

Children & Young People's

Needs Assessment

Executive
Summary

2022/23

Children and Young People's Needs Assessment

Scope and context

What is a Needs Assessment?

In general, a Needs Assessment is a way of using a range of data and information to understand more about a population, community or group of people to help identify what their health, care or other needs might be. This information is brought together and analysed to give insight into what might be priorities for a particular population, to make recommendations that help review and plan services and to raise questions that tackle particular issues or challenges. Needs Assessments are based on the data and information that is available at the time, so provide a 'snapshot' of the needs of the population which can then be used as a comparison with future data to help us understand any changes that may have occurred.

What is this Needs Assessment for (and what doesn't it include)?

This is a Children and Young People's Needs Assessment (CYPNA) for South Gloucestershire. It aims to capture a range of information, data and intelligence about the health, care and other needs of the children and young people in our area. This is a huge population and a wide range of data has been included and considered. Because of that this needs assessment won't have captured everything about everyone. There are hundreds of different services that are available to children and young people, and this needs assessment was not able to cover them all or provide specific information about them. We also know that some data isn't captured, or isn't captured in a way that allows us to analyse and understand it. So, we have done our best to bring together information to identify broad cross cutting needs, inequalities and subjects that are of concern or require further investigation. We hope this needs assessment provides a good foundation for more specific work.

This version is a summary of the full document, to provide the key messages and recommendations. The full document and accompanying datasets will be available to partners and professionals and there is a longer term ambition to update key metrics, as part of the JSNA suite of dashboards, so that partners and professionals are able to draw on the most up to date information to inform their work.

Please note: where more specific needs assessments already exist such as the Children and Young People's Mental Health Needs Assessment, rather than reiterating their specific findings and recommendations those needs assessments have been reviewed as part of this work and are included in the references.

Who was involved in the development of the Needs Assessment?

A group of professionals across a range of children and young people's services, including the NHS, schools, South Gloucestershire Council, and other partners worked together to identify data and information linked to children and young people. The group also looked at a range of wider 'qualitative' data that captured the insights and feedback from children and young people, their carers and families. With specialist data support, this information was pulled together under a few key themes which are captured in this document. The group also suggested recommendations under each theme, including where more targeted work is needed.

What will happen next?

This information will be shared widely with organisations and agencies who work with children and young people, their families, and carers. It is expected that they will use the data captured in the needs assessment and the findings from the analysis to better inform strategies, priorities and work planning and the short medium and long term.

Demographics

This page is a summary of some of the population level data for children and young people. This helps us to understand what that population looks like in terms of numbers, age breakdown and other key elements

- The 2021 census reported that there were just over 62,000 children aged 0-18 living in South Gloucestershire, 16,000 of which are aged 0-4, 40,000 aged 5-16 and 6,000 aged 17-18.
- The CYP population has grown over the last decade and is set to continue to increase with as many as 14 thousand more children by 2043
- The CYP population is concentrated in certain wards, especially Emersons Green, Staple Hill and Mangotsfield and Stoke Gifford
- South Gloucestershire is not ranked high in terms of relative deprivation, but inequalities exist and between 10% and 20% of children live in poverty with rates increasing.
- Around 20% of the CYP population are from an ethnic minority background, a rate that has been increasing over the last decade, with the largest minority ethnic groups being mixed and Asian ethnicities
- Ethnicity and its relationship to area deprivation is not homogeneous with only mixed ethnicities and black backgrounds more likely to live in more deprived areas and Asian or Chinese backgrounds more common in the least derived areas
- Most dependent children live in households with married or cohabiting parents, with one in 5 living in lone parent households.
- 1 in 200 5–16-year-olds have a physical disability or sensory impairment and one in 250 has a severe or profound learning disability

[1] [2] [3] [4] [5]

Wider determinates and vulnerable groups

Wider determinates

There are many disparities in health and educational outcomes, and these are often related to wider determinates, or building blocks of wellbeing. For children these include:

- health
- family
- education
- housing
- local environment
- income
- deprivation

Vulnerable groups

We recognise that children in general can be considered a vulnerable group - they are often reliant on adults for their health and wellbeing, safety and meeting their daily needs. However, there are some children who have aspects of or experiences in their lives that make them more vulnerable than the average child of their age. Those children are at greater risk of experiencing physical harm or poor outcomes due to one or more factors in their lives.

Highlights from research and local data

- Both adverse childhood experiences and long-term socioeconomic disadvantage can have direct and indirect impact of physiological systems leading to poor health and have long term implications on children's ability to thrive.
- Poverty and related factors such as housing and local environment has direct and indirect effects on health, wellbeing, and educational attainment.

- The number and proportion of children who experience poverty and adversity is increasing, is higher in some areas than others and is likely to continue to increase with the cost-of-living crisis.
- The home is not a safe space for every child, some will experience cold and damp, housing insecurity and exposure to domestic violence. For some home is not a conducive place to learn or a place of sanctuary.
- There have been increases in certain disadvantaged education sub-groups including children eligible for Free School Meals (FSM), whose first language is not English, have an SEN (SEN support & EHC Plans) or are from a Black Minority Ethnic (BME) background.
- There have been increases in the number and rate of vulnerable children being referred to and needing help from social services, and potential disparities along ethnic lines.
- The Online Pupil Survey (OPS) provides valuable insight into both vulnerable and disadvantaged groups and the degree to which some children face disproportionate stress, worry and poor mental health
- Some vulnerable groups are largely hidden in routine data, these include young carers, children with family experience of prison, and children of care experienced parents.
- There is a large degree of intersectionality between vulnerable and disadvantaged groups.
- Many disadvantaged groups experience poorer health and worse educational outcomes than their peers.

[6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38]

Maternity and Early years

The period between conception and the age of 5 is recognized as having a significant influence on a person's life. The environment a baby experiences whilst in the womb and the first 2 years of life are particularly critical for cognitive, emotional and physical development, likewise, the health and mental health of parents at this time is also critical to family health and wellbeing.

Highlights from research and local data

- The size of this population is increasing and an increase in births is projected
- There is no universally accessible database available to plan services proactively.
- Inequalities exist in risk factors including late booking, smoking and maternal obesity by maternal age, ethnicity, area deprivation and geography.
- There are inequalities in birth outcomes (premature birth, Low Birth Weight, still birth, low APGAR score) by maternal age, ethnicity and area deprivation.
- Demographic changes such as higher maternal age at birth and greater proportion of mothers from ethnic minority backgrounds may impact birth risk factors and outcomes further.
- There has been an increase in proportion of C-sections, in part due to increase in at risk groups, and due to patient choice
- There is no local information on maternal mental health but national data suggests there is a growing need.
- There are inequalities in breastfeeding along deprivation, age and ethnicity lines and rates decline between initiation to 6-8week check.
- There is no local understanding of inequalities and disparities in early years development but inequalities are evident in 4-5 year olds in school.
- There is a gap in universal services contact between the end of Health Visitor contact to a child starting school.
- The impact of housing may be particularly acute for mothers and infants

[1] [2] [14] [39] [40] [41] [42] [43] [44] [45] [46] [47]

Education & Early Years Development

Formal education is the start of the longest journey a child will have with a universal service where they are seen on a regular basis. Schools occupy a unique place for children's development and wellbeing, providing not only education, but support, link work and safeguarding. Whilst many education related outcomes focus on attainment,

attendance and exclusion, it is the differences between groups and how pupils feel about school that have been the focus of this work.

Highlights from research and local data

- The population is set to increase.
- There have been increases in the proportion of the school population that are eligible for Free School meals (FSM), have a Special Educational Need (SEN support & Educational Health Care Plans), are from an ethnic minority background and who have English as a second language (EASL).
- Amongst pupils with an EHC Plan, Autistic Spectrum Disorders (ASD) was the most common need, and among pupils with SEN support, Social, Emotional and Mental Health (SEMH) needs, and Speech, Language and Communication (SLC) needs are most commonplace.
- There are disparities in prevalence of SEN (SEN support & EHC Plans) by deprivation and ethnicity with higher rates in more deprived areas and among white pupils.
- Little is known about local variation or disparities in early years development.
- The Covid-19 Lockdown has impacted in children's development, especially in relation to communication and social skills
- Inequalities in educational attainment exist at all stages of compulsory education from reception through to end of Key stage four.
- The biggest gaps between the all-pupil average attainment at all key stages and specific groups identified in educational data are seen in those with a SEN (SEN support & EHC Plans), looked after children and children eligible for free school meals.
- Boys and certain ethnicities, particularly Gypsy Roma Traveller, also exhibited notable gaps in educational outcomes to the all-pupil averages across the majority of the stages.
- Certain vulnerable groups, including young carers and children with child protection plans, are at greater risk of persistent absences.
- There are inequalities in rates of fixed term and permanent exclusions when observed by vulnerable group and ethnicity.
- Stress and worry about school increase with age and is more prevalent in girls, students that define their gender as other, amongst SEN (SEN support & EHC Plans) pupils and those in vulnerable groups.
- Students reported stress was most commonly related to schoolwork and their appearance
- Feeling supported in school was less prevalent amongst girls, other gender, non-white students and those with social worker.

[1] [2] [5] [14] [16] [45] [48] [49] [50] [51] [52] [53] [54] [55] [56] [57] [58] [59] [60]

Health & Healthcare Use

Health is more than the absence of disease; however, a lot of available health data are only available from acute services such as A&E and hospital admissions so represent a small fraction of ill health. Whilst we may not be able to review all aspects of health, we can focus on inequalities in the data that are available.

Highlights from research and local data

- Around a third of children self-report diet and exercise practices that do not align with recommendations on fruit and vegetable consumption and regular exercise.
- Around a third of children measured as part of the National Child Measurement Programme (NCMP) are classified as overweight or obese.
- There are high rates of tooth extraction due to decay in under 10s which contribute a large proportion of planned hospital admissions, and rates are disproportionately high in more deprived areas.
- A&E and emergency admission rates are rising in line with national trends.
- Inequalities in emergency admissions are apparent, with disproportionately more emergency admissions amongst people living in more deprived areas.
- Injuries in under 5s are a common cause of emergency admission and predominately occur in the home. Overall rates are stabilising and inequalities reducing.

- Intentional self-harm constitutes a growing and significant proportion of admissions to hospital in teens, drives high injury admission rates and disproportionately affects girls and those living in more deprived areas.
- There are high hospital admission rates for alcohol specific conditions compared to national figures, and high and increasing rates of substance misuse admissions amongst young people in South Gloucestershire
- Many intentional self-harm (ISH) incidents won't be captured in official data as only a small proportion result in hospital admissions. OPS data suggests 9% of secondary school age pupils self-harm regularly, with cutting the most common form of Intentional Self Harm.
- Stress and worry amongst students disproportionately affects girls, students identifying their gender as other, older students, non-white students, and vulnerable groups such as young carers and those with a social worker.

[14] [17] [44] [55] [56] [58] [60] [61] [62] [63] [64]

Local insight

Many South Glos services collect feedback from CYP and/or parents/carers and some provided us with their insights. We received responses from those that worked with CYP in SG including youth services and mothers of under 1s. These findings are not representative of all SG CYP, they are a small sample of voices of local CYP, their parents/carers, and those that work with them. We hope to continue to collate and contribute to a growing body of qualitative evidence that helps us to understand the needs and experiences of CYP and can help shape our responses to improving their health outcomes.

- Access to consistent and good quality parenting information and support, support with infant feeding and perinatal mental health, and places to meet other mums with babies would help keep mums and babies healthy and well.
- Mental Health support, especially early intervention, confidentiality, 1 to 1 support, stigma free and trauma informed services were identified by children and young people as needed to help keep them healthy.
- Children and young people would like to have support and information on healthy eating and nutritional advice, support with sexual health, healthy social media use, and to have resources specifically adapted for young people
- Young people also expressed the importance of accessible and safe places to socialise, build confidence and independence and the importance of being listened to.

Recommendations

Based on the key points raised in each thematic area, and combined with stakeholder feedback and local and national policy [65] [66] [67] [68] [69] [70] the following recommendations have been suggested

System-wide recommendations

- Use a Common Outcomes Framework, notably the Supporting Families Outcomes Framework to show progress across the system.
- Explore local access options to Child Health Information System and direct access to maternity data to better understand current and future needs, inequalities as well as facilitate any local equality impact assessments or deep dive needs assessments.
- Increase opportunities for qualitative feedback of service users and health professionals, for example complete Family Feedback forms with service users and health professionals on a quarterly basis.
- Continue to and expand the practice of taking an inequalities-based look at outcomes and experiences of health, wellbeing, and education.
- Whole system to focus on Early Help and early intervention and improve support to children, young people and families at Universal and Universal Plus levels

Recommendations in relation to wider determinates and vulnerable groups

- Continue to use, promote, and expand the use of trauma-informed approaches.
- Expand routine information collected on vulnerable groups with particular needs for example young carers and children affected by parental offending.
- Continue to use and promote the use of the OPS to capture information and experience of vulnerable groups.
- Consider intersectionality and multiple disadvantages at an individual level.
- Improve data and insights sharing relating to housing, education and social care to enable to big picture to be visible to all.
- Review which vulnerable groups require a detailed needs assessment to understand met and unmet need.

Recommendations relating to Maternity and Early years.

- Improve data collection and analysis in the Early Years to gain a better understanding of emerging needs before children go to school.
- Improve connections with mental health services around perinatal or postnatal health, facilitate data and knowledge sharing to gain understanding of problems locally.
- Explore inequalities and trends in local early years development data with providers.
- Continue to improve communication between Midwifery and Health Visitors services especially in relation to housing and wider determinates of health.
- Understand and support the role of fathers and partners in the parenting journey.

Recommendations relating to Education & Early Years Development

- Improve data collection and analysis in the Early Years to gain a better understanding of emerging needs before children go to school.
- Explore local variation and potential inequalities in early years development and issues with speech and language development through the ASQ
- Focus on improving communication skills in Early Years settings and first year of Primary school
- Conduct education needs assessment focusing on inequalities and intersectionality (attainment, attendance, exclusions)
- Explore how secondary schools can further support their students with stress and worry and monitor via the Online Pupil Survey (OPS)
- Utilise the school census to collect information on and monitor vulnerable groups including but not limited to young carers and children with social worker
- Ensure all services use insight from OPS to inform service and operational plans.

Recommendations relating to Health & Healthcare Use

- Focus resources on providing young people with social educational opportunities, through increased support for sports and youth clubs.
- Work with ICB to gain improved understanding of A&E and emergency hospital admissions in relation to admission causes and patterns of use.
- Improve access to dental data and information and conduct an oral health needs assessment.
- Improve our understanding of inequalities in and barriers to healthy lifestyles and what evidence-based support could facilitate healthy eating and active lifestyles for children.
- Continue to help schools to support their pupils with stress, worry and mental health, especially vulnerable groups.
- Ensure information and advice on the subjects children and parents want to know about is accessible and tailored to the user.
- Continue to explore issues relating to Intentional Self Harm (ISH) and possible strategies for early intervention.

- See the bigger picture – issues with use of A&E, diet, oral health and physical activity could all be related and could benefit from a joined-up approach.

Summary

Whilst the health and wellbeing of the children and young people in South Gloucestershire is on the whole good, there are notable inequalities in relation to health, mental health, education engagement and educational outcomes, which impact children's foundations from which to move into adulthood. Many of these inequalities are related to the wider determinates of health, circumstances for which children have no control, and many of the poorer outcomes experienced as a result of adversity are preventable or attenuable to some degree. Poor mental health is a clear issue for children and young people, and whilst unhealthy diet and exercise habits appear relatively common and may be related to outcomes such as excess weight and tooth decay, there is a desire from children and young people to be more knowledgeable on how to remain healthy. Children and young people would like to have increased and more accessible services, early help, especially for mental health, and these expressed needs are recognised in the recommendations. There is a need to pay particular attention to vulnerable groups, improve our understanding of less visible groups, and approach addressing issues in a trauma informed and shame sensitive way.

There is also a lot that we don't know, or that we don't monitor, with systemwide recommendations for improved data collection and monitoring, and to encourage an evidenced based practice in relation to service planning, especially relating to vulnerable groups and wider determinates. This review provides the opportunity to summarise the high-level issues that children and young people face that align with local and national policy recommendations, and service leads may want to look further into conducting specific needs assessments to identify and address any service gaps.

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