

CHILDREN AND LIFELONG LEARNING SCRUTINY PANEL

DATE	21/07/2022
REPORT OF	Councillor Margaret Cracknell, Portfolio Holder Children and Education
SUBJECT	Children's Joint Strategic Needs Assessment
STATUS	Open

CONTRIBUTION TO OUR AIM

Optimising outcomes for children and families supports the Council's priorities and vision of Stronger Economy and Stronger Communities. The Children's Joint Strategic Needs Assessment (JSNA) is a key intelligence resource, providing a comprehensive assessment of the needs of children and young people in North East Lincolnshire (NEL). It aids a greater understanding of the barriers faced by our children and young people in achieving optimal development, flourishing throughout childhood, and their aspirations and transition into adulthood and an evidence base in tackling key issues.

NEL's Outcomes Framework, developed with our partners, sets out five high level outcomes around:

- Learning and skills
- Investing in our Future
- Vitality and Health
- Economic Recovery and Growth
- Sustainable and Safe

Given that what happens in a child's life can set their trajectory into future adulthood - their place in the community and the economy – and the role of parental and social factors as key determinants of children's outcomes, the Children's JSNA has potential to contribute to all outcomes in the Framework.

EXECUTIVE SUMMARY

This paper seeks to introduce the Children's Joint Strategic Needs Assessment (JSNA) to the Children and Lifelong Scrutiny Panel, as a key intelligence and evidence resource for NEL. It is intended to contribute to a shared understanding of the needs of children and young people in NEL and inform a range of activity that seeks to improve their outcomes. It briefly describes the process behind the JSNA, offers insight into key content, and highlights some high-level findings. The Children's JSNA also contains a wealth of evidence on 'what works', suggests areas of focus in tackling some of the identified needs and developing resilience, and describes how some services capture and utilise children's voices. Collectively this JSNA can be used to drive and inform a wide spectrum of activities ranging from policy and strategy development, and commissioning, through to service improvement activity within our place and beyond.

1. BACKGROUND AND ISSUES

- 1.1. In 2018, Public Health identified a need to undertake a Health Needs Assessment (HNA) focusing on Vulnerability in Children and Young People in NEL. The HNA was conducted from late 2018 to December 2019. The final product was incredibly comprehensive and, as such, it was felt valid to refer to this resource as the Children's JSNA, rather than the HNA term previously used.
- 1.2. Some initial dissemination took place to Leadership Team, Place Board, and the former respective portfolio holders for Children, Education and Skills, and Health, Wellbeing and Adult Social Care. However, further socialisation of the Children's JSNA was interrupted due to the Covid pandemic. This paper aims to now introduce the Children's JSNA to this Scrutiny Panel, and seeks to:
 - Set out the aims of the Children's JSNA, and the approach to its development;
 - Generate further understanding of it as a key intelligence and evidence resource for NEL Council, to inform relevant business, activity and decision-making, and more widely for our place and our communities;
 - Highlight its breadth and some of the JSNA's high-level findings
- 1.3. The aims of the HNA were to:
 - To assess scale and nature of vulnerability in children and young people aged 0-19 years (25 years for those with Special Educational Needs and Disabilities [SEND]) in NEL
 - To determine its impact on their health and assess how well their health needs are being met.
 - To explore how resilience might mitigate the risk of adverse health outcomes.
 - To identify interventions to optimise resilience skills in the study population

In this context, vulnerability was defined as the needs or barriers children and young people face which may make them less likely to achieve key outcomes,

and resilience defined as the ability to 'bounce back' or recover from adversity or life's setbacks.

1.4. Due to its comprehensiveness, we adopted a three-phase approach, as follows:

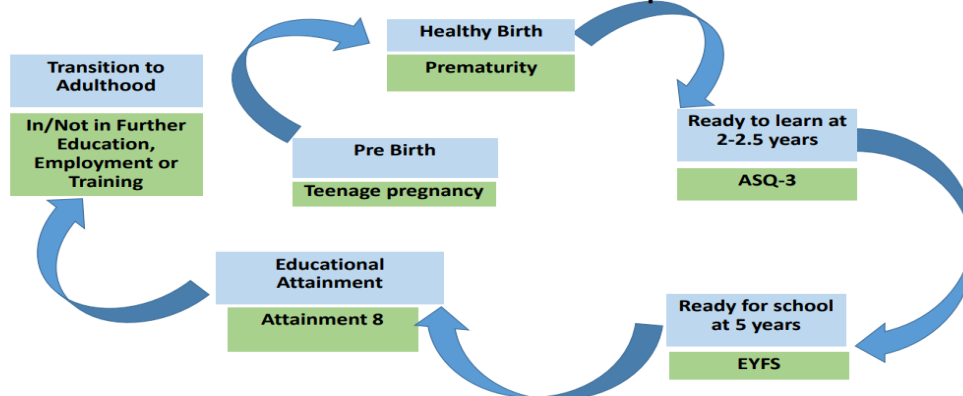
- Phase 1 - Assessing barriers that get in the way of key milestones, evidence base of interventions
- Phase 2 - Explored resilience and evidence-based interventions
- Phase 3 - How services capture and use data (qualitative or quantitative) to get feedback and drive service improvements

In presenting the Children's JSNA we also adopted a modular approach and a presentation style format for ease of use and navigation by the reader. The final product is available here: [InstantAtlas NE Lincolnshire – Children's JSNA \(nelincsdata.net\)](https://instantatlas.ne.lincolnshire.nhs.uk/nelincsdata.net)

1.5. The approach to developing the Children's JSNA was ecological in nature recognising the many factors and systems, and their interactions, that impact on a child's life. Therefore, it includes information on parental factors, social circumstances, and some service information, all of which variously play a role in outcomes for children and young people. This approach also emphasises the importance of understanding health and development across the childhood years. Therefore, we set out to look at the high-level outcomes across a child's lifespan and look at high level indicators to gauge how well our children and young people were reaching these milestones. These are set out in Figure 1 below, with the boxes in blue representing the milestones, and indicator measures for those milestones shown in green (abbreviations will be explained further in this paper). We also looked at various inequalities for each outcome, where data was available. This included those with SEND, in order to support our response to the Written Statement of Action following the joint OFSTED/CQC SEND Inspection, generate a shared understanding of the needs of those children and young people, and inform a range of work in addressing their needs.

Figure 1

2.3 From Birth to Adulthood - Health and Development Milestones



- 1.6. In terms of the first indicator measure in this lifespan, NEL has the 4th highest teenage pregnancy rate in England, despite remarkable downward trend overall. It is well established that what happens before birth is key to a child's outcomes. Teenage pregnancy is associated with increased risk of a range of poor outcomes, such as infant mortality (56%), low birth weight (21%). In addition, young mums have greater risks of lower academic achievement, as do their children, or have qualifications in adulthood, so can be amongst the furthest away from benefitting from inclusive economic growth
- 1.7. The converse measure of 'prematurity' was used for the 'healthy birth' life stage. In 2018/19, of the 2,038 live births to mothers in NEL, 12% were born prematurely (before 37 weeks). When compared to the England rate of 7% this is a stark inequality. One of the key factors driving our prematurity rates is smoking in pregnancy, where NEL rates are 22.1%, the 2nd highest in England. Other issues, such as, teenage pregnancy, obesity and late booking are also likely to impact on our prematurity rates. Prematurity is also a direct cause of Infant Mortality which is a key indicator of the circumstances into which babies are born and of health inequalities, given the higher risk of infant death in poorer communities. Prematurity also poses a risk for a range of development problems, SEND, and poor educational attainment, as soon as Early Years Foundation Stage and then beyond, which can significantly hinder a child's life chances.
- 1.8. We set out to understand children's development at 2-2.5 years of age by utilising data from the Ages and Stages Questionnaire 3 (ASQ 3). This is validated tool to gauge children's development at this stage and is offered to all children by our Health Visiting Services for completion by parents. However due to capacity challenges within the service, delivery of the ASQ-3 was suspended to focus on other mandated checks, and no data was available. This matter has now been rectified and we intend to revisit this measure and report on it in an updated intelligence profile.
- 1.9. To understand school readiness, the data collected for the 2017/18 Early Years Foundation Stage (EYFS) Profile assessment in primary schools was analysed. Within this assessment, children are deemed to have a good level of development if they achieve at least the expected level in Early Learning Goals in the prime areas of:
- learning - personal, social and emotional development;
 - physical development;
 - communication and language; and
 - the specific areas of mathematics and literacy.

Although our overall measure of school readiness has significantly improved over the years from 50.9% to 70%, a similar upward trend seen in many other areas, it is still less than the national average of 71.5%.

- 1.10. Of all prime learning areas in the EYFS, the lowest achievement was in communication and language, which is the case nationally, followed by cognitive development. Prematurity is a key risk factor for speech, language and communication difficulties and a range of problems across childhood, and accounts for 21% of SEND in the primary education system. Cognitive development, even identifiable at 22 months of age, is strongly associated with future academic achievement and employment outcomes. And, at 4 years of age cognitive ability is a predictor of children's academic success from reception onwards. Those falling behind at this point are unlikely to catch up without specific intervention. We also identified a range of inequalities across NEL, but overall, boys from deprived backgrounds and geographical areas, had relatively worse outcomes in each learning area as well as overall.
- 1.11. Children's education and skills development are important for their own wellbeing and for society as a whole, as these are key for social mobility and economic growth. The JSNA examined the average Attainment 8 score as a measure of academic performance, given education is an independent predictor of health and wellbeing in adulthood and a determinant of future position in the labour market which, in turn, influences social and economic circumstances. The Attainment 8 score is calculated via a formula driven process utilising results from across 8 subjects. In 2018/19 the average Attainment 8 score for NEL was 41.3, lower than England average of 46.7. As in the early years, boys especially from more deprived backgrounds underperformed in educational attainment. There is a need to close the inequalities gap in educational attainment for boys (especially those in deprived areas), those eligible for free school meals, and those with SEND.
- 1.12. There are few data sources to gauge health and wellbeing outcomes for school age children and young people, but our local Adolescent Lifestyle Survey (ALS) open to students (not all residing in NEL) in our secondary Academies provides a rich intelligence resource. The results from the 2019 ALS were included in this JSNA but this has now been superseded by our 2021 ALS which we brought forward to gauge some impact of the COVID pandemic on this cohort. The ALS yielded a remarkable 80% response rate (over 7,000 respondents) which means we can generalise its findings for the most part. The overall report is available here: [ALS 2021 \(nelincsdata.net\)](https://nelincsdata.net). Perhaps unsurprisingly in the context of the COVID pandemic, the ALS 2021 highlighted poor emotional and mental health as a key issue in school students, similar to other population groups. Some other key issues identified were lack of knowledge of sexually transmitted infections, issues around access to contraception and bullying.
- 1.13. In terms of their futures, nearly 53% of young people responding to the ALS felt they would be in the area in 5 years (some of whom will be in further education) but only 18.7% felt they would be in the area in 10 years. Young people were also less likely to say they were going to stay in the area in 5 to 10 years as they got older.

- 1.14. In terms of aspirations, over half of young people felt getting good grades at school was very important, and this increased across the age ranges. And, the majority of young people either planned to study and go to college/university (45.7%) or get a job (16.6%) at the end of year 11. As they got older, young people were less likely to say they planned to get a job at 16 and that they didn't know what they wanted to do after year 11. Young people in years 10 and 11 were more likely to say they were going to do an apprenticeship once they left school. More boys wanted to get a job at 16 and do an apprenticeship after year 11, whilst more girls wanted to study and go to university.
- 1.15. The Children's JSNA highlighted 220 (6.4%) in the 16-17 age cohort known to the local authority as not in education, employment or training (NEET) in 2018/19, comparatively higher than national and regional rates, and increasing over recent years. Males and those with SEND were over-represented in this cohort.
- 1.16. Data around parental factors was difficult to identify. There may be data or estimates for the adult population, but not parents specifically. Within children's social care services the toxic trio of substance misuse, parental mental ill-health and domestic abuse are key issues identified within assessments similar to other areas. However, mental health issues identified through assessments seemed lower than expected, as did data around families' social circumstances.
- 1.17. In terms of social factors, 920 children were identified as homeless or living in insecure/unstable housing, 4,605 children were eligible for Free school meals and 3,946 were in workless families. Around 9000 or 1 in 4 dependent children were living in poverty in NEL in 2019, and there are stark inequalities in income deprivation across NEL. There is a direct correlation between child poverty and child well-being and those who live in poverty have worse outcomes and life chances than those who do not, and they are more likely to experience poor health outcomes and early death as adults. Reducing the number of children who experience poverty would positively impact upon improving health outcomes and increase healthy life expectancy.
- 1.18. Module 11 of the Children's JSNA further explores the notion of resilience and its balancing role against vulnerabilities. The evidence base around approaches to support development of resilience in children and young people is also set out in this module and provides a good basis for progressing resilience initiatives in the future.
- 1.19. The final module of the Children's JSNA provides information around how we capture children and young people's voices in service improvement. We were unable to identify various service data to utilise for this module, or if we did, in some cases we could not find evidence of how it had been used. However, we did identify some good practice examples that could be shared for further learning in voice and influence work.

It is recommended that Scrutiny Panel:

1. Note this introduction to the Children's JSNA and its high-level findings
2. Further explore the resource via the hyperlinks contained above and any other means as appropriate
3. Consider how it might utilise the resource to support its role, function and work and any further public health support and input required to do so.

2. RISKS AND OPPORTUNITIES

There are no risks and opportunities to consider as no decision is required on this report.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are no reputation and communications considerations within this report.

4. FINANCIAL CONSIDERATIONS

There are no financial considerations included within this report.

5. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The Children's JSNA is a key intelligence and evidence resource that can and should be used to inform a wide range of activities that impact on outcomes for children and families.

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no impacts on climate change and the environment as a direct result of this report.

7. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result, no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

8. WARD IMPLICATIONS

All wards have been included within scope of the Children's JSNA and, where data is available, ward level analysis has been undertaken.

9. BACKGROUND PAPERS

None.

10. CONTACT OFFICER(S)

Diane Halton, Associate Director of Public Health, 07901 103904

Joanne Hewson, Deputy Chief Executive and Executive Director for People, Health and Care