Agenda Item No: 16

VULNERABLE CHILDREN AND FAMILIES JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

To: Health and Wellbeing Board

Date: 15 January 2015

From: Emma de Zoete – Consultant in Public Health

1.0 PURPOSE

1.1 This report is to update the Health and Wellbeing Board on the initial findings of the Vulnerable children and families Joint Strategic Needs Assessment (JSNA), and to propose further work tothe JSNA for the Board's meeting in April 2015.

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2.0 BACKGROUND

2.1 It is widely accepted that adverse factors relating to a young child's family and environment cause poorer outcomes for the child, both to their safety, and to their development and behaviouri (National Institute for Health and Clinical Excellence (NICE), 2012). Parental mental health issues, substance misuse, domestic violence, financial stress and teenage motherhood are themes which are frequently identified as indicating poorer outcomes for children. Factors rarely occur in isolation, with certain combinations being more common than others. The children within these households are at a higher risk of poorer development and physical harm. However, it should be noted that many parents facing challenging circumstances successfully raise healthy and happy children.

2.2 Sabates and Dex (2013)ii identified a number of key risk factors which strongly hinder successful development. They found that the higher the number of risk factors affecting the child, the more subsequent short- and long-term problems that child encounters. The risk factors included:

- parental depression
- parental illness or disability
- smoking in pregnancy
- parent at risk of alcoholism
- domestic violence
- financial stress
- parental worklessness
- teenage mother
- parental lack of basic skills, which limits their daily activities
- household overcrowding

They found a significant correlation between many of these factors, indicating that they are likely to occur jointly.

2.3 Longitudinal studies, such as the Millennium Cohort Study (MCS) and the Avon Longitudinal Survey of Parents and Children (ALSPAC)iii found a strong correlation between educational progress and many of these factors, particularly deprivation. The recently published initial findings of the age 11 survey of the MCSiv found that, 'At age 11, parent's education and family income were the most powerful predictors of cognitive test performance across the board'.

3.0 ORIGINAL AIM OF THE JSNA

3.1 The Health and Wellbeing Board requested that a JSNA be undertaken on Children and Young People in Cambridgeshire. It was decided that this needed to be narrowed to give the JSNA a focus and to make it most useful for stakeholders. A number of stakeholders have requested a focus on vulnerable children in Cambridgeshire, requesting that the JSNA attempt to answer the question 'Who are the most vulnerable children and families in Cambridgeshire and what services are they currently in contact with?'.

3.2 The original aim of this JSNA was to:

a) Identify all children and young people in Cambridgeshire who have risk factors which make them potentially vulnerable, and
b) examine which services they and their families are in contact with.

3.3 In the initial planning of the JSNA, we defined vulnerability as vulnerable to 'poor life chances'.

3.4 This JSNA is different in style to previous JSNAs as we proposed a very specific methodology. It was an ambitious attempt to bring together large datasets to match individuals against multiple vulnerability factors. This had not been done previously.

4.0 METHODOLOGY

4.1 Following research into similar pieces of work undertaken elsewhere in England, and studies on such risk factors, such as the Millennium Cohort Study (MCS)v, we produced a list of indicators that are considered to be the most important in identifying vulnerable/high need children.

4.2 To gain a full picture of all risk factors for an individual requires joining person-identifiable data from different agencies, such as those within the County Council (which includes data from schools), the Department of Work and Pensions, District Councils the Police and Health. The data can then be analysed to identify those children with different combinations of risk factors for vulnerability and to compare this with service usage.

4.3 The scope of the JSNA has had to change since it was first initiated, largely due to data sharing restrictions. This kind of work will only be of maximum value when it is possible to combine vulnerability factors from other organisations, particularly the NHS, so that services can provide a combined response where there may be multiple problems. To share individual level data, either for the strategic planning of services, or the offering of services to individuals or families requires careful planning, so that consent can be sought where necessary. The JSNA has a number of useful findings about how this might be done in the future.

4.4 After much discussion to investigate possible routes to access the data, including with the Department of Health and the Department of Work and Pensions, the data available at individual level was limited to County Council datasets. Essentially these datasets cover educational achievement and the demographics of those children attending school, and some council services.

4.5 Even with these more limited internal datasets we decided,due to the strong link between deprivation and poor progress at school, that it would still be useful to understand better the interaction between poor performance and deprivation across the county.

4.6 Therefore the JSNA analysis has had to be narrowed to the following:

a) To identify children and young people in Cambridgeshire who have risk factors which make them **potentially vulnerable to poor educational outcomes,** and
b) examine which **County Council early intervention and prevention and social services** they are in contact with.

4.7 The analysis we have done takes data on children from the 2012/13 academic year (approximately 59,000 children) and identified those children not achieving expected levels of progress at the three stages measured, Early Years Foundation Stage (EYFS), Key Stage 1 (KS1) and Key Stage 2 (KS2). These children have then been matched against information about other relevant and available risk factors such as deprivation, access to free school meals, and special educational needs. We have then identified which of these groups of children have been in touch with county council social care and early intervention and prevention services.

5.0 INITIAL FINDINGS AND ADDITIONAL QUESTIONS

5.1 The analysis we have undertaken identifies the following:

- The number,proportion and geographical patterns of children not progressing as well as expected at the three stages of assessment (Early Years Foundation Stage, Key Stage 1 and Key Stage 2).

- The number and proportion these children who were accessing free school meals, living in the most deprived quintile of the county or both.

- The proportion of children not progressing as well as expected at the three stages of assessment who also have special educational needs and what proportion of this group access free school meals and/or live the most deprived part of the county.

- The proportion of these children are in touch with county council early intervention and prevention services and social services.

5.2 This information is of most use internally for the planning of County Council services. Some further work is needed to make sure that all Council early intervention and prevention services which children may be in touch are included in the analysis. It has also led to further questions about how these factors interrelate to other risk factors. Some of the children identified using the few datasets we have had access to may not require any service, as they are healthy and developing well in secure families. Equally these children will not be the only vulnerable children in the county.

5.3 The discussion of this initial analysis has therefore generated additional questions such as:

a) What do we know about the pattern of other risk factors across the county from datasets that are not available at individual level? This includes:

- parental depression
- parental illness or disability
- smoking in pregnancy
- teenage mother
- parental lack of basic skills, which limits their daily activities
- household overcrowding
- mothers educational level

b) Where should the cross agency strategic focus be to reduce the proportion of children not meeting expected levels of progress at school?

6.0 NEXT STEPS

6.1 Given that the nature of the JSNA analysis to date has had to change we would like to do some additional analysis to broaden the focus of the JSNA, and take it closer to its original question. This additional work will not be at individual level but will look for patterns of vulnerability across the county. For example we will look at data at ward or district level about a range of risk factors to correlate against the current analysis to provide a more comprehensive picture of vulnerability to inform commissioning across agencies.

6.2 As a result the JSNA will have relevance for a wider range of organisations, and support joint service planning between the County Council and the CCG, as well as other organisations.

7.0 RECOMMENDATION/DECISION REQUIRED

7.1 The Health and Wellbeing Board is asked to note this update explaining the work to date on the JSNA on vulnerable children and families, and the proposed additional work to the JSNA.

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[i] Social and Emotional Wellbeing: Early Years. NICE PH40 (2012).

[ii] Sabates, R. and Dex S. (2013) The impact of multiple risk factors on young children's cognitive and behavioural development. Children and Society. www.chimat.org.uk

[iii] Preview literature review – published findings from longitudinal datasets. Sue Hennessy, Josephine Green, Helen Spilby. Mother and infant research unit, University of York. June 2008. www.chimat.org.uk.

[iv] MCS Initial findings from the age 11 survey.November 2014.p51.Institute of Education, University of London. Editor Lucinda Platt.

[v] Preview literature review – Factors which predict health and wellbeing outcomes for children up to the age of 5. Sue Hennessy, Josephine Green, Helen Spiby. Mother and Infant Research Unit, University of York. June 2008. www.chimat.org.uk