

JSNA Review - Prioritisation Tool

Priority Topic: Vulnerable young people

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Estimated Level of Need	Level of need – Volume	Topic covers an estimated <u>large 'in need' population</u> (>25,000 people).	Topic covers an estimated <u>medium sized 'in need' population</u> (10,000 – 24,999).	Topic covers an estimated <u>small 'in need' population</u> (<10,000).	-	Medium - 5 points	1.5	<p>991 'Priority Families' in Warwickshire</p> <p>660 NEET¹</p> <p>190 first time entrants to criminal justice system aged 10-17 (370.9 rate per 1,000)¹</p> <p>299 Under 18 conceptions (24.3 rate per 1,000)¹</p> <p>67 teenage mothers¹</p> <p>550 children subject to a Child Protection Plan at 31st March 2013 (BCI, WCC) (47.8 rate per 10,000CPP)</p> <p>c.200 (local data collection) or 4,900 (NSPCC estimates) children at risk of Child Sexual Exploitation</p> <p>14.1% children in low income families¹</p> <p>15,315 children considered to be living in poverty in 2011. This equates to 14% of all children. (Quality of Life, WCC)</p> <p>Two-thirds of people who have smoked begin before 18.</p> <p>11% of secondary school pupils in Warks state they have smoked once or twice and a further 8% have smoked a few times. 1 in 5 college students are frequent smokers.²</p> <p>8% of those aged 11-16 say that they are drinking alcohol 'about every week' and 2.2% 'most days'. The proportion of children drinking alcohol has decreased over the recent years; however, the proportion of young people who drink every week is higher in Warwickshire than national average.</p> <p>92% of 11-16 year olds say that they have never taken illegal drugs. 2% say that they were taking drugs about every week, with further 2% reporting that they take illegal drugs most days. Cannabis is the most commonly used drug. Research says those who regularly truant or are excluded from school are more likely to have used illicit drugs in the past.</p> <p>Unknown numbers of:- children of prisoners, children who are victims of domestic violence, children who have a parent with mental health issues, children who have parents who are substance misusers</p>

¹ Public Health England Child health profile March 2014

² Annual Pupil Survey, 2013 BCI, WCC

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Estimated Level of Need	Level of need – Severity	The population concerned have <u>'severe' needs.</u>	The population concerned have <u>'considerable' needs.</u>	The population concerned have <u>'moderate' needs.</u>	-	Medium - 5 points	1.5	Range of needs from those NEET, smoking and drinking alcohol who are potentially at risk of having severe needs in the future to severe needs of those at risk of CSE and children who are victims of domestic violence.
	Level of need – Trend	Available evidence suggests <u>rapidly worsening</u> situation over time.	Available evidence suggests <u>worsening</u> situation over time.	Available evidence suggests situation has remained <u>stable</u> over time.	Available evidence suggests <u>improving</u> situation over time.	Low - 1 point	1	NEET – downwards trend - 2011=4.5%, 2012 = 3.6% First time entrants to YJS – downwards trend – 2011=545.7, 2012 =370.9 Under 18 conception – downwards trend – 2011 = 30.9, 2012 =24.3 CPP – WORSENING trend – 2011 = 43.0, 2012 = 47.8 Low income – stable trend – 2011 =14.6%, 2012 = 14.1% Poverty - The 2011 figures for districts in the county are lower compared to the previous 12 months, however four of the five areas are higher compared to 2006 figures. (not Warwick)
	Level of need – Benchmarks	Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).	Available evidence suggests <u>above average</u> prevalence relative to comparator areas.	Available evidence suggests prevalence <u>in-line</u> with comparator areas.	Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.	Low - 1 point	1	NEET – <u>lower</u> than statistical neighbours and England 2012 Warks =3.6% vs Stat Neigh =5.5% vs England =5.8% Young offenders- <u>lower</u> than SN and Eng 2012 Warks =370.9 vs Stat Neigh = 516.4 vs Eng = 537.0 Under 18 conceptions – <u>lower</u> than SN and Eng 2012 Warks= 24.3 vs Stat Neigh = 25.3 vs Eng =27.7 CPP- WORSE than SN and Eng 2012 Warks=47.8 vs Stat Neigh=31.4 vs Eng =37.8 Low income <u>better</u> than SN and Eng 2012 Warks = 14.1% vs Stat Neigh = 14.9% vs Eng = 20.6% Poverty - 14% <u>considerably below</u> the national and regional equivalent figures of 20% and 23% respectively.
	What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?	<u>Large</u> potential health benefits to be gained.	<u>Medium</u> potential health benefits to be gained.	<u>Small</u> potential health benefits to be gained.	-	High - 10 points	1	The ability to prevent long term negative health outcomes for the most vulnerable would be large if there was a targeted attempt to prevent Adverse Childhood Experiences (ACEs) http://www.cdc.gov/violenceprevention/acestudy/
Early Intervention	Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?	<u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention.	<u>Some evidence</u> which highlights areas suitable early intervention.	<u>Weak evidence</u> that the topic has areas suitable early intervention.	<u>No evidence</u> to suggest that the topic contains areas suitable early intervention.	High - 10 points	1	Children who experience 4 or more ACEs are statistically more like to experience negative adult outcomes. The long term positive health benefits for the most vulnerable would be large if the ACEs were prevented. Evidence base for Early Intervention http://www.cdc.gov/violenceprevention/acestudy/

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Consultation & Engagement	What level of qualitative information do we have on the issue?	<u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users.	<u>No evidence of views</u> from stakeholders, patients, residents and/or service users.	High - 10 points	1	NEET young people tell us that they would like more help while at school with deciding what qualifications to get and what to do post 16 ³ . Children who are in poverty tell us how embarrassing it is to claim free school meals and how hard it is to watch your parents not eat so that you can. ³ Young offenders tell us how difficult it is to get employed after being convicted. ³ Teenage mothers tell us how difficult it is to find affordable, trustworthy child care in order to resume their EEorT. ⁴
Inequalities	What is the scale of inequality?	<u>Persistent, wide scale geographic and population-based</u> inequalities are clearly apparent.	<u>Some notable geographic or population-based</u> inequalities are apparent.	<u>Some minor inequalities</u> exist.	<u>Little or no evidence</u> of inequalities.	High - 10 points	1	Poverty, NEETs, Under 18 conceptions, drinking alcohol, CPPs all higher in the North of the county. ⁵ Some groups are more likely to be a Priority Young Person including those who are looked after.
Wider Impact	What broader impact does the topic have on the local population?	A number of <u>significant, clear and obvious direct impacts</u> .	A <u>moderate direct and/or indirect impact</u> .	A <u>minor indirect impact</u> .	<u>Unclear, little or no impact</u> .	Medium - 5 points	1	Young people positively contributing to the community and economy through working will have a moderate indirect impact on the local population. Preventing children from having ACEs will have a positive impact on the local population as health and social care resources are more able to be targeted at those with unpreventable conditions or issues. http://www.cdc.gov/violenceprevention/acestudy/
Cost Implications	Estimated economic cost associated with tackling the topic in Warwickshire	<u>High levels (multi-millions of £s) of both direct and indirect estimated economic costs</u> both now and in the future.	<u>Medium levels (c. £5 million) of direct and/or indirect estimated economic costs</u> both now and in the future.	<u>Low levels (<£1 million) of estimated economic costs</u> either now/and or in the future.	-	High - 10 points	1.5	Investing to prevent ACEs would have high level, wide reaching benefits for Warwickshire http://www.cdc.gov/violenceprevention/acestudy/

Total Score = 77

Maximum points available: 115

³ Child Poverty Needs Assessment 2011, BCI, WCC

⁴ From NEET to EET - Research into Young Parents and their views on employment, education and training in Stratford Upon Avon, BCI, WCC

⁵ Quality of Life, Warwickshire Observatory, WCC and BCI data from Carefirst, WCC