 30 (red is worse). Note, similar to other educational indicators, the correspondence between this map and that for deprivation, with emphasis on the inner cities but also areas of rural deprivation.

Source: 91

There is a diurnal pattern corresponding to the academic year: numbers initially drop at the start due to young people entering education, and steadily rises thereafter.
University outcomes

33% of pupils in Suffolk entered university in the 2013/2014 cohort, lower than regional (35%) or national (37%) norms.

University application and acceptance rates are recorded by UCAS for parliamentary constituency in terms of proportions of cohort. There remains considerable variation between areas, with Bury St. Edmunds having a 50% greater rate of applications than Ipswich. The numbers across constituencies in Suffolk straddle the UK average. Unsurprisingly, university entry rates are closely correlated with application rates, and thus show a similar pattern.
Table 14: University application rate by parliamentary constituency in Suffolk

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bury St Edmunds</td>
<td>36.9%</td>
<td>30.8%</td>
<td>33.4%</td>
<td>32.0%</td>
<td>36.2%</td>
<td>39.5%</td>
</tr>
<tr>
<td>Central Suffolk and North Ipswich</td>
<td>41.3%</td>
<td>33.3%</td>
<td>35.6%</td>
<td>35.5%</td>
<td>36.0%</td>
<td>37.4%</td>
</tr>
<tr>
<td>Ipswich</td>
<td>23.2%</td>
<td>22.6%</td>
<td>22.7%</td>
<td>26.2%</td>
<td>23.5%</td>
<td>24.3%</td>
</tr>
<tr>
<td>South Suffolk</td>
<td>37.5%</td>
<td>30.1%</td>
<td>31.2%</td>
<td>32.7%</td>
<td>35.1%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>35.8%</td>
<td>33.3%</td>
<td>34.6%</td>
<td>31.1%</td>
<td>32.7%</td>
<td>33.4%</td>
</tr>
<tr>
<td>Waveney</td>
<td>23.9%</td>
<td>19.6%</td>
<td>25.6%</td>
<td>25.1%</td>
<td>25.3%</td>
<td>26.4%</td>
</tr>
<tr>
<td>West Suffolk</td>
<td>23.2%</td>
<td>23.0%</td>
<td>21.6%</td>
<td>22.0%</td>
<td>25.1%</td>
<td>28.8%</td>
</tr>
<tr>
<td>England average</td>
<td>34.3%</td>
<td>32.6%</td>
<td>33.5%</td>
<td>34.8%</td>
<td>35.4%</td>
<td>36.4%</td>
</tr>
</tbody>
</table>

Source: 94

Table 15: University entry rate by parliamentary constituency in Suffolk

<table>
<thead>
<tr>
<th>Constituency</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bury St Edmunds</td>
<td>31.0%</td>
<td>31.2%</td>
<td>24.4%</td>
<td>29.0%</td>
<td>28.5%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Central Suffolk and North Ipswich</td>
<td>28.2%</td>
<td>36.1%</td>
<td>28.0%</td>
<td>29.6%</td>
<td>31.3%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Ipswich</td>
<td>17.5%</td>
<td>20.5%</td>
<td>19.8%</td>
<td>20.7%</td>
<td>23.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>South Suffolk</td>
<td>29.5%</td>
<td>32.6%</td>
<td>26.6%</td>
<td>26.4%</td>
<td>28.4%</td>
<td>32.4%</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>28.4%</td>
<td>30.9%</td>
<td>27.4%</td>
<td>31.0%</td>
<td>28.0%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Waveney</td>
<td>19.9%</td>
<td>19.6%</td>
<td>16.5%</td>
<td>20.7%</td>
<td>21.2%</td>
<td>21.4%</td>
</tr>
<tr>
<td>West Suffolk</td>
<td>19.2%</td>
<td>19.7%</td>
<td>19.8%</td>
<td>20.5%</td>
<td>18.6%</td>
<td>21.9%</td>
</tr>
<tr>
<td>England average</td>
<td>27.3%</td>
<td>28.9%</td>
<td>27.7%</td>
<td>29.2%</td>
<td>30.4%</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

Source: 94

In terms of difference in outcome of those with free school meals (a proxy indicator of deprivation), 15% entered university, lower than the national average of 22%. As both non-FSM and FSM pupils are similarly less likely to enter university compared to national or regional norms, the gap between these groups in Suffolk is similar to national averages.
Table 16: Estimated percentage of pupils from state-funded schools aged 15 in 2009/10 by free school meal status who entered HE in 2012/13 at age 18 or 2013/14 at age 19, by local authority

<table>
<thead>
<tr>
<th>Local authority</th>
<th>FSM</th>
<th>Non-FSM</th>
<th>Gap (percentage points)</th>
<th>All</th>
<th>% all pupils with FSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total England</td>
<td>22%</td>
<td>39%</td>
<td>17</td>
<td>37%</td>
<td>13%</td>
</tr>
<tr>
<td>Suffolk</td>
<td>15%</td>
<td>33%</td>
<td>17</td>
<td>31%</td>
<td>7%</td>
</tr>
<tr>
<td>East of England</td>
<td>17%</td>
<td>37%</td>
<td>21</td>
<td>35%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: 92

Apprenticeships
Apprenticeship starts in Suffolk have increased overall (highest total in last 4 years) and in all age bands except the 19 to 24 age group.

Jobseekers Allowance
Overall youth unemployment rates have continued to fall, and now stands at 0.9% (from 1.2% in September), mirroring that seen nationally (1.7% to 1.4%). Long term rates have also dropped to yet another all-time low at just 0.2% (from 0.3%), following the national trend.

Figure 31: Suffolk Jobseekers Allowance (JSA) Claimants (16-24, %)

Source: 95
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