

3 Enable all children, young people to maximise their capabilities and have control over their lives

Supporting all children and young people to achieve their full potential is a strategic aim of every organisation in Barking and Dagenham. As children develop into young adults, they go through physical, emotional and psychological changes as they establish their own identities, independent from their families and carers. This is a time when services can offer children and young people opportunities to improve and shape their lives for the better, with impacts which last long into adult life.

The population of children and young people (5-19 years) in Barking and Dagenham has grown by over 15% between the 2001 and 2011 Census. The largest growth has been in the 5-7yrs (20%) and the 16-17yr (18%) age groups. There has also been a 43% growth in the number of lone parent households with dependent children in the borough.

Over the same period there has been a drop of over 14% in the proportion of the population without any qualifications. The number of young people aged 16-17 in education has also substantially increased (46%) between 2001 and 2011, as well as a dramatic increase in the number of full time students aged 18yrs and over (133%).

There is limited information on local prevalence of long term health conditions in children and young people. Published data on hospital admissions shows that Barking and Dagenham has significantly higher emergency admissions for asthma in childhood than London or England, although a shorter average length of stay which suggests these are avoidable admissions; however, there has been a 7% decrease in the number of children aged 0-9 yrs in the last year attending A&E.

Barking and Dagenham has an estimated 2,000 children and young people living with a severe disability and a further 4,700 with a mild disability/impairment. The Portage programme provides intensive support to parents and families of children with disabilities in the first few years of life. The Portage supports around 200 children a year. Overall, the proportion of children with special educational need is lower in Barking and Dagenham than the national picture following a reduction since 2011. In January 2015, 880 (or 2.2%) pupils attending Barking and Dagenham schools had statements of SEN or Education, Health and Care plans (new from September 2014). In addition, 12.5% have their special education needs supported through school action or school action plus programmes which are being gradually replaced by a single category of SEN support from 2014. In Barking and Dagenham the most frequent needs amongst school action plus and pupils with a statement of SEN or an EHC plan (including pupils at the borough's special school) are speech, language and communication needs (23.9%), moderate learning difficulties (23.3%), and social, emotional and mental health (16.4%). Further work is needed to triangulate the social care data with information from health services.

One in ten children and young people has a clinically significant mental health condition. Applying this estimate to Barking and Dagenham would suggest that at least 4,500 children and young people in the borough are affected, with consequent impact also on their siblings, parents and carers. Further work is needed to gather routine data on mental health and wellbeing of children and young people to inform commissioning of mental wellbeing interventions, and child and adolescent mental health services.

The Health and Wellbeing Strategy identified the importance of considering the needs of vulnerable groups. This JSNA has started to do limited exploration of the needs of children and young people from vulnerable groups but further work is needed to expand this and identify key commissioning recommendations in future years.

Key Recommendations

The Health and Wellbeing Board to ensure that all commissioners have taken into account the impact of the growth in the 5-19 years population and are providing adequate capacity in services to support this group in education and community settings.

The Health and Wellbeing Board and the Children's Trust, as a matter of urgency, to review the pathways and provision across the partnership to support children and young people living with, and affected by parents living with, disability or learning disability. This should include a review of the responsibilities and pathways around transition of care from childhood to adulthood.

This should include specific work to review the needs of children and young people in vulnerable and minority groups.

Partners to undertake work to review pathways of clinical care and support for children and young people with long term conditions, specifically asthma, in community and acute settings.

Partners to review the increasing use of Urgent Care by children, young people, and families, in order to develop a children and young people's component of the urgent care strategy.

Partners to ensure clear pathways and improved data collection and reporting relating to child and adolescent mental health and wellbeing.

Health and Wellbeing Board Commissioners should ensure that all providers have appropriate training in place which reflects the diverse needs of the population served. i.e. all staff working with children and young people should have a basic awareness and understanding of sickle cell disease and trait and health care professionals working with this age group should have an enhanced level of understanding.

Service providers for children need to consider how they engage and communicate with families and carers whose primary language is not English.

Partners to ensure that appropriate clinical community pathways are in place to support parents with their children's incontinence (urinary and faecal).

Partners to review the provision and capacity of parenting courses to ensure capacity to meet the need for targeted parenting courses to support parents and families of children with long term conditions.

Partners to consider undertaking specific work to consider if there is variation in the local incidence of paediatric cancer compared to the regional and national average.

Partners to undertake further work to understand the borough to borough variation in hospital episode data on a routine basis.

Partners to work with strategic partners to improve management of non-emergency child health issues in the community.

Partners to ensure that there is appropriate specialist capacity for vulnerable groups with mental ill health and that pathways exist at all tiers of service accessible to these populations.

Partners to require an equity audit of CAMHS services which demonstrates access uptake for vulnerable populations of children and young people.