

Health Needs Assessment Vulnerability in Children and Young People (HNA)

“The future of any society depends on its ability to foster the healthy development of the next generation”

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December 2019

Module 1 - About this HNA

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A Modular Approach

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Module 2 - Background

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Module 5 - Start Well: Early Years

Module 6 - Five up in NE Lincolnshire (NEL)

Module 7 - Developing well

Module 8 - Parental and Social Factors

Module 9 - Service Utilisation: Children's Services

Module 10 - Service Utilisation: Health Services

Module 11 - Exploring Resilience

Module 12 – How well are we meeting needs?

- **Modules 4-10 contain data analysis**
- **Structure for modules 4-5 and 7-10:**
 - **Content Overview**
 - **What did we discover?**
 - **So What?**
 - **Developing Solutions - What Works?**
 - **Suggestions for Future Focus**
- **Structure for module 11:**
 - **Content Overview**
 - **Developing Solutions - What Works?**
 - **Key Messages**
 - **Suggestions for Future Focus**
- **Structure for module 12:**
 - **Content Overview**
 - **What did we do?**
 - **Limitation of Findings**
 - **Services that responded/Services that did not respond**
 - **What did we find?**
 - **So What?**
 - **An example of practice: SEND Services**
 - **An example of practice: Health Visiting and School Nursing**
 - **Suggestions for Future Focus**

1.1 Definitions

Vulnerability

‘the additional needs or barriers children face which may make them less likely to live healthy, happy, safe lives, or less likely to have successful transitions to adulthood.’

*Children’s Commissioner in England
(2017)*

Does **not** mean **vulnerable**

Resilience

the ability to ‘bounce back’, adjust or recover from adversity or life’s setbacks.

Does **not** mean **resilient**

1.2 Aims

- To assess the scale and nature of vulnerability in children and young people, aged 0-19 years 25 SEND Special Educational Needs and Disabilities (SEND) in North East Lincolnshire (NEL).
- To determine its impact on their health, and assess how well their health needs are being met.
- To explore how resilience might mitigate the risk of adverse health outcomes.
- To identify interventions to optimise resilience skills in the study population.

1.3 Objectives

- To identify and describe the nature and prevalence (or incidence) of vulnerabilities in children and young people in North East Lincolnshire, and their impact on health and wellbeing outcomes.
- To compare prevalence and trends of specific vulnerabilities at local, regional and national levels, and forecast likely service demand, where practically possible.
- To describe the nature and impacts of vulnerability at key trigger points from birth through to transition into adulthood.
- To explore the characteristics and role of resilience, what factors lead to greater resilience and how this might be optimised across the 0-19 (25 SEND) population to protect against poor health and wellbeing outcomes.
- To provide a mechanism for vulnerable children's and young people's voice to articulate their perceptions of needs and resilience in relation to health and wellbeing.
- To identify and describe relevant service provision, assess how well they meet the needs of this population in line with the evidence-base and good practice, and identify any unmet need.
- To set out a series of recommendations to inform strategic priorities, maximise resource effectiveness and efficiency, and identify preventive measures based on the intelligence and evidence set out in this HNA.

1.4 Study Population & Inclusions

The principle study population are children and young people aged 0-19 who, broadly:

- have certain demographic, socio-economic or behavioural factors associated with vulnerability.
- are on a social care or health care statutory/formal register in North East Lincolnshire.
- have experience of receiving care and support from NHS and Local Authority services, either directly provided or otherwise commissioned and provided, and some voluntary sector services.

Inclusions – Based on Children’s Commissioner Report 2018

7 CATEGORIES

- Receiving statutory care or support
- Experienced specific personal harm
- Disability, ill-health or developmental difficulties
- In households or families with characteristics or locations that indicate higher potential likelihood of current or future harm
- Identity or nationality
- Activity or institutions outside the home
- Caring for someone else



**58
Specific
Groups**

1.5 Methodology

- Inclusions and Exclusions
- Data Sources
- Evidence review
- Research Methodology and Methods
- Analytical Methods
- Limitations

Find out more: 



Microsoft Word
Document

1.6 Engagement & Dissemination

- Steering Group
- Targeted early release on a restricted basis to key leads to aid validation
- Release Schedule
- Engagement Schedule