

**Children and Young People's Plan 2014-2017**

**YR 3 Review 2016 – 2017 on delivery of progress made against the priority headings**

**RAG rating red/amber/green**

**How to use a RAG Status Report**

Report only on key areas of performance. For example, overall progress, performance, budget, trends and scope. Add in supporting commentary but not in too much detail.

**Red**

- There are significant issues with the sub priority.
- The priority requires significant action to meet outcomes. The issue cannot be handled solely by the service manager or team.
- One or more aspects of project viability — time, cost, scope — exceed thresholds set by the project board.

**Amber**

- The priority requires action to meet outcomes. The issue can be handled solely by the service manager or team.
- One or more aspect of sub priority — time, cost, scope — is at risk of not being met.
- Action is taken to resolve the problem or a decision made to watch the situation with a clear timescale

**Green**

- The sub priority outcomes will be met.
- All aspects of viability time, cost, scope, are within thresholds.

- No action is needed

<b>Children and young people are healthy</b>		
<b>Leads: Physical - Denice Burton &amp; Emotional - Mary Kearney-Knowles</b>		
<b>Sub priorities</b>	<b>RAG rating</b>	<b>Supporting Comments/Evidence</b>
All children and young people maintain a healthy weight		<p><b>Progress Report - for period April 2016 – March 2017</b></p> <p><b>Performance against outcomes/ population indicator:</b></p> <p><b>Infant Feeding - 6-8 week breastfeeding rates</b>            The coverage rate for the breastfeeding data dropped to below 95% in 16/17 which meant the data was not able to be published nationally. The overall breastfeeding rate was 55.6% in 16/17 (at a coverage rate of 93.5%). Data analysis has not been provided by age or ward but GP cluster data shows Somer Valley has the lowest rate at 45%, with Bath West reporting the highest rate at 69%.</p> <p>Changes in the process of recording and reporting the rates and the change of providers at year end, may also have impacted on the quality of the data set. The latest data available by age and ward is published here; <a href="http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/breastfeeding">http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/breastfeeding</a></p> <p><b>NCMP Performance against outcome measures:</b></p> <p>In 2015/16 1,855 Reception Year children were measured in B&amp;NES schools - a <b>participation rate</b> of 96.6% (72nd out of 150 English local authorities, with 1st being the local authority with the highest participation rate). In 2015/16 1,577 Year 6 children were measured in B&amp;NES schools - a participation rate of 93.0% (101st out of 150 English local authorities). The participation rate, particularly among Year 6 pupils, is lower in</p>

2015/16 compared to the previous year (97.2% for Year 6 pupils in 2014/15). It is thought that this was, at least in part, due to national media coverage of a local story.

**NCMP published results for B&NES in 2015/16 (16/17 data will be published in October 2017):**

- 22.6% of **Reception aged children (4 to 5 years old)** in B&NES are an unhealthy weight, i.e. either overweight or obese. 7.4% of Reception aged children in B&NES are obese.
- 27.9% of **Year 6 aged children (10 to 11 years old)** in B&NES are an unhealthy weight, i.e. either overweight or obese. 13.6% of Year 6 aged children in B&NES are obese.
- **Trends in childhood unhealthy weight** - including overweight and obesity - have been relatively static since the national measurement programme began in 2006/07, i.e. there has been no long-term significant upward or downward shift. This is in accordance with national findings that demonstrate prevalence rates of overweight and obesity may have stabilised between 2004 and 2013.
- **Age** is a significant factor in the levels of obesity among children in B&NES, i.e. increasing with age. **Deprivation and ethnicity** are significant factors in the level of obesity among Year 6 aged children in B&NES.
- There appears to be a **gender gap** opening up nationally, especially among Year 6 aged boys, who are more likely to be classified as obese compared to their female peers.

**In summary, children are starting school relatively heavy at an age when their diets are under parental control as they will ever be and although we benchmark well against other areas in absolute terms this is a big problem in the making when almost 3 in 10 children leave primary school overweight... and many will face a lifelong challenge to then gain and maintain a healthy weight**

**The Child Health-Related Behaviour Survey**

**Key Facts from the 2015-16 School Child Health and Wellbeing Survey**

Primary (years 4 & 6)

- The percentage of primary school pupils reporting high levels of self-esteem has risen significantly since 2013. 46% of boys and 39% of girls reported high self-esteem in 2015.
- The numbers of pupils skipping breakfast more than doubled between 2013 and 2015 to 8%

Secondary (years 8 & 10)

		<ul style="list-style-type: none"> <li>• Nearly two-thirds of girls wanted to lose weight (although it would appear that not this many need to).</li> <li>• Pupils in B&amp;NES appeared to have a healthier diet than nationally, and this seems to be improving.</li> <li>• Many more pupils were skipping breakfast compared to results in 2013 and 2011, especially girls.</li> <li>• The level of physical activity was high, but there appears to have been a recent decline in more intensive physical activity.</li> <li>• Self-reported high self-esteem has remained constant amongst secondary boys since 2011 but has declined amongst girls from 41% in 2011 to 31% in 2015</li> <li>• A much higher proportion of B&amp;NES Year 8 and Year 10 pupils are eating vegetables and fruits on most days compare to in 2013 and 2011</li> <li>• The numbers of pupils skipping breakfast doubled between 2011 and 2015 to 21% girls and 12% for boys</li> </ul> <p>Pupils reporting they receive school meals, or have done in the last 6 years have poorer lifestyles and lower self esteem than pupils who say they don't.</p>
All children and young people maintain a healthy weight		<p><b>Progress against action plans/milestones</b></p> <ol style="list-style-type: none"> <li><b>1. Leadership and Governance</b> <ul style="list-style-type: none"> <li>• The Healthy Weight Strategy was completed and published at <a href="http://www.bathnes.gov.uk/services/public-health/public-health-strategies-and-policies/healthy-weight">http://www.bathnes.gov.uk/services/public-health/public-health-strategies-and-policies/healthy-weight</a></li> <li>• The healthy weight strategy group, the Local food partnership and the two themed sub groups for the Fit for life partnership are functioning and delivering local implementation plans.</li> <li>• B&amp;NES achieved a Bronze award for sustainable food cities from Sustrans which reflects and recognises the partnership working and strategic planning on this issue.</li> <li>• The Health Visiting Service facilitates an Infant Feeding Provider Forum bringing together local services to improve support for parents.</li> </ul> </li> <li><b>2.</b></li> <li><b>3. Intelligence</b> <ul style="list-style-type: none"> <li>• Joint Strategic Needs Assessment on food poverty and food access developed and</li> </ul> </li> </ol>

published

- JSNA was updated with new NCMP figures

**4. 0-19 Services**

**Health Visiting**

***Breastfeeding support :***

- Initiated and maintained a weekly Specialist Breastfeeding Support pathway /Service (baby circle) for mothers experiencing persistent and / or complex breastfeeding problems, staffed by midwives / health visitors / lactation consultants. Evaluation not available currently.
- Initiated and rolled out a group based 3-4 month offer to new parents, health promoting discussions. The discussion groups offered anticipatory guidance on introducing family foods at six months (in addition to other topics).

***Antenatal Support:***

- Supported and collaborated with Midwifery services to develop an integrated a joint antenatal offer with a shared approach and philosophy. Not launched by year end but still work in progress.
- Delivered 11 Hello Baby! courses with excellent feedback from parents. 149 mothers and 36 partners attended over the year. Evaluation not available currently.

***Baby Feeding Hubs:***

- Worked collaboratively with Children's Centre Services at four of the Baby Feeding Hubs. 781 feeding hubs were attended by 3016 infants over the year (these are numbers attending not individual infants)
- Continued to offer supervision and support to 24 breastfeeding peer supporters volunteering at the baby feeding hubs.
- Improved range of resources about infant feeding and introducing solids for the 16 hubs
- Continued to produce routine infant feeding newsletters for staff and parents

### **School Nursing**

- Ongoing promotion of SHINE intervention during the year and consultation regarding the end of the SHINE programme
- Delivered agreed healthy weight intervention to young people who are referred via NCMP and continue to provide proactive follow up. School nurses work with children and young people referred in other ways (e.g. schools, parents etc.) Also those that attend 'drop in' for help with healthy weight or are picked up when doing the school nurse assessment for another reason.
- Oral Health, health promotion, in primary - schools school nurses are talking about 'hidden sugars' and using a 'sugar shockers' board
- In Q1-3 during 2016 school nurses reported 81 contacts for NCMP follow up – regarding concern over weight, 180 contacts regarding overweight and 167 contacts regarding underweight. Please note that number of contacts does not reflect the number of children as there may be multiple contacts with each person. The full year report is due in Oct 2017.

### **National Child Measurement programme**

- Revised the letters to families to include standardisation of the feedback (results) using BMI centile scale - as a way of helping families to visually identify where their child falls on the BMI scale and if they are at risk of moving into the overweight/obese category.
- Schools have received (where available) individual schools NCMP results, identifying the percentage of children at school above a healthy weight, compared with the national & B&NES average and are encouraged to support healthy weight through a whole school approach and are signposted to the DPH Award.

### **5. Director of Public Health Award – Early Years, Colleges and Schools**

#### ***Performance***

- October 2016 and March 2017 Award groups saw 30 settings (18 schools, 11 EY settings, City of Bath College) achieve at least one certificate. A successful celebration evening held on April 6<sup>th</sup> 2017, attended by nearly 100 guests including children and young people from a number of schools and the winners of the Young and Junior Chef competitions and their

families.

**Alignment to Childhood obesity plan**

- The DPH Award criteria for schools and settings were updated to incorporate aspects of the *Childhood Obesity Plan* relating to physical activity and healthy eating.
- The DPHA coordinator contributed to the expert panel convened by the DfE about the proposed Healthy Rating Scheme for schools – due to be implemented in September 2017. The scheme was put out to tender for a provider to develop an online platform in December 2016.

**B&NES Young and Junior chef competitions** held for Primary and Secondary schools. B&NES Young and Junior Chef competitions – 6 Secondary and 4 primary schools took part

**Learning Outside** network continues to be well supported. Over 50 people on the circulation list

**Active Solutions** pilot started in 2 Primary schools– 1 hour of solution focussed therapy and 1 hour of physical activity with the aim of reducing anxiety, raising self-esteem in identified children. One school doing yoga as PA intervention, the other multiskills. Report due July 2017.

**Dental health development** – resource boxes for health visitors and children’s centres have been developed.

Toothbrushing trial and training has been rolled out across 5 EY settings and 2 schools (Reception and KS1) and is being evaluated and findings shared across BNSSG.

**School meals film** now being used on Change 4Life school Zone website.

**Review of charging policy**

In line with School Improvement and Achievement Service, the DPHA will be increasing charges to subscribe to the programme from 1<sup>st</sup> April 2017. Cost will be £300 +40p per pupil

**6. Health in Pregnancy Service :**

The health in pregnancy service has achieved positive results Health in Pregnancy Service, based on SHINE model

- 220 women with a BMI 28+ engaged with the service
- Around 50% of women with a BMI>30 accessing 1-1 service and some women with BMI>28
- For all women seen with full data sets:
- 65% are at or below the recommended weight gain for pregnancy at 36 weeks
- 56% are below their booking weight after birth
- 56% who engaged with the service for obesity have a spontaneous delivery.
- Improvements in psychological scores: 59% anxiety, 48% depression, 52% self-esteem, 72% lifestyle, 81% emotional eating, 67% health beliefs and making changes.
- SATOD 7.5% - low rate
- 48% are in the 2 most deprived quintiles

#### **7. Childrens weight management services :**

- 2 SHINE programmes delivered
- 56 referrals to the programme with 20 children starting and 11 completing
- Telephone support offered to families as part of NCMP
- Childrens weight management services have been included in the contract with Sirona and will transfer on April 1<sup>st</sup> 2017
- SHINE services for Children will be decommissioned and will no longer be available from April 1<sup>st</sup> for new starters

#### **8 Food Interventions**

**Food and health service**



- 18 courses delivered ( 3 HENRY, 8 Parent Cook It! and 7 Family Cook It! Programmes delivered )
- 119 clients started the programmes ( 35 HENRY , 44 Parent Cook it ! and 40 family Cook it )
- 35 Clients participated in HENRY with 63% completion rate
- 44 clients took part in Parent Cook It! with 71% completion rate
- 40 clients took part in Family Cook It! with 59 % completion rate

#### **Sugarsmart campaign**

- Planning for a two year Sugarsmart campaign is underway coordinated by B&NES Council in partnership with Sugar smart UK and the Jamie Oliver Foundation. A grant has been secured from Sustainable food cities together with public health funding. A steering group has been established and priorities include educational settings, flagship community (Westfield and Radstock) NHS settings and leisure settings.

#### **Food procurement and planning policy**

- A West of England Food Procurement Group has been established to support public sector organisations including early year settings, schools, colleges, universities, hospitals and workplaces to procure and provide healthier and more sustainable food in line with the voluntary government buying standards. A food procurement and catering conference was held in February 2017 to engage with 80 organisations on healthy and sustainable catering with input from Public Health England and DEFRA.
- New food growing planning policies have been adopted to make it easier for people to access food growing space by ensuring all new residential development incorporates flexible opportunities for food growing.

#### **B&NES Food forum**

- B&NES Council co-ordinated a successful “**British Food Fortnight**” programme of events in September 2016 to engage communities with healthy and sustainable food including cooking and growing opportunities. Promoted British Food Fortnight Activities in schools including session plans and B&NES catering held a ‘British menu’ during the week. Winner of the national “British Food Fortnight” competition judged and sponsored by CO – OP food,

- Chef Raymond Blanc and the Governmental Department for Food, Environment and Rural Affairs.
- Updated **School Food Policy** and **Packed lunch policy** templates for schools & settings to utilise
  - Promoted **national school meals week** to schools and communication materials for families to promote uptake of school meals.
  - Challenged School Meals providers in LA regarding meeting the School Food Standards.

## **8. Physical activity and sport interventions**

### **Early years / maternal**

- Post-natal Moving on Up dance project continues to offer group programmes for mothers across B&NES. Moving on Up supported 56 mums between September 16 and March 17.

### **School Sports Partnership:** During this period :

- 10 schools received creative movement intervention
- 24 schools participated in daily physical activity Road shows
- 15 C4L “inspired” clubs established in primary schools
- Move a Mile launched in May 2016 – 18 schools attended the launch. programme being promoted through the School Sport Partnership to a target 20 Primary schools.
- 38 schools involved in taster programmes across 5 sports
- 9 schools have received Yoga & Mindfulness tasters & staff training
- 2 schools participated in the Active Solutions pilot

### **Bikeability Levels 1 & 2**

- A total of 621 children undertook levels 1 and 2 Bikeability training to the end of February/March 2017.

- After School Inclusive cycling club has more than 20 children attending on a weekly basis

## **9. Workforce development**

### **Health Visiting service:**

- Submitted a successful annual audit of staff skills and mother's experiences to UNICEF BFI UK.
- Delivered training to health visitors and children's centre staff, delivered training to 8 volunteers to become peer supporters
- Continued to train and support staff in the delivery of the HELLO Baby! Antenatal courses

### **DPH Award Early Years:**

- Worked with the Early Years team to develop their baby quality toolkit – physical development package. Aimed at baby rooms
- HENRY core training – 12 people trained at first course and a further 16 people were trained in March 2017.
- Portion size training in line with the School Food Standards guidance was delivered in December 2016 for B&NES Catering Service including 39 cooks in charge and 5 catering supervisors.

### **Food and Health**

- Support offered to Governors of those schools who have opted out of B&NES Catering service and are having their school meals supplied from either Secondary Schools catering or who have moved to in house catering. This is to ensure they are aware of their statutory duty that the governing board are responsible for the provision of school food
- Work with Multi Academy Trusts around food provision for primary schools – Wellsway Matt and Dragonfly trust in particular.
- Balanced packed lunch programme written & trialled in one school and EYs setting, which involves teaching lessons and resources to go home to families for consistent messages
- 3 Cook it Train the trainer programmes delivered

<p>All children and young people have good emotional wellbeing and resilience</p>		<p><b>Progress Report - April - March 2017</b></p> <p>Good progress has been made by all partners across B&amp;NES to support emotional health and wellbeing developments and increase support/interventions for children and young people. In conjunction with the Local Authority and the Clinical Commissioning Group, schools have continued to fund attachment aware training, nurture outreach and school-based counselling.</p> <p>The CCG had a specific focus on mental health as part of a 'Your Care Your Health' event: the Youth Parliament has focused on emotional health and wellbeing as their key campaign and the Primary Parliament also focused on emotional health and wellbeing. In July the CCG hosted a celebratory event for all agencies/services across B&amp;NES who provide mental health services. Public Health has made it a requirement that all schools must have an e- team and focus on emotional wellbeing to be eligible for the Director of Public Health award.</p> <p>The CCG made all the national funding allocation for CAMHS Transformation available to support the multi-agency Emotional Health and Wellbeing Strategic Group's strategic plan. The details can be found in the CAMHS Transformation Plan <a href="http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_nov16_final.pdf">http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_nov16_final.pdf</a>.</p> <p>Oxford Health, the CAMHS provider; have developed a number of additional pilot services. They also started to record patient recorded outcome measures for all children and young people on their caseload.</p> <p><b>PUBLIC HEALTH in SCHOOLS</b></p> <p>The DPH Award increased its subscription costs from 1<sup>st</sup> April 2017. This was to contribute to Council savings targets and to generate the working budget for the programme. The Award continues to be supported by Public Health; who fund 3posts to deliver, (1 WTE, 0.6 WTE and 0.3 WTE posts). 12 schools had subscribed as of June 2017.</p> <p>The School Improvement and Achievement Service also became a traded service from 1<sup>st</sup> April. The PSHE Consultant offers a package of support for schools to buy-in, or they can attend training or buy the Consultant in using a pro-rata pay-as-you-go menu. As of June, 5-schools had subscribed to the full package of support.</p> <p><b>Mindfulness in Schools</b></p>
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The primary school pilot completed in June 2016 and was evaluated by Bath University over the summer. Very good outcomes were seen in the evaluation, the main conclusion being:

Overall, the mindfulness project for primary school teachers delivered in early 2016 was highly valued by both the teachers and children who experienced it. Teachers perceived the mindfulness training useful for improving their own wellbeing, and reported a statistically meaningful decrease in their anxiety levels. The training was found to be highly relevant (i.e., all teachers could see how it may be of value to their students) and generated a high level of confidence among teachers that they would be able to deliver mindfulness within their schools. This was translated into action in most cases, with two thirds of teachers running mindfulness activities within the first two months following training, increasing to 90% to include those who have firm plans to do so at a future point.

The children we spoke to thoroughly enjoyed, the mindfulness activities delivered and appreciated the effect it had on them. Generally, they believed the activities made them feel calmer, more relaxed, and helped them to deal with negative feelings. Despite occasional disruption from other children and embarrassment in taking part most children appeared to derive benefits from sessions. Although we typically do not expect children to make very personal disclosures within focus groups, we nonetheless heard some heartening examples of the ways in which even younger children had used the mindfulness activities to help them to deal with emotions and feelings.

Overall, the evaluation suggests that the mindfulness activities taught through the Relax Kids training can be a very valuable tool for children of all ages, and that the training provided to teachers through the course sponsored by Bath & North East Somerset council was sufficient to equip teachers with the skills to do this. Potential limitations to the sustainability of activities include support from schools for scheduling and funding such activities and access to resources to refresh the activities carried out with children. Having access to evidence of the reported benefits of Relax Kids by children themselves may be useful to both help teachers to promote the activities to parents and to lobby for support within their schools.

Next steps: to repeat this course at Brighter Futures in January 2017. Schools will have to pay for places. Cost will be £150 per person for the 10 week course (8 weeks Mindfulness and 2 weeks Relax Kids resources and approaches).

**Update – June 2017**

2 further Primary Mindfulness courses have been commissioned and run by Brighter Futures between January and May 2017. A further 24 teachers have been trained from 15 different schools. Each place cost £150 and CAMHS Transformation funding paid half the cost.

**Secondary school mindfulness work.** Judy Allies and Kate Murphy have visited senior managers in 2 of the 3 Secondary schools with trained teachers of Mindfulness (.b trained) to gather information about how this resource is being used in schools. Will collate a report once all 3 schools have been interviewed, but initial use of these staff members has been positive i.e. used to deliver mindfulness sessions to staff, targeted students and at a Primary school mental health day with primary aged children.

- Mental Health resource packs for schools – all secondary schools have 2 packs and packs have been given to appropriate non-school settings
- A Primary mental health resource pack for KS1 and 2 was launched in January 2017. Every Primary school has received a pack. All schools either attended the launch or received a 20 minute visit from the PSHE Consultant or DPH Award lead to be shown the pack and discuss its use. Initial responses have been very positive. The pack was written by young people in the CAMHS participation team and supported in development by the LA.
- DPH Award for Schools and Colleges – Award Group meeting held in October 2016. 9 school certificates were awarded. 6 of these were Healthy School Certificates (audit) and 3 Healthy Outcomes. Schools identified mental health issues for their Healthy Outcomes. Schools used a variety of interventions to support wellbeing including Bath Rugby Foundation Stickability course, drumming, Theraplay (sunshine circles) and Relax kids (by a teacher that had attended the mindfulness pilot). Case studies written up for each of these show measurable positive impact on children and young people.

DPH Award group meeting in March 2017 saw 11 schools, 7 EY settings and Bath College receive certificates. A celebration evening was held in early April 2017 attended by over 90 partners, staff and children /young people. Guests included the cabinet member for Children and young people, the Chief executive of the Council and the Director of People and Communities.

Healthy School Certificate criteria have been updated and will be used from October 2016. Schools are now required to complete the SHEU survey in order to reach the green level for one of the criteria. Use of the B&NES mental health resource packs, having an E team (considering equalities issues) and supporting staff and student mental wellbeing remain as other requirements on the audit

- SHEU strategy group is considering gender bias in the questions related to mental health in order to get a better understanding of how boys are feeling and how they cope with their feelings. The requirement for

schools to take part in the SHEU survey as part of the DPH Award will hopefully increase the number of schools taking part in 2017.

12 Secondary schools and 2 Studio schools completed the SHEU survey around Easter 2017. 3,149 pupils in years 8 and 10 complete the survey – the biggest sample yet. In addition, approximately 450 Year 12 students also completed the survey from 6 schools. Results will be widely disseminated in late summer/early autumn. Primary surveys will be run during the summer of 2017. We have had 74% of eligible schools state their intention to do the survey - the biggest number of schools to take part ever.

- Parliaments Primary and Secondary Parliaments – last year Mental Health was the theme for both. School Improvement / Off The Record / Member of Youth Parliament are following up on recommendations. Report delivered to Policy and Scrutiny. This year the theme was “Getting actively involved / going for it”. Both primary and secondary parliaments were very successful, with Norton Hill School & Roundhill Primary taking the lead. Reports have been written and will be taken to Policy and Scrutiny meetings for discussion / action.

- Boys Mental Health Project - funding also secured from Public Health budget and CAMHS Transformation funds. Staff from; schools, college and CYP organisations were recruited and first steering group held. CAMHS Participation group were consulted and their findings presented. Steering group members are now developing their own areas of work. Public Health have secured funding from the Charlie Waller Memorial Trust (CWMT) to work with an infant, primary and secondary school next year to explore issues and positive approaches to Boys’ mental health. Following a pilot phase, the steering group have now made a successful bid to the Charlie Waller Memorial Trust Stella Project for funding to support ongoing work under the project title of ‘Boys in Mind’ This will fund the cost of delivering a package of support in three schools that will cover:

- ‘Whole School Approach to Male Mental Health’ training & staff briefing
- Solutions Focused training for identified relevant staff to develop confidence in applying this approach with boys and young men
- Boys / young men focus group led by CAMHS participation lead to identify school priorities
- Access to a bespoke checklist to assess PSHE materials and resources to assess their suitability for boys
- Training for duty and playground staff /SMSAs to challenge gender stereotyping and mental health stigma. To include the development and use of an agreed scripts
- Parents’ workshop

This work and subsequent case studies report will be shared nationally through CWMT. A further project is being funded to deliver a suicide prevention programme at Bath College for students who are taking construction industry related courses in academic year 2017/18

- PSHE Training to include Mental Health – mental health is now a part of every PSHE training programme, whether cluster or school-based.

### **SIRONA SERVICES**

- Health Visiting- Infant brain development and attachment is dependent on good maternal mental health. The Health visitor service is commissioned to provide universal and targeted support to children and their families with the child at the centre of the service. The universal health visiting service ensures that every family receives an antenatal visit at 28 weeks, and is invited to an antenatal programme preparing them for looking after their baby and for parenthood. Following the birth, every mother will receive a new birth visit, after handover from the midwife. Before 8 weeks each mother will undertake a maternal mood review. If any unmet need is identified the health visitor will offer a universal plus service of listening visits or, if appropriate, will signpost to a GP, or to the adult IAPT service. The health visitor then provides a universal 12 month and 2 year review to assess the child's development and identify any needs that may require additional support or intervention.
- Family Nurse Partnership- The FNP programme is: a voluntary intensive 1-1 evidence based programme which is offered to mothers; under-20 who are pregnant for the first time. The intervention begins in early pregnancy and lasts until the child is 2 years old. The programme uses Parenting in Partnership (PIPE) tools each visit to work through with a focus on attachment and child development,
- School Nursing Service - School Nurses offer direct interventions with children and young people and during the year (April to March) made an average of 437 face-to-face contacts each month (excluding height and weight assessments) many of which concerned emotional and mental health difficulties.
  - School nurses have produced leaflets for parents to help manage childhood anxiety.
  - Contribution to Emotional health and Wellbeing hubs in Secondary schools
  - College nurses support Bath College with EHWP and the college has launched its new FeelSafe college branding which has seen an increase in young people seeking support for emotional distress and suicidal thoughts.
- School nurses provide consultation to school staff across B&NES on a range of emotional health



issues. School nurses have delivered emotional resilience and awareness sessions to Parents in 4 primary and 1 secondary schools as a pilot – good initial feedback.

- CBT based, emotional resilience sessions - FRIENDS - were delivered in 12 classes (reaching 300 pupils).

The sessions ran in 8 Primary schools (St Phillips, St Michaels Twerton, Coombe Down Primary, Whitchurch Primary, St Keyna, Camerton, Roundhill and St Andrews). Year 5 children received 8 one-hour sessions of FRIENDS. Parent sessions ran in each primary school.

There was positive feedback from children, teaching staff and parents.

#### **CAMHS/PCAMHS SERVICE (OXFORD HEALTH)**

Referrals to P/CAMHS during 16/17 averaged 106 referrals per month. Of these an average of 66 were accepted by specialist CAMHS, 27 by primary CAMHS and average of 11 were deemed inappropriate referrals. The majority of referrals are from GPs. Due to increasing demand, vacancies and the complexity of some referred CYP the waiting time target for assessment was not met. Only 58% of PCAMHS referrals were assessed within 4 weeks (target 90%), and only 58% of routine CAMHS clinic referrals were assessed within 4 weeks (target 90%). Urgent CAMHS cases were assessed more quickly – 100% within 4 weeks.

- BANES' CAMHS Transformation Plan.

Some of the proposals for driving improvement within the Transformation Plan are cost-neutral, requiring a different way of helping C&YP within existing resources. But the Government has committed additional monies to local areas based on the standard CCG allocation formula. B&NES received £333k in 15/16 and £476k in 16/17. Each year £95,191 of this funding has been assigned to develop a specialist C&YP Community Eating Disorders Service. This service – TEDS (The eating disorder service) – operates across B&NES, Wiltshire and Swindon and was launched at a multi-agency event in March 2017. The service has national access and waiting time standards and although accurate reporting data was unavailable at the start of the year, the latest, Q4, data indicates that 100% (3 YP) of urgent cases were treated within a week and 87% (7 of 8) routine cases were treated within 4 weeks, (the 1 delay being due to a patient cancellation).

During 16-17, other commissioned interventions included;

- The KOOTH on-line counselling service (pilot) was launched in April 2016. The service was widely promoted across secondary schools/services by a KOOTH outreach worker. Engagement with schools has been generally positive and the uptake of the service has been promising. In the first year of service 693 young people registered with the on-line website and logged on 3,798 times. The contract has been extended for 17/18.
- Counselling became available in all maintained secondary schools and at both college sites: Services are provided by Relate, Off the Record or Focus Counselling. The uptake has been good and the feedback very positive.
- The CAMHS School Resilience Hubs pilot was continued for a second academic year. Despite significant efforts by CAMHS, who deliver the offer, uptake from secondary schools remains mixed. Some schools use the full offer- monthly support meetings and staff training- others have yet to fully engage. Further work needs to be done with schools to explore this response.
  - School Nurses delivered a whole class CBT based intervention (8 weeks) in 11 Year 5 classes at selected B&NES primary schools.
  - A CAMHS senior mental health practitioner (0.6 WTE) has been seconded to the LA Family Placement team to provide therapeutic support for foster carers and adoptive parents (to prevent placement breakdown) See below for further detail.
  - Various elements of workforce development were delivered in 16/17 e.g. Theraplay accreditation, Thrive training, mindfulness etc. See below for further detail.
  - CYP Mental Health Liaison; To, provide RUH Emergency Departments and Childrens' Ward with enhanced and out of hours access to specialist mental health assessment. This will include mental health interventions to optimise the time the patient spends in these environments and aimed at reducing length of stay.

During 16/17 funding from the Health and Justice Board (NHS England) was awarded to B&NES and Wiltshire CCGs to provide additional support for children and young people who display Harmful Sexual Behaviour (HSB). Whilst some specialist training was delivered during 16/17, the appointed CAMHS lead was not in post until May 2017. The practitioner will provide consultation and support to front line staff in social care and

YOT to better identify, assess and support CYP with HSB.

### **Preventative Services Commissioning**

- **Theraplay** (attachment based parent/child support 2-5 year-olds)

In this period 24 of children aged 2-5 years with complex emotional/behavioural needs supported through Theraplay intervention, a commissioned parent/child attachment based intervention delivered by Alison Cliffe.

CAMHS Transformation funding 2016/7 has enabled delivery of additional Theraplay training and supervision with 4 practitioners trained to Foundation level across the children's workforce (Children's Centres and social care). This has increased capacity for this therapeutic support in early years with development of a Practicum of staff able to use Theraplay informed techniques in support of parent and young children. The National Theraplay Institute has acknowledged B&NES as a leading authority in this area. Practitioners from surrounding authorities attend training and seek supervision from B&NES.

- **Nurture Outreach Service** (delivered by Brighter Futures) in primary schools.

This unique locally developed service offers comprehensive support to primary schools throughout Bath and North East Somerset to support and include children presenting with emotional and behavioural issues which pose a barrier their ability to start school at reception.

From October 2016 – March 2017 the service managed 27 cases entering reception year. Of this cohort 96% of children have improved their learning and 96% increased their emotional wellbeing rating.

In this period the service worked with 19 primary schools with 93% of schools have developed skills to manage children and have adapted the curriculum and environment to support them.

CAMHS Transformation Fund has contributed to roll out of THRIVE training delivered by Brighter Futures through behaviour and attendance panels and all secondary's and primaries in areas of highest needs have had one or two practitioners attend this training. THRIVE equips practitioners with skills to assess children's emotional levels and to adjust learning activities and group learning accordingly. This has been well received by schools attending.

- **Therapeutic support/counselling in 6 primary schools (Place2Be)**

Place2Be (national mental health charity) operates less therapeutic play/counselling service as a number of the original 6 primary schools who developed this with support from the Council have faced financial difficulties in sustaining the service. Schools independently commission the service. There is no longer a local authority commission to oversee the outcomes from the service.

### **Social Care**

- **MASH**

MASH was implemented at the end of September and despite some IT issues this is predominantly going really well; referrals so far 134 as of December '16.

The MASH operational group will meet quarterly; part of the plan going forward is that an annual plan will be produced for the MASH. This will make clear our vision and aspirations for the MASH.

There are further plans to expand the referrals sent to MASH looking firstly at CSE and then domestic abuse referrals.

- **Policies and Procedures**

Social Care; are in the process of updating the Missing Protocol and strategy. We are also updating the CSE action plan. They are re-writing the Joint protocol between AWP, SDAS, DHI and Social Care

- **New Way, Stepping Stones & Footprints**

Social Care; are about to complete annual plans for the groups mentioned above. They are also going to produce quarterly reports for these groups looking at data and outcomes so that effectiveness can be analysed and monitored. This will assist in shaping service provision going forward.

- **Child Protection and Parental Engagement**

Social Care; are going to present to the March LSCB a proposed new way of facilitating CP conferences. There will be greater focus on planning rather than information sharing. The emphasis will be that it is the families, and most importantly, the children and young people's plan rather than the agencies plan with the families' name on it.

The ethos will be about partnership working and seeing parents and carers as part of the solution with an attempt to reduce power inequalities.

- A Clinical Psychologist has been seconded from CAMHS to the Family Placement Team to support placement stability. This has been funded from the CAMHS Transformation Plan. The post-holder started in post on 24th August. This role is now embedded in the team and is receiving very positive feedback from carers and initial indicators are positive. To date they have supported 14 fourteen foster carers currently caring for 24 children. This is a quote from 2 carers who have 2 complex young people and were thinking about ending the placement of one of them.

This is a quote from 2 carers who have 2 complex young people and were thinking about ending the placement of one of them.

“Ann (psychologist) continues to support them and both children remain in placement”

“We just had another session with Ann this morning and I must say we think they are most useful and that she is great. We feel really blessed by the support that you and your team give us and the boys.”

### **Schools & Colleges**

The Virtual School has used Pupil Premium Plus to engage an Educational Psychologist for 1 day per week to carry out Educational Psychologist assessments and reports on Looked After Children (LAC) causing concern. This has been very useful indeed especially as she is willing to travel outside of B&NES – this has included visits to North Wales and Dorset. Schools are finding the reports very useful indeed. The Virtual school is recommissioning for another year due to the rise in more complex cases and the need for support with ensuring the needs of young people are met. This is also a more rapid method of ensuring EHCPs are in place for children in care with SEND needs that are not currently being met. The role is being developed to meet demand more effectively.

The Virtual School is recommissioning Attachment Aware Schools for 2017-2018. The expensive course that was implemented a few years ago has allowed a member of staff at most schools to gain an in-depth knowledge of attachment disorder. The previous Head-teacher felt that all those who would follow the course have now done so. When evaluating impact, a plan is now needed for those who have had the funding to attend the course, now use this knowledge and training to create a whole school policy that has an impact on practice. This is due to the rise in fixed term exclusions within this cohort of students over the last 2 years, further evidenced within the OFSTED report. It was hoped that the courses commissioned would be preventing this through greater understanding school wide of the difficulties experienced by these students. Due to budget difficulties this year, there will be pause on commissioning any new initiatives on this however

there will be training on this for governors, DTs, Head-teachers and carers through a new training and resources' website and also an annual calendar of face to face sessions with the Virtual School Team.

Education Psychology is helping to promote the CAMHS School Hubs pilot. In addition, the service is looking at how to develop links with CAMHS and support children who don't meet the criteria for CAMHS.

### **Bath College EHWB progress**

- Students fully aware of Kooth and are using the service
- Safeguarding Leads receiving CAMHS and associated training
- Young Men and Mental Health Campaign in Jan 2017 has seen an increase in young men into welfare services, counselling, mentoring and safeguarding
- Distraction objects purchased from the YM and MH fund to help reduce anxiety or anger in young men when in the welfare provision.
- CAMHS Funding for Off the Record Counselling Service at Somer Valley Campus, Radstock
- Introduced student online Peer Mentoring
- Introduced face to face, annual Safeguarding Updates for ALL staff
- Introduced a Mental Health Policy and Wellbeing Statement.
- Added Mental Health to the College's risk register.
- Increased the profile of the College's 'Got Y Back' Campaign created by students
- Strengthened the Safeguarding Team by employing an additional dedicated safeguarding lead

Additional campaigns:

- Think Tolerance and Respect Campaign
- New Student Prevent Campaign
- Male Mental Health 'Have You Got the Ball?' campaign
- FGM campaign
- Stop Adult Abuse Campaign
- Introduced 'Holly Guard' to staff and students
- Increased the profile of the Student Welfare Team around College
- All Student Welfare Team have undertaken extensive mental health awareness training, & CP L3 training.
- Engaged with the CAMHS Hub and training

		<ul style="list-style-type: none"> <li>• Celebrating success with vulnerable learners (e.g. LAC, YC etc.)</li> <li>• Introduction of Smoothwall web filtering (safeguarding and Prevent)</li> <li>• Modernised the College’s counselling provision</li> <li>• Increased campus security</li> </ul>
<p>All children and young people are free from misuse of substances</p>		<p><b>Progress Report YR 3 April 2016 – March 2017</b></p> <p><b>Performance against outcomes / population indicators:</b></p> <p><b>Alcohol admissions under 18s</b></p> <p>Alcohol-Specific Hospital Admissions for under 18 yr olds in B&amp;NES are reducing, in line with national trends, but the latest data shows that B&amp;NES admission rate is still significantly worse than the England average (B&amp;NES has 53.2 admissions per 100,000 pop compared to England average of 37.4 per 100,000 pop). Actual numbers of admissions are low (55 over a 3 yr period) and self-reported drinking in 11- 15 yr olds is falling, however we still have 22% of 14 and 15 year olds in B&amp;NES reporting they have had an alcoholic drink in the last 7 days (1 in 4 boys and 1 in 5 girls).</p> <p><b>Smoking at time of delivery (SATOD)</b></p> <p>16-17 SATOD data shows we have maintained low levels of smoking prevalence from 15/16 (7.2%) with 7.1% of women smoking at time of delivery. This is significantly better than the England average of 10.5%, and perhaps mirroring what is being described as a national ‘stall’ in the trend downwards. It is also worth noting that B&amp;NES data quality record for this service is excellent.</p> <p><b>School Health Education Survey</b></p> <p>The SHEU survey questions for the 2017 survey were updated to include more detailed questions about e-cigarette use and whether children have been offered cheap or foreign cigarettes or tobacco. Years 6,8,10 and 12 will be asked these questions. The Secondary school survey took place at Easter 2017 with Primary schools following in the summer 2017. All Secondary schools with a Sixth form are being asked to include</p>

year 12 in the survey this year to get a better idea about smoking, drinking and drug use in older young people. The findings will be included in the 17/18 progress report

**Headlines from the 2015 /16 Children's School Health Survey** which have been widely disseminated during 15/16 were:

**Alcohol**

- The proportion of 12-15 yr olds who reported having an alcoholic drink in the last 7 days dropped significantly from 22% in 2013 to 13% in 2015.
- Year on year – drinking is going down, both nationally and locally
- More young people in B&NES appear to be drinking alcohol compared to national
- Older pupils are much more likely to drink alcohol than younger pupils
- Significantly more drinking reported amongst those of sexual or ethnic minority
- Young people are drinking at home with their parents knowledge

**B&NES YR 10 Regular smokers (at least one cigarette a week):**

- 5% of YR10 boys say they smoke at least one cigarette a week
- 11% of YR10 girls said they smoke at least one cigarette a week
- B&NES smoking prevalence amongst 15 year olds is similar to national survey results (HSCIC) for boys (4%) but higher for girls (8%).

**Drugs:**

- 15% of YR 10 boys and 16% of YR 10 girls said that they had ever taken illegal drugs or legal highs (lower than national HSCIC survey).
- The most common drugs reported were cannabis and nitrous oxide.



**Performance against action plans/milestones:**

**Specialist substance misuse treatment for Young People**

**A full year review has taken place from 1/04/2016 – 31/03/2017 with the outcomes below detailing this time period.**

- The total number of young people accessing treatment remains consistent at 119 with the primary substances of cannabis and alcohol being used which is in line with the national picture
- Young People accessing treatment have a range of vulnerabilities with 24% of young people having four or more vulnerabilities. For young people with multiple complexities, it is important to have a team around the child, working together. Multi agency working is very high in B&NES with 91% of young people being worked with in a multi-agency way compared to 57% nationally
- 6 training sessions have been delivered with 214 professionals attending training
- 586 young people have been reached through outreach
- Project 28 and the Youth Offending Team worked alongside the Police to refer first time offenders that were initially stopped and searched and found with small amounts of cannabis to be referred to Project 28 to enable them to learn about the harms of alcohol and drugs looking at the psychological and physical effects on the body and to prevent them from getting a criminal record; which is seen as a 'teachable moment'. During the pilot phase of this project, the workshop had proved to be successful with the first time entrants into youth custody dropping by 50%. Over 30 young people have attended diversionary workshops
- 90% of young people complete their programme of specialist support compared to 80% nationally. Of those who complete, very few re-present back into treatment
- All young people who are in treatment complete a Young People's Outcome record (YPOR) which is a national tool to measure outcomes for substance misuse treatment. When young people leave treatment in B&NES they have higher life satisfaction; increased feelings of worthwhileness; increased feelings of happiness and reduced anxiety compared to the national picture.
- **Smoking:** In addition to the YPOR outcomes above, the prevalence and impact of tobacco

interventions for young people in treatment have been monitored, as at the end of treatment during the previous year 2015-16, 90% of young people who were smoking, continued to smoke when they left treatment. It has been a key priority for the specialist treatment service to reduce smoking rates amongst those in treatment during the last year. As such, all Project 28 staff have received support to stop smoking training. 100% of young people completing the YPOR were smoking tobacco at the start of treatment which has reduced to 39% at exit (compared to 90% the previous year). Nationally, 55% of young people continued to smoke at treatment exit.

### **Supporting Parents**

A review of data for parents in treatment with children has taken place with a joined up approach now being implemented between children centres and the substance misuse services. It was identified at Quarter 1 2016-17 that outcomes for opiate parents in treatment were below the national average, (3.5% local outcome versus 7.6% national average) and that there were opportunities identified and agreed through the Early Help Strategy for adult and children services to work more closely together to improve outcomes for opiate parents in treatment.

This includes:

- Joint meetings with staff working with families in children's centres and substance misuse services to share knowledge of how to jointly support families.
- Referrals of children aged 0-5 years to children centres where parents are in treatment. The jointly delivered pilot includes a children's group running alongside a group for parents focussing on different aspects of their substance misuse. Additionally, Theraplay is run alongside the sessions for parent and child together.
- Exploration and further development of jointly run groups for parents in treatment.

The adult substance misuse needs assessment will review the progress of the pilot as well as next steps as part of the wider 'Think Family' and early help approach.

### **Support for families and carers of change resistant drinkers**

- B&NES Council has collaborated, via a national partnership, with Alcohol Concern and ADFAM to support the development of guidelines for working with families and carers of change resistant drinkers.
- A workshop for agencies, families and carers was run in Bath to identify information and support needs, alongside a survey of professionals and others.
- This work contributed to a national report by Alcohol Concern/Adfam on findings and the support and training needs of professionals, families and carers. A local B&NES report was also produced and disseminated.
- Guidelines and tools for local professionals and others supporting families and carers of change resistant drinkers were produced in collaboration with local partners.
- These guidelines have now been published and plans are being developed for training and dissemination to frontline workers and those who support families and carers.

### **Blue light change resistant drinkers**

Blue Light Training was developed for colleagues across B&NES, aimed at an array of different settings to challenge the notion that nothing can be done for this client group. In addition, there was a need to improve the response to entrenched Blue Light drinkers from local agencies to reduce the suffering not only to the individual, but those around them and to reduce the financial burden on frontline emergency services. During 16/17 :

- 4 x half day training sessions were delivered.
- Over 115 colleagues trained
- 25 different agencies were involved: Police, Probation, Fire Service, Emergency Department, Paramedics, Julian House, St Mungo's, B&NES Housing, AWP Mental Health Services, Primary Care and B&NES Community Safety.

Training Evaluation Feedback:

- Over 70% of the participants said that the training had greatly increased their knowledge and understanding of working with change resistant drinkers, with the majority citing the Risk Management and Harm Reduction Approaches/ Tools as the most beneficial aspect.
- Over 70% of the attendees stated that they would now use the Blue Light approach every time they came into contact with a change resistant drinker within their working practice.

### **Conduct research with CYP**

- Young People's substance misuse services have been part of the task group to help establish the Early Help App which will enable professionals to have access to screening tools to assist in identifying if substance misuse is problematic. This was launched in January 2017 and is now available for professionals.
- The pathway from A&E will be reviewed which will include how referrals for young people admitted are referred through from social care and school health nurse teams.

### **Increase knowledge and skills of children's workforce**

#### Alcohol/Drugs

- Training has been delivered for health visitors on Alcohol Identification and Brief Advice (IBA). Others trained in IBA include speech and language therapists, IV therapists, dermatology, family nurses and the health improvement team in Sirona. Development work has also started with Maternity services supporting them to ensure a systematic approach to screening and brief advice for alcohol at time of booking. Outcomes will include a new Maternity alcohol pathway, Alcohol Identification and Brief advice guidance document and training and a bespoke alcohol resource for midwives. This work will complete in 17/18.
- Children's workforce drugs awareness training and drink think training was undertaken on 5/6 June and 10/11 October 2016. These courses are evaluated and results are available on request.
- As part of an on-going review of any potential gaps in substance misuse training for the workforce, consideration will be given to explore if the wider children's workforce may benefit from Blue Light training. (See Support for families and carers of change resistant drinkers above for more information)

#### Smoking:

- A meeting was held with the Family nurse partnership team to review the approach to smoking cessation with young mothers. Bespoke training and support needs were agreed and delivered to the team by the specialist smoking cessation team in November 2016.

#### **Training for schools to deliver substance misuse education.**

- The PSHE & Drugs advisor continues to support schools through best practice networks and provision of resources. Recently updated smoking and e-cigarette lessons are now available on the **DPH Award website**. There is a lesson plan for Primary schools and one for Secondary schools.
- Project 28 continues to work with independent schools with 4 being worked with in 2016. This work remains on-going.

#### **Evaluation of Drink Think tool and dissemination of findings**

- The qualitative evaluation of the Drink Think training and implementation tool is now complete. A paper has been written on the key findings of the evaluation which will be published in the Journal of Public Health during 17/18.
- A summary of the findings are below:

#### **Facilitators to using Drink Think (DT) tool:**

- Appreciation of new knowledge & skills gained through the DT training
- Components of the materials (flash cards & body diagram) are popular/ useful

#### **Barriers:**

- Tension between the informal, person-centred focus of youth and social care agencies, and perceived formality of Drink Think tool
- Alcohol sometimes viewed as secondary to other issues, such as sexual health and drug use
- For some, the initial training was insufficient on; a) how to apply the tool; and b) when it should be

- delivered in current work practice
- Structural constraints: Drink Think had to compete with other health interventions & within services that were already over-stretched

Main conclusions were alcohol screening and brief intervention tools such as Drink Think need to include staff in the development and design phase, in order to avoid failure related to:

- Attitudes towards alcohol as a public health issue
- Diversity in working 'cultures' and methods
- Time limitations/ work loads

Next Steps:

- A working group has been set up to plan a children's workforce development day on alcohol consumption by children. This event is planned for May 2017.
- A grant application to Children in Need was successful to enable Project 28 to develop the Drink Think tool further to support young People Not in Employment Education and Training (NEET) and Children at risk of Sexual Exploitation.

#### **Explore opportunities to work with colleges**

- The School Improvement team and members of the B&NES Tobacco Action Network supported Bath College City Centre site in its preparation for and implementation of a Smoke Free Site which went live on 5<sup>th</sup> September 2016. Free prescriptions were offered for staff wanting to quit and support for students was promoted via fresher's week. The College also carried out a whole college campaign during Stoptober. Reducing the number of regular smokers (baseline = 33% smoking at least 1 cigarette a week) is the whole college outcome identified for the DPH Award. The College also reduced the number of smoking shelters at the Somer campus and will be working towards that campus going smoke free by 2020.

#### **Smoke Free Sports Club Grant**

		<ul style="list-style-type: none"> <li>➤ 19 Sports clubs in B&amp;NES that run youth groups (6 – 17yrs) were successful in their application for a Smoke Free Sports Club Grant of £500 during 16/17. The clubs all received training on tobacco control, signage, including pitch side signs, wall signs and banners and implemented smoke free policies as a condition of participation, ensuring they keep smoking off the touchline when children are playing sport. The clubs spent their grant predominantly on equipment and boosting coaching capacity. Eight different sports were represented, including 7/19 from football and rugby clubs. Following very positive feedback from clubs we will be offering the grant again during the 17/18 season.</li> </ul> <p><b>E-cigarettes</b></p> <ul style="list-style-type: none"> <li>➤ Guidance on E-cigarettes for health and social care professionals was developed by the B&amp;NES Tobacco Action Network and widely disseminated in October 2016. A section giving guidance on specifically working with Children and Young people who smoke was included.</li> <li>➤ The B&amp;NES Tobacco Action Network have advised the Lifeskills injury prevention centre in Bristol on e-cigarette messages aimed at Year 6 pupils for potential use in their newly updated scenarios. All B&amp;NES primary schools attend the centre annually for a Year 6 experiential learning session.</li> </ul>
<p><b>Children and young people are safe</b>  <b>Lead - Richard Baldwin</b></p>		
<b>Sub priorities</b>	<b>RAG rating</b>	<b>Supporting Comments</b>
Workforce are skilled to meet the safeguarding needs of children and young people		<p><b>Progress Report for period April 2016 - March 2017</b></p> <p><b>Children’s workforce are skilled and knowledgeable to address safeguarding and early help needs of children and young people in Bath and North East Somerset:</b></p> <p>All training topics outlined in the LSCB business plan have been delivered within the training programme either through specific classroom courses, e-learning modules or learning about the</p>

<p>from early help through to statutory social care</p>		<p>issue taking place on an associated course.</p> <p>LSCB Courses over this period have been well attended with 1057 delegates attending 'classroom training' over the identified twelve month period. It is of note that due to the increased demand on Standard and Advanced CP training, additional courses were arranged and these were also fully subscribed. Additionally within this timeframe 112 people attended a Prevent Workshop and 95 people attended the stakeholder's event. This year's stakeholder's day was a collaborative approach between the LSCB and the LSAB which focused on the topic of Domestic Abuse / Violence.</p> <p>Single agency training has also been delivered to a number of schools, independent organisations and GPs.</p> <p>All LSCB training has received positive feedback through the course evaluation forms. In addition to the usual course evaluation a longitudinal project focusing on the outcomes gained from attending the Standard CP course ran for a twelve month period before capacity issues within the team necessitated it being placed on hold. The responses demonstrated that the confidence and knowledge delegates gain following training remained in a similar position or increased in the three months following completion of the course. This information strengthened the evidence gained through other evaluation methods that the programme was achieving the intended learning outcomes and having a positive impact on practice.</p> <p>It is planned to restart the longitudinal study once an apprentice joins the team as the benefits of measuring the longer term impact of training on the workforce is clearly recognised. In preparation for the restart of the project work has been undertaken to streamline the process to make it more user friendly, as whilst the return rate far exceeded the average gained in the south west for longitudinal evaluation, the levels had reduced over time. It is hoped that the adjustments made in the procedure will increase the return rate and create a greater pool of information on which to draw upon.</p> <p>The feedback provided by delegates with regards to the Stakeholders event was overwhelmingly positive about the day being a joint event for the Adult's and Children's Workforce. The response from delegates suggested that the content of the day equally catered for both the adult's and</p>
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children's workforce and provided a beneficial opportunity to theoretically and practically consider the 'Think Family' Approach. However, the format of the day created mixed reviews. Some delegates shared that they found the 'class room style' learning extremely beneficial, others would have preferred a more 'consultative' approach being taken with additional group discussions / tasks. This feedback will be helpful when structuring future stakeholder events, to ensure a wider variety of training styles are used to maximise learning opportunities for all.

Within this period a challenge was also posed by the CSE sub group regarding the impact of the training programme. Following a robust process the training sub group expressed that the evaluations from the CSE training demonstrated that the content was valuable with an increase in confidence felt by delegates across the CSE programme, qualitative data also evidenced that the knowledge held by the trainer was impressive and their style of delivery effective. Consequently the training provided was regarded as effective and meaningful, with recognition being given to the importance of supervisors / teams ensuring the learning and knowledge gained is then embedded within the work place.

**That the children's workforce is skilled and knowledgeable in assessing children and families and providing evidence based interventions which have measurable outcomes for children:**

A variety of courses have been run which focus on developing workers skills set in these areas, including participation training, working with parents who experience trauma, motivational interviewing and solution focused training.

Attempts to run individual sessions on person centred thinking have not generated enough interest to make the training viable, therefore it has been decided to include this area of practice into other courses, for example CP and disabled children.

Strategies to understand and manage challenging behaviour effectively are explored through a suite of Sexual Health and CAMHS courses. Theraplay Training continues to be arranged through the children's centre.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) workshops were provided to equip childcare workers with knowledge and understanding of these areas and how they apply to practice. Unfortunately the initial attendance at these workshops was not as high as hoped, and two sessions needed

to be cancelled due to low numbers. Consequently further work was undertaken around promoting the importance of these areas of practice and workshops continue to be offered on the training programme. An e-learning module on MCA is also available to the workforce through the Learning Zone.

In response to specific requests made by managers about equipping the workforce with additional assessment and analysis skills a lunchtime training session was provided which was facilitated by the Principle Social Worker, this unfortunately gained very low attendance, A full day training on this topic has been arranged to take place, occurring at the start of the 2017 – 2018 training programme. Unfortunately despite considerable effort it was not possible to identify a trainer who delivers Assessment and Analysis training with an OBA approach, although the evaluation information viewed for the course that has been commissioned is very strong.

The implementation of an OBA approach is being explored with a proposal to move towards an Outcome based accountability approach for new plans created for 2018 onwards.

**That the children’s workforce are safe in front line practice:**

It is crucial that staff develop their emotional resilience for practice as a lack of resilience and stress has been associated with impaired performance, physical illness, turnover and sickness, all of which will be detrimental to the work being undertaken with children and their families. Therefore Safer Lone Working & Break- away courses are available through the training programme.

Within this time period considerable work has been undertaken on a corporate level to support the physical and emotional well-being of the workforce with the introduction of well-being initiatives for example Tai – Chi sessions and weekly walks, alongside the ongoing training programmes on Introduction to Mindfulness, Managing Stress in the workplace and the and e-learning modules available.

The Children’s Workforce have strengthened links with the Volunteers network and the Well – being college, to ensure the wider workforce have access to training to increase their knowledge and skills in lone working and to build resilience in practice.

It is planned that these courses and initiatives will continue across the next financial year, with further developments taking place for example training regarding managing Hostile and Aggressive Behaviour is being sought through Bloom.

		<p>Through the provision of these courses it is hoped that staff have a greater level of confidence and understanding of their physical and emotional well-being which in turn allows them greater ability to reflect on their practice, consider their personal motivations, and explore the nature and impact of their empathic interactions with service users. Emotional intelligence has also been found to underpin the development of “accurate” empathy; this helps professionals build effective emotional boundaries enabling them to deliver compassionate, person-centred care and avoid over-involvement with service users or the development of cynical attitudes towards them (Grant 2013)</p> <ul style="list-style-type: none"> <li>➤ As part of our preparation for the Ofsted inspection, we have now developed a “Training attendance and Compliance” tracker. This tracker highlights the courses that staff have attended and the percentage/numbers of staff who have received training set against attendance targets.</li> <li>➤ The LSCB continues to provide Safeguarding training to all agencies within the LSCB. Audits undertaken by the LSCB in regard to the level of take-up for these training courses show consistently good “take-up” from agencies in regard to attendance.</li> <li>➤ The range of training provided by the LSCB continues to be reviewed regularly to ensure that it remains relevant, is regularly up-dated and covers new practice developments.</li> </ul>
<p>Staff in all agencies working with CYP have increased awareness in how to recognise risk of potential self-harm and suicide.</p>		<ul style="list-style-type: none"> <li>➤ During our recent Ofsted inspection, the Council received positive comments from inspectors on the work that continues to be undertaken in relation to raising awareness of suicide and self-harm.</li> <li>➤ The guidance on Self-harm for professionals and parents has been reviewed and updated. This guidance is available on the LSCB web-site.</li> </ul>
<p>Increased understanding and</p>		<ul style="list-style-type: none"> <li>➤ Over the past year work has taken place to develop a multi-agency Virtual Early Help Hub. This will be launched in October 2017.</li> <li>➤ In the last 12 months agencies have also collaborated on establishing a fortnightly Early</li> </ul>

awareness of risk and appropriate interventions and support available.		<p>Help allocation process. This has assisted in efficiently directing work to the most appropriate teams and service areas.</p> <ul style="list-style-type: none"> <li>➤ The Early Help Board continues to meet regularly and is well attended.</li> <li>➤ The Multi-agency Threshold document will be re-promoted as part of the launch of the Early Help Hub. This will ensure that all agencies continue to be aware of thresholds for interventions.</li> </ul>
Injury Prevention		<ul style="list-style-type: none"> <li>➤ B&amp;NES continues to fund a part-time Domestic Violence (IDVA) post which is based at the RUH. This post has been successful in seeking to intervene with victims of domestic violence and the point of presentation. This has assisted in ensuring more positive outcomes for victims of DV.</li> <li>➤ B&amp;NES also continues to commission IDVA services which are delivered from Southside.</li> </ul>
Improving 'Early Help' offer to families and signposting to other services		<p>The Early Help priority to improve access to information for practitioners in all agencies about services available is an ongoing priority but improvements have been made following the launch of the Early Help App in January 2017. A comprehensive marketing plan has ensured that the App has been promoted via staff briefings, team meetings, on the B&amp;NES website, GP Forum, Libraries, Adult services, through People &amp; Communities Family Information Online, the Children &amp; Young People's Network, Housing Providers, Wessex Water, Police and Adult Voluntary Organisations.</p> <p>The Early Help App signposts to local early help services, includes thresholds information and screening tools to help professionals supporting families or who come into regular contact with families signpost them to the right help at the right time. Information available on the App includes advice and organisations able to help with;</p> <ul style="list-style-type: none"> <li>• Benefits and Managing Money</li> <li>• Housing and Homelessness</li> <li>• Health and Wellbeing</li> <li>• Education</li> </ul>

		<ul style="list-style-type: none"> <li>• Safeguarding and Child Protection</li> <li>• Child Sexual Exploitation</li> <li>• Domestic Violence and Abuse</li> <li>• Family Support and Parenting</li> <li>• Childcare</li> </ul> <p>Between January and end June 2017 252 professionals accessed the app over 581 sessions and downloaded 105 documents/ information. The information tiles most frequently accessed were “family support and parenting”, “health and wellbeing” followed by “early help”.</p> <p>The number of CAFs for young people aged 11-19/25 has dropped and continues to be very low over the year ranging from 6-9% of CAFs. The CAF/multiagency early help assessment process is being reviewed and as part of this process consultation will take place with schools and agencies to understand the barriers to the process in order to improve the early help offer to this age group.</p>
Ensuring children and Young People’s life chances are not adversely affected as a result of Domestic Abuse		<ul style="list-style-type: none"> <li>➤ We have now established improvements in the recording of Domestic Violence referrals within the Duty Team. This has improved our understanding of demand and prevalence of DV concerns</li> <li>➤ As mentioned above, B&amp;NES continues to commission and fund a number of IDVA posts across the area which actively work with victims of domestic violence.</li> <li>➤ We continue to promote the understanding and awareness of Complex (Toxic) trio concerns with all staff.</li> </ul>
Children with special circumstances are safeguarded and include :-		
Children in care		<ul style="list-style-type: none"> <li>➤ Children “Looked After” continue to be a key priority for the Council, and the duty as a corporate parent is understood by all staff and members. The numbers of young people “looked after” has risen over the past 12 months as pressures grow on services. However all</li> </ul>

		audits and checks indicate that thresholds and decision making between agencies remain appropriate. In accordance with the Governments National Dispersal System, we have been asked to accommodate up to 23 Unaccompanied Asylum Seeking Children over the next two years. This will place additional pressures on resources.
Care leavers		➤ Services to care leavers continue to perform well against national and regional comparators. Our levels of NEET care-leavers are good and we remain in touch with the vast majority of young people following their 18 <sup>th</sup> birthday.
Children with disabilities		<p>➤ We continue to provide short breaks for families with children who have a disability. This can be in the form of; a) Day-time respite (b) Over-night care (c) Opportunities for children with a disability to participate in educational and recreational activities.(d) Emergency care due to illness, or if safeguarding concerns have been identified.</p> <p>➤ The work of the Disabled Children’s Team was highlighted by inspectors as being of high quality and evidenced by positive outcomes for young people and parents.</p> <p>➤ We have recently completed a staffing re-structure of the DCT which has strengthened staffing and management arrangements of the team.</p>
<b>Priority 3 Children and young people have equal life chances</b> • Leads - Debbie Forward/Mary Kearney Knowles		
<b>Sub priorities</b>	<b>RAG rating</b>	<b>Supporting comments</b>
CYP are supported through		<b>Commissioned services –</b> Two contracts in preventative services - Theraplay (early years) and Nurture Outreach Service (primary schools) work closely to ensure that vulnerable children with Emotional Health and

seamless transitions		<p>behavioural issues are identified and supported to be ready for school. this work is facilitated through the local authority Inclusion and Partnership manager who is also responsible for management of Transition Funding panel and Inclusion Support Funding. This collaborative work ensures that young children with the highest level of need receive appropriate and timely support to enable them to access Reception classes.</p> <p>Children’s Centre services have also supported children to access early years settings and to make positive transitions into reception classes.</p> <p>Youth Connect support young people aged 11 – 19 (up to 25 with SEND) and Mentoring Plus support young people aged 11 – 21 to experience positive transitions from primary to secondary school, from secondary school to further education and from further education into training or employment.</p>
CYP are active citizens who feel they have a voice and influence		<p>All commissioned services are monitored to ensure that they enable CYP to share their views and influence service provision.</p> <p>Active participation of young people across B&amp;NES includes:</p> <p>Senior In Care Council</p> <ul style="list-style-type: none"> <li>• Involvement in recruitment of Deputy Safeguarding Lead/IRO/LAC Nurse/CP Chair</li> <li>• Wrote and delivered presentation about work experience campaign to ICC steering group</li> <li>• Helped design the health passports for the young people in Care and fed back as to when young people should receive these.</li> <li>• As part of a BANES wide sexual health consultation for LAC and care leavers the SICC fed back on a range of topics to include; LAC nurses, sexual health information</li> <li>• Consulted as part of a PHD student at Oxford University looking at the mental health of young people in Care</li> <li>• Contributed scenarios for CAMHS PSHE pack for schools to include quotes taken from surveys conducted by SICC and Youth Forum</li> <li>• Delivered presentation to the Policy Development and Scrutiny Panel</li> <li>• Updated poster ‘What makes a good social worker’ with carer leavers and JICC, and their own additional feedback. This is now used actively as part of the interview process for Social Workers</li> </ul>

- Put care leavers feedback in a 'young person friendly' format
- Delivered a presentation for the IRO's - as a result the care review "Your review" has been updated and the wording changed.
- Feedback about LAC packs
- Gave a presentation to Education Students at Bath Spa University.
- Were involved in the interviews for the post of Virtual Head
- Presented Corporate Parents Group and met with the chair independently to discuss their campaigns
- Presented on SICC at BANES Secondary Parliament Day

#### Junior In Care Council

- The JICC is a consultation group that meets three times a year to carry out consultations and team building activities. This year Social Care and OTR have undertaken successful events/consultations, and additional 1-1 visits to children aged 7years plus as part of advocacy consultation.

#### Youth Forum

- The Deputy Member of Youth Parliament (DMYP) created a PowerPoint for the (MYM) campaign used by Members of Youth Parliament's across the country
- An Inclusion Advocate helped create the inclusive ballot for MYM which has been used nationwide and includes the OTR and BANES Youth Forum logo (created by our young people).
- Youth Forum delivered workshops and presentations on MYM
- DMYP created a PowerPoint for Don't Hate Educate Campaign (again used nationally by MYP's and workers).
- DMYP/SICC member gave an excellent presentation on Mental Health and Wellbeing at 2016 Primary Parliament
- MYP attended PDS meeting with PSHE lead talked about Mental Health Pack and feeding back to schools about Mental Health including findings from Young Parliament Day 2016.



		<ul style="list-style-type: none"> <li>• MYP Annual Sitting taking part in debates, workshops and attending Key Note Speeches.</li> <li>• MYP, DMYP and UK Youth Parliament Procedures Group young person lead met to analyse mental health survey data</li> <li>• Consultations with Sirona and NHS England</li> <li>• CAMHS commission</li> </ul> <p><b>BANES Young Inclusion Advocates:</b> All the Participation opportunities for young people facilitated by OTR are inclusive, with some specific pieces of work carried out to further thinking and development work.</p> <ul style="list-style-type: none"> <li>• Young Inclusion Advocates (BYIA) session was held with young people giving feedback on the short breaks statement, including a request for an easy read/widget version, to enable them to give quotes in their statements.</li> <li>• Individuals consulted and inclusive ballot paper for MYM 2016 created</li> </ul> <p>Wider participation Secondary E – Team event in 2016 Primary Parliament 2016 – Free2Be ME Secondary Pupil Parliaments 2016</p>
Vulnerable CYP and their families receive timely and effective early intervention		<p><b>Family Support and Play Service</b> – a commissioned service managed by Southside Family Project in partnership with Bath Area Play Project. Target group families of children and young people aged 5-19 years – offering whole family specialist support including coaching, counselling, play therapy and group interventions. From October 16-March 2017 Southside worked with 181 families.</p> <p>Following closure of work -</p> <ul style="list-style-type: none"> <li>• 68% of adult family members reported to have increased capacity to keep their children safe (including e safety, families affected by domestic violence, MARAC and lower risk cases)</li> <li>• 78% of victims of domestic abuse better able to keep themselves safe.</li> <li>• 76% of children and young people improved their emotional resilience</li> </ul> <p><i>(Outcomes measured using Family Start – practitioner and service user tool for outcome setting and review).</i></p> <p>Children’s Centre services working closely with Maternity and Health Visiting receive referrals for those children aged 0-5 and their families who have emerging needs and are at risk of experiencing poor outcomes through increasing parenting skills and capacity so they are able to keep their</p>

		<p>children safe, increasing parents' education and employability skills and ensuring children are ready for school.</p> <p>During 2016/17, Children's Centre services helped 135 children increase their readiness for school, 194 parents to improve their parenting, 57 to increase their education and employability skills, 102 families to become healthier and 29 (out of 30 parents referred) to improve their ability to keep their children safe.</p> <p>Preventative Youth Support Services include Youth Connect, Mentoring Plus and Compass who all provide support to young people who are at risk of suffering poor outcomes due to social and emotional needs with then increase their risk of becoming NEET (not in education, employment or training) and/or entering the youth justice system. In 2016/17, Youth Connect supported 411 young people, Mentoring Plus supported 66 young people and Compass supported 27 young people.</p>						
<p>CYP with SEND enjoy good health and lead fulfilling independent lives</p>		<p>Currently the uptake of Annual Health Checks nationally is 75%, in B&amp;NES it is 45% so work is being undertaken to have a more consistent approach for 14+ with a LD to receive their Annual Health Check. Those cyp who are entering the system via an EHCP, will generate a 'flag' notification to their GP, who will then offer the Annual Health Check. For those who are 14+ and are on an existing EHCP or have a statement awaiting conversion to an EHCP, the Annual Health Check is being promoted to special schools.</p> <p>Update of no of EHCP Sept 2016 – Sept 2017</p> <table border="1" data-bbox="620 1008 1921 1134"> <thead> <tr> <th data-bbox="620 1008 1055 1086">Year</th> <th data-bbox="1055 1008 1489 1086">Requests</th> <th data-bbox="1489 1008 1921 1086">Assessments</th> </tr> </thead> <tbody> <tr> <td data-bbox="620 1086 1055 1134"><u>2016/2017</u></td> <td data-bbox="1055 1086 1489 1134"><u>253</u></td> <td data-bbox="1489 1086 1921 1134"><u>186</u></td> </tr> </tbody> </table> <p>NEET data for young people with SEND aged 16-24 compares well with national data: 9.5% NEET B&amp;NES cohort compared to national cohort of 11.1%.</p> <p>No's of children with SEND in mainstream education and training 76.4% compared to national figure of 46.7%.</p>	Year	Requests	Assessments	<u>2016/2017</u>	<u>253</u>	<u>186</u>
Year	Requests	Assessments						
<u>2016/2017</u>	<u>253</u>	<u>186</u>						

Narrowing the educational achievement gap for cyp who are vulnerable learners, including BME, SEND, CP/CIN and LAC		<p>The gap in performance between disadvantaged children (those in receipt of FSM, LAC or adopted from care) is closing at most key stages but remains significantly larger than the national gap.</p> <p>The attainment of children with SEND is broadly the same as similar pupils nationally, but the progress is lower, meaning that these pupils are not doing as well as they should.</p> <p>BME attainment is variable due to the small numbers in each cohort in each group and so there is no overall pattern except that in most key stages the small number of black pupils have lower attainment than similar pupils nationally, and often lower progress.</p>