

Swindon Joint Strategic Needs Assessment Bulletin

Bulletin: Children and Young People Best Start



Key Points:

- Research tells us that pregnancy and a child's early years are a time of vital importance to a child's future health and wellbeing. Parents are central to this.
- Each year there are approximately 3000 births to Swindon residents. The under-five population is about 7% of the all-age population in Swindon, a higher proportion than in England or the south west. In Swindon 25% of under-ones are part of a BME community, and in Central ward 45% of under-fives are from a BME community.
- Significant health inequalities in Swindon have been identified in JSNA work on pregnancy and birth outcomes. Children from poorer households tend to do worse on cognitive and behavioural outcomes at ages 3 and 5 and this disadvantage persists through childhood.
- The Swindon Health Visitor survey (2015) of families with a child under the age of one identified the three most common reported health needs indicators as being low income (21%), parents who smoke (19%) and depressed or mentally ill parents (16%).
There are a number of main service areas whose focus is exclusively during pregnancy or the early years. These include Midwifery, Health Visiting and Early Years Education and Childcare providers.
- Service users highlighted the importance of continuity of carer and establishing trust with professionals. They value informal networks for support and social contact.

A JSNA helps us to understand:

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- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- How their needs can be best met in the future.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

This JSNA is part of a suite of documents to understand the needs of children and young people in Swindon. It provides a brief summary of the full JSNA which is a comprehensive and detailed analysis of all aspects of the first five years of a child's life and the influences on this.

Population: Who is Affected?

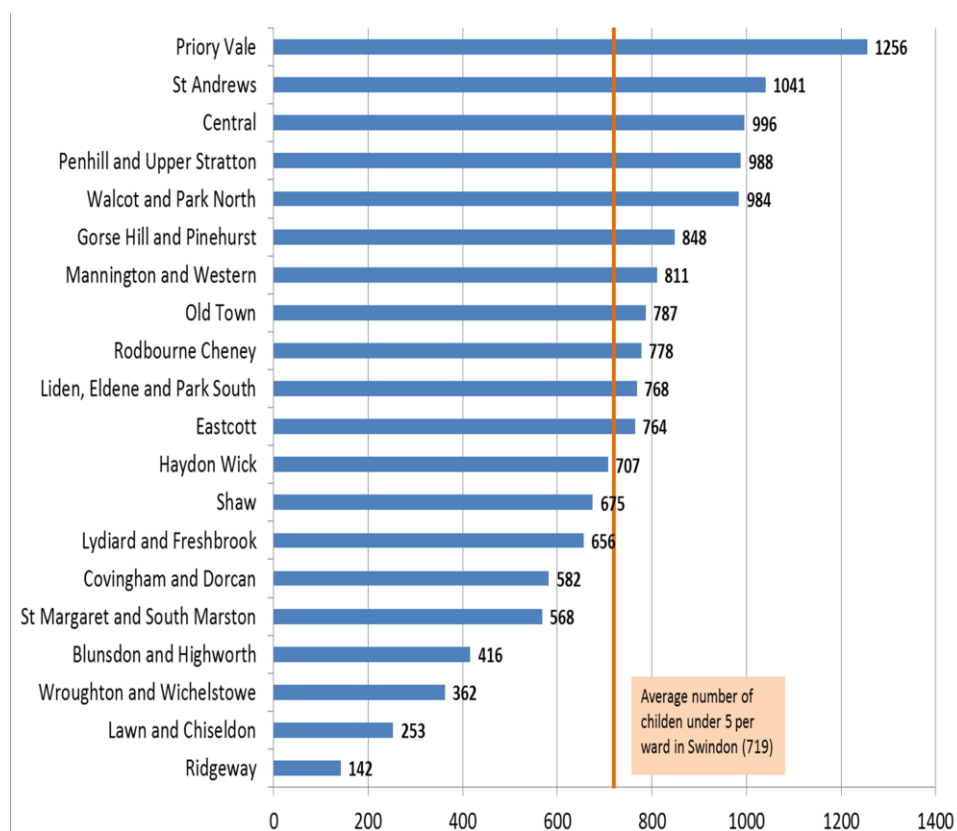
In 2014 there were 48,604 under 18s in Swindon and 15,063 children aged 0 to 4 (6.7% of the population). The highest numbers of both under 18s and 0 to 4 year olds are in the wards of Priory Vale, St Andrews and Walcot and Park North. Over the next 20 years, Swindon's population of 0 to 18 year olds is predicted to increase by 19%.

2,925 babies were born in Swindon in 2014 with the highest numbers in Priory Vale and Central.

Census data suggests 14.5% of under 18s in Swindon and 21% 0 to 4s are from a minority ethnic group; with highest levels in Central, Abbey Meads and Eastcott. Great Western Hospital (GWH) data between 2012 and 2014 shows 28% of births were to women from minority ethnic groups and ONS in 2013 shows

25% of births in Swindon were to women born outside the UK. 83 languages are spoken across Swindon; after English the most common is Polish although for school children it is Konkani. Health visitors identified 12% of families having difficulty with spoken English.

Figure 1: Number of children aged under 5 (30/03/2015)



Inequalities

Parents

Child Poverty affects long-term health and social outcomes

The Swindon Health Visitors Survey identified that 1 in 5 families with children under age one have a low income and are dependent on benefits, and 12% of households have a main wage earner who is unemployed.

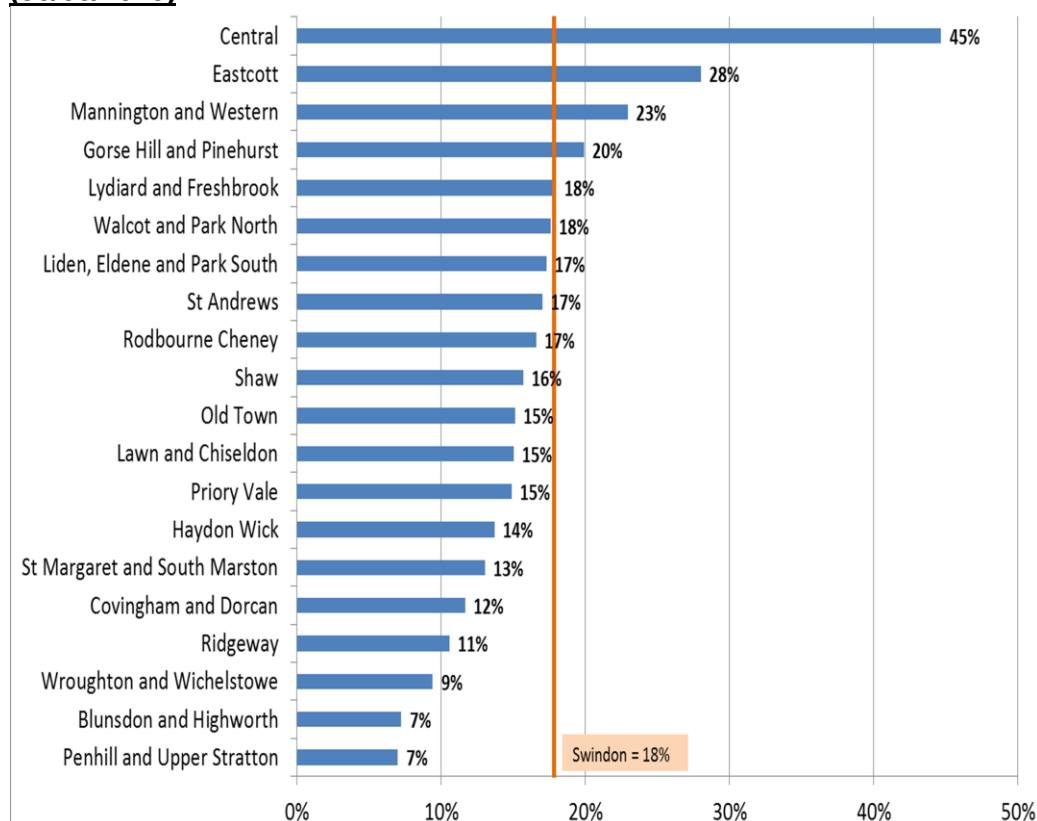
25% of households with a child under five in Swindon are workless according to the Department of Work and Pensions (DWP), increasing to over 40% in Penhill and Upper Stratton, Walcot Park North, Liden, Eldene and Park South, Gorsehill and Pinehurst.

Lone parenting can be linked to material inequalities. In Swindon, 26% of children live

in lone parent households with over 40% in Liden, Eldene, Park South and Walcot Park North (DWP 2013).

Children born to teenagers are also at risk of more negative health outcomes and are more likely to experience deprivation and poverty. In 2014 there were 116 births to Swindon mothers aged ≤ 19 . The Swindon Pregnancy and Birth Outcomes Study 2015 compared characteristics of teenage mothers with mothers 20 and over. This found mothers aged 19 and under were about three times more likely to smoke, about twice as likely to not book early with maternity services and about twice as likely to experience mental health problems.

Figure 2: BME population as a percentage of the total number of children aged under five years (30/03/2015)



Source: SBC Child Health data

They were, however, only half as likely to be obese. They are also significantly more likely to have a baby preterm of low birth weight and to not breast feed.

Both parents are also at risk of mental illness during the perinatal period (0-1 year) which if not treated can increase the risk of adverse effects on the child's brain development and long-term outcomes. The prevalence is difficult to estimate but national rates suggest 100 -150 per 1000 maternities experience mid-moderate depressive illness and anxiety states and 30 per 10000 experience severe depressive illness. Locally numbers of pregnant women with identified mental health concerns are increasing (GWH 2014).

Other risk factors for parents include:

- drug misuse, both in terms of effects on parenting but also direct on babies via Neonatal Abstinence Syndrome. In Swindon in 2012 – 2014, 33 women were identified in early pregnancy as misusing alcohol or drugs by GWH. The health visitor survey identified 96 families with an infant under 1 where at least one parent was abusing drugs.

- alcohol; this can directly affect the baby via Foetal Alcohol Spectrum Disorder with the riskiest period around conception and in the first trimester. Health visitor case loads of under ones in 2015 identified alcohol abuse in 3.3% of families.
- domestic abuse. In Swindon in 2015 there were 250 families in Swindon with children under 5 where there have been 2 or more reported domestic violence concerns to police. Rates by ward suggest some of the least deprived areas (e.g. Lawn and Chiseldon) have rates above the Swindon average of 22 families with children under five who have had 2 or more reported incidents of domestic violence per 1000 families.
- maternal obesity increases risks to both mum (figure 42) and baby. In Swindon from 2012 – 14 45% of mums to be were 'healthy' weights with 47.6% overweight or obese. Local Swindon data suggest the proportion

of pregnant women, in class II or III obesity (BMI > 35.0) is higher than nationally. There is some link to deprivation and obese mothers are more likely to have a low birth weight baby at full term and not breastfeed compared to women who are not obese.

- smoking can affect foetal nutrition, poor health outcomes, and during early years increase the risk of Sudden Infant Death Syndrome (SIDS), lower Respiratory Tract Infections and middle ear infections. In Swindon 12.9% of women were smoking at delivery (target is 12%) in 2014/15 equating to 372 women, similar to previous years. Analysis suggests a drop of about a third of women quitting smoking during pregnancy from 21.6% smoking 12 months prior to 12.9% still smoking at delivery. The proportion varies by GP surgery. Babies born to smokers were more likely to have a low birth weight and not be breastfed

Child Health

2.8% of babies have a low birth weight at full term, with a marked social gradient. As well as deprivation the risk of a low birth weight was increased for smokers and teenage mums.

Breastfeeding is promoted by the WHO as the means of giving infants a normal, healthy start to life. In Swindon CCG area in 2014/15 76.8% of new mums initiated breastfeeding and 46.8% were still breastfeeding at 6 – 8 weeks. For women who did not breastfeed this varied between 12.4% and 45.1% according to GP practice with deprivation, age and obesity risk factors for not breastfeeding and being from BME community or recent migrant protective factors.

Only 1 in 5 women breastfeed in Penhill and Upper Stratton ward at 6 -8 weeks compared to 73% in Central. Qualitative feedback suggested difficulty in obtaining support for breastfeeding particularly at home.

Good nutrition during pregnancy and early years is important for growth and development. Uptake of Healthy Start vitamins to both pregnant women and children eligible for free vitamins in Swindon is low at 1.5%.

In 2013/14 there were 5609 Accident and Emergency attendances for children under 5 in Swindon with nearly a third under one. The most common reason for attendance based on Healthcare Resources Group Code was 'no investigation with no significant treatment'.

There is no significant difference for A&E attendance between GP practices, but they were highest in the most deprived quintile based on home address.

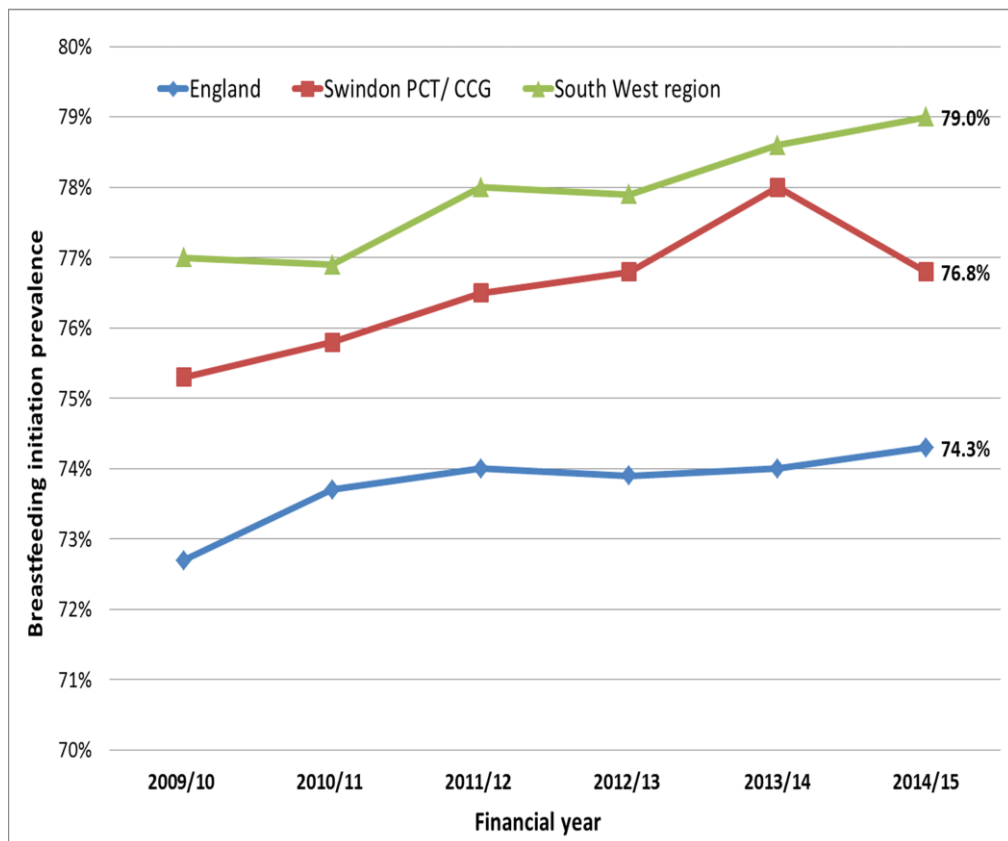
Swindon has a high rate of emergency admission to hospital of babies within 4 days of being born compared to the UK including high rates for Neonatal Jaundice and feeding problems.

Accidents and injuries are a major risk to young children and linked to deprivation. Rate for 0 – 4s in Swindon for hospital admission are 140/10,000 population (2013/14) similar to the SW and England, with falls the leading cause of accident related admission in Swindon.

Young children are both screened for different conditions and immunised according to the national immunisations schedule. Swindon achieved higher coverage than England on all routine immunisations for under 5s.

Children in need are defined as in the 1989 Children's Act and in Swindon 30.5 per 1000 children under 5 in March 2015 were considered in need with highest level in Gorse Hill and Pinehurst, Penhill and Stratton, and Walcot and Park North mirroring the pattern of children on Child Protection Plans. National research suggest maltreatment, neglect and abuse were often more likely in households with multiple risk factors including substance misuse, domestic violence and /or parental mental health.

Figure 3: Breast Feeding Initiation in Swindon PCT/CCG, the South West and England 2009/10 to 2014/15)



What Services do People Use?

The health visiting programme (staffed by health visitors and nursery nurses) delivers the Healthy Child 0-5 programme offering both universal and more in-depth support. They are also implementing a service improvement plan to meet target visit times.

Six early years high impact areas have been identified nationally to support integrated services. These are listed below and the full JSNA describes how Swindon meets these and identifies any gaps.

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiative and duration)
- Healthy weight, healthy nutrition
- Managing minor illness and reducing accidents
- Health, wellbeing and development of the child age 2 – two year review and support to be ‘ready for school’.

first time mums aged 19 or under, offering structured, regular home visiting from pregnancy to the child’s second birthday. In June 2015, 122 mums were accessing the service.

Secondary care services include a paediatric department with a 20 bed in-patient ward, and mental health services including child and adolescent mental health services and LIFT psychology.

There are also a range of early help interventions and the early help record and plan process to identify the need for support quickly. Some children are also supported by Social Care: in May 2015 there were 41 looked after children aged under 5. Swindon Early Support Pathway (SESP) is a multi-agency pathway providing assessment and access to services for children who have additional needs in two or more spheres of medical, communication and physical needs: in May 2015 352 children under 5 were known to SESP.

Swindon also offers a range of programmes to promote different development needs for children and parents. These include universal programmes such as Five to Thrive, the Newborn Behavioural Observation System, Family Links Nurturing Programme, Bookstart and Triple P and selective prevention programmes such as Baby Steps, Infant Massage, VIPP (Video feedback intervention to promote positive parenting) and Parents Under Pressure.

All three and four year olds are entitled to free early education/childcare for 15 hours each week for 38 weeks of the year. Since September 2014 about 40% of the most disadvantaged two year olds are also able to access free early education or childcare. In Swindon (Sept 2015) 64% of those who were known to be eligible had applied for a two year funded place.

What do People Think?

Seven focus groups were held with 39 parents. Key themes were:

- The importance of developing trust
- The value of social connections
- The need for more information online about what is available
- The importance of feeling that mums to be 'fit in' with a group and would be welcome
- Less judgement if mums do not want to or cannot breastfeed
- Continuity of care and having the same professional involved if possible
- De-medicalising language around pregnancy
- People want to be seen as good parents and worry that they will be judged if they ask for help.

Recommendations

The JSNA identified 3 strategic recommendations (listed below) and 19 specific recommendations under the six early years high impact areas.

1. To ensure that effective early intervention in Swindon is giving children the best start in life, develop a strategy and delivery plan with robust leadership to incorporate:
 - An approach to identify families at most risk or who have multiple risks
 - An integration model for pregnancy and early years services including parenting advice;
 - Workforce development strategy for the wider workforce;
 - Information sharing;
 - A shared metrics framework;
 - A quality assurance framework promoting trust and co-operation; and
 - Integrated pathways for delivery of services.
2. To ensure that Swindon is delivering what works to promote good child outcomes develop and implement a fidelity and evaluation model for delivery of evidence based programmes to support parent-child interaction.
3. Increase understanding of the needs of families with young children from BME communities and children exposed to or at risk of domestic abuse.

Children's Health

1. Ensure full, effective delivery and monitoring of 'The Healthy Child programme: pregnancy and the first five years of life, including continuing to reduce health inequalities,
2. Ensure that information and services to support parents on addressing their child's minor illnesses help build parental confidence and knowledge on self-management and when to seek help;

3. Develop a transitional care ward at GWH to enable a newborn baby and mother to remain together when the baby needs more care after birth.

Maternal Mental Health

4. Develop a strategy for perinatal mental health to support full implementation of the Swindon Perinatal Mental Health Integrated Pathway;
5. Utilise opportunities available through the CAMHS Transformation Funding to improve perinatal and infant mental health services. (also in parenting recommendations)

Parenting

6. Continue to review and reshape early help services to support parenting capacity where parents are experiencing domestic abuse, mental health problems, substance misuse, have learning difficulties or are teenage parents.
7. Develop the use of quality assured approaches using media to provide trusted information and resources for parents.
8. Review support of networking opportunities that parents need to reduce social isolation.

Attachment, Social and Emotional Development

9. Continue to develop programmes which promote parent-child interactions to improve attachment and parental sensitivity and the social, emotional and behavioural functioning of young children to ensure that parents who need it can receive the right support at the right time.

Learning and Communication

10. Investigate how parents with low literacy levels can access classes to promote reading, writing and numeracy skills.
11. Continue to develop the effectiveness of the integrated review for 2 - 2½ year olds by ensuring effective working of the pathway and identifying outcomes from the integrated review.
12. Continue to narrow the gap in achievement during the EYFS related to disadvantage and gender.

High Quality Early Education

13. Continue expanding early years provision in places where children live and encourage uptake.

14. Continue supporting quality improvement in early education and childcare, including with childminders.
15. Support Early Years education settings to undertake the Early Help Record and Plan for children with identified needs.

Children with Disabilities and Special Educational Needs

16. Review the range of all pathways for children under-five with disabilities to improve clarity, timeliness, and consistent early help processes.
17. Develop support from specialist services to mainstream education settings to ensure they are confident and equipped to meet the needs of children with SEND.
18. Review the access to specialist advice and support concerning children with ASC to ensure that support is available at the earliest opportunity.
19. Seek to develop a centralised data collection system of children with disabilities to improve understanding of needs and ensure robust service planning.

Acknowledgements

The author would like to thank all the service users and stakeholders who contributed to and gave their time to help inform this needs assessment.

Where to find more information

More information about all Swindon's JSNAs can be found on the JSNA website:

<http://www.swindonjsna.co.uk/>

If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:
JSNA@swindon.gov.uk