

Lancashire Children and Young People's Plan consultation report



Background

In the Children and Young People's Plan (CYPP) published in June 2009 we outlined the vision and priorities of Lancashire's Children's Trust Partnership and how we would deliver improvements for children and young people across the five Every Child Matters outcomes. The implementation of the Apprenticeships, Skills, Children and Learning Act 2009 required children's trusts to prepare and publish a CYPP with effect from April 2011. Lancashire Children's Trust decided that it would be important to take the opportunity presented by the new legislation to conduct a wholesale review of the existing CYPP. The Trust therefore commissioned a piece of work to prepare a new CYPP by April 2011.

Subsequently the coalition government gave notice that it intended to repeal the legislation that required local authorities and their partners to establish children's trusts and to prepare and publish a CYPP. Lancashire Children's Trust has considered the impact of this change but has restated its commitment to both maintaining the Trust and preparing the new CYPP. Given the changes being brought about by the coalition government there is a real need to keep a focus on the services that we provide for our children and young people and their families.

Purpose of the consultation report

This report contains the priorities which have emerged from the Children and Young People joint strategic needs assessment (JSNA) and which are recommended to be included in the CYPP for 2011 to 2013. It represents the main vehicle for consultation with partners and with children and young people on the direction taken by the new CYPP. The recommended priorities are detailed from page 10 onwards.

The JSNA has been delivered using a true partnership approach, by engaging with experts and partners across Lancashire to involve them in the interpretation of intelligence on the needs of our children and young people. The JSNA has been overseen by a multi agency project team made up of these experts, which interpreted the intelligence and the evidence base. The Lancashire Children's Trust placed a great emphasis on locality needs being met and as such, whilst reading this document you may find that the needs identified do not match the priorities that the

national evidence base would suggest. We would ask any partners who feel strongly that a priority has been missed to supply us with the local evidence to support its inclusion. Any queries on the JSNA analysis, including requests for a copy of the summary of the evidence base should be sent to jsna@lancashire.gov.uk. The final JSNA document will be disseminated towards the end of 2010.

We are providing this document to partners to ask for their opinions on the suggested priorities. We would ask that you read this document and respond to the following consultation questions:

- 1. Are you in agreement with the priorities which have been identified?**
- 2. Are there other priorities you would like us to consider?**
 - a. If so, what local evidence is there to support their inclusion?**
- 3. How does your service/organisation/sector contribute to the priorities?**

The remainder of this report will include:

- The framework used for the JSNA – a life cycle approach
- A summary of Lancashire's children and young people
- The priorities for the Children and Young People's Plan

The life cycle approach

Identifying which needs are the priorities and the interventions that should be adopted to meet them requires an understanding of the nature of the life course. Development during childhood and youth is not a uniform process and critical periods exist. Any significant harms or unmet needs during these critical periods are likely to lead to detrimental and, in some cases irreversible, outcomes for children and young people. Further, some unmet needs will be passed between generations, producing a cycle of poor outcomes. The sensitive periods of greatest need are also the periods that offer the greatest opportunities to intervene and generate positive outcomes.

The life cycle approach recognises that disadvantage starts before birth and accumulates throughout life. Action must therefore also be cumulative, starting before birth and following through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. Intervening at one point or a few points is not enough, particularly for those most at risk. Early intervention is promoted in this approach as the maximum benefit in one

age group is derived from interventions in an earlier age group. Interventions in one generation will benefit successive generations, in effect, breaking the cycle.

The approach enables better use of scarce resources, which is of key importance in the current environment, by facilitating identification of key risks and gaps and the prioritisation of key interventions to help break the cycle of poor outcomes. The approach has been used through the JSNA to identify gaps and neglected risks at different stages in the life cycle.

The analysis has been broken into sections with the following headings:

Social determinants of family wellbeing

Outcomes for children and young people and their families are based upon the foundations of accumulations over their life. The circumstances in which children live their lives, and their effect on factors such as crime, education, material wellbeing, environment, housing and population health, have an impact upon children and young people. The recent Marmot Report* estimated that 80% of the determinants of health fall outside the health service. The same could be said for any of the named factors. Each needs to be tackled to improve the lives of children and young people.

Prenatal and birth

Protecting children from risk begins in utero, where exposure to maternal infections, nutrition, weight gain and behaviours such as smoking, alcohol and substance misuse increase premature birth, infant mortality, birth defects and low birth weight. These factors are strongly influenced by the living conditions of the woman: her income, wellbeing, housing and relationships. This period presents extraordinary opportunities for intervention. Social support and appropriate nutrition and care during pregnancy and at birth improves children's prospects. Changing the outcomes for women at this stage would have the greatest impact upon the outcomes for children and young people, interrupting the cycle of deprivation.

Early years (aged 0 to 5 years)

Rapid physical and neurological development takes place in the first months and years of life. During this stage, various risks cumulate and consequences are likely to be severe and irreversible. For example, the risk of death and permanent disability are highest during the first months of life, while the risk of irreversible cognitive impairment is higher in the first years. The environment has a big impact on early years as young children are more impacted by poor air quality and are particularly at risk of accidents in the home if housing is unsuitable. Bonding of mother and child

*-'Fair Society, Healthy Lives': Strategic Review of Health Inequalities in England post 2010: (<http://www.marmotreview.org/>)

and good parent child relationships are crucial at this stage for healthy development of the ability of children and young people to form relationships throughout life.

Once again, the opportunities to intervene are great. Appropriate nutrition at birth, complemented with psychosocial stimulation and nutrition in early childhood, improve children's subsequent prospects for physical and cognitive development. By increasing early abilities, preschool programmes improve both the prospective earnings potential from a given level of schooling and the net prospective benefits from additional schooling. The Marmot review made giving every child the best start in life the highest priority recommendation. Specific policy recommendations were to increase the proportion of overall expenditure allocated to the early years, support families to achieve progressive improvements in early child development and provide good quality early years education and childcare proportionately across the social gradient.

Primary years (aged 5 to 11 years)

During ages 5 to 11, the principal risk relates to the failure to perform well in school. This failure can result from low levels of family aspiration, failure on the part of services to identify and support children with additional needs, cultural and social barriers, and poor prior health and nutrition. Failure to perform at this level will impact on the ability to perform at subsequent levels and can leave adolescents and youth at the margin, increasing the likelihood of their involvement in risk taking behaviours or youth offending, and drastically reducing their chances for productive life and social inclusion.

Secondary years (aged 11 to 16 years)

Youth is a crucial time for developing life and livelihood skills, accessing new information and knowledge, and experimenting with cultural, artistic, and physical expression with peers. However, some young people will face barriers to their taking part fully in education with the result that some young people will often not be in the position to acquire marketable knowledge and skills, including key life skills. In addition to marketable life skills, engagement in learning for its own sake and participation in the school community is known to significantly contribute to wellbeing and the development of interpersonal skills that help young people cope with problems and ask for help when they need it, leading to long term resilience. For some young people there will be a draw towards risk taking behaviours and the need for excitement and experience, such as alcohol and drug use, which can be linked to poor mental health.

Young people (aged 16 to 19 years)

The transition to adulthood is a time at which most young people enjoy increasing financial and emotional freedom and enjoy new types of relationships. As a result it is a time when they develop invaluable life skills. However, it can also be a further time of key risk. Young people actively seeking work are two to three times more likely than older generations to find themselves unemployed. The worst affected by this will be those who have not achieved within the education system. The most vulnerable youth are those who are not in employment, education or training (known as NEET). Unemployment can be linked to violent and offending behaviours, a negative outcome particularly affecting young males. Teenage pregnancy and parenthood can increase risks of unemployment and social exclusion, especially for young women.

A summary of Lancashire's Children and Young People

There are approximately 280,000 children and young people in the county of Lancashire for whom the JSNA and the Children and Young People's plan is being developed.

If Lancashire were a population of 100 children and young people aged 0 to 19 years:

- 24 would be aged 4 and under, 27 would be aged between 5 and 9, 26 would be between 10 and 14 and 23 would be 15 to 19.
- 12 would live in Lancaster and 12 in Preston; 9 would live in Chorley, South Ribble and West Lancashire; 8 would live in Burnley, Hyndburn, Pendle and Wyre; 6 would live in Rossendale; whilst there would only be 5 living in both Fylde and Ribble Valley.
- 89 would be from white ethnic groups, 8 from Asian ethnic groups and 3 from other black and minority ethnic groups.
- By 2013 there would be two fewer children and young people aged 0-19 living in Lancashire, although the reduction would not be uniform across the age groups:
 - There would be an additional 1 child aged 0 to 4 and an additional 2 children aged 5 to 9; but
 - There would be 2 fewer children aged 10 to 14 and 2 fewer young people aged 15 to 19.

- 28 children would be only children, 43 would live in families with a sibling, 20 in families with two other siblings and 9 in families with three or more other siblings.
- 76 would live in properties owned by their family, 9 in privately rented properties and 13 in socially rented accommodation.
- 19 would be classed as living in poverty
- 54 children would live in areas classed as being in the most deprived 50% nationally, 15 of these would live in areas classed as being in the 10% most deprived nationally.
- 7 would be referred to social care under safeguarding arrangements, 2 of which would be re-referred within one year
- 3 would be a victim of crime in any year
- 1 would be looked after by the authority
- 2 children would have a learning disability and 1 would have autistic spectrum disorder
- 20 would have emotional wellbeing and mental health problems, 10 of which would have a diagnosable mental disorder
 - 4 would have an emotional disorder including anxieties, phobias and depression, 5 would have a conduct disorder and 1 would have hyperactivity disorder
- 2 would be providing care for a significant adult in their life

There are approximately 14,000 children born in Lancashire each year. A baby boy born in Lancashire could expect to live 77 years whilst a baby girl could expect to live 81 years. If Lancashire were made up of 100 babies:

- Fewer than 70 would have been seen by a midwife by 12 weeks of gestation
- 21 would be smoking at the time of the birth
- 14 would be born in Preston; 11 in Lancaster; 10 in Pendle; 9 would be born in Burnley, Chorley, South Ribble and West Lancashire; 8 would be born in Hyndburn; 7 would be born in Wyre; 6 would be born in Rossendale; 5 would be born in Fylde; and 4 would be born in Ribble Valley.

- 7 infants would be born to young women: 2 infants would be born to mothers aged under 18 and 5 to mothers aged 18 or 19 years.
- 17 would be born to mothers aged 35 or over, 3 of which would be to those aged 40 or more years.
- 67 would be spontaneous births and 23 would be born by caesarean section (10 of which would be elective)
- 7 would be born at a low birth weight
- 96 would be screened for hepatitis B, 95 would be screened for HIV and 98 for syphilis. At most, one mother would be tested positive for each
- 96 would be tested for rubella and 2 would be found to be antibody negative, leaving them vulnerable to infection
- 10 mothers would experience post natal depression
- 31 would never breastfeed their babies
- Only 35 would still be breastfeeding at 6 to 8 weeks of age.
- 7 would be registered with only the mother's name
- 94 infants would receive all required immunisations by their 1st birthday, but only 85 would still be up to date with immunisation by their 5th birthday.
- 87 infants would receive the MMR vaccination by their 2nd birthday, 94 would receive the single vaccination by their 5th birthday but only 83 would have received both first and second doses by this time
- There would be 114 admissions to hospital for this cohort before the age of one year, 18 for respiratory infections and 6 for diseases of the digestive system.
- There would be 46 emergency admissions to hospital for this cohort before the age of one year, 16 for acute upper respiratory infections and 4 for intestinal infectious diseases.

There are almost 87,000 children attending primary schools in Lancashire. If Lancashire were made up of 100 primary school children:

- 84 would belong to a white ethnic group.
- 10 would belong to an Asian ethnic group; 7 Pakistani, 2 Indian and 1 Bangladeshi

- 17 would be in receipt of free school meals
- 2 would have a statement of special educational needs
- 2 would be persistent absentees from school
- At least 8 would experience regular bullying and at least 3 would regularly bully.
- 20 would not talk to an adult at home or school if they were worried about something.
- 74 would achieve level 4 at key stage 2
- There would be 11 admissions to hospital for the 5 to 9 cohort, 2 for oral diseases, and 1 due to injuries, poisoning and other external causes.
- There would be 5 emergency admissions to hospital for the 5 to 9 cohort, 1 due to injuries, poisoning and other external causes.
- 1 would be underweight in reception year, and 23 would be overweight or obese
- 1 would be underweight in year 6 and 31 would be overweight or obese.
- 37 would experience some form of tooth decay, and amongst them there would be an average of four decayed teeth.

There are almost 63,000 children of secondary school age living in Lancashire. If Lancashire were made up of 100 secondary school children:

- 89 would belong to a white ethnic group.
- 7 would belong to an Asian ethnic group; 4 Pakistani, 2 Indian and 1 Bangladeshi
- 13 would be in receipt of free school meals
- 2 would have a statement of special educational needs
- 5 would be persistent absentees from school
- None would be permanently excluded from school but there would be 8 fixed term exclusions, accounting for 24 days.
- 54 would achieve 5 GCSEs at grades A* to C including English and maths.
- At least 6 would experience regular bullying and at least 2 would regularly bully.

- More than 20 would not speak to an adult at home or in school if they were not able to deal with a problem on their own.
- There would be 9 admissions to hospital for the 10 to 14 cohort, 1 for oral diseases, and 1 due to injuries, poisoning and other external causes.
- There would be 5 emergency admissions to hospital for the 10 to 14 cohort, 1 due to injuries, poisoning and other external causes.
- As many as 24 may smoke by the end of secondary school and 8 of these would buy illicit tobacco
- 80 would drink alcohol, 71 of which would binge drink and 40 of which would drink alcohol at least once a week.
- 22 would try drugs
- 23 would have an emotional disorder; 10 of which will be girls and 13 boys.

There are almost 80,000 young people aged 16 to 19 in Lancashire. If Lancashire were made up of 100 young people:

- 1 would be killed or seriously injured in a road traffic accident
- There would be 15 admissions to hospital for the 15 to 19 cohort, 3 related to pregnancy and child birth, and 2 due to injuries, poisoning and other external causes.
- There would be 6 emergency admissions to hospital for the 15 to 19 cohort, 1 related to pregnancy and child birth, and 2 due to injuries, poisoning and other external causes.
- 60 would not participate in the recommended levels of physical activity
- 7 would not be in education, employment or training.
- 27 would be tested for Chlamydia and 2 would test positive
- 2 would become pregnant
- 4 would be involved in crime
- 1 would access homelessness services
- 1 would have anorexia nervosa and 2 bulimia

Priorities for the Children and Young People's Plan

Identifying need

In identifying the greatest needs for Lancashire's children and young people, an overriding concern of the Children's Trust was the need to focus on prevention, moving children and young people down the continuum of need from specialised to early intervention. As such, some needs are identified within age groups, which could apply to other age groups. For example, smoking and sexual health are listed in the secondary years stage but also apply to young people (aged 16-19). This is reflective of the early intervention and prevention approach.

Key requirements for a need to be identified were:

- That tackling them would require cross partnership intervention and the Children's trusts would be able to directly impact upon the meeting of the need.
- That data was available to ensure that this was an evidence based identification of a need. The evidence base includes analysis of:
 - The number of children and young people who will be affected by the need
 - The likelihood or risk of the need occurring
 - The short, medium and long term impacts of not meeting the need
 - The overall measure from the intelligence of the external inequalities, internal inequalities and trends.

The following needs for Lancashire's children and young people were identified based on the evidence base identified through the joint strategic needs assessment partnership process. Any queries on the JSNA analysis, including requests for the summary of the local evidence base, should be directed to jsna@lancashire.gov.uk. The summary of the evidence base may not include all the scientific and national evidence base because of a lack of local evidence to suggest it should be a local priority:

| Chapter | Identified need |
|---|---|
| Social determinants of family wellbeing | Adult qualifications Access to jobs Wages Private sector housing quality Fuel poverty |

| Chapter | Identified need |
|-------------------------------------|--|
| | Accidents Victims of crime Domestic violence |
| Prenatal and birth | Smoking in pregnancy Early access to maternity services Low birth weight babies |
| Early years (0 to 5 years) | Infant mortality Maternal mental health Breast feeding |
| Primary years (5 to 11 years) | Child obesity Educational attainment gaps Oral health |
| Secondary years (11 to 16 years) | Smoking Substance misuse (alcohol and drugs) Sexual health Educational attainment gaps |
| Young people (16 to 19 years) | Accidents NEET Youth homelessness Youth offending |
| Groups with particular needs | Children looked after Emotional wellbeing and mental health Learning disabilities and disabilities Young carers |

Priorities

The Children's Trust agreed that priorities for the children and young people's plan should be broad and incorporate the identified needs. Based upon the identified needs, six priorities are recommended for inclusion in the Children and Young People's Plan:

1. **Poverty (employment and education)**
2. **Housing and homelessness**
3. **Parents and parenting**
4. **Resilience to risk taking behaviours**
5. **Staying safe**
6. **Children with particular needs**

A brief consideration of the priorities and the identified needs which led to them will demonstrate a great deal of overlap and it would have been possible to group the needs in alternate ways leading to different priorities. This highlights the level of complexity involved in changing outcomes for children and young people.

Using a life cycle approach brings into focus that there are causal pathways in the lives of children and young people and interventions should focus on preventing poor

outcomes but at the same time dealing with outcomes that have already occurred and those which would still be unavoidable even if we were successful in tackling the determinant based priorities.

The six priorities are therefore split with some considered determinants of outcomes for children and young people, others related to social support and behaviour, which lead to outcomes and the outcomes themselves. Interventions must take place at all points to lessen the negative impact on the lives of children and young people and reduce any cumulative effects and intergenerational patterns.

It is also not enough to simply focus on children however, as many of the determinants of outcomes for children will stem from the significant adults in their lives. Interventions to affect outcomes for children and young people must therefore also be focused on those significant adults. For example, children are born into poverty because their parents are in poverty. This may be related to the unavailability of work or their inability to obtain employment because of low skills and qualifications. Strong, positive relationships between parents and children are associated with child wellbeing and improved outcomes. For example, parental interest in, and support with, education and their involvement in the school community are associated with higher levels of achievement. A lack of focus on parents will prevent any major improvements for children.

Clearly it will not be possible for the priorities to be delivered by the Children's Trust alone. The identified needs of adult qualifications, access to jobs, wages, private sector housing and fuel poverty are clearly under the primary control of authorities responsible for adult services, housing strategies and economic development. Rather, the priorities related to these needs highlight areas where there is already action taking place and the Trust's role should be to link in and provide the children and young people perspective.

