

Draft Children's JSNA Executive Summary

The chapters of the Children's JSNA illustrate the range of interrelated factors which influence and determine children's health, wellbeing and life chances. Deprivation, education, family and health are all closely interlinked and for this reason the CYPP's structure has been used here to describe the findings for Central Bedfordshire.

When reading through the chapters there are some common themes.

- In general when you look at the whole population of children in Central Bedfordshire outcomes on average, with a couple of notable exceptions, are fairly good.
- However, this masks variation across Central Bedfordshire and there appears to be a clustering of issues in areas of higher deprivation and in the most vulnerable groups of children.
- The demands on children's services are going to increase with the numbers of children increasing and the likely effects of the economic downturn.
- There are clear intergenerational patterns of health which require a family approach, and an seamless services across child and adult services to break.
- There is some strong evidence for the cost effectiveness of prevention and early intervention work in some areas (smoking cessation, sexual health), but very limited evidence in others (obesity).

PRIORITY 1. Helping children and young people achieve more and transforming our relationship with schools

Areas of need

- Achievement at Key Stage 2 is 8% below the national average and Central Bedfordshire is ranked last when compared to statistical neighbours.
- Deprivation is well known to have an impact on a pupil's attainment at school. Assessment at Key Stage 1 (7 year olds) shows that nationally Free School Meal pupils are on average 2 terms behind the attainment of their peers. For pupils living in Central Bedfordshire that difference is nearly a whole year.

Inequalities identified

- There are inequality gaps in achievement for Looked After Children, Gypsy/Roma and travellers of Irish Heritage, those from a Black Caribbean background, pupils eligible for a free school meal and those with statements of Special Education Needs.
- Children who grow up in a low income household are more likely than others to become unemployed and to do low paid jobs – there is evidence of an intergenerational cycle of poverty
- Young people in rural areas do not have the same opportunities to access transport as those in towns and larger villages. This is a significant pressure on young people looking to access post 16 education or training
- There is a need to ensure volunteering opportunities are accessible to vulnerable young people including those who are looked after and those in the youth offending system.

Major demographic changes which will impact upon demand for future services

- With an average of 2,000 new homes expected to be completed each year over the next ten years, forecasts for school planning show an increase in numbers each year with an increase in pre-school numbers and an increase in post-16.

Areas where the evidence base shows that action now will impact upon demand at a later point

- Certain lower schools in areas of demographic growth are now full and children are being allocated places at the next nearest school with spaces available, often a rural school. This is increasing the number of pupils of lower school age for whom the Council must provide transport.
- Consultation has identified further improvements such as increasing activities and opportunities for teenagers with disabilities including those designed to develop life skills and independence.

- The Government as part of its Positive for Youth Policy is likely to announce an expectation that local authorities will recruit and train young people to undertake audits of services being provided for them. Actions identified in our JSNA include the recruitment and training of young people to audit services.

PRIORITY 2. Protecting children and keeping them safe

Areas of need

- 68% of young carers are bullied and 27% have educational difficulties which increase to 40% if the young person is caring for someone who misuses drugs and alcohol.
- Children are present at a significantly high proportion of domestic abuse incidents.

Inequalities identified

- Health issues in young people who offend are prevalent, and frequently undiagnosed as a result of the chaotic lifestyles of the young person and their wider family.
- A growing number of young children are now subject to Child Protection Plans.
- While everyone is susceptible to obesity, levels are disproportionately higher in the lower socio-demographic, socially disadvantaged groups and some ethnic groups. Obesity is almost 4 times more common in Asian children than white children.
- Sexual health problems affect all age groups, ethnicities and gender, however, those most at risk include young people, and vulnerable groups such as; black and minority ethnic groups(BME), men who have sex with men(MSM) and sex workers.

Major demographic changes which will impact upon demand for future services

- A growing population (combined with an economic downturn) could result in an increase in domestic abuse, placing greater demand on services and resources.
- ***Historically the prevalence of obesity and mental health problems increases in times of economic downturn.***

Areas where the evidence base shows that action now will impact upon demand at a later point

- For children who are looked after, there is a need for more placement choice and also provision for adolescents and children with significant emotional or behaviour needs
- There is a need to continue to tailor support for children present at domestic abuse incidents – with specialist training for officers.
- Action is required to break inter-generational paths to alcohol dependency through the delivery of family based interventions.
- The uptake of seasonal flu vaccination by pregnant women has remained low. Variation in uptake between GP practices is very wide, indicating potential inequity in service provision, but potential causes of this variation need to be established.
- Parenting support is needed for parents of children aged 14+ with challenging behaviour and additionally those young people displaying violence towards their parents.

PRIORITY 3. Reducing child poverty and the effects of those living in poverty and improving early intervention and prevention

Areas of need

- (suggest taking this out as actual rates on unintentional and deliberate injuries are low and therefore the overall problem small)Whilst there is clearly a concentration of poverty and deprivation across the areas within Dunstable and Houghton Regis there is no ward in Central Bedfordshire which does not have some child poverty and levels of deprivation.

Inequalities Identified

- By the age of six, a less able child from a rich family is likely to have overtaken a more able child from a poor family.

Major demographic changes which will impact upon demand for future services

- Young people and women have particularly suffered as a result of the recession, with rising levels of unemployment in these groups.

Areas where the evidence base shows that action now will impact upon demand at a later point

- Child Poverty Strategy 'From Poverty to Prosperity: A Strategy to Reduce Child Poverty and alleviate its effects in Central Bedfordshire' has been adopted. There are 4 main priorities (with both immediate actions and medium term to be identified) concerning getting families working; accessing income whilst seeking work; early Intervention to raise aspirations and improving health and well-being for children and families in poverty.
- Performance in relation to young people not in education, employment or training is good, however there is a lack of vocational education opportunities, including apprenticeships, and young people need numeracy and literacy skills to be able to progress into the world of work. There are too few opportunities for young people to learn these skills in an applied way.

PRIORITY 4. Targeting the most deprived areas and vulnerable groups to improve children's emotional and physical health

Areas of greatest need

- The number of women breastfeeding and smoking at time of delivery is higher in central Bedfordshire when compared with similar populations. Within this initiation and duration rates for breastfeeding are lowest amongst families from lower socio-economic groups, those with low educational achievement, and teenage mothers, who are half as likely as older mothers to initiate breastfeeding. Lower rates in these groups result in poorer health outcomes for the mother and child, adding to inequalities in health and continuing the cycle of deprivation.

Inequalities Identified

- Socially disadvantaged children experience disproportionately high levels of dental disease. Children and adults with special care requirements are also more likely to have teeth affected by dental decay.
- Children and young people who are already disadvantaged have an increased risk of teenage pregnancy. The links between teenage pregnancy, deprivation and poverty are inextricable with each of the teenage pregnancy hotspot wards falling within the 20% most deprived in the Central Bedfordshire area.
- Some children are more vulnerable to mental illness including children who have one or a number of factors in the following domains: low income households/parents who are unemployed, looked after children, disabilities, Black and other ethnic minority, lesbian/gay/bisexual or transgender, those in the criminal justice system, those who have a parent with mental health problems, refugees and asylum seekers, gypsy and other traveller communities.
- The number of children who are obese, come from families where a parent smokes, and or have a parent with a mental health problem are higher in the most deprived areas.

Major demographic changes which will impact upon demand for future services

- There will be increasing demands on health and social care because of the growing population of children in Central Bedfordshire and the likely effects of the economic downturn on health and wellbeing.,

Areas where the evidence base shows that action now will impact upon demand at a later point

- Increasing the focus on all the opportunities for early intervention in mental health issues, such as recognising eating disorders early on, diagnosing and treating postnatal depression consistently, providing a co-ordinated multi-agency approach to behaviour problems and focused support for looked after children.
- Prevention work with vulnerable children has been shown to be cost effective in preventing later alcohol issues.
- Similarly there is good evidence that work to support improving aspirations and opportunities for education, employment and training can reduce teenage pregnancy.

Appendix A

- There is a need to support a significant increase in the places available in day care providers and child minders (particularly in our most disadvantaged areas) in order to extend the offer of 15 hours of free early education a week for disadvantaged two year olds. This equates to approximately 500 two year olds from September 2013 rising to 1,000 in September 2014.
- The problem of substance misuse among certain groups of the population including young people, together with their treatment needs and engagement with services, is not fully understood locally.