

Children and Young People JSNA

School-aged children (5-16s) Chapter Summary
January 2025

Aims & objectives

This JSNA chapter will provide a **detailed understanding of the needs of children aged 5-16 and their families in Shropshire to inform the direction and development of local services**, with a view to reducing health inequalities through identification, prevention and early intervention.

This report is not an in-depth review of any one specific service, but instead aims to:

- describe the **population profile** of children aged 5-16 and their families in Shropshire- please also see the Population and Context chapter
- provide an overview of the **wider determinants** of health and their impact on 5-16s and their families- please also see the Population and Context chapter
- identify relevant **national guidance and local policy** in relation to school-aged children
- provide an **overview of the health and wellbeing of school-aged children**
- identify **vulnerable children**, and/or at-risk groups
- provide evidence-based **recommendations** to ensure that the needs of 5-16 year olds are met in Shropshire

The school-aged years indicators ([primary](#) and [secondary](#)) offer information about the health of children aged 5 to 16 including:

- accidents and injuries
- Mental health
- oral health
- obesity and physical activity
- school readiness and educational attainment
- Vaccination rates

Additionally, there are [school-aged supplementary indicators](#), including information on:

- hospital admissions
- Safeguarding and vulnerable children

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Additionally, we have covered other risk factors and wider determinants of health:

- Deprivation
- Child poverty
- Drugs and alcohol use
- Domestic abuse

These are covered in the [Population and Context](#) chapter

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School Nursing

School nurses and their teams lead on delivering the 5-19 elements of the Healthy Child Programme in England. Below describes an approach to identify and meet 'perceived, expressed and assessed need' to improve outcomes, by defining the categories of perceived need, expressed need, assessed need and levels of vulnerability.

Health visitors and school nurses: Searching and identifying health & wellbeing needs



Health visitors and school nurses utilise their clinical judgment and public health expertise to:

- identify health needs early, determining potential risk including hidden harm
- provide evidence-based interventions or early support to prevent issues escalating
- maximize the benefits for parents, children and young people
- provide a return on investment including effectiveness and cost efficiencies

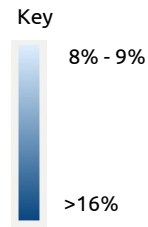
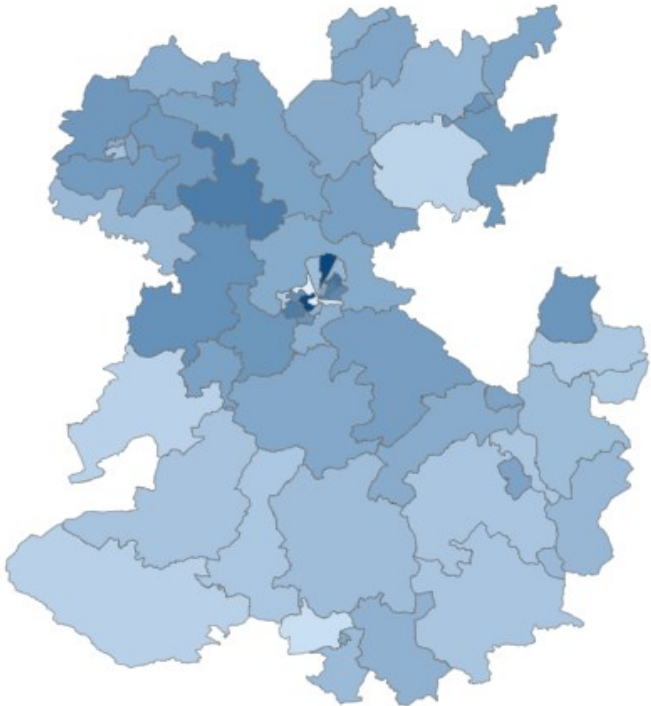
Impact areas

The figure below lists the 6 high impact areas and how they relate to the 4 aims for school age children and young people

High Impact Areas for school age years




Shropshire's School-aged children (5-16)




Porthill and Harlescott have the highest proportion of children aged 5-16 (19%). **Sundorne** (16%), **Radbrook** (15%), **Underdale** (15%) and **Monkmoor** (15%) wards also have high proportion of 5-16-year-olds.

40,527
aged 5-16s
in 2021, a 2% fall
from 2011

12.5%
aged 5-16s
of Shropshire's
population

 **127** primary schools,
19 secondary and **4**
special schools

 **39,176** pupils aged
5-16

 **18.1%** pupils
eligible for free
school meals



Overall deprivation is low in Shropshire. However, **1,336** or **3.3%** of school-aged children aged 5-16s live in the top 5 most deprived areas (LSOAs) of Shropshire: Harlescott, Ludlow East, central Oswestry, Monkmoor and Meole Brace.


51% **49%**
Male Female


3.7%


5-17s from ethnic minority groups in 2011, 1,673 children


4,882


Special educational needs in Autumn 2024

 **19.9%** 10-11s recorded as overweight or obese in 2023/24


 **53.4%** 5-16s met the CMOs' recommendation for physical activity in 2022-23

 **67.4%** HPV vaccine coverage in 2022-23, lower than benchmarked goal of 90%

 **14.6%** 5-year-olds have **visually obvious decay** in 2021-22


 **656** 0-17s looked after children in 2022-23

 **Absenteeism in secondary schools** is decreasing in recent periods

 **Average attainment score** in 2022-23 was 44.3, in the 2nd worst quintile in England

 **120** hospital admissions due to dental carries in 2020/21 – 2022/23

 **Hospital admissions for self-harm** in 10-14 years old decreasing in recent periods

 **89.3%** MMR (2 doses) vaccine coverage in 2023-24, lower than benchmarked goal of 90%

 **18 (12 per 100,000)** children killed and seriously injured on England roads in 2020-22


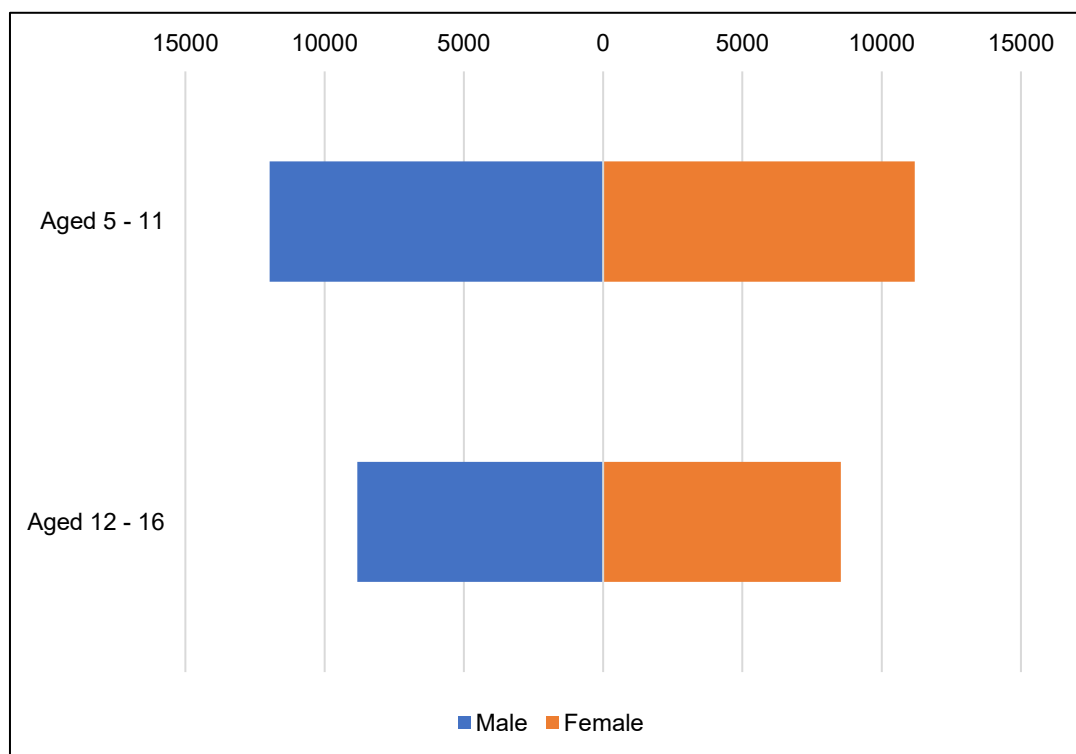
 **80** hospital admissions (262 per 100,000) due to asthma in 2022-23

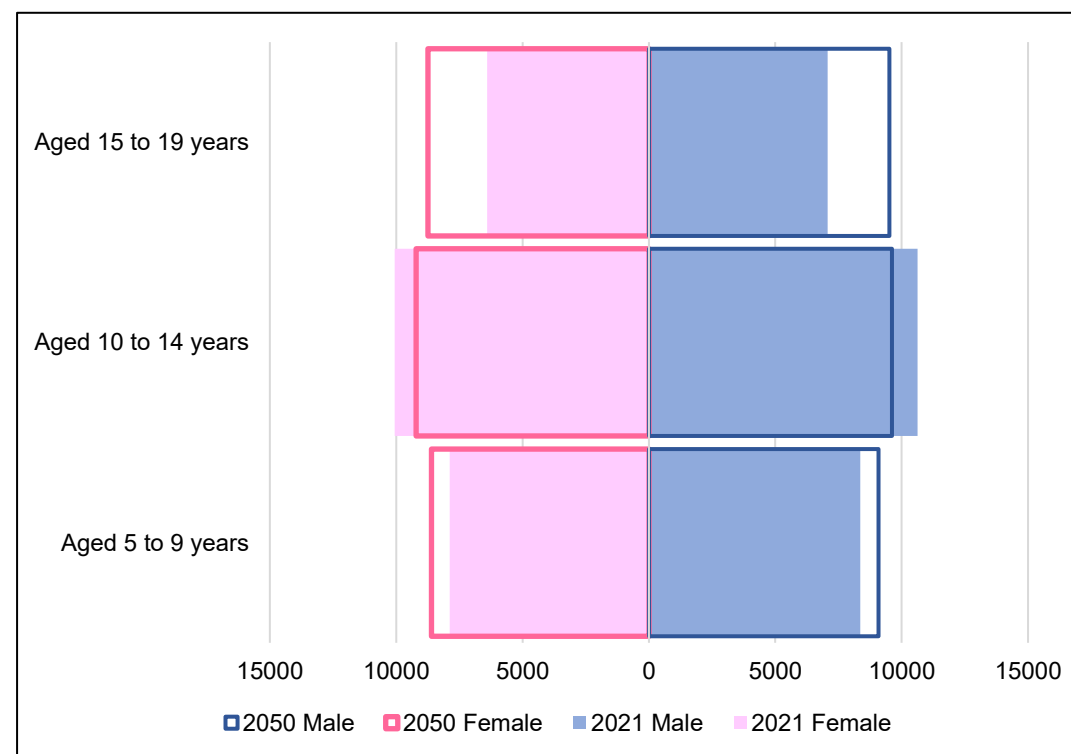
Chart showing number of 5–16-year-olds living in Shropshire by sex.
Source: [NOMIS](#)



5- to 9-year-olds expected to increase by 9% by 2050.

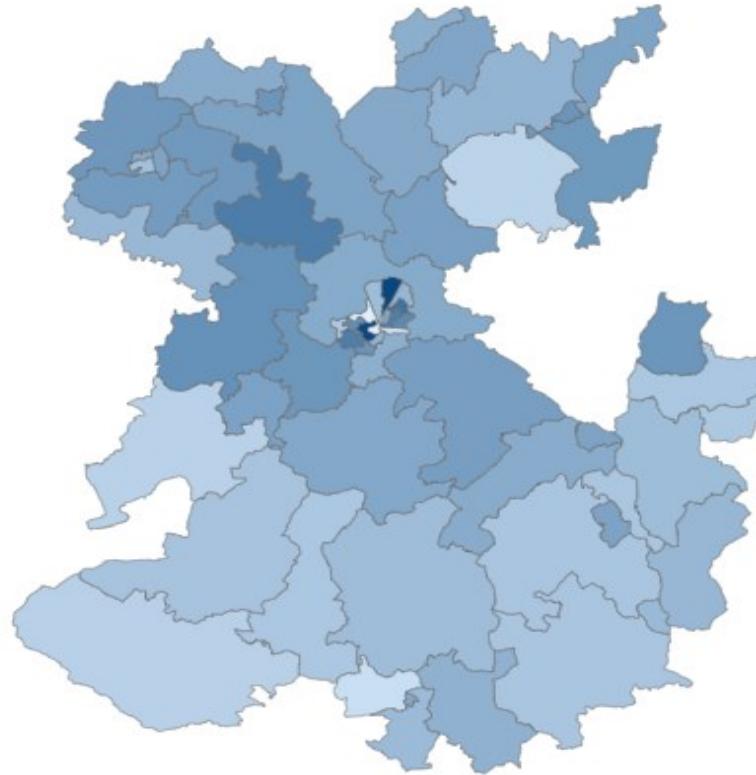
Opposite trend observed for children aged 10 to 14, a decrease is expected by 2050.

Charts showing population projections for 5- to 19-year-olds in Shropshire, 2021-2050. Projections are SNPP to 2043, then rolled on to 2050 using PopGroup.

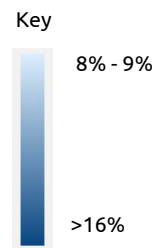


Where 5-16s live in Shropshire

Map showing population aged 5-16 years old (%) by Ward, Shropshire. Source: [NOMIS](#).



Based on 2021 Census data, **Porthill** and **Harlescott** have the highest proportion of children aged 5-16 (19%). **Sundorne** (16%), **Radbrook** (15%), **Underdale** (15%) and **Monkmoor** (15%) wards also have high proportion of 5–16-year-olds.



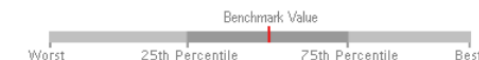
School-aged Years Metrics: Primary

Targets are the national average.

See the full report document for trends and comparator information for each of these metrics.

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable
 Quintiles: Best ● ● ● ● ● Worst ○ Not applicable

Recent trends:
 → Could not be calculated
 → No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better


















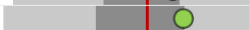







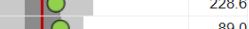




Indicator	Period	Shropshire			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Deprivation score (IMD 2019)	2019	—	-	17.2	21.7	45.0		5.8
Reception prevalence of underweight (4-5 yrs) New data	2023/24	→	10	0.4%	1.2%	4.3%		0.4%
Reception prevalence of overweight (including obesity) (4-5 yrs) New data	2023/24	→	580	23.6%	22.1%	29.7%		15.2%
Reception prevalence of obesity (including severe obesity) (4-5 yrs) New data	2023/24	→	225	9.2%	9.6%	13.9%		5.7%
Year 6 prevalence of underweight (10-11 yrs) New data	2023/24	→	30	1.1%	1.7%	3.6%		0.5%
Year 6 prevalence of overweight (including obesity) (10-11 yrs) New data	2023/24	→	890	34.0%	35.8%	45.5%		25.5%
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) New data	2023/24	↑	520	19.9%	22.1%	31.0%		13.3%
Population vaccination coverage: MMR for one dose (5 years old) New data	2023/24	→	2,866	95.5%	91.9%	78.2%		97.1%
Population vaccination coverage: MMR for two doses (5 years old) New data	2023/24	→	2,681	89.3%	83.9%	60.8%		94.5%
Children in care	2022/23	—	656	111	71	191		26
Children killed and seriously injured (KSI) on England's roads	2020 - 22	—	18	11.7	16.5	64.1		0.0
Children aged 6-10 killed or seriously injured in road traffic accidents	2020 - 22	—	7	14.1	12.3	58.4		0.0
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2022/23	↓	340	70.5	75.3	153.5		35.7
Persistent absentees - Primary school New data	2021/22	→	3,213	17.1%	17.7%	22.9%		12.0%
Primary school fixed period exclusions: rate per 100 pupils	2016/17	↑	292	1.32%	1.37%	3.11%		0.22%
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	—	-	14.6%	23.7%	46.0%		9.7%
School readiness: percentage of children achieving a good level of development at the end of Reception	2022/23	—	1,973	67.6%	67.2%	58.5%		75.6%
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	2022/23	—	175	46.7%	51.6%	25.0%		70.1%
School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	2022/23	—	2,432	83.3%	79.7%	69.7%		88.7%
School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	2022/23	—	2,031	69.6%	68.8%	59.4%		77.4%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	2022/23	↓	2,365	77.5%	78.9%	73.8%		86.9%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	2022/23	→	269	60.2%	66.5%	50.2%		78.7%

School-aged Years metrics: Secondary

Targets are the national average.

See the full JSNA Chapter document for trends and comparator information for each of these metrics.

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↓ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

Indicator	Period	Shropshire				England			
		Recent Trend	Count	Value	Value	Worst	Range	Best	
Deprivation score (IMD 2019)	2019	—	-	17.2	21.7	45.0		5.8	
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2022/23	↓	1,170	67.4%	71.3%	22.9%		92.7%	
Children in care	2022/23	—	656	111	71	191		26	
Chlamydia detection rate per 100,000 aged 15 to 24	2023	→	359	1,142	1,546	803		3,379	
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2022/23	↓	340	70.5	75.3	153.5		35.7	
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2022/23	↓	255	81.1	94.1	266.9		40.3	
Average Attainment 8 score	2022/23	—	-	44.3	46.2	36.1		58.4	
Average Attainment 8 score of children in care	2021/22	—	819	24.1	20.3	9.8		31.8	
First time entrants to the youth justice system	2023	↓	15	53.4	143.4	340.0		42.0	
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	→	468	7.9%	5.2%	15.2%		0.9%	
Under 16s conception rate / 1,000	2021	→	14	2.7	2.1	7.0		0.3	
Under 18s conception rate / 1,000	2021	→	65	12.5	13.1	31.5		1.1	
Teenage mothers	2022/23	→	-	*	0.6%*	1.9%		0.0%	
Hospital admissions due to substance misuse (15 to 24 years)	2020/21 - 22/23	—	45	46.1	58.3	184.5		16.7	
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	45	25.6	26.0	75.5		3.8	
Children aged 11-15 killed or seriously injured in road traffic accidents	2020 - 22	—	9	17.2	30.6	109.2		0.0	
Secondary school fixed period exclusions: rate per 100 pupils	2016/17	↑	1,375	8.6%	9.4%	55.2%		3.0%	
Persistent absentees - Secondary school	2021/22	↑	4,957	31.4%	27.7%	40.9%		15.8%	
Year 6 prevalence of underweight (10-11 yrs) New data	2023/24	→	30	1.1%	1.7%	3.6%		0.5%	
Year 6 prevalence of overweight (including obesity) (10-11 yrs) New data	2023/24	→	890	34.0%	35.8%	45.5%		25.5%	
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) New data	2023/24	↑	520	19.9%	22.1%	31.0%		13.3%	
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	→	359	1,142	1,546	803		3,379	
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	→	112	667	1,042	478		2,657	
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2023	→	240	1,637	1,962	984		4,777	
Free school meals: % eligible	2022/23	↑	7,222	18.1%	23.8%	43.0%		9.5%	
School readiness: percentage of children achieving a good level of development at the end of Reception	2022/23	—	1,973	67.6%	67.2%	58.5%		75.6%	
Pupil absence	2022/23	↑	873,231	7.1%	7.4%	9.1%		5.9%	
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2022/23	↑	1,142	2.9%	3.3%	5.7%		1.6%	
Pupils with special educational needs (SEN): % of school pupils with special educational needs	2022/23	↑	7,524	16.7%	17.3%	22.4%		12.3%	
Percentage of looked after children whose emotional wellbeing is a cause for concern	2022/23	→	68	36.0%	40.0%	59.0%		20.0%	
A&E attendances (under 18 years)	2022/23	—	23,580	400.8	467.5	1,095.1		228.6	
Hospital admissions as a result of self-harm (10-24 years)	2022/23	↓	105	216.4	319.0	1,058.4		89.0	
Hospital admissions as a result of self-harm (15-19 yrs)	2022/23	→	45	269.1	468.2	1,533.8		130.6	
Hospital admissions as a result of self-harm (10-14 yrs)	2022/23	→	30	169.6	251.2	730.3		38.6	
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	—	45	25.6	26.0	75.5		3.8	

Areas of need for 5-16s

- **Hospital admissions for dental carries (0-5 years)** – Though this rate has decreased in recent periods, Shropshire's rate is significantly higher than the national rate (228.4 per 100,000 vs 178.8 per 100,000).
- **Proportion of children aged 4 to 5 years classified as living with obesity** in Shropshire has increased in recent periods.
- **Proportion of children aged 4 to 5 years classified as overweight** in Shropshire has increased in recent periods.
- **Vaccine coverage for MMR 2 doses (5 years old)** – Shropshire's coverage in 2022-23 is lower than the benchmarked goal but higher than the national average (89.8% vs 84.5%).
- **Admission rate for asthma (0-9 years)** - Though admission rates for asthma is decreasing in recent periods, Shropshire's admission rate (261.9 per 100,000) is significantly higher than England's rate (154.7 per 100,000).
- **Proportion of children aged 10 to 11 years classified as living with obesity** – though this proportion is lower than England's (19.9% vs 22.1%), Shropshire's proportion has increased in recent periods.
- **Proportion of children aged 10 to 11 years classified as overweight** in Shropshire has increased in recent periods.
- **School-aged children with social, emotional and mental health needs** - continues to increase, though latest value is lower than England's.
- **Vaccine coverage for one dose of HPV (12-13 years old)** – Shropshire's coverage in 2022-23 (67.4%) is lower than England's coverage (71.3%) and the benchmarked goal of 90%.
- **Vaccine coverage for one dose of MenACWY (14 to 15 years old)** - Shropshire's coverage in 2021-22 (77.1%) is lower than England's coverage (79.6%) and the benchmarked goal of 80%.
- **Free school meals eligibility (FSM)** – Though school-aged children estimated to be eligible for FSM is significantly lower than England's, Shropshire's proportion has seen an increase in recent periods.
- **Children in relative low-income families (under 16s)** - Though this is lower than the national average, Shropshire saw an increase in the most recent time period.
- **Children in care (0-17)** - Shropshire's rate is higher than the national rate (111 per 10,000 vs 71 per 10,000 respectively) and is increasing over time.
- Though **Children aged 14-16 achieving 9-5 in English and Mathematics** has improved in recent periods, proportion is lower than England's (38.8% vs 46.2%). **Children on SEND Support achieving 9-5 in English and Mathematics** has decreased in recent periods and is lower than England's (9.6% vs 17.5%).
- **Average attainment score (including SEND) in children aged 14-16** has decreased in recent periods.
- **Suspensions and exclusions in primary and secondary schools (including SEND)** has decreased in recent periods.

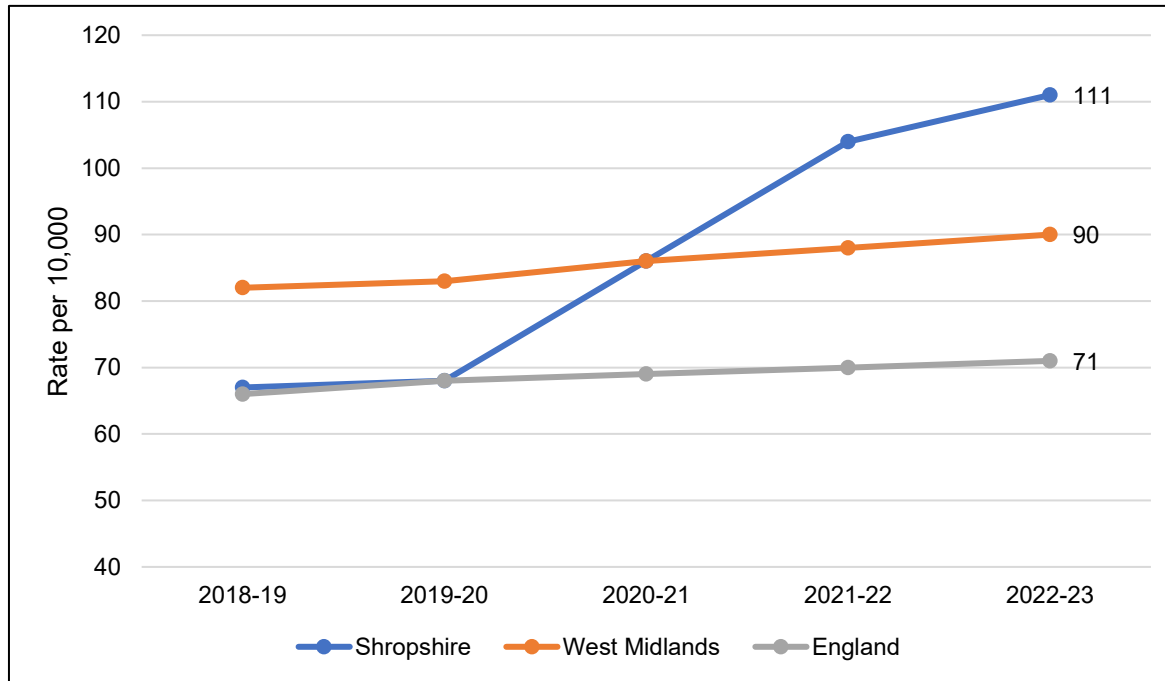
Doing well (better than national average)

- **Prevalence of underweight (4-5 years)** is significantly lower than England's prevalence.
- Children **achieving the expected level in phonics screening check in Year 1** (6 years old) – Shropshire's proportion (78%) has increased in recent periods.
- Children with **free school meal status achieving the expected level in phonics** screening check in Year 1 (6 years old) – Shropshire's proportion (65%) has increased in recent periods.
- The proportion of children aged 5-16 in Shropshire meeting the CMOs' recommendations for **physical activity is significantly higher** than England's and is also increasing.
- Hospital admissions due to **self-harm (10-14 years)** is significantly lower than England's average and decreasing.
- Visually **obvious tooth decay in 5 years olds** is significantly lower than England's average and is decreasing.
- At 5 years old, coverage for **MMR one dose** is higher than the benchmarked goal of 95%.
- **Admission rate for epilepsy** is significantly lower than England's rate.
- **CYP under 19 with eating disorders seen within 4 weeks** in Q3 2023/24 at 86%, above national average of 79%.

More detail
can be
found in the
full report.

Children in care (0-17)

Children looked after as of 31 March (rate per 10,000 population aged under 18 years) in Shropshire, including West Midlands and England comparisons, 2018-19 to 2022-23.
Source: [Child and Maternal Health Profile](#), Fingertips, OHID



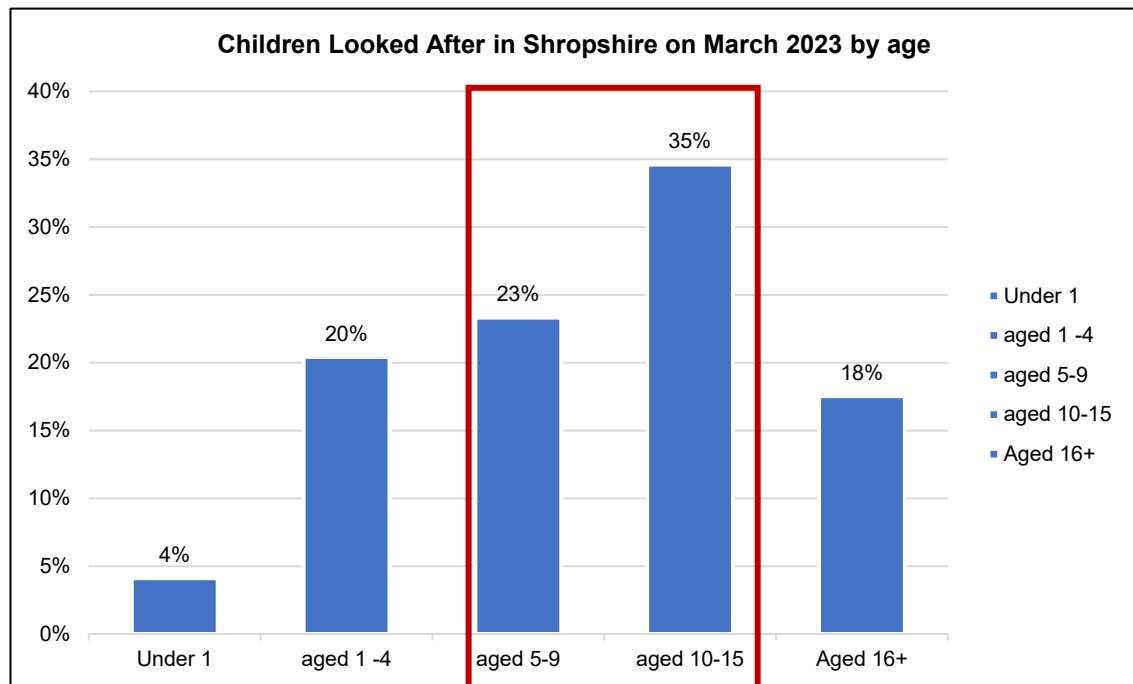
656 children in care, equating to a rate of 111 per 10,000 population aged under 18 in the period 2022-23.

Significantly higher than England's rate of 71 per 10,000

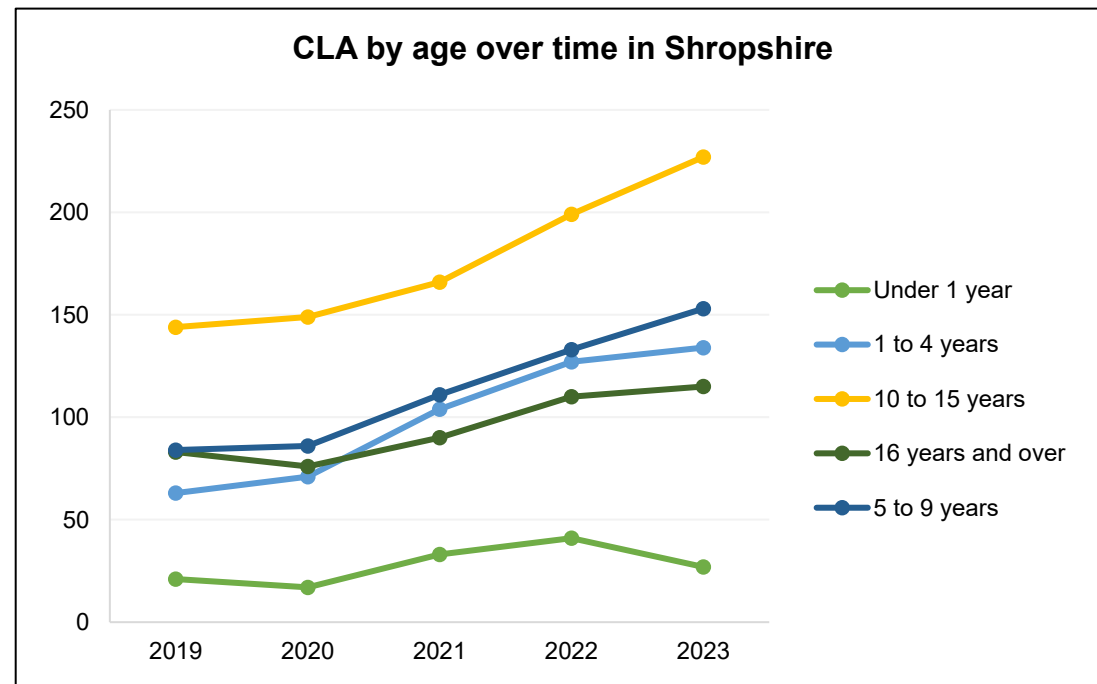
188 of 656 CLA in Shropshire were on SEND support, EHCP or disabled (~29%)

79 of 656 CLA in Shropshire were unaccompanied asylum seekers (starting/ending/or open) ~12%

Children in care – deep dive analysis



392 children looked after aged 5 to 15; 60% of looked after children in Shropshire



A rise in children looked after aged 5 to 15 has increased over time.

Local data shows that number of children in care (0-17) increased to 714 between 1st April 2023 – 31st March 2024

*Data covers all children looked after by Shropshire

*Data includes unaccompanied asylum-seeking children

Children in care (SEND)



Local data shows that number of children in care (0-17) increased to 714 between 1st April 2023 – 31st March 2024

68 of CLA in this period were on SEND support (10% of all children looked after)

41 of CLA in this period were on were open to the disabled children's team (6% of all children looked after)

111 of CLA in this period were on an education, care and health plan (EHCP) (16% of all children looked after)

220 of 714 children in care in Shropshire were on SEND support, EHCP or disabled (~31%)



Local data shows that number of children in care aged 5 to 15 increased to 390 between 1st April 2023 – 31st March 2024

129 of CLA in this period were on SEND support or EHCP (33% of children looked after)

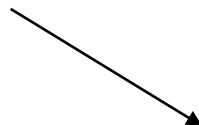
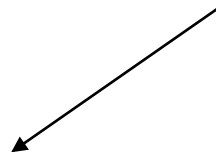
25 of CLA in this period were on were open to the disabled children's team (6% of children looked after)

154 of 390 children in care aged 5-15 in Shropshire were on SEND support, or disabled (~31%)

Children in care (SEND)



Local data shows that number of children in care (0-17) increased to 714 between 1st April 2023 – 31st March 2024



68 of CLA in this period were on SEND support (10% of all children looked after)

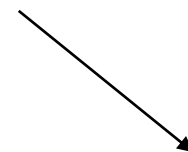
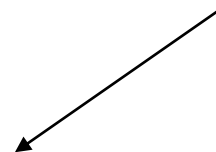
41 of CLA in this period were on or were open to the disabled children's team (6% of all children looked after)

111 of CLA in this period were on an education, care and health plan (EHCP) (16% of all children looked after)

220 of 714 children in care in Shropshire were on SEND support, EHCP or disabled (~31%)



Local data shows that number of children in care aged 16 to 19 increased to 158 between 1st April 2023 – 31st March 2024



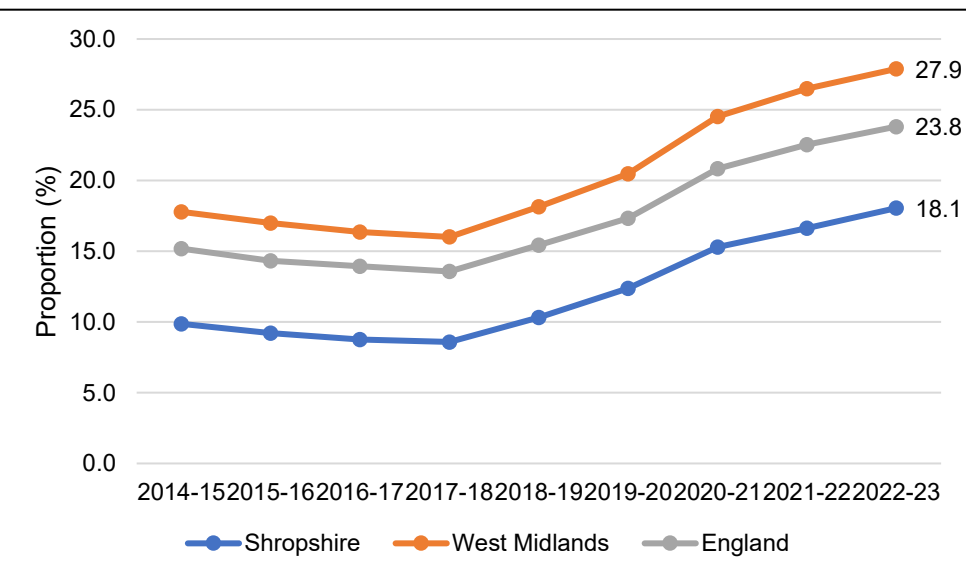
31 of CLA in this period were on SEND support or EHCP (20% of children looked after)

9 of CLA in this period were on or were open to the disabled children's team (6% of children looked after)

40 of 158 children in care aged 5-15 in Shropshire were on SEND support, or disabled (~25%)

Free school meals (% eligible)

Percentage of pupils known to be eligible for free school meals in Shropshire, including West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



7,222 school aged children in Shropshire are eligible for free school meals; ~ **18.1% of Shropshire's pupils**.

Though Shropshire's proportion is **significantly lower** than England's, estimated proportion of pupils eligible is **increasing** in recent periods.



Local data shows this proportion increases 2023-24; 19.1% of Shropshire pupils are eligible for free school meals.

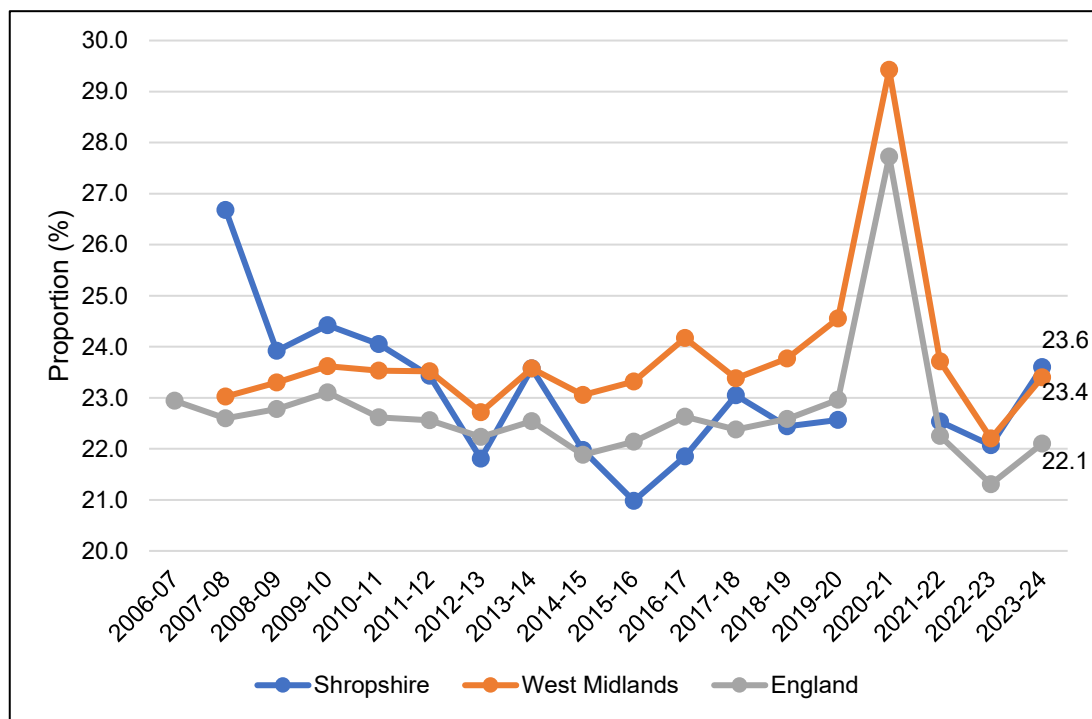
Number of FSM eligible who are on SEN support = 1510; **21% of children eligible for FSM are on SEN support**

Number of FSM eligible who are on EHCP = 708; **10% of children eligible for FSM are on EHCP**

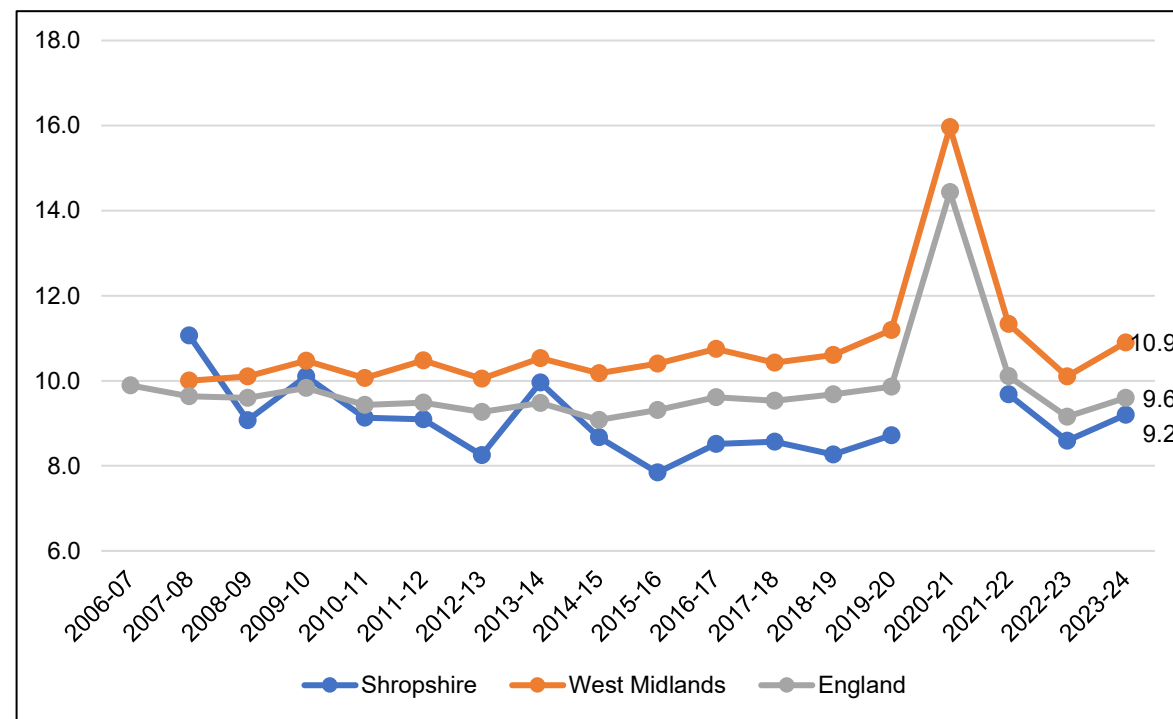
Number of FSM eligible who are on SEN support and EHCP = 2218; **31% of children eligible for FSM are on SEN support and EHCP**

Prevalence of overweight and obesity (4-5 years)

Proportion of children aged 4 to 5 years classified as overweight in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

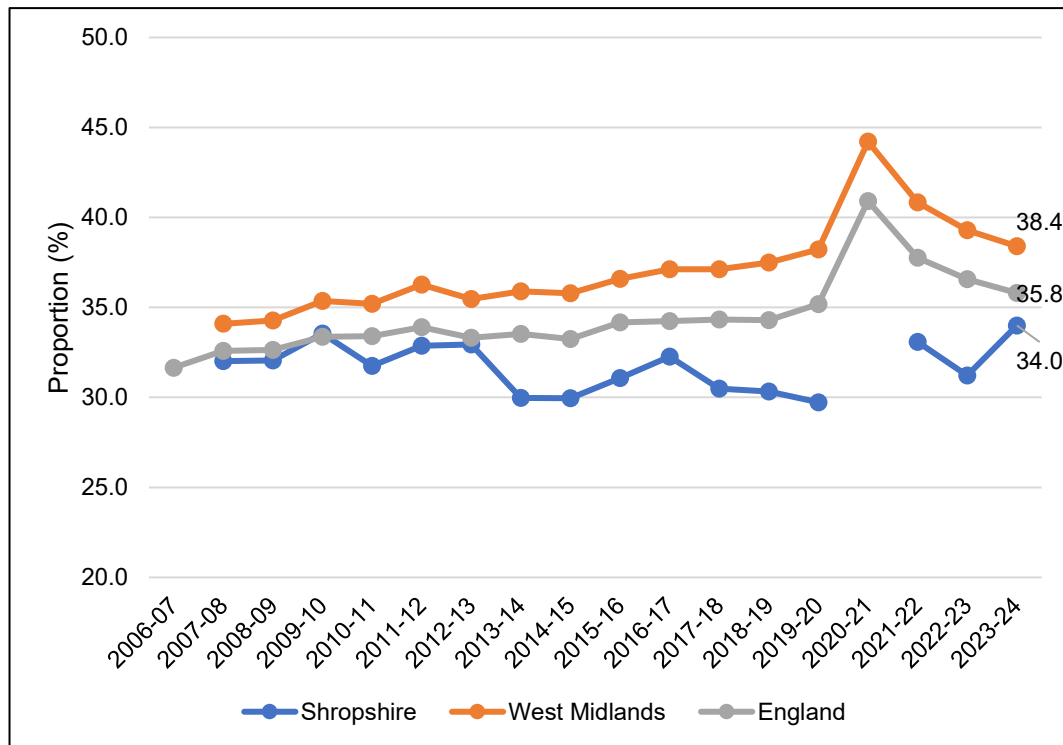


Proportion of children aged 4 to 5 years classified as living with obesity in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

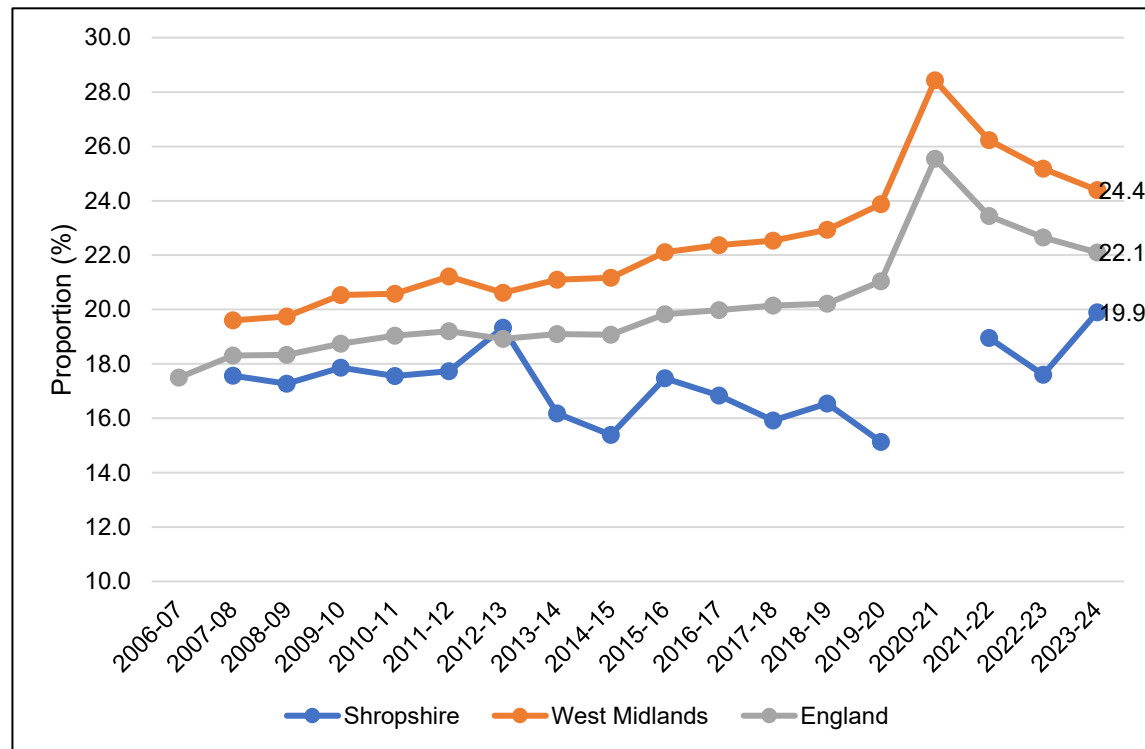


Prevalence of overweight (10-11 years)

Proportion of children aged 10 to 11 years classified as overweight in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

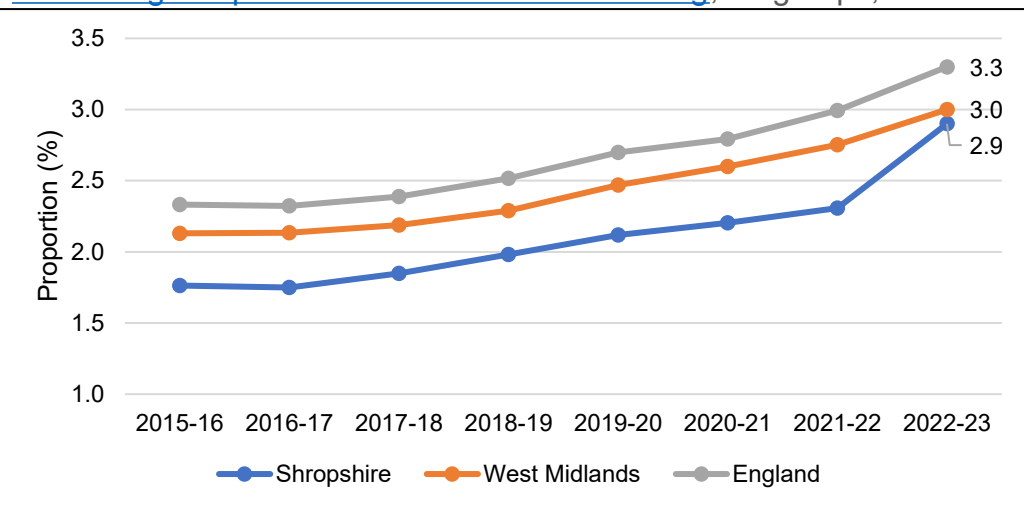


Proportion of children aged 10 to 11 years classified as living with obesity in Shropshire, with West Midlands and England comparisons, 2006-07 to 2023-24. Source: [Child and Maternal Health Profile](#), Fingertips, OHID



Children with social, mental and emotional needs

Percentage of school aged children with social, emotional, and mental health needs in Shropshire, 2015-16 to 2022-23. Source: [Children and Young People's mental health and wellbeing](#), Fingertips, OHID

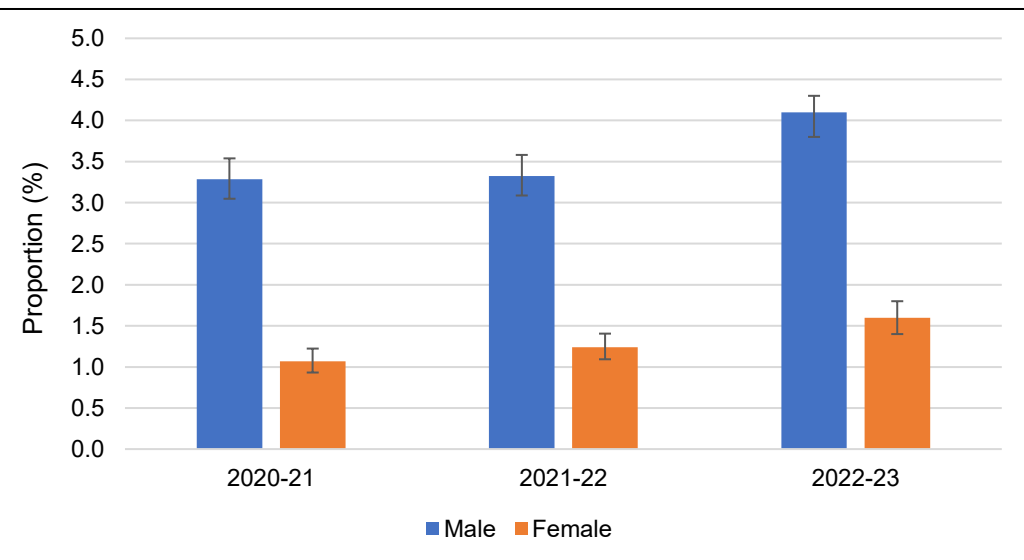


1,142 school aged children in Shropshire with social, emotional, and mental health needs in 2022-23; **2.9% of Shropshire's school aged population.**

Significantly lower than England's proportion of 3.3%.

Though Shropshire's proportion is better than England's, proportion is **increasing and getting worse.**

Higher proportion of males had a social, emotional, and mental health need compared to females in 2022-23.

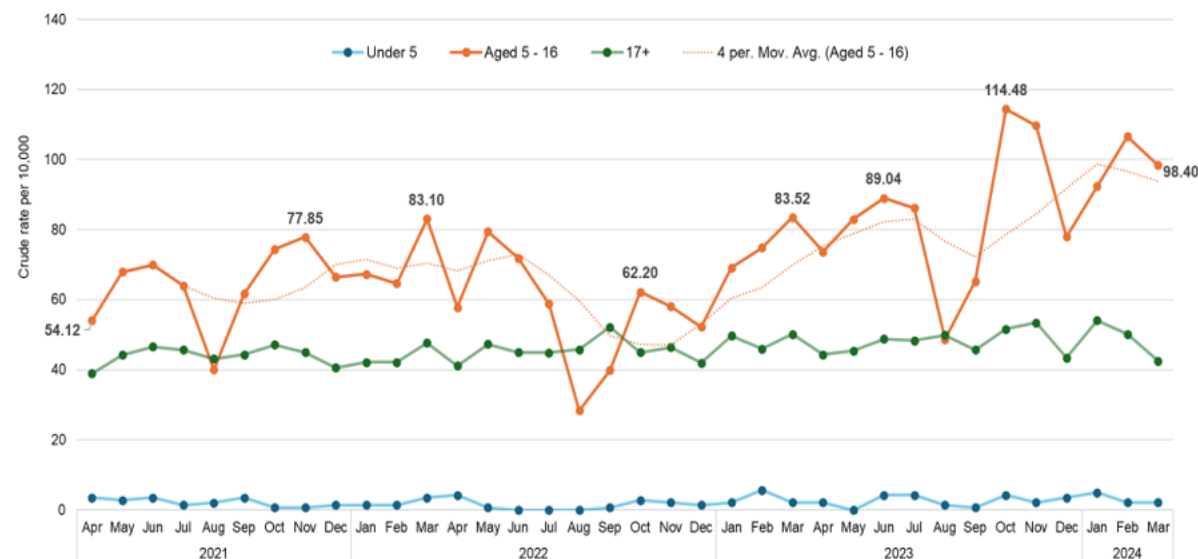


Mental health service access and utilisation

Mental health service metrics in Shropshire, Telford and Wrekin ICB with England comparisons.

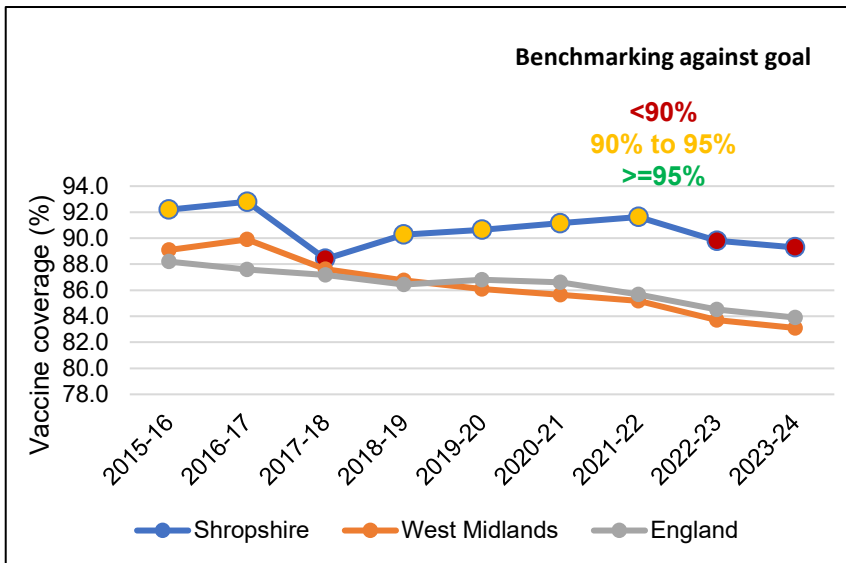
Trend benchmark		Better	Worse	N/A	
ICB metrics					
Metric	Period	ICB recent trend	Metric type	England	Shropshire, Telford and Wrekin ICB
Number of CYP under 18 accessing support by NHS funded community services (at least one contact) (rolling 12 months)	Q3 2023/24	↑	Count	749,833	5,675
% of CYP under 19 with eating disorders seen within 4 weeks (routine) - interim measure	Q3 2023/24	↑	Percentage	79.4%	86.0%
Number of bed days for CYP under 18 in Child and Adolescent Mental Health Services tier 4 wards ††	Q3 2023/24	↓	Count	63,318	481
Number of people aged 18 to 24 supported through NHS funded mental health (at least one contact) (rolling 12 months)	Q3 2023/24	↑	Count	228,683	1,730
Number of closed referrals for CYP under 18 with at least 2 contacts & self-rated perspective paired score showing measurable improvement	Q3 2023/24	↑	Count	6,627	70
Percentage of closed referrals for CYP under 18 with at least 2 contacts & self-rated perspective paired score showing measurable improvement	Q3 2023/24	↓	Percentage	46.6%	46.7%
Number of closed CYP referrals (0-17) with at least 2 contacts and any perspective paired score	Q3 2023/24	↑	Count	18,842	150
Percentage of closed CYP referrals (0-17) with at least 2 contacts and any perspective paired score	Q3 2023/24	↑	Percentage	20.3%	19.9%
CYP Mental Health ICB spend - excluding learning disabilities and eating disorders	2023/24 planned	↑	Spend	£1086.2m	£9.0m
CYP Mental Health ICB spend - eating disorders	2023/24 planned	↑	Spend	£95.9m	£1.0m

New referrals to mental health services, by age group (crude rate per 10,000 persons residing within Shropshire), April 2021 to March 2023.

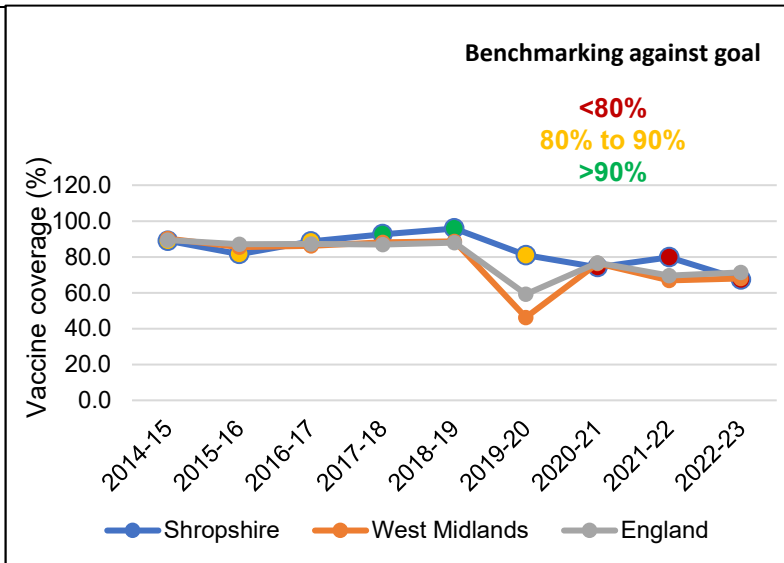


Vaccine coverage

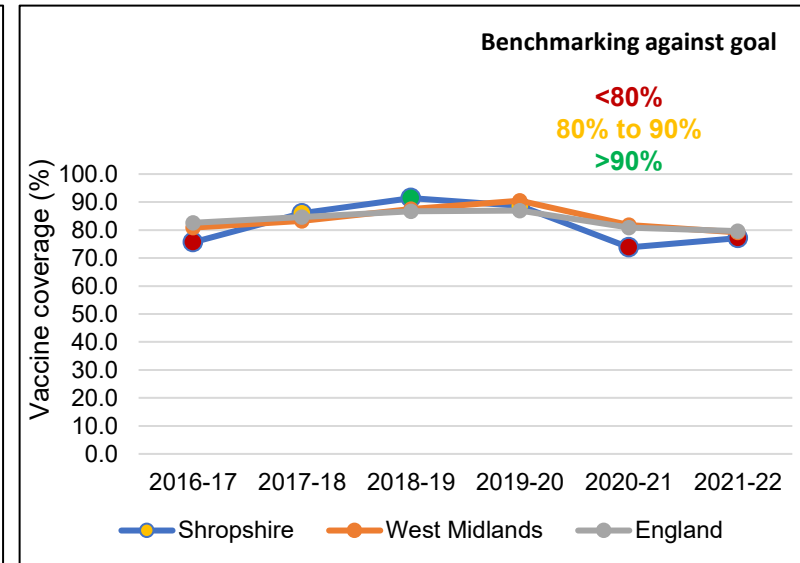
MMR Vaccine coverage (5 years - 2 doses)



HPV Vaccine coverage (12-13 years)



MenACWY Vaccine coverage (14-15 years)

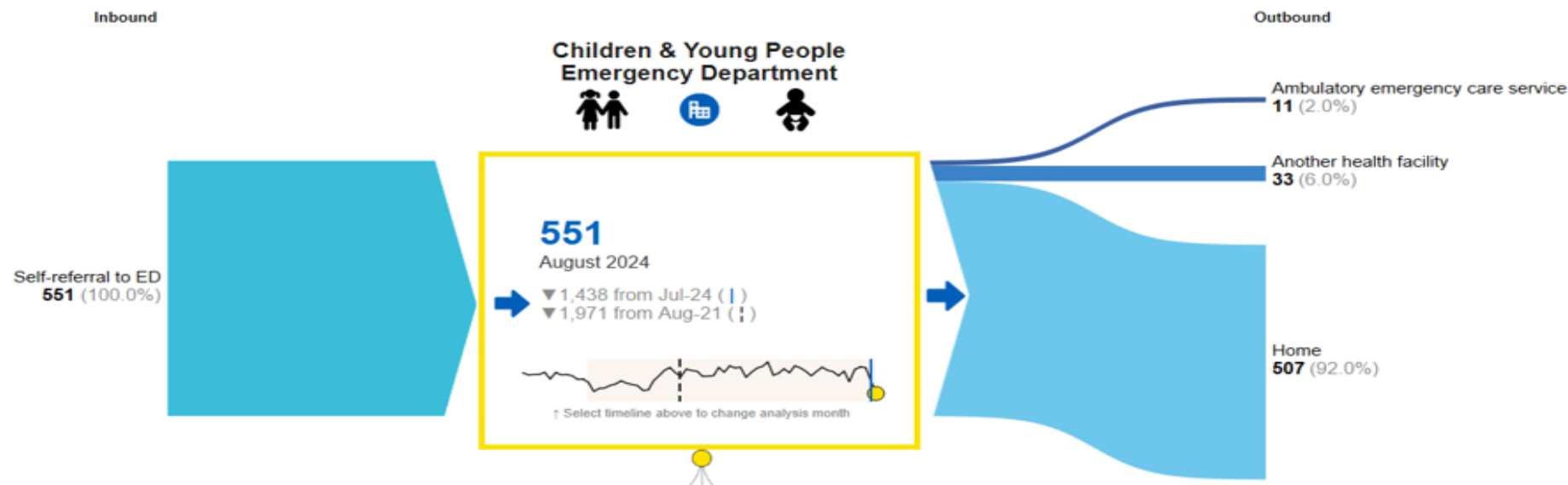


Though Shropshire's MMR coverage was higher than the national average, it was lower than the benchmarked goal

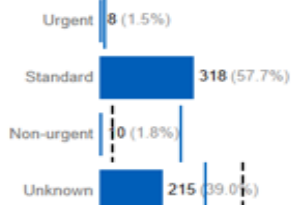


Both HPV and MenACWY coverage were lower than the benchmarked goal of 80%

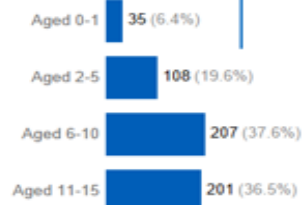
CYP Emergency Department Activity



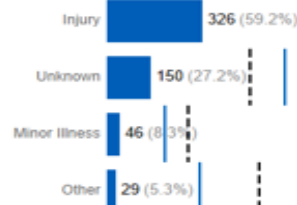
● ED Activity by Acuity in August 2024



● ED Activity by Age in August 2024

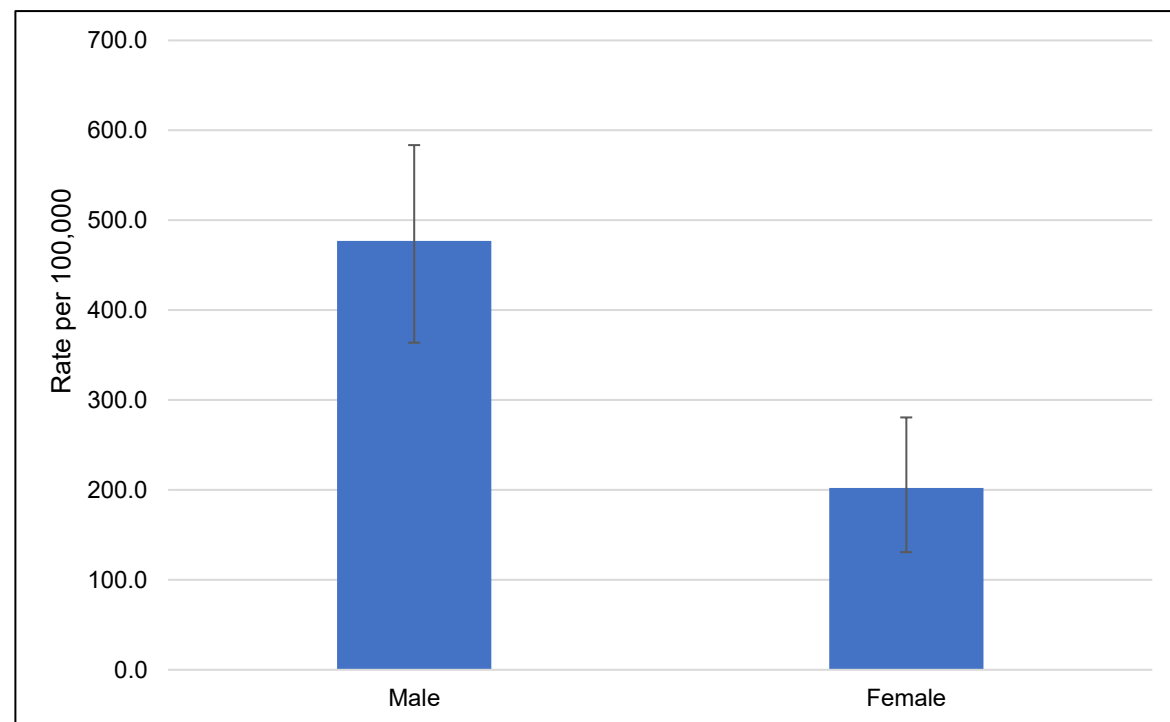
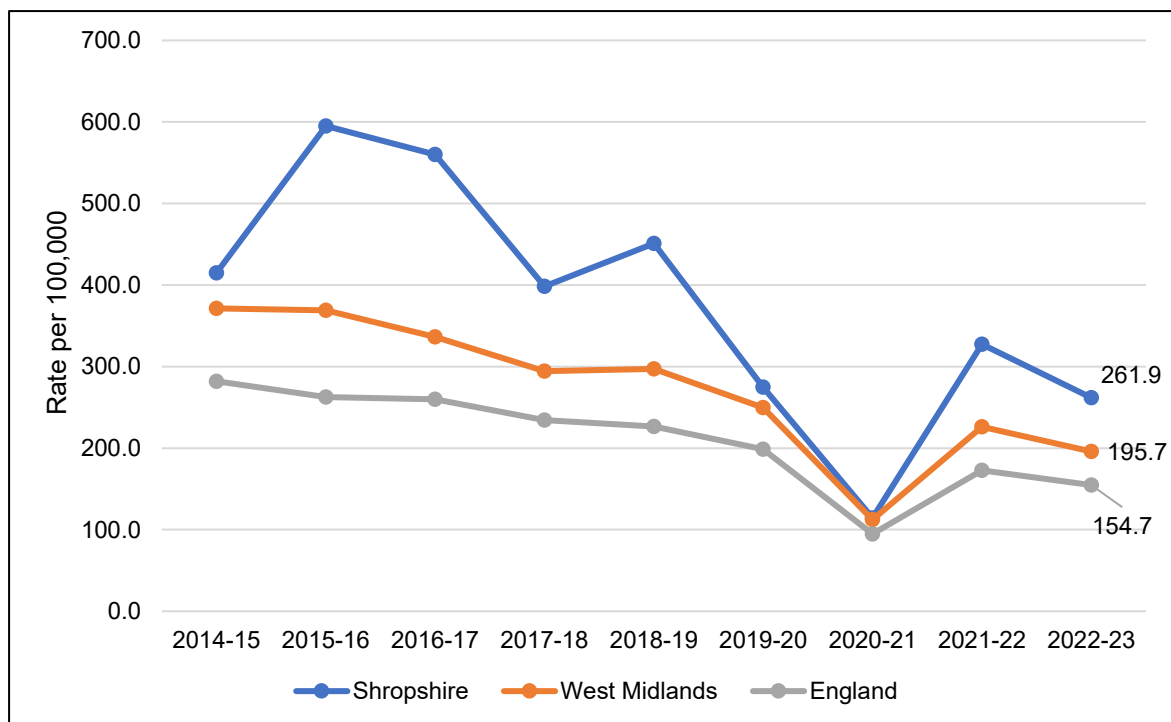


● ED Activity by CYP HL Grouping in August 2024



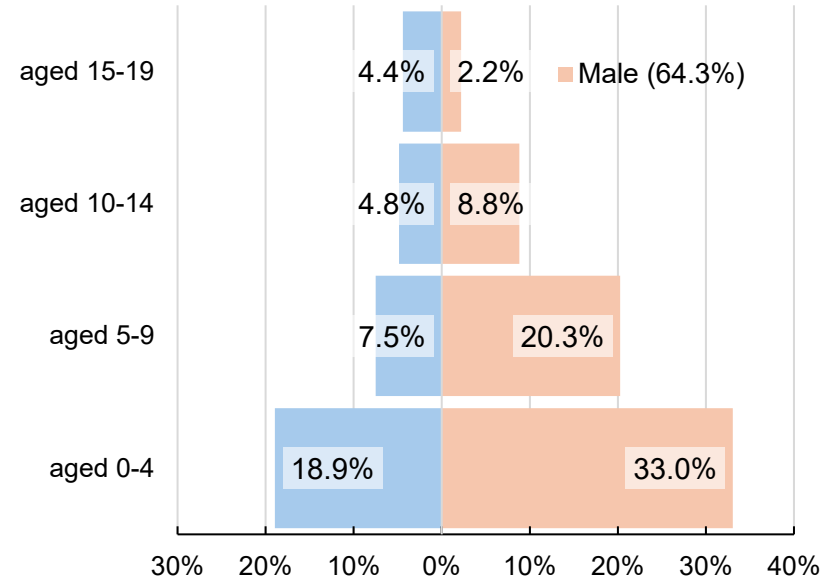
Admission rate for asthma (under 9)

Rate of admissions (per 100,000) due to asthma in children under 9 in Shropshire, with West Midlands and England comparisons, 2014-15 to 2022-23. Source: [Child and Maternal Health Profile](#), Fingertips, OHID

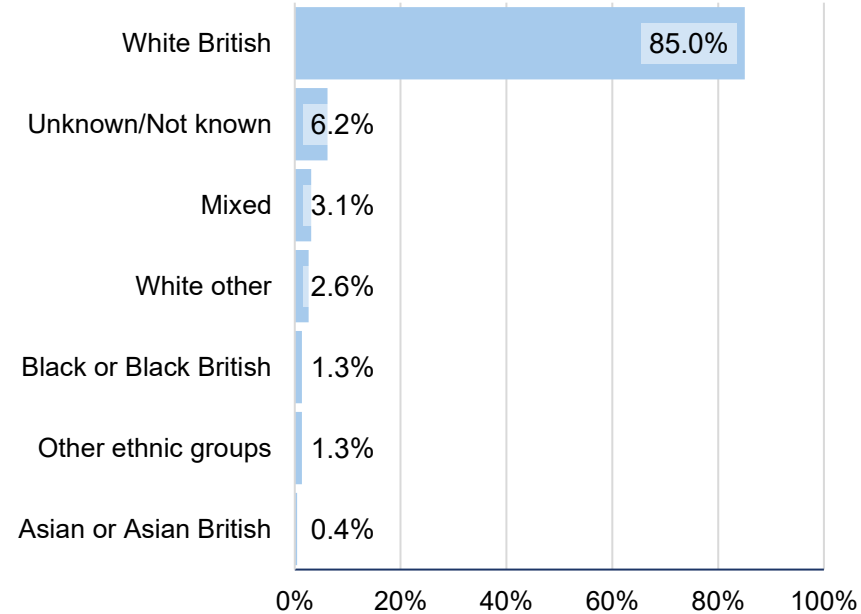


Asthma admissions – deep dive analysis

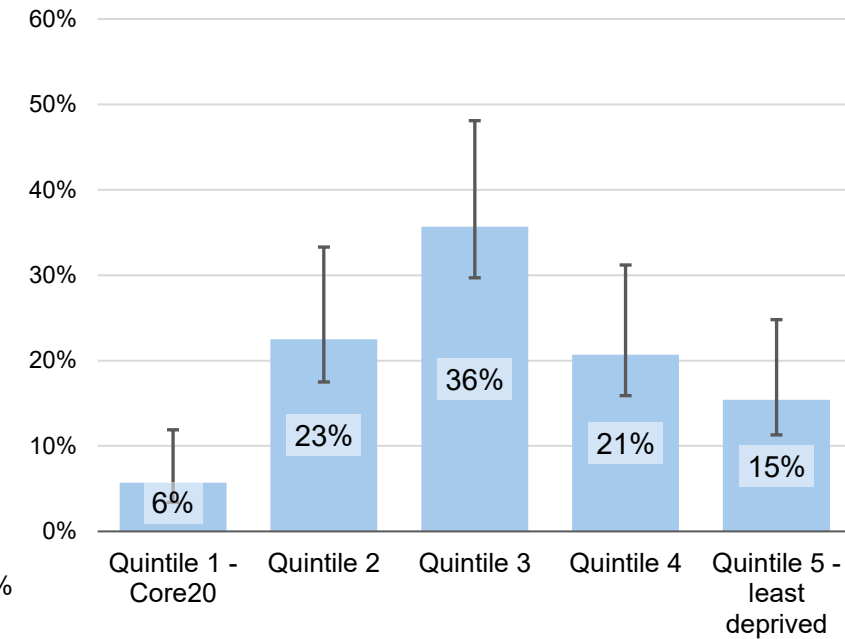
Under-19 Asthma patient population pyramid
April 2019 to March 2023



Proportion of patients, aged under 19, admitted for asthma
between April 2019 and March 2023, by ethnicity



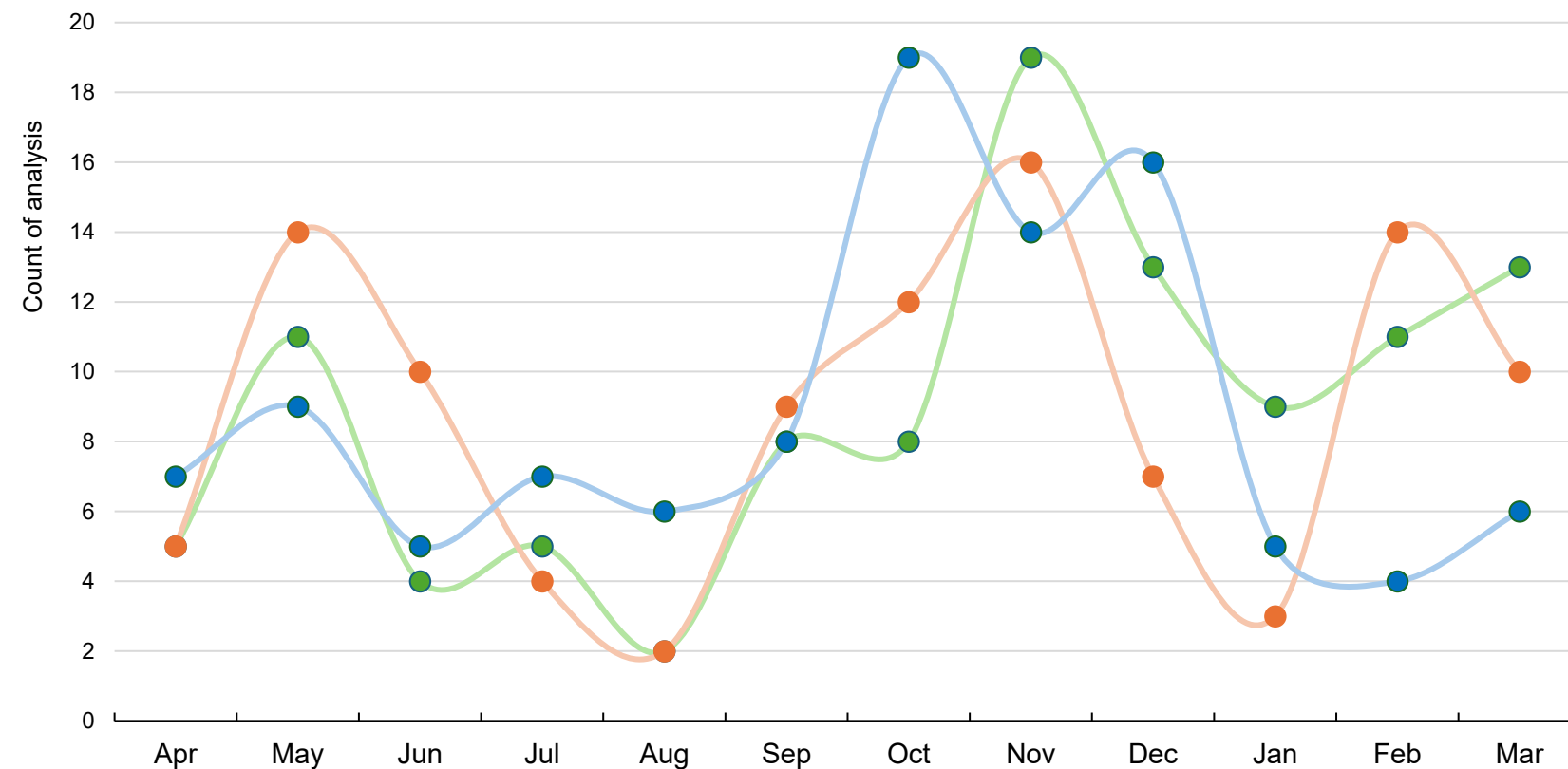
Proportion of patients, aged under 19, admitted for
asthma between April 2019 and March 2023, by
deprivation quintile (IMD2019)



Asthma admissions – deep dive analysis


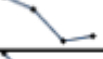


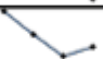




Under 19 asthma admissions
April 2021 to March 2024

2021/22 2022/23 2023/24



Admissions trend analysis hints towards a seasonality to asthma admissions with unplanned admissions peaking towards the end of autumn and beginning of winter each year.

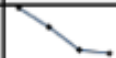
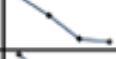


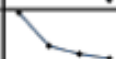
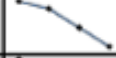



Children aged 14-16 achieving 9-5 in English and Mathematics (including SEND)

Outcomes						Latest Benchmark 2024				National Ranking (1 being highest, 152 lowest)		
<u>KS4 (9 to 5) in English and Maths</u>	2021	2022	2023	2024	Trend	Shropshire	National	Statistical Neighbour	West Midlands	2022	2023	2024
All Pupils	50.3	44.8	38.2	38.8		38.8	46.2	43.4	42.4	118	128	127
National	51.9	50.0	45.5	46.2						134	136	142
Disadvantage	31.0	22.4	18.2	18.4		18.4	26.0	21.1	25.7	133	144	141
Non Disadvantage	55.4	50.1	42.9	43.9		43.9	53.4	49.2	49.8	99	130	149
SEND (SEN Support & EHCP)	12.4	14.9	12.1	9.6		9.6	17.5	15.4	15.2	27	81	63
EHCP	14.4	9.9	5.7	7.5		7.5	7.0	5.8	5.2	119	130	149
SEN Support	11.3	17.0	14.3	10.4		10.4	21.6	18.9	18.5	128	136	134
Non SEND	55.7	49.3	42.4	43.5		43.5	52.3	49.9	48.3	Unable to provide rank as suppressed figures in DfE publication		
CLA (based on published 903 - Nexus where published statistics are suppressed)	16.7	11.8	4.2			0.0				No published comparators		
Shropshire CLA (all children)						No published comparators				No published comparators		

Data Source: published DfE statistics

In 2020 and 2021, all GCSEs in England have been reformed and use the new 9 to 1 grading system (rather than A*-G). Year on year comparisons will be limited until these qualifications are consistently included from 2020 onwards. However, results for 2020 and 2021 are not comparable with earlier years due to the cancellation of exams (due to COVID-19) and the changes to the way GCSE grades were awarded and results for 2022 are not comparable with previous years due to the changes relating to grading assessments

Attainment score in children aged 14-16 (including SEND)

Outcomes						Latest Benchmark 2024				National Ranking (1 being highest, 152 lowest)		
KS4 - Attainment 8	2021	2022	2023	2024	Trend	Shropshire	National	Statistical Neighbour	West Midlands	2022	2023	2024
All Pupils	49.9	47.2	44.0	43.5		43.5	46.1	44.8	44.5	97	114	112
National	50.9	48.9	46.4	46.1						108	97	112
Disadvantage	39.6	35.1	33.0	31.9		31.9	34.7	32.1	35.1	116	138	131
Non Disadvantage	52.6	50.1	46.6	46.4		46.4	50.2	48.2	48.6	85	80	107
SEND (SEN Support & EHCP)	29.5	28.6	27.4	25.6		25.6	27.8	27.0	27.1	17	18	27
EHCP	22.9	19.2	18.3	17.8		17.8	14.2	13.7	12.2	107	114	134
SEN Support	33.4	32.6	30.6	28.6		28.6	33.1	31.9	32.0	115	128	130
Non SEND	52.9	50.0	46.7	46.3		46.3	50.0	49.0	48.3	28	tbc	
Shropshire CLA (based on published 903 - Nexus where published statistics are suppressed)	28.9	24.1	18.9			0.0				No published comparators		
Shropshire CLA (all children)						No published comparators				No published comparators		









Suspension Rate (%)

Source: Shropshire Children Services

Exclusions









Latest Benchmark 'Full Year' 2022/23

National Ranking (1 being highest, 152 lowest)

Primary School Suspension Rate (Full Academic Year)	2021*	2022	2023	Autumn Term 2023	Trend
All Pupils	0.86	1.38	1.75	0.79	
National	0.99	1.42	1.81	0.83	
Free School Meals (FSM)	2.23	4.42	5.21	2.46	
Non Free School Meals (Non FSM)	0.60	0.75	0.98	0.43	
SEND (SEN Support & EHCP)	5.03	6.82	10.03	4.43	
EHCP	6.15	11.40	23.28	9.91	
SEN Support	4.88	6.20	8.02	3.37	
Non SEND	0.22	0.48	0.29	0.13	

Shropshire	National	Statistical Neighbour	West Midlands
1.75	1.81	2.34	1.81
5.21	4.43	6.36	3.91
0.98	0.99	1.39	0.98
10.03	9.10	12.20	8.76
23.28	16.40	23.50	18.83
8.02	7.73	9.70	7.39
0.29	0.42	0.45	0.47

2021	2022	2023
71	92	85
77	111	106
96	86	93
86	85	103
49	76	130
106	88	98
76	131	48

Secondary School Suspension Rate (Full Academic Year)	2021*	2022	2023	Autumn Term 2023	Trend
All Pupils	9.94	16.99	22.83	10.04	
National	8.48	13.96	18.90	8.19	
Free School Meals (FSM)	28.00	42.21	58.30	27.15	
Non Free School Meals (Non FSM)	7.05	12.46	15.45	6.16	
SEND (SEN Support & EHCP)	24.15	44.41	62.50	24.51	
EHCP	26.07	46.24	72.35	27.09	
SEN Support	23.69	44.04	60.84	24.04	
Non SEND	7.90	12.72	16.07	7.38	

Shropshire	National	Statistical Neighbour	West Midlands
22.83	18.90	19.42	17.20
58.30	45.58	51.37	36.25
15.45	11.06	12.39	10.31
62.50	47.70	53.00	40.90
72.35	47.17	52.96	41.15
60.84	47.82	49.51	40.90
16.07	13.90	13.38	12.96

2021	2022	2023
105	112	104
118	115	110
116	129	128
94	110	117
83	112	134
91	110	113
117	115	100

Exclusion Rate (%)

Source: Shropshire Children Services

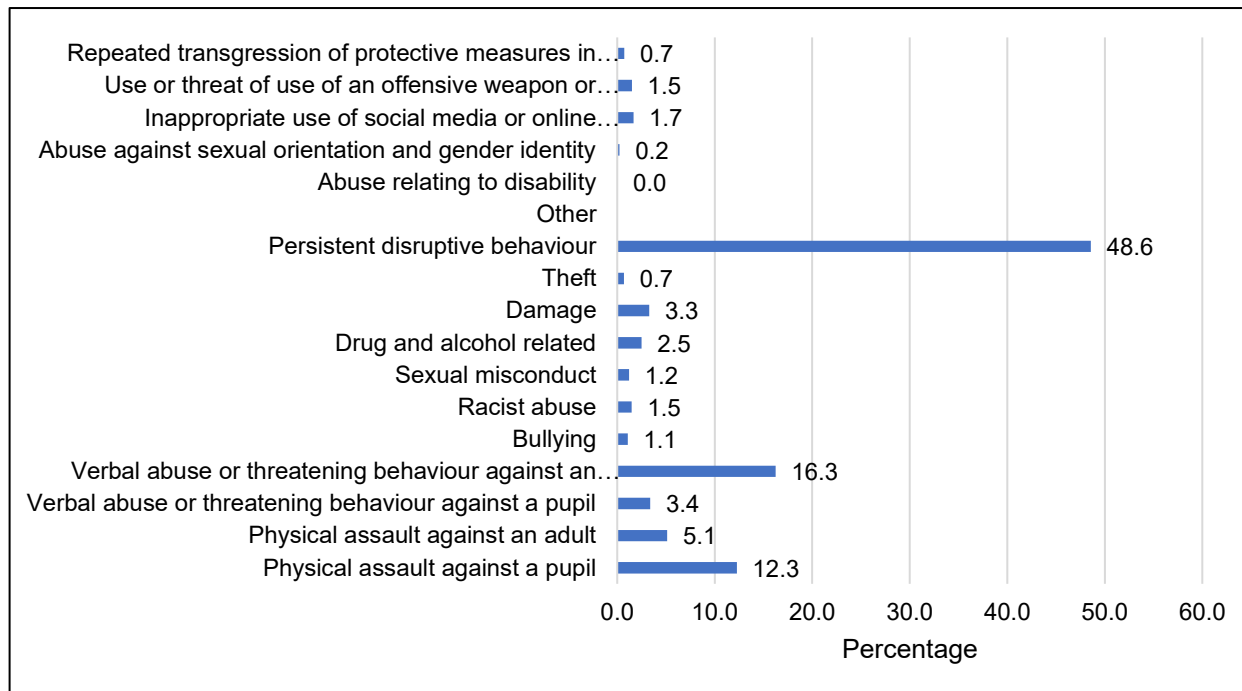
Exclusions						Latest Benchmark 'Full Year' 2022/23				National Ranking (1 being highest, 152 lowest)		
Primary School Permanent Exclusion Rate (Full Academic Year)						Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	2021*	2022	2023	Autumn Term 2023	Trend	0.07	0.03	0.04	0.04	119	86	119
National	0.01	0.02	0.03	0.01						108	101	114
Free School Meals (FSM)	0.03	0.05	0.32	0.05		0.32	0.07	0.13	0.10	135	82	68
Non Free School Meals (Non FSM)	0.01	0.01	0.02	0.01		0.02	0.01	0.02	0.02	129	78	120
SEND (SEN Support & EHCP)	0.10	0.06	0.47	0.06		0.47	0.14	0.22	0.23	1	1	69
EHCP	0.00	0.00	0.67	-		0.67	0.20	0.37	0.30	134	87	113
SEN Support	0.11	0.07	0.44	0.07		0.44	0.13	0.19	0.22	1	115	25
Non SEND	0.00	0.01	0.01	0.01		0.01	0.00	0.00	0.01			
Secondary School Permanent Exclusion Rate (Full Academic Year)						Shropshire	National	Statistical Neighbour	West Midlands	2021	2022	2023
All Pupils	2021*	2022	2023	Autumn Term 2023	Trend	0.35	0.22	0.26	0.28	128	131	121
National	0.10	0.16	0.22	0.10						134	114	129
Free School Meals (FSM)	0.58	0.64	0.98	0.46		0.98	0.60	0.80	0.65	133	150	130
Non Free School Meals (Non FSM)	0.12	0.24	0.22	0.08		0.22	0.11	0.14	0.14	51	137	133
SEND (SEN Support & EHCP)	0.20	0.91	1.29	0.39		1.29	0.66	0.77	0.76	1	122	77
EHCP	0.00	0.54	0.84	0.25		0.84	0.41	0.53	0.40	61	138	131
SEN Support	0.24	0.98	1.36	0.41		1.36	0.71	0.83	0.81	146	133	100
Non SEND	0.18	0.20	0.19	0.11		0.19	0.15	0.16	0.19			

2022-23 full year statistics latest publication 18 July 2024. Autumn 2023 term published 21 November 2024

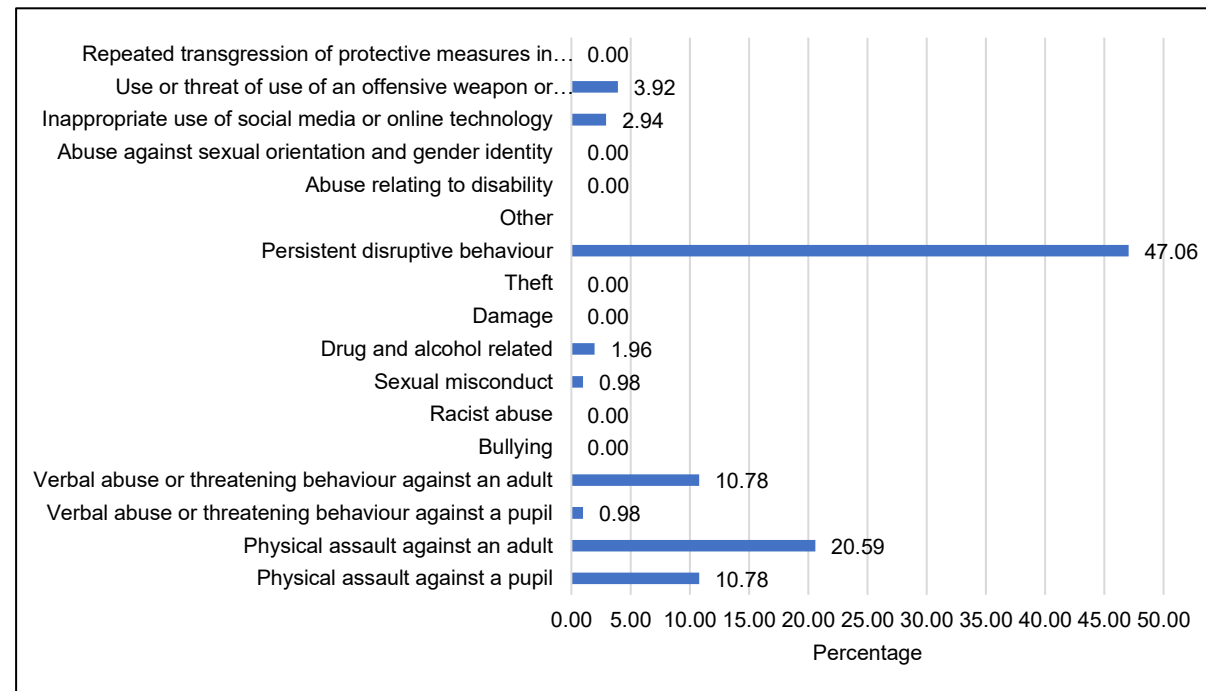
1. For 2019/20 and 2020/21, while suspensions and permanent exclusions were possible throughout the academic year, pandemic restrictions will have had an impact on the numbers presented and caution should be taken when comparing across years.

Suspensions and exclusions in Shropshire - Reasons

Reasons for suspensions in primary and secondary schools in Shropshire, 2019 to 2023. Source: [DfE Statistical Release](#) July 2024 (Shropshire Education Data Overview, Business Improvement)



Reasons for exclusions in primary and secondary schools in Shropshire, 2019 to 2023. Source: [DfE Statistical Release](#) July 2024 (Shropshire Education Data Overview, Business Improvement)



Children aged 5-16 with SEN Support

SEN Provision	Number of pupils	% of pupils
No Special Educational Need	32,166	82%
SEN Support	4,974	13%
Education, Health and Care Plan	1,930	5%
Grand Total	39,070	100%

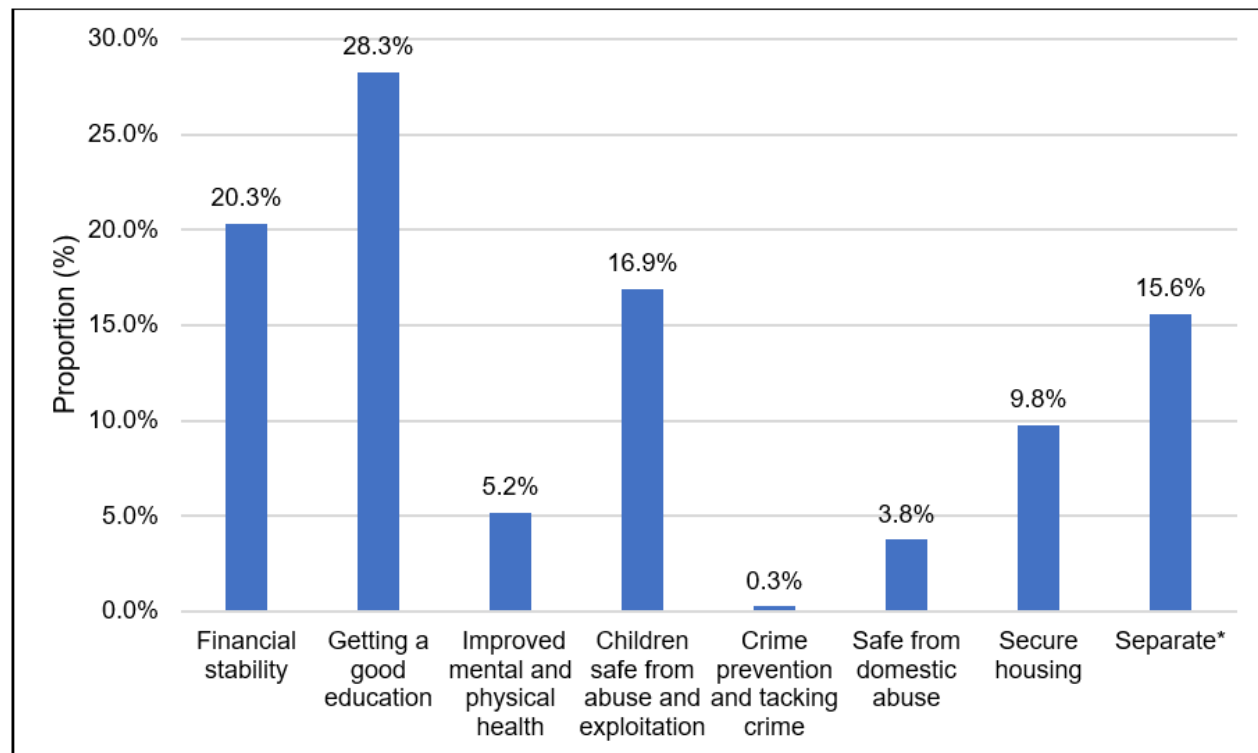
Based on Autumn 2024 Shropshire school census, 4,974 pupils required SEN support (this is 13% of Shropshire's pupils), and 1,930 pupils have an education, health, and care plan.

Please see the [Special Educational Needs and Disability \(SEND\) for 0-25 year olds JSNA](#) [here](#) for data and intelligence relating to this group.

SEN Provision by Year Group	Education, Health and Care Plan	SEN Support	No Special Education Need
E2	0%	0%	100%
N1	0%	1%	99%
N2	1%	4%	95%
R	4%	5%	90%
1	5%	9%	86%
2	5%	12%	83%
3	5%	14%	81%
4	5%	16%	80%
5	6%	17%	78%
6	6%	18%	77%
7	5%	17%	77%
8	5%	15%	80%
9	5%	13%	82%
10	5%	13%	82%
11	5%	11%	84%
12	7%	5%	89%
13	5%	6%	89%
14	100%	0%	0%
All Pupils	5%	13%	82%

Vulnerable families with 5-16 year olds

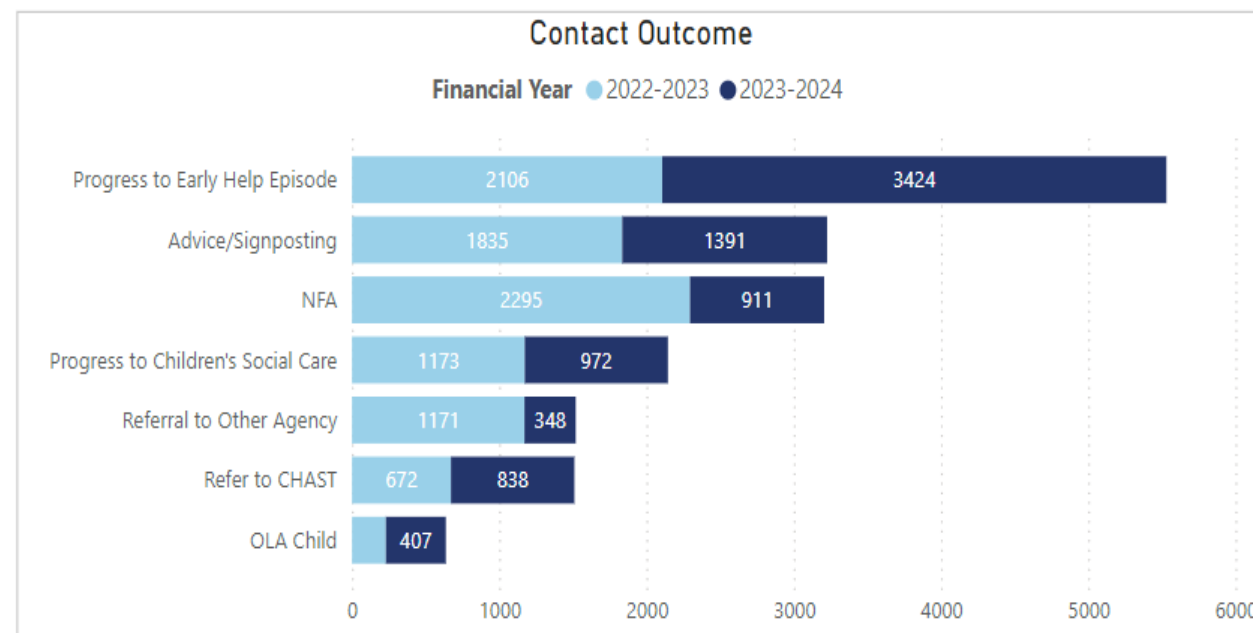
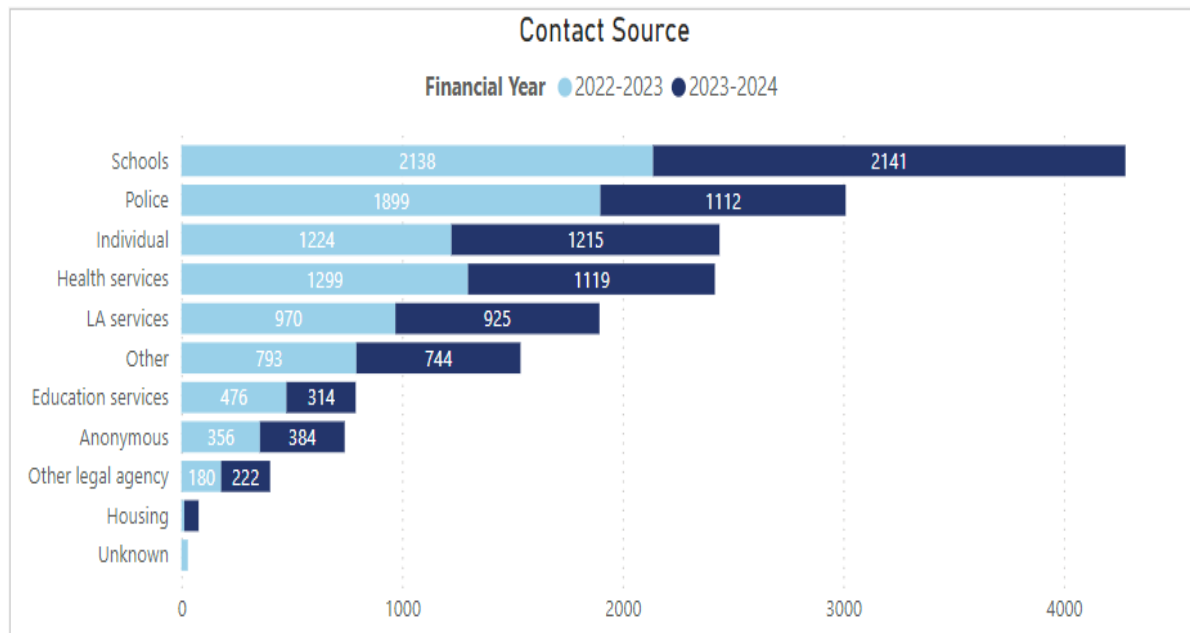
Most common problems faced by families with 5 to 16 year olds in Shropshire. Source: Supporting Families Framework



Data was filtered to identify the number of 5–16-year-olds for each metric. In Shropshire, there were 69,275 records of activity in total:

- Of these 69,275 records, getting a good education was the most common problem families with 5–16-year-olds were facing with 27% reporting this.
- Financial stability was identified in 20% of all records
- Child abuse and exploitation were identified in 17% of all records, indicating this as another common issue

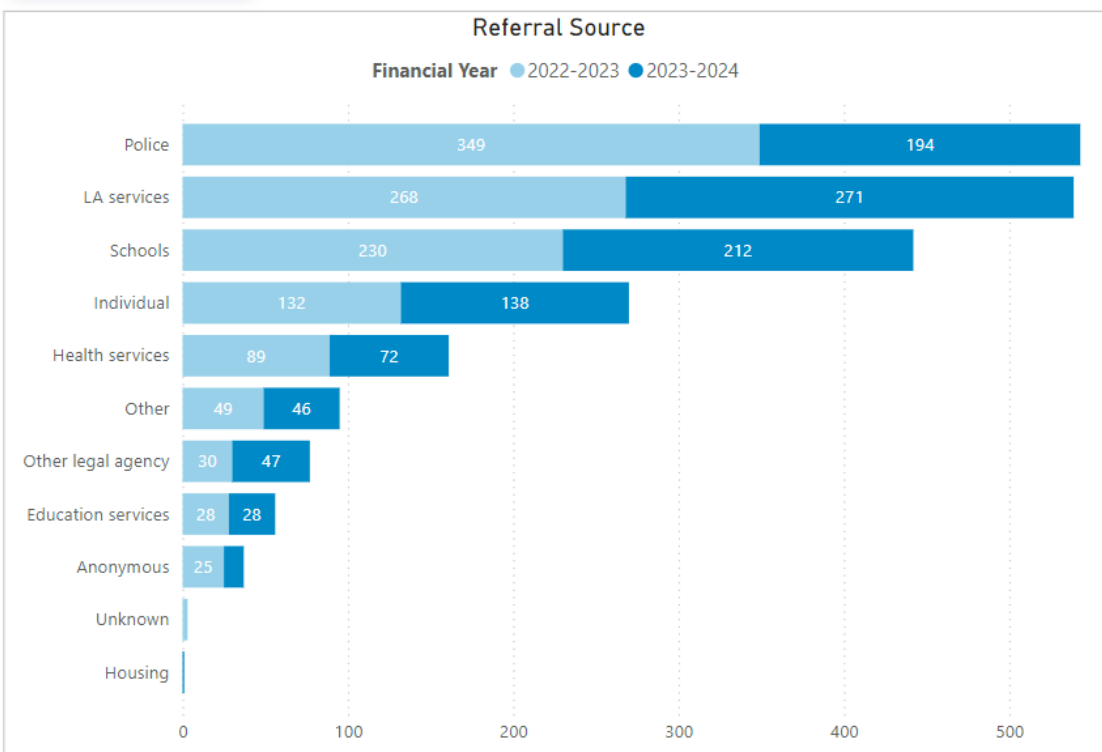
Children's Social Care Contacts



Children's Social Care Referrals

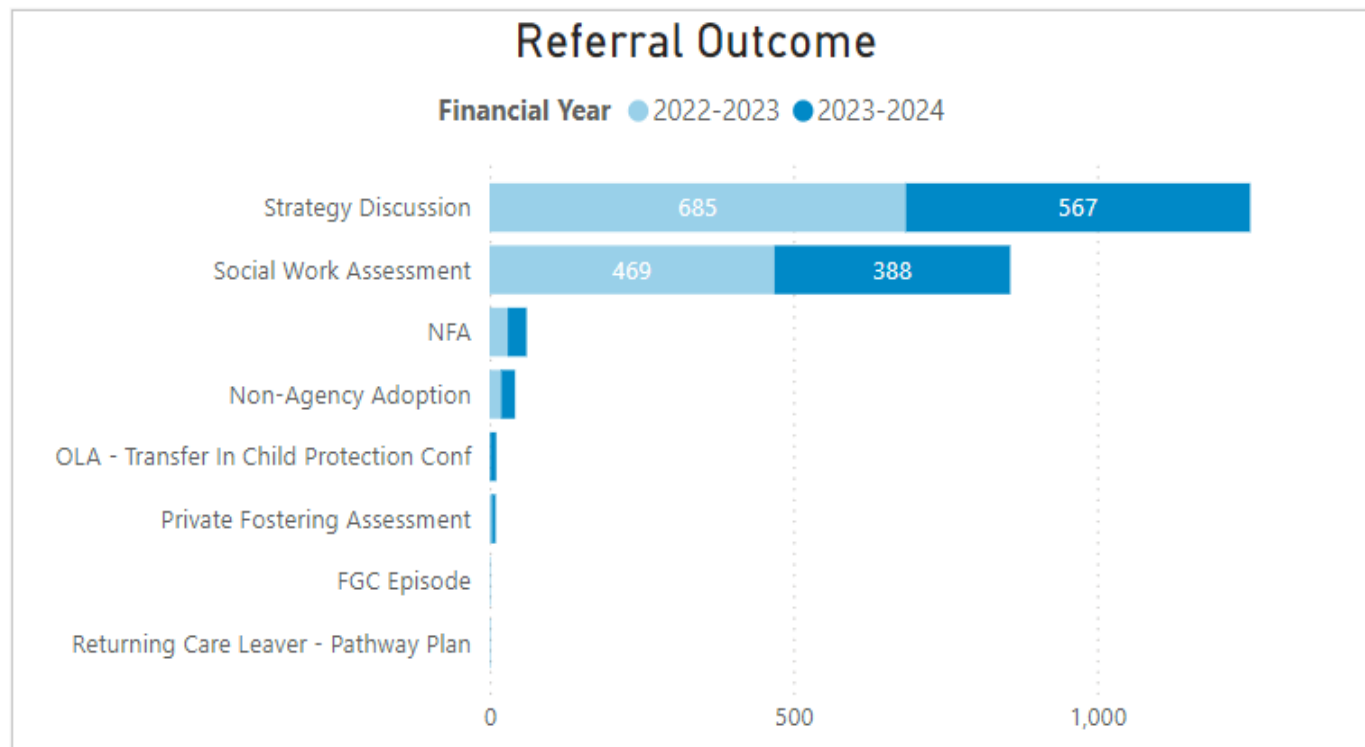
Referral Source

Financial Year ● 2022-2023 ● 2023-2024



Referral Outcome

Financial Year ● 2022-2023 ● 2023-2024



1,873 young people

Respondents' knowledge of youth services was fairly low overall, with 30% of respondents saying they were not aware of any of the services listed as being available in their area.

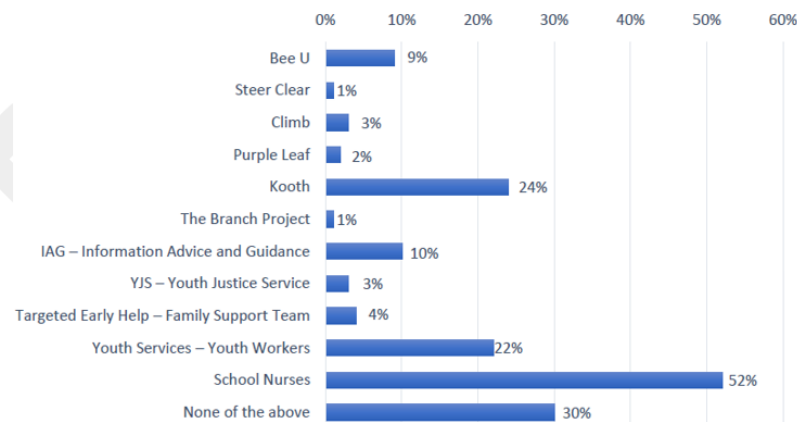
School nurses (52%) were the only service most respondents were aware of being available in their area.

Awareness of Kooth among a sizeable minority (24%) and Youth Service Workers (22%).

63% agreed that they don't feel safe in their community.

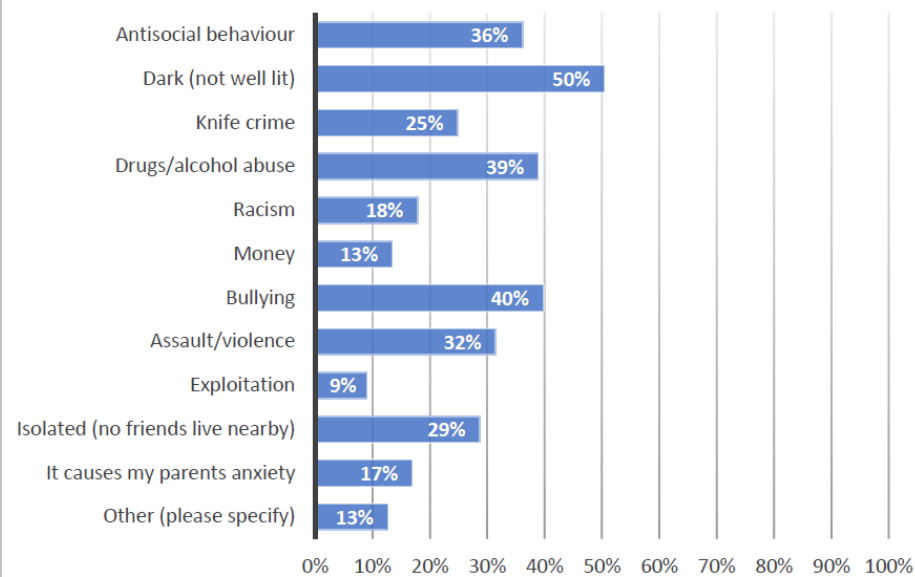
Youth Service Survey

Knowledge of available youth services. Source: Youth Survey, 2024



More detail can be found in the full report.

Figure 12: Worries About Going Out In Community



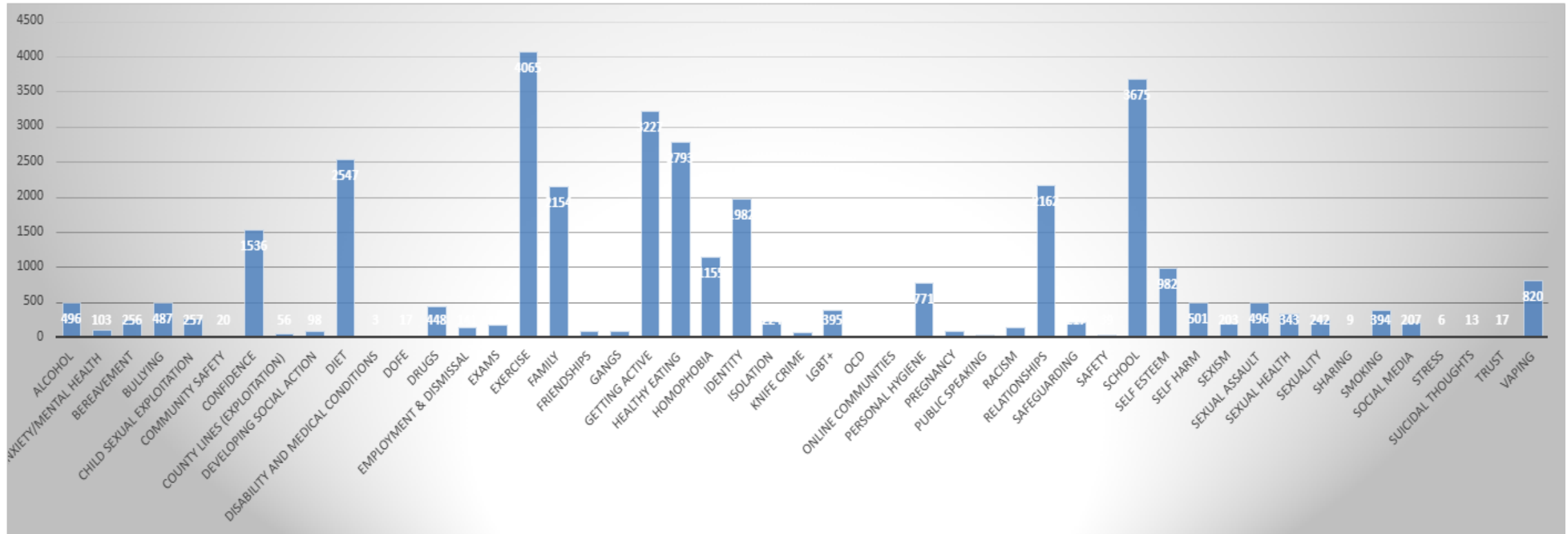
Voluntary sector – SYA (Formerly known as Shropshire Youth Association)

SYA supports and delivers youth clubs, groups and organisations across Shropshire and Telford & Wrekin, providing children and young people with life changing opportunities.

SYA runs the following youth clubs:

1. Commissioned clubs – Fully staffed by SYA
2. Partnered clubs – community development model where SYA provides one paid qualified youth worker to work alongside at least two volunteers from the community.
3. Voluntary Clubs – Infrastructure support is offered including safeguarding checks and training, Youth work training, access to templated policies, procedures and operational forms, mentoring visits and an equipment offer.
4. Time2Talk – a mental health project based in schools.
5. Local and county youth forums, young leader training and supporting members of Youth Parliament

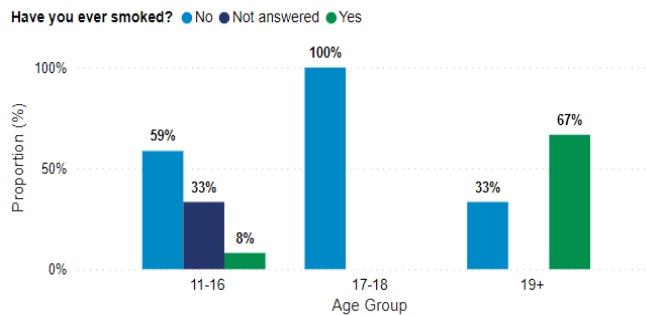
In 2023/24, 5390 children and young people (CYP) attend clubs weekly across Shropshire, Telford & Wrekin, an increase of 17.25% on last year (These figures DO NOT include 2655 Scouts and 1817 Girl Guides).



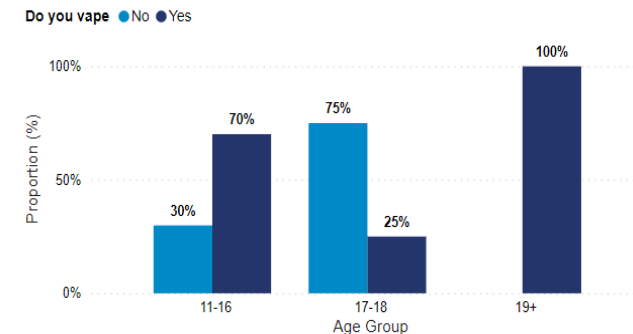
94 responses

As part of the Safer Spaces project which ran for 10 months, school-aged children were asked about vape use. The youth vaping survey ran for 3 months and consisted of data being collated through face-to-face discussions with young people in community and school-based settings.

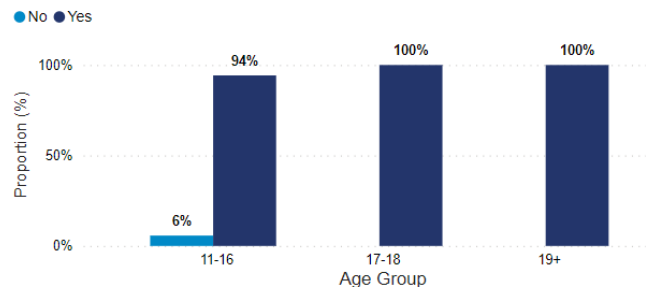
Proportion of respondents who had ever smoked by age group (Number of respondents = 94)



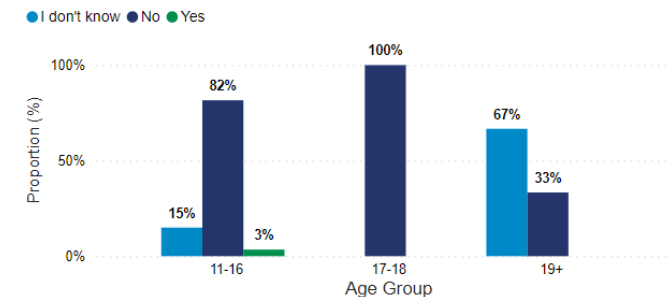
Proportion of respondents who vape by age group (Number of respondents = 94)



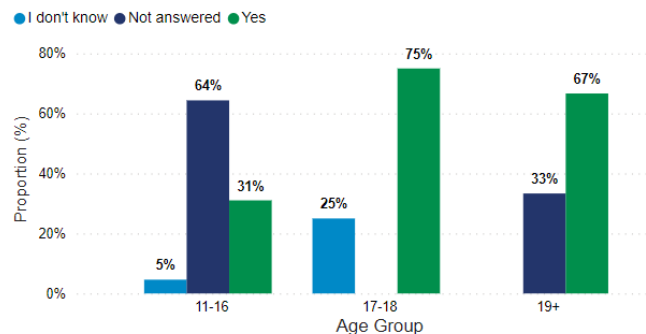
Is vaping the same as smoking? (Number of respondents = 94)



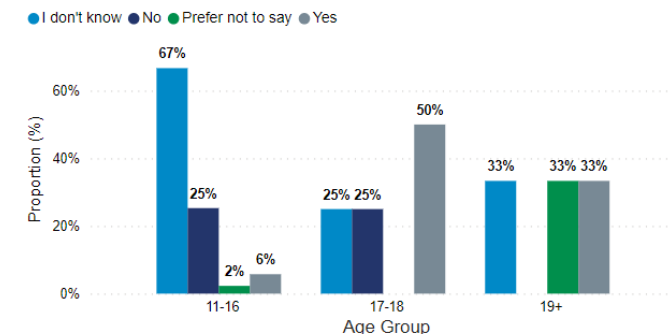
Is vaping dangerous? (Number of respondents = 94)



If I vape, am I more likely to smoke? (Number of respondents = 94)



If I vape, am I more likely to do other drugs? (Number of respondents = 94)



46 responses

We engaged stakeholders and professionals using an online questionnaire. The questionnaire was developed to capture the views of all services and organisations that support school-aged children (5-16) and their families.

Stakeholder engagement

Gaps in the service provision for children aged 5-16, including those with SEND



Word cloud containing the following terms: Youth services, Poor transport services, ASD assessment, long waiting times, Lack of funding, Safe youth spaces, Specialist care, Mental health, SEND support, Lack of community facilities, Poor access rurality, Poor communication, Support for parents carers.

More detail
can be
found in
the full
report.

Current key challenges for children aged 5-16, including those with SEND in Shropshire



Word cloud containing the following terms: emotional health support, drug alcohol use, health disparities, cost of living, lack of support services, SEND early help support, parent support, waiting times, lack of joint working, face to face sessions, child mental health, school exclusions, dental health, exploitation, mental health support, lack of community facilities, parental mental health, lack of funding, financial hardship, parent engagement, SEND diagnosis assessment, social integration.

Stakeholder engagement – detailed responses

Gaps in the service provision for children aged 5-16, including those with SEND

"Mental Health and Wellbeing services are not good enough in Shropshire. Feedback we have received from parents about the Beam Drop-in service is it is difficult to access if you don't have a car. It can be difficult to take your child out of school to attend them. If your child is anxious or has SEND then waiting at drop ins with no guarantee of being seen is not ideal. Some of the sessions are very busy so you don't feel like you have much privacy. You may not see the same person each time you go so it is hard to build up a relationship of trust. In Wrexham, they have counsellors who provide 1:1 session in schools that children and families can self-refer to. The waiting time for Autism/ADHD assessments seems to be getting worse. My son has been referred to BeeU for an ADHD assessment and it looks like we may be waiting years. I enquired about going privately with the company that had the local NHS contract for adult ADHD assessments, and they said they are now also operating a waiting list because they have become overwhelmed with people wanting assessments. I am also worried about what support my son will be able to access after diagnosis"

"Emotional and mental health support is still lagging behind, not enough provision to match community need. Only schools can refer into trail blazer project, often do not know who else is working with a child or young person and school often send multiple referrals to different organizations for the same problems/child YP"

"Huge gaps in availability and access to support to children in mainstream schools with SEND. Assessment and diagnosis pathways are horrendous, and many families struggle to get any support as they fail to meet strict criteria for early help until at crisis level"

Areas doing well in the service provision for children aged 5-16, including those with SEND

"Expansion of SEND training and having a designated person to speak with for guidance"

"I'm really happy to see the Youth Work Team back up and running and getting out in the community. I'm also excited about the Children's Social Prescribing Service being available in schools. I am happy to see the regular Early Help drop ins starting to happen across the county"

"The EHCNA process appears to be improved and there is a positive feeling about going for an EHCP. Outcomes are now more specific and are more easily costed. LA development days are allowing SENDCos to have an input into future guidance"

Current key challenges for children aged 5-16, including those with SEND in Shropshire

"Mental health of young people and carers, especially risk of self-harm accessing emotional wellbeing support and managing escalating concerns providing adequate respite for those families with CYP with SEND due to workforce capacity"

"Mental health would form the highest percentage of current work, this can go from low level anxiety to self-harm and suicidal thoughts and actions, this is not limited to SEND. Isolation is also a key challenge, and some young people are now struggling to access social integration including school"

"Mental health and wellbeing for children and their parent/carers seem to be a massive challenge. Dental health - a lot of people are struggling to find an NHS dentist"

More detail
can be
found in
the full
report.



Recommendations

Based on the **Areas of Need** highlighted on slide 10

Summary of DRAFT recommendations

1. To continue to promote the **cost-of-living** support and support for health and wellbeing through all services to ensure all local offers are accessible to people that need it most
2. To continue to increase and demonstrate the uptake and effectiveness of **Early Help at level 2 and level 3** to reduce the demand for statutory children's social care leading to reductions in the numbers of children becoming looked after.
3. To monitor the delivery of the **MMR** vaccination Action Plan and ensure the delivery of the 3-pronged approach through STW vaccination bid (data cleansing, health educator role and pop-up vaccination clinics in areas of low uptake).
4. To monitor and increase the number of **HPV** vaccinations and ensure delivery of the 3-pronged approach through STW vaccination bid.
5. To reduce the number of admissions to hospital for **dental caries** through promoting uptake of the brighter brushes scheme and working with NHS England to increase NHS dental provision in areas of deprivation.
6. To continue to monitor and deliver the 'Too much blue' campaign, GP audits of blue inhaler prescriptions and increase uptake of **asthma** reviews.
7. To task Education Partnership Board school subgroup to explore collaborative approaches to school support or challenge and engage with DfE RISE initiative and Shropshire CEO forum.
8. To continue to review and further improve our prevention offer for **social, emotional and mental health needs** to school aged children through the roll out of the iThrive model, to include consideration of young people with SEND and those on educational healthcare plans.
9. To increase vaccine coverage for one dose of **MenACWY utilising learning from the approaches taken as part of MMR and HPV vaccination bid**.
10. To further reduce the **rates of permanent exclusions and suspensions** and increase capacity and access to good quality alternative provision to enable all children and young people to receive a suitable full-time education that meets their individual needs.
11. To develop and deliver actions within the Tackling Drugs and Alcohol multi-agency action plan to **reduce the impacts of substance use**, promote **enhanced stop smoking service** and review evidence and share information regarding underage **vaping with services** and teams that work with young people so that our service offer for young people continues to strengthen.
12. To increase the number of children and young people who are **within healthy weight measurement** by developing recommendations outlined in Healthier Weight Strategy.
13. CYP universal services continue to improve data collection and monitoring of offers for **CYP with SEND** to ensure **universal provision meets their needs and supports early identification and prevention**, and reporting of this is aligned to the SEND & AP Strategy and Partnership Board.
14. Action plans in relation to the **CYP JSNA to be aligned with SEND JSNA Action Plans** to maximise impact of the most important priorities and avoid duplication.
15. To increase awareness **of road safety** including new driver awareness and continue to keep road safety a priority in child mortality work.
16. Although **Female Genital Mutilation** has not been highlighted as a concern in Shropshire, we will continue to raise awareness and monitor levels working with our midwifery and obstetric colleagues, developing actions as required.
17. Through partnership working we will continue to identify and support **children at risk of exploitation**, and work collaboratively as a partnership to reduce exposure to exploitation.
18. Through partners promote the free safe and well visits to members of the community that would benefit from this service.

Area of need	Mitigation (What are we doing now)	Recommendation (What we are intending to do and how)	Governance (Where does this recommendation sit)
<p>Children in relative low-income families (Under 16s)</p> <p>% eligible for free school meals is rising.</p>	Raising awareness regarding affordable wamth, family support fund and free school meals eligibility.	Increasing the uptake of programmes such as affordable warmth, free school meals, family support fund Explore the outcomes of national pilot of auto enrolment for free school meals.	Education Partnership Board
Children in care (aged under 18)	Transformation of Targeted Early Help, Re-launch of the Early Help Partnership Board and launch of Early Help Strategy, Community and Family hubs and Integration panels Communication on how to seek support particularly during school holidays and times of increased pressure Actions included within the Drug and Alcohol Partnership Plan	Reduce the number of 5-16's becoming looked after Increasing professional curiosity Increasing awareness of professionals and families of early help to support families and prevent escalation Increasing number of families accessing early help Improve identification of families in need Continued audit of cases and learning cascaded and acted upon	Children's & Families
Vaccination coverage: MMR two doses (5 years old)	MMR action plan Vaccination bid - 3-pronged approach, data cleansing, unpicking barriers and challenges, pop up clinics in low uptake communities	To monitor the delivery of the MMR vaccination Action Plan and ensure the delivery of the 3-pronged approach through STW vaccination bid (data cleansing, health educator role and pop-up vaccination clinics in areas of low uptake).	HPQA Board
Hospital admissions for dental carries among children under 5	Oral health awareness through Brilliant Brushers scheme. Raising awareness regarding participation in the dental survey. Free oral health packs to vulnerable families Bottle to cup swaps for vulnerable families.	To improve the uptake of the Brilliant Brushers scheme in early years and primary schools.. Work with NHSE to increase NHS dental provision in areas of deprivation. Encourage schools to participate in the dental survey. Information re oral health incorporated into NCMP delivery	System Quality Board
Admission rates for asthma (under 9 years olds)	'Too much blue' campaign GP audits around blue inhaler prescriptions and increase uptake of asthma reviews Revising asthma score policy		System Quality Board

Area of need	Mitigation (What are we doing now)	Recommendation (What we are intending to do and how)	Governance (Where does this recommendation sit)
Vaccine coverage for one dose of HPV (12-13 year old)	MMR action plan Vaccination bid - 3-pronged approach, data cleansing, unpicking barriers and challenges, pop up clinics in low uptake communities	To monitor and increase the number of HPV vaccinations and ensure delivery of the 3-pronged approach through STW vaccination bid	HPQA Board
Vaccine coverage for one dose of MenACWY (14-15 year olds)	Awareness raising campaigns at key intervals throughout the year and at transition points e.g from school to college, college to university. Through schools, colleges and social media. Awareness campaigns at peak periods e.g. during festivals.	Using the learning from the vaccine bid to improve uptake in MenACWY vaccinations. Awareness raising campaigns catchup for school leavers, university start points and colleges	HPQA Board
School-aged children with social, emotional, and mental health needs	Continue to review and further improve our prevention offer to school aged children through the roll out of the iThrive model, to include consideration of young people with SEND and on educational healthcare plans. Improving intelligence collated throughout the system on mental health and intentional self-harm to support planning and provide an evidence based for opportunities to target early interventions.	Use learning, the data and evidence base as well as priorities from the groups focused on addressing SEMH in CYP to inform practice Ensure a focus of the physical health needs of young people with serious mental illness is a priority to reduce inequalities for this cohort. Ensure a focus on the continued promotion of physical activity, social prescribing and access to green and blue space to support young people with SEMH,	ICS MH, LD & A
Children achieving 9-5 in English and Mathematics (including SEND)	Development of the Shropshire Education Partnership board to engage academies and maintained schools (NB Only 1 maintained secondary school) Appointment of Education Quality Advisers (SEND and AP) to provide support and challenge to all school and SEND hubs with respect to the implementation of ordinarily available provision. Support ongoing training and development of school SENCOs through SEN and Inclusion Network Signpost schools to appropriate CPD opportunities and links with subject hubs.	<ul style="list-style-type: none"> Task Education Partnership Board school subgroup to explore collaborative approaches to school support/challenge Engagement with DfE RISE initiative Engagement with Shropshire CEO forum 	Education Partnership Board
Suspensions and exclusions in primary and secondary schools (including SEND)	Integration and community family hubs Trauma informed approaches School support /challenge though school improvement advisers with respect to maintained schools. Use of AP and Change Programme resources to strengthen inclusive practice in schools Use of AP Development Fund resources to support the development of school-based AP Development of AP Quality Assurance Framework (in consultation with schools) to support the commissioning of appropriate alternative provision. Shared placement model with PRU (TMBSS), including Outreach provision as appropriate.	<ul style="list-style-type: none"> Appointment of Shropshire Behaviour Support Advisers to support assessment, pupil planning meeting, provide high quality advice for schools to prevent exclusions and suspensions 	Education Partnership Board
Average attainment score (including SEND)	Development of the Shropshire Education Partnership board to engage academies and maintained schools (NB Only 1 maintained secondary school) Appointment of Education Quality Advisers (SEND and AP) to provide support and challenge to all school and SEND hubs with respect to the implementation of ordinarily available provision. Support ongoing training and development of school SENCOs through SEN and Inclusion Network Signpost schools to appropriate CPD opportunities and links with subject hubs.	<ul style="list-style-type: none"> Task Education Partnership Board school subgroup to explore collaborative approaches to school support/challenge Engagement with DfE RISE initiative Engagement with Shropshire CEO forum 	Education Partnership Board

Area of need	Mitigation (What are we doing now)	Recommendation (What we are intending to do and how)	Governance (Where does this recommendation sit)
Substance use harmful to health – drugs and alcohol/smoking and vaping	<p>Dedicated tier 3 CYP substance use team as part of the Shropshire Recovery Partnership model. The offer is promoted to all services and teams that work with young people</p> <p>Safeguarding Partnership Tackling drugs and alcohol multi-agency action plan outlines priorities for breaking drug supply chains, delivering a world class treatment and recovery system and achieving a generational shift in demand for drugs. This is aligned with the police lead West Mercia Combatting Drugs Partnership plan.</p> <p>Enhanced stop smoking service launched in Shropshire September 2024 which is open to CYP and adults aged 12+</p> <p>Position statement on the facts and harms about underage vaping published in 2023 (available on Healthy Shropshire public website)</p>	<ul style="list-style-type: none"> Continue to develop and deliver actions within the Tackling Drugs and Alcohol multi-agency action plan to reduce the harmful impacts of substance use Continue to promote the enhanced stop smoking service and links with services and teams that work with young people Continue to review evidence and share information regarding underage vaping with services and teams that work with young people 	HWBB
Healthy weight	<p>Healthier Weight Strategy and action plan with focus on prevention in early years.</p> <p>School nursing providing support in schools including one to one support and healthy eating group work and information.</p> <p>Oral health messaging focusing on healthy eating through a range of programmes and services</p> <p>Social prescribing offering behaviour change support to children ages 10 and above</p> <p>Support through school nursing service re healthy weight</p>	<ul style="list-style-type: none"> Continue to develop actions as part of the Healthier Weight Strategy to support healthy eating and physical activity Focus on early years and antenatal education to encourage healthy lifestyles Introduction of Brilliant Bodies programme through school nursing service Continued role out of health eating messages through a range of programmes including oral health, holiday activities, Identify training for frontline workers to raise issues around overweight and obesity, Continue to support CYP through social prescribing Continue to monitor impact of healthier weight strategy 	HWBB
Children killed or seriously injured in road traffic accidents (0-15 years old)	<p>Child mortality</p> <p>Community Safety Partnership as part of the Shropshire Safeguarding Community Partnership</p>	<ul style="list-style-type: none"> To increase awareness of road safety including new driver awareness Continue to keep road safety a priority in child mortality work and develop key actions to support the reduction. 	System Quality Board
Promote safe and well visits delivered by Shropshire Fire and Rescue Service	<ul style="list-style-type: none"> Shropshire Fire and Rescue Service provide safe and well visits to vulnerable members of our community within Shropshire. The visits also covers fire safety as well as priorities from the local authority. 	<ul style="list-style-type: none"> Through partners promote the free safe and well visits to members of the community that would benefit from this service. 	Shropshire Fire and Rescue Service

Review, feedback and next steps:

- ✓ EH Partnership board – 22 October 2024 and 18 November 2024
- ✓ SEND Quality Assurance Group – 30 October 2024
- ✓ ShiPP – 21 November 2024
- ✓ SSCP Children's Safeguarding Board – 27 November 2024
- ✓ SEND Partnership Board – 19 December 2024
- ❑ HWBB- 13 Feb 2025
- ❑ How do we promote this product? Webinars?

For feedback and queries, please contact Raqeebah Agberemi, Senior Public Health Intelligence Analyst raqeebah.agberemi@shropshire.gov.uk or Jess Edwards, Public Health Intelligence Manager jess.edwards@shropshire.gov.uk