

East Sussex Local Safeguarding Children Board

Local Safeguarding Context 2017-18



1. Child population in East Sussex

East Sussex, covering 660 square miles, has an estimated population of 549,557. There are many affluent areas as well as areas of significant deprivation. East Sussex has 19 lower super output areas among the top 10% of the most deprived in England; 16 are in Hastings, two are in Eastbourne, and one in Rother.

In 2016 there were estimated to be **106,045 children and young people between 0 and 17 years old**, accounting for 19.3% of the total population of East Sussex. The area with the highest proportion of under 18's is Hastings (21%) with Eastbourne, Lewes and Wealden all between 19-20%. Rother has the lowest with under 18's accounting for only 17.1% of the total population.

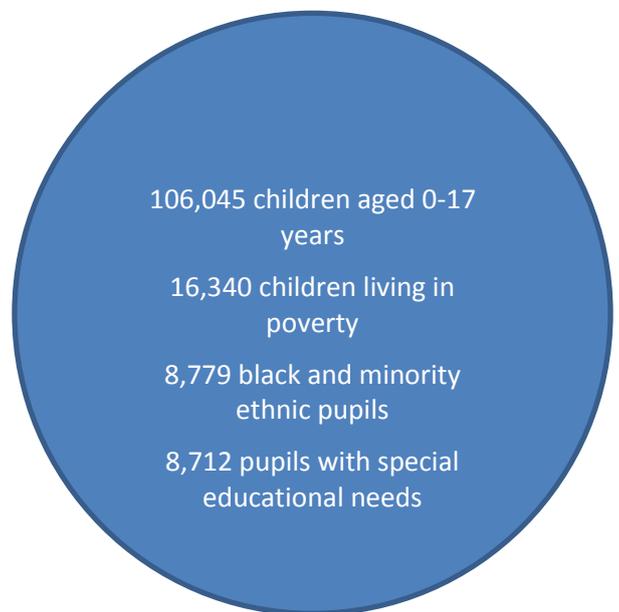
East Sussex is becoming increasingly ethnically diverse. Locally the **proportion of school age children from minority ethnic backgrounds is increasing: from 10.4% in 2013 to 13.1% (8,779 pupils)** in 2018, but is still significantly lower than the national figure of 30.6% in 2017.

'Other White Background' and 'Other Mixed Background' population groups are the two most common BME groups in East Sussex, followed by 'White and Asian', 'Any Other Asian Background' then 'White and Black Caribbean'. This differs from the national picture where Pakistani, African and Indian groups are more prevalent, although the most predominant BME subgroup is 'Other White Background' nationally.

A large proportion of people who define themselves as 'White Other' are Polish, but there are also other European groups and other white migrants. The profile of the 'Mixed Heritage' group is made up of White and Asian, White and Black Caribbean.

13% (8,712) of children attending East Sussex schools are identified as having a special or additional need, compared to 14% in England. Included in this group are those with complex needs who require a Statement of Educational Need an Educational Health and Care (EHC) Plan. 2,175 (3.3%) of East Sussex pupils had a Statement or EHC in January 2018.

The level of child poverty is lower than the England average with **15.7% of children aged 0 - 15 years living in poverty**; 16,340 children are measured to be living in low-income families in East Sussex. Poverty and income deprivation are largely concentrated in Hastings (24.6%), with lower proportions in Eastbourne (18.2%) and Rother (15.8%).



2. Impact of Multi-Agency Working

The LSCB has the lead role in ensuring that agencies are working together effectively to safeguard and promote the welfare of children in East Sussex. Multi-agency working is key to the early and effective identification of risk and preventing child abuse. Multi-agency working can take many forms but is largely based on effective information sharing, joint decision making, and coordinated intervention.



Contact and referral activity

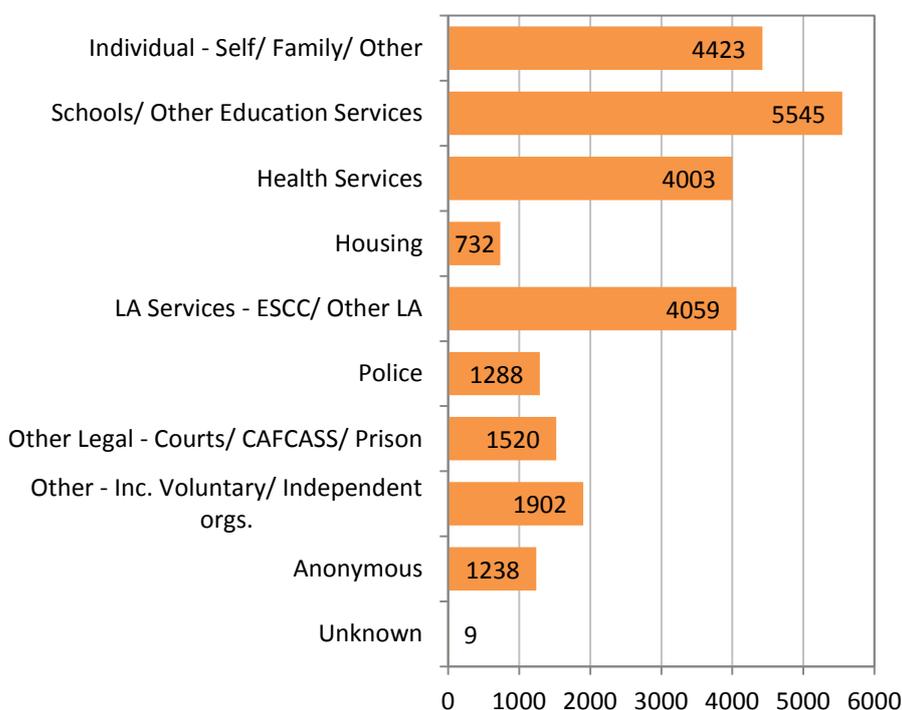
A referral is the first stage of the child protection process: a referral will be made about a child where some aspect of their life is giving cause for concern. An increase in referrals is not good or bad in terms of the safety of children – an increase could indicate an increase in awareness of concerns about the safety of a child or reflect changes in local policy and practice.

In East Sussex, the Single Point of Advice (SPOA) and Multi-Agency Safeguarding Hub (MASH) were implemented in May 2016. Between April 2017 and end of March 2018 there were a **total of 24,719 initial contacts to SPOA** and **13,298 information gatherings initiated by MASH**. The average number of

MASH information gatherings (MIGs) per month was 1108, with the highest number of the year in March 2018 of 1400.

Schools and other Educational Services made nearly a quarter (22.5%) of all contacts to SPOA during 2017/18 (a total of 5,545 contacts). Individual contacts – including self-referral, family or neighbours – accounted for 17.9% of contacts to SPOA.

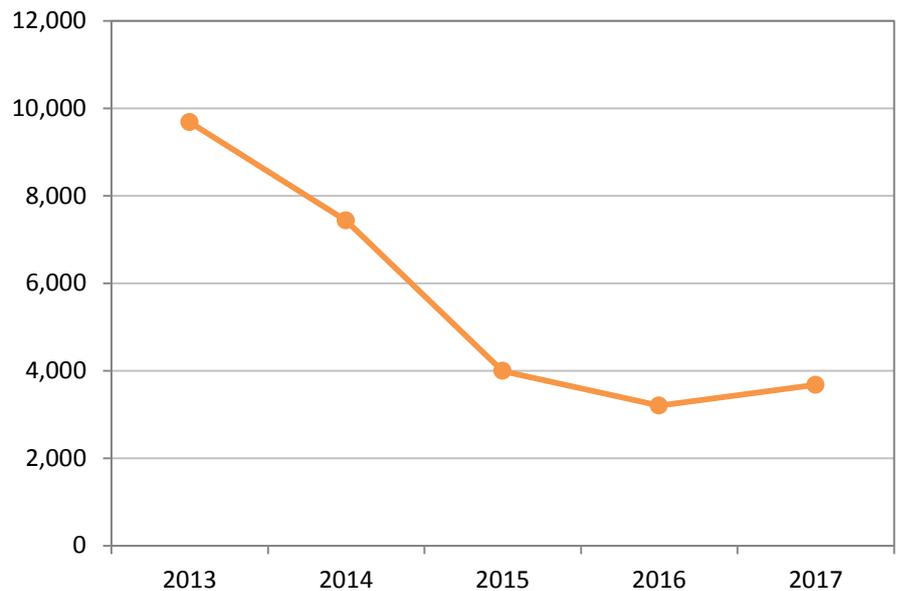
Contacts to SPOA by Source (2017-18)



There were a total of **4,436 referrals to statutory social care** in 2017-18. The average number of referrals made was 370 per month. The number of referrals can fluctuate significantly month to month for example, the highest number of referrals made in November 2017 was 446 and the lowest number was made in December (265).

The number of referrals to statutory social care in 2017/18 is higher than in 2016/17 (3766 referrals), however this figure continues the significant decrease from 2012-2014 figures.

Number of Referrals to Children's Social Care

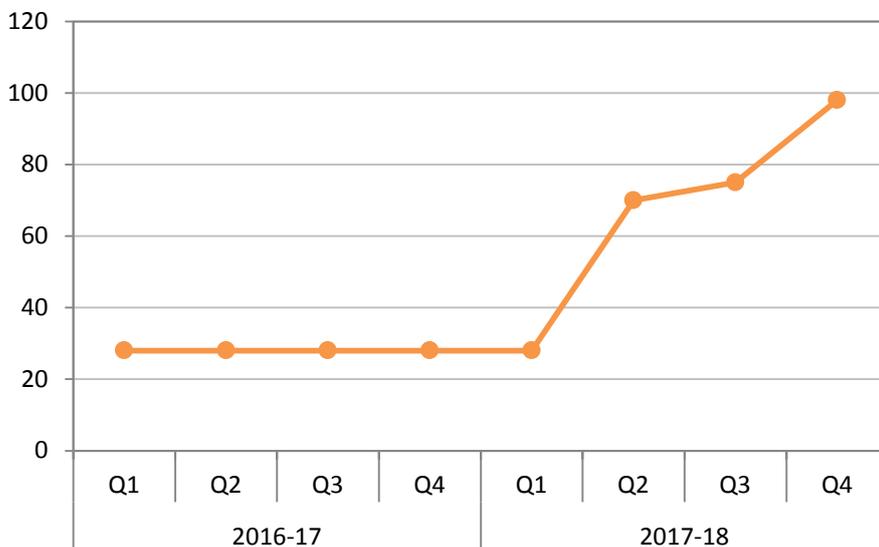


The proportion of referrals to statutory social care with a level 4 (social care) outcome continues to increase. At the end of March 2018, 90% of referrals led to a level 4 outcome compared to 74% at the end of March 2017. This figure demonstrates that the interface between SPOA and MASH is working well.

Private Fostering

Private fostering is an informal arrangement made between private individuals and is different from public fostering which is arranged by and paid for by the Local Authority. A private fostering arrangement is considered to be taking place when any child under 16, or under 18 if the child has a disability, spends more than 28 days living with someone who is not a close family member.

Number of Privately Fostered Children



Private fostering is a key focus for child protection and privately fostered children can be particularly vulnerable if the Local Authority is unaware of this arrangement. All professionals working with children have a responsibility to safeguard privately fostered children and to notify the Local Authority if they become aware that a child may be being privately fostered. Following work with local language schools, to clarify their obligations around reporting private fostering, the number of children recorded as

privately fostered has significantly increased during 2017-18. At the end of March 2018, **98 children were registered as being privately fostered** compared to only 30 at the end of March 2017.

Residence orders and Special Guardianship Orders

A Special Guardianship Order (SGOs) or Residence Order is legal way for someone with whom the child has a relationship, other than a birth parent, to provide that child or young person with a home and family when their parent cannot. At the end of March 2018, there were **330 children living in families via a residence order** (RO), a slight increase on the 327 end of March 2017 figure.

The **number of children living in families via a SGO as increased over the past year from 413, at the end of March 2017, to 435 at the end of March 2018**. Over the past two years, the number of SGOs has increased from 372 to 435, an increase of 17%.

The LSCB has recently included monitoring this indicator on its performance dashboard to ensure it has oversight of the numbers of vulnerable children in this cohort. This indicator has also been included as recent national Serious Case Reviews (SCRs) have highlighted concerns about the assessment process for SGOs and the post SGO support for children.

3. Children Supported by Statutory Services

As in other parts of the country, some children and young people in East Sussex will be vulnerable and at risk of being abused or neglected. It is the LSCB's role to ensure that services provided to these children reduce risk and support children and young people to achieve healthy, happy, safe lives, and have a successful transition to adulthood.

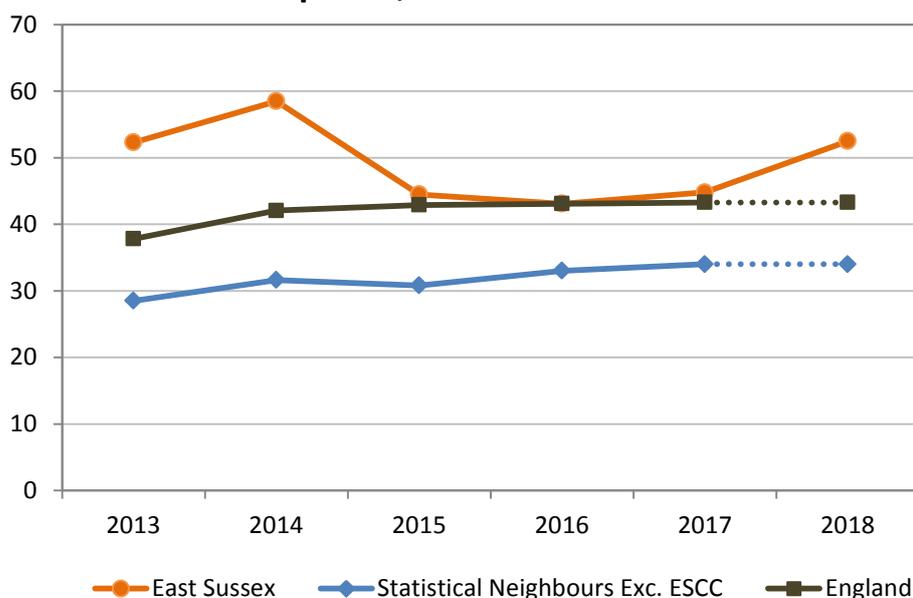
Children with a Child Protection Plan

Children who have a Child Protection Plan (CPP) are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken by a range of multi-agency partners to reduce those concerns and how we will know progress is being made.

Only those children who really need a protection plan should be subject to that formal process. **550 children were the subject of a CPP at the end of March 2018**, compared to 476 in 2017 and 462 in 2016. The end of year number of children subject of a CPP is higher than the local target of 454. The rate of children with a Child Protection plan for 2017/18 was 51.9 per 10,000 children. Based on 2016/17 rates, East Sussex now has a higher rate of children subject to a child protection plan than England and East Sussex statistical neighbours.

550 children with a child protection plan
 606 Looked After Children
 19 unaccompanied asylum seeking children
 20 young people at high risk of child exploitation
 500 sexual offences against children

Rate of Children subject to a Child Protection Plan per 10,000 0-17 Year Olds



Maintaining focus on ensuring that the right children are subject to the right plan for the right period of time remains a priority for local services. The increasing number of children and young people coming to social care attention - who are considered to be at risk of significant harm and in need of a CP Plan - is in part down to a range of multi-agency practice developments which have resulted in greater awareness, for example

regarding child exploitation and neglect.

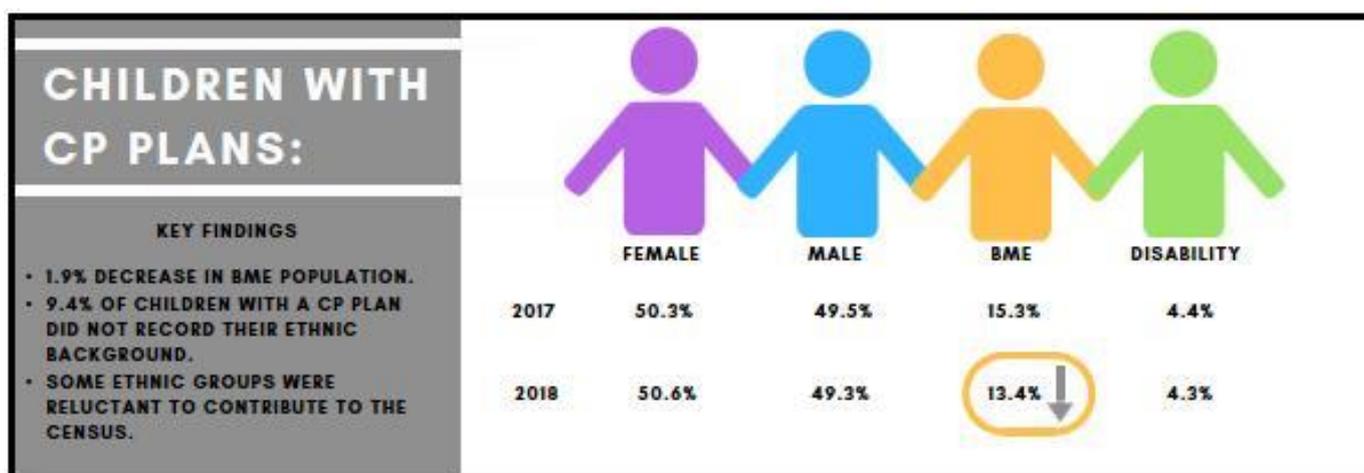
When a CPP is ended for a child it means that there are no longer concerns about the child's safety and/or no longer at risk of harm. The LSCB monitors the duration of CPP to ensure that CPPs are

appropriate and timely, for example children spending a long time with a plan could suggest that CPP cases are allowed to 'drift'. At the end of March 2018, the **proportion of children who had a CPP for 18 months or over was 10%**. The majority of children with a CPP have had one for between three and 18 months (61% at the end of March 2018) and 29% of children had a CPP for less than three months.

Re-registration data is also monitored by the LSCB. High re-registration rates could suggest that the decision to remove them initially from a CPP was premature. In March 2018 **8.3% of children becoming the subject of a CPP did so for a second or subsequent time** (within a two year period). This is significantly lower than the rate in March 2017 of 15% and demonstrates a continuing decline over the past two years.

Emotional abuse continues to be the dominant category of abuse recorded for child protections. At the end of March 2018, **51% of children with a current CPP was recorded for emotional abuse**. Neglect is the second largest category of abuse (37%) with much smaller proportions for physical abuse (5%) and sexual abuse (8%).

The profile of children who are in need of a child protection plan is monitored by the LSCB on an annual basis.



The proportion of children with a CPP reflects the ethnic composition of the wider child population. The exceptions are those children recorded as being from an 'Other White' and 'Other Mixed' ethnic group who appear to be slightly overrepresented.

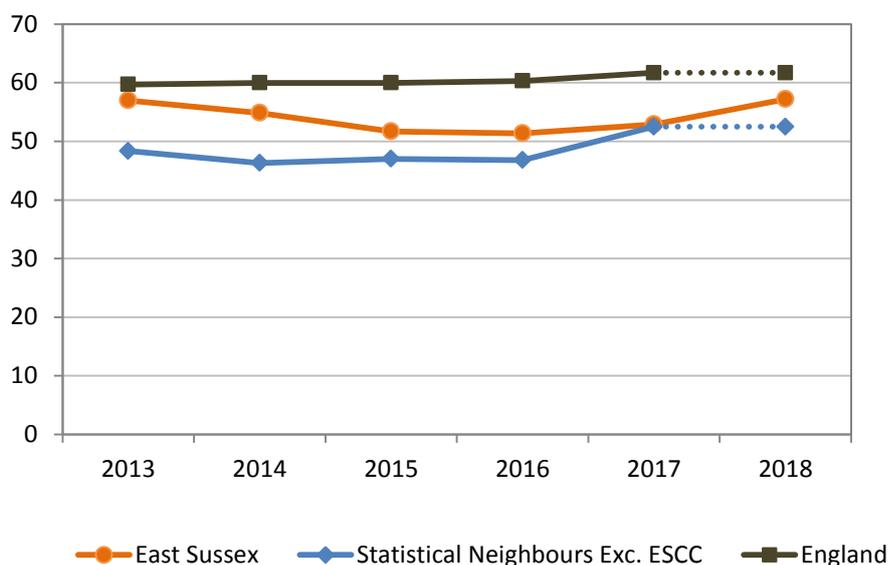
Looked After Children

Children in care are those looked after by the Local Authority. Only after exploring every possibility of protecting a child at home or with wider family members will the Local Authority seek a parent's agreement or a court decision to remove a child from their family. There are many reasons why a child might become looked after, including because a child has suffered abuse or neglect, was at risk, or is disabled. Additionally, a child may become looked after if a parent is ill or disabled, or because parents are absent. Such decisions, whilst difficult, are made when it is in the best interests of the child.

There were **606 children looked after by East Sussex County Council as at the end of March 2018**. This is higher than the end of March 2017 figure of 564. The number of care proceedings issued (rolling year) peaked at 107 in November 2016 subsequently reducing to 86 in December 2017, before increasing slightly to 91 in March 2018.

The rate of Children Looked After per 10,000 population (aged 0-17) has risen in 2017/18 to 57.2 per 10,000. This means that the local rate is now higher than other local authorities, similar to East Sussex, but is still below the national rate of 61.7. Following gradual decreases in numbers of Children Looked After over the past four years, numbers are similar to 2012/13 levels.

**Rate of Children Looked After per 10,000
0-17 Year Olds**



There are also a number of children who are looked after by other local authorities who live in East Sussex. While the placing authority retains responsibility for them, services in East Sussex may still support these children. At the end of March 2018 there were **236 children looked after by other local authorities living in East Sussex**. This is significantly higher than the March 2017 figure of 145. However this figure may not be completely accurate as East Sussex relies upon other local authorities to inform us of children coming into the area and when they leave.

In addition young people who are remanded into care or custody by the criminal Courts now benefit from looked after children (LAC) status.

Unaccompanied Asylum Seeking Children (UASC)

At the end of March 2018 there were **19 Looked After Children who are Unaccompanied Asylum Seeking Children (UASC)**; with a high of 27 in March/April 2017. In common with other local authorities, ESCC is committed to accepting the equivalent of 0.07% of its total child population (72 children) as UASC over 3 years. Young people will either come to the Council via the National Dispersal Scheme or present spontaneously, for example via the port of Newhaven.

Child Exploitation

The Multi-agency Child Exploitation (MACE) Subgroup of the LSCB takes a lead on the identification and recording of children who are vulnerable to exploitation in East Sussex. During the course of the year, the MACE subgroup has expanded its focus to include children who are criminally exploited, in relation to county drug lines, not just sexual exploitation. The subgroup also reviews children who are at risk of trafficking or modern slavery.

Multi-agency meetings are held monthly to review the level of risk that each child is currently exposed to. This generates a high (red), medium (amber) or low (green) risk score. A multi-agency plan is created for each child within the MACE process which includes planned engagements, home visits, and medical assessments.

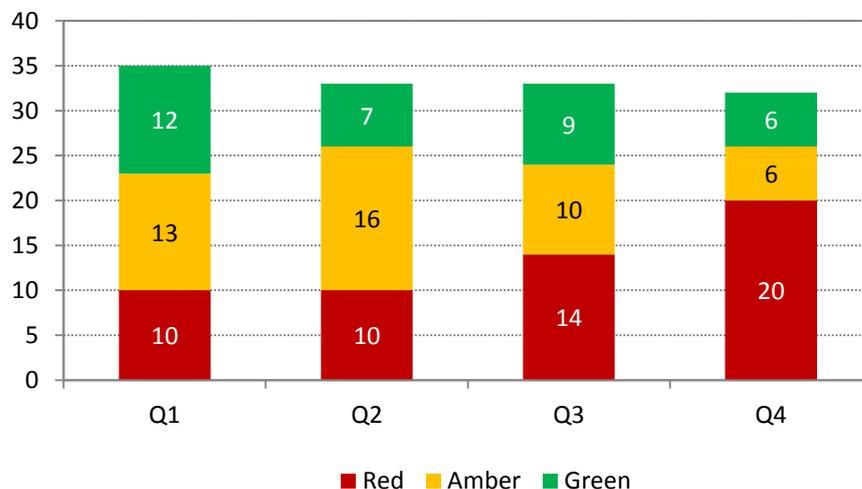
There has been a significant increase in the number of high risk children discussed at MACE in the last quarter of 2017/18, which coincides with the wider focus of the group on all forms of child exploitation. At the end of Quarter 4 there were **20 young people considered to be at high risk to child exploitation**, compared to only ten in Quarter 1 of 2017/18. During the period, the Police also introduced 'Operation Rattle' (January 2018) aimed at improving Sussex Police's response and performance in relation to the exploitation of children.

Offences (including sexual offences) against children

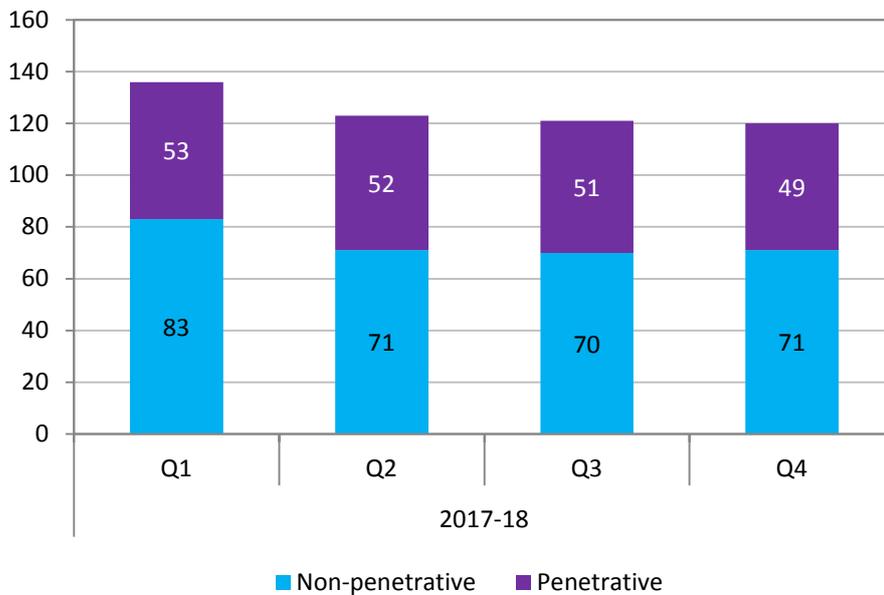
The number of offences against children reported to and recorded by the Police are now routinely shared with the LSCB and included in the quarterly LSCB Performance Dashboard. These include non-penetrative sexual offences against children, penetrative sexual offences against children, and assaults recorded against children. The data does not reflect the total number of offences committed against children but it does provide an important picture of abuse committed against children. Trends in data may reflect increased public awareness and changes in policing rather than an increase in incidence. Data also reflects the year in which an offence was reported, not the year it was committed, so a proportion of offences will be historic. The recent publicity on the Independent Inquiry into Child Sexual Abuse and campaigning by Sussex Police on sexual exploitation may have impacted on these figures.

A total of **295 non-penetrative sexual offences against East Sussex children** were recorded by the Police in 2017/18. This is a slight increase on the 2016/17 reported figure of 279. Of these reported 2017/18 offences, 86 (29%) were recorded as committed by a family member; just over half (152 – 51.5%) were committed by someone known to the family; 47 incidences committed by a stranger (15.9%) and a further 10 (3.4%) recorded as 'other'.

Number of MACSE nominals at the end of each Quarter



Sexual Offences recorded against Children

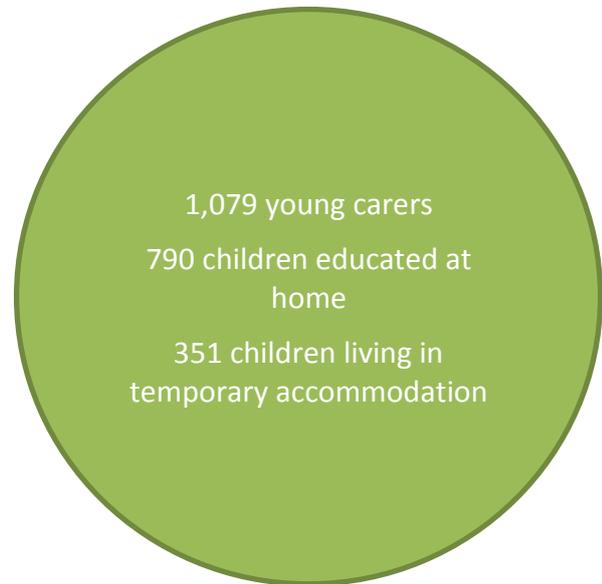


A total of **205 penetrative sexual offences were recorded against children in 2017/18** compared to 156 in 2016/17. With penetrative sexual offences, the proportion recorded as committed by someone known to the family increases, compared to non-penetrative, to 58.5% of recorded offences (total of 120 offences). 70 offences were recorded as committed by family members (34%); 12 by a stranger (6%) and 3 by 'other' (1.5%).

A total of **1,625 assaults were recorded against children in 2017/18**; this is an increase from 1,489 in 2016/17. Just over half of incidences were recorded as 'assaults with injury' (818 – 50.3%). A slightly lower proportion were recorded as 'assault without injury' (781 – 48.1%). Only 0.5% of assaults were recorded as racially or religiously aggravated.

4. Children with family related vulnerabilities

The children identified in this cohort of 'family related vulnerabilities' does not mean that every child that is in this group is vulnerable to experiencing harm or poorer outcomes. These indicators are risk factors for vulnerability, rather than indicators of vulnerability in and of themselves. However, it is important for the LSCB to have oversight on these indicators and understand the complex range of issues children and young people in East Sussex often face.



Domestic Abuse & Violence

A domestic abuse Multi-Agency Risk Assessment Conference (MARAC) is a meeting that brings together representatives from a number of agencies in East Sussex to discuss the safety, health and well-being of people experiencing the highest risk of domestic abuse (and their children).

In East Sussex, there are two MARAC meetings - Eastbourne, Wealden and Lewes and Hastings & Rother - with each meeting weekly. The process is facilitated by the MARAC Support Team, based in the Safer East Sussex Team. Chairing is undertaken by staff released from core statutory partner agencies, including Sussex Police, Children and Adult Services, as well as the Clinical Commissioning Group.

In East Sussex, a total of 732 cases were discussed at the MARAC meetings during 2017/18. The rate of cases per 10,000 population was 27 per 10,000 in Eastbourne, Lewes & Wealden compared to 41 per 10,000 in Hastings & Rother. **Of the 732 cases discussed at MARAC, there were a total of 1,012 children living in the households.** Of the 732 cases, only one concerned a 16-17 year old victim.

Young Carers

In the 2011 Census, a total of 1,079 children aged under the age of 15 were recorded as providing unpaid care – this equates to 1.18% of the under 15 population. This proportion is slightly higher than the England average of 1.11%. While many children find that caring brings positive aspects to their lives, a child can become vulnerable when the level of care-giving, and responsibility to the person in need of care, becomes excessive or inappropriate for that child, risking impacting on their own emotional or physical wellbeing, educational achievement or life chances. There may also be other factors, in addition to their caring role, linked to a parents' illness or disability, that may lead to safeguarding issues.

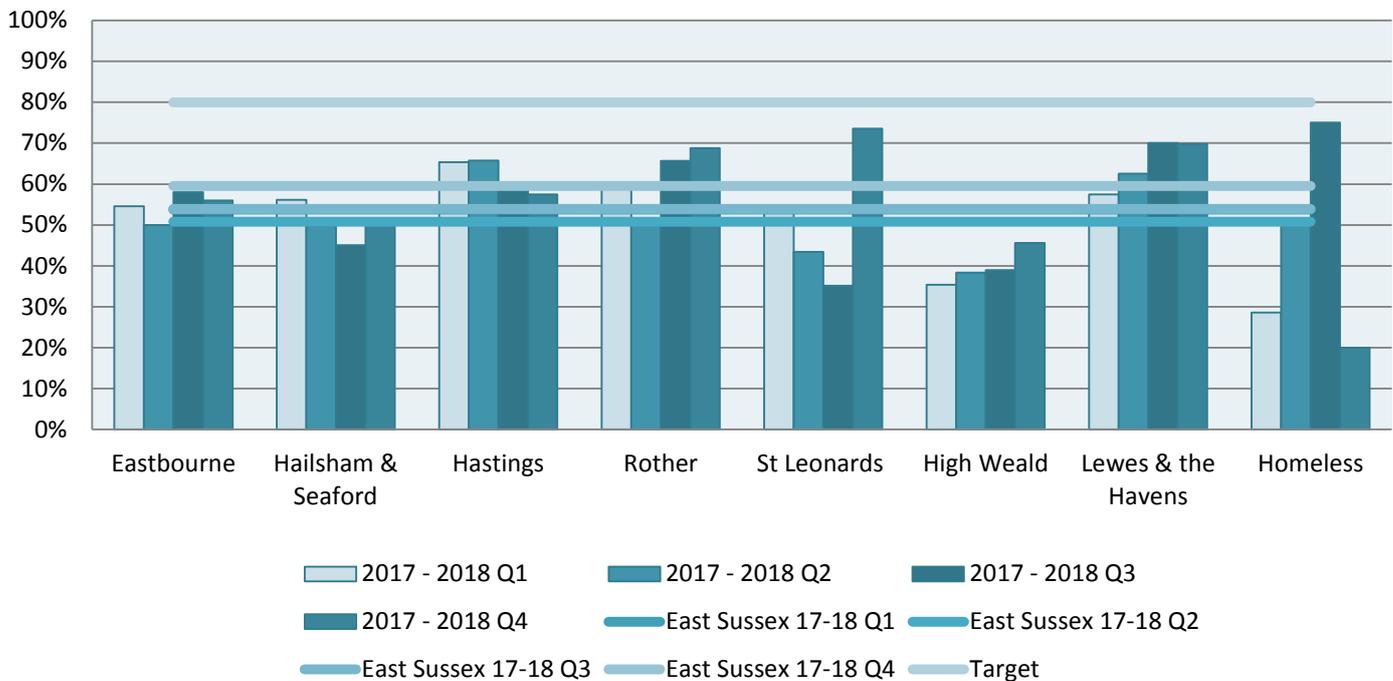
At the end of March 2018, 6% of children's social care assessments identified caring responsibilities as a safeguarding concern; this figure is lower than the end of March 2017 figure of 13%. The proportion of assessments identifying 'young carer' as an assessment fluctuates throughout the year – the highest proportion was in November 2017 (27 assessments; 12% of all assessments) and the lowest in August 2017 (14; 4%).

Health Visitor contact

In 2017/18 the LSCB has started to regularly monitor the proportion of mothers who receive a first face to face antenatal contact with a health visitor and the proportion of children who receive a 2-2 ½ year review. This is because face-to-face contact with vulnerable mothers has been highlighted as an area for improvement in recent serious case review work in East Sussex.

The percentage of all mothers who receive a **first face to face antenatal contact with a Health visitor, at the end of quarter 4 of 2017/18, was 59.7% across East Sussex**. This is below the service target of 80% but demonstrates continued improvement throughout the year from 53.8% in quarter 1. In respect of ‘targeted’ mothers, this percentage rises to 80.4%. Lower performance in this indicator is predominantly due to notification issues to Health Visiting; for example from midwifery services outside of East Sussex or late notification post birth. The below chart highlights the percentage of Health visitor contacts by area.

Percentage of mothers who received a first face to face antenatal contact by a Health Visitor



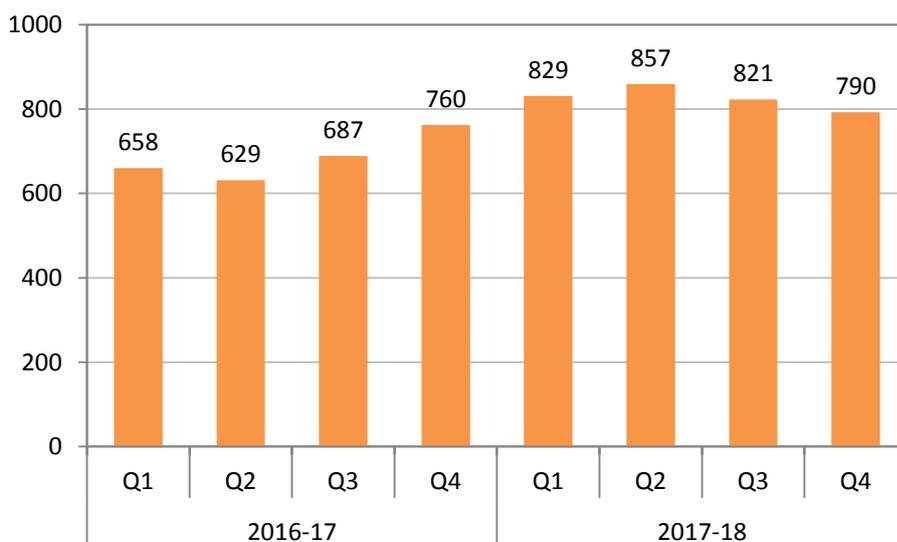
The **percentage of East Sussex children who received a 2-2.5 year review at the end of quarter 4 of 2017/18 was 65%**. This is below the service target of 90%. For ‘targeted’ children, this figure rises to 80.1%. Lower performance in this indicator has been related to the capacity in teams to complete the reviews. This should improve as the range of professionals, for example nursery staff, able to complete the reviews is expanded in 2018/19.

Electively Home Educated Children

East Sussex supports the right of parents to educate their children at home. Home education is not, in itself, a risk factor for abuse or neglect. However, there is a danger that these children can become invisible to local services and that a small minority of parents may withdraw their children from school as a means of avoiding services. Some recent national Serious Case Reviews have highlighted that, in a small number of cases, elective home education can lead to isolation and to children becoming 'invisible' to the universal services such as schools that would otherwise be in a position to monitor their welfare.

At the end of March 2018 the **number of electively home educated (EHE) children known to East Sussex County Council was 790**. This is higher than the end of March 2017 figure of 760, but lower than the September 2017 peak of 857. Figures are generally highest in September while parents wait for their preferred allocation of school place, however the September 2017 figure was much higher than the September 2016 figure of 629.

Number of Electively Home Educated Children



Locally 'parental choice' is the most common reason for educating at home, followed by 'philosophical and religious reasons', 'waiting for a school of choice', and 'unmet special educational needs'. The highest numbers of EHE cases are in Hastings, followed by Eastbourne, Lewes & coastal strip and finally Wealden.

Over recent years there has been a growth in the number of Year 5 pupils educated at home, possibly linked to parents' dissatisfaction with SATS testing. There is a consistent spread of EHE across ages apart from Hastings where there is a greater number at KS4. Only three children in the cohort had a current child protection (a further three had an expired CPP).

Families in Temporary Accommodation

In 2017/18 the LSCB has added the number of families and children in East Sussex that are in temporary accommodation to its LSCB Performance Dashboard. Families in temporary accommodation are likely to already have a number of factors that make them vulnerable; living in temporary accommodation is likely to have a cumulative impact on the safety and welfare of children.

At the **end of March 2018 there were 351 children living in temporary accommodation across East Sussex**. The majority (116) were from the Lewes area, followed by Eastbourne (94) and Hastings (88). The total number of households, with dependent children and/or pregnant women, was 182.

5. Children with health related vulnerabilities

The children identified in this cohort of 'health related vulnerabilities' does not mean that every child that has a particular health condition is vulnerable to experiencing harm or poorer outcomes. These indicators are risk factors for vulnerability, rather than indicators of vulnerability in and of themselves. However, it is important for the LSCB to have oversight on these indicators and how these might impact on the safeguarding of children and young people in East Sussex.

24 children with disabilities with a child protection plan
 176 children attending A&E due to self-harm
 4,667 referrals to child mental health services

Healthy weight at Year 6

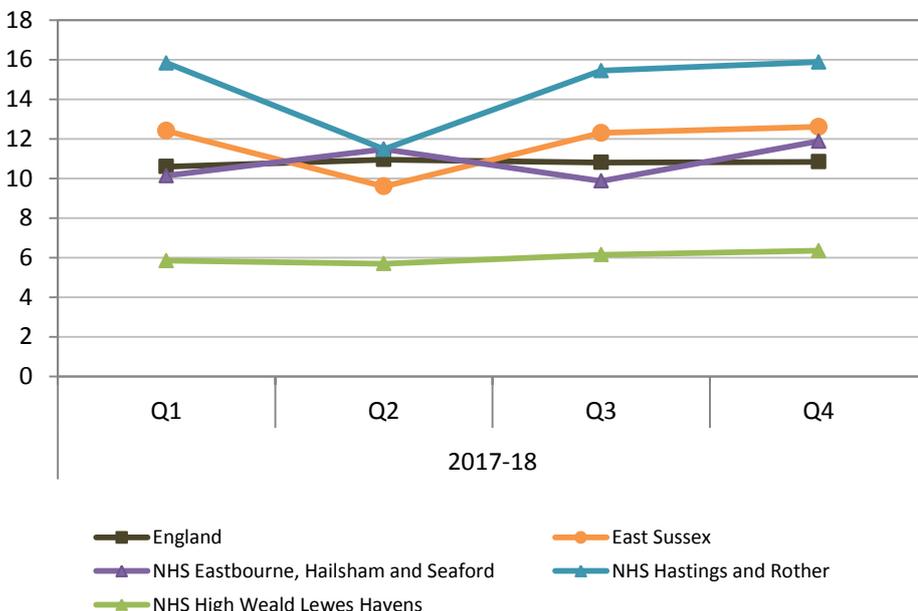
Childhood obesity is one of the greatest health threats to children and their future in East Sussex. Not only does being overweight have a major impact on health and wellbeing in childhood, it is also an important predictor of being overweight in later life and the associated risk to both physical and emotional health and wellbeing.

Currently, almost **one third (30%) of children in East Sussex are classified as overweight or obese** during their final year of primary school. Over the last 11 years the trend has remained relatively constant with rates of overweight and obese children aged 10-11 ranging between 28% in 2008/09 and 32% in 2015/16. The overweight and obesity prevalence for children living in the most deprived areas in East Sussex is significantly greater than it is for those living in the least deprived areas.

Smoking during pregnancy

The proportion of women who smoke at time of delivery was recently added to the LSCB's Performance Dashboard given the number of deaths reviewed by the East Sussex Child Death Overview Panel where smoking during pregnancy was noted as a modifiable factor.

Rate of Women who currently smoke at time of delivery, per 100 maternities



During 2017/18 the average **number of women smoking at time of delivery was 12 per 100 deliveries across East Sussex**. This figure is higher than the England average of 11 per 100 deliveries. The East Sussex average masks significant difference in rates between areas: for example, in Hastings & Rother this rate is 15 per 100 deliveries and in High Weald, Lewes &

Havens the rate is only 6 per 100 deliveries.

Safeguarding children with disabilities

Research suggests that children with a disability may be more vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect than children who do not have a disability. This may be because disabled children are at an increased likelihood of being socially isolated, they may have an impaired capacity to resist or avoid abuse, and they may have a communication need which makes it difficult to tell others what is happening.

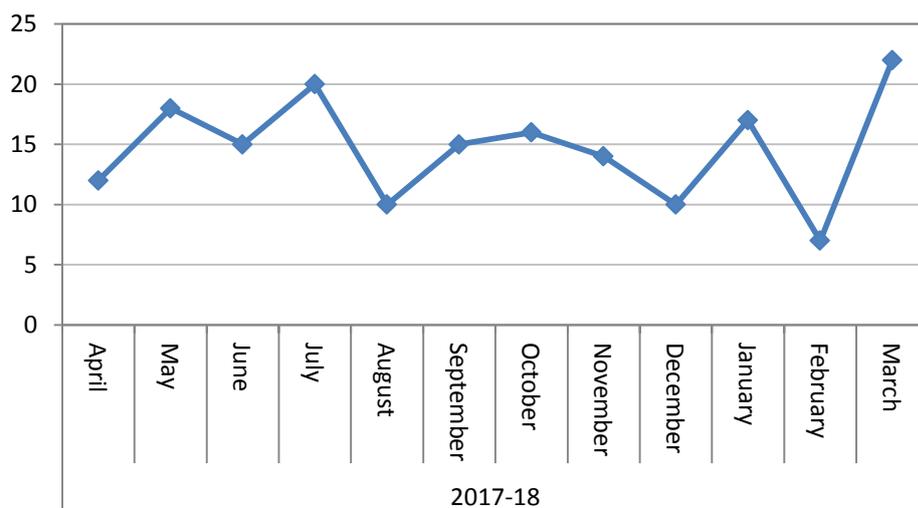
The proportion of children subject to a child protection plan, who are disabled, remains at 4% (of all CPP) at the end of March 2018. The **total number of children with a disability with a CPP was 24 at the end of March 2018**, compared to 21 at the end of March 2017. The proportion has remained fairly stable, remaining between 4-5% over the past year.

At the end of March 2018 there were 188 children being worked with by the Children’s Social Care Children with Disabilities Team and 333 children with a disability classification open to workers across all teams.

Self-harm

A total of **176 children – aged between 5 to 16 years old – attended East Sussex Accident & Emergency in 2017/18 due to deliberate self-harm**. This is slightly lower than the previous year’s figure of 154. Over the past year, the monthly figures have ranged from a low of 7 in February 2018, to a high of 22 in March 2018.

Attendances at A&E - Deliberate self harm



Mental health

Mental health problems during childhood and adolescence are associated with a wide range of adverse outcomes in later life, including higher rates of adult mental health problems, poor educational outcomes, unemployment, teenage parenthood, marital problems, and shorter life expectancy.

Failure to treat mental health disorders in children can have a significant impact on their future; half of adults with long-term mental health problems experienced their first symptoms before the age of 14.

East Sussex CAMHS are predominantly delivered by three generic teams: Hastings & Rother, Eastbourne & Hailsham and Ouse Valley. There are also a number of smaller discrete teams providing specialist mental health services to particular cohorts of especially vulnerable children and young people. Services are multidisciplinary, deliver evidence-based pathways of care and aim for compliance with NICE

guidelines within the given resources. Sussex Child and Adolescent Mental Health Services (CAMHS) received a total of 4,667 referrals, for patients from East Sussex CCGs, to their services in 2017/18.

At the end of March 2018, the most common reason for referral was anxiety, followed by depression, Neurodevelopmental Disorders (ADHD/ASD), Self-Harm, Compulsions (OCD), Eating Disorders, Trauma, Difficulties in Attachment and Psychosis.

6. Children whose actions place them at risk

The children identified in this cohort 'whose actions place them at risk' does not mean that every child in this group is vulnerable to experiencing harm or poorer outcomes. These indicators are risk factors for vulnerability, rather than indicators of vulnerability in and of themselves (and by 'vulnerability', we mean the additional needs or barriers children face may make them likely to healthy, happy, safe lives, or less likely to have a successful transition to adulthood). Therefore, it is important for the LSCB to have oversight on these indicators and understand the complex range of issues children and young people in East Sussex often face.

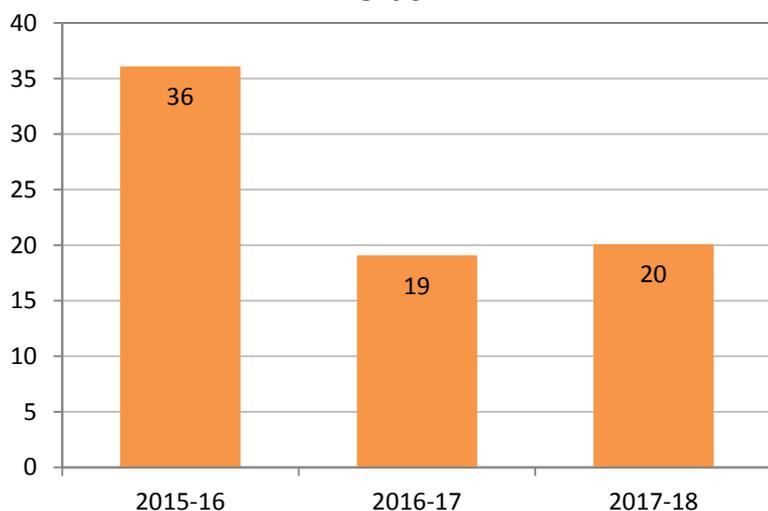
Missing episodes

Evidence suggests that missing children are at risk from child sexual exploitation and that children and young people who are sexually exploited are likely to go missing from home or care on a regular basis and/or for short periods of time. During 2017/18, the organisation Missing People, provided return home interviews for children who went missing.

Teenage conceptions and births

Babies of teenage mothers are likely to have worse health outcomes than those of older mothers, for example are more likely to be born prematurely or at a low birth-weight, and teenage mothers are more likely to have specific problems. Teenage mothers are three times more likely to get post-natal depression than older mothers, are three times more likely to smoke during pregnancy than mothers over 35, and are likely to struggle to complete their education and find it difficult to gain employment.

Number of Live Births to Under 18 Year Olds



births were between July – September.



The teenage pregnancy rate is currently at its lowest level nationally for 20 years. However England still has one of the highest rates of teenage pregnancy in Western Europe. The latest **2016 figure for teenage conceptions was 144 across East Sussex**. The highest numbers were in Hastings (39) and Wealden (33).

In 2017/18 there were 20 live births to under-18 year olds. Following a high of 10 births in quarter 2 the number of live births reduced to 2 in quarter 3 and quarter 4. This is a similar pattern to 2016/17 where the majority of live

Offending

A total of **86 young people entered the youth justice system for the first time in 2017/18** compared to 128 in 2016/17 and 146 in 2015/16. This is the lowest figure East Sussex has ever reported. Rates in East Sussex (172 per 100,000) are below both the South East and national levels. The reduction in **first time entrants** (FTE) correlates with the increase in informal diversion work, which has seen young people receive a non-substantive outcome, rather than enter the criminal justice system. The majority of young people who do become FTE do so for violent offences.

There were **32 incidences of young people being held overnight in police custody** during 2017/18. This is an increase on the 2016/17 figure of 25 incidences (but similar to 2015/16 of

32). The majority of incidences were for young people breaching bail or being arrested on warrant. Further analysis showed that the majority of the young people held overnight received bail when produced in court.

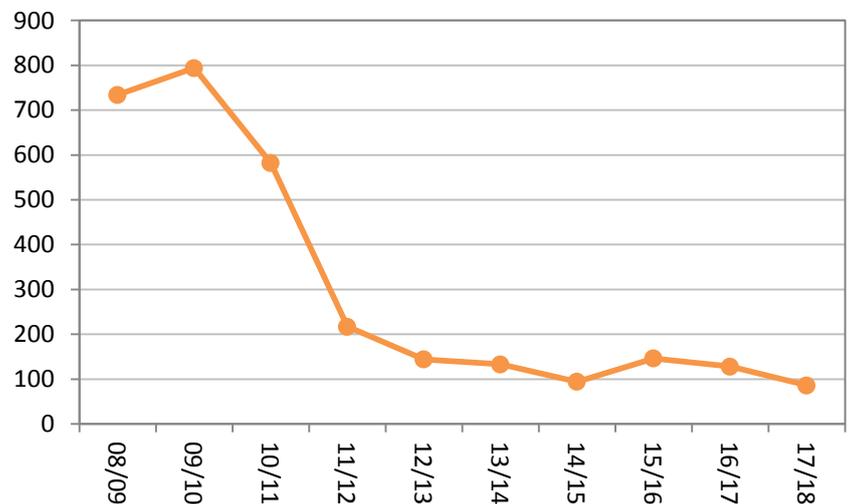
There were **12 incidences of secure remands** in 2017/18 for 11 young people; this is a similar figure to the previous two years. Three of those remands were still ongoing at the end of the year. The outturn of 790 days securely remanded by the end of the year was the second highest in the last 8 years and far exceeded the 331 days seen in the previous year. Further analysis into the cohort of young people receiving secure remands this year revealed a trend towards young people being securely remanded who have had relatively little intervention from the East Sussex Youth Offending Team compared with previous years, whilst the gravity of the offences they are committing is greater than previous cohorts.

Substance Misuse

At the end of March 2018 there were **253 young people recorded as receiving treatment for substance misuse** in East Sussex. This represents a 40% increase on the number of young people recorded as receiving treatment at the end of March 2017. Numbers have now risen to above the April 2013 peak activity reporting when early help (tier 2 activity) and the accompanying additional workforce were included in the service offer.

Public Health England report that the thresholds for young people entering structured treatment East Sussex seem to be appropriate, as the increase has been small and steady which would indicate the thresholds are right. In some of the other areas where there has been a reduction this could be a result of disinvestment and increasing the threshold. Having a high threshold for CYP entering structured

First Time Entrants to the Youth Justice System



treatment can increase the YPs vulnerabilities and making it harder for them to respond to interventions.

Referral sources into treatment services are also appropriately spread across a range of organisations, with the majority of referrals being made from education services (58%). This is higher than any of the other areas East Sussex has compared itself to and indicates partner organisations have appropriate methods of identifying CYP in need of treatment and a solid understanding of the CYP treatment services in East Sussex.

Nearly all young people (97%) wait less than three weeks to access treatment, an increase of 2% on 2016/17 figures. The average length of time in specialist treatment in East Sussex is just over 20 weeks (20.99 weeks). This is slightly lower than the national average however if the thresholds were either too high or too low we would expect to see CYP being in treatment in East Sussex for significant longer or shorter periods of time. East Sussex also has low re-presentation rates; again if YP were being discharged too early re-presentation rates would be higher.

The substance misuse profile is similar to the national report with cannabis and alcohol most commonly reported. However, where East Sussex differs is in relation to the increased reporting of alcohol (66% locally to 47% nationally), ecstasy (21% locally and 14% nationally), and nicotine (0% locally compared to 17% nationally). This is likely to be influenced by the local model of service with young people coming to notice via the MACE process and via the Hospital/A&E admission pathway.

Radicalisation and Prevent

The LSCB continues to support the work of the Safer East Sussex Team on *PREVENT*, the strategy to prevent violent extremism. The East Sussex Prevent Board assesses the countywide risk of people being drawn into terrorism and coordinates *Prevent* activity according to section 29 of the Counter-Terrorism and Security Act 2015. The Prevent Action Plan 2016/17 identified a number of areas to prioritise, including: developing and delivering appropriate *Prevent* provision/activities/intervention targeted at vulnerable age groups, most notably those aged 18 and under.

As well as the *Prevent* work, *Channel* is the national programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. **In 2017/18 there were 16 referrals from schools to Prevent** – a reduction from 21 in 2016/17 - but nationally the figures for young people being referred to Prevent remain quite steady.

Five referrals for young people met the threshold for Channel in East Sussex – an increase from 2 in 2016/17 - and panels were convened to identify if further intervention was needed to further support them. Only one of these was deemed suitable for further intervention and this was a looked after child from another Local Authority. Out of these five cases two were for extreme-right wing concerns and two were for Islamist interests and one had no identified emerging ideology.

Participation in the Channel programme is voluntary and confidential. The type of support available is wide-ranging, and can include help with education or career advice, dealing with mental or emotional health issues, drug/alcohol abuse, and theological or ideological mentoring from a Channel Intervention Provider (a specialist mentor).

For lower level concerns where there has been evidence of hate crime /extremist views and a vulnerability local intervention has been provided by the Safer East Sussex Team who have worked with the individual using the Think Protect Connect resource to address some of these issues to good effect.