

Children and Young People Health Needs Assessment

Swindon 2024

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1.0 Executive Summary

1.1 Background

Swindon Borough Council has undertaken this Health Needs Assessment (HNA) of Children and Young People (CYP) to gain a broad understanding of the collective health needs of its youngest residents and to identify the priority areas for focused work to improve health.

A child or young person's health can impact every aspect of their lives, including their development and learning, their relationships with others and their ability to take part in everyday life. Health in childhood is also a strong predictor of lifelong health and therefore by focussing on population health improvement early on in life, both individuals and communities benefit in the long term. Many adult health issues are preventable when children grow up in conditions where they thrive.

This HNA aims to provide a comprehensive overview of CYP health in Swindon, covering a range of topics and population groups, with a particular focus on those most at risk of disadvantage. While this report covers a range of key factors from conception through to young adulthood, it does not provide detailed information on particular conditions or population group needs. However, in many instances it is linked to other focussed HNAs, for example, the Oral Health Needs Assessment (2023). Due to the breadth of coverage, it is therefore important to interpret findings with caution as they are only representative of the data available.

1.2 Children and Young People in Swindon

CYP, for the purposes of this work, are defined as aged 0-25, recognising ongoing development needs into early adulthood, the significance of the transition from childhood to adulthood and our statutory duties to young adults with Special Education Needs Disability (SEND) and who are care experienced. CYP make up around a third of the Swindon population and we have the highest proportion of residents aged 0 to 19 years in the South West region. Families moving into Swindon are contributing to population growth, as demonstrated by school admissions. However, Swindon's overall population is ageing and the proportion of young residents will decline over time.

1.3 Children and Young People at Risk of or Experiencing Health Inequalities

A significant majority of CYP live in the most deprived areas of Swindon, some of which are in the 20% most deprived areas in the country. CYP living in socio-economically deprived areas are more likely to face challenges stemming from economic and social disadvantage. Children living in deprived neighbourhoods are less likely to complete secondary education or attend higher education, earn less money across their lifetimes and are, on average, less well-equipped to overcome the cycle of deprivation. The same is true for many health

indicators, where living in a deprived area results in significant inequality. For example, in Swindon the under-18 conception rate is similar to the England average; however, CYP living in the most deprived areas are more than twice as likely to conceive under the age of 18 than their peers living in the least deprived areas. As with the rest of the country, one-parent households account for a disproportionately high percentage of Swindon's children living in absolute and relative poverty (45% and 47% respectively), alongside other challenges of being a single parent, this can put these CYP at risk of greater disadvantage.

Swindon's CYP are ethnically diverse, and this diversity is growing, with increasing proportions of children born to mothers from other countries and an increasing number of languages, other than English, being spoken in school. White British CYP account for 76% of the CYP population, the second largest group by ethnicity being Asian, Asian British and Asian Welsh at 13%, followed by Mixed or Multiple Ethnicities at 6%. The rich diversity of Swindon communities provides opportunities for children to have experiences and friendships across different cultures and backgrounds. However, it is important to recognise that CYP from some ethnic backgrounds face greater disadvantages than their peers, and so this should be a key consideration in the planning of accessible and culturally competent services that both prevent and address potential inequality. For example, White British babies are less likely to be breastfed than babies from other ethnic backgrounds.

This HNA examined several specific CYP groups known to be at risk of health inequalities, including families in need of early help; children in contact with social care; children looked after and care experienced young people; LGBTQIA+ CYP; children who are homeless; young carers; CYP in touch with the Youth Justice System; CYP with SEND and neurodiversity. Specific inequalities were also identified related to gender across multiple themes. It should be noted that CYP identify with a broader range of gender identities but available data reports only biological sex (female and male; girl and boy).

1.4 Priorities for Prevention and Health Improvement

The findings of the HNA have resulted in four priority areas being identified:

- Social, emotional and mental health
- Child development and education
- Access to nutritious food and exercise
- Oral health

These areas have been identified because of their effect on a significant proportion of the population, where we are an outlier against national averages or where we are in line with the national average but at levels that indicate poor health.

All these areas have the potential for preventative action to both stop them from occurring in childhood and prevent lifelong impacts on health. There are also significant inter-correlations between each of the priority areas, often requiring collective action.

There are sub-groups of CYP experiencing or at greater risk of health inequalities, with some facing multiple disadvantage. This is an important consideration in all health improvement activity, where alongside universal work, targeted work should be focussed on those at greatest risk.

Issues identified across the life course revealed that fewer problems occur in pregnancy and the early years, however poorer outcomes were more apparent in adolescence. It should be noted that data was limited for pregnancy and the early years and the young adult age group, which may therefore lend some bias to the findings. Indicators of poor social, emotional and mental health were found across the life course, starting for parents in pregnancy and the first year of parenting and with particularly poor indicators at secondary school age.

Swindon has consistently been an outlier for hospital admissions for self-harm, with girls and young women most affected. Interestingly, this is one of the few indicators that does not appear to correlate with deprivation, as is the case nationally. Multiple local services had also reported a gap in suitable support for boys and young men, which is significant given twice as many boys aged 10-19 die by suicide nationally than girls. Almost half of CYP in the Youth Justice Service were at high risk of self-harm and CYP who are looked after or care experienced, young carers, young parents or from LGBTQIA+ identities are also at higher risk of experiencing poor mental health.

For preschool and primary-aged children, oral health was found to be of greatest concern with findings of significant tooth decay and tooth extraction under General Anaesthetic. Poor oral health is strongly correlated with deprivation and CYP with Asian ethnicities are also at greater risk. Some CYP with SEND, such as autism or a Learning Disability, may also find it difficult to maintain good oral hygiene and some of Swindon's Children Looked After have expressed dental phobias, limiting their access to dental care.

At the end of primary school, CYP in Swindon were found on average to carry more excess weight and living with obesity than in other areas. This is significant as the primary cause for both poor oral health and excess weight is excessive consumption of food that contains high sugar, salt and fat. However, the reasons for poor diets are complex and multi-faceted, requiring a whole systems approach. Poor oral health and excess weight are strongly linked to deprivation and can also impact CYPs' mental health and ability to learn. Excess weight and obesity prevalence increase with age and girls and young women are disproportionately affected. A small minority of CYP are underweight, with boys and CYP of Asian ethnicities more likely to be affected.

For secondary school-aged CYP, there are additional concerns around engagement and achievement in education. There is strong evidence around the association between mental health and educational engagement and attainment. Whilst early development measures at age 2-2.5 are good, these are somewhat outdated (2021/22), and all aspects of development had declined from the previous year. By the end of reception, children's development in Swindon is below the national average – a trend that is then reflected across subsequent educational attainment and worsening at Key Stage 5. Subsequently, 6% do not enter education, employment or training, which is higher than the South West and England

average. White CYP are more likely to have lower educational attainment and boys are more likely to be Not in Education, Employment or Training (NEET). 43% of Care Experienced Young People are also NEET, representing a significant inequality. Whilst at primary school, fewer exclusions are issued in Swindon than in other areas, secondary school persistent absenteeism and permanent exclusions are both higher than regional and national averages. 12.5% of permanent exclusions are for children in touch with social care (CIN and CP), again representing a significant inequality.

12.9% of the wider school-age population have SEND which is slightly higher than the national average and Swindon’s Education, Health and Care Plans (EHCPs) exceed both regional and national averages, though these are provided in a timely way. Over a third of EHCPs identify autism as the primary need, which is higher than the national average. CYP with SEND do not achieve as good outcomes as their non-SEND peers in Swindon and nationally. Persistent absence for this cohort is a particular concern.

Some groups of CYP face multiple disadvantages, requiring holistic and targeted intervention to prevent poor outcomes and improve health.

Multiple inequalities across priority themes.	Social, emotional and mental health	Oral health	Access to nutritious food and exercise	Child development and Education
CLA / Care Experienced	x	x		x
Boys	x		x	x
Deprivation		x	x	
Asian ethnicities		x	x	
SEND		x		x
Girls	x		x	

1.5 Recommendations

As a result, the following recommendations are made:

- Improve monitoring of data by demographic factors such as ethnicity and deprivation to ensure that priority areas can be more easily identified.
- Improve data collection and monitoring across several topic areas, for which there was limited or no intelligence.
- Engage with children, young people and their families to gain further insight into complex and high-priority areas of need.
- Service and initiative mapping need to be undertaken to ascertain where sufficient plans are in place to address challenges and where future targeted action should be focused.

- Communicate the priority health needs of children and young people with key stakeholders across the Borough to lay the foundations for joint work.
- A partnership strategy needs to be developed to identify actions to address health needs, alongside monitoring progress and impact.

2.0 Introduction

A Health Needs Assessment (HNA) is a systematic method of identifying the unmet health needs of a population. They are based on the data and information that is available at the time, providing a 'snapshot' of the needs of the population. This information can then be used to inform the strategic planning and commissioning of services within the local authority area, as well as monitoring the progress made in these areas. This document is a Children and Young People's (CYP) HNA for Swindon.

2.1 What is Covered Within this Health Needs Assessment?

The CYP population is large, and their health, care and other needs are as complex as other key populations within the Borough. In assessing these needs, we have considered a range of different information, data and intelligence sources. However, the existence of a multitude of different elements contributing to the health of CYP means that we have not been able to cover all of them. This is further impacted by certain data sources not being captured or not being captured in a format that allows us to analyse and understand them. In some needs assessments, the provision of local services is also reviewed, however, this is not the case for this needs assessment due to the size of its scope.

Bearing in mind these limitations, this needs assessment is an attempt to bring together information that identifies the health needs of Swindon CYP, inequalities within this population and other areas that are of concern or require further investigation. Starting with the demographics of Swindon's overall and CYP population, we have organised this needs assessment document across 7 main themes, covering the topics of:

- Pregnancy and Early Parenthood
- Physical Health
- Social, Emotional and Mental health
- Development and Education
- Health Behaviours
- Supporting CYP to be Healthy
- Young People with Vulnerabilities and at Risk of Inequalities.

Where possible, comparisons between Swindon, England and the South West are made to give further context to Swindon's figures. In addition, certain topics allowed comparison with Swindon's Chartered Institute of Public Finance and Accountancy (CIPFA) Neighbours. These are the local authorities deemed to be the "most similar" to Swindon in relation to a range of different factors including demography¹.

We hope that this document will provide a strong foundation for more specific work around understanding and meeting our CYP residents' needs. We also note that the Borough has completed other health needs assessments which directly or indirectly cover needs and existing service provision for the CYP population. Where these are available, we re-iterate

¹ Nearest Neighbours Model (England) [Internet]. Available from: <https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>

their findings and recommendations and direct the reader to these more extensive pieces of work.

Co-production/engagement with stakeholders is key to any strategy, and thus the findings of this report will be shared with CYP, parents and carers to further explore and to direct future work.

2.2 Who Counts as a Child or Young Person?

CYP represent an important age group in society, particularly in terms of health as the evidence is clear that health in childhood impacts significantly on lifelong health. While the defined age coverage for this group varies across organisations ², this Needs Assessment uses NHS stages of life definition, focusing on 0–24-year-olds ³.

This expanded definition of CYP to include those aged up to 24 (rather than 18) allows the capture of individuals who may still be in the process of completing their education, transitioning into the workforce, or establishing independence. This allows for a more comprehensive understanding of the various stages of development that CYP undergo, as well as the challenges and opportunities they may face in terms of their health, care and other needs. In addition, many policies and programs aimed at supporting CYP extend beyond the age of 18 to encompass individuals in their early twenties and our age coverage ensures alignment with the scope of these services, policies and initiatives. For young people with a Special Education Need or Disability (SEND) and/or for young people who are Care Experienced, the Council has a duty of care until the age of 25.

For this same reason, we have also included the period from conception into early parenthood. This is because a range of maternal factors (such as smoking during pregnancy) play a key role in the health of a child or young person. Throughout this document, we use the term CYP to refer to any age group within the 0–24-year-olds, with available indicators covering age groups relevant to the topic under discussion.

²The General Medical Council. *Definitions of children, young people and parents* [Internet]. Available from: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/definitions-of-children-young-people-and-parents>

³ The NHS. *How to talk about different age groups and stages of life* [Internet]. Available from: <https://service-manual.nhs.uk/content/inclusive-content/age>

2.3 Data Sources

The HNA uses data from a wide variety of sources. Below are the main sources of data used in this HNA to understand and assess the health needs of Swindon's children and young people. These are further supplemented from other relevant sources (internal as well as those provided by external partner organisations).

- (i) Office for National Statistics (ONS) Census 2021**
The latest population census offers a rich source of data on Swindon's population that helps to understand the CYP make up in terms of age, gender, geography, ethnicity and other demographics.
- (ii) Office for Health Improvement and Disparities (OHID) Fingertips**
Fingertips is a platform offering a large collection of public health data at different geographical breakdowns. Organised by themed profiles, the data offers useful insights on how a local authority (and its constituent smaller geographical areas) has performed on several public health indicators over time.
- (iii) LG Inform**
LG Inform is a flexible online tool that brings together a range of key performance data for local authorities, alongside contextual and financial information. LG Inform Plus is a subscription service that allows authorities to drill down from top level strategic metrics in LG Inform to small area reporting information (where available).

3.0 Swindon's Demographics

The demography of an area can have a significant impact on the health and lives of CYP, influencing a range of factors including but not limited to:

- Access to resources and healthcare services
- Cultural norms and beliefs
- Social determinants of health
- Health behaviours.

3.1 Swindon's Overall Population

Swindon's population is growing, and the average person in Swindon is getting older.

The UK Census is undertaken by the Office for National Statistics every 10 years and reports on several characteristics of the UK's population. Census 2021 was completed for England, Wales and Northern Ireland ⁴ and recorded Swindon as home to 233,408 residents, an increase of about 12% since Census 2011. Across the UK, the population is ageing, and Figure 1 shows that Swindon is following a similar trend, with most residents now being middle-aged. The average age of a Swindon resident is 39 years, significantly lower than the average in the South West (44 years) but slightly lower than the average in England (40 years).

⁴ Office for National Statistics. *Census*. <https://www.ons.gov.uk/census>.

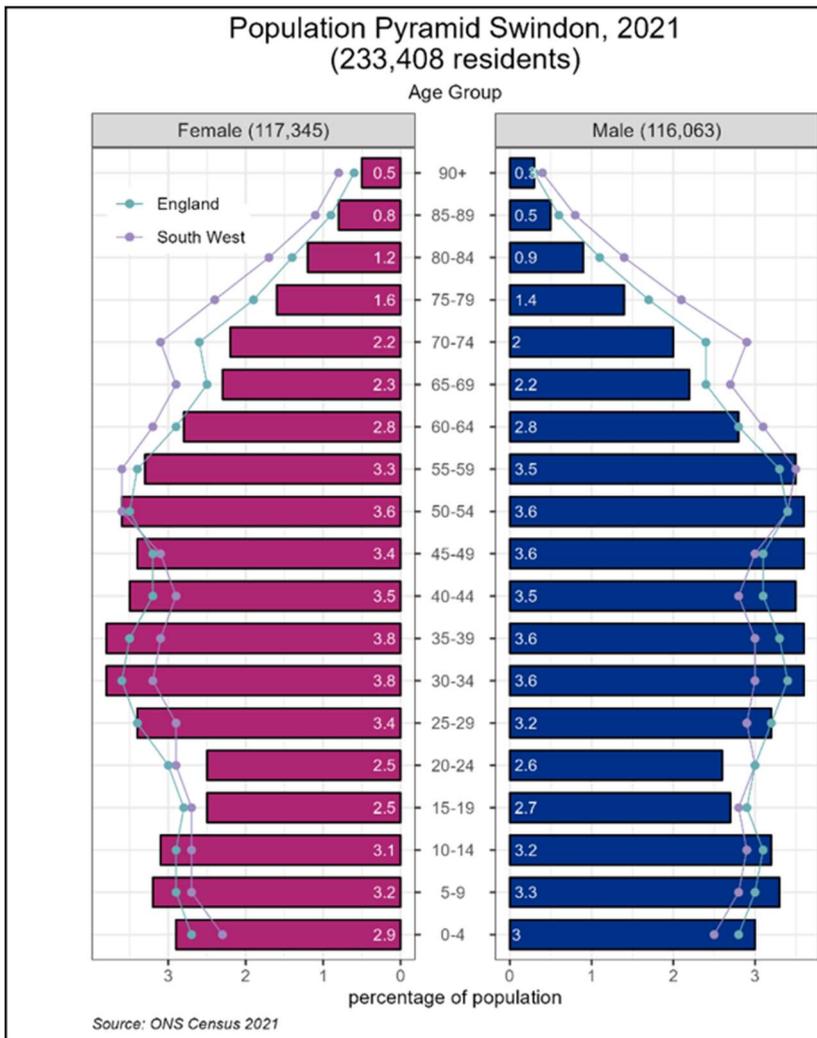


FIGURE 1: POPULATION PYRAMID FOR SWINDON

3.2 CYP Population

As Swindon’s population ages, the proportion of CYP in Swindon decreases. 30% of Swindon’s population is made up of CYP, with 4-12-year-olds making up the largest proportion of this group.

Of Swindon’s 233,408 residents, 67,856 (30%) were recorded as CYP. Figure 2 shows that among this group, there was an even split of biological sex, and the most common age was 4–12 years old, making up around 40% of the CYP population. Across all South West local authorities, Swindon has the highest proportion of residents in the 0-19 years age bracket.

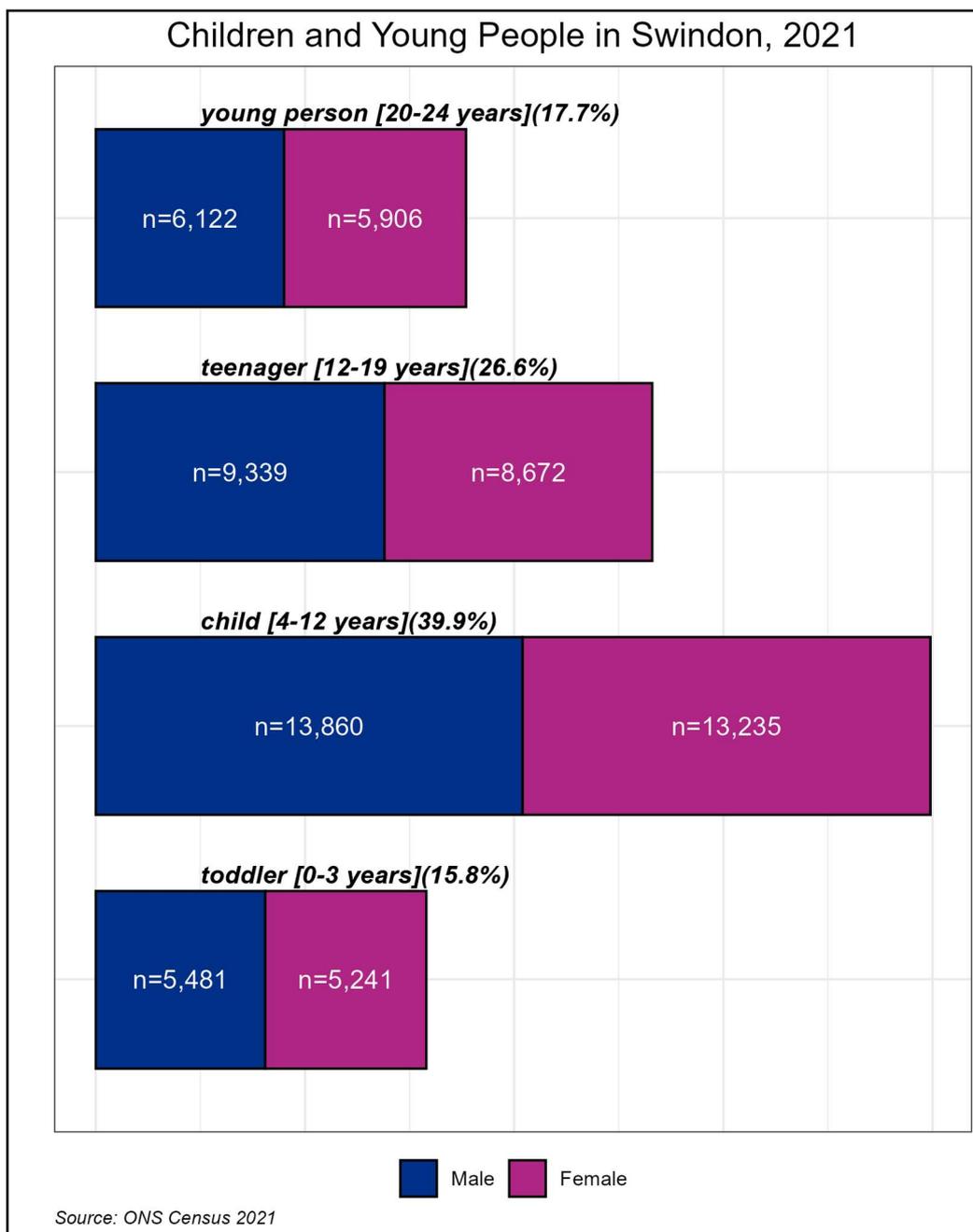


FIGURE 2: CYP AGE AND GENDER BREAKDOWN IN SWINDON

Figure 3 highlights that over the last two decades, Swindon’s population has experienced a declining proportion of CYP residents, although historically remaining close to the England average and above the regional average. The implications of a falling proportion of CYP residents in Swindon is important to note in the strategic planning of services. Within a system that has limited resources, as more funding is diverted towards supporting an ageing population, CYP-focussed services may have to work with proportionally less funding. An ageing population may also result in increased caring responsibilities placed on CYP. Furthermore, changes to the local workforce because of the ageing population may result in changes in the type of work opportunities that CYP have access to.

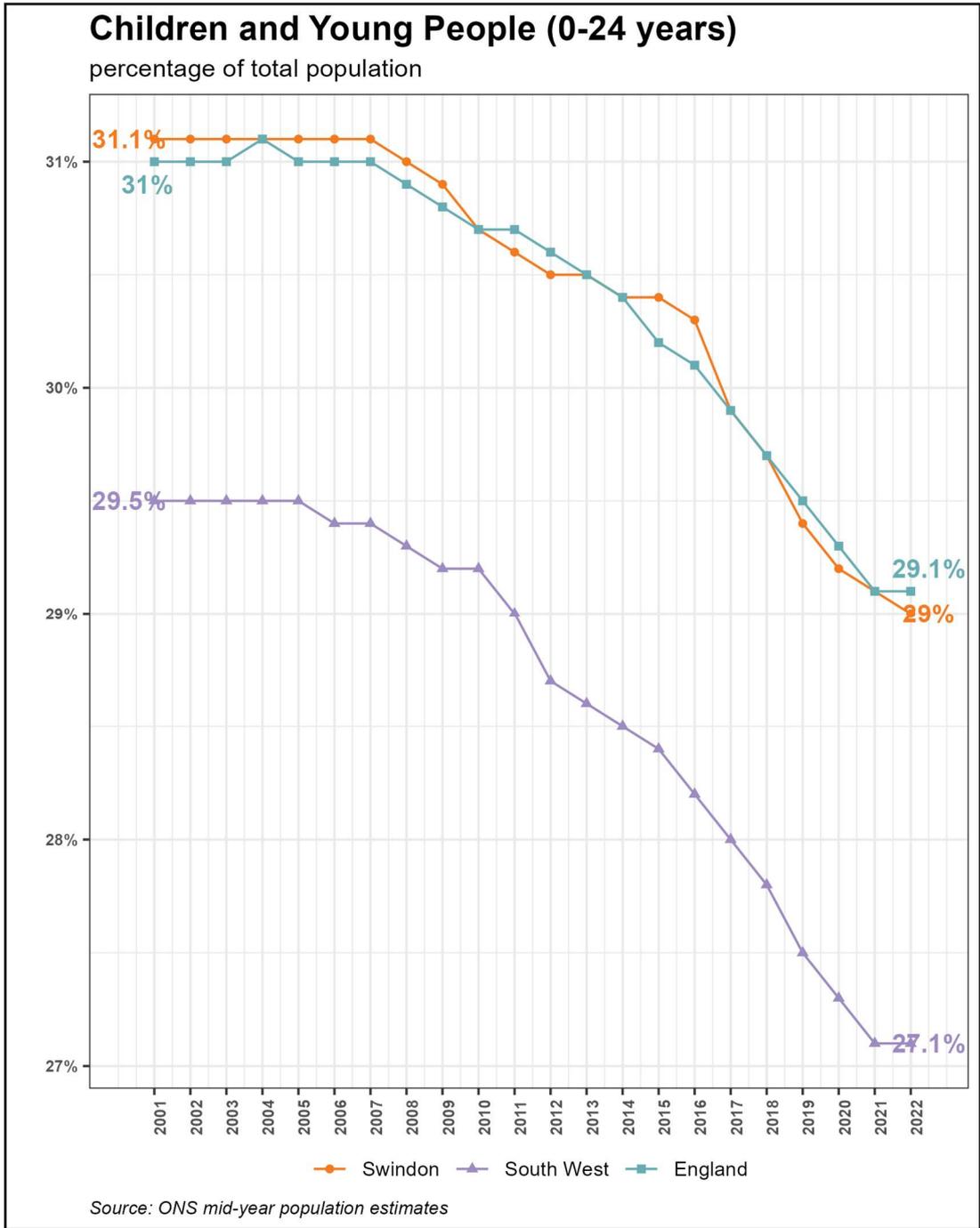


FIGURE 3: CYP POPULATION OVER TIME

3.3 Ethnicity

The majority of Swindon’s population is White British (81.5%) and were born in the UK (79.6%). The second most common ethnicity is Asian, Asian British or Asian Welsh (11.6%).

Swindon’s population is ethnically diverse. Census 2021 data reports that 18.5% of the total Swindon population identifies as Other than White (Table 1). For comparison, this

proportion is 6.9% for the South West and 19% for England. Residents identifying as Asian, Asian British or Asian Welsh ethnicity represented the largest group (11.6%) after White British. A similar pattern is noted amongst CYP residents within the Borough.

Table 1: Ethnic Groups in Swindon, Census 2021⁵

Ethnic Group	All residents	Aged 15 and under	Aged 16 to 24
White	190,142 (81.5%)	34,345 (74.2%)	17,222 (79.7%)
Asian, Asian British or Asian Welsh	27,171 (11.6%)	6,584 (14.2%)	2,562 (11.9%)
Mixed or Multiple Ethnic Groups	6,495 (2.8%)	2,932 (6.3%)	919 (4.3%)
Black, Black British, Black Welsh, Caribbean or African	6,125 (2.6%)	1,692 (3.7%)	559 (2.6%)
Other Ethnic Group	3,477 (1.5%)	706 (1.5%)	337 (1.6%)

Census 2021 also reports that most Swindon residents were born in the UK (79.6%), with residents born in Asia and the Middle East representing the largest group of those born outside the UK (Table 2). Of these residents, the most common country of birth was India followed by Poland. Again, a similar pattern is noted for the CYP population.

Table 2: Residents' Place of Birth, Census 2021⁶

Place of Birth	All Residents	Aged 15 and under	Aged 16 to 24
United Kingdom	185,755 (79.6%)	41,847 (90.5%)	17,527 (81.1%)
Middle East and Asia	21,941 (9.4%)	2,238 (4.8%)	1,971 (9.1%)
Europe (including Ireland)	15,880 (6.8%)	1,385 (3%)	1,330 (6.2%)
Africa	5,373 (2.3%)	279 (0.6%)	350 (1.6%)
The Americas and the Caribbean	3,985 (1.7%)	459 (1%)	384 (1.8%)
Antarctica and Oceania (including Australasia)	474 (0.2%)	52 (0.1%)	37 (0.2%)

⁵ Office for National Statistics. Census. <https://www.ons.gov.uk/census>.

⁶ Office for National Statistics. Census. <https://www.ons.gov.uk/census>.

Ethnic diversity is associated with a variety of spoken languages at home and in schools. Data from the Department of Education (Figure 4) reveals that across all school types, the percentage of pupils whose first language is known or believed to other than English is much higher in Swindon than levels observed in the South West and closely follow trends recorded for England, with Swindon levels exceeding England's in the last four years ⁷.

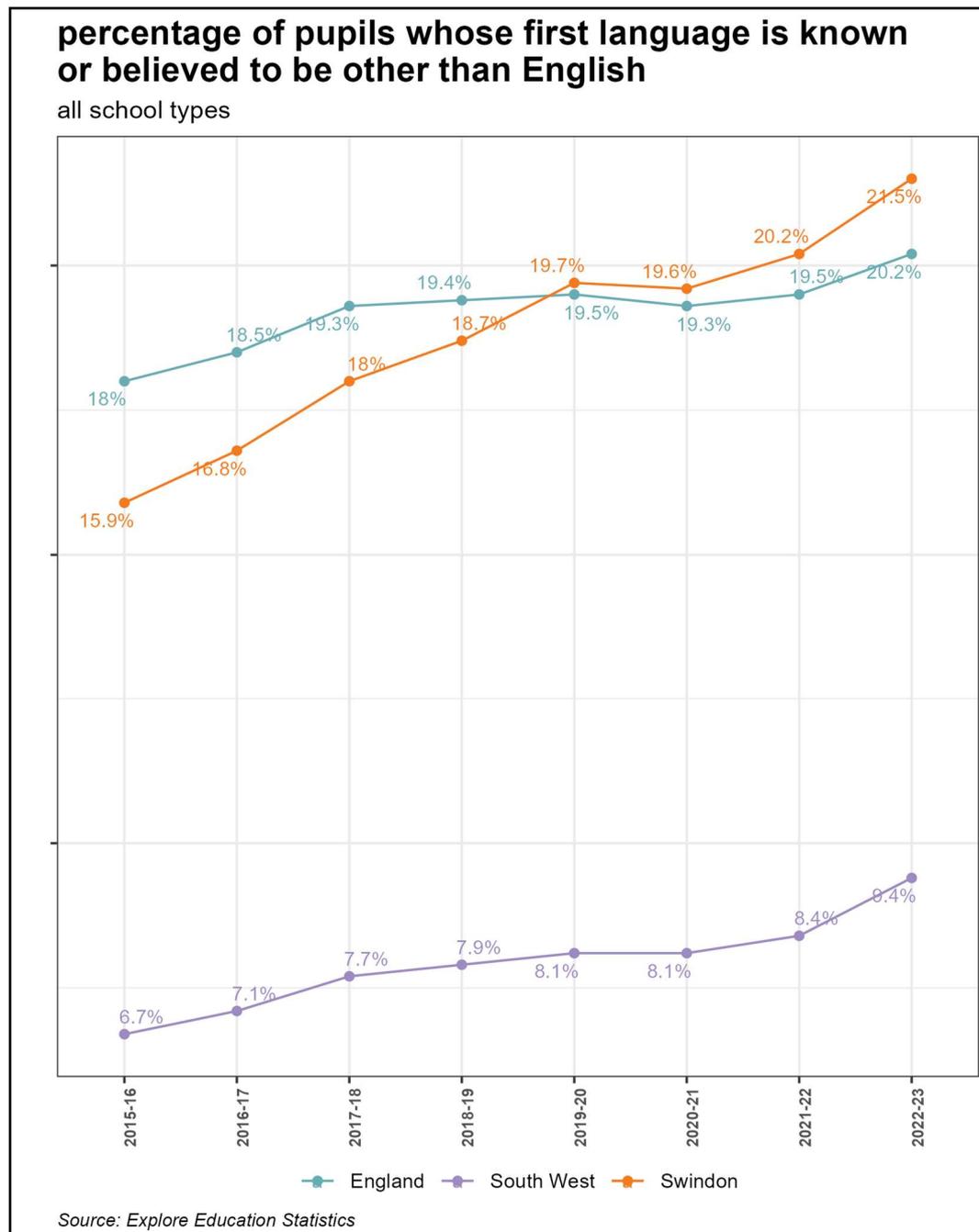


FIGURE 4: PUPILS WHOSE FIRST LANGUAGE IS NOT ENGLISH

⁷ Department for Education. *Schools, pupils and their characteristics*. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>.

Growing up in a diverse and multicultural place offers numerous benefits to CYP, including supporting their social development, fostering increased empathy, and preparing them for an increasingly interconnected world. However, very often children of non-majority local ethnicities will face significant health inequalities and therefore to improve health outcomes, specific consideration needs to be given to children and families from different ethnic communities. The potential additional challenges that residents born outside of the UK face must also be considered, including potential challenges with adaptation, integration, and identity. Furthermore, some studies have found that children who have migrated have increased risks of adverse health outcomes and may be at increased risk of mental health problems^{8,9}.

3.4 Wards and Deprivation

The majority (30%) of Swindon's CYP population live in St. Andrews, Central, Walcot and Park North and Priory Vale wards.

The English Indices of Deprivation is an official measure of deprivation in the UK, covering seven domains of deprivation: Income, Employment, Health Deprivation and Disability, Education, Skills Training, Crime, Barriers to Housing and Services, and the Living Environment. These are then combined to create the overall Index of Multiple Deprivation (IMD), which can be used to compare the deprivation level of different areas¹⁰.

IMD 2019 reports certain areas within Swindon with stark disparities in socioeconomic conditions compared to others. Notably, 19 of the 132 small neighbourhoods within the Borough are among the 20% most deprived areas in England and 18.5% of Swindon's population is classed as deprived. At a domain-specific level, 10.9% of Swindon's population is classified as income-deprived, ranking it as the 154th most income-deprived local authority out of 316 in England (excluding Isles of Scilly). In contrast, 28 neighbourhoods within Swindon were in the 20% least deprived areas within England¹¹.

Aggregated at ward level (Figure 5), these deprivation indices place Ridgeway, Priory Vale, St. Andrews and Haydon Wick amongst the 20% least deprived wards while the 20% most deprived wards are Penhill and Upper Stratton, Gorse Hill and Pinehurst, Walcot and Park North and Liden, and Eldene and Park South. Figure 6 shows that majority (30%) of

⁸ Office for Health Improvement and Disparities. *Mental health: migrant health guide* [Internet]. Available from: <https://www.gov.uk/guidance/mental-health-migrant-health-guide>

⁹ Chang R, Li C, Qi H, Zhang Y, Zhang J. *Birth and Health Outcomes of Children Migrating With Parents: A Systematic Review and Meta-Analysis*. *Front Pediatr*. 2022 Jul 13;10:810150.

¹⁰ Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities and Local Government. *English indices of deprivation* [Internet]. Available from: <https://www.gov.uk/government/collections/english-indices-of-deprivation>

¹¹ Office for National Statistics. *Exploring Local Income Deprivation*. Available at <https://www.ons.gov.uk/visualisations/dvc1371/#/E06000030>

Swindon’s CYP population live in St. Andrews, Central, Walcot and Park North, and Priory Vale wards.

CYP living in socio-economically deprived areas are more likely to face challenges stemming from economic and social disadvantage and have more limited access to essential resources and opportunities. Studies linking children living in deprived neighbourhoods to their later life have found they are less likely to complete secondary education or attend higher education, earn less money across their lifetimes and are, on average, less well-equipped to overcome the cycle of deprivation ^{12,13}.

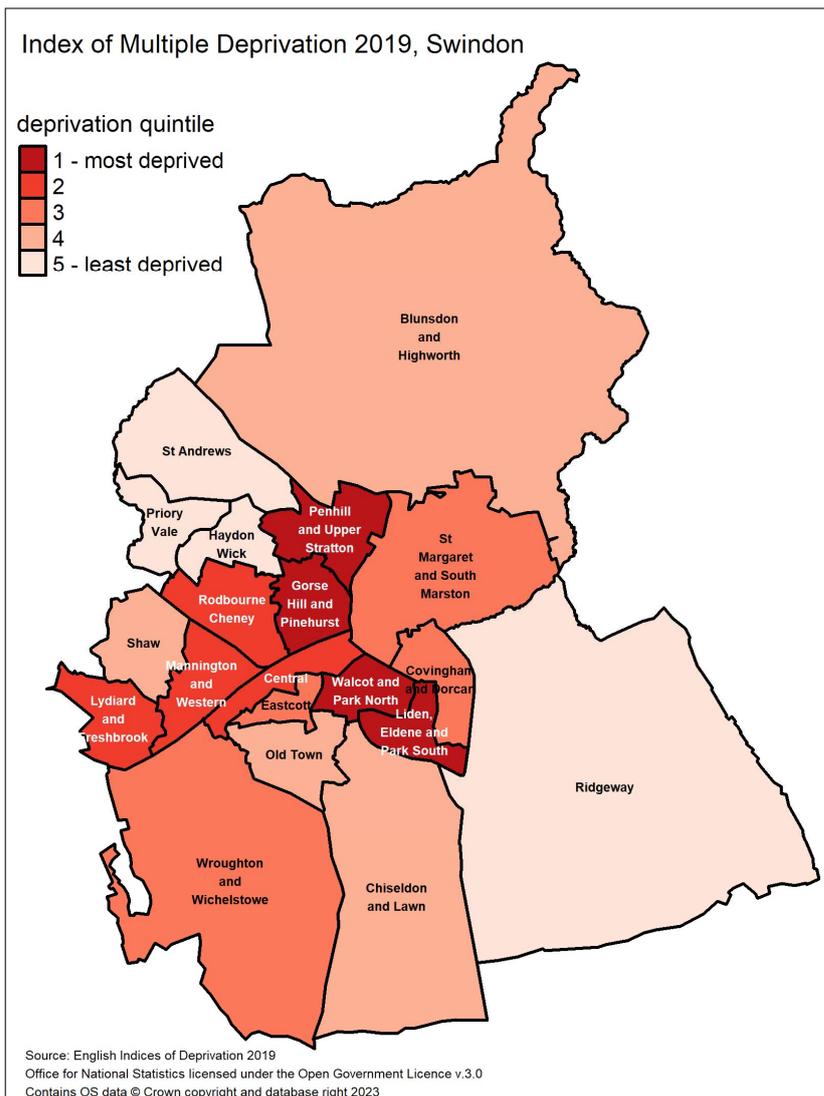


FIGURE 5: INDEX OF MULTIPLE DEPRIVATION 2019, SWINDON WARDS

¹² Bandyopadhyay A, Whiffen T, Fry R, Brophy S. How does the local area deprivation influence life chances for children in poverty in Wales: A record linkage cohort study. *SSM - Popul Health*. 2023 Jun;22:101370.

¹³ Galster G, Marcotte DE, Mandell M, Wolman H, Augustine N. The Influence of Neighbourhood Poverty During Childhood on Fertility, Education, and Earnings Outcomes. *Hous Stud*. 2007 Sep 1;22(5):723–51.

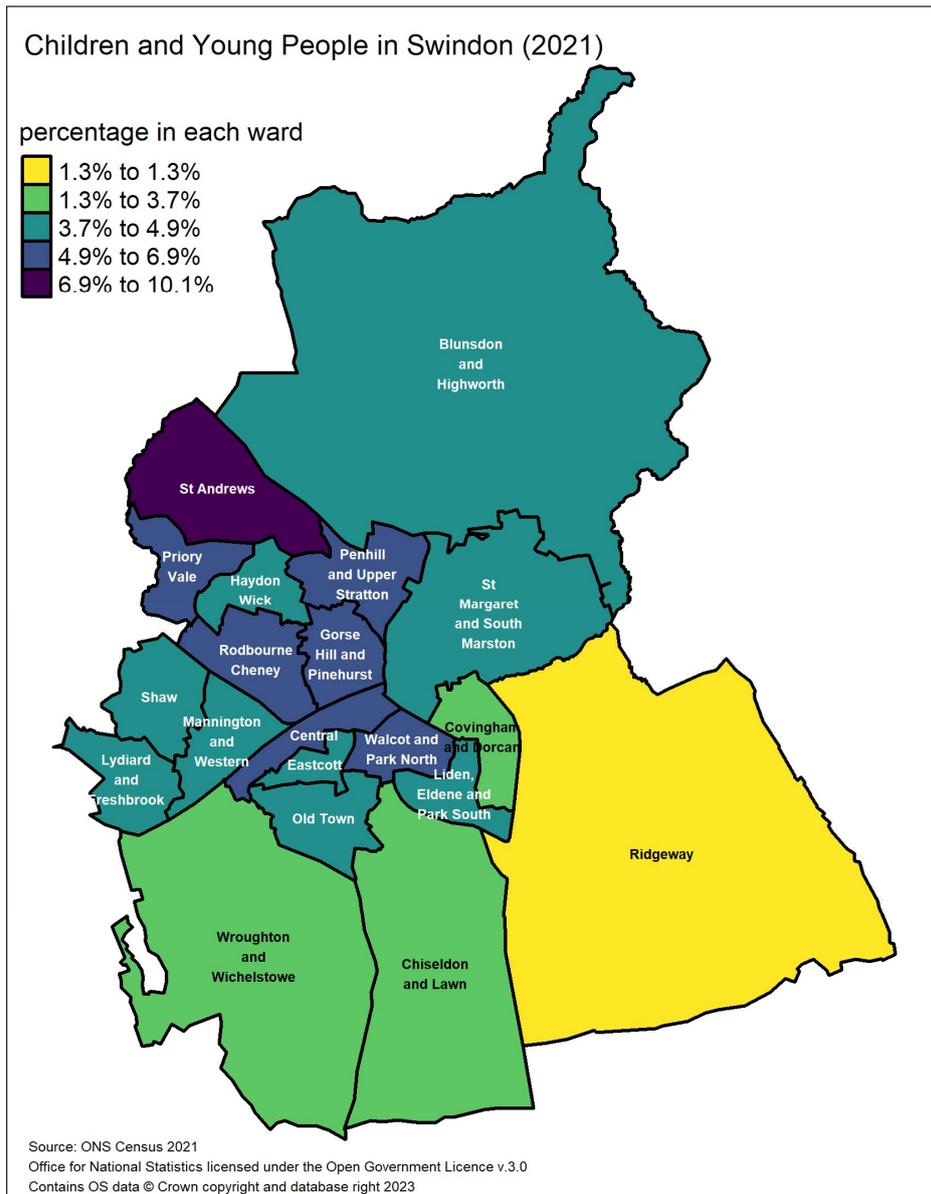


FIGURE 6: CYP RESIDENTS BY ELECTORAL WARDS, 2021

3.5 Births and Fertility Rate

The birth rate across Swindon is falling, while the average age of mothers is increasing.

Swindon experienced a significant fall in birth rate since 2013, accompanied by an increase in the average age of a mother to 30 years (Figure 7). Similar trends also prevail across the South West and England.

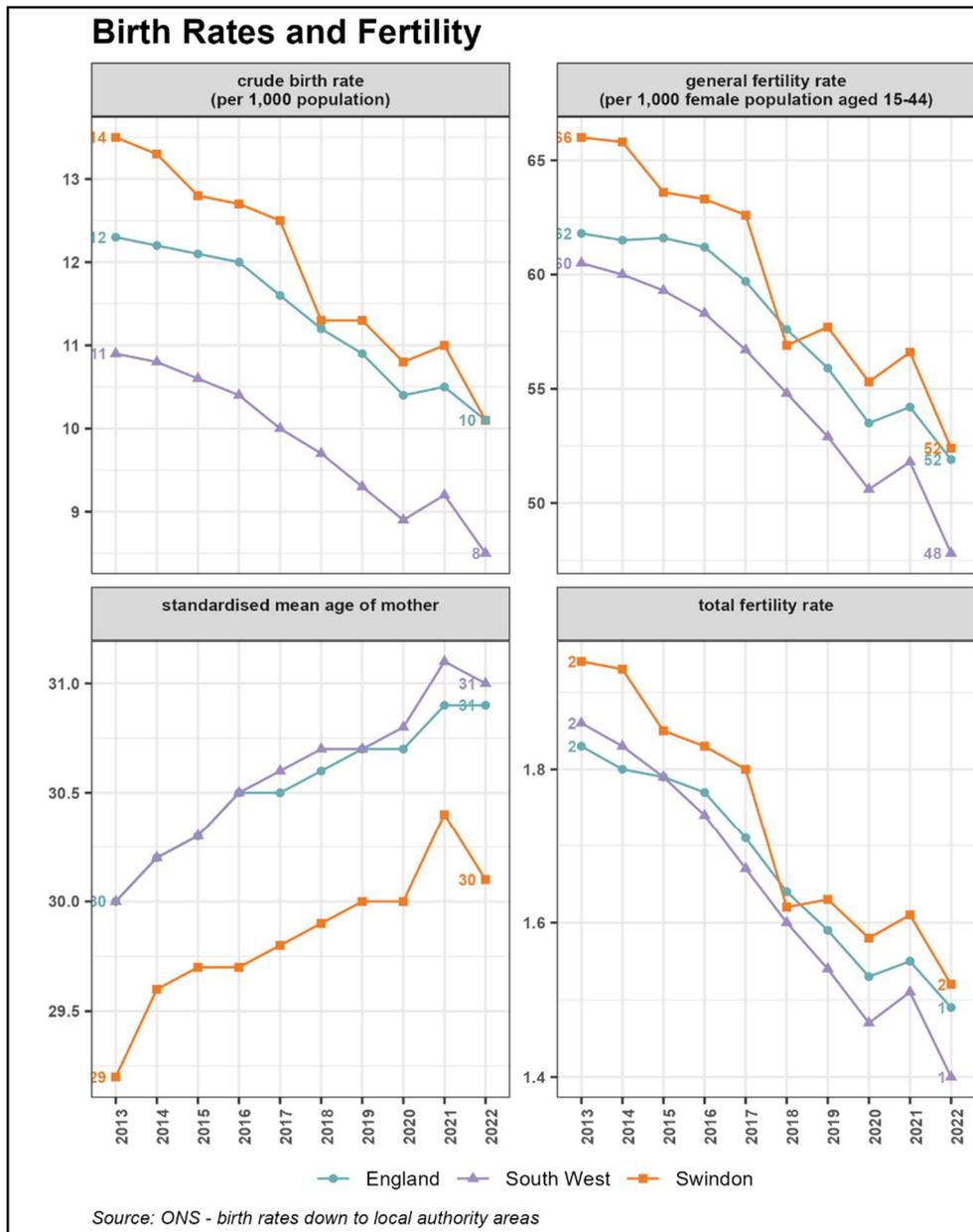


FIGURE 7: BIRTH AND FERTILITY RATES

The largest decrease in birth rate is among younger residents, with those aged under 24 showing the largest proportional decrease (Figure 8). Those aged over 40 have shown marginal increases in fertility rates over the same period.

Live births by age group in Swindon

Total and percentage by age group

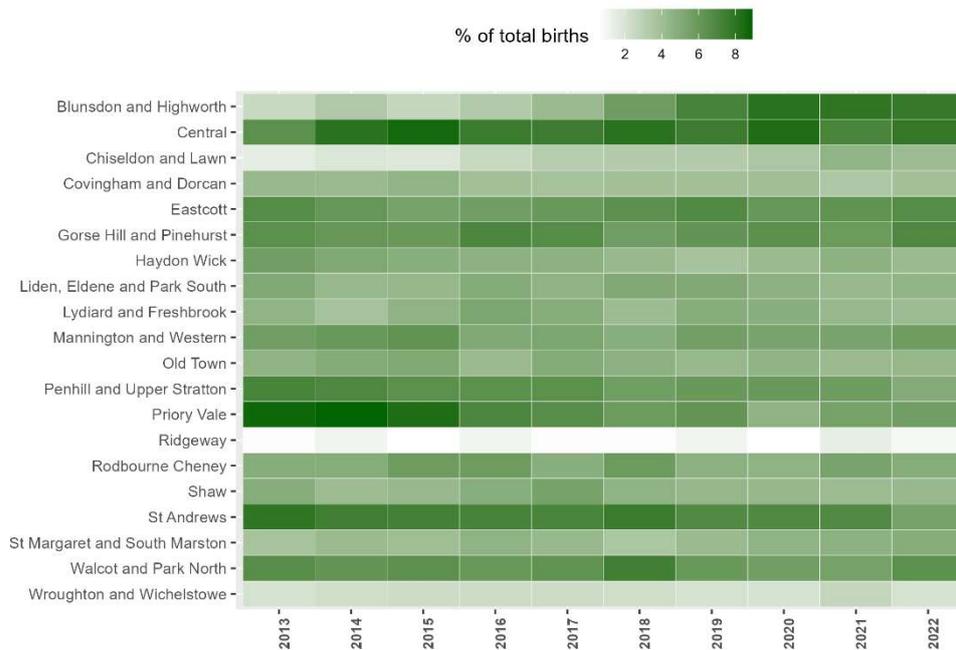


Source: Nomis - Live births in England and Wales Down to Local Authority Local Area

FIGURE 8: LIVE BIRTHS BY AGE GROUP

Figure 9 shows that the location of children born in Swindon has varied over the years, with periods of high concentration noted for Central, Blunsdon and Highworth, Priory Vale, St. Andrews, and Walcott and Park North wards.

Live births by wards, Swindon



Source: Nomis - Live births in England and Wales for Small Geographical Areas

FIGURE 9: LIVE BIRTHS BY SWINDON WARDS

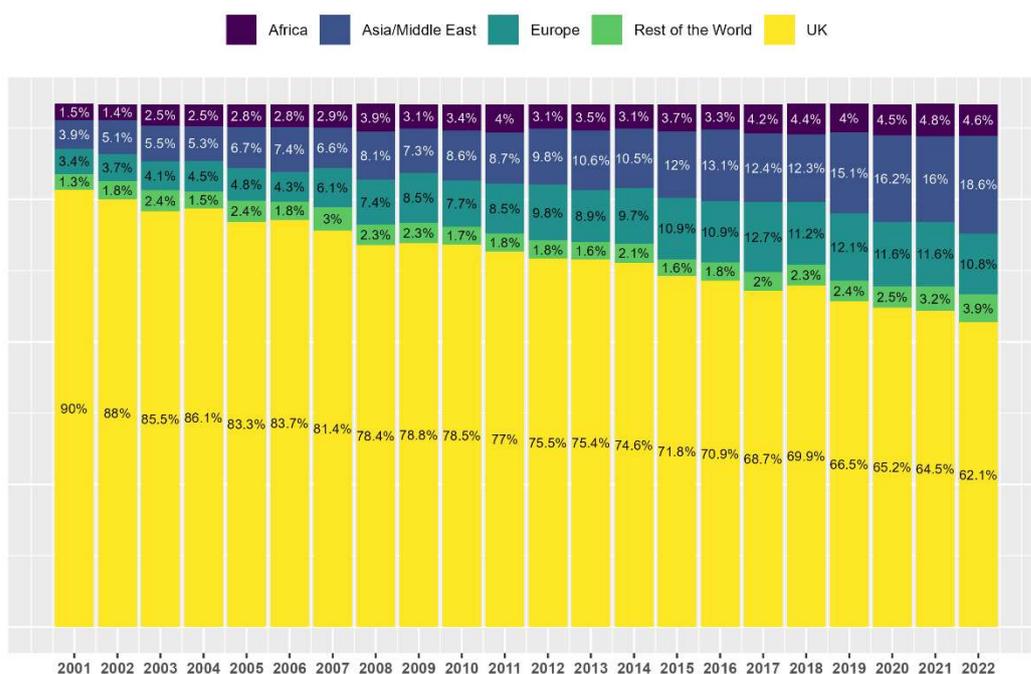
3.6 Parents' Country of Birth

Mothers born outside the UK account for an increasing proportion of births in Swindon. Those born in Europe and Asia/Middle East represent the two largest groups of overseas-born mothers over the years.

A recent study found that children born in the UK to non-UK-born women are at elevated mortality risk in both early life (including stillbirth, perinatal, neonatal and infant mortality) and adulthood. This was particularly the case if the parent(s) were born outside of Europe ¹⁴.

A notable trend in Swindon is the decline in the proportion of live births from mothers who were born in the UK, as highlighted in Figure 10. Mothers born outside the UK have accounted for an increasing proportion of live births in Swindon every year, with those born in Europe and Asia/Middle East representing the two largest groups over the years.

Live births by mother's country of birth, Swindon
percentage by place of birth, 2001-2022



Source: ONS - Births by parents' country of birth, England and Wales

FIGURE 10: LIVE BIRTHS BY MOTHER'S COUNTRY OF BIRTH, SWINDON

¹⁴ Wallace M, Hiam L, Aldridge R. Elevated mortality among the second-generation (children of migrants) in Europe: what is going wrong? A review. *Br Med Bull.* 2023 Dec 11;148(1):5–21.

3.7 Mortality

While the proportion of deaths among CYP in Swindon is falling, the rate of stillbirths and deaths among very young children (less than 1 year) has recently increased.

Whilst child death is a rare event, it has a devastating impact on the family, friends, community and professionals involved. As such, a review of each child death in Swindon is undertaken by the Swindon and Wiltshire Child Death Overview Panel (S&W CDOP). Due to the very small number of cases involved, generalised conclusions drawn from the data must be interpreted with caution.

Figure 11 reports the trends in child and infant mortality rate. Overall, the proportion of deaths occurring in children (aged 1 to 17 years) across the UK has been steadily decreasing since 2010, with Swindon recording a steeper fall over this period. Since 2014, the stillbirth rate has been increasing for Swindon, compared to a stable or slightly downwards trend regionally and nationally.

The rate of stillbirths in Swindon is lower than the regional and England averages. The overall neonatal death rate was 1.64 per 1000 births, equating to an estimated 15 neonatal deaths per year across BSW. The actual number of deaths remains very low.

Nationally babies born to mothers living in most deprived areas are twice as likely to be stillborn and at 73% risk of excess death compared to babies living in least deprived areas. Local data from 2019 to 2022 does not indicate any association between deprivation and child deaths in Swindon, however, this will be monitored closely going forward.

Between 2022 and 2023, the S&W CDOP reviewed 10 cases of child death in Swindon. The most common cause of death remained a perinatal or neonatal event, with chromosomal defects being the second most common cause. Between 2018 and 2023, a higher proportion of child deaths in Swindon occurred in children of Black African/Black Caribbean/Black British ethnicity but it should be noted the numbers are very small. Across all child deaths, modifiable factors were identified in one in five cases, significantly lower than the national average (39%). These are factors which may have contributed to the death of the child, and which might be modified to reduce the risk of future deaths ¹⁵.

The number of miscarriages occurring is more difficult to quantify. An estimated 1 in 5 pregnancies ends in miscarriage which would equate to around 3,400 per year across the BSW system. However, these are not evenly spread across populations with some people more likely to miscarry and miscarry multiple times than others.

¹⁵ Odd D, Stoianova S, Williams T, Odd D, Kurinczuk JJ, Wolfe I, et al. What is the relationship between deprivation, modifiable factors and childhood deaths: a cohort study using the English National Child Mortality Database. *BMJ Open*. 2022 Dec;12(12):e066214.

Neonatal deaths and stillbirths are a tragedy that have further negative health consequences. It has been estimated that 30% of women who have a stillbirth will go on to develop PTSD, as do 39% of mothers whose child dies within one year of birth. It is thought that 29% of women develop PTSD following miscarriage ¹⁶.

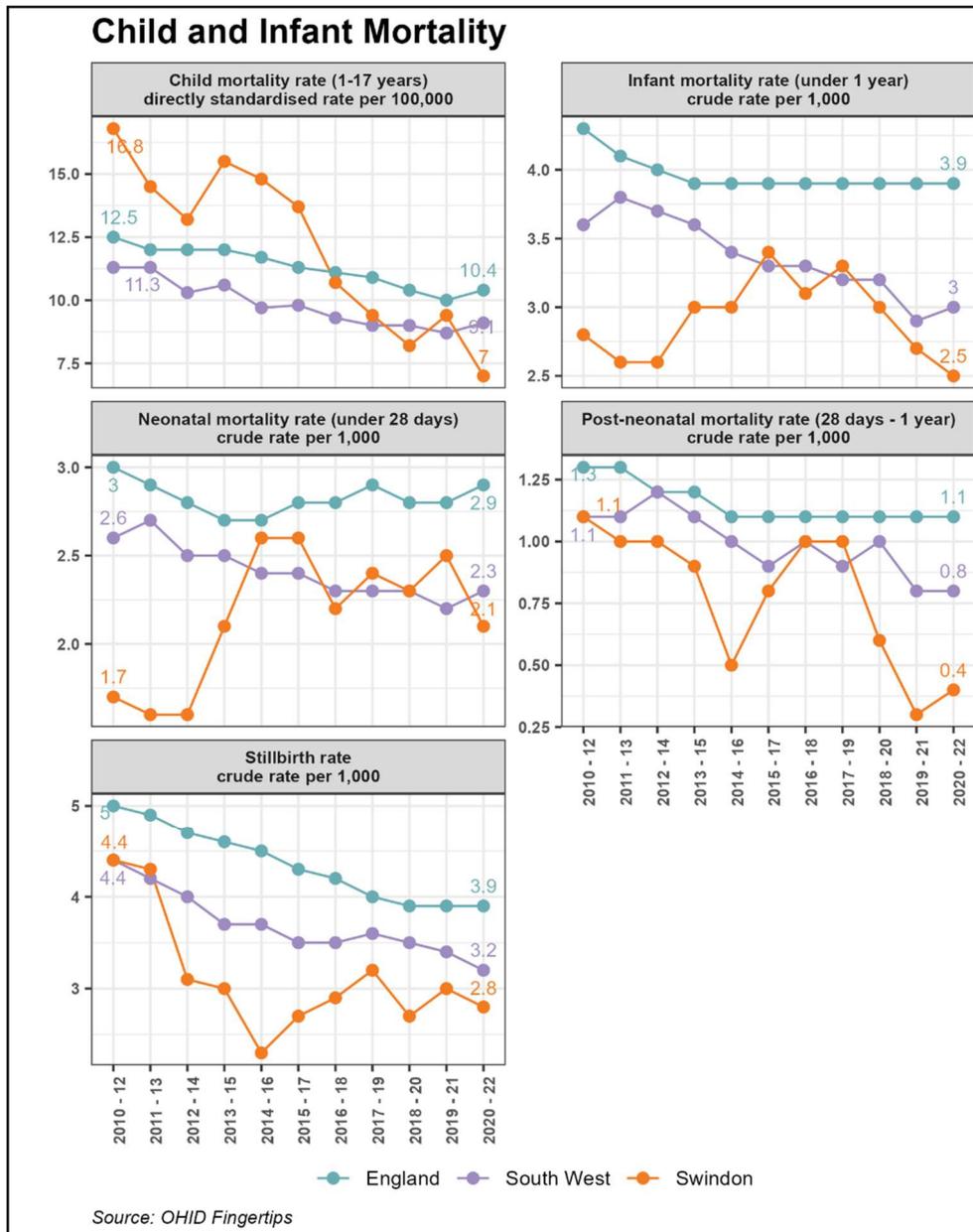


FIGURE 11: CHILD AND INFANT MORTALITY RATES

¹⁶ Farren J, Jalbrant M, Falconieri N, Mitchell-Jones N, Bobdiwala S, Al-Memar M, et al. Posttraumatic stress, anxiety and depression following miscarriage and ectopic pregnancy: a multicentre, prospective, cohort study. *Am J Obstet Gynecol.* 2020 Apr;222(4):367.e1-367.e22.

3.8 Life Expectancy

Excluding the effects of the pandemic, life expectancy for both males and females in Swindon has been increasing over the last two decades. Since 2006, healthy life expectancy for males has been decreasing, while in females this has been increasing.

Life expectancy at birth in Swindon has improved over the years for both genders with a male expecting to live around 79.2 years and a female around 83.4 years measured over the period 2020-2022 (Figure 12). We do note a slight fall in life expectancy figures after the COVID-19 pandemic (which resulted in increased mortality in 2020 and 2021), with the impact being larger for males. In Swindon, healthy life expectancy at birth (the number of years a person can expect to live in good health) has been falling for males since around 2016, while females have been experiencing a decline since 2010, with a reversal starting from 2016 onwards.

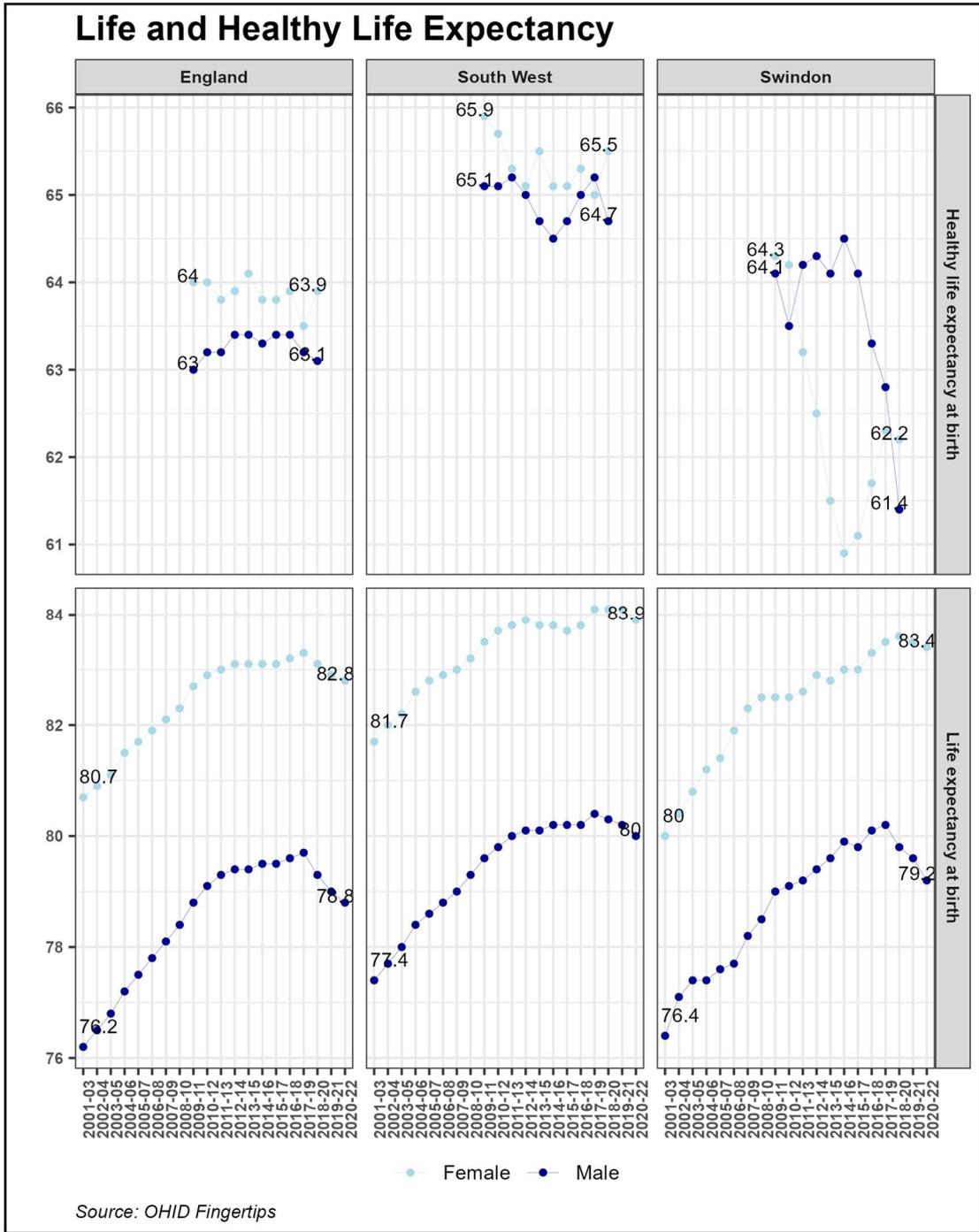


FIGURE 12: LIFE AND HEALTHY LIFE EXPECTANCY

3.9 Population Projections

By 2043, the overall CYP population size is projected to be at approximately the same level as in 2018.

ONS population projections estimate that by 2043, the overall CYP population in Swindon will be approximately the same size as in 2018, this is shown in Figure 13. However, of this cohort, the 5-9-year-old group will see a reduction in numbers by approximately 8%, and the

other age groups will experience slight increases or reductions in numbers over that period. These account for natural growth and deaths as well as internal and external migration.

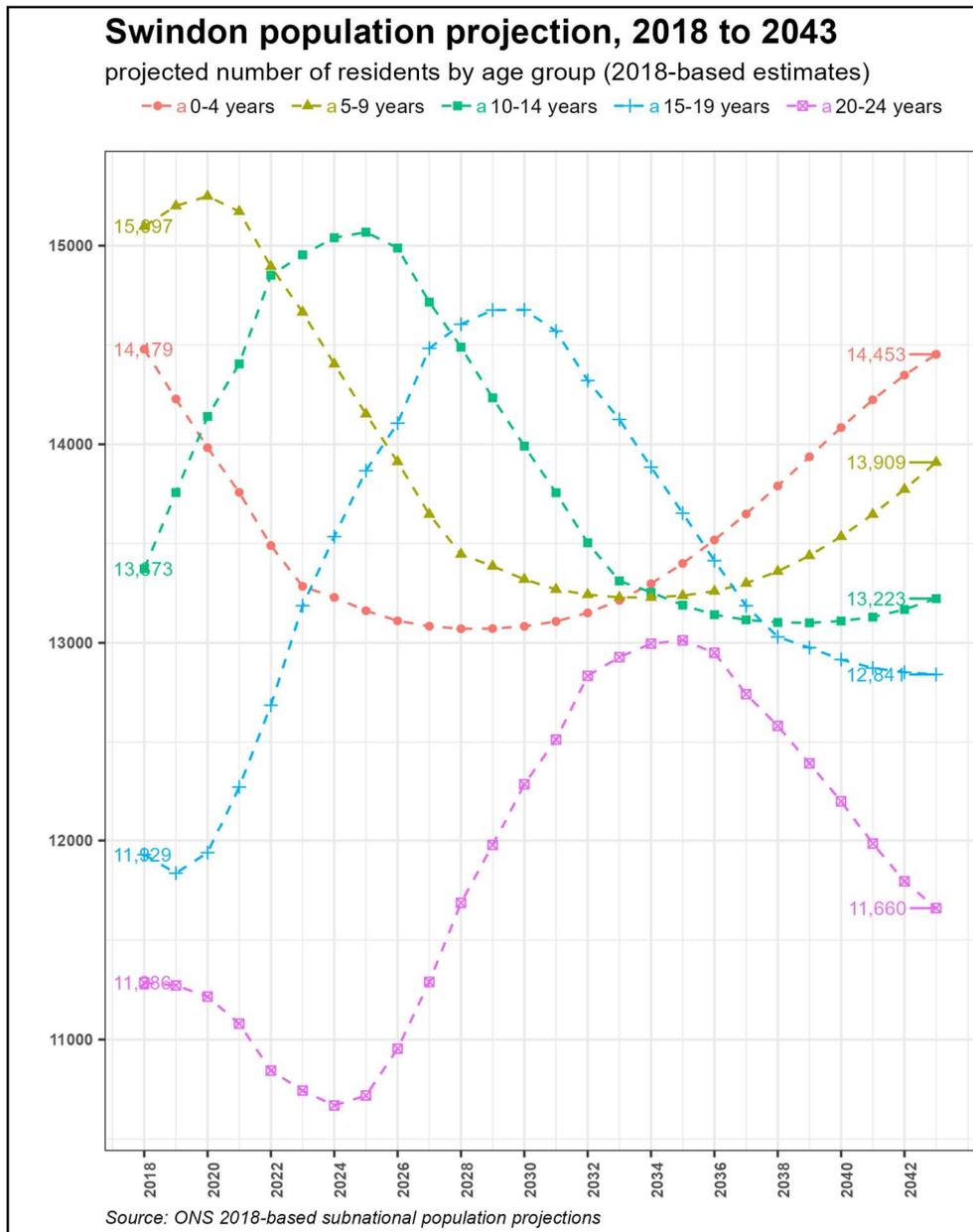


FIGURE 13: YEARLY POPULATION PROJECTIONS BY AGE GROUP, SWINDON

3.10 One-parent Households

10.1% of households in Swindon are one-parent households, with the highest concentrations in Penhill and Upper Stratton, Walcot and Park North and St. Andrews wards.

Children can thrive in any family structure, and family structures often change over time. Family types have also become more diverse, with blended step-families, same-sex parent families, children living with relatives and more. It is increasingly important to recognise and

support the diversity of families. One-parent households who choose to have children through donors or surrogacy may not face the same challenges associated with other solo parents, it is helpful to keep in mind the nuanced and evolving issues within different family structures.

Of the 95,862 households recorded in Census 2021 for Swindon, 44,040 (45.9%) were couple-family households and 9,700 (10.1%) were one-parent households. A total of 23,429 couple-family households have dependent children, with this figure standing at 6,273 for one-parent households.

Every household and family structure is different however one-parent households can face significant challenges, such as socio-economic status, access to resources, parental mental load and mental health, and exposure to adverse childhood experiences. Underlying factors such as these have a greater impact on parent and child outcomes than family structure alone¹⁷.

Whilst most children in one-parent households grow up to be well-adjusted adults, these underlying factors mean that children in one-parent households can be at higher risk of poor outcomes relating to academic performance, emotional health and behavioural challenges. Solo parents, especially mothers, often lack adequate social support and can face social stigma as well.

Terminology around single parents can feel judgemental and not representative of the variation in family structures; we have chosen to use the term ‘one-parent household’ as we feel it encompasses the family structure without any stigma attached.

Solo parents are often required to work more hours to meet the financial demands of running a household, and are often employed in lower paid jobs. The recent change to universal credit work requirements disproportionately affects solo parents and those on the lowest incomes. Increased working hours for single parents increase their dependency on childcare to meet a range of developmental needs for their child/children and further increase financial challenges²¹.

Long-term conflict between separating parents can have a devastating impact on a child’s wellbeing. The trauma has been linked to increased rates of anxiety, aggression, and depression, and can lead to anti-social behaviour, academic struggles, and substance misuse. The Family Court is critical in keeping child and adult victims safe from abuse, a series of reforms began in 2024 with the intention of resolving issues in a timelier way, and better supporting those who have experienced domestic abuse.¹⁸ One of Cafcass’ main strategic priorities is to improve the experiences of children in private law proceedings, with a heightened focus on the child’s voice and ensuring the focus is on what is in the child’s best interests.

¹⁷ Chavda K, Nisarga V. *Single Parenting: Impact on Child’s Development*. *J Indian Assoc Child Adolesc Ment Health*. 2023 Jan;19(1):14–20.

¹⁸ *Children’s wellbeing at the heart of family court reforms* [press release]. 2024. Available at: [Children’s wellbeing at the heart of family court reforms - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/press-releases/2024/08/childrens-wellbeing-at-the-heart-of-family-court-reforms) [Accessed 20 August 2024].

The Pathfinder Court pilots that were undertaken in 2022 will be extended to two further sites in 2024, with a view to national roll-out. These courts take a child-centred approach, supporting victims and embedding an understanding of domestic abuse throughout the proceedings. Locally, ensuring that agencies supporting families collaborate and communicate effectively can reduce the need for re-telling of stories and enable better outcomes.

Outcomes for children of one-parent households can be improved by strengthening financial safety net programmes and access to affordable, stable housing. Ensuring access to high-quality, affordable early years education and wrap-around care within school settings has critical benefits for child development as well as supporting parental employment. Offering timely, trauma-informed, culturally appropriate services that address parental stress and support family relationships can mitigate subsequent poorer outcomes.

Figure 14 breaks down the 6,273 one-parent households with dependent children across Swindon wards and reveals a higher concentration in deprived wards in Swindon (Penhill and Upper Stratton and Walcot and Park North) alongside St. Andrews ward.

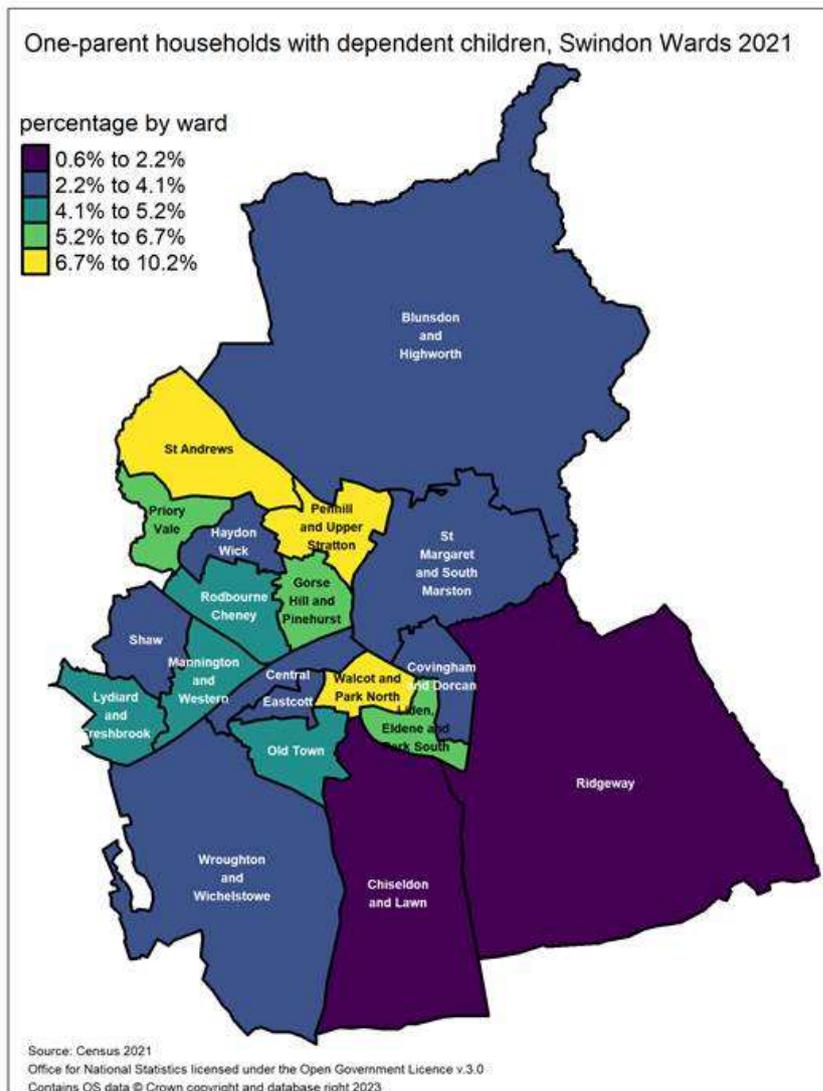


FIGURE 14: ONE- PARENT HOUSEHOLDS WITH DEPENDENT CHILDREN BY SWINDON WARD, 2021

4.0 Pregnancy and Early Parenthood

This section examines the data on maternal behaviours and conditions during pregnancy, which play a significant role in the development of a child or young person. The data presented in this chapter does not exclusively pertain to parents within the age range of 0-25 years but rather encompasses all parents. The lack of data by age breakdown does not permit analysis of these issues in relation to our CYP population. However, the risk factors identified here pertain to all parents and so will also impact the CYP closely related to them in the short-term and/or in later life.

4.1 Unplanned Pregnancies/Late Bookings with The Midwife

A late maternity booking can be indicative of several vulnerabilities and can lead to poorer outcomes for both the parent and child. There are a wide range of possible reasons for a late booking, including domestic abuse, homelessness, or safeguarding issues. In other cases, a late booking may be a sign of a concealed or denied pregnancy, which could indicate a lack of willingness or ability to consider the baby's health needs. It may also indicate that the parent lacks suitable coping styles or is simply unprepared for the challenges of looking after a new baby¹⁹.

4.2 Smoking in Pregnancy

Swindon has a lower proportion of active smoking at the time of delivery (7.7%) than England (8.8%) and the South West (9.2%).

Smoking during pregnancy poses significant health risks to both the parent and the developing foetus, impacting children's health and wellbeing in both the short and long term. The health risks apply to all age groups and therefore, further reducing smoking during pregnancy in Swindon remains a priority. Smoke-free environments contribute to healthier birth outcomes, including reduced risk of preterm birth, low birth weight, and respiratory complications in infants.

The local picture (Figure 15) reveals that Swindon has a lower proportion of active smoking across all ages at the time of delivery (7.7%) than England (8.8%) and the South West (9.2%). Other data from Great Western Hospital (GWH) in 2022/23 reveal that during their first midwife appointment, 11.4% of pregnant people reported smoking, decreasing to 7.9% by the time of birth²⁰. Note that the final figure for Swindon is slightly different than the GWH figure as not all of Swindon's residents undergo pregnancy care in the GWH and similarly GWH will also see patients from other areas.

¹⁹ The Public Health Agency. *Women who do not present, or present late for antenatal care [Internet]*. Available from: <https://www.publichealth.hscni.net/sites/default/files/2023-10/Late%20Antenatal%20Guidance.pdf>

²⁰ Bath and North East Somerset, Swindon and Wiltshire ICB. *Internal Report – GWH Maternity Data*

These suggest that local efforts in Swindon may be effectively addressing smoking cessation support and prenatal care strategies. Even so, this remains a priority as our ambition would be for no pregnant person to be smoking at the time of delivery and the Swindon Public Health team is looking to implement the South West Smokefree Homes guidance locally to ensure that pregnant people are supported to quit at all points of their care ²¹.

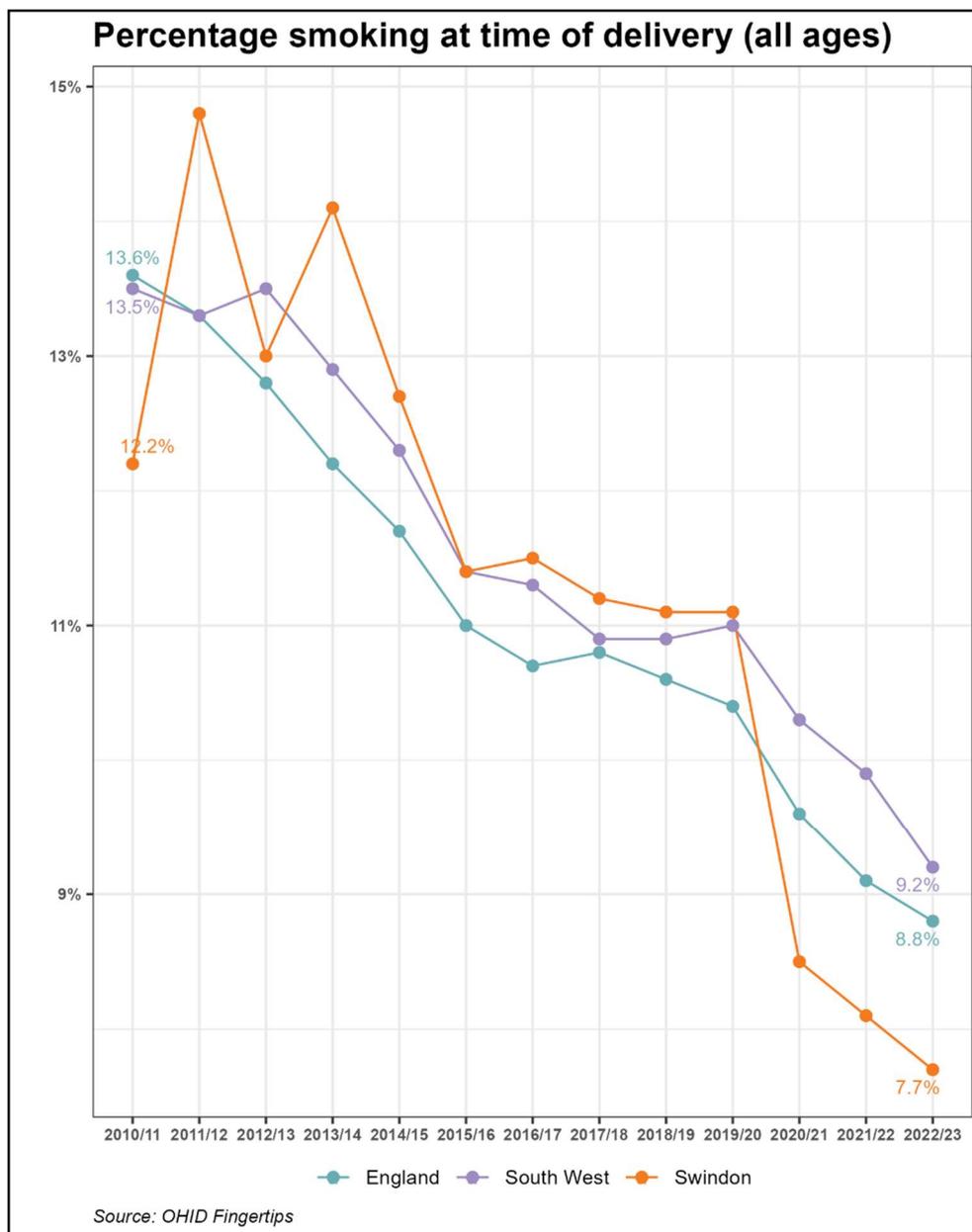


FIGURE 15: PERCENTAGE SMOKING AT TIME OF DELIVERY

²¹ Office for Health Improvement and Disparities. *Guidance for Delivering Smoke Free Homes* [Internet]. Available from: <https://www.adph.org.uk/networks/southwest/wp-content/uploads/sites/18/2023/03/Guidance-for-Delivering-Smoke-Free-Homes.pdf>

4.3 Maternal BMI and Gestational Diabetes

An elevated BMI in pregnancy can pose significant health risks for both the parent and the developing foetus. It is associated with an increased risk of potential complications such as pre-eclampsia, delivery of large-for-gestational-age infants, a higher incidence of congenital defects and gestational diabetes.

Gestational diabetes is a condition where the parent's sugar levels are too high, which more commonly affects those with a raised BMI. Gestational diabetes can result in further problems for the parent and their babies both during pregnancy and after birth²².

Gestational diabetes can affect any pregnant person but there is an increased risk for those over 40, or who have a BMI above 30. Those in bigger bodies are also more likely to experience weight stigma, which has potential negative outcomes on the parent and baby.

The most recent Swindon-specific data for obesity in pregnancy is from 2018/19 and reveals that 14.7% of pregnant persons had a body mass index (BMI) of over 30 kg/m² (a BMI of >30 meets the criteria for obesity) in early pregnancy, significantly lower than the South West (21.0%) and England (22.1%) averages. Using this figure, an expected 380 births would have occurred in Swindon from pregnant persons living with a BMI above 30 in 2021. However, 2022-2023 GWH data shows that 1,306 women were booked in with a BMI exceeding 30 during their first visit with a midwife.

While some discrepancies are expected between the GWH figures and the Swindon-specific figures due to some parents not receiving care at GWH, this figure is much higher than would be expected. This may indicate a disparity between data sources or a concerning trend in raised maternal BMI since 2018/19. Notably, the percentage of pregnant women with a BMI above 30 is lower than the percentage of adults in the general population (28.5%)^{23, 24}.

4.4 Perinatal Mental Health

Increases in perinatal mental health problems have been reported since the Covid-19 pandemic.

The term perinatal mental health is commonly used to describe the emotional and psychological wellbeing of a mother/pregnant person and father/partner from conception, through pregnancy and up to the child's first birthday. Perinatal mental ill health

²² The NHS. Gestational diabetes [Internet]. Available from: <https://www.nhs.uk/conditions/gestational-diabetes/>

²³ Swindon Borough Council. Internal Report - Review of Maternal Obesity.

²⁴ Fingertips. Obesity in Early Pregnancy [Internet]. Available from: <https://fingertips.phe.org.uk/search/obesity#page/3/gid/1/pat/6/par/E12000009/ati/402/are/E06000030/iid/93584/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

encompasses mental health conditions that can affect parents during pregnancy or within the first postnatal year. These conditions include Antenatal and Postnatal Depression and Anxiety, Postpartum Psychosis, Obsessive Compulsive Disorder (OCD), Tokophobia, Birth Trauma or Post Traumatic Stress Disorder (PTSD) ²⁵.

As well as having a direct impact on the emotional wellbeing and mental health of those affected, poor maternal mental health can impact the health of the child - including an increased risk of preterm birth, birth trauma and low birth weight ²⁶. Maternal mental health problems in the postpartum period have also been shown to increase the likelihood that school-age children experience suboptimal global, behavioural, cognitive, and socio-emotional development ²⁷.

Certain factors can increase the risk of impact from pregnancy, birth and/or the post-partum period on mental health. While these risk factors do not guarantee the parent will suffer from perinatal ill health, they can impact parents' abilities to transition into parenthood without added stress, worry or in more severe states mental ill health. These risk factors are included in BSW's Vulnerability and Protective Factors in Pregnancy and Early Parenthood document and include ²⁸:

- Previous history of mental illness
- Low social support (especially poor support from current partner)
- History of childhood trauma and poor parenting
- Pregnancy-related major life events/stresses
- Domestic abuse
- Substance misuse
- Relationship problems
- Major life events
- Loss of own mother
- Previous ectopic pregnancy, miscarriage stillbirth or neonatal/child death
- Birth trauma
- Financial worries – employment/debt
- Housing problems
- Baby with additional needs/on neonatal units
- Teenage parents
- Insecure environment – housing

²⁵ The Pandas Foundation. Perinatal mental health [Internet]. Available from: <https://pandasfoundation.org.uk/what-is-pnd/perinatal-mental-health/>

²⁶ Voit FAC, Kajantie E, Lemola S, Räikkönen K, Wolke D, Schnitzlein DD. Maternal mental health and adverse birth outcomes. Böckerman P, editor. PLOS ONE. 2022 Aug 31;17(8):e0272210.

²⁷ Kingston D, Tough S. Prenatal and Postnatal Maternal Mental Health and School-Age Child Development: A Systematic Review. *Matern Child Health J.* 2014 Sep;18(7):1728–41.

²⁸ Bath and North East Somerset, Swindon and Wiltshire ICB. Vulnerability and protective factors in pregnancy to early parenthood [Internet]. Available from: https://safeguardingpartnership.swindon.gov.uk/downloads/file/1141/vulnerability_and_protective_factors_in_pregnancy_to_early_parenthood

Within Swindon, there are a range of specialist services available to women in the perinatal timeframe who:

- Have previously experienced a serious mental illness and are planning to conceive.
- Develop a serious mental illness in the perinatal period.
- Have had a serious perinatal illness in a past pregnancy and are now pregnant.
- Are already under the care of adult mental health services.
- Have been previously admitted to a mother and baby unit.
- Display significant mental health difficulties during the perinatal period.

The BSW Perinatal Service offers assessment, signposting and treatment, working with women in community settings. They can also give advice to women who are taking significant medication for a mental illness and intend to become pregnant ²⁹.

The local service is provided across the BSW region, and data relating to Swindon-specific use is not available. When assessing BSW level data it appears that the number of parents in contact with community perinatal mental health (PMH) services is increasing, with 265 patient contacts recorded by the service in 2019-2020, 385 in 2020-2021 and 635 in 2021-22 ³⁰.

The Ocean Birth Trauma and Loss Service supports maternal mental health in cases of birth trauma and loss. Figure 16 highlights that between the period 2021/22 to 2022/23, there was a notable increase in referrals to the service ³¹.

The postnatal period represents a critical phase in a parent's journey, with a significant proportion of people experiencing challenges following childbirth. In 2023, work has been undertaken to better understand this reporting, and coupled with the extension of their front door/access reach, has resulted in 2023 results exceeding national targets.

²⁹ Avon and Wiltshire Mental Health Partnership. Perinatal mental health [Internet]. Available from: <https://www.awp.nhs.uk/our-services/community-services/perinatal-mental-health>

³⁰ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - BSW monitoring data PMH.

³¹ The Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board. Internal Report - Maternity and Neonatal Population Health Board October 2023.

Growth of the Ocean service over past two years:

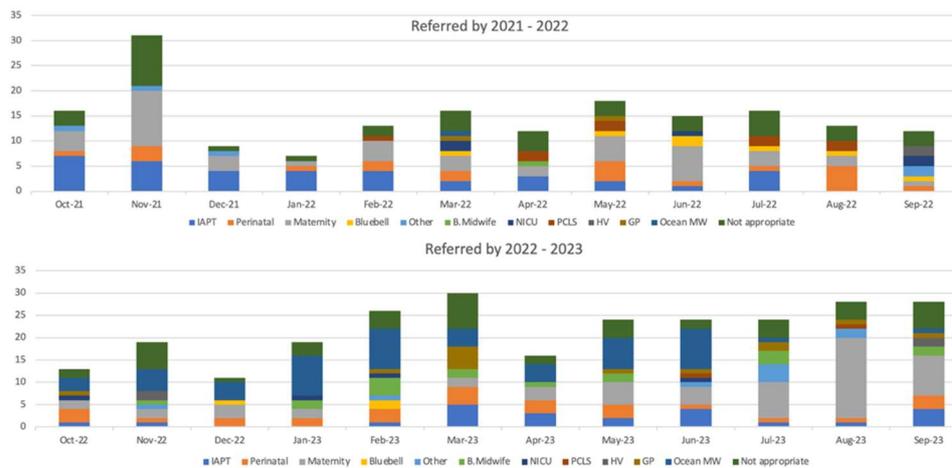


FIGURE 16: OCEAN BIRTH TRAUMA AND LOSS SERVICE REFERRALS 2021-2023 ³²

Many parents experiencing perinatal mental health problems will not reach the threshold for these specialist services. They may seek support through primary care, voluntary sector organisations, such as Shine and Home Start, or not at all. Whilst data for this cohort was not readily available at the time of publication, it is important to note that this need requires careful consideration in the planning of services, both in relation to formal support services and a holistic approach that can be taken as a system.

4.5 Teenage Conceptions

In Swindon, the under-18 conception rate is similar to the national average for England but slightly higher than in the South West. However, Gorse Hill and Pinehurst, Rodbourne Cheney, and Walcot and Park North, areas of higher deprivation, exhibit significantly higher rates of under-18 conception.

Pregnancy in young people remains a significant public health concern, due to the risks of poorer outcomes for both young parents and their children.

In Swindon, the 2021 under 18s conception rate was 8.9 per 1,000. This is lower than national average for England (13.1 per 1,000) and the South West (11.1 per 1,000).

More recent ONS data showed a national increase in the under-18 conception rates in Q4 2021 and Q1/2 in 2022, this was the first increase in 14 years and was experienced across England as a whole and all individual regions except for the North East ³³.

³² Bath and North East Somerset, Swindon and Wiltshire ICB, Internal Report - Mental Health Performance Dashboard

³³ The ONS. Quarterly conceptions to women aged under 18 years, England and Wales [Internet]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales>

Notably, specific wards within Swindon exhibit significantly higher rates of under-18 conception compared to the England average. These include Gorse Hill and Pinehurst, Rodbourne Cheney, and Walcot and Park North, which are areas of greater deprivation. This topic is covered in greater detail in the [2022 Swindon Sexual Health Needs Assessment](#), where reducing under-18 conception has been identified as a priority.

The inequalities faced by young parents in Swindon are stark and contributed to by a wide range of complex risk factors. The Family Nurse Partnership (FNP) delivers an intensive evidence-based programme of nursing support to young parents in Swindon. Swindon FNP worked with 126 families in 2022-2023, a number expected to be similar in 2023/24. However, the levels of complexity and risk are increasing. When looking at the demographics of FNP service users, we can see that most young parents are aged 17-19 at the time of enrolment on the programme (69%) and most service users are White (89.3%). This is similar to the FNP national average of 83.7%.

Over the last 10 years clients being referred to FNP are presenting with increased vulnerability due to current/historical Adverse Childhood Experiences such as intimate partner violence, rape, homelessness, and parental separation, leading to complex mental health difficulties, for example, complex PTSD, self-harm, anorexia, anxiety, depression, OCD. This can then be further impacted by having a baby. Anxiety and depression in infancy are higher than Swindon's previous three year's data and higher than FNP national average. Part of FNP team learning focuses on mental health work that FNP deliver. Additionally, joint work between mental health services and FNP continue to explore if clients are receiving the right support for their mental health symptoms at the right time.

Evidence of the impact of becoming a parent on young men is limited but the risk young fathers can present to their child is well documented ³⁴. Locally, the young fathers identified through the Family Nurse Partnership, possess high levels of complex risk factors including high levels of deprivation, poor mental health, criminality, drug use, domestic abuse and are often not in employment, education or training. The FNP Service has developed a new offer, "Dads at their Best", specifically addressing the needs of young fathers, which has shown early evidence of effectiveness. However, the reach of this service is limited by capacity.

Young parents, whilst a relatively small group, remain a priority for Swindon due to the high levels of vulnerability and complexity locally. Reducing pregnancy in young people and supporting young parents is paramount in addressing concentrated health inequalities in these families.

³⁴ *The Child Safeguarding Practice Review Panel. The myth of invisible men. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017944/The_myth_of_invisible_men_safeguarding_children_under_1_from_non-accidental_injury_caused_by_male_carers.pdf*

4.6 Termination of Pregnancy

Swindon's rate of termination of pregnancy in women under 18 is lower than the national and regional averages. A significant proportion occur in those who have previously undergone a termination of pregnancy or have given birth.

Termination of pregnancy (TOP) is a way of ending a pregnancy, either by using medicine (prescribed drugs) or through a surgical procedure. TOP is also referred to as 'abortion'. TOP is generally very safe, and most women will not experience any problems, although any medical treatment comes with a small risk³⁵.

Many women with unplanned pregnancies have a TOP, and those who give birth have an increased risk of obstetric complications. Children born of unplanned pregnancies have been shown to have a lower birthweight, have poorer mental and physical health during childhood, and to do less well in cognitive tests³⁶.

Within Swindon, TOP services are funded by the NHS and commissioned by the BSW ICB. Swindon's local British Pregnancy Advisory Service (BPAS) is located in Old Town and is open 5 days a week. This is a national TOP service providing counselling for both medical and surgical TOP. The nearest TOP service to Swindon providing surgical TOP is MSI Reproductive Choices in Bristol.

In Swindon, 2020 data indicates that 790 TOP were performed, equating to a total TOP rate of 19.4 per 1,000 population, similar to the England rate but higher than the South West rate. Swindon's TOP rates have remained relatively stable since 2012.

Swindon's rate of TOP in women under 18 (5.5 per 1,000) is among the lowest compared to its CIPFA neighbours and is lower than the regional (5.7 per 1,000) and national (6.5 per 1,000) averages. However, of note, a significant percentage of TOP in younger residents occurs in those who have previously undergone the procedure or who have previously given birth. While this trend can also be seen nationally, it suggests that there may be issues with access to comprehensive contraception services and adherence to contraceptive methods among this group.

This topic is covered in greater detail in the [2022 Swindon Sexual Health Needs Assessment](#).

³⁵ The NHS. *Abortion Risks* [Internet]. Available from: <https://www.nhs.uk/conditions/abortion/risks/>

³⁶ Wellings K, Jones KG, Mercer CH, Tanton C, Clifton S, Datta J, et al. *The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. *The Lancet*. 2013 Nov;382(9907):1807–16.

4.7 Vaccination in Pregnancy

The uptake of vaccinations in pregnancy in Swindon is higher than the national average.

After clean water, vaccinations are the most effective public health intervention for saving lives and promoting good health. A range of vaccines are offered to pregnant people during pregnancy to protect the health of the parent and the baby. These include the inactivated seasonal flu vaccine and the whooping cough vaccine.

Whooping cough vaccination uptake data is only available at the BSW level. While uptake remained stable throughout 2021, it dropped during the summer of 2022. This trend was seen across the UK and coverage has now returned to baseline levels.

Flu vaccine uptake among pregnant women is recorded for Swindon. Between Sept 2022 and Dec 2022 (the main period when the flu vaccine was available for pregnant women in 2022), there was an uptake of 36.4%. This is higher than the England average (33.2%). This data does not include information on women obtaining the vaccine privately or outside of a GP setting and so may be an underestimate.

This topic is covered in greater detail in the [Health Protection Annual Report for Swindon 2022/23](#).

4.8 Breastfeeding

Breastfeeding prevalence in Swindon is 48.1% at 6-8 weeks of age, slightly below the English average (49.2%).

Breastfeeding provides babies with the best start in life and is recommended exclusively for the first 6 months with continued breastfeeding to 2 years and beyond alongside the introduction of solids foods³⁷. Research shows breastfeeding can reduce babies' risk of infection and other health conditions across their lifespan. Breastfeeding supports their development and reduces parents' risk of breast and ovarian cancer. Parents who choose to breastfeed also demonstrate greater attachment toward their infants than those who only formula-feed their infants and bottle-feeding parents should be supported to feed their infants in a responsive way. Any amount of breastfeeding or breast milk is beneficial with greater benefits the longer this is continued. Some people experience difficulties with

³⁷ The World Health Organisation. Breastfeeding [Internet]. Available from: https://www.who.int/health-topics/breastfeeding#tab=tab_1

breastfeeding, and a few are unable to breastfeed and as such there can be a significant mental health impact for this group^{38, 39}.

At 76.3%, Swindon’s breastfeeding initiation rate in 2016/17 (the last date when a full dataset was available,) was higher than the England average (74.5%) but lower than the South West average (79.5%). The rate is higher in older parents than younger parents, with the lowest rates being seen in those under 18 years of age (55.6%).

More recent data for breastfeeding at 6-8 weeks of age is reported in Table 4. This shows that breastfeeding prevalence in Swindon falls to 48.1%, sitting slightly below the English rate (49.2%). Nationally, the breastfeeding rate at 6-8 weeks is linked to deprivation, and those in the most deprived groups are observed to have a significantly lower rate than those in the least deprived groups. Both the JSNA and Infant Feeding Strategy highlight certain data quality issues within Swindon, which makes commenting on breastfeeding within the Borough a challenge. However, given the significant benefits, increasing uptake and maintaining breastfeeding remains a local priority. The UNICEF UK Baby Friendly Initiative is being implemented across, maternity, neonatal and health visiting services to underpin this work⁴⁰. This topic is covered in greater detail in the [Swindon JSNA](#) and [Infant Feeding Strategy](#).

Table 3: Breastfeeding Coverage and Prevalence, 2020-2023, Swindon and England⁴¹

Annual Breastfeeding at 6-8 Weeks Data						
	Coverage			Prevalence		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Swindon	88.6%	92.2%	86.0%	49.2%	54.5%	48.1%
England	87.1%	90.8%	89.9%	48.2%	49.3%	49.2%

4.9 Preparation for Parenthood

Pregnancy and early childhood are the times when the foundations for future life are laid down – hence the recent government focus on the first 1001 days of a child’s life. A baby’s brain develops in response to their early relationships, care and experiences. There is some evidence that antenatal education improves outcomes and parent’s experiences of birth and parenthood. Groups that encourage participation and active learning are more effective and

³⁸ Dorset Healthcare University NHS. *Health Benefits of Breastfeeding for Mum and Baby* [Internet]. Available from: <https://www.dorsethealthcare.nhs.uk/patients-and-visitors/our-services-hospitals/physical-health/breastfeeding-support/all-about-breastfeeding/health-benefits-breastfeeding-mum-and-baby#:~:text=The%20longer%20you%20breastfeed%2C%20the,to%20hospital%20as%20a%20result>

³⁹ Abuhammad S, Johnson T. *Breastfeeding and maternal attachment during infancy period among Jordanian mothers: A cross-sectional study*. *Ann Med Surg* [Internet]. 2021 Jun [cited 2024 Apr 5];66. Available from: <https://journals.lww.com/10.1016/j.amsu.2021.102395>

⁴⁰ UNICEF UK. *THE BABY FRIENDLY INITIATIVE* [Internet]. Available from: <https://www.unicef.org.uk/babyfriendly/>

⁴¹ *Child and Family Health Services, Internal Report – Breastfeeding*

popular, however, there is no one-size-fits-all approach – there are differences between and among mothers and fathers, ethnic, faith and other groups that need to be understood and accommodated. Health professionals often say they want more training and support to do this work ⁴².

In Swindon, GWH midwifery offers 2x2 hour classes (based on Real Birth training ⁴³) – birth, breathing and massage/life for the newborn, caring, bathing, feeding, and registering the birth – all face-to-face in Penhill and West Swindon. Leaflets are handed out for dads or partners. There is also an online offer from Real Birth Company for all – covering the same modules as being taught in the classes. At the time of writing the Health Visiting service was not offering any group-based education sessions, although individual advice is built into the routine offer of the service.

The education around preparing for parenthood is therefore limited locally and this could be a limiting factor in providing preventative and early help to families. This is being reviewed at a BSW level.

⁴² Department for Health and Social Care. *The best start for life: a vision for the 1,001 critical days* [Internet]. Available from: <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

⁴³ The Real Birth Company. *Workshop*. Available from: <https://therealbirthcompanyltd.com/workshop/>

5.0 Children's and Young People's Physical Health

5.1 Emergency Hospital Attendances and Admissions in Children and Young People

Swindon demonstrates lower A&E attendance rates for CYP than the English average, but higher than the South West. Swindon appears to be an outlier concerning medication poisoning and burns in which rates are higher than expected.

Understanding the patterns of Accident & Emergency (A&E) attendance amongst children in Swindon relative to the South West region and England provides valuable insights for health planning and resource allocation. By monitoring A&E utilisation, we can better understand the underlying factors contributing to its use, such as potential access barriers to community care or increased demands for certain types of emergency care.

Swindon generally demonstrates lower A&E attendance rates for children within all three major age groups (under 1 year, 0-4 years, and under 18 years) than the national average and the South West, although in recent years it has experienced higher attendance rates than the South West (Figure 17).

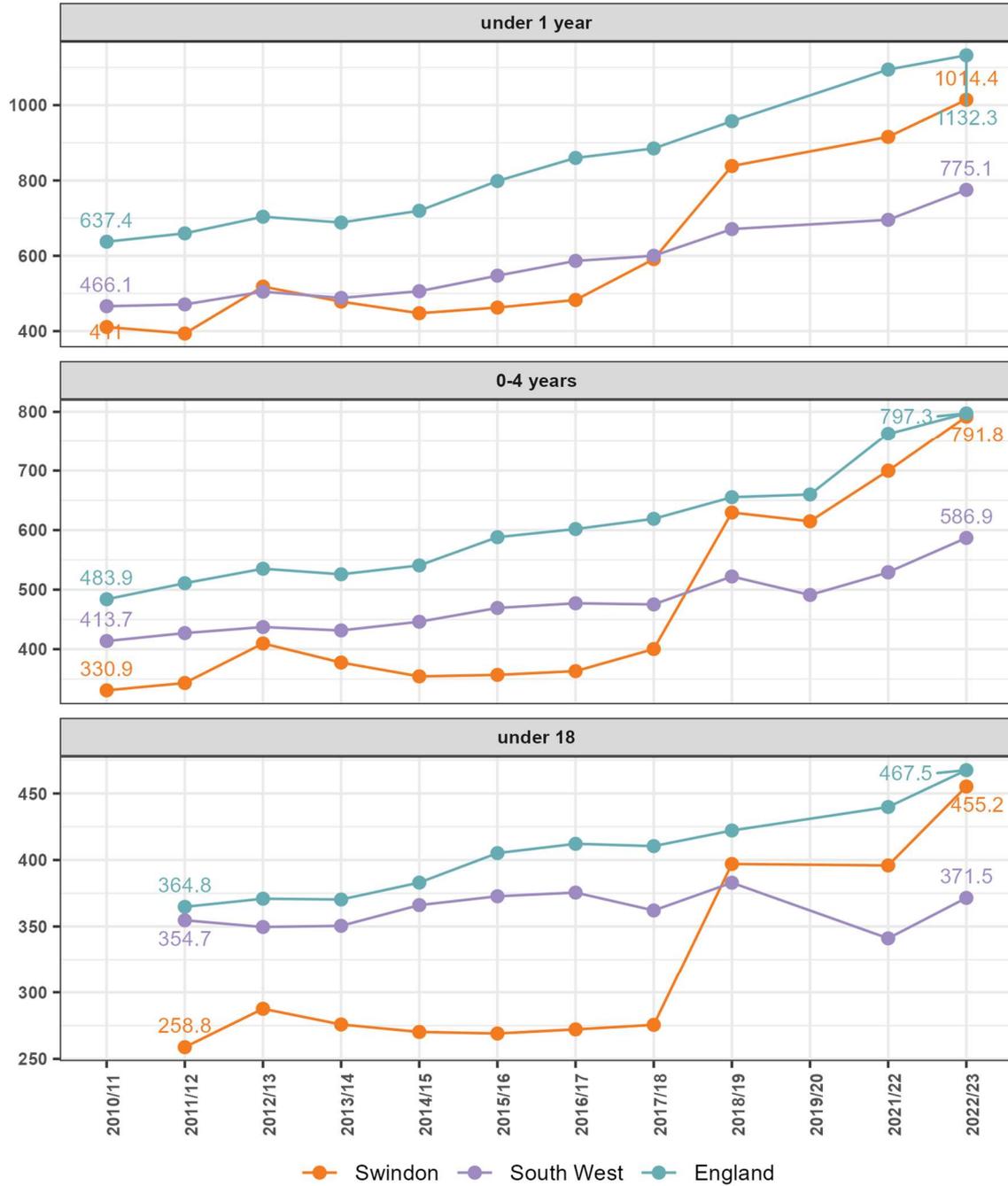
Figure 18 breaks down emergency admission rates for a range of common A&E attendances. Areas worth highlighting include:

- Admissions resulting from medication poisoning, where both Swindon and the South West region have rates higher than the England average.
- Admissions resulting from exposure to heat and hot substances, where Swindon rates fell recently, but are still at higher levels than England and the South West.

Identification of these outlier areas provides an opportunity for preventative action, through public health messaging.

A&E attendances

rate per 100,000

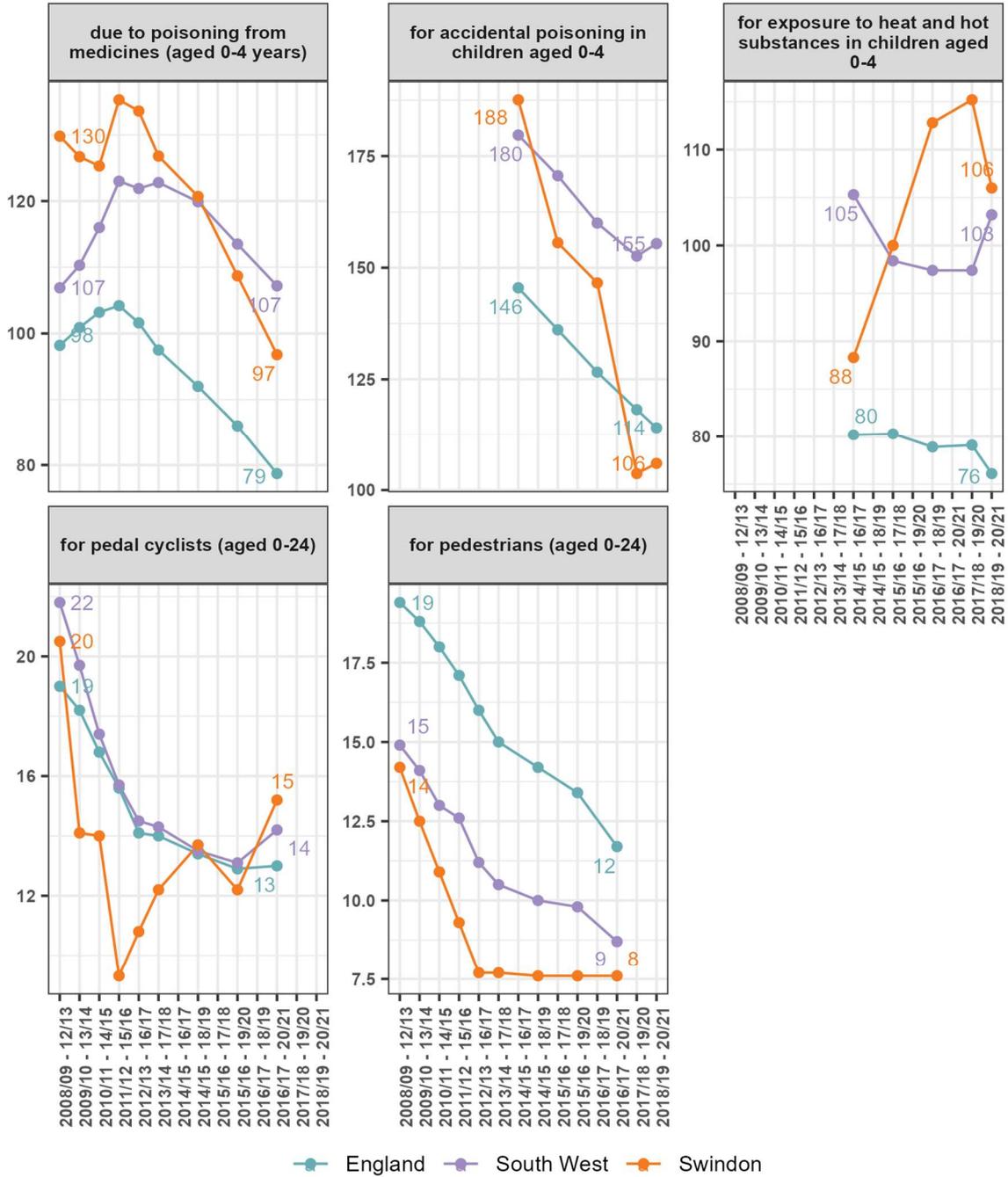


Source: LG Inform Plus

FIGURE 17: A&E ATTENDANCE BY AGE GROUP

Emergency Admissions

crude rate per 100,000



Source: OHID Fingertips

FIGURE 18: EMERGENCY ADMISSIONS BY CAUSE IN CHILDREN AND YOUNG PEOPLE

5.2 Oral Health

Tooth extractions due to decay are the leading cause of elective hospital admissions in children aged 5 to 9 years old nationally and locally. Swindon demonstrates significantly higher rates of these compared to both the South West and England.

Good oral health plays a key role in many areas of our lives, helping us to chew our food, speak clearly, and give our face its shape. Furthermore, poor dental health and tooth decay can be associated with a range of other health conditions such as cardiovascular disease, pregnancy and birth complications and chest infections^{44, 45}.

Data on dental health for 3-year olds shows higher rates of dental decay for the South West region compared to England. Data for Swindon prior to the COVID-19 pandemic shows it had one of the lowest percentages of 3-year olds with dental issues.

At age 5, Swindon exhibits a significantly higher prevalence of dental decay (28.9%) compared to both England (23.4%) and the South West (20.4%). This trend is alarming, especially considering that while dental decay rates have been declining or plateauing in England and the South West, Swindon's rates have been increasing. At a national level, dental decay in this age group is much more common among the most deprived groups and children of Asian/Asian British ethnicity.

Among 12-year-olds, the last national survey in 2009 indicated that Swindon had a lower prevalence of dental decay compared to the national average for England. However, tooth extractions due to decay are a significant concern, being the leading cause of elective hospital admissions in children aged 5 to 9 years old nationally and locally. Swindon consistently demonstrates higher rates of hospital tooth extractions compared to both the South West and England averages, with rates notably elevated in the 6-10 age group. Swindon's higher admission rate for 2021/22 is evident in Figure 19.

The percentage of CYP in Swindon who have not accessed NHS dental services in the previous year is the highest in the BSW region (Figure 20), and it is higher than the England average. Across all ages, children of Asian or Asian British ethnicity and children in most deprived areas had the highest rate of dental complications requiring admission.

⁴⁴ The Mayo Clinic. Oral health: A window to your overall health [Internet]. Available from: <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>

⁴⁵ The Oral Health Foundation. The importance of a healthy smile [Internet]. Available from: <https://www.dentalhealth.org/healthysmile>

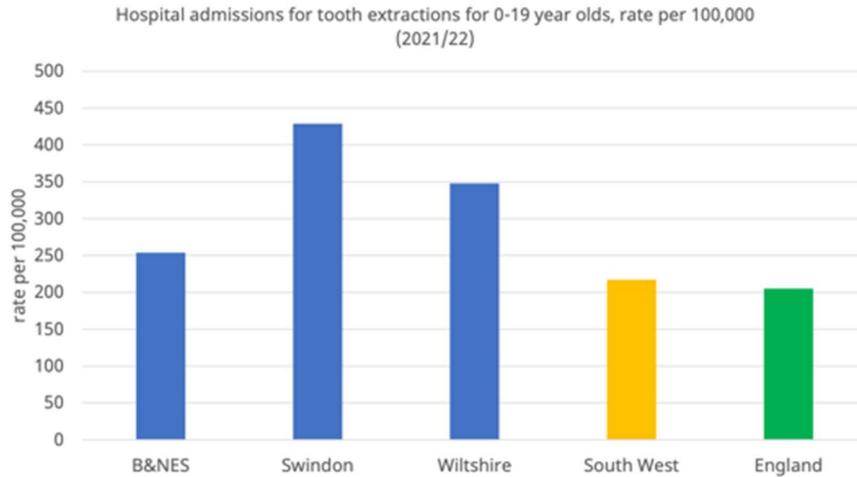


FIGURE 19: HOSPITAL ADMISSIONS FOR TOOTH EXTRACTION AMONG 0-19-YEAR-OLDS 2021/22 ⁴⁶

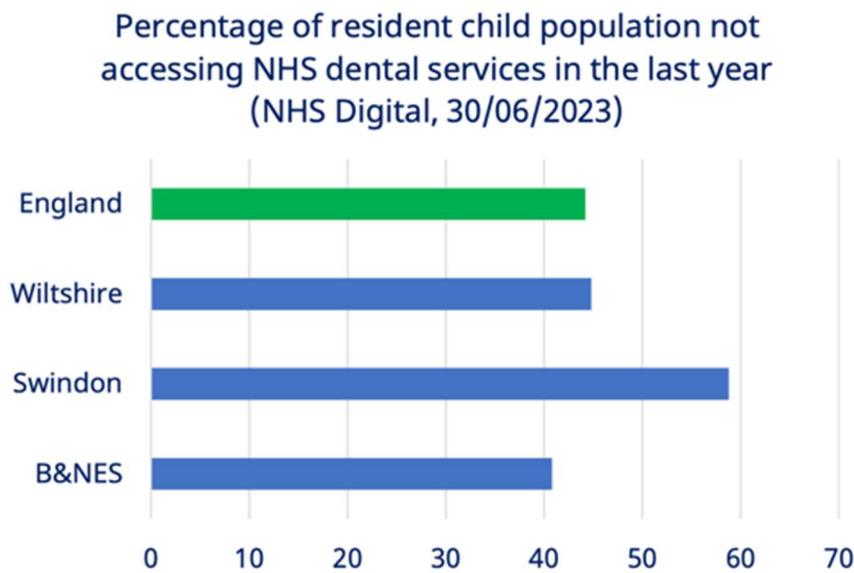


FIGURE 20: PERCENTAGE OF SWINDON'S CYP NOT ACCESSING NHS DENTAL SERVICES ⁴⁷

These findings underscore the urgent need for targeted interventions to address dental health disparities, especially in Swindon and among children from deprived backgrounds. Enhanced prevention efforts, access to dental care services, and community education

⁴⁶ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - BSW Oral Health Priorities Population Health Board

⁴⁷ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - BSW Oral Health Priorities Population Health Board

initiatives are essential to mitigate the burden of dental decay and reduce the need for hospital interventions among children in Swindon.

This topic is covered in greater detail in the [2023 Swindon Oral Health Needs Assessment](#).

5.3 Childhood Vaccinations

Most vaccinations offered to children in Swindon have a higher coverage than the national average but lower than the regional average.

Coverage for both the DTAP/IPV Booster and MMR booster falls below the national 90% target and has been trending downwards since 2015.

HPV vaccination coverage fell dramatically in 2019/20 due to the impact of COVID-19 and has not fully recovered.

Vaccinations are one of the most effective ways to protect CYP from infectious diseases such as Measles and Meningitis. Not only this, having a suitably high percentage of the population being immunised limits the spread of infectious diseases (often referred to as population or herd immunity) and protects those who cannot be vaccinated, such as newborns or those who have compromised immune systems. Within Swindon, childhood vaccinations follow the schedule set by NHS England and are generally delivered through GP Practices or the local school-aged immunisation service depending on age. These are broadly grouped as vaccinations offered by 12 months of age, 2 years, 5 years and additional vaccinations throughout childhood. These are summarised in Table 4.

Table 4: Simplified Vaccination Schedule ⁴⁸

Age	Vaccinations
Vaccinations Under 12 months	Rotavirus The 6 in 1 Vaccine - Diphtheria, Tetanus and Pertussis (DTAP), Inactivated Poliovirus vaccine (IPAV) and Haemophilus, Influenza Type B (HiB) Meningitis B (Men B) Pneumococcal vaccine (PCV)
Vaccinations Under 2 years	PCV Booster Hib and Meningitis C Booster Measles, Mumps and Rubella (MMR) MenB Booster
Vaccinations Under 5 years	DTAP and IPV Booster MMR Booster
Additional Vaccinations in Childhood	Childhood Flu Vaccine Human Papilloma Virus (HPV) Vaccine The 3-in-1 Teenage Booster Vaccine – tetanus, diphtheria and polio Meningitis ACWY Vaccine

Swindon coverage for vaccines offered by 12 months of age is higher than the national average but lower than the regional average (where comparisons are available). When compared to its CIPFA statistical neighbours, Swindon has very similar vaccine coverage for MenB, Rotavirus and PCV vaccinations.

In 2022/23, Swindon recorded higher coverage for vaccines administered by 2 years of age than the national average but lower coverage than the South West regional average for most vaccines within this group. Coverage for all four of these vaccines increased from the 2021/22 period.

Data for 2022/23 shows that vaccination coverage for both the DTAP/IPV Booster (85.5%) and the MMR booster (86.8%) given at 3 years and 4 months fell below the national 90% target and has been trending downwards since 2015. However, it should be noted that coverage rates are higher than the national and CIPFA neighbour average in both cases, and a downward trend is being seen across the UK. Both figures are lower than the regional averages.

Across Swindon, flu vaccine coverage in 2-3-year-olds is higher than the national average but lower than the regional average. This has been reducing since 2020. Conversely, coverage in primary school children has increased significantly since 2021, and levels are now higher than the national average, something which was not previously the case.

⁴⁸ The Department for Health and Social Care. Complete routine immunisation schedule. Available from: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

HPV vaccination coverage in females aged 12 to 13 fell dramatically in 2019/20 due to the impact of Covid-19 on school-based vaccination programmes. Although vaccine coverage in this group for 2022/23 has improved towards pre-pandemic levels, some concerns remain, with rates standing at 74.1.% for one dose in females, which is well below the 90% target. The latest data for coverage in males stands at 58.4% for one dose in 2020/21; however, due to the HPV programme only recently extending its offer to include males (September 2019), there is no long-term data for effective comparison of these vaccination rates.

The Men ACWY vaccine is given to children aged 13 to 15 (school years 9 or 10) to boost protection against 4 different strains of the meningococcal bacteria that can cause meningitis and septicaemia. Within Swindon, this is offered to children in years 9 and 10 both through their schools and GPs. In August 2022, children in Swindon had a vaccine coverage of 57.4% by the end of year 9, and 75.9% by the end of year 10 (down from 76.6 in 2020/21). This is slightly lower than the England national average of 79.6% but higher than the South West average of 73.9%. As with the teenage booster, due to the impact of data collection in the period following the pandemic, it is expected that uptake will be higher than this.

This topic is covered in greater detail in the [Health Protection Annual Report for Swindon 2022/23](#).

5.4 Prevalence and Incidence of Common Physical Conditions in Children

Data relating to the incidence and prevalence of physical health conditions among CYP is difficult to obtain and is often of poor quality. Epilepsy may be an area of concern, with the admission rates being above the national and regional averages and increasing year-on-year since 2015.

Data relating to the incidence and prevalence of physical health conditions among CYP is difficult to obtain and is often of poor quality. Among CYP nationally, asthma, epilepsy and diabetes are among the most common chronic physical health conditions and have each been highlighted in the Children's Core20Plus5 approach to healthcare by NHS England ^{49,50}.

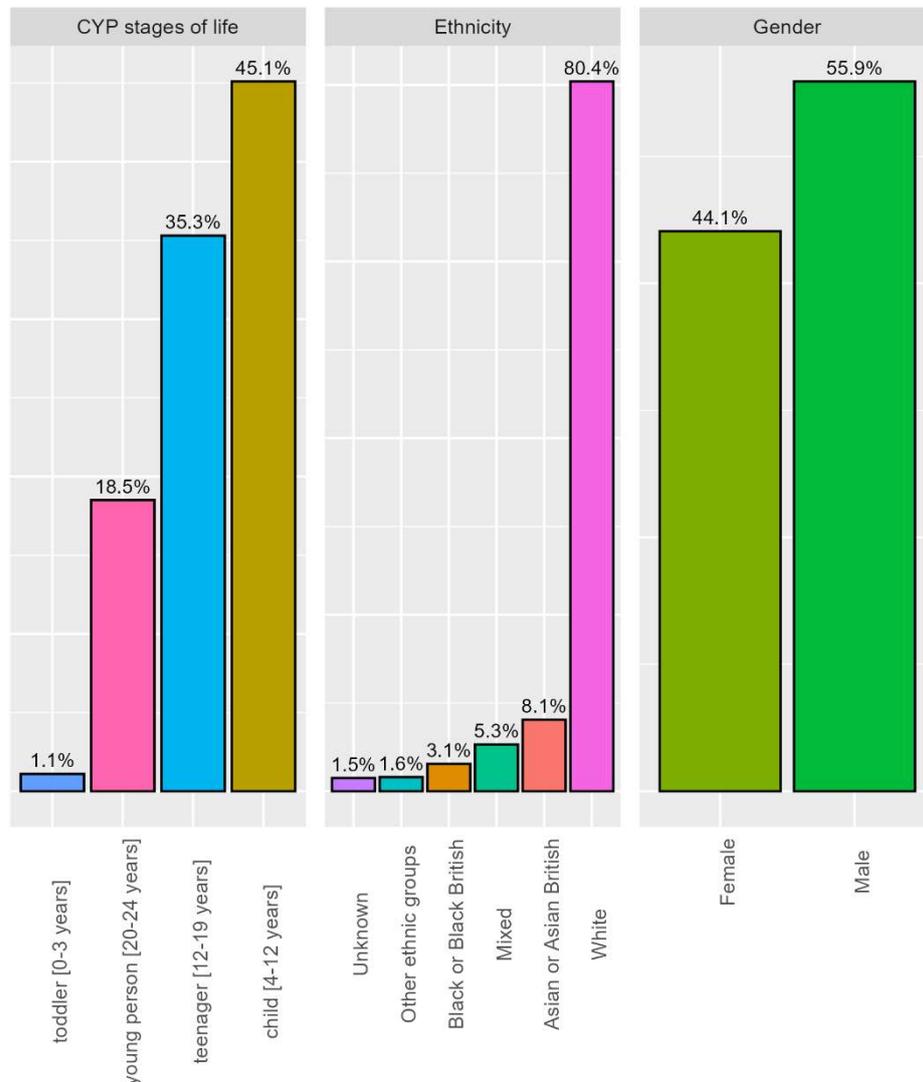
It should be noted that in the following sections, some data sources used are inherently low quality. GP records specifically may not be updated, children may be diagnosed in a setting other than their GP, and the estimated prevalence is based on the whole cohort of CYP rather than those registered with GPs.

⁴⁹ The Royal College of Paediatrics and Child Health. State of Child Health in the UK [Internet]. Available from: <https://stateofchildhealth.rcpch.ac.uk/>

⁵⁰ NHS England. Children's Core20Plus5 Infographic [Internet]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2022/11/core20plus5-cyp-infographic-v2.pdf>

FIGURE 21: CHILDREN AND YOUNG PEOPLE REGISTERED WITH ASTHMA ON THEIR GP RECORDS, BY SWINDON WARDS

CYP patients (0-24 years old) living with asthma Swindon patients registered with Swindon GP practice as at February 2024



Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 22: SWINDON CYP PATIENTS WITH ASTHMA ON THEIR GP RECORDS BY AGE, ETHNICITY AND GENDER

Among CYP, the rate of admissions for asthma in Swindon follows the trends seen regionally and nationally, with a general decrease in the previous year. This is highlighted in Figure 23. It should be noted that the most recent data from 2021/22 showed a slight increase from 2020/21, which may come as the result of asthma control in the community being impacted by the COVID-19 pandemic.

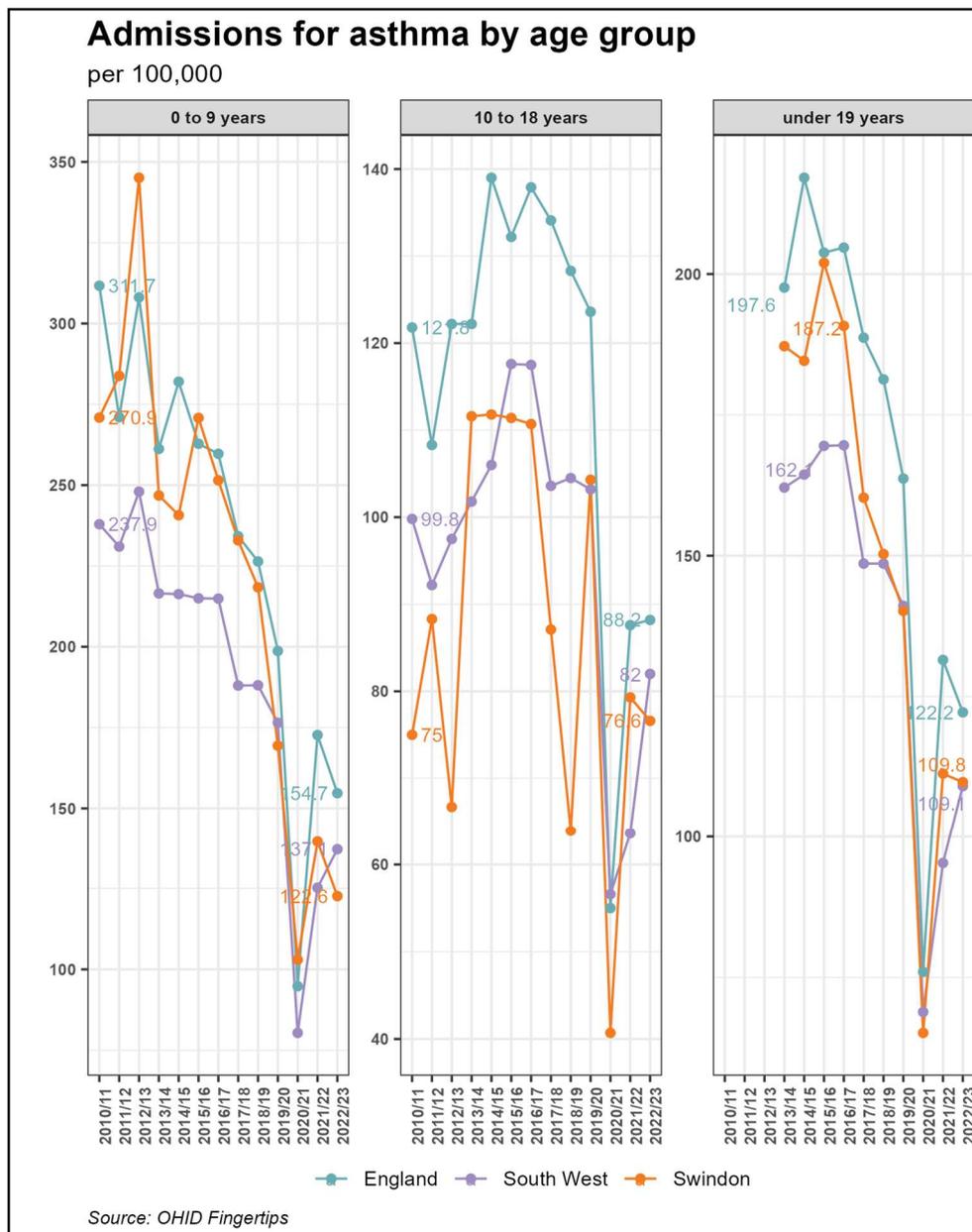


FIGURE 23: ADMISSIONS FOR ASTHMA

5.4.2 Epilepsy

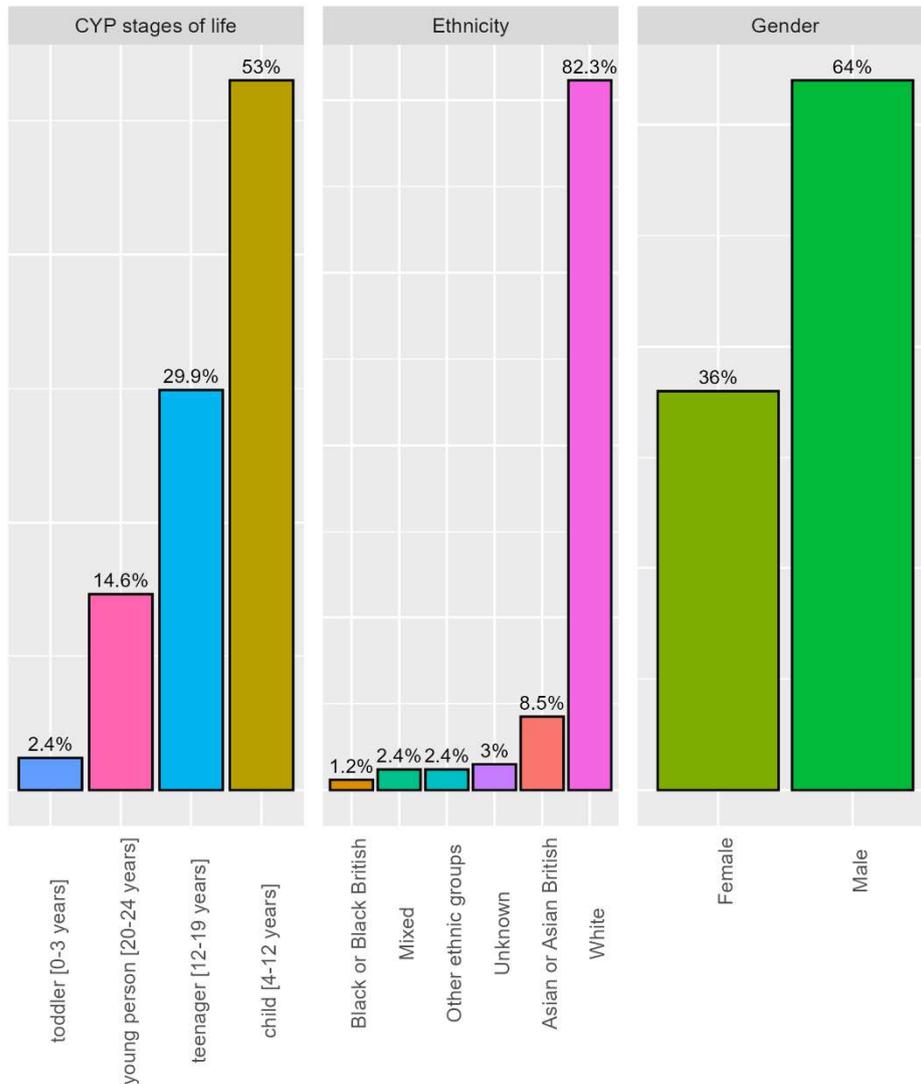
Epilepsy is a condition which causes people to have repeated seizures. These seizures can take many forms including losing consciousness and shaking. About 1 in 30 people in the UK develop epilepsy at some stage in their lives. It most commonly starts in childhood and in people aged over 60⁵³.

⁵³ Patient UK. Epilepsy [Internet]. Available from: <https://patient.info/brain-nerves/epilepsy-and-seizures#nav-0>

Within Swindon, an estimated 0.2% of CYP are currently diagnosed on their GP records with epilepsy⁵⁴. Of these, the majority were aged 4-12 and a small majority (64%) were male (Figure 24). Of this cohort, the area in which the largest proportion were based was Penhill and Upper Stratton and Liden, Eldene and Park South wards (Figure 25).

CYP patients (0-24 years old) living with epilepsy

Swindon patients registered with Swindon GP practice as at February 2024



Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 24: SWINDON CYP PATIENTS WITH EPILEPSY ON THE GP RECORDS, BY AGE, ETHNICITY AND GENDER

⁵⁴ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Common Health Conditions among CYP in Swindon

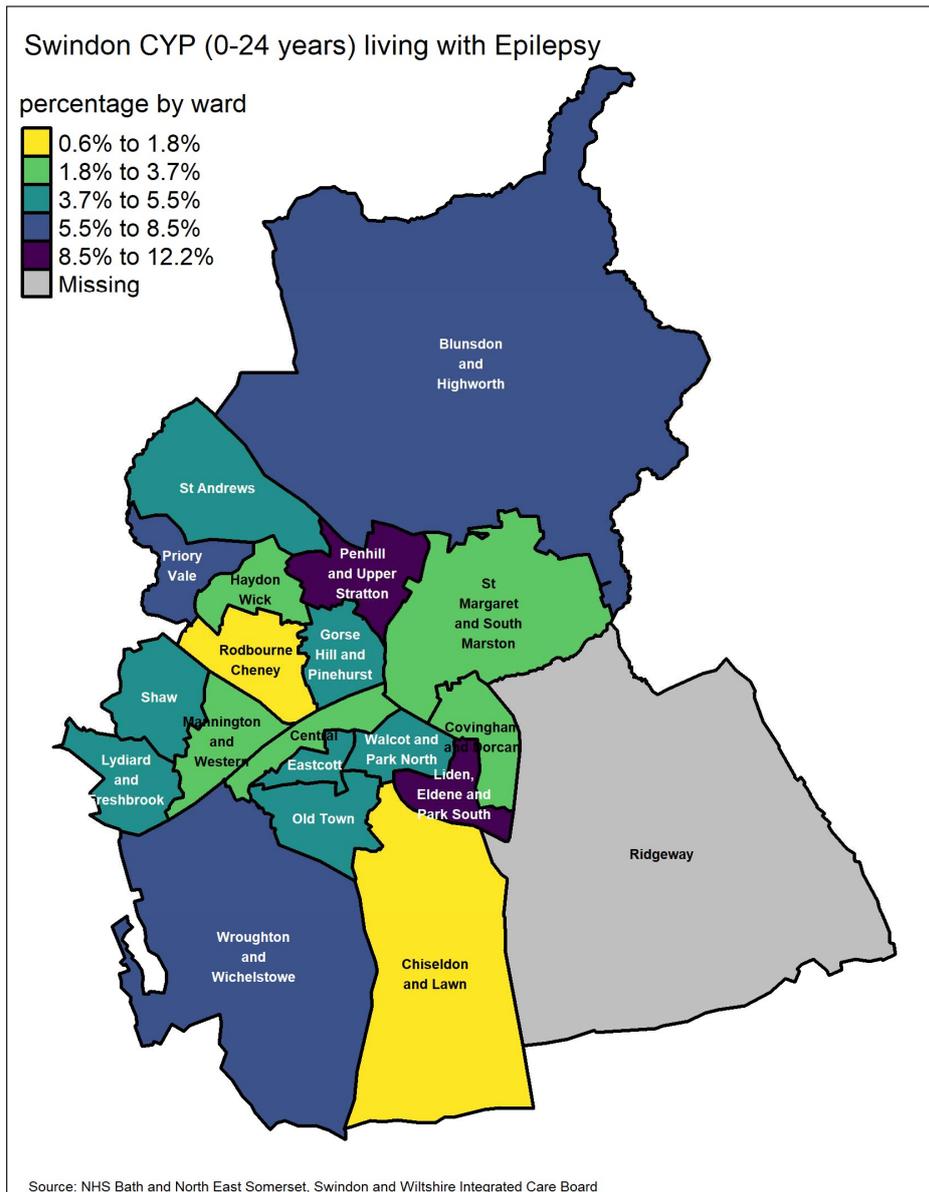


FIGURE 25: CHILDREN AND YOUNG PEOPLE REGISTERED WITH EPILEPSY ON THEIR GP RECORDS, BY SWINDON WARDS

The admission numbers for CYP with epilepsy are inherently quite small, and as such the admission rate varies considerably each year. Figure 26 shows a general trend is emerging in recent years, with admission numbers above the national and regional average, specifically among those under the age of 9 who have seen a year-on-year increase since 2014/15.

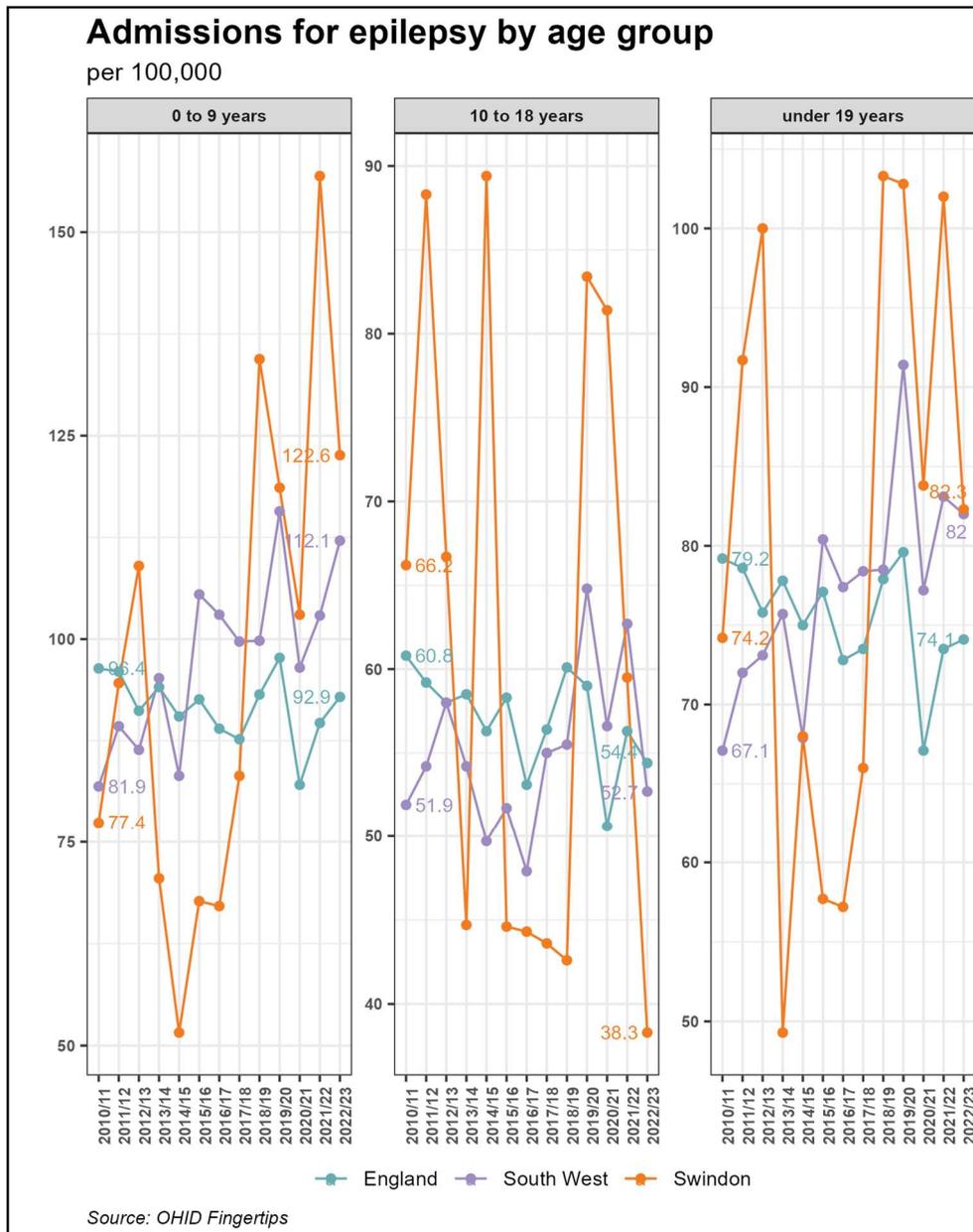


FIGURE 26: ADMISSIONS FOR EPILEPSY AMONG SWINDON'S YOUNG PEOPLE

5.4.3 Diabetes

Diabetes mellitus (often just called diabetes) occurs when sugar level in the blood is higher than normal. Two types of diabetes prevail: Type 1 and Type 2. Type 1 usually first presents in children or young adults. Type 2 usually first presents in older people and is often associated with being overweight. However, Type 2 diabetes is increasingly being diagnosed in CYP⁵⁵.

⁵⁵ Patient UK. Diabetes [Internet]. Available from: <https://patient.info/diabetes/diabetes-mellitus-leaflet>

Within Swindon, an estimated 0.3% of CYP are currently diagnosed on their GP records with either Type 1 or Type 2 diabetes ⁵⁶. Figure 27 highlights that of this cohort, the area in which the largest proportion were based is Walcot and Park North ward. A demographic breakdown of the CYP cohort with Diabetes (Figure 28) shows that the majority are aged 12-1, with an even split between males and females. A larger proportion than would be expected are White British (92.8%).

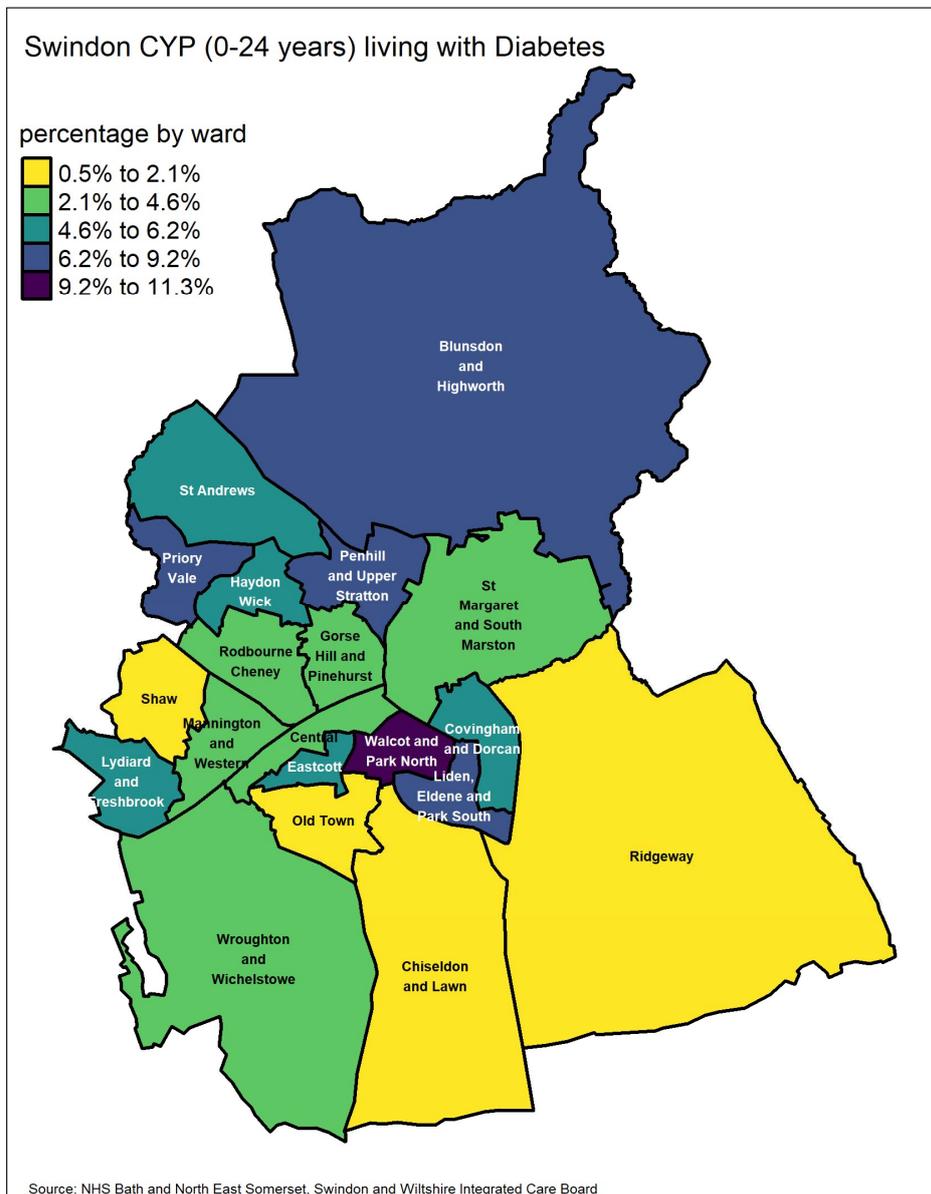
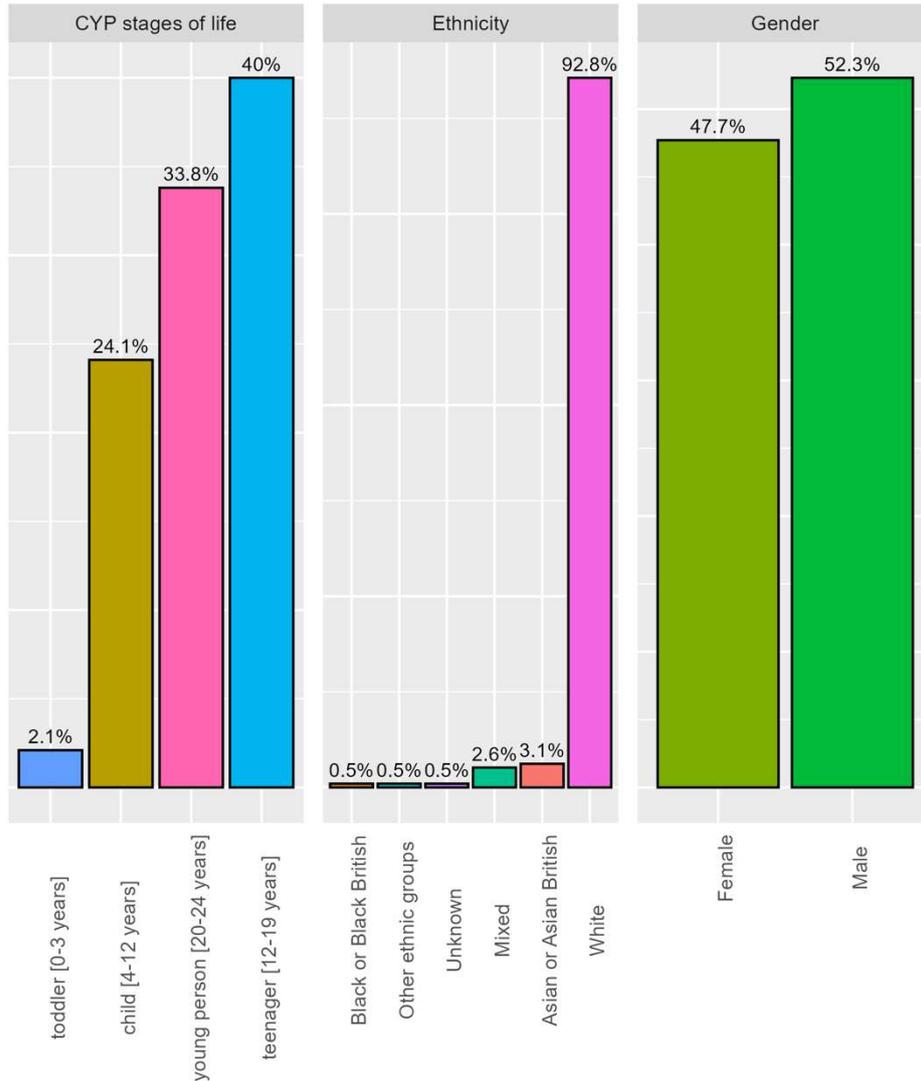


FIGURE 27: CHILDREN AND YOUNG PEOPLE REGISTERED WITH DIABETES ON THEIR GP RECORDS, BY SWINDON WARDS

⁵⁶ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Common Health Conditions among CYP in Swindon

CYP patients (0-24 years) registered with diabetes

Swindon patients registered with Swindon GP practice as at February 2024



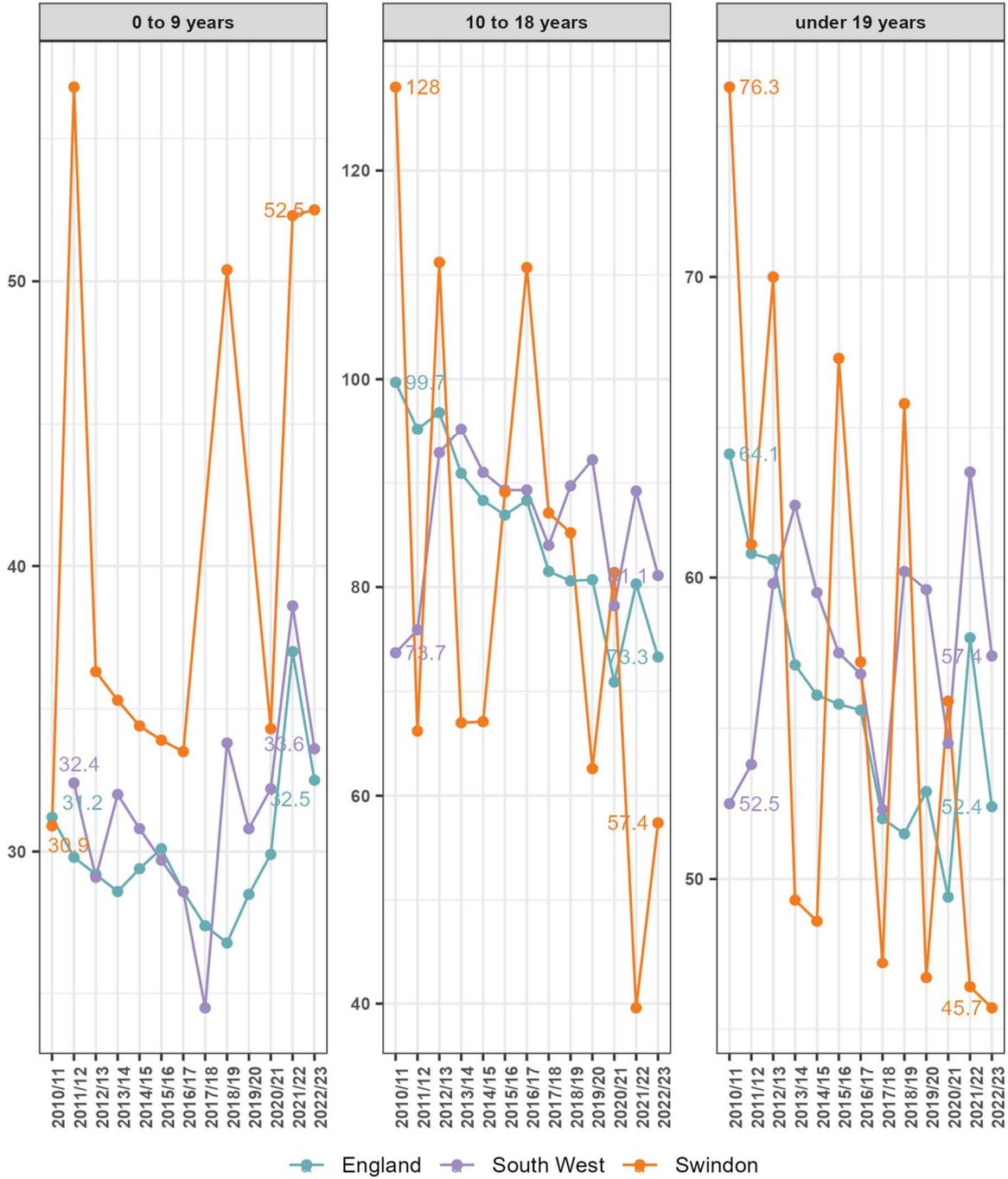
Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 28: SWINDON CYP PATIENTS WITH DIABETES ON THE GP RECORDS, BY AGE, ETHNICITY AND GENDER

The admission numbers for CYP with diabetes have varied over the years but for the CYP population aged under 19 years, they have been falling since 2010/11 (Figure 29).

Admissions for diabetes by age group

per 100,000



Source: OHID Fingertips

FIGURE 29: ADMISSIONS FOR DIABETES AMONG SWINDON'S YOUNG PEOPLE

6.0 Children's and Young People's Social, Emotional and Mental Health

Children and adolescents are facing unprecedented challenges with their social, emotional and mental health. The Royal College of Psychiatrists have highlighted the considerable increase in referrals to mental health services for CYP compared to previous years.

CYP in BSW have previously expressed a preference for receiving mental health support primarily from their family and friends, only turning to professionals if alternative avenues are unavailable. Concurrently, parents and carers express a desire for guidance and training on how to support young individuals while awaiting professional assistance⁵⁷.

A&E attendance for mental health problems in Swindon's CYP has remained stable since 2019. Of all admissions for mental health, the vast majority (87.5%) are White British, with the second most common group being Asian/Asian British (3.4%). Females represented 69% of these cases. Self-harm (hurting oneself as a way of dealing with difficult feelings, painful memories or overwhelming situations and experiences), was the most common cause of mental health-related attendance, followed by feeling depressed^{58,59}.

6.1 Hospital Admissions for Self-harm in CYP

Swindon has significantly higher admission rates for self-harm among CYP than the South West region and England average, particularly among individuals aged 10 to 24 years. CYP in the least deprived groups make up most attendances to A&E with mental health problems.

As well as the direct impacts of self-harm on CYP, self-harm in this group can result in long-term impact such as permanent damage and scarring. People who harm themselves may also feel ashamed and become depressed, as can their parents or family members⁶⁰.

Figure 31 highlights that Swindon has had much higher admission rates for self-harm among CYP than the South West and England. This is particularly the case among individuals aged 10 to 24 years. The CYP suicide rate within the Borough remains low, with fewer than 5

⁵⁷ Bath and North East Somerset, Swindon and Wiltshire ICB. *Young people's mental health* [Internet]. Available from: <https://bsw.icb.nhs.uk/your-health/which-nhs-service-should-i-use/young-peoples-mental-health/>

⁵⁸ Bath and North East Somerset, Swindon and Wiltshire ICB. *Internal Report - Acute Admissions and A&E Attendances (Mental Health)*.

⁵⁹ MIND. *What is self-harm?* [Internet]. Available from: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/>

⁶⁰ Ferrey AE, Hughes ND, Simkin S, Locock L, Stewart A, Kapur N, et al. *The impact of self-harm by young people on parents and families: a qualitative study*. *BMJ Open*. 2016 Jan;6(1):e009631.

suicides in Swindon between 2019 and 2024. However, every individual loss of a young life is a preventable tragedy.

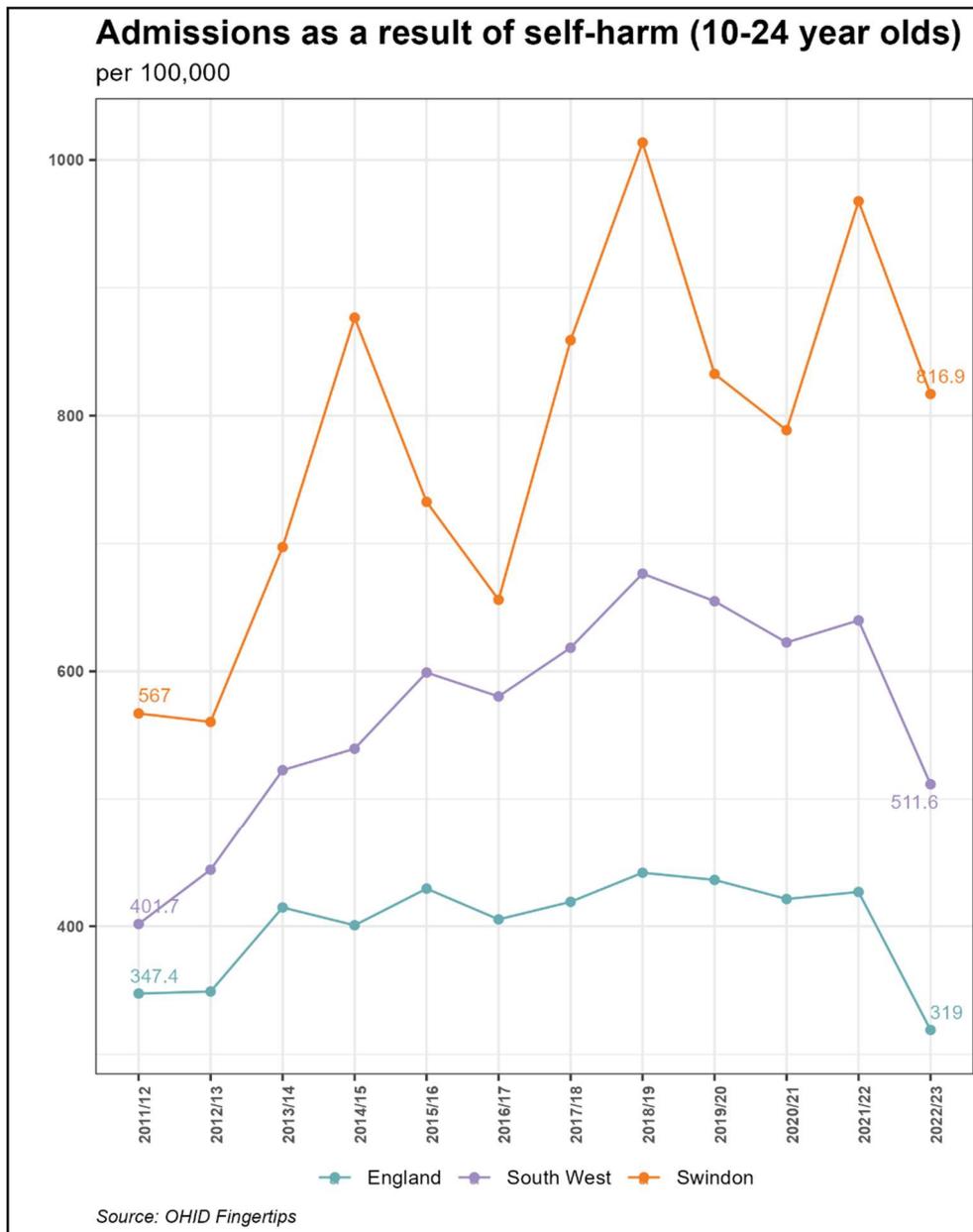


FIGURE 30: ADMISSIONS FOR SELF-HARM AMONG CYP

Figure 32 indicates a greater representation of CYP who were White British attending A&E departments presenting with a self-harm related condition/complaint from April 2021 – July 2024.

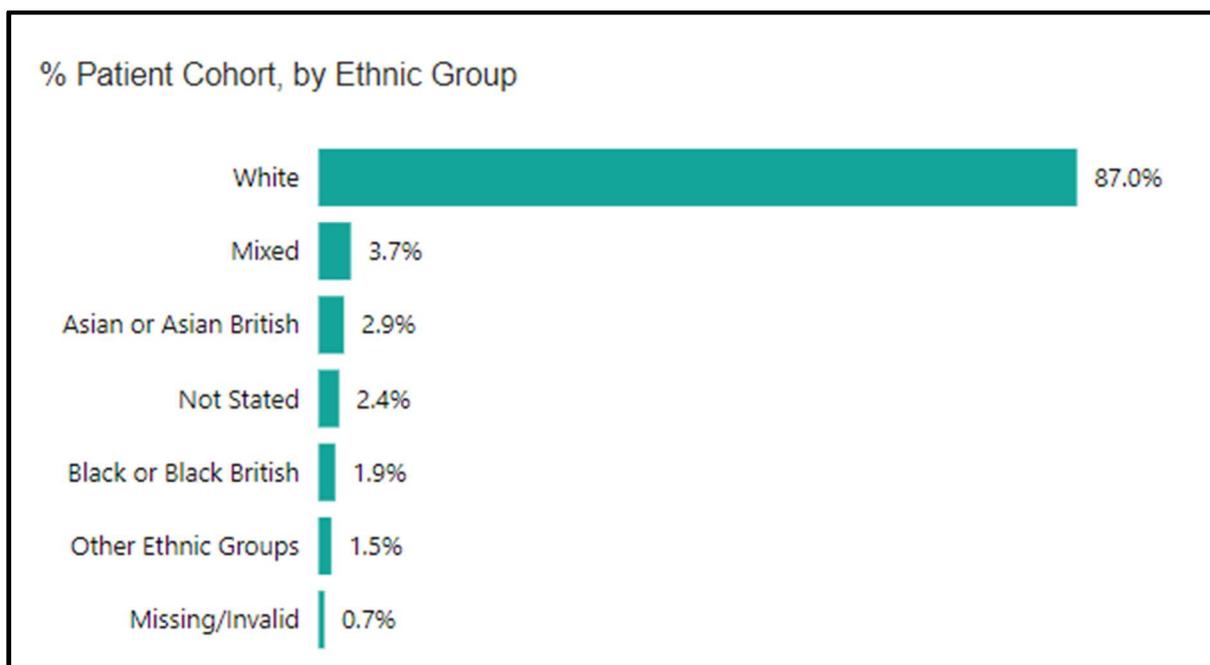


FIGURE 31: ADMISSIONS FOR SELF-HARM AMONG CYP BY ETHNIC GROUP FROM APRIL 2021 – JULY 2024. SOURCE: BSW ICB.

Aged 15 and under	Aged 16 to 24
34,345 (74.2%)	17,222 (79.7%)

In the 2023/24 “How Are You?” survey, 30% of year 8 students reported either having previously or currently self-harmed, with 3% self-harming on most days. This rises to over 20% of students in year 10 having previously self-harmed, and 5% self-harming most days. 35% of the year 10 cohort did not feel that they had healthy ways to manage difficult feelings, and 8% felt they did not have a single friend to turn to.

Among the year 10 students, girls were much more likely to be self-harming frequently, with 6% of girls in the survey self-harming each week compared to 1% of boys⁶¹. This data is illustrated in Figure 32.

⁶¹ Swindon Borough Council. Internal Report - How Are You? survey.

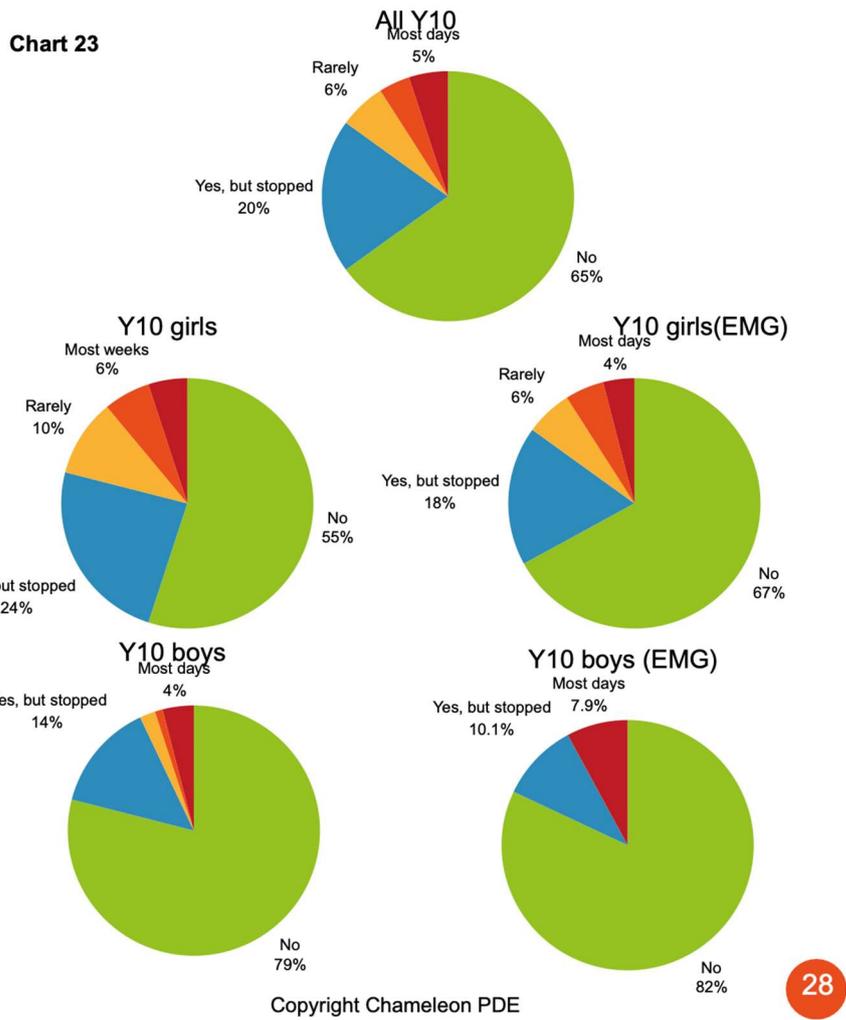


FIGURE 32: CYP SELF-HARM IN SWINDON'S HOW ARE YOU? SURVEY. EMG: ETHNIC MINORITY GROUP ⁵⁵

Figure 33 reports the majority of CYP attendees to A&E with mental health problems come from those in the least deprived groups ⁶². However, a higher rate of CYP living in more deprived areas attend A&E for this reason (Figure 34). The lower number of attendances for those in more deprived areas may be a result of lower need, but may also be that CYP in more deprived areas are less able or willing to access health services.

⁶² Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Acute Admissions and A&E Attendances (Mental Health).

% Patient Cohort, by IMD Decile (where 1 is most deprived 10% of LSOAs)

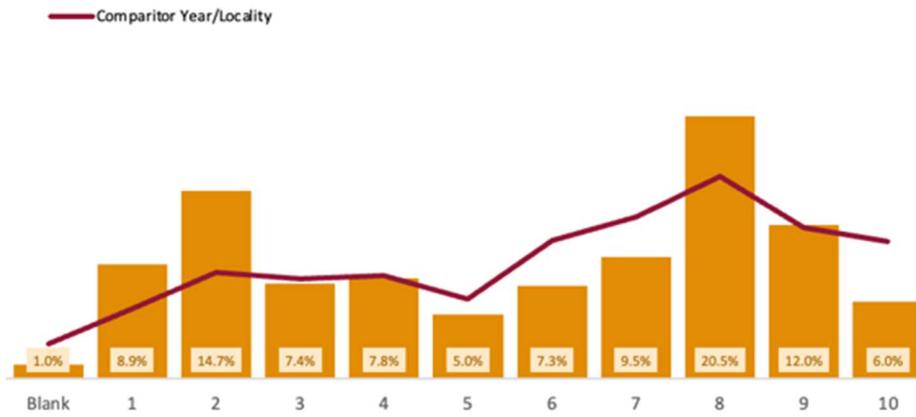


FIGURE 33: CYP ATTENDANCE TO A&E PRESENTING WITH MENTAL HEALTH PROBLEMS BY IMD DECILE IN SWINDON ⁶³

Crude % Patient Cohort, by IMD Decile (where 1 is most deprived 10% of LSOAs)



FIGURE 34: CRUDE PATIENT PERCENTAGE OF A&E ATTENDANCES FOR MENTAL HEALTH PROBLEMS AMONG SWINDON'S CYP ⁶⁴

A comparison of inpatient admissions in Swindon to national, regional and statistical neighbours levels (Figure 35) shows that Swindon exhibits a higher admission rate per 100,000 CYP aged 0-17 than its statistical neighbours and England.

⁶³ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Acute Admissions and A&E Attendances (Mental Health)

⁶⁴ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Acute Admissions and A&E Attendances (Mental Health)

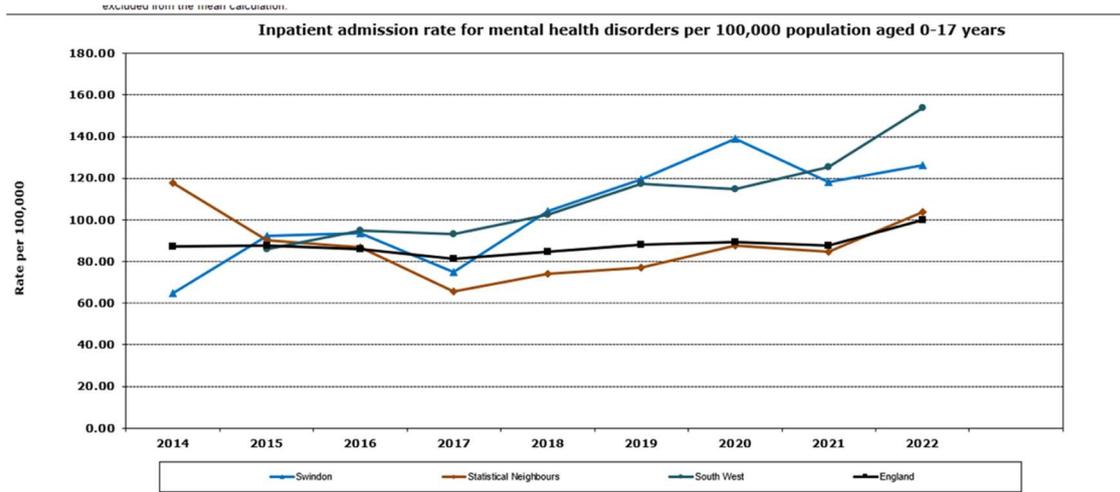


FIGURE 35: INPATIENT ADMISSION RATE FOR MENTAL HEALTH DISORDERS AMONG SWINDON'S 0-17-YEAR-OLDS⁶⁵

These findings underscore the urgent need for targeted interventions and support systems to reduce self-harm and increase support and coping mechanisms for good mental health.

6.2 Prevalence and Incidence of Mental Health Conditions in Children

Data relating to the incidence and prevalence of mental health conditions among CYP is difficult to obtain and is often of poor quality. An estimated 2% of CYP within Swindon are diagnosed on their GP records with depression.

Data relating to the incidence and prevalence of mental health conditions among CYP is difficult to obtain and is often of poor quality. Depression is one of the most common mental health conditions impacting CYP, with an estimated national prevalence of 1% in pre-pubertal children and around 3% in post-pubertal young people ⁶⁶.

Within Swindon, an estimated 2% of CYP are currently diagnosed on their GP records with depression. A demographic breakdown of this cohort (Figure 36) reveals the majority were aged 20-24 and the vast majority were female (67%). A larger proportion than would be expected were White British (90% compared to 81.5% of Swindon's baseline CYP population being White British). Of this cohort, the largest proportion were based in Penhill and Upper Stratton ward (Figure 37).

Between Feb 2023 and March 2024, the number of CYP utilising mental health services at a BSW level ranged from 4,700 to 9,850 per month. Specific data is not available for Swindon,

⁶⁵ Department for Education. Local authority interactive tool (LAIT). Available from: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

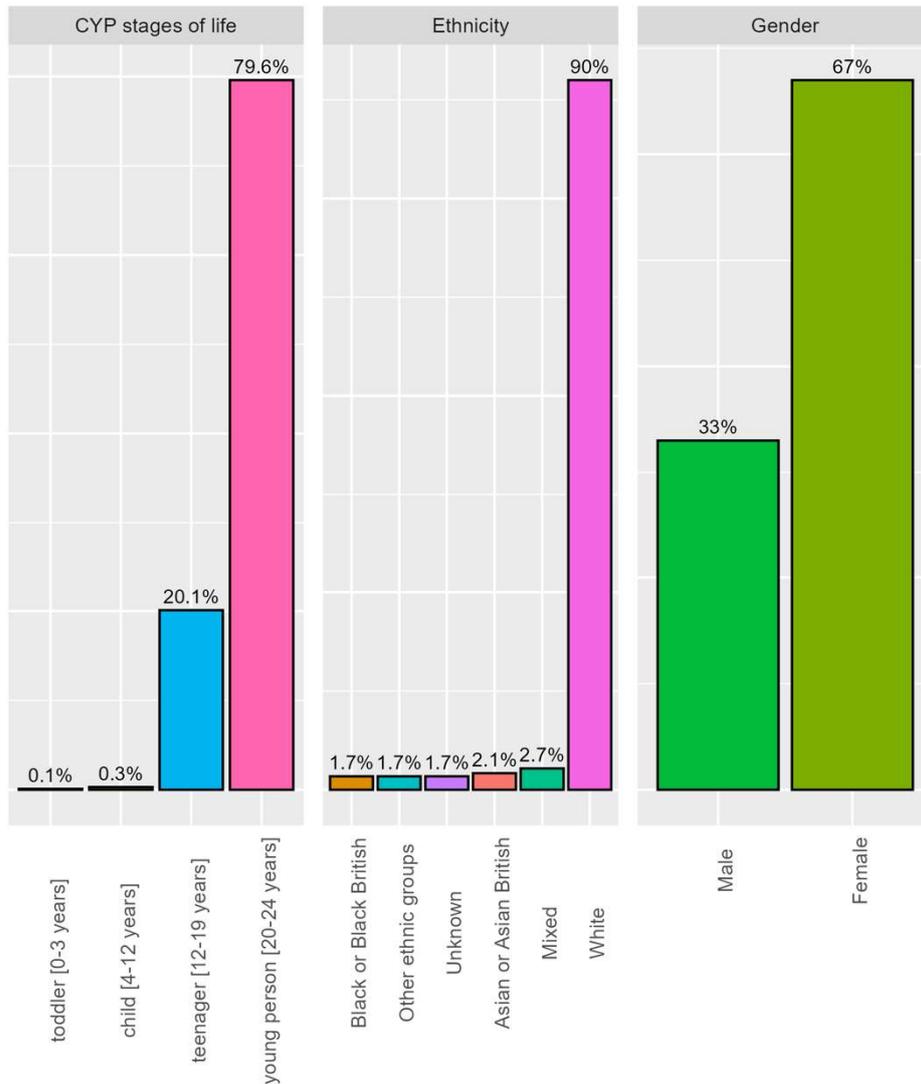
⁶⁶ NICE. Depression in Children [Internet]. Available from: <https://cks.nice.org.uk/topics/depression-in-children/background-information/prevalence/#:~:text=Prognosis-,%20How%20common%20is%20it%3F,no%20sex%20difference%20in%20prevalence.>

and certain elements of data collection were lost during a cyberattack on the NHS – for example, no data is available for eating disorders among CYP ⁶⁷.

It should be noted that these data sources may contain some inherent biases, as GP records may not be updated, children may be diagnosed in a setting other than their GP, and the estimated prevalence is based on the whole cohort of CYP rather than those registered with GPs.

CYP patients (0-24 years) with Depression

Swindon patients registered with Swindon GP practices as at February 2024



Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 36: SWINDON CYP PATIENTS WITH DEPRESSION ON THE GP RECORDS, BY AGE, ETHNICITY AND GENDER

⁶⁷ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Mental Health Performance Dashboard.

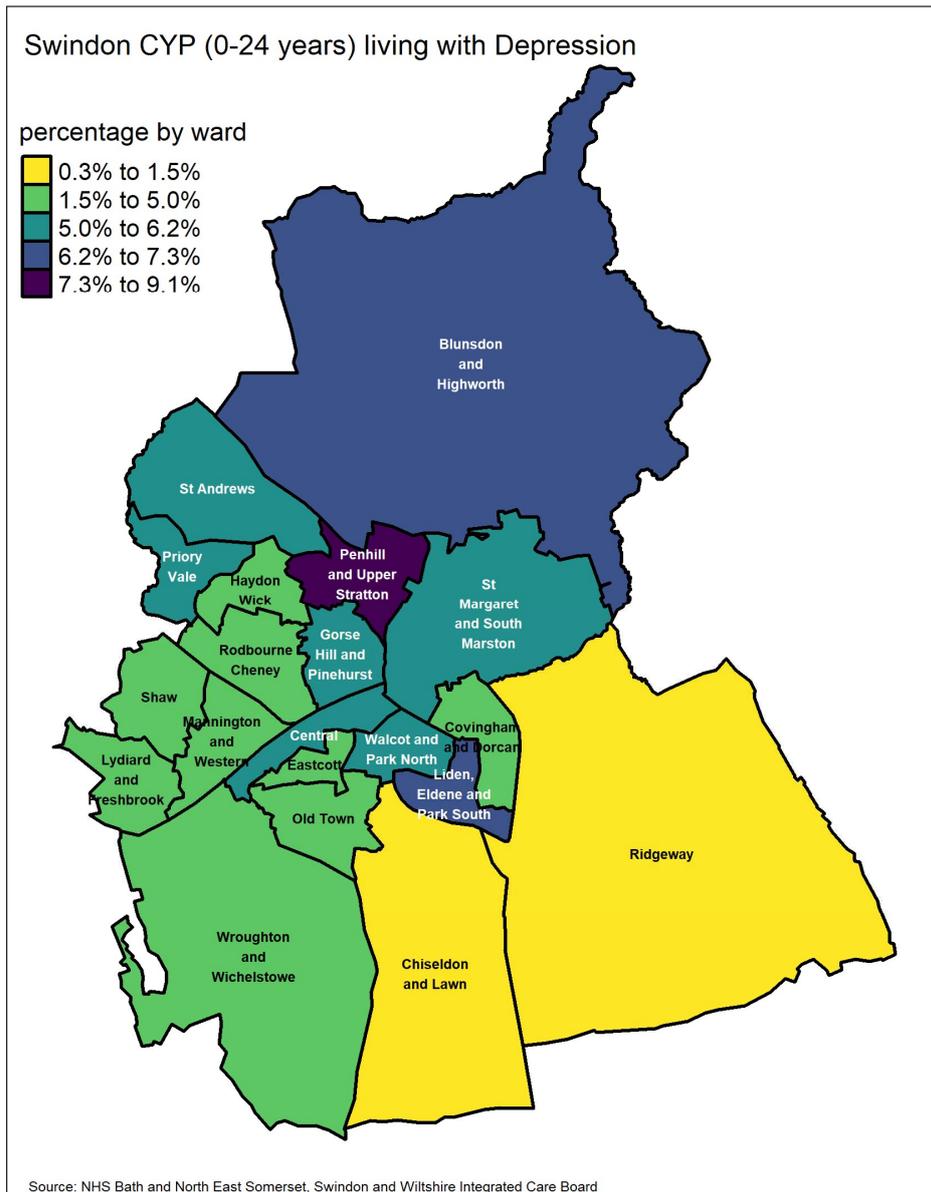


FIGURE 37: CHILDREN AND YOUNG PEOPLE REGISTERED WITH DEPRESSION ON THEIR GP RECORDS, BY SWINDON WARDS

6.2.1 Eating Disorders

Eating disorders can affect anyone, but young people and young adults are more often affected. With treatment, most people can recover from an eating disorder, and so early intervention and timely support is important ⁶⁸.

The Swindon Schools “How Are You?” Survey 2023-2024 results suggest 38% of year 8 pupils are not happy or OK with how they look. For year 8 girls, this is 50%. This rises to 47% of year 10 pupils not reporting that they are happy or OK with how they look. For year 10 girls, this is 56%. This is a concern in relation to the potential risk of eating disorders, whilst

⁶⁸ The NHS. Overview – Eating disorders [Internet]. Available from: <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>

recognising that there are also wider genetic, biological, psychological, environmental, and social factors that can also lead to eating disorders.

Data from the Swindon CAMHS service suggests that there may be barriers to timely access to support for eating disorders for CYP in Swindon. However, due to data quality concerns this requires ongoing monitoring.

6.3 Children with Social, Emotional or Mental Health Needs

There are a similar proportion of CYP in Swindon who have SEMH to those in the South West. The majority of these are secondary school students.

Social, Emotional and Mental Health Difficulties (SEMH) are a subset of Special Educational Needs and Disabilities (SEND). Children with SEMH may find it challenging to regulate their emotions and behaviours, often exhibiting inappropriate reactions and sentiments in various situations. Consequently, they encounter difficulties in establishing and sustaining relationships with both peers and adults. Additionally, engaging in learning and adapting to mainstream education settings poses considerable hurdles for children with SEMH, with feelings of anxiety, fear, and being misunderstood being common ⁶⁹.

Figure 38 shows that Swindon has the same proportion of school-age children classified as having SEMH as the South West average (3.9%). Both remain higher than the England average (3.3%). Within Swindon, a higher proportion of secondary school students have been classified as having SEMH (4.5%) than primary school students (2.9%). This contrasts with the pattern seen nationally where 2.8% of primary school pupils are recorded as having SEMH compared to 3.5% of secondary school pupils ^{70,71}.

⁶⁹ Southampton City Council. *What are Social, Emotional and Mental Health Difficulties (SEMH)?* [Internet]. Available from: <https://www.southampton.gov.uk/schools-learning/send-local-offer/intro-send/send-conditions/semh/>

⁷⁰ LG Inform. *Number of pupils in state-funded secondary schools in England* [Internet]. Available from: https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=AllRegions_England&mod-metric=2205&mod-type=namedComparisonGroup&mod-period=1

⁷¹ LG Inform. *Total number of CYP with Social, Emotional and Mental Health primary need with in State-funded secondary in England* [Internet]. Available from: https://lginform.local.gov.uk/reports/lgastandard?mod-metric=21105&mod-area=E92000001&mod-group=AllSingleTierAndCountyLainCountry_England&mod-type=namedComparisonGroup&mod-period=1

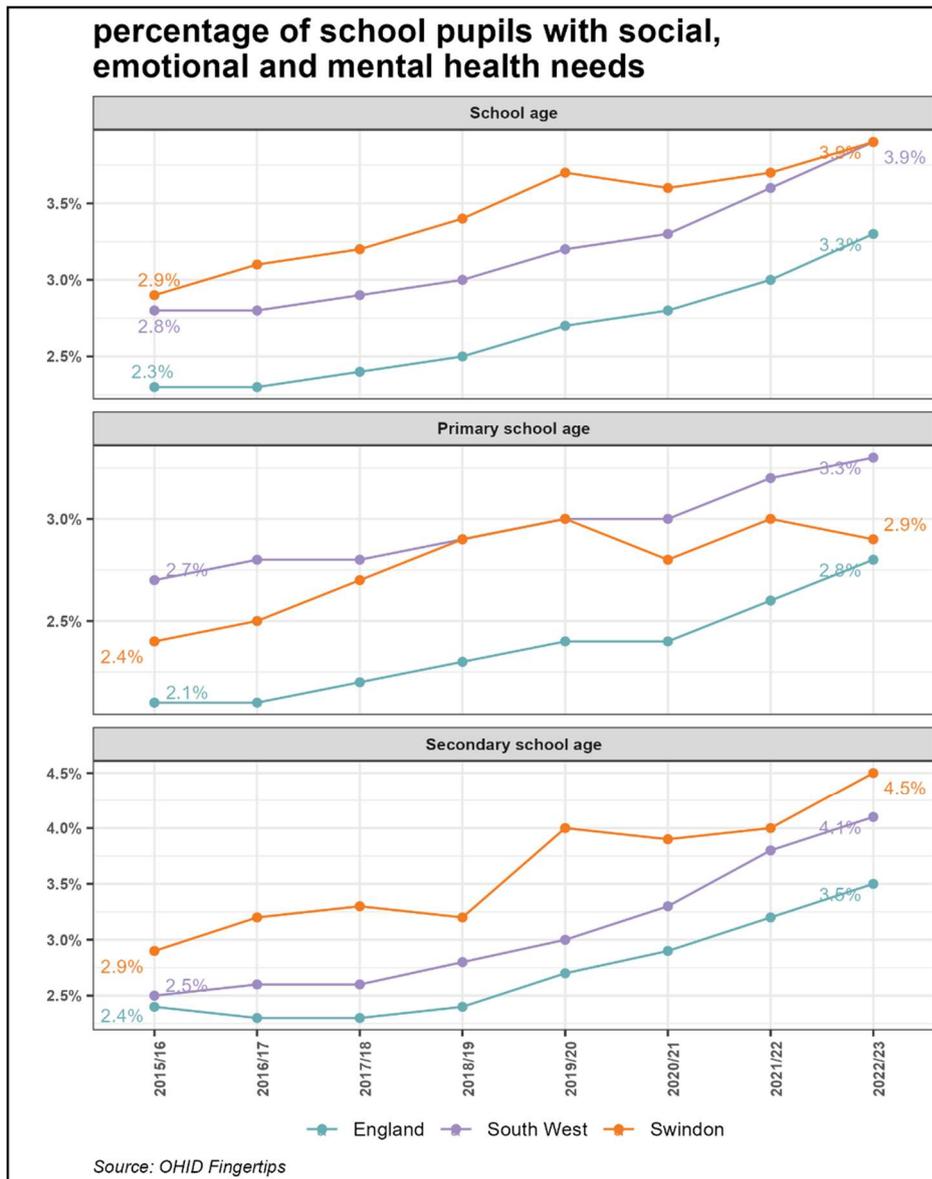


FIGURE 38: SCHOOL CHILDREN WITH SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

6.4 Children and Young People’s Mental Health Services

Within Swindon, the majority of CYP mental health support services are provided by Oxford Health Children and Adolescent Mental Health Services (CAMHS). Between 2022 and 2023, the BSW system saw a steady increase in the number of CYP accessing CAMHS. Figure 39 shows us that by November 2023, 6,152 CYP had accessed Mental Health services in the previous 12 months, an increase of 16% compared to November 2022 ⁷².

Due to the increased demand for CAMHS referrals, some stakeholders have anecdotally seen an increase in waiting list times for CYP waiting to be seen by some mental health services. There is a potential risk of worsening mental health for the CYP during this period.

⁷² Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - BSW CAMHS and Adult Eating Disorders Performance Report.

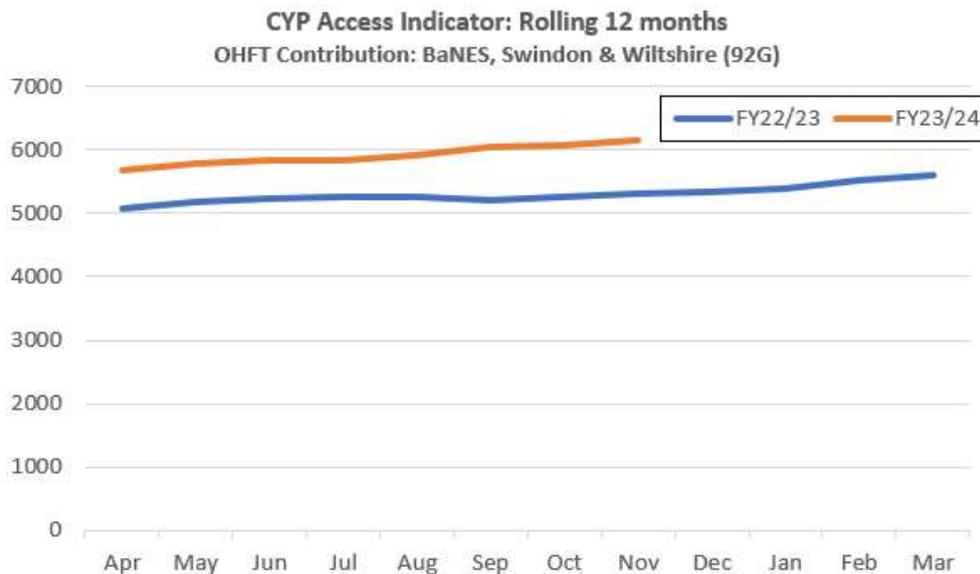


FIGURE 39: THE NUMBER OF CYP ACCESSING OXFORD HEALTH'S CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) IN BSW⁷³.

In addition to Oxford CAMHS, an additional service called BeU Swindon, commissioned by the BSW Integrated Care Board, was launched on 1st October 2023. BeU Swindon is a free, accessible, and comprehensive service that encompasses therapeutic interventions such as counselling, youth work, and social prescribing. It also provides a digital self-help platform and the Mental Health Teams in School (MHST). This service covers CYP from age 0-18 years (or up to 25 for those CYP who are care experienced and/or have SEND), their parent/carers/guardians, professionals and the school community across Swindon.

BeU Swindon takes a whole school approach in line with the Thrive Model⁷⁴, combining the existing three services - Targeted and Mental Health Support (TAMHS), MHST, and introducing a revised online resource/digital counselling offer called 'The Sandbox'.

6.5 Boys' Mental Health

No data sources are available relating to boys' mental health; however, a gap has been identified regarding appropriate coping strategies and therapeutic options for boys in the Borough.

Though fewer boys than girls reach out for support regarding suicidal feelings, twice as many boys aged 10 to 19 die by suicide compared to girls each year⁷⁵. Swindon Public Health team is working with partners to address an identified gap regarding appropriate coping strategies and therapeutic options for boys.

⁷³ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - BSW CAMHS and Adult Eating Disorders Performance Report

⁷⁴ Anna Freud. Thrive Booklet. Available from: https://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

⁷⁵ NSPCC. We All Feel It campaign tackles boys' mental health and suicide [Internet]. Available from: <https://www.nspcc.org.uk/about-us/news-opinion/2022/2022-03-02-childline-launches-campaign-to-tackle-boys-mental-health/>

A small sample of Swindon’s primary and secondary schools have confirmed that they do not currently provide mental health and wellbeing interventions targeted towards boys and have noted gaps in external services, following on from changes to commissioned arrangements for programmes they had previously referred boys to.

Swindon Public Health team is carrying out further investigation and a recommendation will be to develop a directory of local support options for males.

6.6 Bullying

Most students within Swindon have not been bullied. When this did occur, verbal bullying was the most common form.

Bullying has a significant effect on CYP’s mental health, emotional wellbeing and identity. If not responded to effectively, CYP may go on to develop other coping strategies such as self-isolation or self-harm and cause significant disruption to their ability to engage with school, learning and their wider relationships ⁷⁶.

The 2023/24 “How Are You?” survey of Year 8 and Year 10 students across Swindon schools reveals that most students within Swindon have not been bullied either physically, verbally or online. However, a significant proportion noted that this had occurred sometimes, and an even more worrying proportion identified this as happening often. The most common type of bullying experienced by Swindon’s students was verbal bullying (Figure 40). Most children in Swindon know how to report bullying at school (Figure 41).

⁷⁶ The Anti-Bullying Alliance. Mental Health [Internet]. Available from: <https://anti-bullyingalliance.org.uk/tools-information/all-about-bullying/mental-health-0#:~:text=Bullying%20which%20is%20not%20responded,learning%20and%20their%20wider%20relationships>.

32. Have you ever been bullied at secondary school?

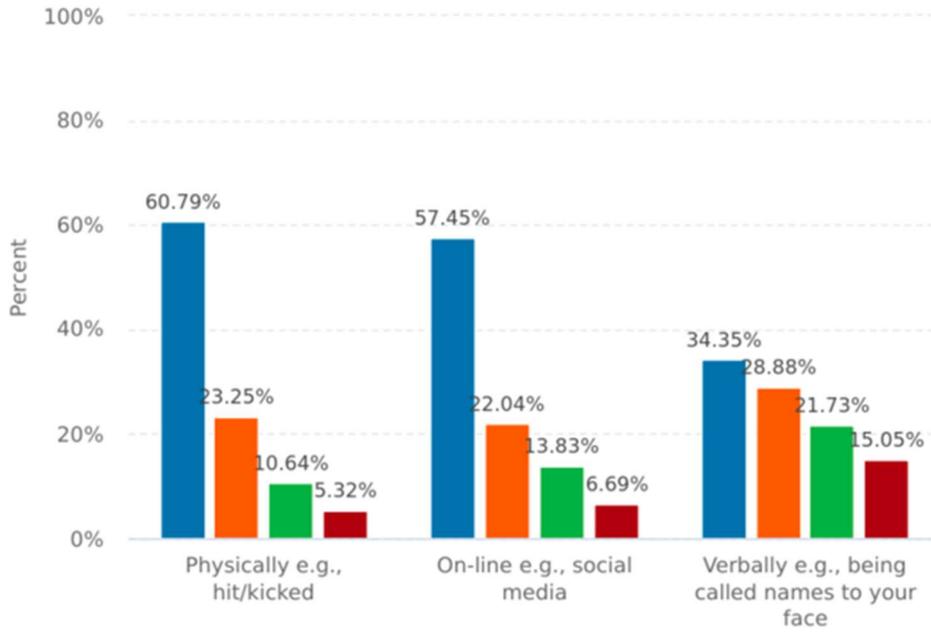


FIGURE 40: THE PROPORTION OF CYP IN YEAR 10 WHO EXPERIENCED BULLYING IN SWINDON'S HOW ARE YOU? SURVEY – BLUE (NEVER), ORANGE (RARELY), GREEN (SOMETIMES), RED (OFTEN) ⁷⁷

33. I know how and where to report bullying in school.

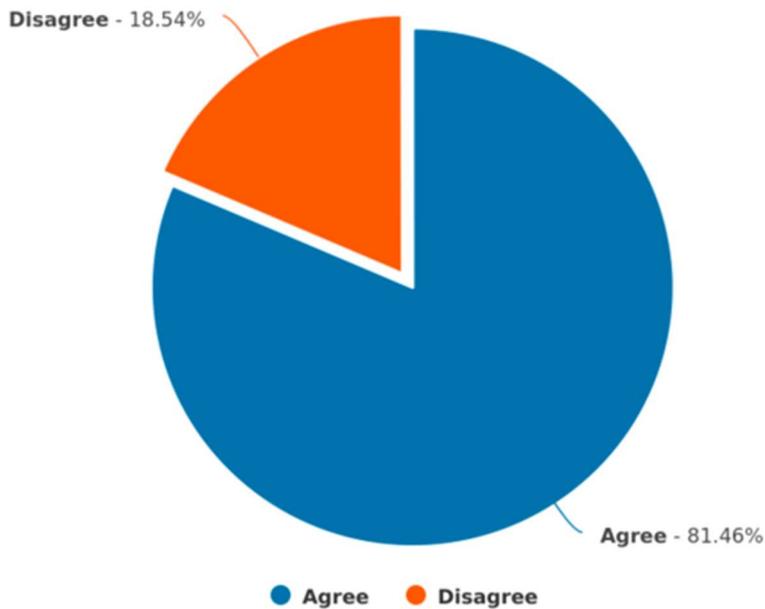


FIGURE 41: THE PROPORTION OF CYP WHO KNEW HOW TO REPORT BULLYING IN SWINDON'S HOW ARE YOU? SURVEY ⁷⁸

⁷⁷ Swindon Borough Council. Internal Report - How Are You? survey.

⁷⁸ Swindon Borough Council. Internal Report - How Are You? survey.

7.0 Development and Education

7.1 Healthy Development in Children Under 5

A lower proportion of children in Swindon receive a health visitor review within the nationally mandated timescale than in the South West or England but outcomes are for children are good.

The Health Visiting team works with families with children aged 0 to five to identify health needs as early as possible and improve health and wellbeing by promoting health, preventing ill health and reducing inequalities ⁷⁹.

Health visitors typically visit a family 5 times within the first 2 and a half years of their lives ⁸⁰:

- during pregnancy
- at 10-14 days after birth: New Baby Review
- at 6-8 weeks old: 6–8-week assessment
- at 9-12 months old: One-year assessment
- at 2 to 2 and a half years old: Two-to-two-and-a-half-year review

Tables 5 and 6 show that Swindon’s Health Visiting team is achieving a good level of coverage of face-to-face visits, following recovery from the pandemic. Whilst Swindon experienced a lower proportion of children undergoing reviews within nationally defined timescales compared to both the South West and England (Figure 42), the service is currently evaluating whether later timescales work better for families by spreading out contacts from across the system. Midwifery do not discharge until 28 days post-partum and women and babies receive a GP check at 6-8 weeks.

The data from 2022/23 also highlights a decline in the numbers of 1, and 2 and a half year reviews delivered within timescales, though preliminary data from 2023/24 demonstrates this is now more in line with the England averages.

⁷⁹ The NHS. Health visitor [Internet]. Available from: <https://www.healthcareers.nhs.uk/explore-roles/public-health/roles-public-health/health-visitor>

⁸⁰ UKHSA. Continuing the mandation of the universal 5 health visiting checks [Internet]. Available from: <https://ukhsa.blog.gov.uk/2017/03/01/continuing-the-mandation-of-the-universal-five-health-visiting-checks/>

Table 5: The proportion of families who receive a health visit after 14 days in Swindon

⁸¹

New Birth Visit after 14 days: Annual					
	2018/19	2019/20	2020/21	2021/22	2022/23
Swindon	20.8%	21.5%	9.7%	18.6%	36.2%
Statistical Neighbour	7.0%	9.0%	6.4%	10.5%	14.0%
England	9.4%	10.7%	9.6%	14.8%	17.8%

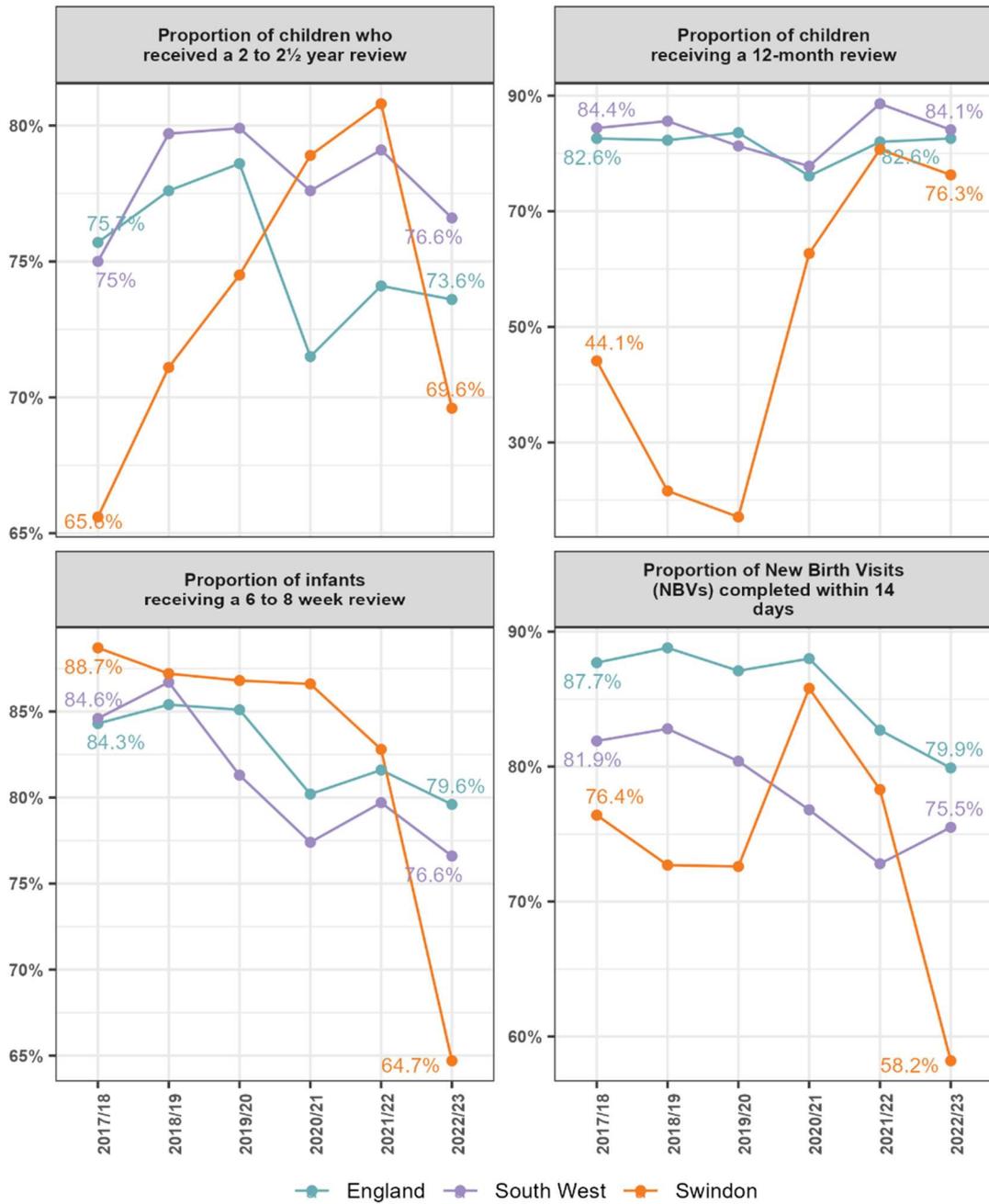
Table 6: The proportion of families receiving a new birth visit in Swindon ⁸²

Coverage of New Birth Visits: Annual					
	2018/19	2019/20	2020/21	2021/22	2022/23
Swindon	93.5%	94.0%	95.5%	96.9%	94.3%
Stat Neigh	98.5%	97.8%	97.7%	98.5%	98.7%
England	98.2%	97.5%	97.6%	97.4%	97.7%

⁸¹ Swindon Borough Council. Internal Report - Early Help Team Locality Data Analysis

⁸² Swindon Borough Council. Internal Report - Early Help Team Locality Data Analysis

Children receiving a visit/review



Source: OHID Fingertips

FIGURE 42: CHILDREN RECEIVING A HEALTH VISIT

7.2 Child Development by 2 and a Half Years

The average child aged 2.5 years in Swindon has more advanced development than a child in the South West and England.

In the first five years, children develop physically, cognitively, and emotionally at a faster rate than at any other time. Doctors and other healthcare staff use certain milestones to tell if a child is developing as expected. There is a wide range of what is considered normal and some children gain skills earlier or later than others⁸³.

Figure 43 shows us that on average, children in Swindon record superior performance in developmental measures by 2 and a half years when compared to both the South West and England. Across various domains including fine motor skills, problem-solving abilities, personal social skills, and overall developmental attainment, children in Swindon consistently outperform regional and national averages. However, whilst all individual children continue to have their development measured, more recent aggregated data on developmental measures was not available at the time of data capture.

⁸³ Explore Learning. How important is reception year? [Internet]. Available from: <https://www.explorelearning.co.uk/free-resources/importance-of-reception-year-learning-for-child-development/#how-important-is-reception-year>

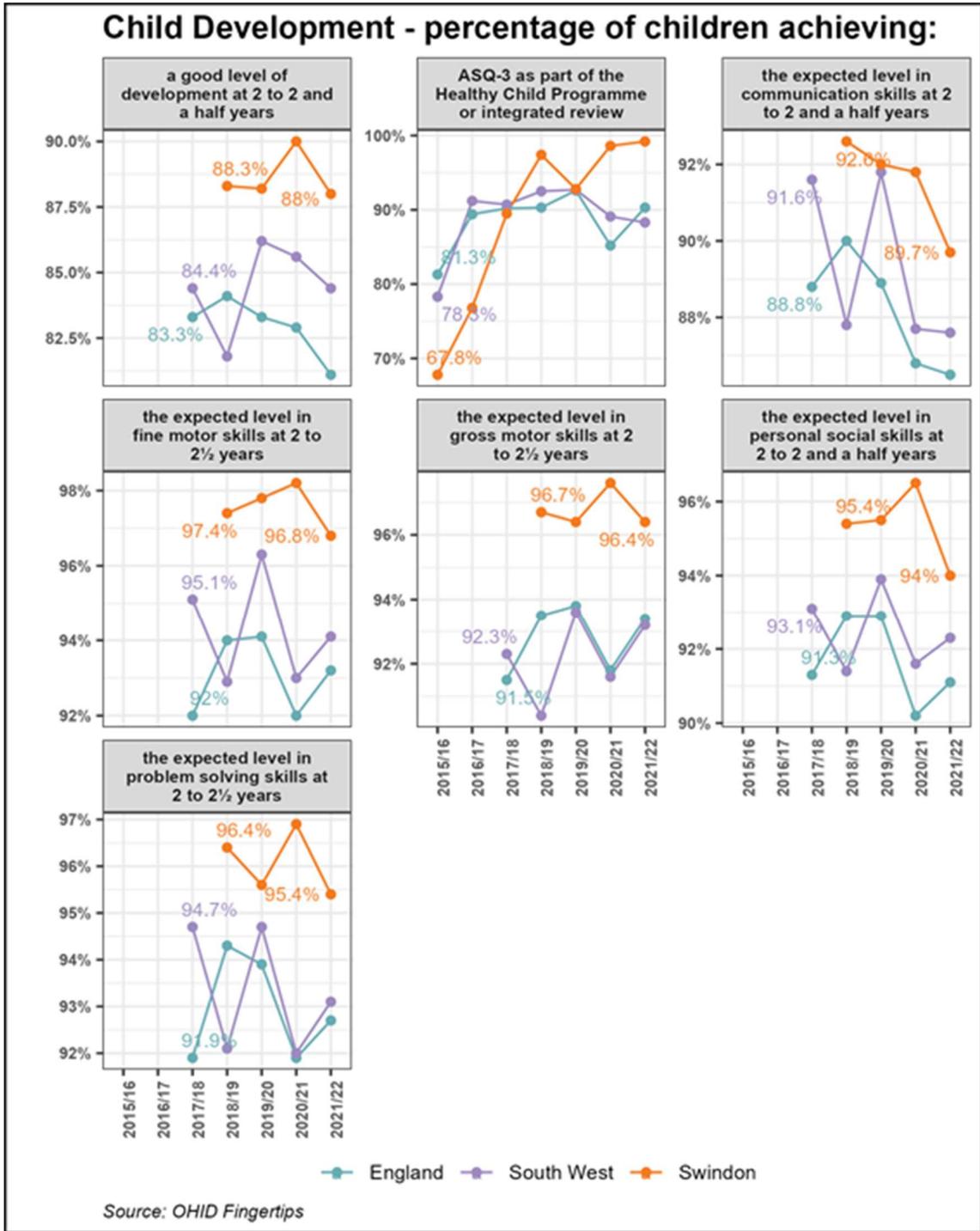


FIGURE 43: CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT BY 2 AND A HALF YEARS

7.3 Child Development by the End of Reception Year

The average child finishing reception in Swindon has developed less than a child in the South West and England. Swindon’s children lag in the areas of communication, language, and literacy skills.

Children attend reception classes to prepare them for the demands of a formal school curriculum, with their readiness gauged against national standards. These test a range of intellectual, physical, and social skills necessary for children to effectively engage with and adapt to the demands of school. It is believed that children who are taught well in their first school year go on to achieve better GCSE results in English and Maths. Data on school readiness in Swindon is only available for the academic years 2021/22 and 2022/23, and therefore long-term comparisons are not possible ⁸⁴.

Swindon exhibits a lower proportion of children achieving a good level of development by the end of reception than the South West and England (Figure 44). Swindon's children demonstrate lagging development in communication, language, and literacy skills by the end of the reception year. This indicates potential disparities in the readiness of Swindon's children to engage with the formal education system. This highlights a potential area of focus for targeted interventions and educational support to enhance language acquisition and literacy proficiency among young learners in Swindon.

It should be noted that a higher proportion of children receiving free school meals within Swindon achieved a good level of development by the end of reception in 2022/23 when compared to their regional and national peers. If these results are sustained in the future, it would be extremely important to understand whether these could be due to the presence of effective support mechanisms or interventions catering to children from socioeconomically disadvantaged backgrounds. Children on an Education, Health and Care Plan achieving a Good Level of Development exceeds the national average again suggesting good levels of support for these children.

In Key Stage 1, children have consistently performed just above the England average in reading, writing and maths. However, by Key Stage 2, whilst children achieve expected standards in grammar, spelling and punctuation, achievement in reading and maths falls below the England average.

⁸⁴ Explore Learning. How important is reception year? [Internet]. Available from: <https://www.explorelearning.co.uk/free-resources/importance-of-reception-year-learning-for-child-development/#how-important-is-reception-year>

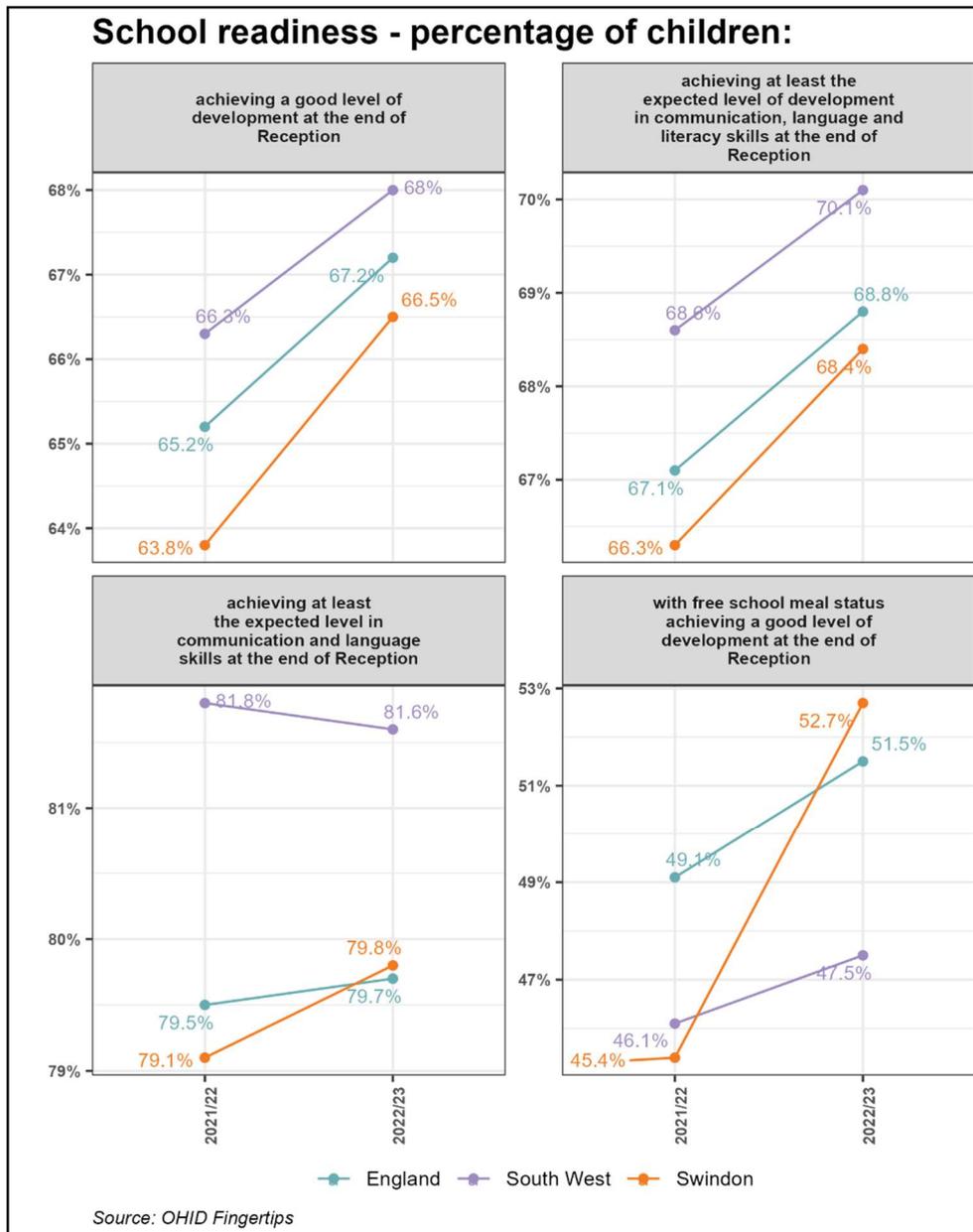


FIGURE 44: SCHOOL READINESS AT END OF RECEPTION YEAR

7.4 Key Stage 4 Attainment (Attainment 8)

In Swindon, Attainment 8 scores are closely aligned with England and South West levels, although marginally lagging behind both of their respective averages. Children of White ethnicity were the worst performing in the Borough.

Attainment 8 scores are a crucial metric for assessing individual student progress across key subjects at GCSE level (the end of key stage 4 education). This score aggregates performance across various subjects and is used to calculate a school's overall Progress 8 score, providing insights into educational outcomes at the institutional level.

Figure 45 shows us that in Swindon, Attainment 8 scores are closely aligned with England and South West levels, although marginally lagging behind both of their respective averages. Disaggregated by ethnicity (Figure 46), children of Asian ethnicity perform best (following national trends) while the lowest performing group were children of White British ethnicity (Figure 46).

KS4 Attainment in Swindon schools

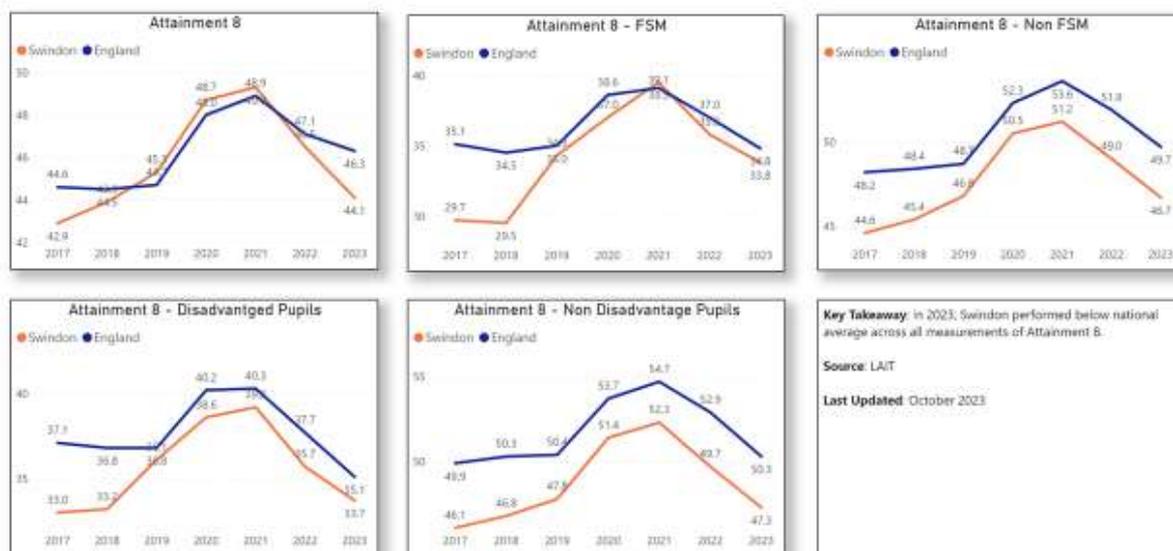


FIGURE 45: AVERAGE ATTAINMENT 8 SCORES FOR CYP IN SWINDON AND ENGLAND BY A RANGE OF FACTORS, OCTOBER 2023 ⁸⁵

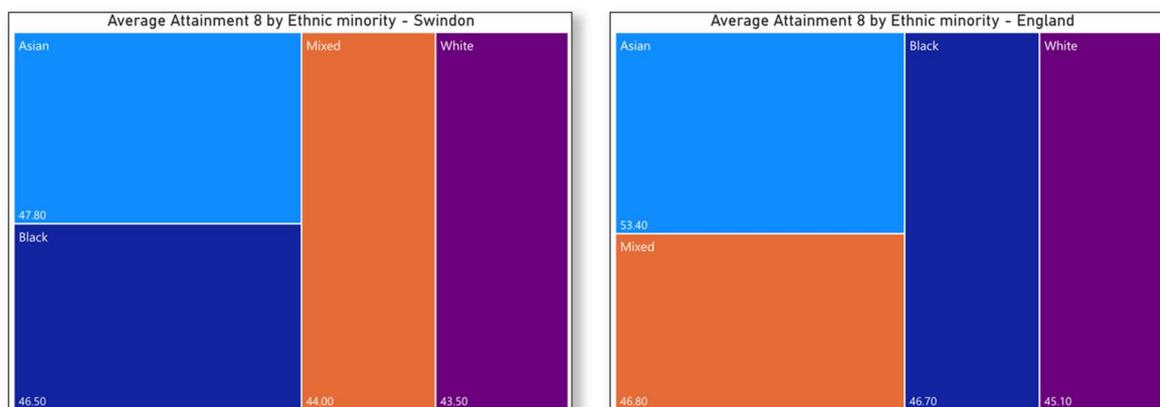


FIGURE 46: AVERAGE ATTAINMENT 8 SCORES FOR CYP IN SWINDON AND ENGLAND BY ETHNICITY, OCTOBER 2023 ⁸⁶

In Swindon, the average Attainment 8 score has risen for CYP with an EHCP from 2022-2023 from 12.2 to 15.6, which is a larger improvement than for all pupils with SEND support, including and not limited to those with EHCPs. Meanwhile, the average Attainment 8 score has marginally fallen for all Swindon pupils during the same time period in Swindon from 46.6 to 44.1⁸⁷.

⁸⁵ Swindon Borough Council. Internal Report - Education, Inclusion and Skills Dashboard

⁸⁶ Swindon Borough Council. Internal Report - Education, Inclusion and Skills Dashboard

⁸⁷ Swindon Borough Council. Internal Report - NCER dashboard.

7.5 Key Stage 5 Attainment

CYP in Swindon completing Key Stage 5 education are much less likely to achieve AAA or AAB in their results than the national average.

Swindon’s CYP achieving three or more A grades in their A-level subjects is significantly lower (5.9%) compared to 13.3% for England (Figure 47). In addition, Swindon pupils are less likely to achieve AAB in their A-levels than their peers nationally.

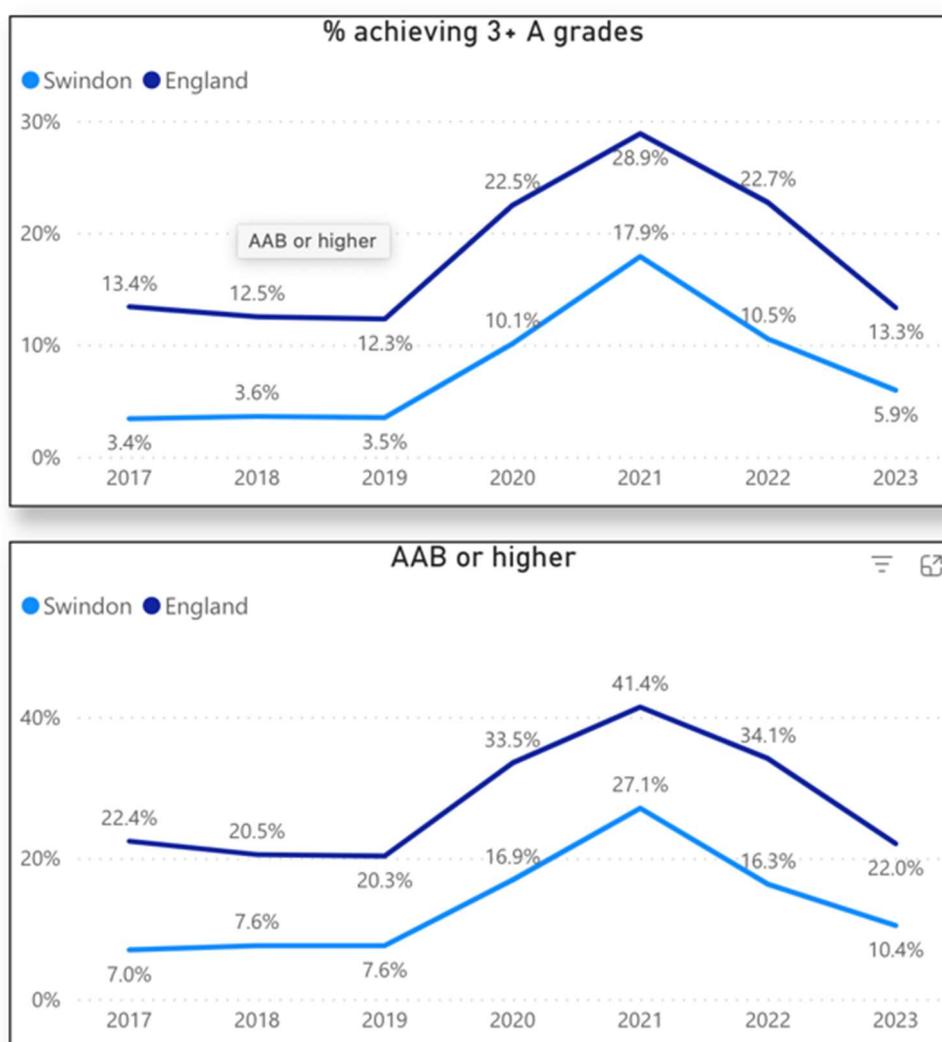


FIGURE 47: CYP ACHIEVING 3+ A GRADES OR AAB IN SWINDON AND ENGLAND ⁸⁸

⁸⁸ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

7.6 Schools in Swindon

Across Swindon, most schools achieve a Good or Outstanding OFSTED rating. Secondary Schools achieve the lowest proportion of Good or Outstanding ratings.

The Ofsted rating system is used to assess schools across the country. Within Swindon, most schools achieve a Good or Outstanding OFSTED rating, meaning that they provide for all their pupils' educational needs and prepare them well for the next stage in their lives. This is especially true for Early-Year education settings and Primary schools, where 97% and 92% respectively achieve this rating - surpassing the national average⁸⁹. It should be noted that multiple schools are currently awaiting an OFSTED inspection with no grade since their change of status.

The Ofsted ratings across school types (Figure 48) reveal that within Swindon, secondary schools achieve the lowest proportion of Good or Outstanding ratings, with only 79% accomplishing this. While this is lower than the national average (82%), it should be noted that the proportion of schools attaining this level has increased significantly since 2019, when levels were at 46%. A similar trend in OFSTED ratings can be seen in Special Schools across the area, rising from 57% to 86% over the same period.



FIGURE 48: SCHOOLS ACHIEVING GOOD/OUTSTANDING OFSTED RATINGS IN SWINDON AND ENGLAND⁹⁰

⁸⁹ Third Space Learning. 2024 Ofsted Ratings and Reports Explained for Parents and Teachers [Internet]. Available from: <https://thirdspacelearning.com/blog/ofsted-ratings-reports/#:~:text=An%20Outstanding%20school%20will%20receive,Grade%204%20in%20any%20category.>

⁹⁰ Swindon Borough Council. Internal Report - Education, Inclusion and Skills Dashboard

7.7 CYP Aspirations Following KS4 and KS5

Most CYP in Swindon who complete Key Stage 4 education continue into Key Stage 5 education. Around 6 % do not enter education, employment or training, which is higher than the South West and England levels. Of those CYP who finish KS5 education, 45% continue onto further education and 27% enter employment.

Most of the Year 10 students surveyed in the 2023/24 “How Are You?” survey planned to stay in education following KS4 (Figure 49), with an estimated 58% wanting to stay at school or attend college, and only 17% planning on entering the workforce. Following KS5, a considerable proportion of students were also considering a gap year (Figure 50).

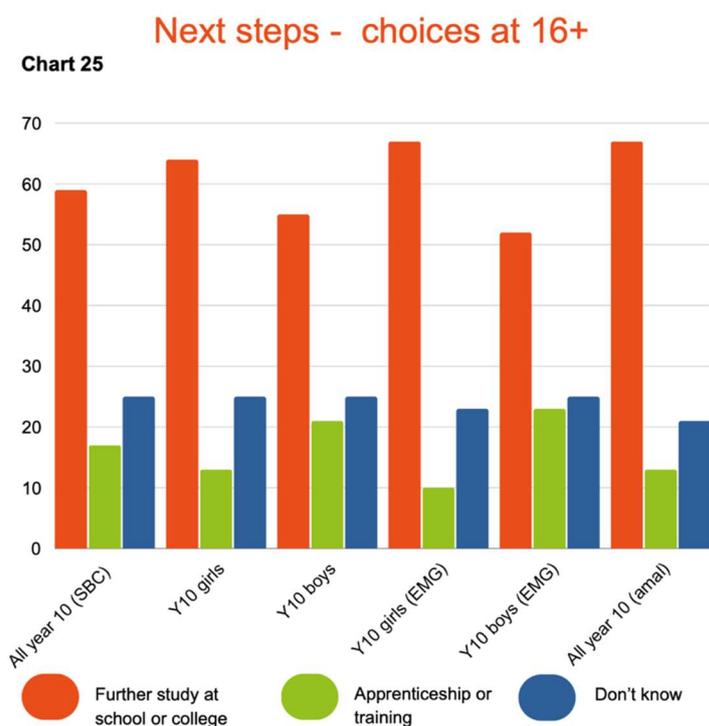


FIGURE 49: ASPIRATIONS FOR YEAR 10 STUDENTS AT 16 IN SWINDON ⁹¹

⁹¹ Swindon Borough Council. Internal Report - How Are You? survey.

Next steps - choices at 18

Chart 26

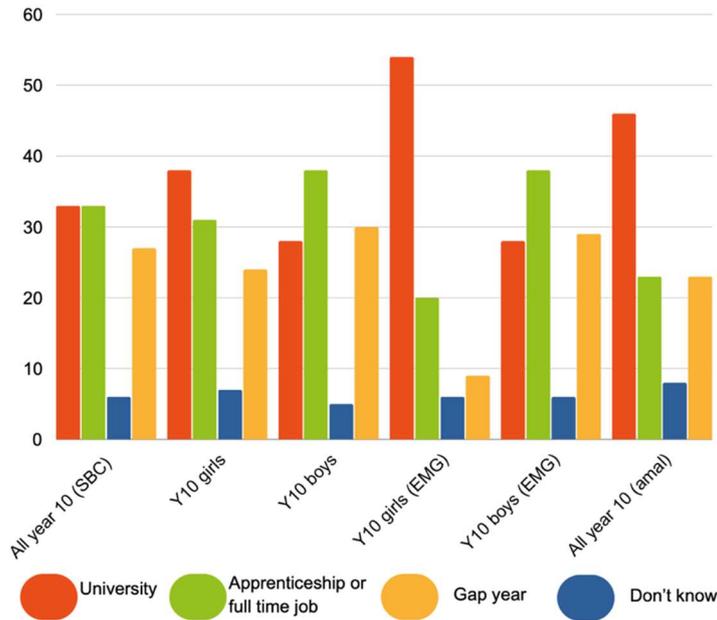


FIGURE 50: ASPIRATIONS FOR YEAR 10 STUDENTS AT 18 IN SWINDON ⁹²

Destinations for KS4 Swindon pupils tend to follow the same trends as seen nationally. The vast majority (89%) continue onto Key Stage 5 education, with 2% joining the workforce (Figure 51). At this stage (Figure 52), 6.2% of young people are not in education, employment or training (NEET), which is slightly higher than the South West (5.8%) and England (5.2%). This trend is consistent across genders, although the gap is notably wider among males.

⁹² Swindon Borough Council. Internal Report - How Are You? survey.

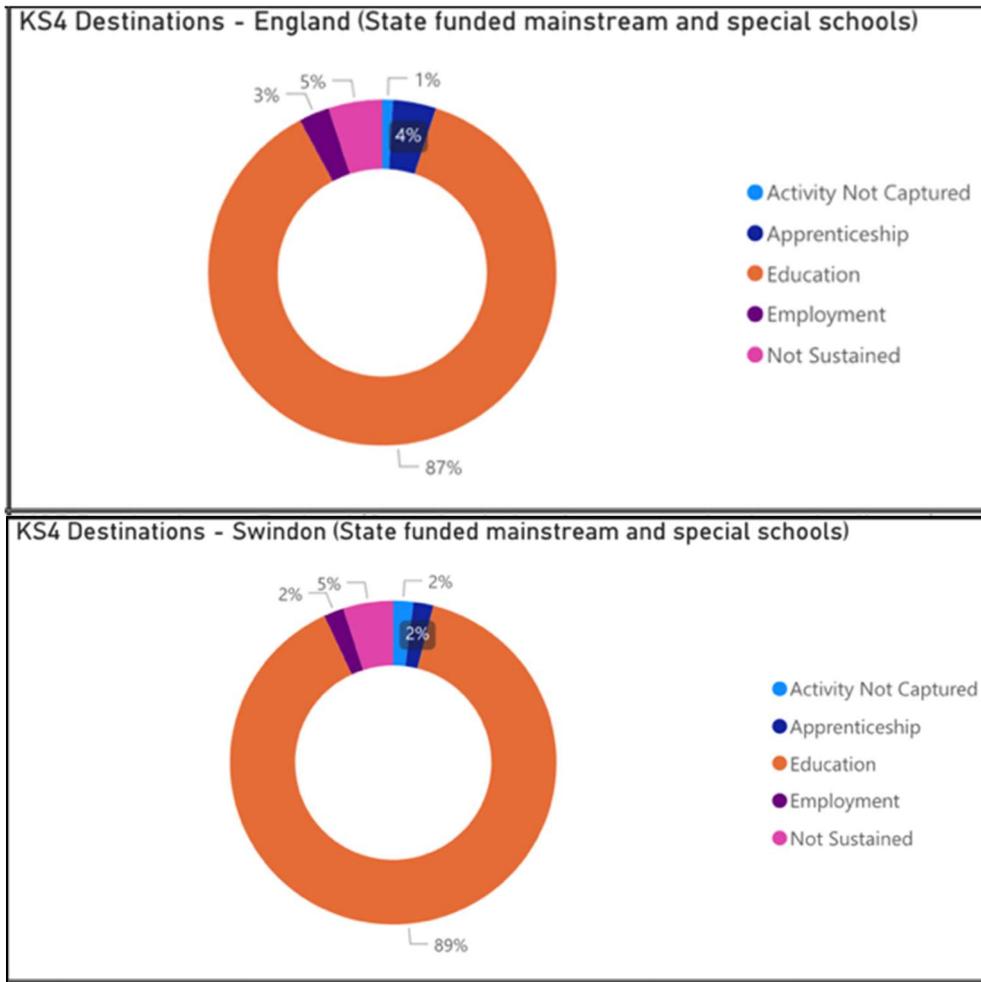


FIGURE 51: DESTINATIONS FOR CYP LEAVING KS4 IN SWINDON AND ENGLAND ⁹³

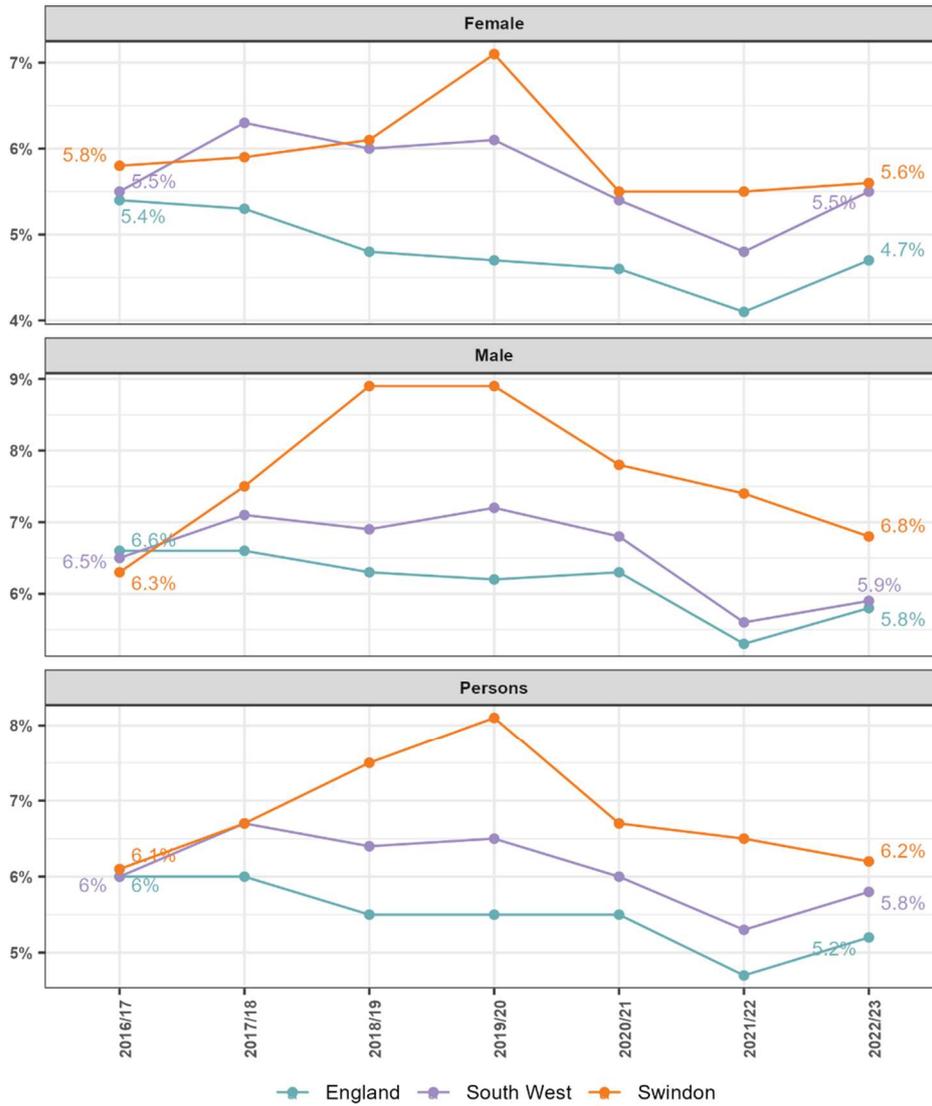
When leaving KS5 education, the largest proportion of students (32%) continue into higher education. 27% move into formal employment and an additional 6% start an apprenticeship.

Of those CYP who finish KS5 education, 45% continue onto further education and 27% enter employment. This ratio is slightly different from the national picture, with a larger proportion of Swindon’s students entering employment and less continuing into higher education (Figure 53) ⁹⁴.

⁹³ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

⁹⁴ Swindon Borough Council. Internal Report - How Are You? survey.

16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known



Source: OHID Fingertips

FIGURE 52: 16 TO 17-YEAR-OLDS NOT IN EDUCATION, EMPLOYMENT OR TRAINING

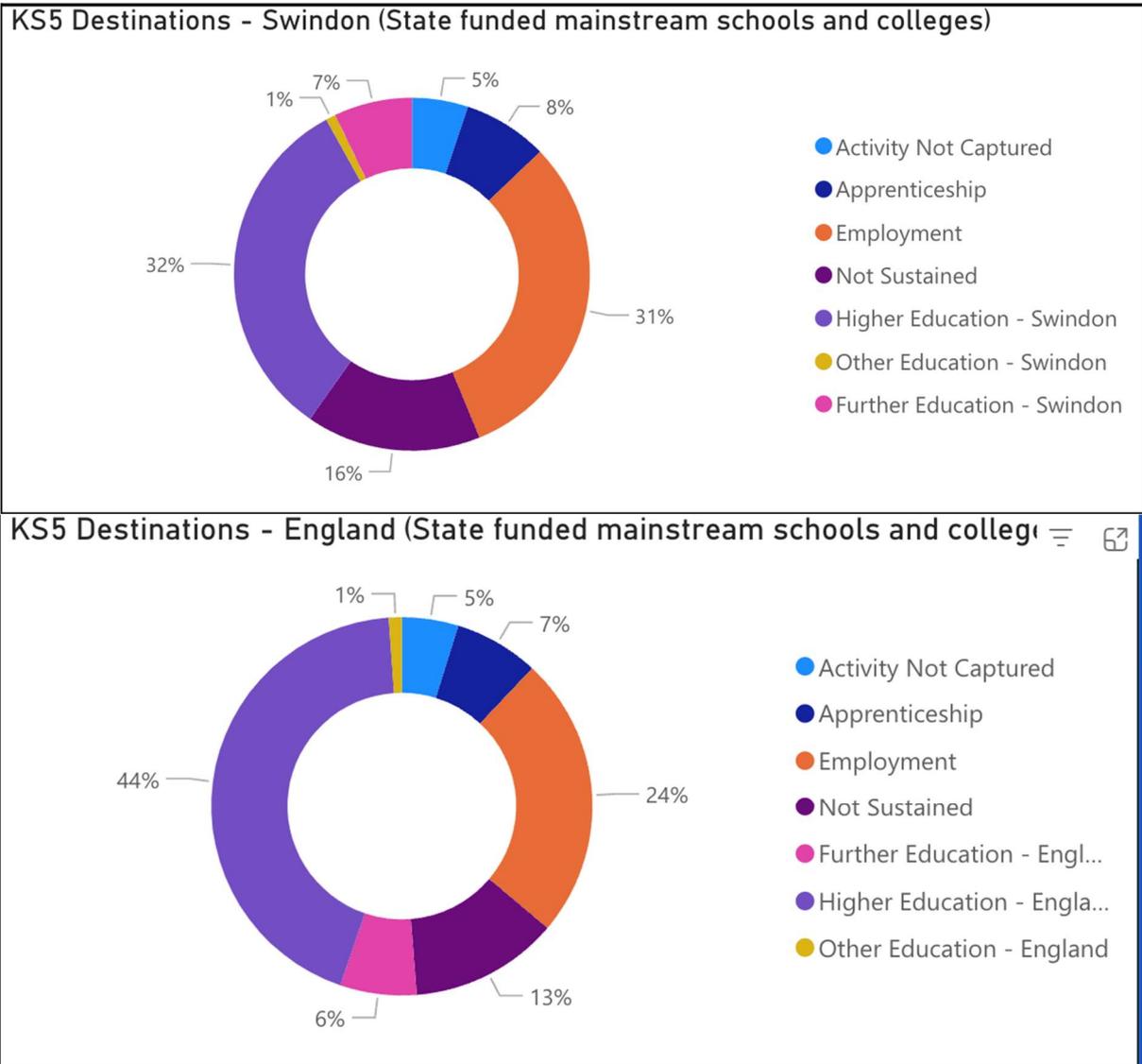


FIGURE 53: DESTINATIONS FOR CYP LEAVING KS5 IN SWINDON AND ENGLAND ⁹⁵

Swindon-specific data is not available for NEET CYP - however, the proportion of CYP within this group rose drastically between 2019 and 2020 for the South West (Figure 54).

Swindon’s higher NEET rates among 16 and 17-year-olds, particularly in males, highlight potential challenges and barriers faced by young people in accessing education, securing employment, or engaging in training opportunities.

Data indicates that in February 2024, 43% of Swindon’s care-experienced young people were identified as NEET, representing a significant inequality. Please see the section on Children Looked After (CLA), which outlines the inequalities that care experience young people experiencing relating to NEET.

⁹⁵ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

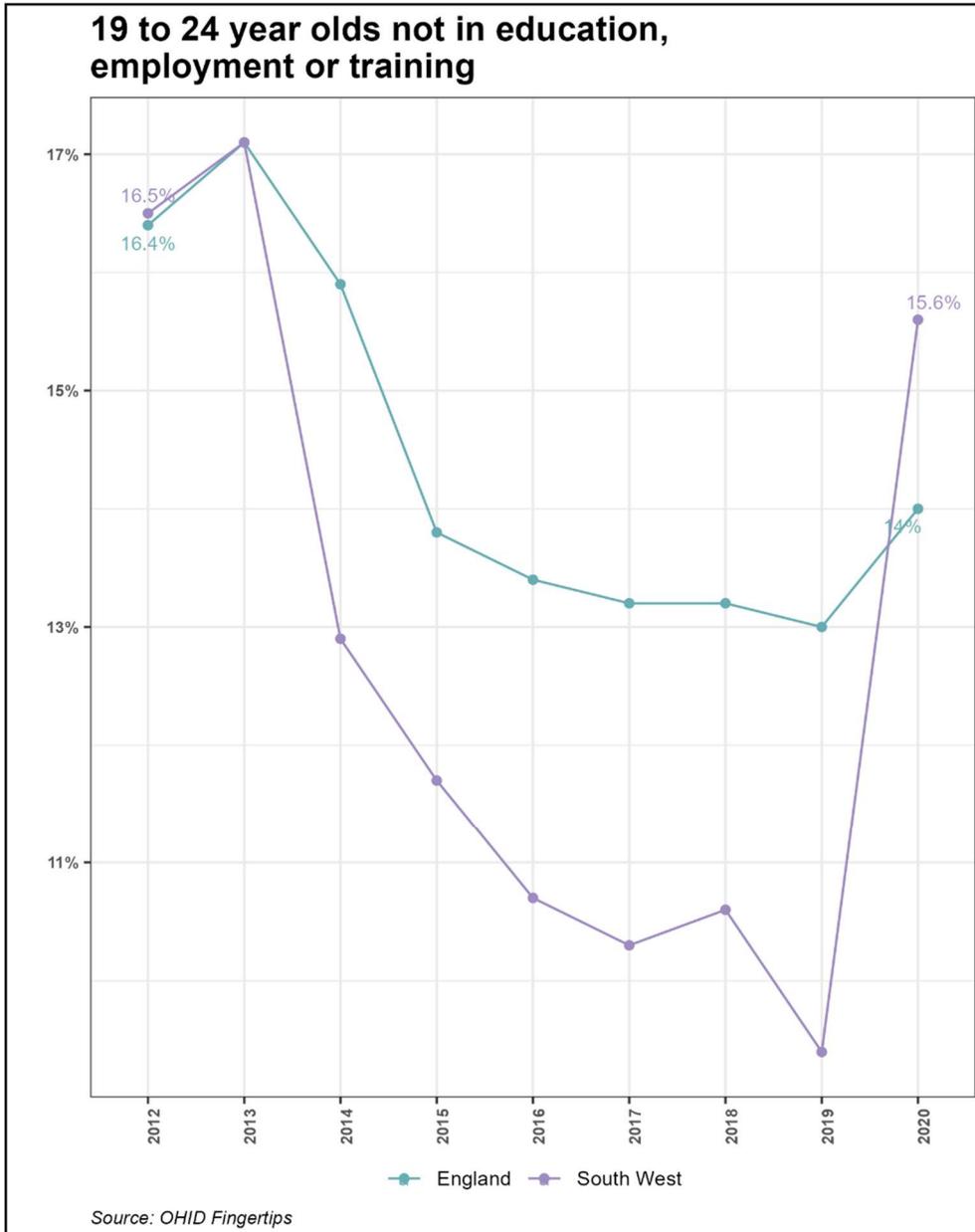


FIGURE 54: 19 TO 24-YEAR-OLDS NOT IN EDUCATION, EMPLOYMENT OR TRAINING

Data indicates that into young adult and beyond, there is a high skills gap in Swindon, which will impact on health inequalities including for CYP whose parents or carers are under-employed or under-skilled. Employment by occupation (Apr 2023-Mar 2024) data for 2023/24 indicates that 13.4% of Swindon residents in employment aged 16+ are in elementary occupations, compared to 10.29% in the South West and 9% for Great Britain⁹⁶. Employees who report low job security, job satisfaction, or job wellbeing are more likely to report poor health⁹⁷. ‘Ensuring young people have the education and skills they need’ is a strategic priority outlined in the Swindon Local Plan 2024-2027.

⁹⁶ ONS annual population survey.

⁹⁷ The Health Foundation (2024). Relationship between low-quality jobs and health. Available at: <https://www.health.org.uk/evidence-hub/work/job-quality/relationship-between-low-quality-jobs-and-health>

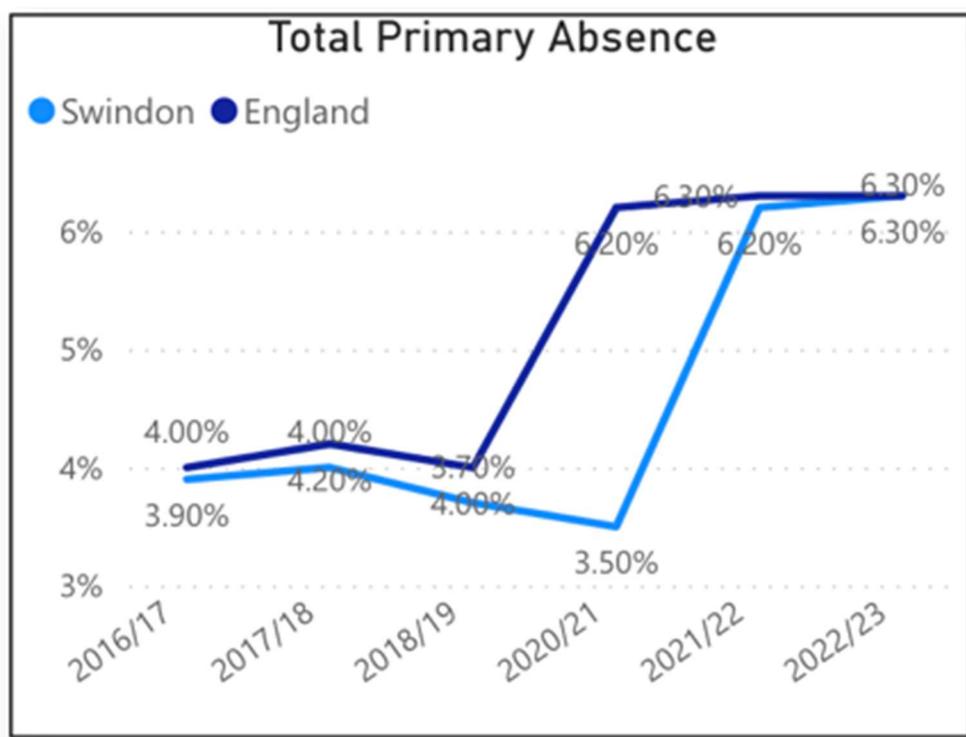
7.8 School Attendance

School absenteeism rates across Swindon increased significantly following the COVID-19 pandemic and this has also been the case nationally and regionally. Of note, Swindon's persistent secondary school absenteeism is higher than would be expected given regional and national averages.

Absences from school can have negative effects on a child's education, including the loss of teacher-led lessons, peer interactions, and, ultimately, academic achievement ⁹⁸.

Figures 55 and 56 report the incidence of school absenteeism in Swindon and England over time, both in primary and secondary education, which closely mirrors national and South West rates. While absenteeism remained stable since 2010, a notable deviation occurred following the onset of the COVID-19 pandemic in 2020/2021, marked by a significant increase in absenteeism rates across all educational levels and within all regions.

At a primary school level, Swindon is in line with the national average for total absences, while at a secondary school level, Swindon has marginally higher levels than the national average (9.2% compared to 8.8%). Stratification of pupils by a range of demographics and types of absenteeism highlighted that Swindon has consistently trended above the national average for persistent secondary school absenteeism (Figure 57 and Figure 58).



⁹⁸ Jascha Dräger. *The long-term consequences of early school absences for educational attainment and labour market outcomes* [Internet]. University of Strathclyde; Available from: https://pure.strath.ac.uk/ws/portalfiles/portal/155044825/Drager_etal_EdArXiv_2023_The_long_term_consequences_of_early_school_absences_for_educational_attainment.pdf

FIGURE 55: THE PROPORTION OF PRIMARY SCHOOL ABSENCE IN SWINDON AND ENGLAND ⁹⁹

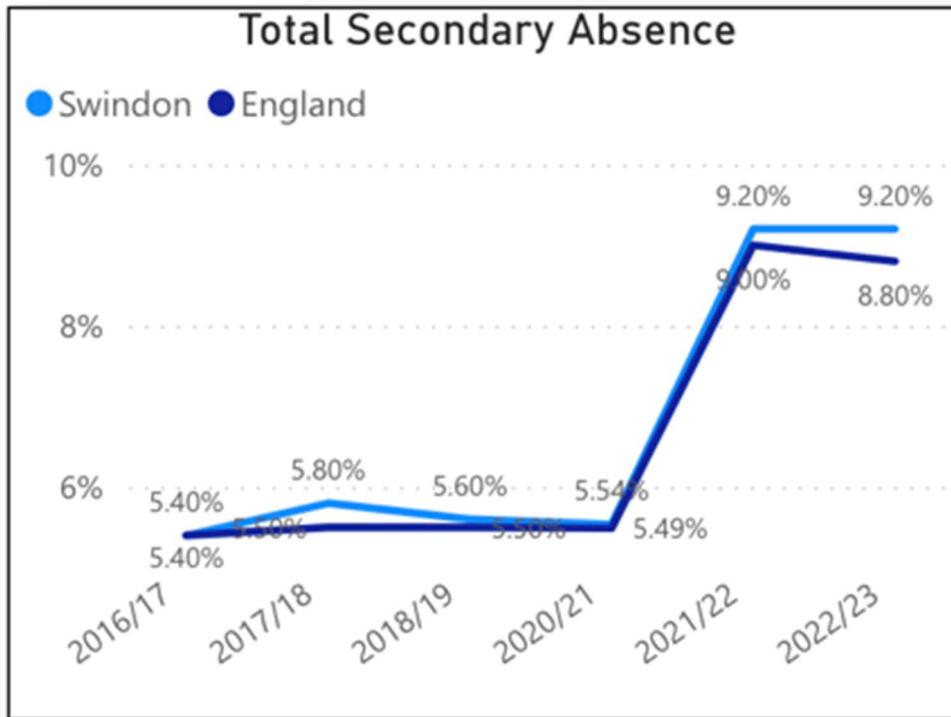
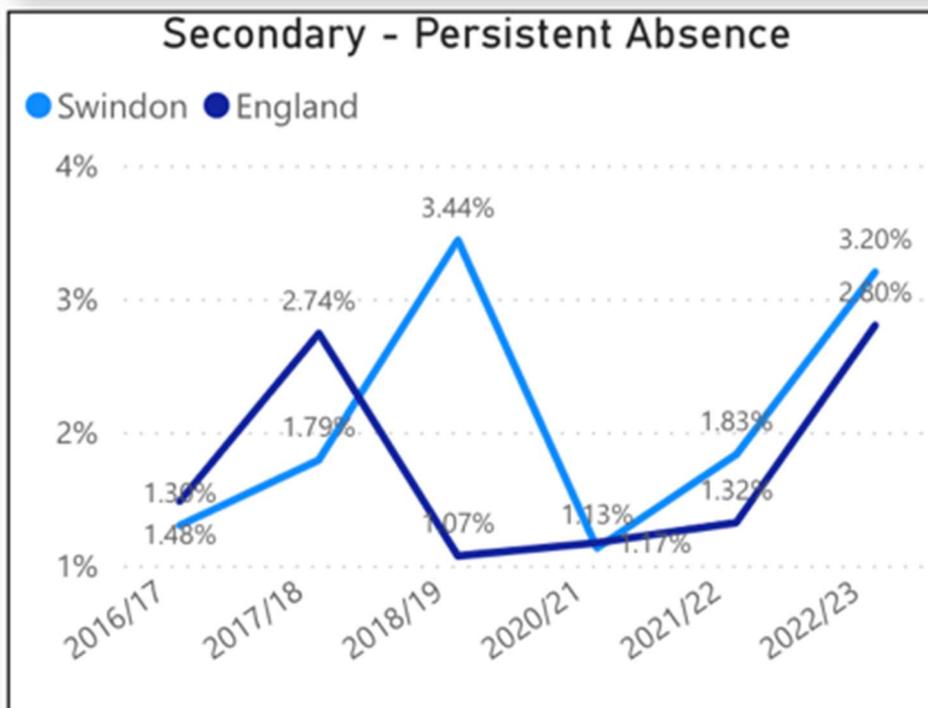


FIGURE 56: THE PROPORTION OF SECONDARY SCHOOL ABSENCE IN SWINDON AND ENGLAND ¹⁰⁰



⁹⁹ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

¹⁰⁰ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

FIGURE 57: THE PROPORTION OF PERSISTENT SCHOOL ABSENCE IN SWINDON AND ENGLAND ¹⁰¹

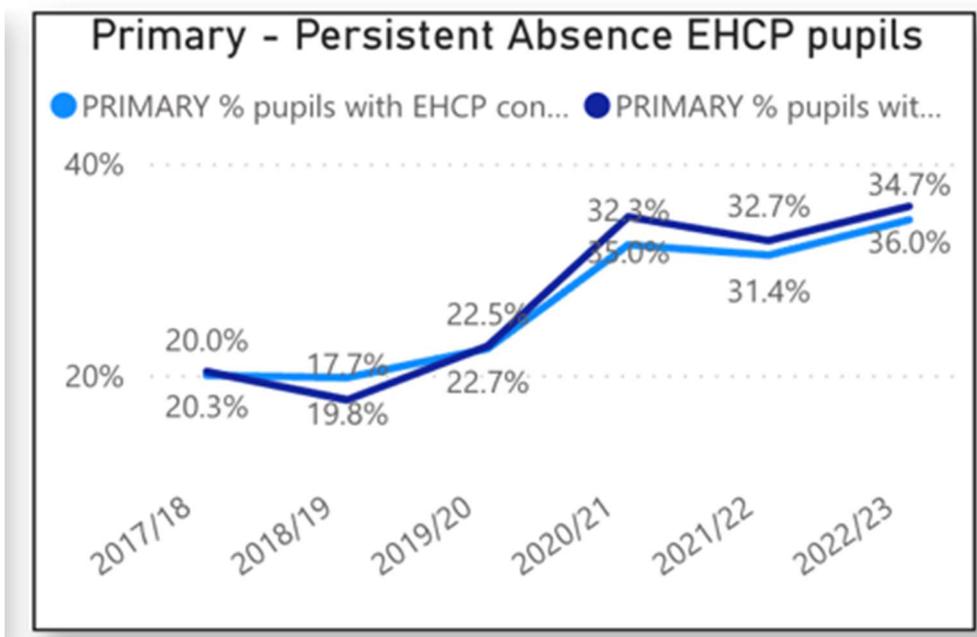


FIGURE 58: THE PROPORTION OF PERSISTENT SCHOOL ABSENCE AMONG CYP ON EDUCATION HEALTH AND CARE PLANS IN SWINDON AND ENGLAND ¹⁰²

Given the significant rise in absenteeism since COVID-19, Swindon’s School Attendance Support Team has made a sustained effort to combat this. This has included conducting targeting support meetings and offering professional development sessions regarding potential legal interventions, casework, and attendance strategies for senior leaders. A range of interventions has been devised and disseminated to schools and professionals, outlining available support options for CYP.

7.9 Home Education

The actual number of children being home-educated in Swindon is low but has been increasing since 2022.

While the academic outcomes for elective home education appear to be better in electively home-educated (EHE) children, many elements of health promotion advice and topics such as PSHE are delivered through schools, and thus children who undergo EHE may not have access to these.

As of August 2024, 526 children are registered as EHE in Swindon, 31 of whom are on an Education Health and Care plan (EHCP), typically used for children with SEND. The number of EHE children continues to rise across Swindon in line with national trends (Figure 59). Given

¹⁰¹ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

¹⁰² Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

the significant increase in children being home-schooled, it is likely that the demographics of children undergoing home education are different to pre-pandemic levels, and thus the previous research may not be generalisable to this group.

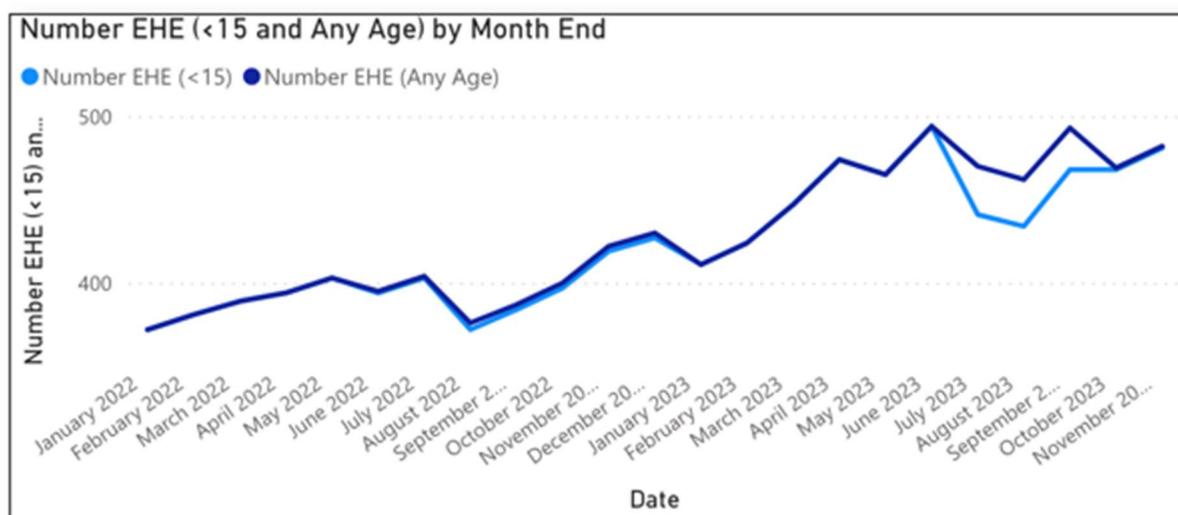


FIGURE 59: THE NUMBER OF CHILDREN BEING ELECTIVELY HOME-EDUCATED BETWEEN JAN 2022 AND NOV 2023 IN SWINDON ¹⁰³

7.10 School Exclusion

Across Swindon, primary schools utilise fewer fixed-period and permanent exclusions than is seen nationally and regionally. Conversely, secondary schools have a higher proportion of pupils undergoing exclusion.

Across the UK, those more likely to be excluded from school are male, from Mixed or Black ethnic groups and have additional learning needs. Research shows that being excluded from school has a significant effect on a wide range of health and wellbeing outcomes, even after accounting for the factors which led to the child being excluded ^{104,105}.

The rate of fixed-period exclusions (also called suspensions) within Swindon appears to be similar to the national rates and follows similar trends. Swindon’s most recent data from 2021/22 shows a lower proportion of suspensions than for England (Figure 60).

¹⁰³ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

¹⁰⁴ Anna Freud. School exclusion [Internet]. Available from: <https://mentallyhealthyschools.org.uk/factors-that-impact-mental-health/school-based-risk-factors/school-exclusion/>

¹⁰⁵ Obsuth I, Madia JE, Murray AL, Thompson I, Daniels H. The impact of school exclusion in childhood on health and wellbeing outcomes in adulthood: Estimating causal effects using inverse probability of treatment weighting. *Br J Educ Psychol.* 2023 Dec 28;bjep.12656.

Broken down by primary and secondary schools (Figures 61 and 62), Swindon stands at a much lower level than England in terms of primary school suspensions. Conversely, within secondary schools, Swindon's rates are higher than England's.

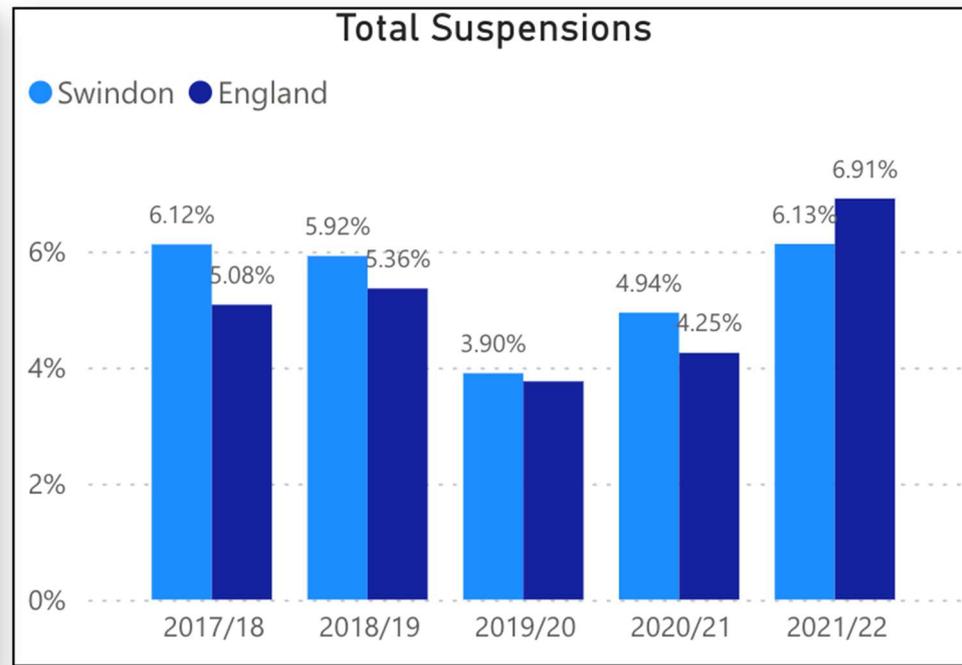


FIGURE 60: THE PROPORTION OF SCHOOL CYP BEING SUSPENDED IN SWINDON ¹⁰⁶

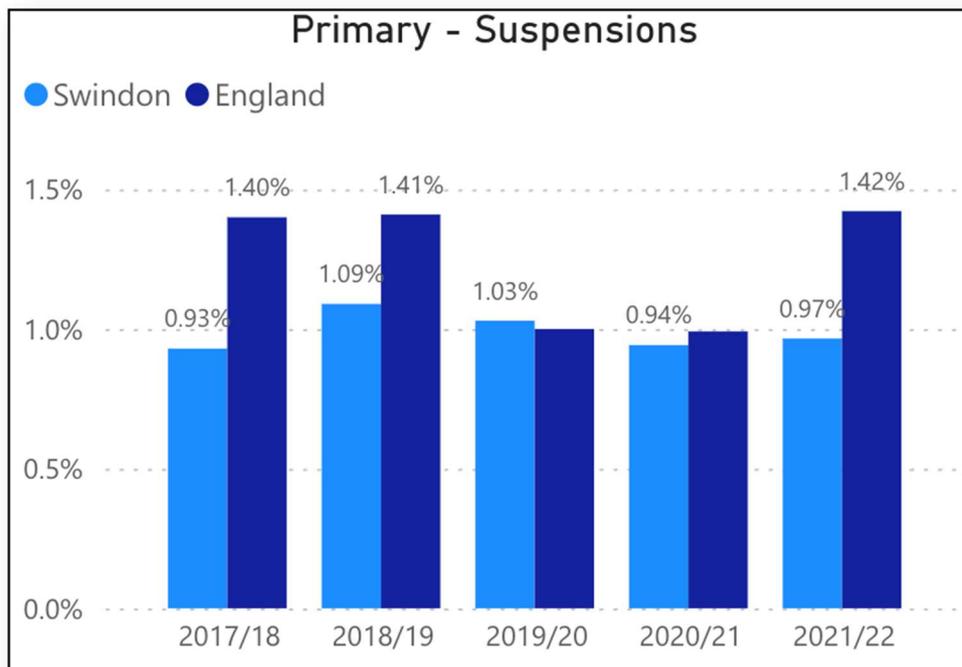


FIGURE 61: THE PROPORTION OF PRIMARY SCHOOL CYP BEING SUSPENDED IN SWINDON ¹⁰⁷

¹⁰⁶ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

¹⁰⁷ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

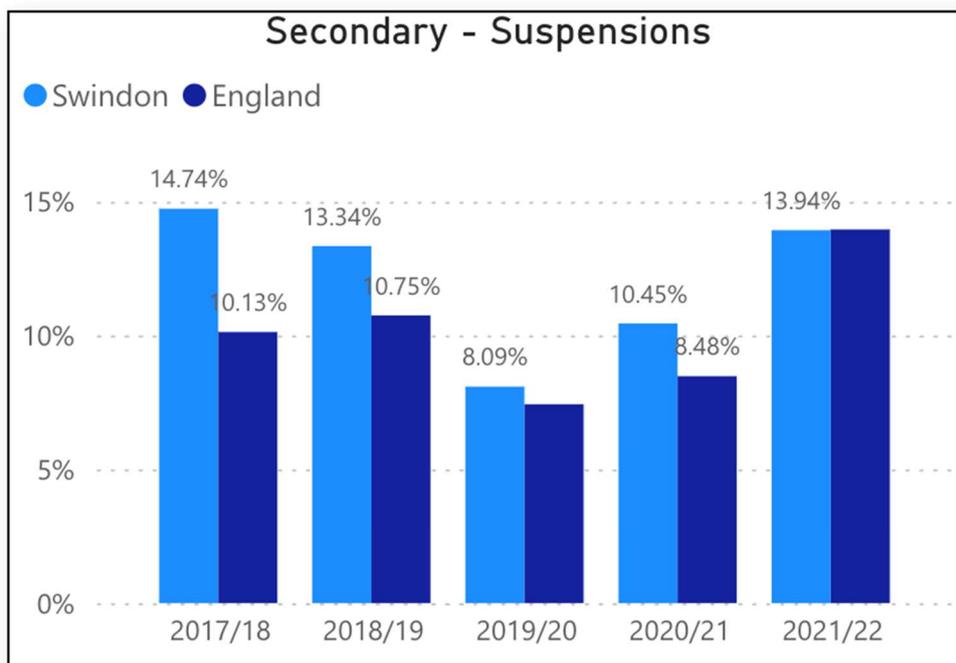


FIGURE 62: THE PROPORTION OF SECONDARY SCHOOL CYP BEING SUSPENDED IN SWINDON ¹⁰⁸

During 2022/23, there were 71 permanent exclusions from schools in Swindon, with a majority of these occurring during secondary education. Figure 63 shows that Swindon is consistently above the England average. Permanent exclusions within Swindon follow the same trend as temporary exclusions, with Figures 64 and 65 highlighting a lower proportion of primary school children being permanently excluded than the England, and a higher proportion of secondary school children.

This observed variation in exclusion rates between primary and secondary schools may indicate a discrepancy in disciplinary measures between primary and secondary educational settings or a difference in the behavioural characteristics of pupils between these age groups.

¹⁰⁸ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

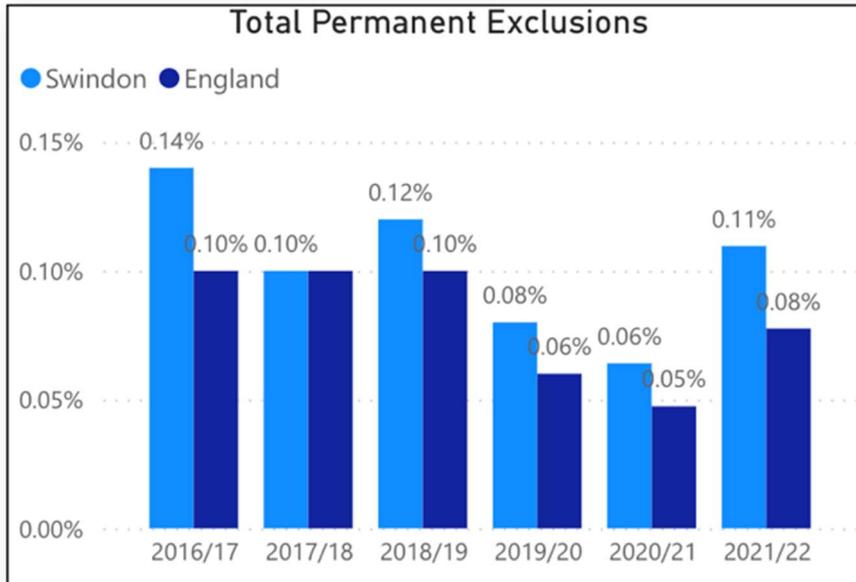


FIGURE 63: THE PROPORTION OF CYP BEING PERMANENTLY EXCLUDED IN SWINDON ¹⁰⁹

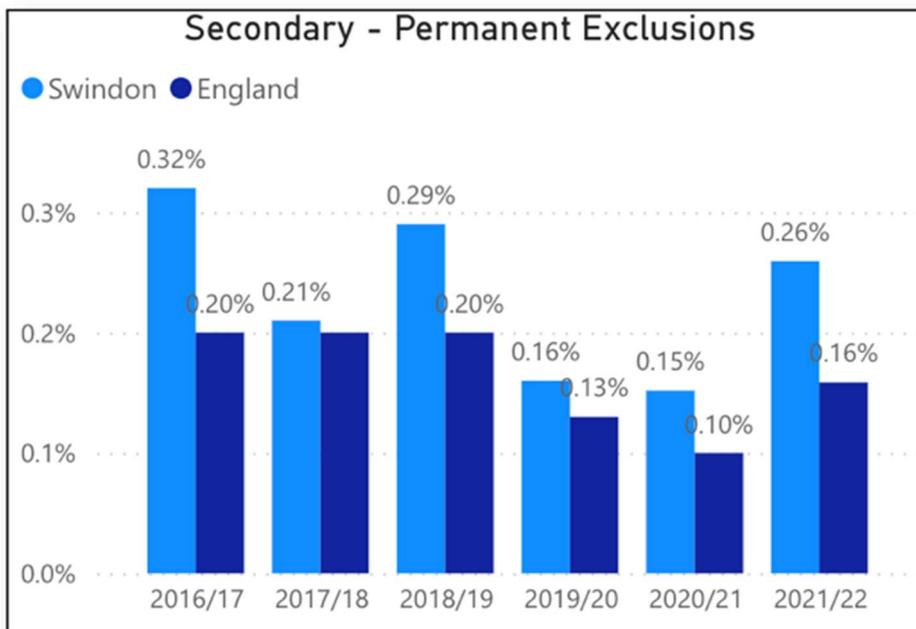


FIGURE 64: THE PROPORTION OF SECONDARY SCHOOL CYP BEING PERMANENTLY EXCLUDED IN SWINDON ¹¹⁰

¹⁰⁹ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

¹¹⁰ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

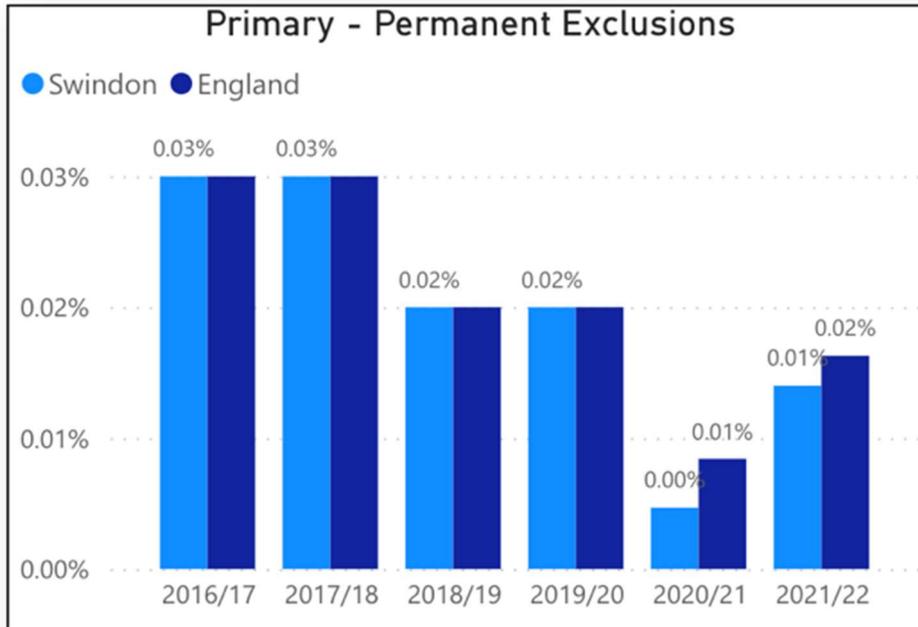


FIGURE 65: THE PROPORTION OF PRIMARY SCHOOL CYP BEING PERMANENTLY EXCLUDED IN SWINDON ⁹⁵

Persistent disruptive behaviour continues to be the main cause for permanent exclusion; however, several cases were recorded as being due to violent incidents. Children involved with social care services made up a disproportionately high percentage of permanent exclusions at 12.5%. A breakdown of these children can be seen in Figure 66. A promising decrease in the permanent exclusion rate for children on an EHCP is noted, bringing this below the national average ¹¹¹.

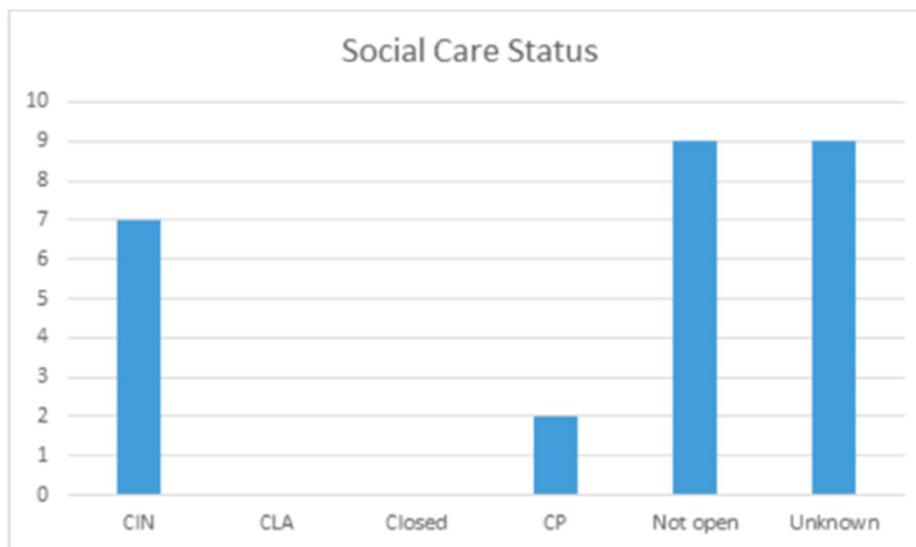


FIGURE 66: THE NUMBER OF CYP BEING PERMANENTLY EXCLUDED IN SWINDON BY SOCIAL CARE STATUS 2023/24 ¹¹²

¹¹¹ Swindon Borough Council. Internal Report - Strategic Inclusion Forum meeting notes.

¹¹² Swindon Borough Council. Internal Report - Strategic Inclusion Forum meeting notes

7.11 School Applications

Table 7¹¹³ outlines the reasons for school applications from 5 October 2023 – 1 May 2024. It indicates that a relatively high number of CYP are moving into Swindon and also that movement into Swindon is generally higher in primary than secondary schools. This may have a potential impact on attainment, due to additional language and support needs for some pupils moving to Swindon and additional challenges for schools, which could be explored further. The movement into Swindon appears to be higher than the average annual fall in birth-rate from 2013-2022¹¹⁴. There is also high mobility of CYP between schools in Swindon.

Note that these data do not include all applications due to a recent change in data recording systems.

Table 7: Reasons for School Applications in Swindon: 5 October 2023-1 May 2024

Year Group	Home Educated Child - Applying for School Place	Parental Preference	Moving within Swindon	Overseas Child - Moving to Swindon	Out of Swindon Child - Moving to Swindon	Totals
Reception	9	42	59	70	45	225
year 1	9	38	50	67	23	187
Year 2	9	43	63	29	27	171
Year 3	7	42	50	52	29	180
year 4	9	43	41	51	30	174
year 5	8	37	33	65	29	172
year 6	9	21	29	60	32	151
year 7	12	60	31	48	21	172
year 8	14	88	36	42	20	200
year 9	13	62	25	31	18	149
year 10	14	42	17	20	10	103
year 11	2	12	5	29	11	59
Totals	115	530	439	564	295	1943

¹¹³ Swindon Borough Council Education Team (2024). Internal report.

¹¹⁴ NOMIS data on live births numbers for Swindon.

8.0 Children and Young People’s Health Behaviours

8.1 Smoking

Sources of data relating to smoking in CYP are inherently poor quality and hard to identify. Of those registered at GP practices in Swindon, an estimated 1.9% were recorded as being smokers.

Smoking is known to impact health in a variety of ways, including increased risk of cardiovascular disease, stroke and cancer. Smoking can also impact CYP health in the short term, with children who smoke being two to six times more susceptible to coughs, wheeziness and shortness of breath than those who do not smoke ¹¹⁵. Nationally, the proportion of children who have smoked continues to decline. However, smoking among CYP is still a key national issue, and the UK is looking to implement a smoking ban for those born after 2009 ¹¹⁶.

Identifying local data sources for smoking prevalence amongst CYP is challenging, and thus national/regional comparisons are not available. However, a picture can be estimated through the combination of multiple data sources.

In Swindon, it is estimated that 9,042 children live in smoking households, and 490 new children (aged 11-15) started smoking in Swindon in 2021 ¹¹⁷.

The 2023/24 “How Are You?” survey of 658 Year 8 and Year 10 students in Swindon provides insights into children current smoking habits. While a significant majority of students across both years did not smoke cigarettes, a small proportion (1.5% in Year 8 and 4.4% in Year 10) reported that they currently smoked.

GP records show that currently, an estimated 1.9% of all Swindon CYP registered at GP practices within Swindon were recorded as being a smoker. A breakdown by demography (Figure 67) reveals that the vast majority of this CYP cohort are in the 20-24 age bracket (80.8%) and female (60.1%). A larger proportion than would be expected were White British (85.9% compared to 81.5% of Swindon’s baseline CYP population being White British). Of all those registered with their GP as being a smoker, the majority lived in Penhill and Upper Stratton wards (Figure 68).

¹¹⁵ Action on Smoking and Health. *Young people and smoking*. Available from: <https://ash.org.uk/resources/view/young-people-and-smoking#:~:text=Smoking%20and%20Children's%20Health&text=Child%20and%20adolescent%20smoking%20causes,those%20who%20do%20not%20smoke>.

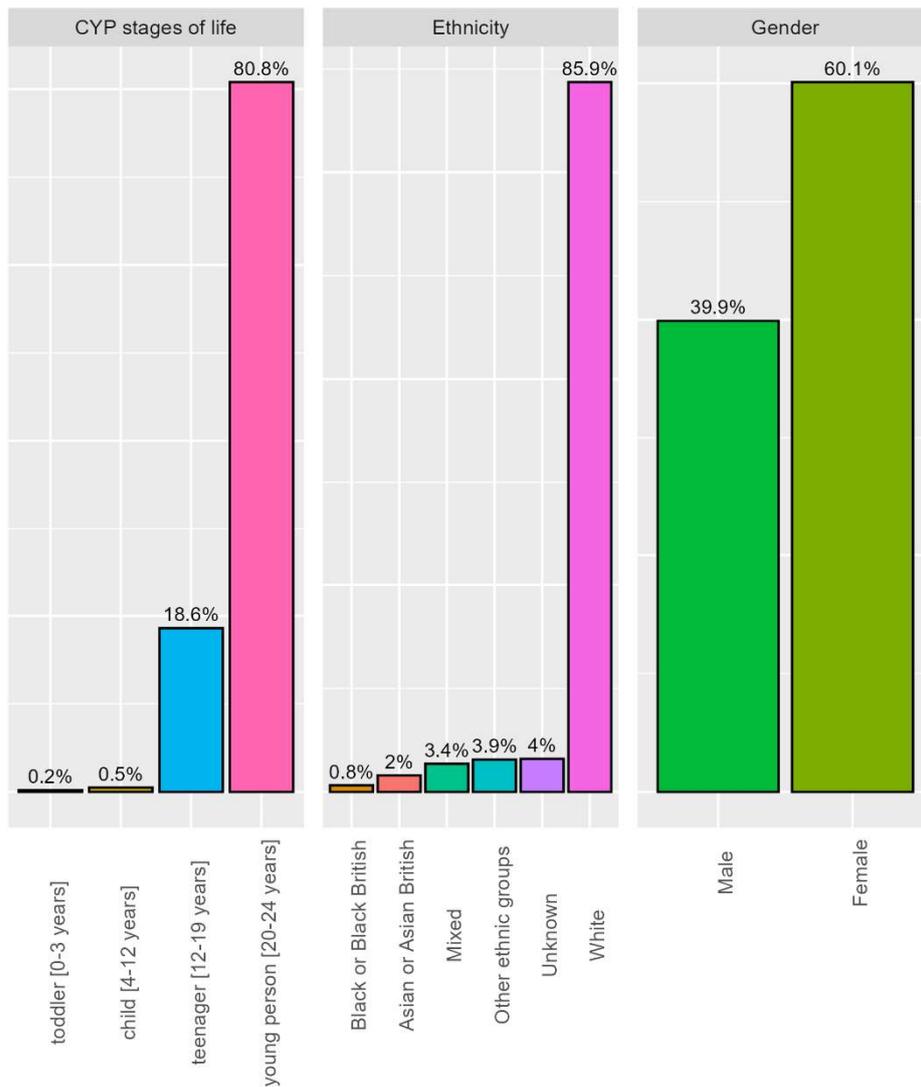
¹¹⁶ BBC News. *UK smoking ban for those born after 2009 starts journey into law [Internet]*. Available from: <https://www.bbc.co.uk/news/uk-politics-68615430>

¹¹⁷ Swindon Borough Council. *Internal Database - CSC Performance Overview Report and Children’s services Analysis Tool (ChAT)*.

It should be noted that these data sources may contain some inherent biases, as CYP may feel a stigma in divulging their smoking status to their GP, although this is less likely in the “How Are You?” survey, which is anonymous. In addition, GP records may not be updated, children may admit to smoking in a medical setting other than their GP, and the estimated prevalence is based on the whole cohort of CYP rather than those registered with GPs.

Demographics of CYP (0-24 years) smokers

Swindon patients registered with Swindon GP practices as at February 2024



Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 67: SWINDON CYP PATIENTS REGISTERED AS SMOKERS ON THEIR GP RECORDS, BY AGE, ETHNICITY AND GENDER

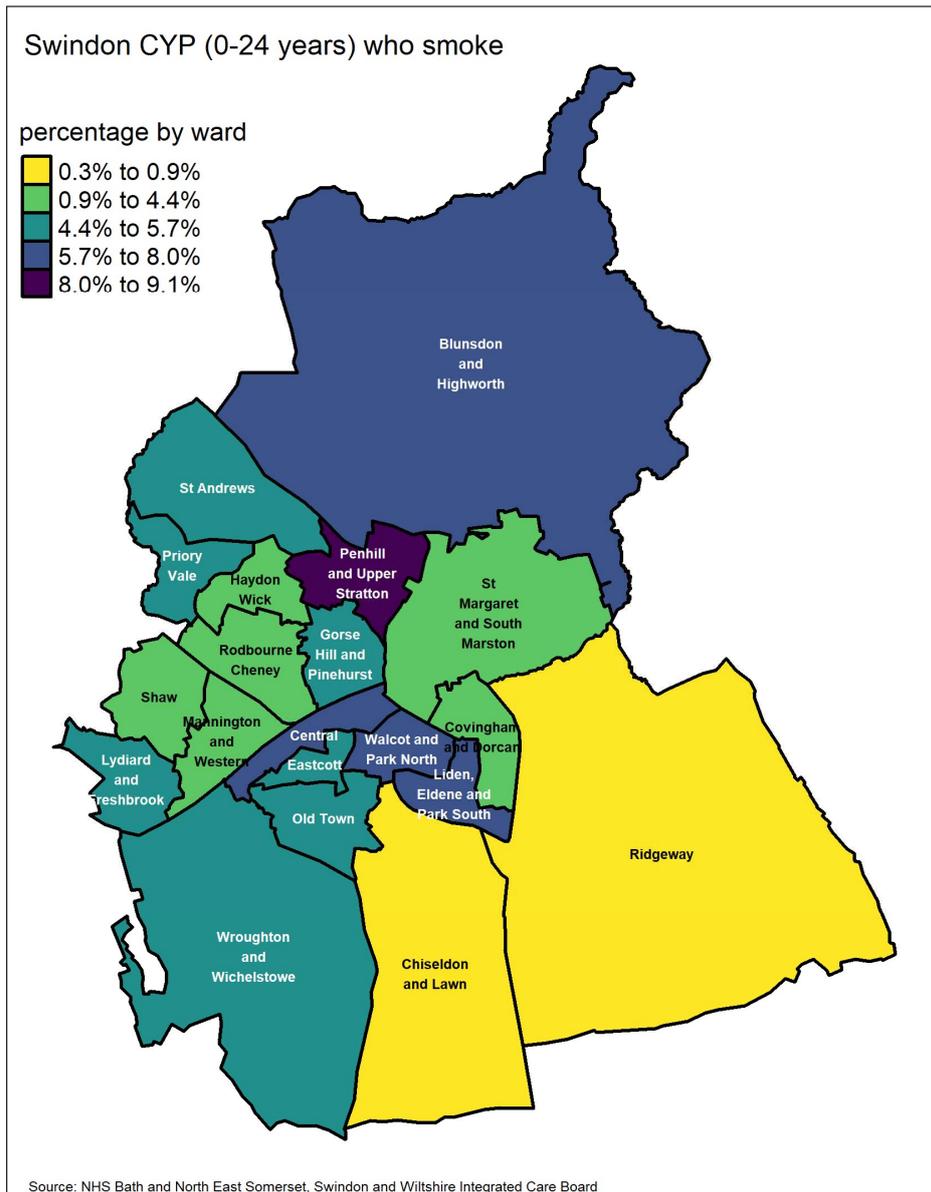


FIGURE 68: CYP PATIENTS REGISTERED AS SMOKERS ON THEIR GP RECORDS, SWINDON WARDS

8.2 Vaping

CYP in Swindon utilise vapes over cigarettes. Females within Swindon vape more than males.

Whilst vapes are a successful stop-smoking aid for adults wanting to quit smoking, there is no place for vaping among children and young people ¹¹⁸. Most e-cigarettes contain nicotine, a substance which is highly addictive and can harm adolescent brain development (which

¹¹⁸ Department of Health and Social Care. *Creating a smokefree generation and tackling youth vaping: your views* [Internet]. Available from: <https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping/creating-a-smokefree-generation-and-tackling-youth-vaping-your-views#tackling-the-rise-in-youth-vaping>

continues into the early to mid-twenties). Whilst we know the four ingredients in reputable e-cigarettes used as stop-smoking aids for adults in the UK, we are not able to say the same about illegal/unregulated vapes that can often find their way to CYP. Under UK law, it is illegal to sell or buy a vape for anyone under 18 ¹¹⁹.

As with smoking, data sources for vaping prevalence amongst CYP is also difficult. At a national level, vaping among young people is increasing, with the most frequent type used being disposable vapes ¹²⁰. The “How Are You?” survey similarly provided some insights on vaping and e-cigarette use by the 658 Year 8 and Year 10 students (Figure 69). Amongst Year 8 students, a small proportion (3.6%) report using vapes or e-cigarettes. For Year 10, this proportion was more concerning at 12.2%. The survey also highlights the wide gaps between the perception of substance use and reality. A much higher proportion of children in Swindon perceive their peers as using vapes or cigarettes than actually do ¹²¹.

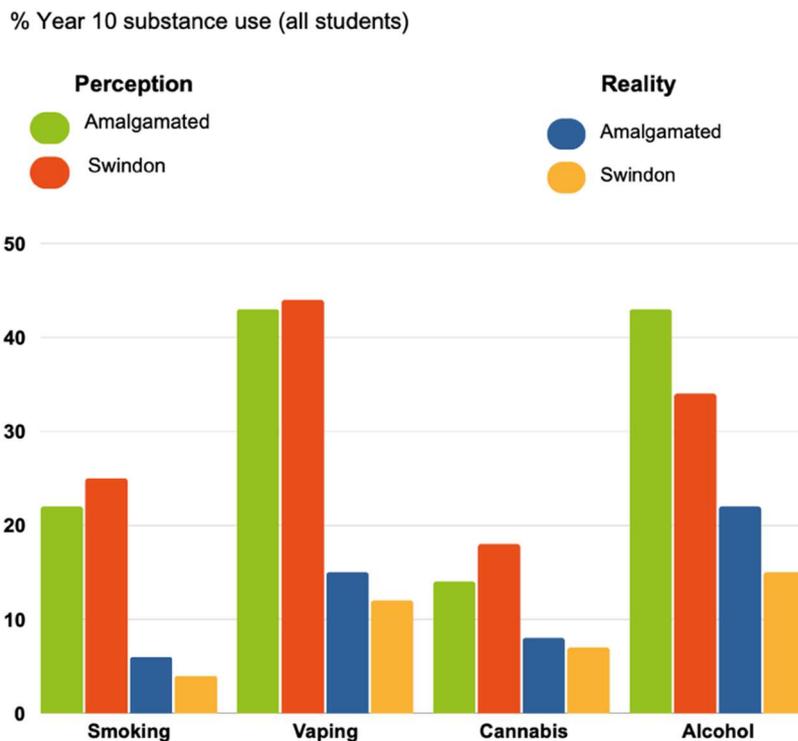


FIGURE 69: SWINDON YEAR 10 STUDENT PERCEPTIONS ON SUBSTANCE USE ¹²²

¹¹⁹ The Centre for Disease Control. Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults [Internet]. Available from: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html#:~:text=The%20use%20of%20e%2Dcigarettes,the%20early%20to%20mid%2D20s.&text=E%2Dcigarettes%20ca n%20contain%20other%20harmful%20substances%20besides%20nicotine.

¹²⁰ Department of Health and Social Care. Creating a smoke-free generation and tackling youth vaping: your views. Available from: <https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping/creating-a-smokefree-generation-and-tackling-youth-vaping-your-views#tackling-the-rise-in-youth-vapin>

¹²² Swindon Borough Council. Internal Report - How Are You? survey.

Year 10 responses also shed light on gender disparities in vaping habits. Girls within this school age group reported using vapes more frequently (14%) than their male counterparts (9%). This underscores the need for gender-focussed approaches to addressing vaping behaviours among adolescents.

8.3 Alcohol

CYP admissions for alcohol-related conditions in Swindon are higher than the England average but lower than the South West average. Most of these admissions are in females.

Drinking among CYP can affect the development of vital organs, including the brain, liver, bones and hormones. It is also associated with other health risks, including alcohol-related injuries, involvement in violence, and suicide. If CYP do drink alcohol underage, it should not be until they are at least 15. They should be supervised and have no more than 1 drink a week ¹²³.

Although data on alcohol consumption is not available for CYP in lower age groups, available data for young adults (aged 18-24) in Swindon show a lower prevalence of drinking compared to England (Figure 70).

The 2023/24 “How Are You?” survey records alcohol consumption habits amongst Year 8 and Year 10 students in Swindon schools. In Year 8, 4.4% reported drinking alcohol at least a few times a month, rising to 14.3% for Year 10 students. The presence of gender-specific factors influencing drinking behaviours is also highlighted with a higher proportion of males reporting drinking every week (5.54%) compared to their female counterparts (2.13%).

GP records suggest that an estimated 2.2% of all CYP residents registered at GP practices within Swindon were recorded as drinking alcohol on their GP record. A breakdown of this data (Figure 71) reveals that the vast majority were in the 20-24 age bracket (89%) and female (58.2%). A larger proportion than would be expected were White British (86.1%). The majority of these CYP residents drinking alcohol lived in Wroughton and Wichelstowe, and Old Town wards (Figure 72).

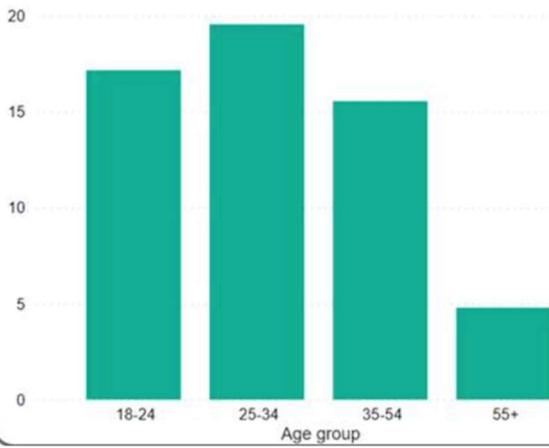
¹²³ The NHS. Should my Child drink alcohol [Internet]. Available from: <https://www.nhs.uk/common-health-questions/childrens-health/should-my-child-drink-alcohol/#:~:text=Drinking%20alcohol%20can%20damage%20a,%2C%20liver%2C%20bones%20and%20hormones.>

Swindon

Alcohol prevalence (2019-20) by age group

Age group	Prevalence estimate	Rate per 1,000 population	Population estimate
18-24	266	17.18	15,487
25-34	559	19.57	28,567
35-54	998	15.56	64,153
55+	305	4.79	63,629

Rate per 1,000 population (2019-20) split by age group



England

Alcohol prevalence (2019-20) by age group

Age group	Prevalence estimate	Rate per 1,000 population	Population estimate
18-24	88,393	18.62	4,746,616
25-34	154,408	20.29	7,609,363
35-54	274,423	18.58	14,771,212
55+	91,207	5.32	17,136,202

Rate per 1,000 population (2019-20) split by age group

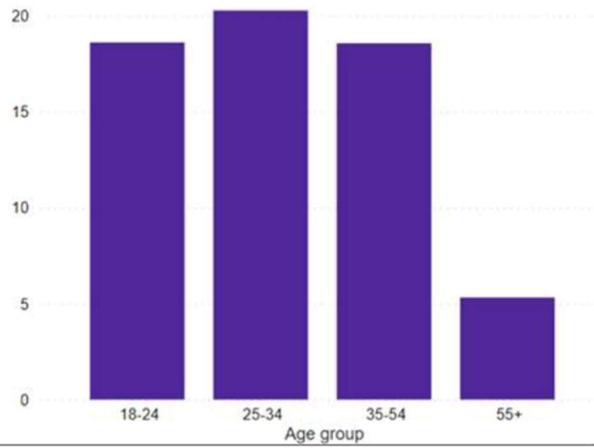
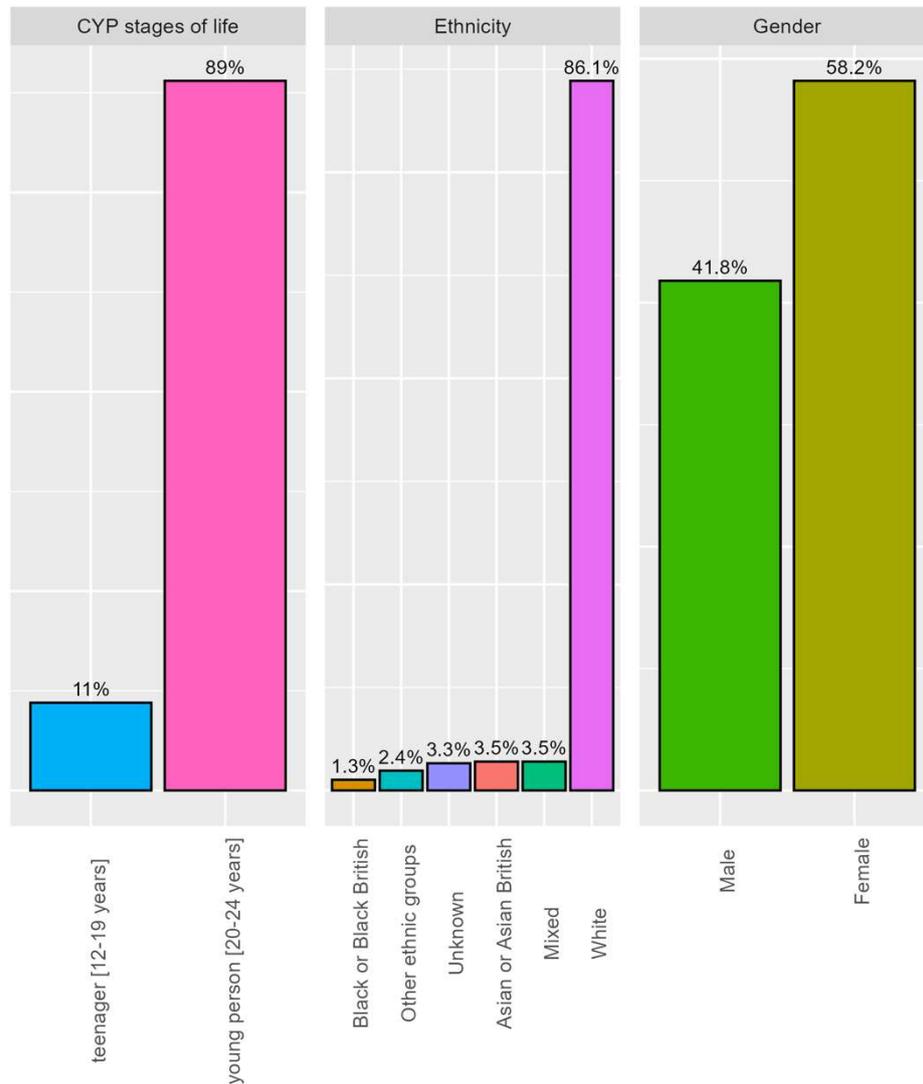


FIGURE 70: THE PREVALENCE OF DRINKING BY AGE GROUP IN SWINDON ¹²⁴

¹²⁴ The NDTMS. National drug treatment monitoring system. Available from: <https://www.ndtms.net/>

CYP patients (0-24 years) who drink alcohol

Swindon patients registered with Swindon GP practices as at February 2024



Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 71: SWINDON CYP PATIENTS REGISTERED AS DRINKING ALCOHOL ON THEIR GP RECORDS, BY AGE, ETHNICITY AND GENDER

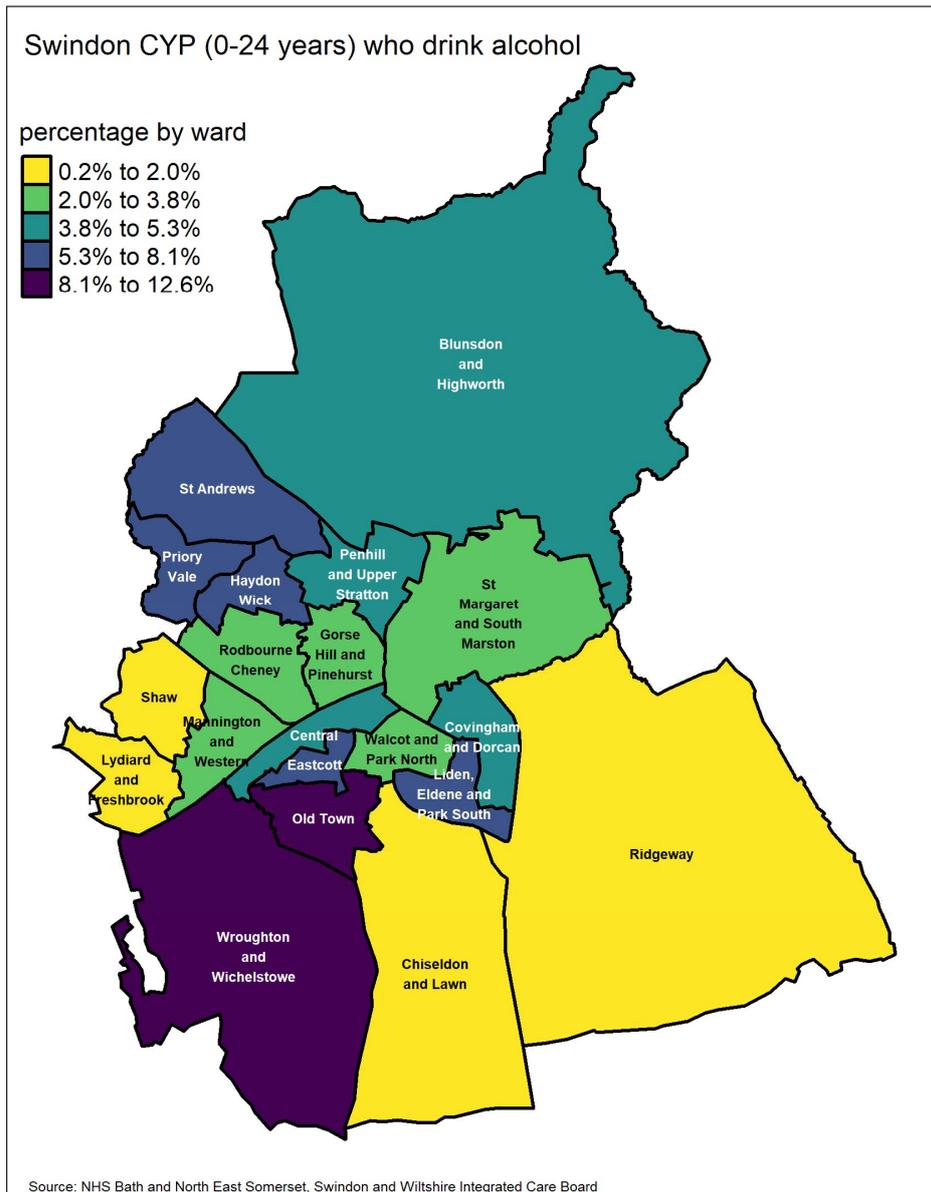


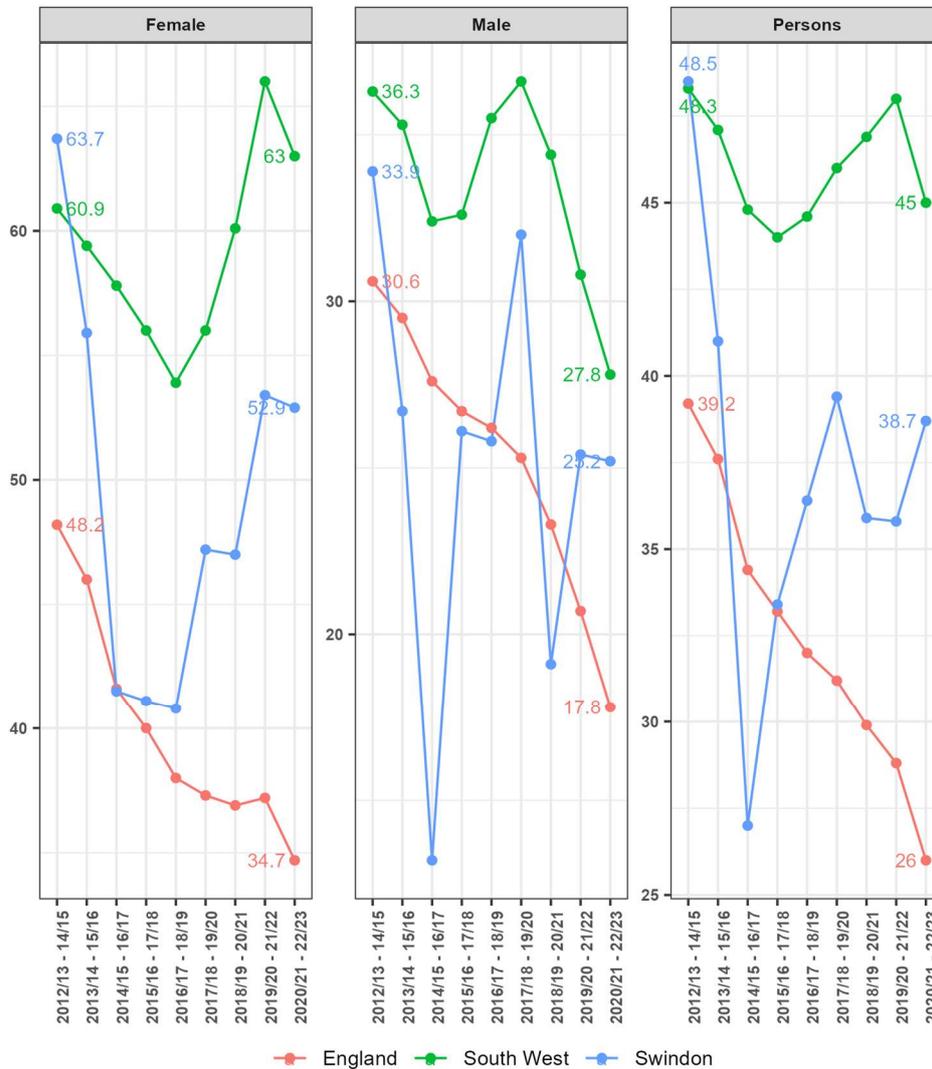
FIGURE 72: CYP REGISTERED AS DRINKING ALCOHOL ON THEIR GP REPORTS, SWINDON WARDS

Swindon experiences higher rates of admissions for alcohol-specific conditions for under 18-year olds than England, but lower rates than the South West (Figure 73). These are conditions which are wholly contributable to drinking alcohol¹²⁵. A more nuanced picture emerges from a breakdown of these rates by gender, with male admissions in Swindon being lower than in both the South West and England and being under half that of female admissions. This suggests potential variations in alcohol consumption patterns or healthcare-seeking behaviour among young males and females in Swindon.

¹²⁵ The Office for Health Improvement and Disparities. Indicator Definitions and Supporting Information - Alcohol Specific Admissions. Available from: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/6/gid/1938132984/pat/159/par/k02000001/ati/15/are/E92000001/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Admission episodes for alcohol-specific conditions (under 18s)

crude rate per 100,000



Source: OHID Fingertips

FIGURE 73: ADMISSION EPISODES FOR ALCOHOL-SPECIFIC CONDITIONS FOR UNDER 18S

It should be noted that these data sources may contain some inherent biases as CYP may feel a stigma in divulging their drinking status to their GP or in the “How Are You?” survey (though this is unlikely given the survey is anonymous). In addition, GP records may not be updated, children may disclose drinking in a medical setting other than their GP, and the estimated prevalence is based on the whole cohort of CYP rather than those registered with GPs.

8.4 Drugs

The rate of hospital admissions due to substance misuse in Swindon's CYP has doubled since 2008, consistently exceeding regional and national rates. Cannabis is the most common reason for CYP to access substance misuse services in Swindon.

Across England and Wales, approximately one in five young people aged 16 to 24 have used drugs/substances in the past year, with 7.4% using Class A drugs. In Swindon, the 2023/24 "How Are You?" survey of year 10 students identified that 93.01% did not use cannabis, 3.04% used it less than once a month, 1.06% used it monthly, and 2.89% used it most weeks¹²⁶.

The rate of hospital admissions due to substance misuse among 15 to 24-year olds has consistently exceeded regional and national rates for over a decade, with a recent sharp increase observed. Notably, the rate has more than doubled since 2008/09-2010/11⁸³.

Swindon's primary CYP substance use disorder service, U-Turn, offers support and guidance to address drug and alcohol-related issues among young individuals. In recent years, the number of young people accessing treatment in Swindon has declined, while this was initially partially attributed to reduced referrals during the Covid-19 pandemic, the increased referral numbers are still ongoing⁸³.

Figures 74 and 75 show that both nationally and locally, cannabis emerges as the primary reason for CYP to access substance misuse services, followed by alcohol. Locally, the rate of utilisation for cannabis-related issues has remained stable since 2016. Conversely, the utilisation of services for alcohol-related problems locally has fluctuated, with a notable increase observed in September 2021, which is now showing signs of decline. This is highlighted

The latest national data from 2022/23 shows that across the UK there has been a marked increase in the number of young people in treatment for solvent misuse alongside a rise in the number of people reporting problems with ketamine, and thus both issues may represent upcoming challenges for Swindon¹²⁷.

¹²⁶ Swindon Borough Council. 2022 Young Person's Substance Misuse Needs Assessment [Internet]. Available from: <https://www.swindonjsna.co.uk/wp-content/uploads/2023/05/Young-persons-substance-misuse-needs-assessment-2022-2025.pdf>

¹²⁷ Office for Health Improvement and Disparities. Young people's substance misuse treatment statistics 2022 to 2023: report [Internet]. Available from: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023->

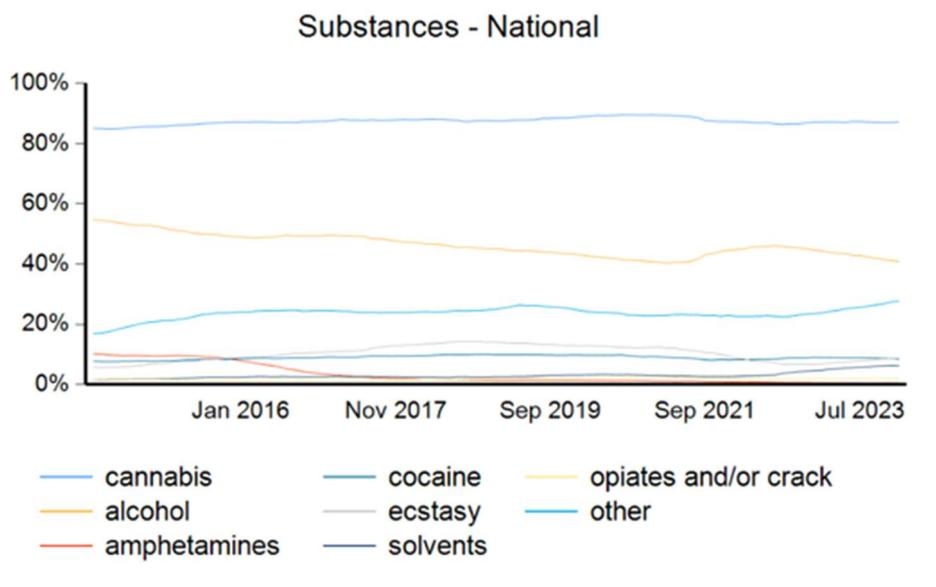


FIGURE 74: THE ROLLING 12-MONTH TRENDS FOR THE NUMBER OF YOUNG PEOPLE IN SPECIALIST SUBSTANCE USE DISORDER SERVICES ¹²⁸

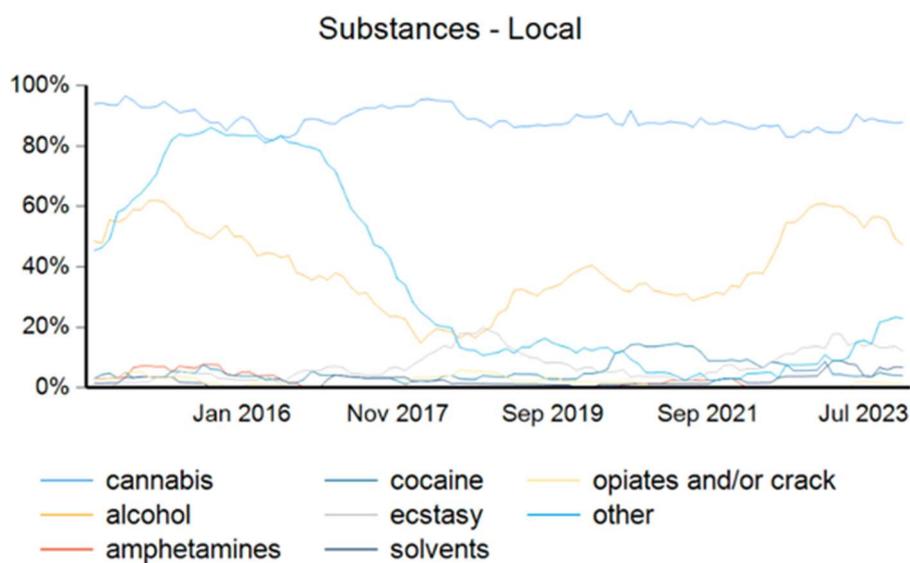


FIGURE 75: THE PROPORTION OF CYP USING LOCAL SUBSTANCE USE DISORDER SERVICES FOR EACH SUBSTANCE ¹²⁹

Table 9 reports the most common referral source for substance use disorder services among CYP in Swindon is “Children's and Family Services”, constituting 37% of all referrals. This diverges from the national trend, where education services predominantly serve as the primary referral source across England.

¹²⁸ Public Health England. Internal Report - Young People Specialist Substance Misuse Interventions (Executive Summary Report)

¹²⁹ Public Health England. Internal Report - Young People Specialist Substance Misuse Interventions (Executive Summary Report)

Table 9: CYP referral sources for local Substance Misuse Services ¹³⁰

REFERRAL SOURCE (year to date)	Local		Previous Q	Baseline	National	
	Apr - Dec				Apr - Dec	
	(n)	(%)			(n)	(%)
Children & Family Services	24	37%	40%	29%	1765	24%
Education Services	10	15%	10%	24%	2197	30%
Health & Mental Health Services	9	14%	17%	16%	869	12%
Accident & Emergency (A&E)	0	0%	0%	0%	32	0%
Substance Misuse Services	2	3%	2%	0%	278	4%
Youth Justice Services	8	12%	12%	8%	1209	16%
Family, Friends & Self	11	17%	17%	24%	910	12%
Other Referral Source	1	2%	2%	0%	128	2%
No Referral Source recorded	0	0%	0%	0%	11	0%
TOTAL (including missing)	65	100%			7399	100%

In examining the demographics of service users, it is noteworthy that there is a more balanced distribution of males and females within the Swindon local substance use disorder services compared to England as a whole (Table 8). Females comprise 46% of service users in Swindon, contrasting with the national figure of 39%. Most service users locally are 13-14 years old, with 15-year-olds coming in as a close second, similar to the national picture.

Table 7: Service user demographics for local CYP Substance Misuse Services, Swindon ¹³¹

AGE & GENDER (year to date)	Local		Previous Q	Baseline	National	
	Apr - Dec				Apr - Dec	
	(n)	(%)			(n)	(%)
Under 13	2	3%	2%	2%	253	2%
Aged 13 to 14	25	35%	35%	24%	2858	26%
Aged 15	22	31%	37%	27%	3098	28%
Aged 16	14	20%	18%	31%	2501	22%
Aged 17	8	11%	8%	16%	2465	22%
Aged 18	0	0%	0%	0%	0	0%
Aged 19	0	0%	0%	0%	0	0%
Aged 20-21	0	0%	0%	0%	0	0%
Aged 22-24	0	0%	0%	0%	0	0%
Aged 25+	0	0%	0%	0%	0	0%
Female	33	46%	47%	49%	4358	39%
Male	38	54%	53%	51%	6817	61%
Total in treatment	71	100%			11175	100%

It is essential to acknowledge the limitations inherent in interpreting this data. Given the relatively small total numbers at the local level, the reliability of the data may be impacted. Additionally, it is important to recognize that individuals may seek support for multiple substance use disorders simultaneously, contributing to potential discrepancies in the reported figures and accounting for the fact that certain totals add up to over 100%.

¹³⁰ Public Health England. Internal Report - Young People Specialist Substance Misuse Interventions (Executive Summary Report)

¹³¹ Public Health England. Internal Report - Young People Specialist Substance Misuse Interventions (Executive Summary Report)

This topic is covered in greater detail in the [2022 Young Person’s Substance Misuse Needs Assessment](#) and the [2024-29 Substance Use Disorder Strategy For Swindon](#) ^{132,133}

8.5 Weapon Carrying

An estimated 3% of CYP in Swindon admitted to carrying a knife, however, the perception of those surveyed was that around 19% of their peers carried one

Knife carrying can be perceived as a societal norm in some communities of CYP, and it appears that an individual’s perception of the prevalence of weapon carrying is significantly greater than the reality. Carrying a knife increases the risk of being injured for both the owner of the knife and those around them ¹³⁴.

In recent years, Swindon has grappled with increasing concerns around knife and weapon carrying among its youth population. Between Sept 22 and Aug 23, Swindon and Wiltshire experienced 362 knife crime offences across all age groups. This is an increase of 31% on the 277 seen in the previous year. 59% (215) of these offences in the Wiltshire PFA were in Swindon, compared to 41% (147) in Wiltshire County. This equates to 0.6 knife crimes per 1,000 population in Swindon. It should be noted that numbers for this crime type in both areas are very low, especially compared to national levels.

In the 2022 Wiltshire School Survey covering schools in Swindon and Wiltshire, 3% of children admitted to carrying a knife. However, the perception of those surveyed was that around 19% of their peers carried one, indicating perception is much higher than reality. In the 2023/24 “How Are You?” Swindon survey, a small but significant proportion (2.05%) of year 8 students report carrying a knife or bladed implement, with an additional 4.09% preferring not to disclose their weapon-carrying status. This would equate to 93.85% of students not carrying a weapon. Among Year 10 students, the prevalence of weapon carrying slightly increases, with 3.04% reporting carrying a knife or bladed implement, and an additional 4.41% preferring not to disclose.

The presence of weapons among adolescents poses significant risks to both individual safety and community wellbeing. It is imperative to address the underlying factors contributing to weapon carrying, such as social influences, peer pressure, and community violence. The survey discussed above also highlights the importance of tackling social perceptions of weapon carrying among peers. This misconception could be why many CYP carry a knife, as

¹³² Public Health England. *Internal Report - Young People Specialist Substance Misuse Interventions (Executive Summary Report)*.

¹³³ Swindon Borough Council. *A Substance Use Disorder Strategy for Swindon [Internet]*. Available from: <https://www.swindonjsna.co.uk/wp-content/uploads/2024/03/Swindon-Substance-Use-Disorder-strategy-2024-2029.pdf>

¹³⁴ The Royal Borough of Greenwich. *The Risks of Carrying a Knife [Internet]*. Available from: https://www.royalgreenwich.gov.uk/info/200202/community_safety/2463/know_the_risks_of_knife_crime

we know from speaking with professionals that most children claim that they carry one for self-defence^{135, 136}.

8.6 Social Media Use

A small majority of CYP in Swindon have a good relationship with social media however a significant proportion had negative interactions with it. Female students appear to have a higher risk of negative experiences than males.

In recent years, social media has become part of our lives, especially among CYP. Among this group, social media use may be beneficial, however, a growing collection of risks has been identified resulting from unhealthy social media use. These include but are not limited to depression, psychological problems, poor sleep, addiction, anxiety, sex-related issues, behavioural problems, problems with body image, a lack of physical activity, online grooming, sight problems, headaches, and poor dental health¹³⁷.

Among Year 8 students, a majority (52.81%) deem their relationship with social media as great, indicating a generally positive perception of these platforms among this cohort. However, a small but noteworthy proportion (2.17%) perceive their relationship as very negative, and 3.07% highlight it as quite negative. Additionally, 35.29% of students report experiencing social media interactions that made them feel anxious, worried, or scared, highlighting the potential dangers associated with online behaviour among CYP.

Among Year 10 students, CYPs relationship with social media appears to deteriorate, with only 43.47% of students deeming their relationship as great. Furthermore, a higher proportion (2.43%) identify their relationship as very negative. The prevalence of negative social media experiences also increases in this age group, with 41.64% of students reporting feeling anxious or scared due to their online interactions.

Significantly, there are notable gender disparities in social media experiences among Year 10 students. Female students report a higher prevalence of negative experiences, with 50.44% having such experiences compared to 29.41% of males. This underscores the importance of considering gender-specific factors in addressing the challenges associated with social media use among adolescents.

Addressing the complexities of social media use among young people requires collaborative efforts involving parents, educators, policymakers, and social media platforms themselves. Strategies should focus on promoting digital literacy, fostering healthy online habits, and

¹³⁵ Swindon Borough Council. Internal Report - How Are You? survey.

¹³⁶ Wiltshire and Swindon PCC. WILTSHIRE AND SWINDON Serious Violence Strategic Needs Assessment January 2024 [Internet]. Available from: <https://www.wiltshire-pcc.gov.uk/SysSiteAssets/assets/2.-the-pccs-office/3.-policies-and-strategies/serious-violence-duty-2024/serious-violence-sna.pdf>

¹³⁷ Bozzola E, Spina G, Agostiniani R, Barni S, Russo R, Scarpato E, et al. The Use of Social Media in Children and Adolescents: Scoping Review on the Potential Risks. *Int J Environ Res Public Health*. 2022 Aug 12;19(16):9960.

providing support and resources to address the emotional and psychological impacts of social media interactions. By empowering young people to navigate the digital landscape safely and responsibly, we can mitigate the potential risks associated with social media use and promote positive online experiences for all ¹³⁸.

8.7 Sexual Health

The rate of most Sexually Transmitted Infections in Swindon is higher than the South West but lower than England. All young people need comprehensive Relationships and Sex Education (RSE) and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health.

Within the UK, those aged 16-24 experience the highest diagnosis rates for the most common Sexually Transmitted Infections (STIs), possibly due to the higher rates of partner change among young people ¹³⁹.

In 2022, there were 967 new STIs diagnosed in Swindon (excluding chlamydia in those under 25), representing a rate of 414 per 100,000 residents. This rate was higher than the South West average (311 per 100,000) but lower than England (496 per 100,000). While Swindon ranks third highest among its CIPFA neighbours, its STI rate has remained relatively stable and below the national average since 2014 ¹⁴⁰.

All young people need comprehensive Relationships and Sex Education (RSE) and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. More work is required between the local sexual health system and Healthy Schools to ensure that teachers and school-based staff are supported to deliver effective RSE lessons to young people.

This topic is covered in greater detail in the [2022 Swindon Sexual Health Needs Assessment](#).

¹³⁸ Swindon Borough Council. *Internal Report - How Are You? survey*.

¹³⁹ Gov.uk. *Sexually transmitted infections and screening for chlamydia in England: 2022 report [Internet]*. Available from: [https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report#:~:text=Young%20people%20experience%20the%20highest,age%20and%20gender%20\(11\)](https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2022-report#:~:text=Young%20people%20experience%20the%20highest,age%20and%20gender%20(11)).

¹⁴⁰ Fingertips. *Sexual and Reproductive Health Profile [Internet]*. Available from: <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/15/ati/502/are/E06000030/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

8.8 Personal, Social, Health, and Economic Education (PSHE)

The evidence shows that personal, social, health and economic (PSHE) education can improve the physical and psychosocial wellbeing of pupils, thus playing a crucial role in the holistic development of CYP and empowering them to lead healthy, fulfilling lives ¹⁴¹.

Most children in Swindon appear to gain value from their PSHE, with 86% of year 8 students and 76% of year 10 students reporting that their PSHE lessons were sometimes, mostly or always useful in the 2023/24 “How Are You?” survey ¹⁴². This figure appears to have risen from 2022/23 where only 61% of year 10 students felt this way.

While the picture overall was positive, students felt that some areas of teaching were not as effective. These included the following PSHE topics including relationships, sex and health education (RSHE):

- Managing stress and anxiety
- Managing finances, e.g. budgeting
- Recognising signs of mental health issues
- Common types of mental ill health
- Emotional changes around puberty
- Basic first aid
- LBGTQI+
- How to cope with changes in a relationship
- The legal status of different relationships
- Pornography
- Grooming and exploitation

Between January and February 2024, PSHE teachers of primary and secondary schools in Swindon were surveyed to gauge the gaps in capacity, provision and training for local schools concerning PSHE including RSHE. The sample size was relatively small (24 settings). The results indicated the following topics as areas teachers would value more training in, which mirrored the topics highlighted as lacking in the “How Are You?” survey results:

Primary schools:

- Economic wellbeing
- Mental health and emotional wellbeing
- Puberty and menstruation
- Keeping safe, including online
- Families and close positive relationships
- Communicating boundaries and recognising the boundaries of others.
- Managing hurtful behaviour and bullying

¹⁴¹ Department for Education. *Personal, social, health and economic (PSHE) education: a review of impact and effective practice*. Available from: <https://20248256.fs1.hubspotusercontent-na1.net/hubfs/20248256/Evidence%20and%20research/Review%20of%20effective%20practice.pdf>

¹⁴² Swindon Borough Council. *Internal Report - How Are You? survey*.

Secondary schools:

- Mental health and emotional wellbeing
- Managing risk and personal safety
- Social influences
- Financial choices
- Sexuality
- Recognising unsafe relationships and behaviours
- Online risks
- Concepts and law relating to sexual consent, exploitation, abuse grooming, rape, domestic abuse and FGM.

Swindon Healthy Schools aims to address some of the needs highlighted via it's PSHE Leads Network and by providing and signposting to resources for PSHE teachers.

Feedback from the Sexual Health Strategy Stakeholder engagement in 2021 reiterated many of these points, but also identified the need to consider a platform for parents that helps them understand what their children are taught in RSHE and empowers parents to discuss relationships and sexual health with their children. These needs have recently been reinforced through face-to-face engagement with two small groups in 2024. In addition to the above, young people felt that splitting them up by gender was inappropriate and highlighted that sexual pleasure hadn't been included.

The need for healthy relationships education and support is particularly highlighted within Swindon FNP's data, which indicates that 29% of their young parents are or have experienced intimate partner violence, compared to 8% of national FNP.

Anecdotal reports of harmful sexual behaviour amongst CYP in schools is likely to be a factor affecting attendance. There appears to be a gap in support for CYP affected by this. Furthermore, the 2023/24 Year 10 "How Are You?" survey data indicates that girls, and in particular girls from ethnic minority groups, are more likely to report not feeling respected by their peers.

9.0 Supporting Children and Young People to be Healthy

9.1 Healthy Weight

Excess weight in children can negatively impact their lives as they grow up and as well as into adulthood. Obesity is known to disproportionately impact individuals and families living in more deprived areas, with a significant increase in the prevalence of obesity among England's most deprived communities in recent years. People in the most deprived areas are more than twice as likely to be admitted to hospital for obesity-related health problems ¹⁴³.

Swindon has adopted a whole systems approach to obesity. The whole systems approach recognises that local authorities are uniquely placed to lead communities and local partners in tackling obesity. This includes working with local NHS organisations and through integrated care systems. In practice, this means taking a collaborative approach, bringing together stakeholders from a broad range of sectors and developing a range of cross-sector actions.

Some of the key elements of this whole systems approach include ¹⁴⁴:

- Improving the food environment and making healthy food choices easier
- Improving the physical activity environment and promoting physical activity
- Improving identification and management of obesity to support people to achieve a healthy weight
- Increasing positive community influences
- Enabling settings, schools and services to contribute to CYP achieving a healthy weight

Swindon's reception children obesity rates are similar to the regional and national average. Among year 6 students, 22% are classified as obese, a rising figure and one that is significantly higher than the regional average.

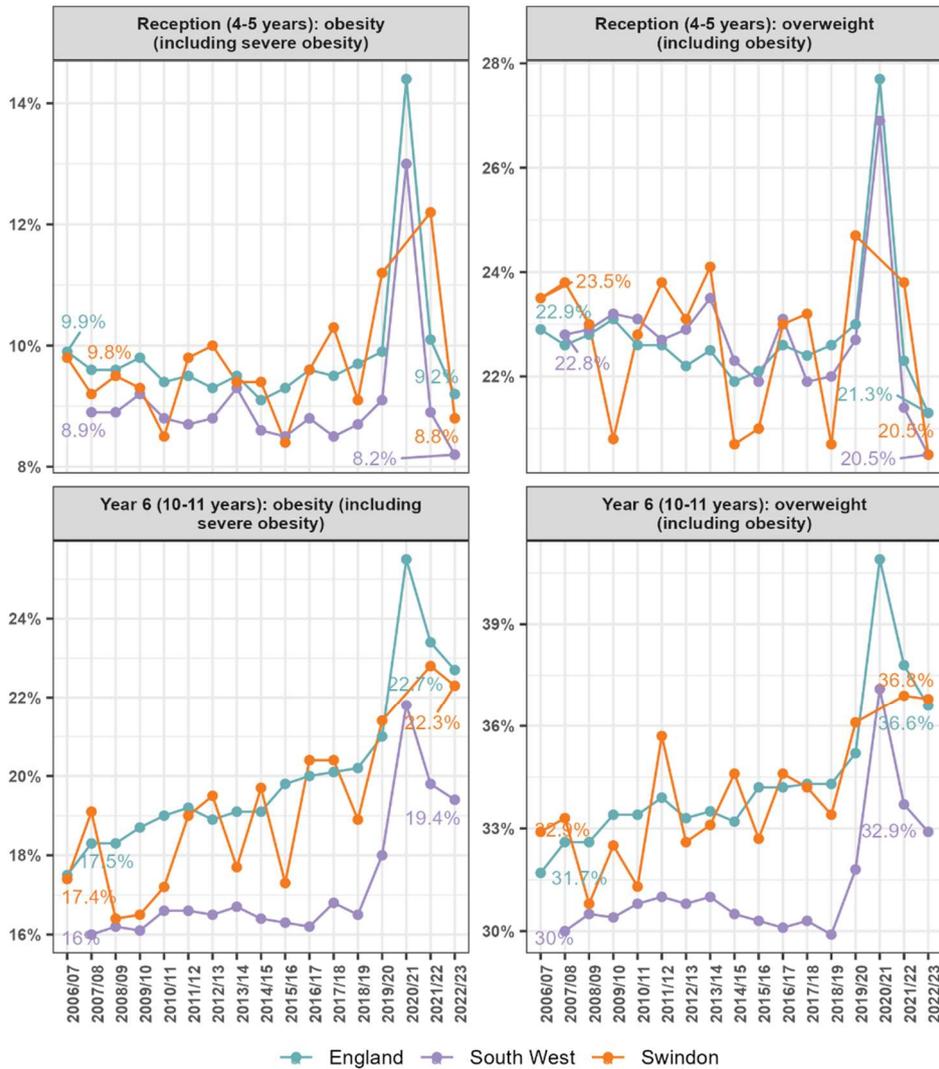
The prevalence of excess weight and obesity in Reception year school children in Swindon has been quite volatile since 2006/07, fluctuating within a range between 20%-25% for excess weight and 8%-13% for obesity (Figure 76). The most recent data shows that 20.5% of reception children are deemed overweight and 8.8% are deemed as living with obesity.

¹⁴³ The Kings Fund. *Tackling obesity* [Internet]. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/reports/tackling-obesity-nhs>

¹⁴⁴ Swindon Borough Council. *Internal Report - Swindon Whole Systems Approach to Obesity Strategy*.

Prevalence of overweight and obesity Reception and Year 6 school children

percentage of children



Source: OHID Fingertips

FIGURE 76: PREVALENCE OF OVERWEIGHT AND OBESITY IN RECEPTION AND YEAR 6

Prevalence data averaged over the period 2020/21 to 2022/23 is seen in Figure 75. At ward level place, prevalence of excess weight amongst children in Reception was high in Penhill and Upper Stratton, Gorse Hill and Pinehurst, Walcot and Park North and Liden, Eldene and Park South wards(Figure 77). These wards are the top 4 most deprived areas in Swindon.

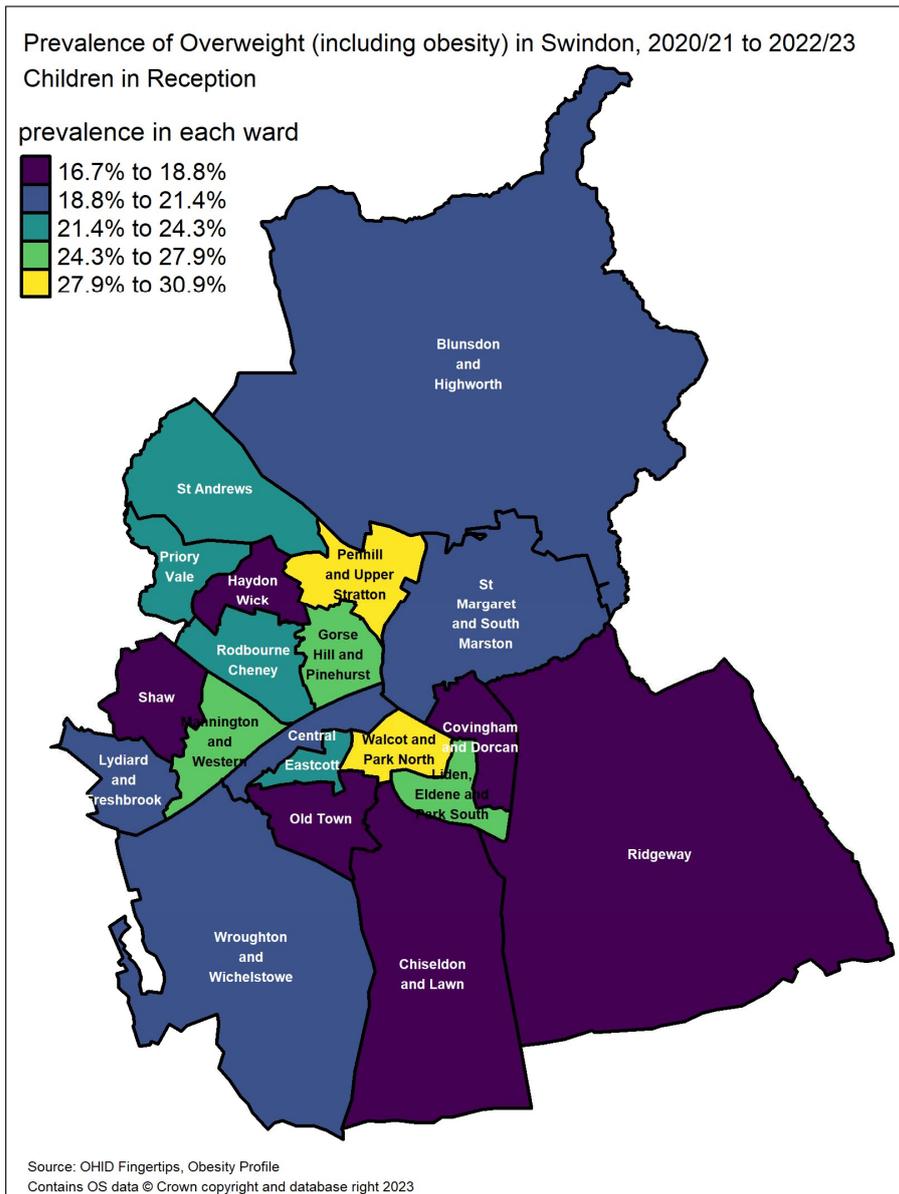


FIGURE 77: PREVALENCE OF OVERWEIGHT IN RECEPTION YEAR, SWINDON WARDS

In comparison to the variability seen across reception children, the prevalence of overweight and obesity in Year 6 children has been trending upward since 2006 (Figure 76) with Swindon's rates generally at higher levels than the South West but at similar levels to England. In 2022/23, 36.8% of Year 6 children were registered with excess weight, while 22.3% were registered as living with obesity.

For Year 6 children, the prevalence of overweight is at highest levels in Central, Gorse Hill and Pinehurst, Walcot and Park North and Liden, and Eldene and Park South (Figure 78), with the latter three wards amongst the most deprived in Swindon. These patterns highlight the connection between excess weight/obesity and deprivation.

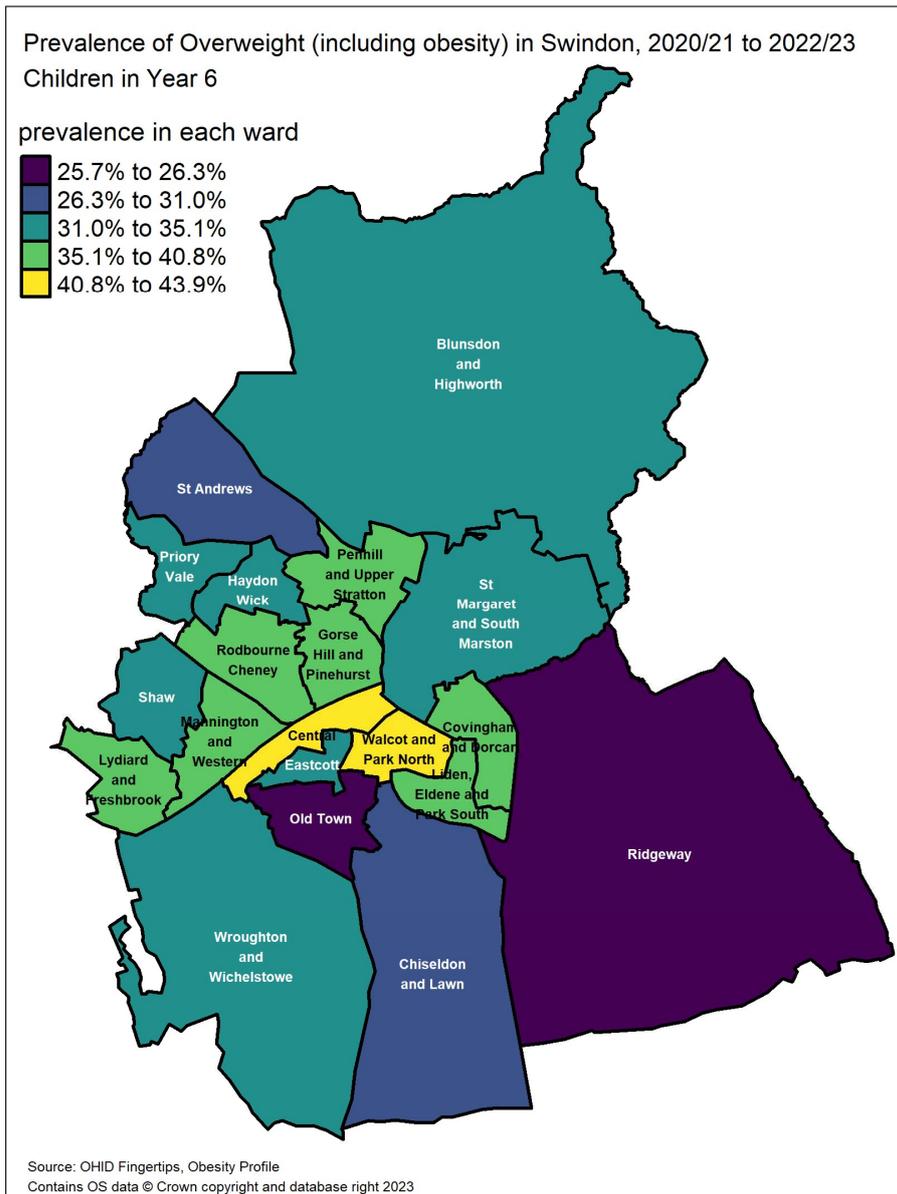
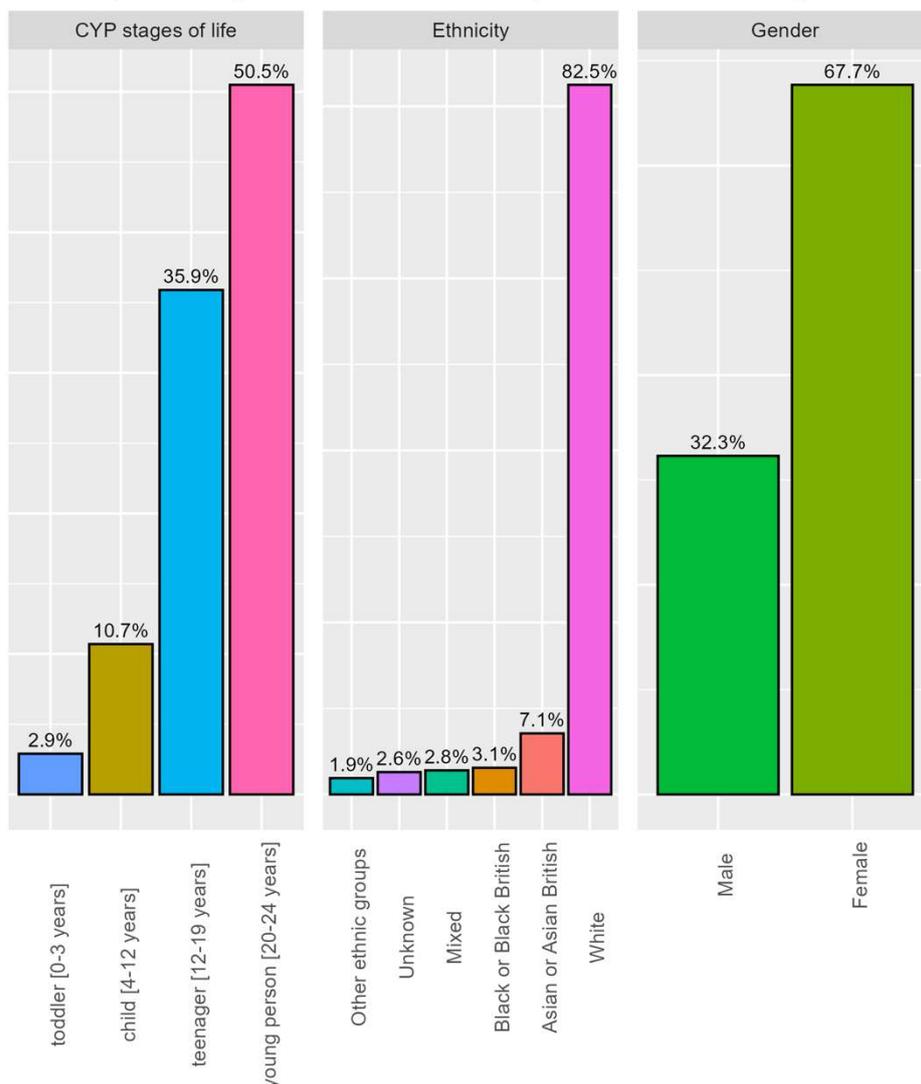


FIGURE 78: PREVALENCE OF OVERWEIGHT IN YEAR 6, SWINDON WARDS

GP records of CYP within Swindon allows us to further understand the demographics of Swindon's CYP population who are living with obesity (Figure 79). The prevalence of obesity among CYP in Swindon increases with age, with most cases occurring in the 18-24 age group (50.5%). The vast majority were female (67.7%).

CYP patients (0-24 years) registered as living with obesity

Swindon patients registered with Swindon GP practices as at February 2024



Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 79: CYP PATIENTS REGISTERED AS LIVING WITH OBESITY ON THEIR GP RECORDS, BY AGE, ETHNICITY AND GENDER

It should be noted that for the year 2020/21, the COVID-19 pandemic impacted data collection for school children's weight, reducing the sample size by about two thirds for this period ¹⁴⁵. In addition, demographic estimates created from GP records may be inaccurate due to different information and selection biases, which may result in unreliable results.

Swindon data from the National Child Measurement Programme (NCMP) for 2023-2024 indicates that 44 children (1.6% of total sample) in Reception and 56 children in Year 6 are underweight (1.9% of total sample). The data suggest that children living in areas with

¹⁴⁵ NHS England. Latest figures show drop in obesity rates among primary school children: statistical press release [Internet]. Available from: <https://digital.nhs.uk/news/2023/latest-figures-show-drop-in-obesity-rates-among-primary-school-children-statistical-press-release#:~:text=The%20NCMP%20usually%20measures%20the,of%20300%2C000%20children%20were%20measured>

higher deprivation are also more likely to be underweight. Proportionately, Asian children are more likely to be underweight (Figure 80). Boys are more likely to be underweight than girls in Reception (54% versus 46%), whereas in Year 6, girls are more likely to be underweight than boys ¹⁴⁶ (Figure 81). Note that the sample size is small and therefore these results may not be reflective of the wider population.

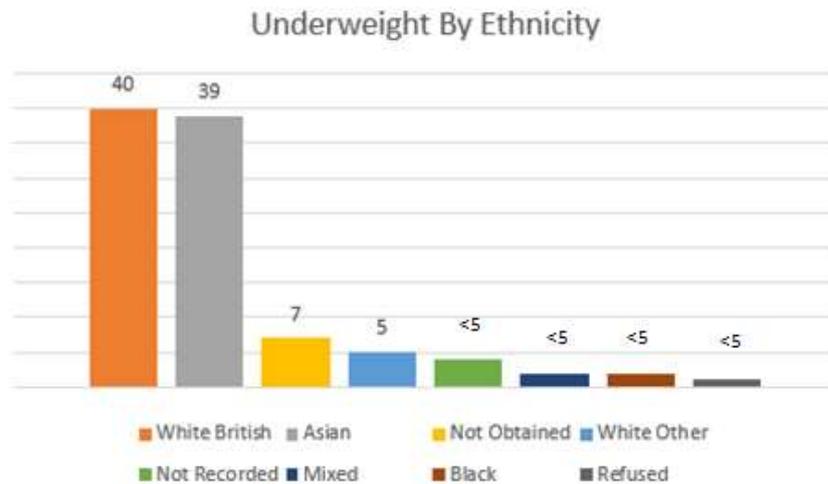


FIGURE 80: THE NUMBER OF CHILDREN CLASSIFIED AS UNDERWEIGHT BY ETHNICITY IN THE NCMP 2023/24 SURVEY¹⁴⁷

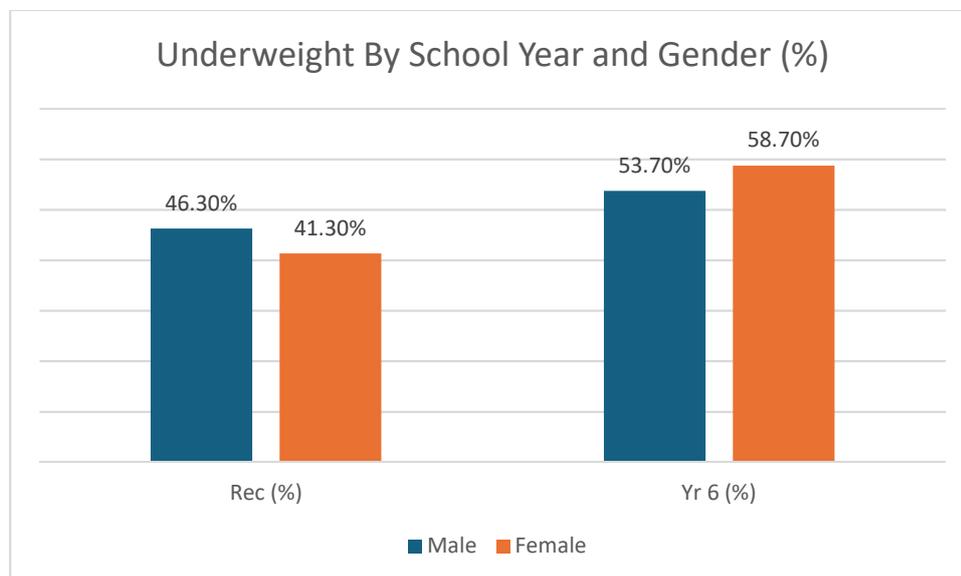


FIGURE 81: THE PROPORTION OF CHILDREN CLASSIFIED AS UNDERWEIGHT BY GENDER AND YEAR GROUP IN THE NCMP 2023/24 SURVEY¹⁴⁸

¹⁴⁶ Swindon Borough Council. Internal Report - How Are You? survey.

¹⁴⁷ NHS England. Latest figures show drop in obesity rates among primary school children: statistical press release [Internet]. Available from: <https://digital.nhs.uk/news/2023/latest-figures-show-drop-in-obesity-rates-among-primary-school-children-statistical-press-release#:~:text=The%20NCMP%20usually%20measures%20the,of%20300%2C000%20children%20were%20measured>

¹⁴⁸ NHS England. Latest figures show drop in obesity rates among primary school children: statistical press release [Internet]. Available from: <https://digital.nhs.uk/news/2023/latest-figures-show-drop-in-obesity-rates-among-primary-school-children>

9.2 Physical Activity

A small majority (54%) of CYP in Swindon meet the cut-off for being physically active – more than the England and South West average.

The NHS suggests that children aged 5-18 should undertake an average of at least 60 minutes of moderate or vigorous intensity physical activity a day across the week. Regular physical activity in CYP supports them in maintaining a healthy weight, improving their cardiovascular fitness, lowering stress and improving sleep ¹⁴⁹.

The Annual Sport England Active Lives Survey reported that Swindon experienced a notable improvement in the percentage of physically active CYP (children aged 5 to 16 that perform at least 60 minutes of moderate to vigorous intensity activity per day across the week). This survey was undertaken by around 200,000 responders nationally, at least 500 of which were Swindon residents.

Data since 2017/18 (Figure 82) shows that 54.2% of Swindon's 5 to 16 year-olds meet this target, surpassing both the South West (50.8%) and England (47%). Locally, levels rose significantly following the COVID-19 pandemic in 2020/2021, when physical activity amongst children and young declined substantially.

Swindon is currently involved in an ongoing study with the University of Bristol to evaluate the American programme "Nutrition and Physical Activity Self Assessment for Childcare" (NAP SACC). This is a programme designed to improve children's health by creating health-promoting environments in early years settings, where children can be physically active and eat healthy food.

statistical-press-

release#:~:text=The%20NCMP%20usually%20measures%20the,of%20300%2C000%20children%20were%20measured

¹⁴⁹ Great Ormond Street Hospital. Exercise for children and young people [Internet]. Available from: <https://www.gosh.nhs.uk/conditions-and-treatments/general-health-advice/leading-active-lifestyle/exercise-children-and-young-people/>

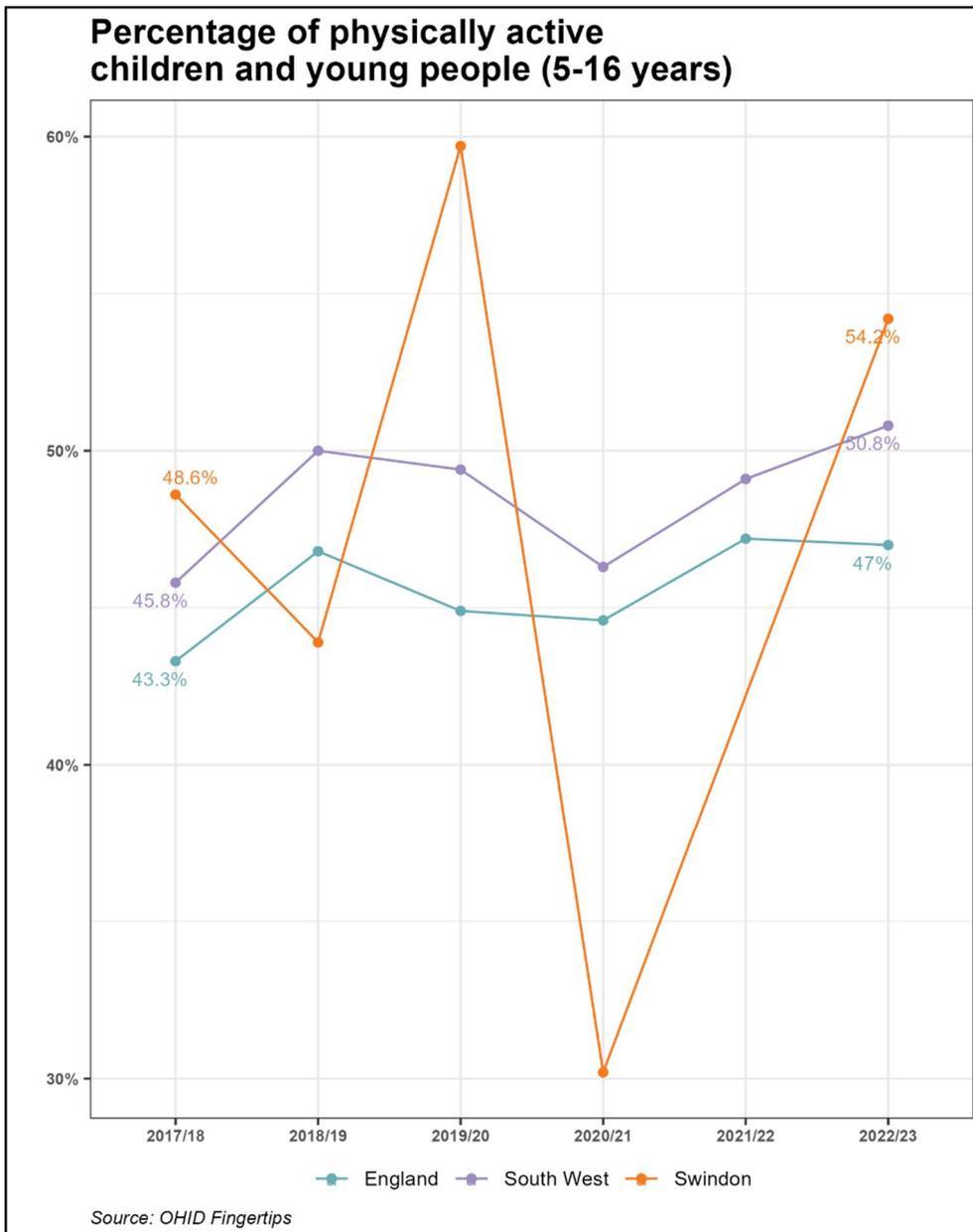


FIGURE 82: PHYSICALLY ACTIVE CHILDREN AND YOUNG PEOPLE

9.3 Active Travel

The proportion of children participating in active travel in Swindon is increasing and is above national and regional levels.

Active travel means making journeys in physically active ways, such as walking, cycling, wheeling (wheelchair or mobility aid), or scootering. Census 2021 reports that 14.4% of those aged 16-24 commuted to work on foot or by cycling (Figure 83).

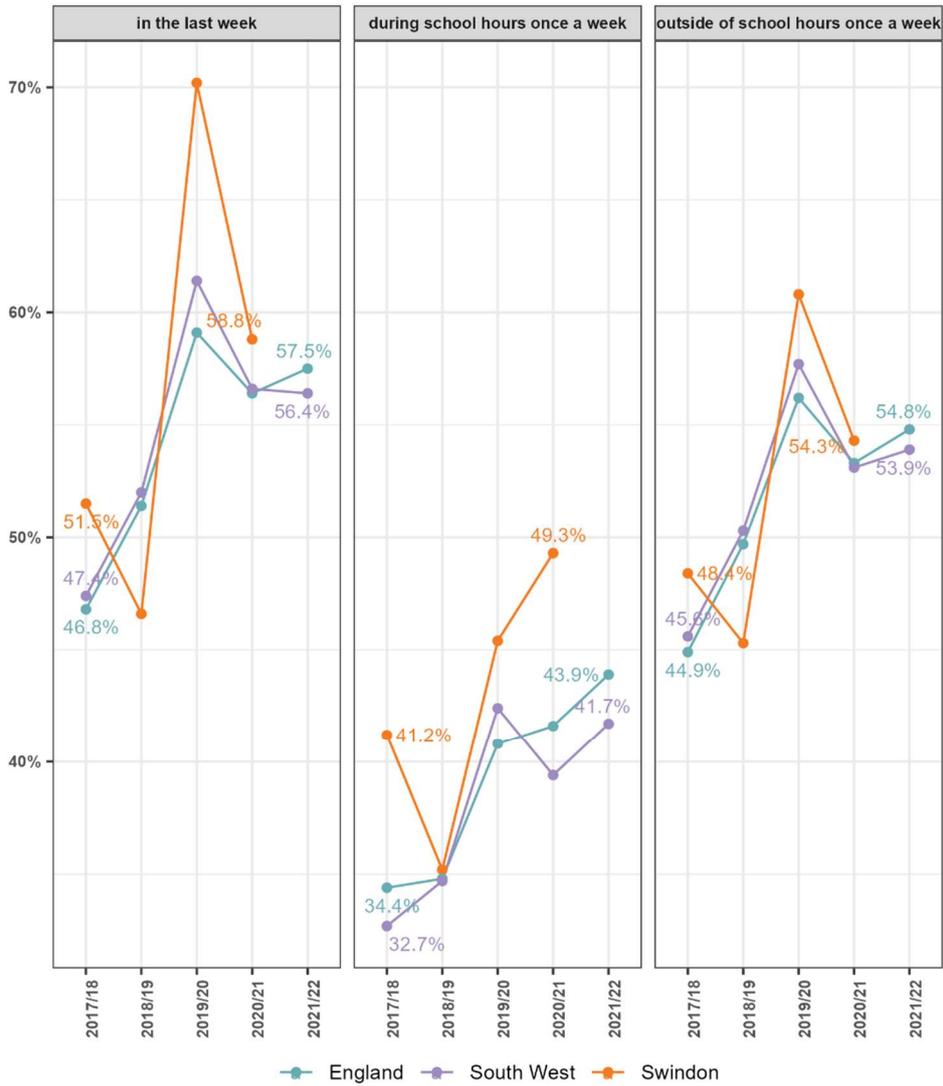


FIGURE 83: METHODS OF TRAVEL TO WORK IN SWINDON

For younger people (aged 5 to 16) an estimated 58.8% participated in active travel (walking, cycling, riding a scooter) once or more in the last week (Figure 84). When stratified by time of day, a higher proportion of children responded that this had taken place outside school hours (54.3%) compared to those who responded that this had taken place during school hours (49.3%) -these totals exceed 100% as some children will have undertaken active travel both inside and outside of school hours. In general, the proportion of 5 to 16 year olds participating in active travel is higher in Swindon than the South West and England.

Between April 2023 and April 2024, 7 primary schools in Swindon engaged with Modeshift Stars, a scheme which supports cycling, walking and other forms of sustainable and active travel to school.

percentage of children (5-16 years) who participated in active travel:



Source: LG Inform Plus
 Note: data not available for Swindon for 2021/22

FIGURE 84: CHILDREN PARTICIPATING IN ACTIVE TRAVEL

10.0 Young People with Vulnerabilities and at Risk of Inequalities

10.1 Children Living in Poverty

A lower proportion of CYP in Swindon live in poverty than in the Southwest and England. However, CYP from one-parent households make up a disproportionately large share of this group. Geographically, Swindon's CYP living in poverty are most concentrated in Penhill and Upper Stratton, Gorse Hill and Pinehurst, Walcot and Park North, and Liden, Eldene and Park South wards.

As previously stated, CYP experiencing deprivation are more likely to face challenges stemming from economic disadvantage. These include an increased risk of asthma and other childhood diseases as well as worse health in later life as a result. Furthermore, CYP living in deprived neighbourhoods are less likely to complete secondary education and have a lower average earning potential ^{150,151,152}.

Many families within Swindon are facing socio-economic challenges, exacerbated by the cost-of-living crisis the UK has been facing since late 2021. In 2022/23, 12.5% of children aged 15 and under were classified as living in absolute low-income families, while 12.5% were living in relatively low-income families. Both rates sit slightly below the South West and England levels – meaning that proportionally fewer children in Swindon are living in poverty than in these areas.

A breakdown by family structure in Figure 83 reveals that one-parent households account for a disproportionately high percentage of Swindon's children living in absolute and relative poverty (44.6% and 46.6% respectively). These figures are similar to the South West and England average.

¹⁵⁰ Bandyopadhyay A, Whiffen T, Fry R, Brophy S. How does the local area deprivation influence life chances for children in poverty in Wales: A record linkage cohort study. *SSM - Popul Health*. 2023 Jun;22:101370.

¹⁵¹ Galster G, Marcotte DE, Mandell M, Wolman H, Augustine N. The Influence of Neighbourhood Poverty During Childhood on Fertility, Education, and Earnings Outcomes. *Hous Stud*. 2007 Sep 1;22(5):723–51.

¹⁵² Child Poverty Action Group. Effects of poverty [Internet]. Available from: <https://cpag.org.uk/child-poverty/effects-poverty#:~:text=Children%20born%20to%20parents%20living,asthma%20and%20other%20childhood%20diseases>.

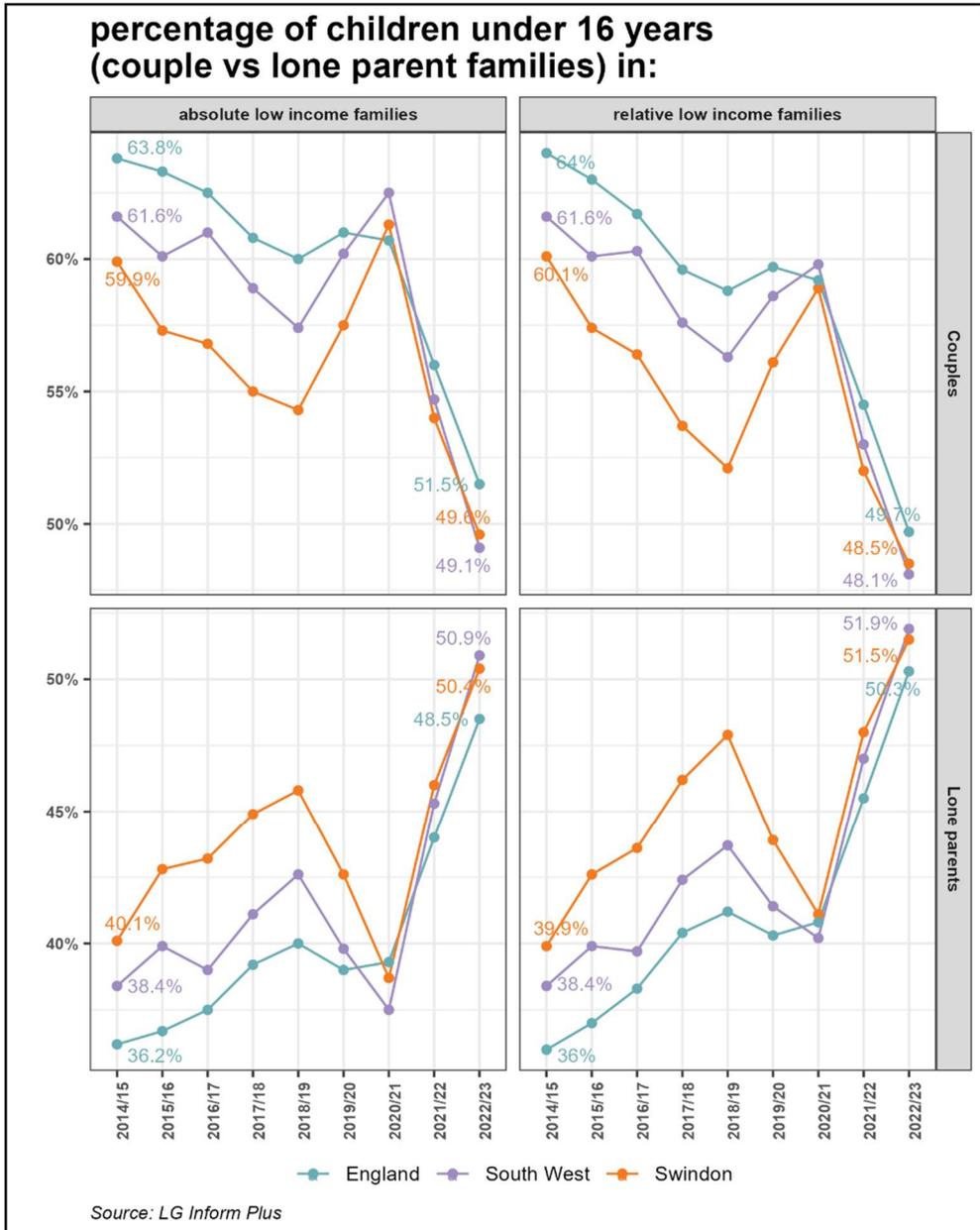


FIGURE 85: CHILDREN IN LOW INCOME HOUSEHOLDS – COUPLE VS LONE PARENT FAMILIES

Further stratification by working status in Figure 84 shows that over time, an increasing proportion of children living in absolute or relative poverty live in working families (one or more parents in work), with this trend occurring in Swindon, the South West, and England. In 2020/21, 72.7% of children in relatively low income and 72% of those in absolute low income were from working families.

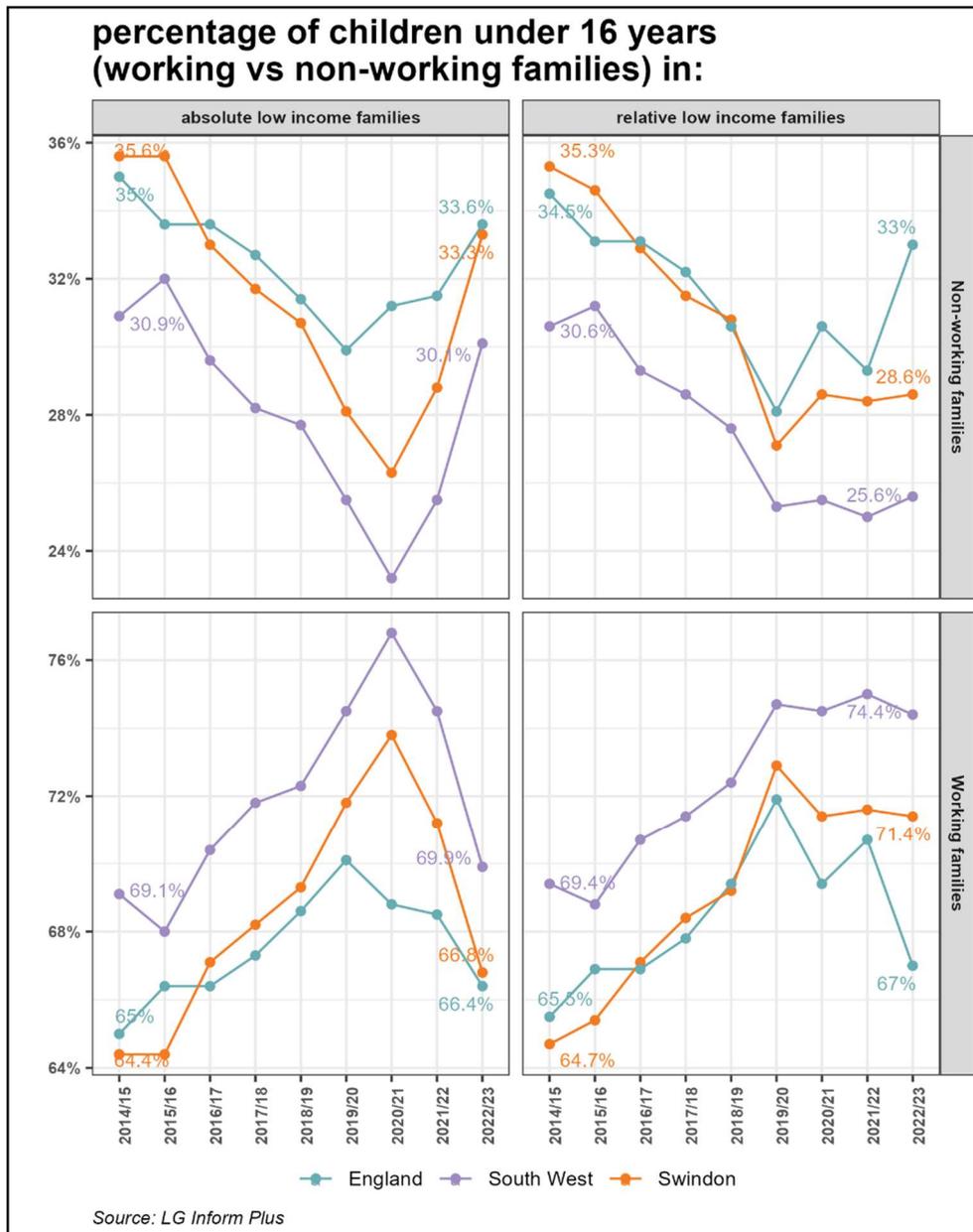


FIGURE 86: CHILDREN IN LOW INCOME HOUSEHOLDS – WORKING VS NON-WORKING FAMILIES

A further indicator of childhood poverty is the number of children accessing food banks. Food banks are organisations which distribute food to those who have difficulty purchasing enough to avoid hunger. They are also able to provide household cleaning products and toiletries. Data from the Swindon Food Collective (Table 10 shows that during 2023, food banks in Swindon provided food to 10,499 people. Children accounted for 23.9% of this total, down from 33% during the COVID-19 pandemic.

Table 10: Food bank utilisation in Swindon ¹⁵³

Year	Adults	Children	Total	% of children
2019	4,378	1,790	6,168	29
2020	4,358	2,164	6,522	33.2
2021	5,420	1,697	7,117	23.8
2022	7,323	2,279	9,602	23.7
2023	7,991	2,508	10,499	23.9

Within Swindon’s state-funded primary schools, 18.5% of children (totalling 3,953 pupils) are eligible for free school meals (Figure 87). This is lower than the South West and England levels, which sit at 20.1% and 24% respectively. This rises to 21.5% in Swindon’s state-funded secondary schools, higher than the South West average of 18.8%, but still lower than the English average of 22.7% (Figure 88). It should be noted that FSM data within the region is currently in the process of being reviewed due to a possible data collection issue ¹⁵⁴.

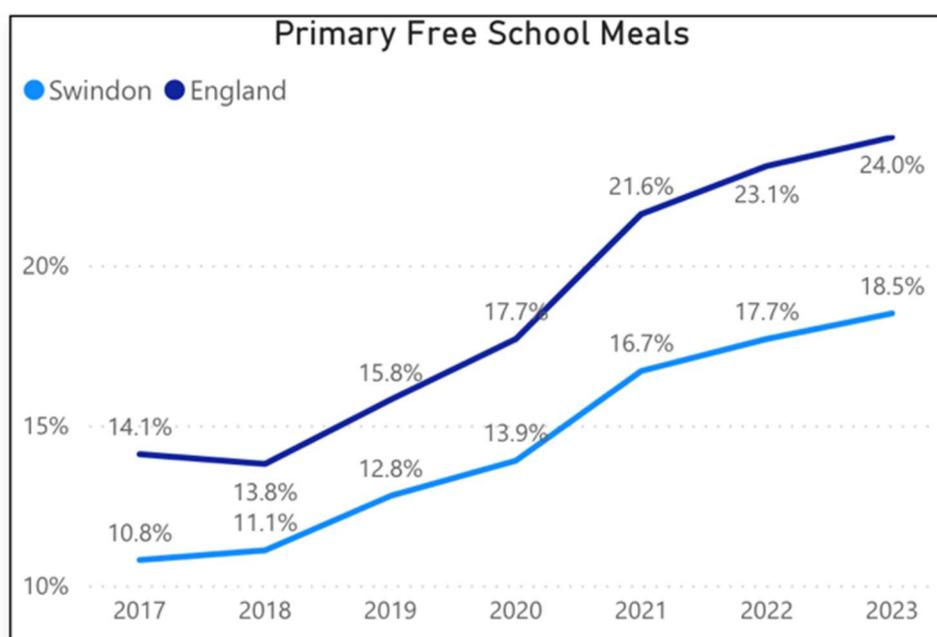


FIGURE 87: THE PROPORTION OF PRIMARY SCHOOL CYP WHO ARE ELIGIBLE FOR FREE SCHOOL MEALS IN SWINDON ¹⁵⁵

¹⁵³ Swindon Food Collective. Internal Report - Swindon Food Collective

¹⁵⁴ Office for Statistics Regulation. Schools, pupils and their characteristics, Pupil characteristics - number of pupils by fsm eligibility [Internet]. Available from: <https://explore-education-statistics.service.gov.uk/data-tables/permalink/1f38219c-f58a-46a8-ce99-08db9969b0eb>

¹⁵⁵ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

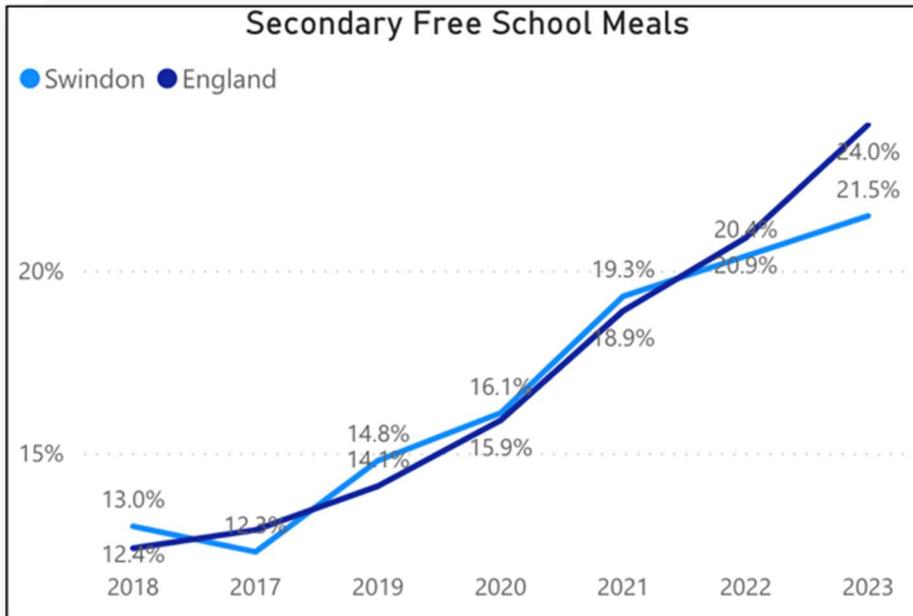


FIGURE 88: THE PROPORTION OF SECONDARY SCHOOL CYP WHO ARE ELIGIBLE FOR FREE SCHOOL MEALS IN SWINDON ¹⁵⁶

Geographically, areas experiencing high levels of deprivation tend to coincide with areas where child poverty rates are most pronounced, including Penhill and Upper Stratton, Gorse Hill and Pinehurst, Walcot and Park North, and Liden, Eldene and Park South wards. This is highlighted by the Income Deprivation Score Affecting Children Index (IDACI) across Swindon wards (Figure 89).

¹⁵⁶ Swindon Borough Council. Internal Report - Education, Inclusion and Skills dashboard

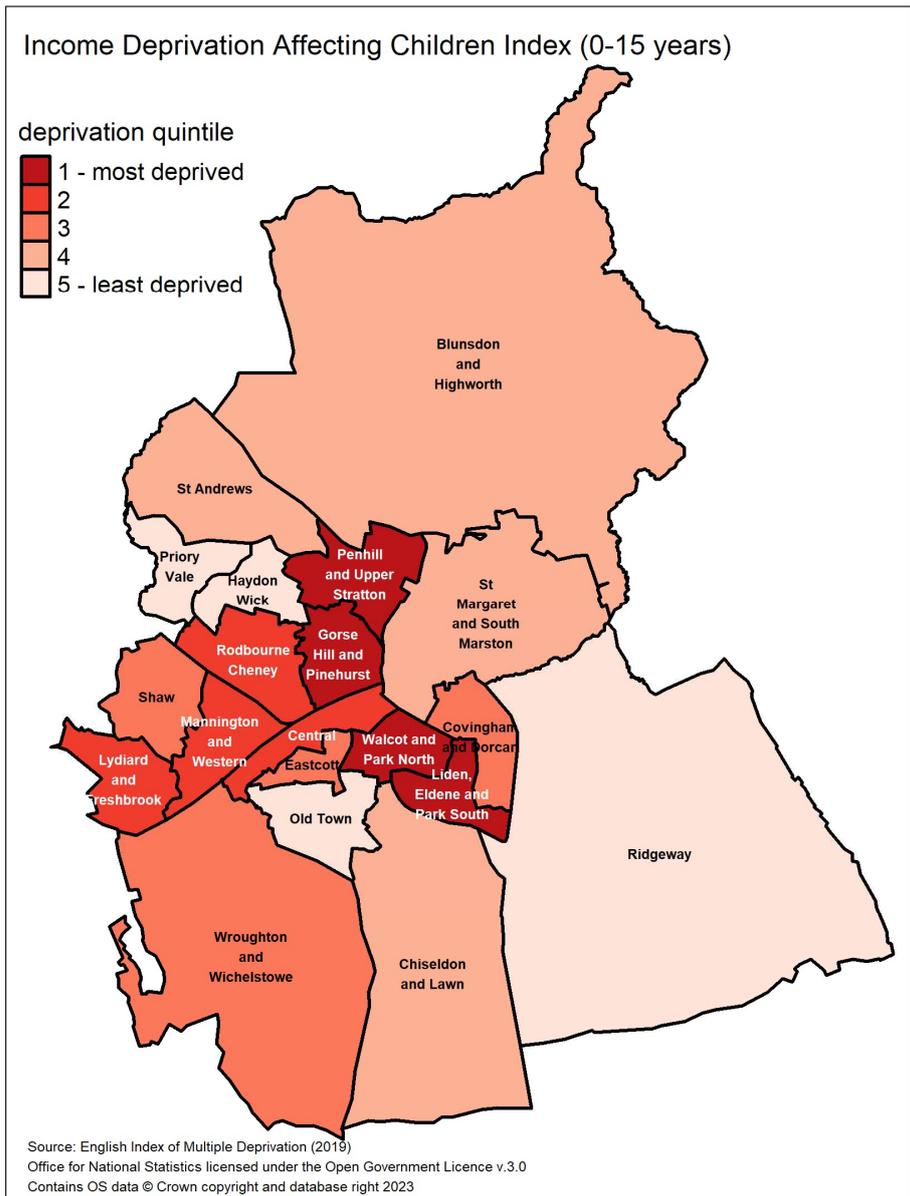


FIGURE 89: INCOME DEPRIVATION AFFECTING CHILDREN INDEX, SWINDON

10.2 Families in Need of Early Help

Within Swindon, the Early Help team received 2,057 referrals in 2022/23. The majority of these were from Penhill and Upper Straton, and Walcott and Park North wards, some of Swindon's most deprived areas.

The Early Help Team allocate families a key worker, who works with them and other agencies to assess the needs of the family/children and develop a plan to support them. This support can be provided at any stage in a child or young person's life, from pre-birth through to young adulthood.

Table 11 reports that within Swindon, the EH team received 2,057 referrals in 2022/23, resulting in 1,580 assessments. Whilst there were fewer referrals compared to the previous year, there was a significant increase in assessments undertaken, suggesting an increase in need or an increase in identification of need. When mapped across Swindon wards (Figures 908 and 91), we see that the majority were based in Penhill and Upper Straton, and Walcott and Park North. We also note that the majority of assessments are being undertaken in the areas with the greatest need.

Table 8: The number of contacts, referrals and assessments undertaken by the local Early Help team, Swindon, 2021-2023 ¹⁵⁷

Year	Contacts	Referrals	Assessments
2021/22	12606	3270	741
2022/23	9387	2057	1580

¹⁵⁷ Swindon Borough Council. Internal Report - Early Help Team Locality Data Analysis

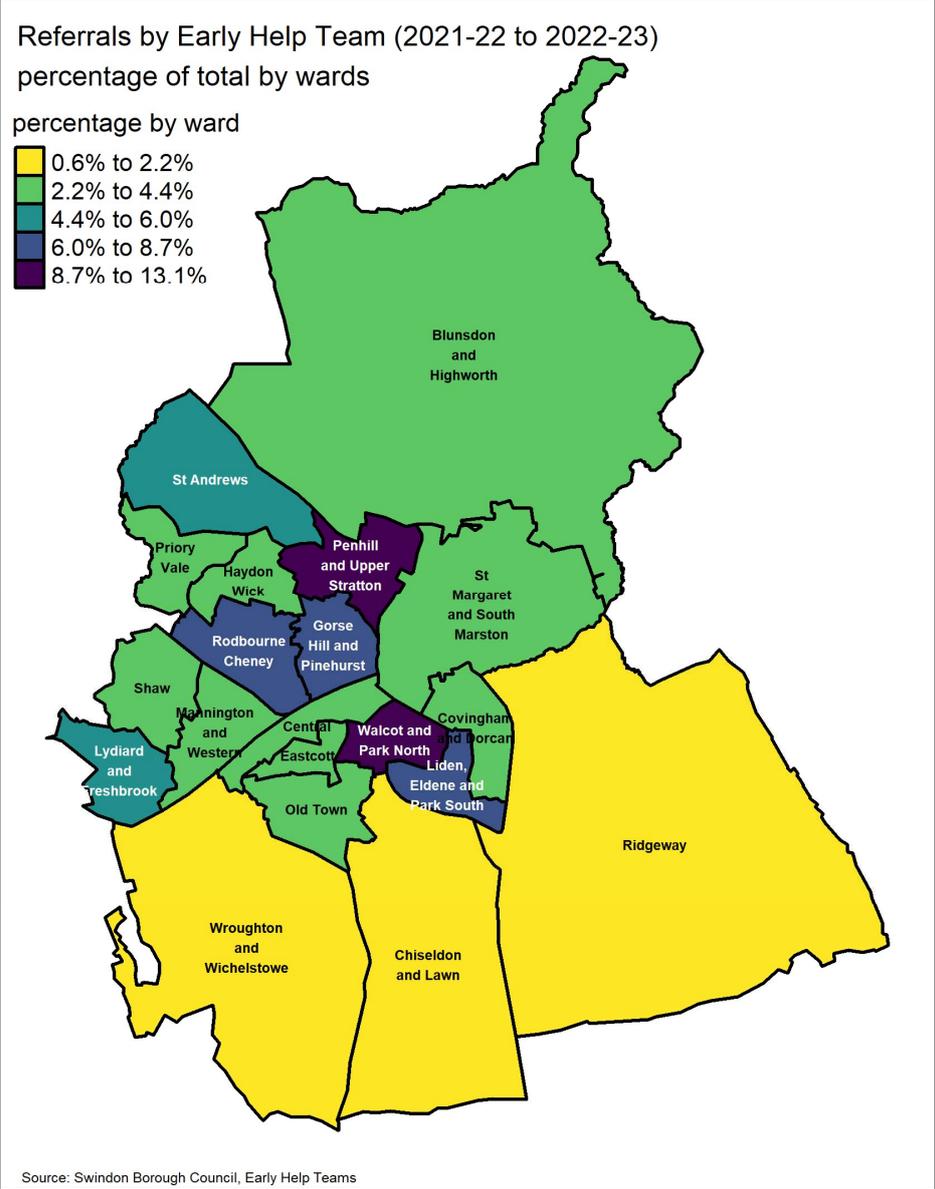


FIGURE 90: REFERRALS TO LOCAL EARLY HELP TEAM, SWINDON WARDS

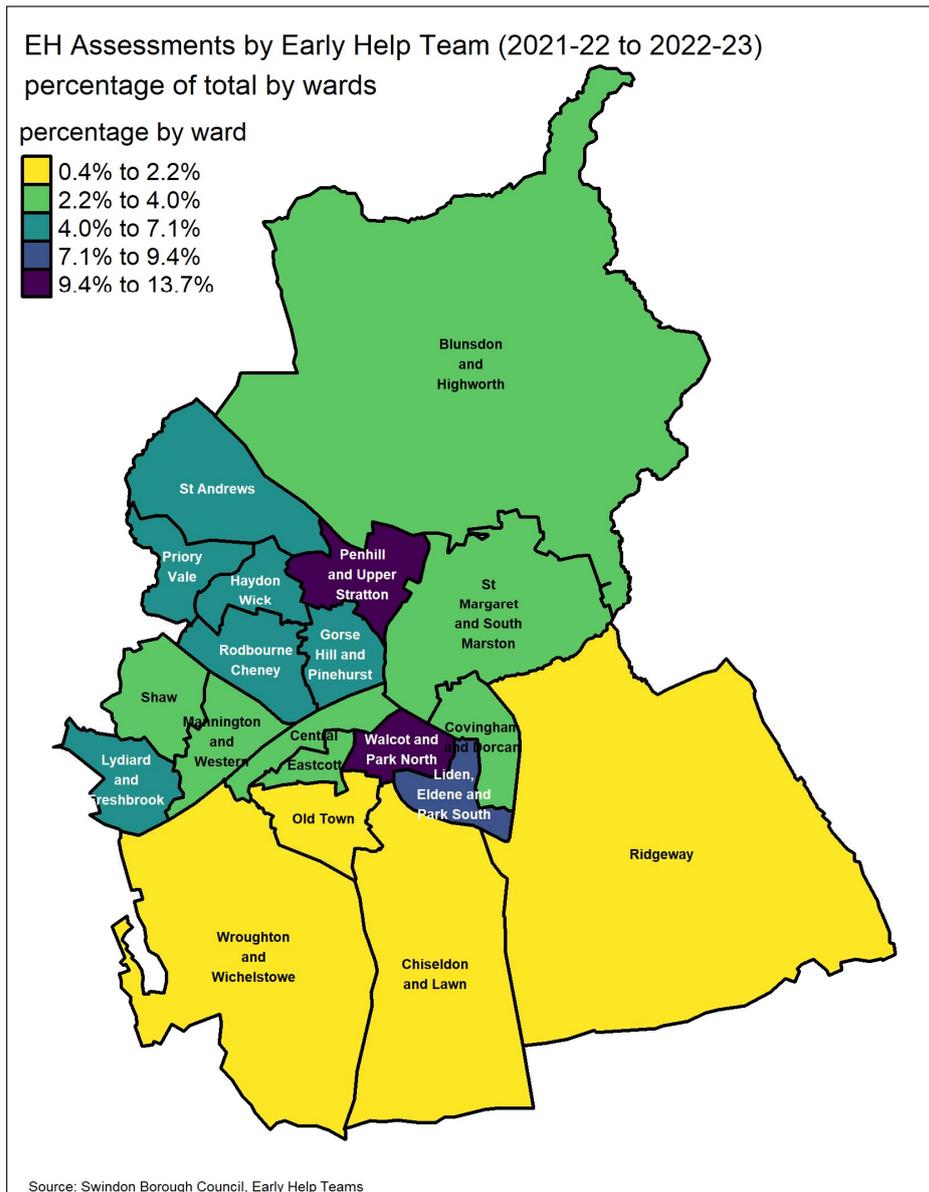


FIGURE 91: EARLY HELP ASSESSMENTS, SWINDON WARDS

10.3 Children in Need and Children on a Child Protection Plan

A higher proportion of CYP in Swindon are classified as being “in need” than in England. However, a lower proportion are on child protection plans. A larger percentage of Swindon’s CYP on these plans are so for abuse or neglect when compared to other regions.

'Children in need' (CIN) are CYP who have been assessed by a social worker and found to need help and/or protection because of risks to their development or health, such as neglect, domestic abuse in the family, or because they are disabled . This additional support

may take various forms and is typically outlined in a child-in-need plan. As of the 31st of March 2024, 1,712 children in Swindon were identified as in need'. This is equivalent to a CIN rate of 333 children per 10,000 children under the age of 18, which is slightly lower than the England average of 342.7 per 10,000 children but in line with Swindon's statistical neighbours (Figure 92). Of the CIN in Swindon, the largest proportion are made up of 863 in need because of abuse or neglect ¹⁵⁸.

The caseload for Swindon's social workers (the average number of cases per family social worker), has been increasing since 2020, and is now significantly higher than for the South West and England (Figure 93), indicating the local workforce challenge associated with meeting the needs of children.

The ethnicity breakdown of children in Swindon who had an open social care case as at the end of July 2024 is outlined in Table 12. Data indicates an over-representation of Black, Black British, Caribbean or African and those who identify as 'other ethnic groups' have an open social care case.

Table 12: Ethnicity breakdown of children in Swindon who had an open social care case at the end of July 2024 ¹⁵⁹

White British	68%
White Other	4%
Asian, Asian British or Asian Welsh	6%
Mixed or Multiple Ethnic Groups	8%
Black, Black British, Black Welsh, Caribbean or African	6%
Other Ethnic Group	4%
Unknown	5%

While child in need plans aim to provide additional support to families to meet their children's needs, there are instances where more intensive support and intervention is needed – in these cases, a child protection plan is used. These are legally binding documents as opposed to child-in-need plans which are voluntary.

In Swindon, the proportion of children under the age of 18 on child protection plans is lower compared to both the South West and England. However, a significantly higher proportion of Swindon's CYP are placed on these plans because of abuse or neglect when compared to other regions. The rate of repeat child protection cases, where a child is placed on a subsequent child protection plan, remains lower than the South West and national levels, suggesting in these cases that the intervention has been effective.

These findings underscore the importance of continued vigilance and proactive measures in safeguarding the welfare of children in Swindon. Public health efforts should focus on prevention and promotion of early identification and intervention, collaboration with

¹⁵⁸ Department for Education. *Statistics: children in need and child protection* [Internet]. Available from: <https://www.gov.uk/government/collections/statistics-children-in-need>

¹⁵⁹ Swindon Borough Council Children's Services data.

relevant agencies, and community engagement to address the root causes of child welfare concerns.

Within Swindon, the Swindon Safeguarding Partnership are a coalition of stakeholders focussed on strategically overseeing and improving safeguarding practices in the area. Their most recent priorities and 2023-26 strategic plan can be found [here](#).

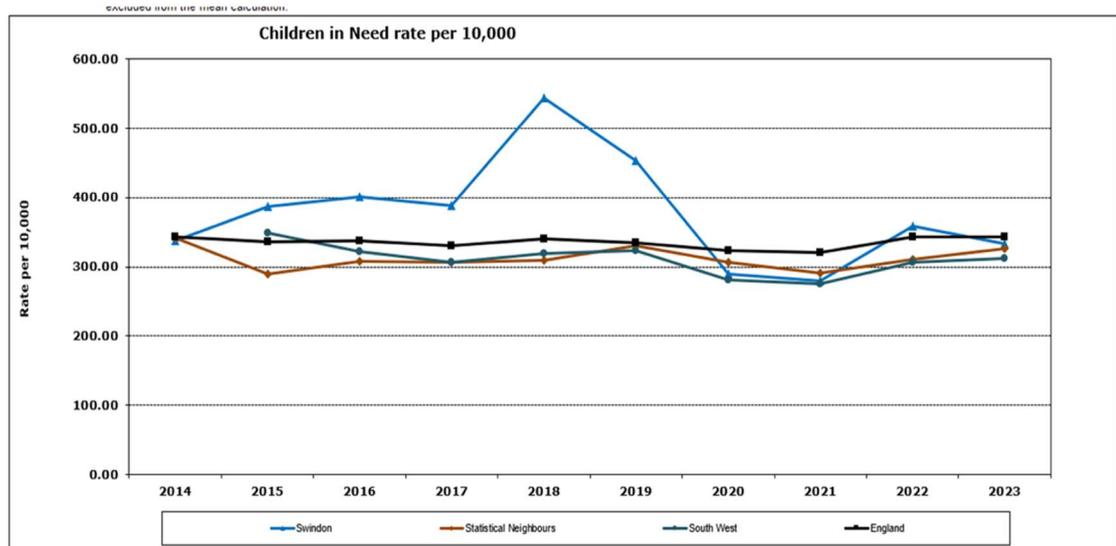
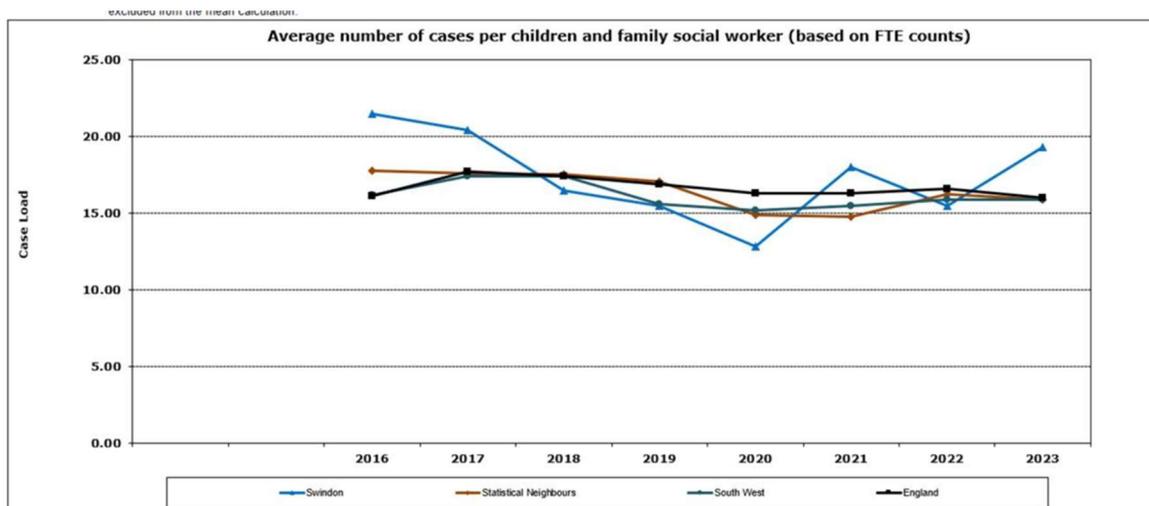


FIGURE 92: THE CHILDREN IN NEED RATE OF SWINDON, AND ITS NEIGHBOURS ¹⁶⁰



¹⁶⁰ Department for Education. Local authority interactive tool (LAIT). Available from: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

10.4 Children Who are Suffering Abuse

Between 2021/22 and 2022/23, Swindon saw a steep rise in the case numbers of cruelty and neglect to children

Domestic abuse can have a devastating impact on the victims and their families, with children and young people at risk of serious harm to both their emotional and physical health. Children who witness domestic abuse are at risk of both short and long-term physical and mental health problems. Every child will be affected differently by the trauma of domestic abuse. Living in a home where domestic abuse happens can have a serious impact on a CYP's mental and physical wellbeing, as well as their behaviour. This can continue after the adults' relationships have come to an end, and post-separation abuse and coercive controlling behaviours can continue to remain a factor in the child's life. The impact can last into adulthood. At a recent public health nursing professional day, domestic abuse was identified as one of the key issues currently facing families.

Since the Domestic Abuse Act 2021, children who have been exposed to domestic abuse are now recognised as victims of domestic abuse, rather than just witnesses.

In 2022/23, 473 cases of domestic abuse were referred to the Swindon Multi-agency Risk Assessment Conference (MARAC), which were associated with 845 children (a person could be referred multiple times and so may be counted as more than one case). The police recorded 816 domestic abuse crimes as having a child present at the time of the incident, although this may include children as members of the household who, by extension, were possibly at risk. As households might sometimes have more than one child, the true number witnessing or at risk from domestic abuse in one year would probably be higher.

Between 2021/22 and 2022/23, Swindon and Wiltshire saw a steep rise in cruelty and neglect to children offence cases (from 101 to 216). Of the 216 cases during 2022/23, 120 (56%) were in Swindon and 96 (44%) were in Wiltshire ¹⁶².

In 2022/23, 422 Statutory Assessments took place which concerned children exposed to neglect or abuse. As a result, 93 Child Protection Investigations (S47s) took place - making up one-tenth of all child protection investigations. This represents a 5% increase in the number of statutory assessments and a 58% decrease in the number of S47 investigations between April 2018 and March 2023. However, domestic abuse is not recorded on referrals to social services; therefore, further investigation would be needed to establish if it was present in these cases.

¹⁶¹ Department for Education. Local authority interactive tool (LAIT). Available from: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

¹⁶² Wiltshire and Swindon PCC. WILTSHIRE AND SWINDON Serious Violence Strategic Needs Assessment January 2024 [Internet]. Available from: <https://www.wiltshire-pcc.gov.uk/SysSiteAssets/assets/2.-the-pccs-office/3.-policies-and-strategies/serious-violence-duty-2024/serious-violence-sna.pdf>

At the end of 2022/23, 114 child protection plans were in place due to neglect or abuse, making up 58% of all child protection plans. At the end of the year, there were 233 children looked after due to neglect or abuse, or 69% of all children looked after at the end of the year.

The full Swindon Domestic Abuse Needs Assessment can be found here: [Health Needs Assessments - Swindon JSNA](#)).

10.5 Children Looked After and Care Experienced Young People

Swindon has 320 CYP who are Children Looked After. The primary reason for CYP entering care is abuse or neglect at home. Children Looked After are often placed outside of the area due to the limited children's home spaces in the Borough. CYP in this group often require additional educational support or have SEND and are more likely to experience poor mental health.

A child or young person who is being cared for by their local authority is known as a 'looked-after' child, or Child Looked After (CLA). That might mean living in a children's home, with foster parents, or with another family member.

Research suggests that when children in care are compared with children in the general population, they tend to have poorer outcomes in areas such as educational attainment and mental and physical health. Furthermore, many CLA have experienced abuse or neglect; experiences which themselves are associated with poorer outcomes ¹⁶³.

In Swindon, the number of CLA has decreased in recent years, with 320 children recorded as being looked after by the end of March 2023. The primary reason for children entering care in 2022/23 was due to abuse or neglect at home ¹⁶⁴.

The majority of Swindon's CLA reside with foster carers, with a smaller number in children's homes or supported accommodation. A significant proportion of children who become looked after (37%) are placed outside the area. In some cases, there are appropriate reasons why this has been deemed necessary, but in other cases, this has been due to a lack of suitable places within Swindon.

At the end of March 2024, Swindon Children Services was caring for an additional 29 unaccompanied child asylum seekers and was responsible for 71 care-experienced unaccompanied young people (18-25 years). They were all male and the majority arrived in Swindon via the National Transfer Scheme.

¹⁶³ National Society for the Prevention of Cruelty to Children. *Statistics briefing: children in care* [Internet]. Available from: <https://learning.nspcc.org.uk/media/4j5nsulc/statistics-briefing-children-in-care.pdf>

¹⁶⁴ Swindon Borough Council. *Internal Database - CSC Performance Overview Report and Children's services Analysis Tool (ChAT)*.

The majority of these unaccompanied CYP have unmet physical health needs including, for example, tuberculosis, scabies, and poor dental health. Additional emotional health needs are also common, which are often the result of their experiences in their country of origin (such as war or internal conflict) or through experiences of abuse and trauma while travelling to the UK. These result in anecdotally high levels of sleep disturbance and trauma-based difficulties, with several unaccompanied CYP being diagnosed with PTSD. These mental health difficulties can also be exacerbated by delays in decisions by the Home Office regarding their right to remain.

Figure 94 shows that CLA within Swindon are more likely to be fully immunised and have annual dental assessments than England.

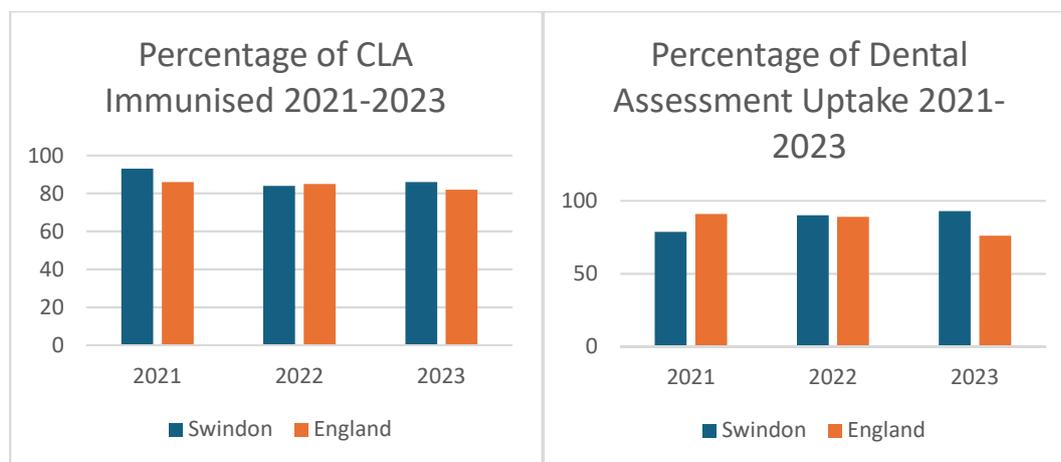


FIGURE 94: THE PREVALENCE OF CHILDREN LOOKED AFTER WHO ARE FULLY IMMUNISED AND WHO UNDERTAKE AN ANNUAL DENTAL ASSESSMENT, SWINDON, 2021-23 ¹⁶⁵

CLA are at risk of significant disadvantage, with a substantial portion of CLA requiring additional educational support, over half having SEND, and nearly half having detailed EHCP's. Swindon's Positive Futures Leaving Care Team provides essential support to young people transitioning out of care, with 265 individuals aged 16-25 receiving assistance in 2023/24 ¹⁶⁶. Most Swindon's care leavers aged 17-21 live in suitable accommodation, however, this definition deems certain types of temporary accommodation as suitable, which may place additional strains on individuals who will have to move again ¹⁰⁹. While these indicate generally positive outcomes for housing stability among this population, there are potentially considerable emotional and mental health challenges associated with care leavers transitioning to independent adulthood which must be considered.

Data on CLA NEETs, reported in Table 13, shows that in February 2024, 43% of Swindon's care-experienced young people were identified as NEET.

¹⁶⁵ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Children Looked After and Care Experienced Young People Annual Report

¹⁶⁶ Swindon Borough Council. Internal Database - CSC Performance Overview Report and Children's services Analysis Tool (ChAT).

Table 9: The percentage of CLA who are not in education, employment, or training ¹⁶⁷

Category	February 2024		February 2023	
	Number of young people	Percentage of overall cohort	Number of young people	Percentage of overall cohort
G4 - Not in education, employment or training, because of illness/disability	14	6.80%	18	8.00%
G5 - Not in education, employment or training - other circumstances	64	31.10%	68	30.40%
G6 - Not in education, employment or training due to parenting commitments	11	5.30%	14	6.30%
Total NEET	89	43.20%	100	44.60%
Total Cohort Size	206	-	224	-

The CLA cohort has got smaller by 18 young people year on year which accounts for an increase in the overall percentage of CLA who are NEET, but a reduction in the number of young people within this category. There has been a slight improvement in NEET from 44.6% to 43.2% compared to the same time last year but the numbers of NEET remain high and there is not yet a pattern of consistent improvement. The cohort for those with illness or disability has decreased by 1.2% (>5 young people). There has been a reduction in the number of young people with parenting commitments by 1.0%.

In 2024, Oxford Health reviewed and audited CLA across CAMHS in BSW. In April 2024 the total number of Swindon CLA on the CAMHS caseload was 25. This does not include out-of-area CLA or care-experienced living in adopted families. In addition, the report identified the following challenges:

- Confusion over pathways for mental health within Swindon
- Long wait times for CLA of 94 days on average rather than 64 days for the wider CYP cohort (often related to the nature of CLA moving between areas). However, all CYP are always seen within 24 hours and are assessed within 2 weeks when in crisis.
- 8 out of the 25 Swindon cases were aged 17, highlighting support needs for CLA around the time of transitioning to adult services.

This topic is covered in greater detail in the [Placement Sufficiency Statement](#)

¹⁶⁷ Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Children Looked After and Care Experienced Young People Annual Report

10.6 Children and Young People Who Identify as LGBTQIA+

In Swindon, 6.2% of 16 to 24-year-olds identified as LGBTQIA+. Of all those in Swindon who identify their gender as different from that registered at birth, 22.2% are aged 16-24.

CYP who identify as LGBTQIA+ can experience a range of health inequalities. For example, they are at increased risk of suffering from bullying or hate crime. Research shows that they may also be at greater risk of sexual abuse, online abuse or sexual exploitation. CYP who are LGBTQIA+ are more likely to become homeless than their non-LGBTQIA+ peers and are at higher risk of a range of mental health conditions including self-harm, suicide, anxiety and depression¹⁶⁸.

For the first time, Census 2021 recorded data on the sexual orientation and gender identity of residents. In Swindon, a total of 5,331 individuals aged 16 and over identified their sexual orientation as gay, lesbian, bisexual, or another sexual orientation (LGB+), representing 2.8% of Swindon's population (Table 14). The 16-24 years age group represents a substantial 25.3% of this group. This means that 6.2% of all 16 to 24 year old Swindon residents identified as LGB+. As age increases, Swindon residents are less likely to identify with a sexual orientation other than straight/heterosexual. Conversely, more young people are identifying with a broader range of sexual identities.

The 2023/24 "How Are You?" survey of Year 8 and Year 10 students across Swindon schools reveals that 9.5% of Swindon Year 8 pupils and 14.1% of Year 10 pupils surveyed identified as LGBTQIA+. LGBTQIA+ was one of the topic areas of the PSHE curriculum, that both pupils in years 8 and 10 rated less favourably.

Census 2021 data also for the first time recorded residents gender identity (Table 15), with 996 Swindon residents aged 16 and over identifying their gender as different from that registered at birth. Within this group, the 16 to 24-year-olds constituted 22.2% of respondents, demonstrating significant representation among younger residents. In contrast to those identifying as LGBTQ, the distribution of gender identity varied across age groups, with the highest proportion of respondents identifying with a gender different from their birth sex in the 35-49 age.

Understanding the demographics around sexual orientation and gender identity is vital to ensure inclusive policies and services that meet the needs of Swindon residents. By acknowledging and embracing diversity, the Borough can foster a more equitable and supportive environment for individuals of all sexual orientations and gender identities to achieve equitable health outcomes.

¹⁶⁸ National Society for the Prevention of Cruelty to Children. *Safeguarding LGBTQ+ children and young people* [Internet]. Available from: <https://learning.nspcc.org.uk/safeguarding-child-protection/lgbtq-children-young-people/#skip-to-content>

Table 10: The proportion of Swindon residents identifying as Lesbian, Gay, Bisexual and other sexual orientation by age, 2021 ¹⁶⁹

<i>Age Group</i>	<i>number</i>	<i>percentage</i>
16-24 years	1,350	25.3%
25-34 years	1,623	30.4%
35-44 years	1,041	19.5%
45-54 years	724	13.6%
55-64 years	408	7.7%
65-74 years	144	2.7%
75 years and over	41	0.8%
<i>Total</i>	5,331	

Table 11: The proportion of Swindon residents identifying as a gender different from their sex registered at birth, including Trans woman, Trans man, and all other gender identities by age, 2021 ¹⁷⁰

<i>Age Group</i>	<i>number</i>	<i>percentage</i>
16-24 years	221	22.2%
25-34 years	236	23.7%
35-49 years	287	28.8%
50-64 years	171	17.2%
65 years and over	81	8.1%
<i>Total</i>	996	

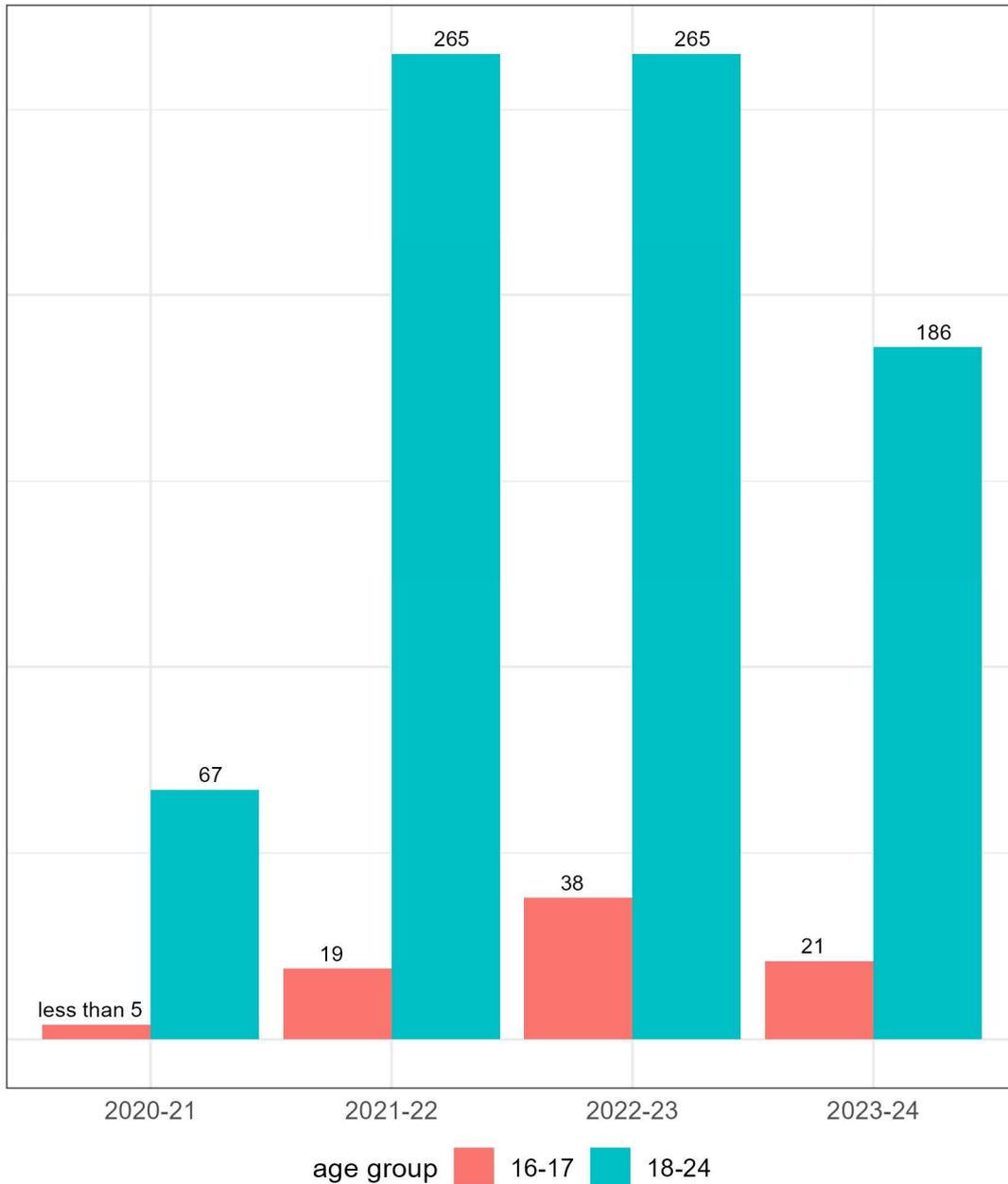
10.7 Children Who are Homeless

Over the last three years, Swindon has seen a considerable increase in the number of 16 to 24-year olds being made homeless or threatened with homelessness (Figure 95) The reasons recorded for supporting such individuals are numerous, ranging from individuals suffering from physical and mental health problems, or abuse. Many individuals seeking help are recorded with multiple reasons for seeking support. Financial year 2022-23 saw a doubling in the number of minors seeking support for homelessness concerns.

¹⁶⁹ Office for National Statistics. Census. <https://www.ons.gov.uk/census>.

¹⁷⁰ Office for National Statistics. Census. <https://www.ons.gov.uk/census>.

Children and Young People in Swindon homeless or threatened with homelessness



*Source: Swindon Borough Council Internal Data
Note: 2023-24 data as at 6 March 2024*

FIGURE 95: CHILDREN WHO ARE HOMELESS OR THREATENED WITH HOMELESSNESS, SWINDON

10.8 Young Carers

Of the CYP who provide care in Swindon, the majority are aged 16-24, however, a significant proportion are as young as five to nine years old. 18 children under 10 years old in the Borough are dedicating 50 or more hours per week to unpaid care.

A child or young person is defined as a young carer if they're under 18 and help to look after a relative with a disability, illness, mental health condition, or drug or alcohol problem. Young carers are at increased risk of certain mental health conditions, are more likely to miss school, and may have limited time to spend with their friends. These result in CYP who provide care being more likely to have worse educational attainment, more likely to be NEET, and less likely to be in higher education than those who have no regular unpaid caring responsibilities ^{171,172}.

Census 2021 shed light on the significant role played by CYP in providing unpaid care within Swindon. The findings reveal a diverse range of children engaged in caregiving responsibilities, with the majority of CYP (62.8%) providing unpaid care being from the 16 to 24 years age group (Figure 96). It is concerning to note that a significant proportion (8.6%) of children providing unpaid care are as young as five to nine years old, highlighting the early onset of caregiving responsibilities within the community. Particularly alarming is the revelation that 18 children under 10 years old in the Borough reported dedicating 50 or more hours per week to unpaid care, indicating a substantial burden placed on these younger residents.

¹⁷¹ The NHS. *Being a young carer: your rights* [Internet]. Available from: <https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/being-a-young-carer-your-rights/>

¹⁷² Royal College of Paediatrics and Child Health. *Young carers* [Internet]. Available from: <https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/young-carers/#:~:text=Young%20carers%20are%20more%20likely,no%20regular%20unpaid%20caring%20responsibilities>

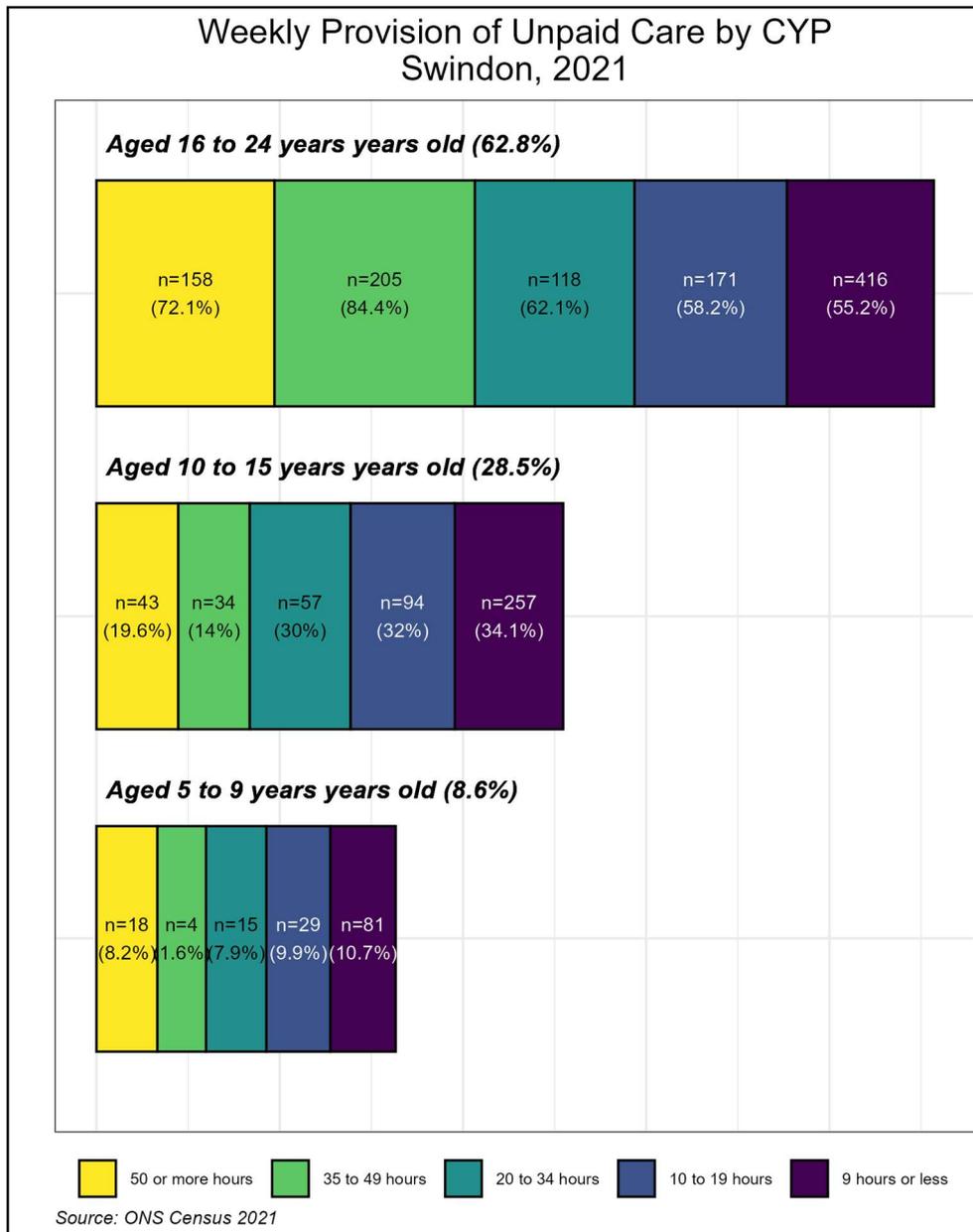


FIGURE 96: WEEKLY PROVISION OF UNPAID CARE BY CYP IN SWINDON

A geographical breakdown (Figure 97) reveals that St Andrews, Penhill and Upper Stratton, and Walcot and Park North stand out as the wards with the highest concentration of CYP providing unpaid care. This distribution highlights the need for targeted interventions and support services in these communities to alleviate the burden to children, and to ensure their wellbeing and development are not compromised. Providing care as a CYP, either paid or unpaid, has a significant impact on children's physical, emotional, and social wellbeing.

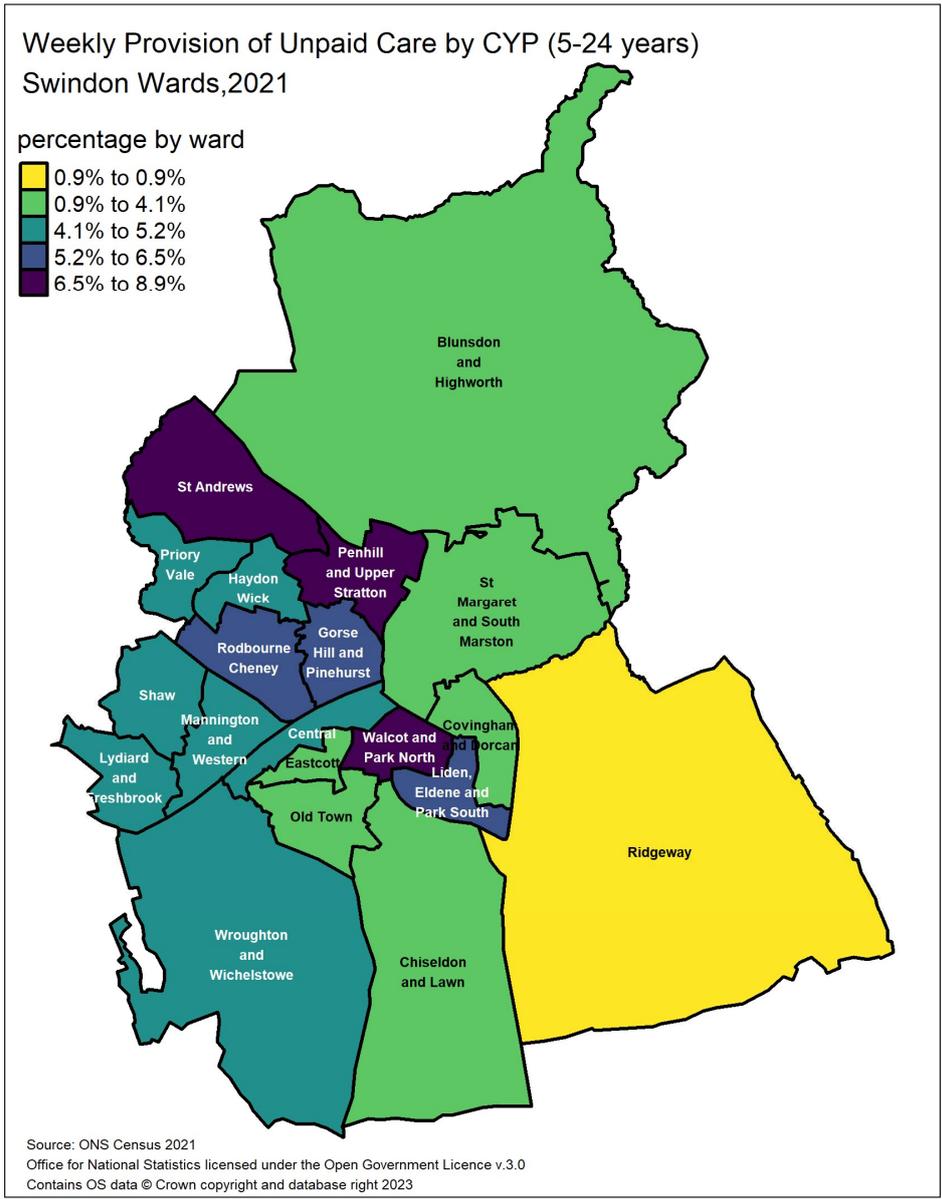


FIGURE 97: WEEKLY PROVISION OF UNPAID CARE BY CYP, SWINDON WARDS

10.9 Children and Young People in Contact with The Youth Justice System

The number of Swindon’s CYP entering the Youth Justice System has been trending down over the last decade. Of those in the system, there are significant challenges around re-offending and self-harm.

There is substantial evidence to show that children in contact with the Youth Justice System (YJS) have poorer health outcomes than those in the general population. These may result

from reduced opportunities for physical activity, restricted or negative social interactions, and access to worthwhile activities. Likewise, CYP in this group tend to have poorer educational attainment than children in the general population ¹⁷³.

The proportion of children entering the Youth Justice System in Swindon has been trending down over the last decade, mirroring patterns across the South West and England (Figure 98). Swindon has a slightly higher rate per 1,000 of its CYP population entering the YJS system (3.6) than the South West (2.5) and England (2.8).

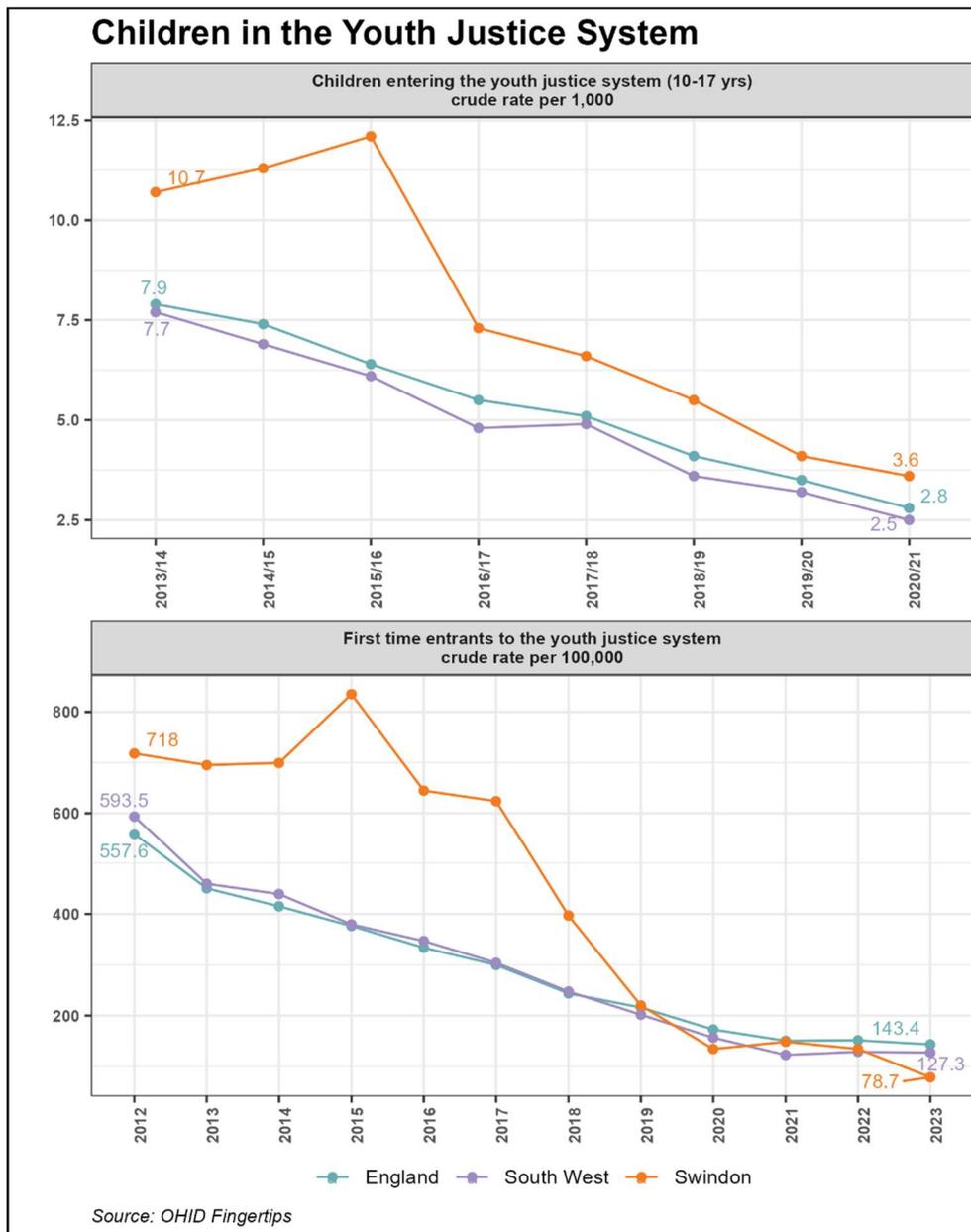


FIGURE 98: CHILDREN IN THE YOUTH JUSTICE SYSTEM

¹⁷³ National Institute for Health and Care Research. 24/29 The health of children and young people in contact with the criminal justice system [Internet]. Available from: <https://www.nihr.ac.uk/documents/2429-the-health-of-children-and-young-people-in-contact-with-the-criminal-justice-system/35604>

Of note, Swindon’s proportion of first-time entrants to the YJS has converged to that of England and the South West’s average. This alongside the fact that 57% of CYP within Swindon’s YJS were assessed as being at high risk of re-offending, suggests that a higher proportion of Swindon’s overall entrants to the Youth Justice System are re-offenders than first-time entrants.

The 2022/23 YJS cohort is mainly made up of children aged 15-17 (Table 16). The most common type of offence committed by CYP in the YJS during this period was violence against the person offences, which make up 41% of the total ¹⁷⁴ (Table 17).

Table 12: The age of CYP entering the YJS, Swindon, 2022/23 ¹⁷⁵

Age at time of sentence/disposal	Swindon children with substantive outcomes in 22/23	Swindon children with non-substantive outcomes in 22/23
12 Years Old	<5	7
13 Years Old	<5	13
14 Years Old	5	9
15 Years Old	7	15
16 Years Old	16	8
17 Years Old	21	6

Table 13: The types of offence committed by CYP entering the YJS, Swindon, 2022/23 ¹⁷⁶

Offences by type	
Arson	<5
Breach of Order	<5
Criminal Damage	22
Drugs	33
Motor Offences	25
Public Order	25
Racially Aggravated	<5
Robbery	<5
Fraud and Forgery	<5
Sexual Offences	<5
Theft and Handling Stolen Goods	9
Vehicle Theft	7
Violence against the person	21
Total Number of offences	222

¹⁷⁴ Swindon Borough Council. Internal report - SWINDON YOUTH JUSTICE STRATEGIC PLAN 2023-2024.

¹⁷⁵ Swindon Borough Council. Internal report - SWINDON YOUTH JUSTICE STRATEGIC PLAN 2023-2024.

¹⁷⁶ Swindon Borough Council. Internal report - SWINDON YOUTH JUSTICE STRATEGIC PLAN 2023-2024.

Children within the YJS represent a small yet profoundly vulnerable subset of our population. This is highlighted by the significant number of additional vulnerabilities identified in Table 18. Health inequalities are a significant issue across the YJS cohort, and many YJS CYP within Swindon are not registered with a GP or dentist. Members of this group are further impacted by the practical challenges faced within being part of the YJS, for example, the risk of missing appointments because of court dates.

Within Swindon, Substance Misuse, Speech and Language problems and poor Mental Health remain the areas of highest concern across the cohort. Table 19 highlights that 46% of the YJS cohort were identified as being at high risk for self-harm, indicating poorer mental health for these young people.

Table 14: The number of CYP within the Swindon YJS with additional vulnerabilities, 2022/23 ¹⁷⁷

Total Number of applicable Children in the 22/23 Cohort	39
Substance Misuse concerns	34
Mental Health concerns	31
Speech and Language, Communication and Neuro-disability concerns	25
Learning and ETE Concerns	31
Special Educational Needs or Disabilities identified	8
Children not in employment, education or training (NEET)	13
Children looked after (CLA) (current or previous)	10
Children in Need (current or previous)	26
Child Protection plans (current or previous)	13
Vulnerable/ at Risk of Child sexual exploitation/ Child criminal exploitation (CSE/ CCE)	31

Table 15: The risk of self-harm, wellbeing and likelihood of re-offending of CYP within the Swindon YJS ¹⁷⁸.

	Risk of Self-harm	Safety and Wellbeing	Likelihood of re-offending

¹⁷⁷ Swindon Borough Council. Internal report - SWINDON YOUTH JUSTICE STRATEGIC PLAN 2023-2024.

¹⁷⁸ Swindon Borough Council. Internal report - SWINDON YOUTH JUSTICE STRATEGIC PLAN 2023-2024

Very High	4%	11%	0%
High	46%	68%	57%
Medium	39%	18%	25%
Low	11%	4%	18%

In response to the current challenges facing the YJS system, the following services/policies are in place:

- All entrants to the YJS receive a multi-agency case team
- Increased staffing across the U-Turn and the SALT teams for the YJS, supporting Substance Misuse, SEND and other undiagnosed needs.
- CAMHS support through a direct outreach model as well as during the transition for children into adult mental health services.
- All children are offered a health assessment by the YJS health nurse.
- All children have access to sexual health support.

Addressing the health and wellbeing concerns of children within the youth justice system requires a multifaceted approach, encompassing access to essential healthcare services, substance misuse interventions, educational support, and robust mental health services. By prioritising the holistic wellbeing of these young people, we can work towards reducing recidivism rates and fostering positive outcomes for their future.

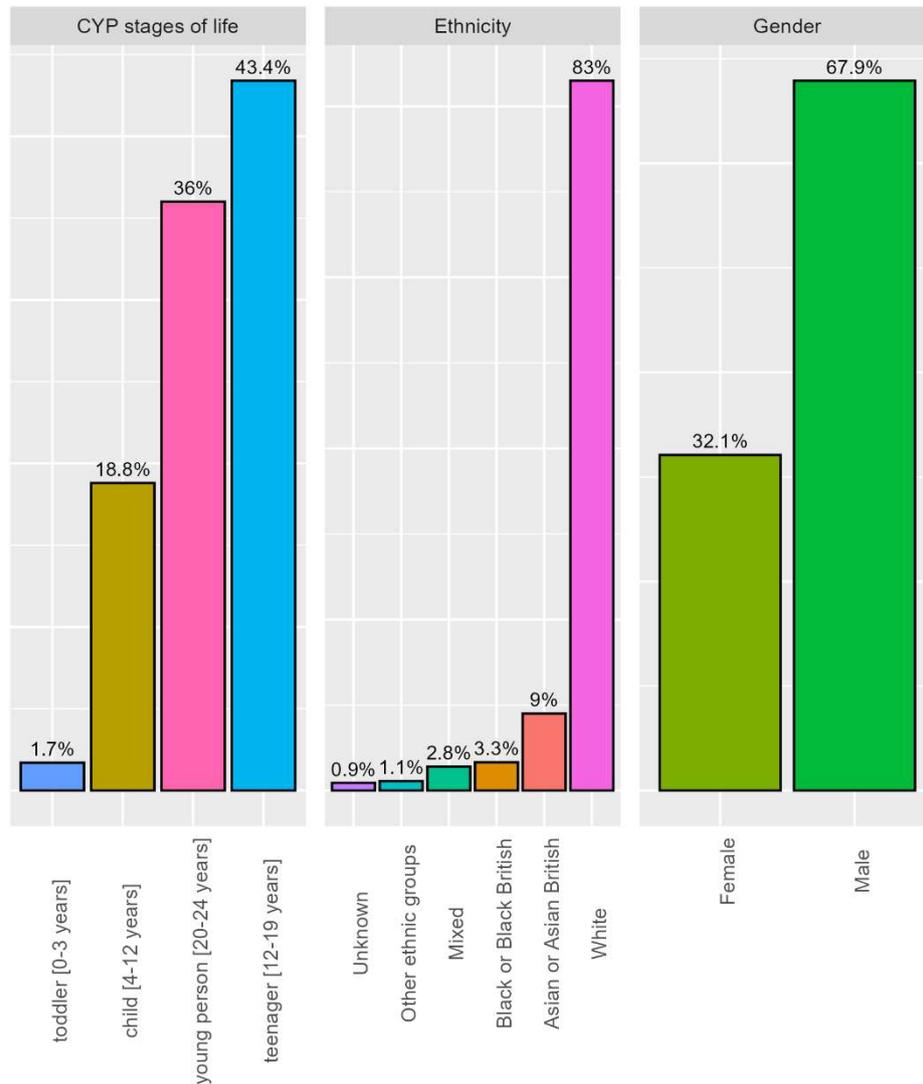
10.10 Children with Special Educational Needs and Disabilities

The proportion of CYP in Swindon with SEND is higher than the national average, with an estimated 1 in 10 students receiving SEND support. EHC plans, which support children with SEND, are provided more frequently in Swindon and in a timelier fashion.

The number of CYP identified as having SEND within Swindon has remained consistently above national figures. This number is expected to grow alongside the predicted increases in Swindon's population over the coming years. In Swindon, children receiving SEND support whilst at school account for 12.9% of the wider school-age population, compared with a slightly lower national figure of 12.6%. Of those CYP registered with their GP as having learning disabilities, the majority were 12-19 years old and were overwhelmingly (67.9%) male (Figure 99). CYP registered with learning disabilities with their GP were most concentrated in Walcot and Park North and Liden, Eldene and Park South wards (Figure 100).

CYP patients (0-24 years) with learning disabilities

Swindon patients registered with Swindon GP practices as at February 2024



Source: NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

FIGURE 99: SWINDON CYP PATIENTS REGISTERED AS HAVING A LEARNING DISABILITY ON THEIR GP RECORDS, BY AGE, ETHNICITY AND GENDER

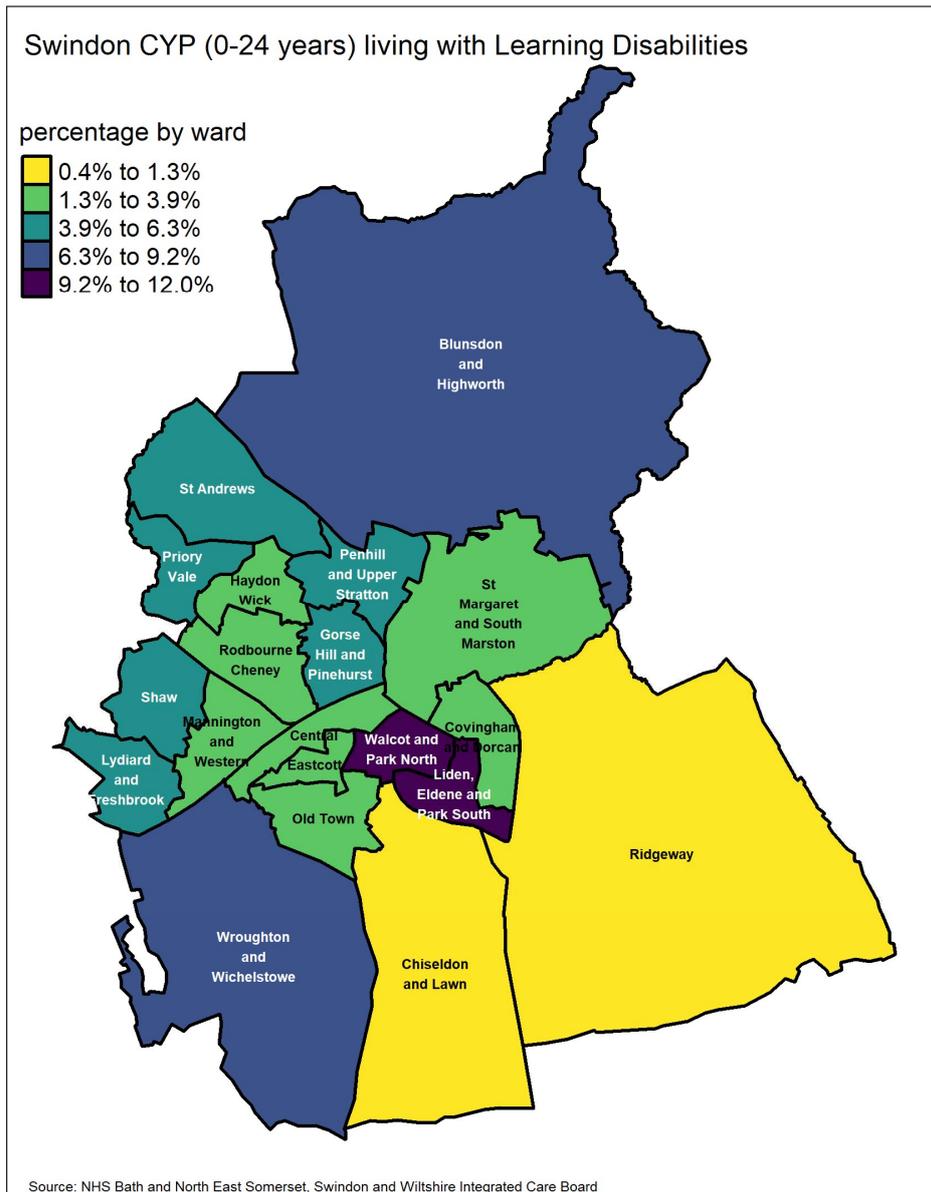


FIGURE 100: CYP PATIENTS REGISTERED AS LIVING WITH LEARNING DISABILITIES ON THEIR GP RECORDS, SWINDON WARDS

EHC plans (previously known as statements) are legal documents which ensure that CYP with SEND have their needs met. It sets out the special educational needs of a CYP, the support they need, and what they'd like to achieve. It covers birth to 25 years (if a young person stays in education) ¹⁷⁹. Figure 101 shows that the percentage of pupils with EHC plans in Swindon has been increasing over time, following a trend seen in the South West and England. However, Swindon's levels exceed both regional and national levels. Of the EHC plans that Swindon issues, a substantially higher proportion are done so within the legal 20-week timeframe (71.9%) compared to the South West (34.7%) or England (47.7%). During

¹⁷⁹ Waltham Forest Council. Education Health and Care plans (EHCP). Available from: [https://www.walthamforest.gov.uk/schools-education-and-learning/local-offer-special-educational-needs-and-disability-send/education-health-and-care-plans-ehcp#:~:text=What%20is%20an%20Education%2C%20Health,young%20person%20stays%20in%20education\).](https://www.walthamforest.gov.uk/schools-education-and-learning/local-offer-special-educational-needs-and-disability-send/education-health-and-care-plans-ehcp#:~:text=What%20is%20an%20Education%2C%20Health,young%20person%20stays%20in%20education).)

2021-2022, the primary need in Swindon was for CYP with Autism – making up 34.11% of all EHCPs in the area (Figure 102).

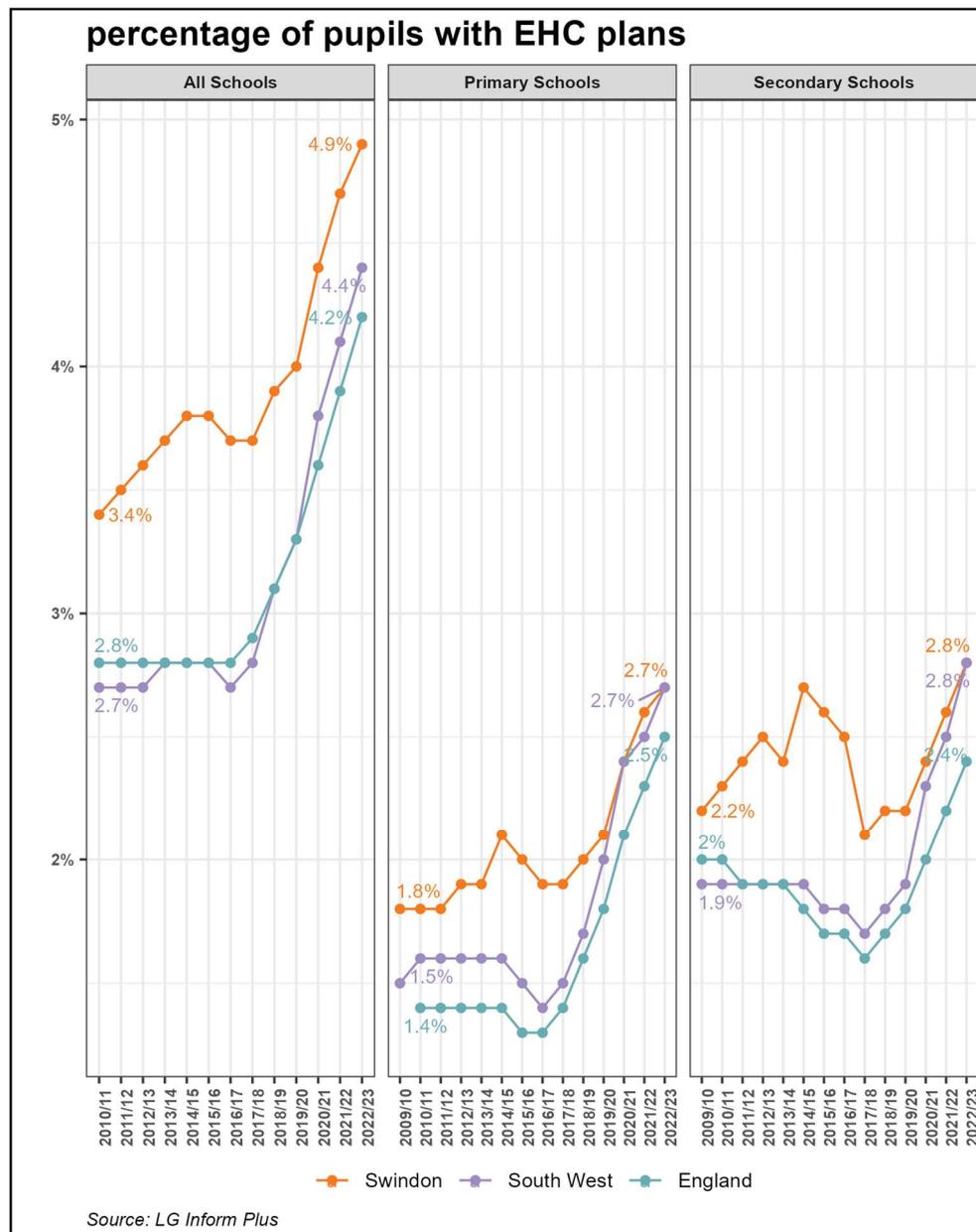


FIGURE 101: PUPILS WITH STATEMENTS OR EHC PLANS

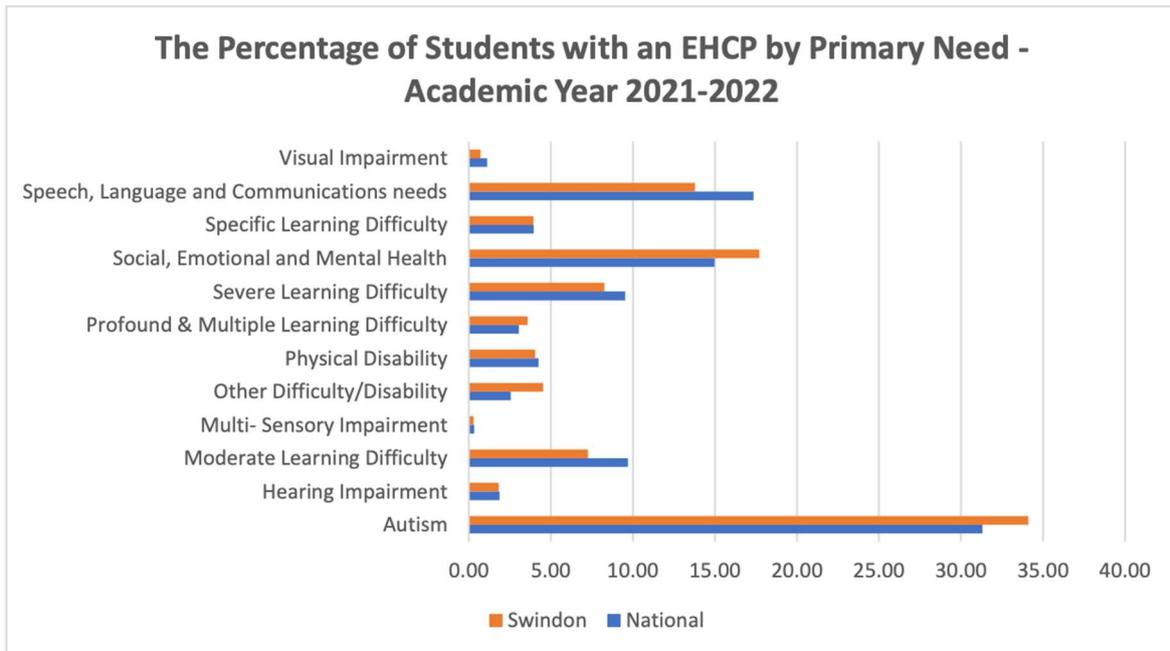


FIGURE 102: THE PERCENTAGE OF STUDENTS WITH AN EHCP BY PRIMARY NEED – ACADEMIC YEAR 2021- 2022 ¹⁸⁰

Nationally, CYP with SEND do not achieve outcomes as good as their non-SEND peers and this is mirrored to some extent in Swindon. Persistent absence is a particular concern. The Academic Year 2022-2023 saw the implementation of a Local Area Wide Attendance Strategy, which aims to support CYP and their families by making sure that as few days of education are missed as possible. In many cases, missed days for CYP with SEND are unavoidable, and we recognise the importance of working together, across services, to make sure that our CYP are not missing out on their education whilst continuing to meet their needs. On a positive note, children with SEND in Swindon tend to have higher academic achievement than the national average.

This topic is covered in greater detail in the [2023-2028 Swindon SENDi and AP Strategy](#).

10.11 Neurodevelopmental Conditions

In 2019, the BSW Neurodevelopmental Conditions (NDC) Pathway was redesigned and launched to improve the experience of children and families seeking a diagnosis for neurodevelopmental conditions (including autism and ADHD). There were 1,261 people waiting for an assessment as of April 2019 and this has now more than halved ¹⁸¹, especially in the context of a rising number of referrals (Figure 103).

¹⁸⁰ Swindon Borough Council. *SEND, Inclusion and Alternative Provision Strategy 2023-2028*. Available from: https://www.swindon.gov.uk/downloads/file/10128/send_inclusion_and_alternative_provision_strategy_2023-28

¹⁸¹ Bath and North East Somerset, Swindon and Wiltshire ICB. *Internal Report - Monthly Trust Board Report April 2024*.

By February 2024, waiting times for this service had halved from 3 years to around 18 months for routine cases. However, as more children are diagnosed there is a need for more follow up capacity and the situation may not be sustainable in the long term ¹⁸².

Shortages in ADHD medication, a problem seen nationally, has also made this area of work harder, and resulted in increased workloads for the teams involved in this pathway. It has also resulted in the delayed start to medication for some children with new diagnoses. Furthermore, a lack of reliable data on ADHD prevalence nationally creates a barrier to fully understand the size of the challenge¹⁸³.

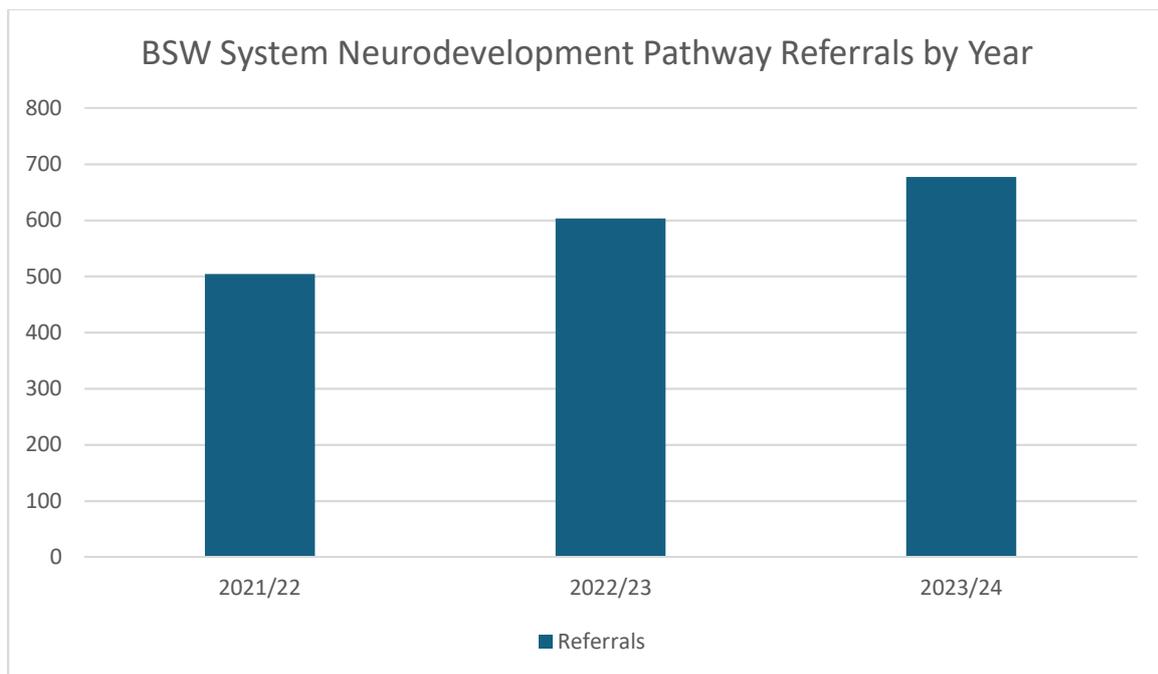


FIGURE 103: THE NUMBER OF REFERRALS TO THE COMMUNITY PAEDIATRICS NEURO-DEVELOPMENTAL PATHWAY ¹⁵⁴

¹⁸² Bath and North East Somerset, Swindon and Wiltshire ICB. Internal Report - Monthly Trust Board Report April 2024.

¹⁸³ NHS England (2024). Attention deficit hyperactivity disorder (ADHD) Programme update.

11.0 Recommendations

- 1. Improve monitoring of data by demographic factors such as ethnicity and deprivation to ensure that priority areas can be more easily identified.**

Undertaking this HNA has identified areas where data sources were either lacking or not in a form that allowed practical analysis. In general, while data was available for many of the indicators we were interested in, often this data was not available in a form that could be stratified by ethnicity, deprivation or gender. While an overall indicator may appear to be performing above average for the region, this overall value may hide areas in which targeted work could be very valuable. This means that overall outcomes for an area may mask specific subgroups requiring additional support.

- 2. Improve data collection and monitoring across several topic areas, for which there was limited or no intelligence.**
 - Health indicators of parents before pregnancy, during pregnancy and the early years after pregnancy
 - Specifically, up-to-date measures of development at 2-2.5 years as a key indicator (Ages and Stages Questionnaire)
 - The prevalence and incidence of common physical and mental health conditions among CYP, Dad's and boys and young men's mental health
 - Smoking and vaping among CYP
- 3. Engage with children, young people and their families' to gain further insight into complex and high-priority areas of need.**
- 4. Service and initiative mapping to be undertaken to ascertain where sufficient plans are in place to address challenges and where future targeted action should be focused.**
- 5. Communicate the priority health needs of children and young people with key stakeholders across the Borough to lay the foundations for joint work.**
- 6. A partnership strategy to be developed to identify actions to address health needs, alongside monitoring progress and impact.**

12.0 Conclusion

The report on Swindon's children and young people's health highlights both areas of success and concern. Swindon's CYP are ethnically diverse, and this diversity is growing, with increasing proportions of children born to mothers from other countries and increasing languages, other than English, being spoken in school. Other positive trends include strong physical activity levels, and the swift provision of EHC plans to Swindon children with SEND. Additionally, Swindon has lower-than-average rates of maternal smoking and obesity, along with high vaccination uptake during pregnancy.

However, as this report has highlighted, there are areas of concern, such as high rates of hospital admissions for issues like medication poisoning, burns, and self-harm, as well as lower than average vaccination coverage for certain vaccines. Developmental milestones in early childhood and Key Stage 5 educational achievements lag behind regional and national benchmarks, and obesity rates among Year 6 students are rising. The report also notes challenges related to substance misuse and the wellbeing of certain vulnerable groups, including those living in poverty and those involved in the youth justice system. Addressing these issues will require targeted interventions and collaboration across sectors to improve outcomes for Swindon's young population.

13.0 Glossary

Acronym	Definition
A&E	Accident & Emergency
ADHD	Attention Deficit Hyperactivity Disorder
BMI	Body Mass Index
BPAS	British Pregnancy Advisory Service
BSW	Bath and North East Somerset, Swindon and Wiltshire
CAMHS	Children and Adolescent Mental Health Services
CBR	Crude Birth Rate
CIN	Children in Need
CIPFA	Chartered Institute of Public Finance and Accountancy
CLA	Children Looked After
CP	Child Protection
CYP	Children and Young People
DTAP	Pertussis
EHCP	Education, Health and Care Plans
EHE	Electively Home-educated
FNP	Family Nurse Partnership
GFR	General Fertility Rate
GWH	Great Western Hospital
HiB	Haemophilus Influenza Type B
HNA	Health Needs Assessment
HPV	Human Papillomavirus
IMD	Index of Multiple Deprivation
IPAV	Inactivated Poliovirus vaccine
LGB+	Lesbian, Gay, Bisexual, Transgender, Non-binary, Asexual, and people with other related identities. Acronym used in earlier data sets
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer.
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and other sexual identities
MARAC	Multi-Agency Risk Assessment Conference
MHST	Mental Health Support Teams
MMR	Measles, Mumps and Rubella
NCMP	National Child Measurement Programme
NDC	Neurodevelopmental Conditions
NEET	Not in Education, Employment or Training
NAP SACC	Nutrition and Physical Activity Self-Assessment for Childcare
OCD	Obsessive Compulsive Disorder
OHID	Office for Health Improvement and Disparities
PCV	Pneumococcal Vaccine

PMH	Perinatal Mental Health
PSHE	Personal, Social, Health and Economic
PTSD	Post-Traumatic Stress Disorder
RSE	Relationships and Sex Education
RSHE	Relationships, Sex and Health Education
S&W CDOP	Swindon and Wiltshire Child Death Overview Panel
SEMH	Social, Emotional and Mental Health Difficulties
SEND	Special Educational Needs and Disabilities
STIs	Sexually Transmitted Infections
TAMHS	Targeted and Mental Health Support
TFR	Total Fertility Rate
TOP	Termination of Pregnancy
YJS	Youth Justice System