

Children and Young People's Plan 2014-2017

YR 2 Review 2015 - 2016 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

<ul style="list-style-type: none"> • Priority 1 Children and young people are healthy • Leads: Physical - Denice Burton & Emotional - Mary Kearney-Knowles 		
Sub priorities	RAG rating	Supporting Comments/Evidence
All children and young people maintain a healthy weight		<p>Leadership and Governance</p> <ul style="list-style-type: none"> ➤ The Healthy Weight Strategy has now been completed and published at http://www.bathnes.gov.uk/services/public-health/public-health-strategies-and-policies/healthy-weight ➤ 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. ➤ B&NES achieved a Bronze award for sustainable food cities from Sustrans which reflects and recognises the partnership working and strategic planning on this issue. ➤ JSNA breastfeeding pages updated with new international research findings <p>http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/breastfeeding</p> <p>Performance</p> <p>Infant Feeding - 6-8 week breastfeeding rates</p> <p>There have been notable changes in 6-8wk breastfeeding prevalence rates within wards between the time periods Q4 2012/13 - Q3 2013/14 and Q1 2014/15 - Q4 2014/15 (two 2-year analyses). However, due to small numbers (and correspondingly large confidence intervals) none of these changes are statistically significant.</p> <p>There was also a drop from 62.8% to 60.5% in breastfeeding prevalence for the local authority as a whole, however this is again not statistically significant. Drop in coverage rates is another possible</p>

reason for this decrease.

Changes in the process of recording and reporting the rates may also have impacted on the quality of the data set.

<http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/breastfeeding>

NCMP

NCMP data for the academic year 2015/16 is still provisional. Relatively high numbers in Year 6 have opted-out this year – 33 child opt-outs, compared to 10 in 2014/15; and 49 parental opt-outs, compared to 15 in 2014/15. Overall participation rate in 2014/15 for Year 6 is 97.2% and for 2015/16 it is estimated to be around 93%

Progress against 15 – 16 implementation plans

Increased opportunity for Healthy diets

Health Visiting service:

- 87.5% of families received universal review visits
- 8 Hello Baby! Antenatal programmes were delivered and Hello Baby! Antenatal training for staff was delivered.
- Baby feeding hubs are operating daily.
- Accredited Breastfeeding peer supporter programme delivered at hubs – another 15 volunteers recruited
- Improved communications for families (via infant feeding newsletter, facebook and twitter feeds)
- Continued with book loan schemes in the hubs (about infant feeding and introducing solids)
- Obtained £8,400 in funding from the Sirona Foundation to transform the hubs into more comfortable social spaces for parents to meet.
- Submitted a successful annual audit of staff skills and mother's experiences to UNICEF BFI UK.
- Initiated an Infant Feeding Provider Forum bringing together local services to improve support

for parents.

DPH Award :

- 22 early years settings applied for a DPHA certificate. 4 already held a certificate making them eligible for the full DPH Award and 4 did both certificates together to also achieve the full DPH Award
- 14 schools applied for a DPHA certificate. 7 schools achieved the full DPH Award within that period and 2 schools did both certificates.
- 5 out of 6 schools applying for a Healthy Outcomes Certificate developed outcomes based on healthy weight
- 10% of Primary schools attended local cookery and food hygiene during 15/16, reaching a total of 50% of schools since the launch of the School Food Plan and initial training delivered during 14/15.
- B&NES DPHA films produced to support school meal provision and to promote cooking, growing and farm visits in schools have been recognised and used within National resources launched by the School Food Plan and on the Change 4 Life School Zone.
- In March 2016 an audit carried out among primary schools demonstrated 94% of schools reported to have growing areas for pupils to use on the school grounds, 62% of schools have designated cooking facilities for pupils to use including either a cookery room or curriculum area with sink hob and/or oven facilities for cooking in the curriculum activities. The remaining 38% of school all reported to have portable equipment to enable cooking activities to be set up within classrooms or with school halls. Furthermore 18% of schools visit a local allotment site or community space to carry out growing or gardening activities, while 68% of schools carry out farm visits with pupils. And finally 55% of primary schools have Breakfast club provision for pupils either on the school site or nearby in a local nursery setting.

School Nursing service :

- delivered the Healthy Child Programme

Local Food Partnership:

- The local food partnership was awarded the Bronze sustainable food cities award.
- Public sector food procurement: the school food contract was successfully procured

- Worked towards Food for Life catering mark
- Sirona Care and Health have progressed the proposal for a community shop to improve affordable, fresh food provision in areas of deprivation.
- Development of council policies and plans to support access to healthy food via Placemaking plan
- Food Forum: School meal uptake – increased by 20% between 2013 and 2015. Average figures for schools opted into B&NES Catering Service for 2015/16 demonstrates a Universal Infant Free School Meal uptake of 69% and an average school meal uptake of 62%.
- Successful engagement with two Secondary Schools including the Wellsway MAT and Writhlington School. Schools are working towards becoming compliant with School Food Standards. The nutritional Quality of food has improved, with reduction in the number of snack items for sale at break time particularly at Wellsway School.
- Sugar swap campaign ran in EY settings, schools and pharmacies in January

Increased opportunity for Physical activity

Fit for Life partnership / School sport partnership achieved the following :

- 6 schools received creative movement intervention
- 10 schools participated in daily activity roadshows
- C4L deliverer training delivered with 10 schools
- 11 schools involved in 3 taster sports programmes
- Leisure centre contract started with standards for food provision in place
- 4 Moving on Up Postnatal exercise classes for women delivered in deprived wards
- 2 Family Moving on up – programmes delivered
- 5 HENRY programmes and all EY practitioners trained
- Sportivate Youth engagement projects at Southside and Peasedown St John
- Wheels for All transitioned to Cycling Projects
- Launched This Girl Can Swim at Culverhay Sports Centre In partnership with GLL
- Inclusive sports network database established :<http://www.sportsrush.org.uk/>
- C4L campaign packs sent to schools
- Learning in Natural Environments training and network delivered
- Link created with City of Bath College and Sports/ Coaching programme

Increased opportunity to achieve a Healthy Weight

Universal services

- School nurses routinely weighed and measured all children in reception as part of a school health review, and at year 6 and follow up any children who are very overweight to offer support. Also piloted healthy weight intervention for families.
- A multiagency working group has been set up to develop a collaborative approach to promoting body image and esteem in children and young people in response to the findings from the SHEU survey
- Delivered body image and esteem workshop for Year 5s

Targeted services:

Pregnancy : The health in pregnancy service has achieved positive results

- 217 pregnant women - 66% at or below weight management guideline at 36 weeks
- 142 Post natal women - 56 % below their booking in weight.
- 187 mode of delivery recorded - 65% had normal delivery.

0-5 services :

- 12 parent Cook It! courses , 5 HENRY programmes , 8 Family Cook It! in schools were delivered . Cook it service worked with 140 families including 50 children with 80% families reporting dietary improvements .
- Two train the trainer Cook It! Practitioner courses were delivered

5-19 services:

- Telephone support offered to families as part of NCMP
- Cook it! and Henry delivered (as above)
- 12 SHINE programmes delivered for 10-17 year olds -75% of young people have reduced their Body Mass Index with 63% achieving a reduction in their waist circumference measurement. Self-reported levels of anxiety and depression have decreased among 70% of

		<p>young people attending the programme with 76% of young people increase their levels of self-esteem and confidence. 80% of young people have increased their lifestyle score, by making positive changes to food, drink and physical activity habits including a reduction in screen time and increase in fruit and vegetable consumption. As a result of being more physically active and less sedentary, 78% of young people have increased their peak flow readings with improved lung capacity. From January 2016 – parents have been more involved in the SHINE programme – attending the theory sessions, whilst YP do activities. This has improved retention and uptake.</p> <p>➤ a family fit club was delivered at Threeways school</p>
<p>All children and young people have good emotional wellbeing and resilience</p>		<p>EARLY HELP</p> <p>A number of services are commissioned to directly meet outcomes to support children with emotional difficulties moving from pre-school to school.</p> <p>i) Theraplay (delivered by Alison Cliffe Ltd) - a child and family therapy for building and enhancing attachment, self-esteem, trust in others. 30 children aged 2-5 have accessed this support from Sept 2015-April 2016 with an additional 10 receiving long term support (over 6 months eg. complex CP or CiN cases).</p> <p>ii) Nurture Outreach Service (delivered by Brighter Futures) in primary schools.</p> <p>A team of qualified specialists (in nurture, attachment and trauma) model practical strategies and in schools to effect change at whole school level as well as providing 1:1 work with children and school staff.</p> <p>56 children entering reception in September 2015 received this support and 17 schools accessed the service (training, mentoring, modelling, consultancy and supervision). A school questionnaire to get feedback in April 2015 showed 89% of schools strongly agreed that the well-being of the child (children) who received support, had improved.</p> <p>iii) Therapeutic support and counselling. (Place2Be) Six primary schools (Roundhill Primary, Castle, St Keyna, St Nicholas, Moorlands Federation and Twerton Infants) now have this service</p>

providing emotional/ mental health support for children, parents, teachers and schools staff.

CAMHS Transformation Fund – development workforce capacity

This year has seen a notable increase in demand for support for emotional and behavioural needs in early years (and school entry level).

£55,000 was used to increase workforce capacity to support children with emotional wellbeing issues. This was invested in development of:

- A **Theraplay** Practicum of locally trained and supervised early years staff working across a range of settings (Children’s Centres, VCS and adoption and fostering)
- **THRIVE training** to 30 schools (primary and secondary) and 4 VCS orgs to assess children and young people’s emotional stages and adjust learning programmes accordingly.
- The **Attachment Aware Schools** programme. To date 41 schools have undertaken this year long degree level course run in partnership with Bath Spa University - 24 of them from B&NES. The national conference in 2015 attracted 220 participants from across the country and was evaluated as outstanding or good by 99.5% of the participants.

A number of **Preventative Early Help Services** provide support to children aged 5-13 with emotional and social issues (social isolation, behavioural issues, lack of engagement at school, bullying, health issues, parental mental health, domestic violence, drug and alcohol issues).

Community Play Services

- Two contracts to deliver community based play services. In 2015/6, 122 children aged 5-13 years received bespoke 1:1 play support Family Play Inclusion Worker. 64 families were supported through group work, family based parenting support and healthy play and interaction with child(ren).

Specialist Family Support

- In 2015/6, 408 families who have traditionally not engaged with statutory services or with entrenched, complex needs have accessed a range of services to support their parenting (counselling, group support, keyworker).

- In families where domestic abuse was an issue, 66% were able to keep themselves safe and in 78% of cases adult members of complex families are better able to meet their children's emotional needs.

All services and settings continued to prioritize emotional health and wellbeing in 2015-2016. We saw the development and delivery of a range of supports/interventions. These can be grouped as follows:

PUBLIC HEALTH Support to schools and colleges

- **Mindfulness in Schools and College**

- 16 B&NES staff completed the 8 week Mindfulness course delivered by Brighter Futures in January 2015
- 2 Secondary schools were funded by the Director of Public Health Award (DPH) Award to have 16 staff in each school receive the 8 week Mindfulness course, also delivered by Brighter Futures. This occurred between January and April 2015.
- 4 staff from 3 Secondary schools were funded through the DPH Award to complete a 4 day .b training in January 2016. This qualifies them to deliver Mindfulness in Schools sessions/resources to young people in schools.
- Follow-up with schools required in September 2016 to assess impact on CYP.
- 16 staff from 14 Primary schools were funded by the DPH Award to complete an 8 week Mindfulness course (delivered by Brighter Futures) between January and March 2016. This was followed up with 2 sessions using 'Relax Kids' resources. Teachers planned activities to use with children back in school. This work is being evaluated by the University of Bath to assess impact on both staff and children. Report due end of July 2016.
- 16 Bath College staff completed an 8 week Mindfulness course in January – March 2016

- **Mental Health resource packs for schools**

- The DPH Award and the Transition budget funded the development and printing of resource packs for Secondary schools at KS 3, 4 and 6th Forms. The work was a partnership between School Improvement (Kate Murphy) and the CAMHS participation

team of young people led by Gill Welsh. There was a launch of these materials at a DPHA training session in March 2016, where activities were led by the young people who had developed the pack. Copies have been distributed, following training, to all secondary schools and settings such as Project 28, Off The Record, Connecting Families etc., The packs are also available on-line.

- Mental Health resource Packs for KS1 and 2 are being updated at present and, following trials with children will be launched in the Autumn Term 2016.

- **DPH Award for Schools and Colleges**

- Schools are mostly selecting EHWB issues as the focus for their Children in challenging circumstances (ChiCCs) for the Healthy Outcomes Certificates.
- Use of the Rainbow Survey (evaluated by Bath University) can measure increases in reported self-esteem, peer relationships and school engagement.
- Case studies for 2015/16 show that interventions include using Mindfulness with young people. Schools also select a variety of other interventions to engage children and enhance self-esteem such as using creative movement and enterprise projects.
- Bath College completed a SHEU survey in March 2016. Outcomes have been shared with them and discussed. Its first priority is to implement a smoke-free policy at the City campus from September 2016 and as its focus for the DPH Award also.

- **Primary and Young Parliaments**

- Both Parliaments had Mental Health as their focus.
- The Primary Parliament was called Free to Be Me and had workshops on How to Get Support, Indoor / Outdoor Learning, Equalities and Inclusion
- The Secondary Parliament has workshops on Social Media, Self-esteem, Reducing stigma and Where to get Help and Support
- The Parliaments were co-organised by St Keyna Primary / Broadlands Primary and Local Authority staff
- Recommendations from both were taken to the Policy and Scrutiny Committee and have been sent to all schools.
- The MYP will follow up recommendations in the Autumn Term

		<p>Leadership</p> <ul style="list-style-type: none"> • The Emotional Health and Wellbeing Strategy group led on the development , approval and implementation of the CAMHS Transformation Plan 2015/2016 :details of the increased provision can be found in the attached link: the plan was published in October 2015 <p>http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_oct15.docx</p> <ul style="list-style-type: none"> • This group will also lead on the development and delivery of the CAMHS Transformation Plan 2015/206 • The group promoted a range of resources for Mental Health Awareness week.
All children and young people are free from misuse of substances		<p>Leadership and Governance</p> <ul style="list-style-type: none"> ➤ A needs assessment was completed in December 2015 with an implementation plan detailing the key recommendations and actions in place until 2017. ➤ Promotion of early help approaches for substance misuse and helping young people to take up support and treatment has been identified as a key priority in the B&NES Early Help Strategy (2015 – 2018). Substance misuse for young people, adults and families is part of the Early Help Action Plan and includes the development of a project between Children Centres and substance misuse services to support the whole family. ➤ Other specific actions include promoting the use of the Drink Think tool and alcohol and substance misuse training through contracts, as well as delivering training and information across services to improve the uptake of screening and referral into treatment. <p>Performance</p> <p>Smoking at time of delivery</p> <ul style="list-style-type: none"> ➤ There was a significant drop in the numbers of women smoking at time of delivery in B&NES during 15/16. Of the 1735 maternities in B&NES 7.2% were smoking at time of delivery compared to 10% during 14/15. This is better than the national and commissioning region (South Central) averages of 10.6% and 8.4% respectively.

- The introduction in 15/16 of the Saving Babies Lives: NHS Care Bundle to reduce stillbirths has given additional emphasis in maternity services to smoking in pregnancy. This has led to a noticeable increase in B&NES pregnant women who smoke engaging with support services.
- Smoking and weight management in pregnancy have now been included in the RUH midwifery mandatory training programme.

Alcohol admissions under 18s

- The latest Health Profile for B&NES (May 2016) provides data on Alcohol related hospital stays for under 18 year olds for the period 12/13 – 14/15. The B&NES rate of alcohol related hospital stays for U18's during this period was 48.8/100,000 population, which is similar to the England average and similar to the previous 3 year period of 11/12 – 13/14.

Drug and Alcohol Treatment Outcomes for young people in B&NES

- 63% of young people left Project 28 drug free in 2013/14, this has risen to 94% for 2015/16 which compares to 79% nationally. Only 1% re-represented back into treatment following relapse compared to 6% nationally.

Headlines from the Children's School Health Survey which have been widely disseminated were:

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.

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

Progress against implementation plans

Provision of targeted Tier 2 treatment

- The outcomes for young people in treatment are better than national – with 94 percent successfully completing treatment during 2013/14, compared to 79 percent nationally. Furthermore, successful treatment appears to be long-lasting, with very few clients re-presenting into adult treatment – during 2012/13-2013/14, 10 out of 80 clients re-presented to the adult drug treatment service following a successful exit from the young person's treatment service.

Support for families and carers of change resistant drinkers

- B&NES Council has signed up to a national partnership with Alcohol Concern and ADFAM to support the development of guidelines for working with families and carers of change resistant drinkers.

Conduct research with Children and Young People

- Project 28 and drug and alcohol commissioner attend a task and finish group to develop an early help app where there will be clear guidance on referral pathways.
- A&E referral form currently being reviewed by the RUH.

Explore opportunities to work with colleges

- Bath College carried out the School Health Education Survey in March/April 2016 and initial findings indicate higher levels of smoking amongst college students compared to secondary

school reported levels and initiation of smoking on enrolment at the College. The College are currently developing an action plan to work towards achievement of the Director of Public Health Award and will include smoking as one of their priority work areas.

- Bath College are committed to working towards a smoke free site and plan to bring forward action to achieve this goal during 2016.

Training for schools to deliver substance misuse education

- ASSIST Smoking Prevention Programme: during 15/16 four secondary schools took part in the ASSIST smoking prevention programme. This programme has been reviewed and will not be commissioned in 16/17. Capacity released as a result will be used to support a smoke free sports club programme and work to raise awareness of illegal tobacco and its impact on communities.

Provision of training and evaluation of DRINK THINK tool

- Bristol University evaluation team have carried out focus group work with professionals and young people and observed training. Recommendations have been made to continue with developmental evaluation which should be completed in September 2016. In light of formative evaluation findings work is progressing to review the approach to screening and recording use of the Drink Think tool in the school nursing service and sexual health services.

Smoke free homes

- Recording of smoking status and exposure to second hand smoke has been included in the new Health Visitor contract. As a result there has been improved referral information from health visiting to the lifestyle services to support families where there are smokers in the household.

E-cigarettes

- Trading Standards have carried out under age sales test purchasing on E-cigarettes in both specialist shops and pharmacies in Bath. Four sites were visited and of these one failed. Work is ongoing with this retailer to improve compliance.

Provision of stop smoking support

- Ongoing support to stop smoking for young people is being provided by school nurses and the specialist stop smoking service

Provision of DHI family support

- A Hidden Harms Resource has been developed for frontline workers – Keeping Children Safe in the Home. A version for clients/families and the updating of safe storage plans has been completed and approved by the LSCB.
- Training has been provided for Children & Families Social work team on alcohol & change resistant drinkers with additional training on Alcohol AUDIT, Brief Interventions and Young People's screening planned during 2016/7.

Substance Misuse Plan

- A Needs Assessment was completed in December 2015 with an implementation plan detailing the key recommendations and actions in place until 2017.
- Substance misuse for young people, adults and families is part of the Early Help Action Plan and includes the development of a project between Children Centres and substance misuse services to support the whole family.

Treatment Outcomes

- 63% of young people left Project 28 drug free in 2013/14, this has risen to 94% for 2015/16 which compares to 79% nationally. Only 1% re-represented back into treatment following relapse compared to 6% nationally.

Provision of DHI family support

- A Hidden Harms Resource has been developed for frontline workers – Keeping Children Safe in the Home. A version for clients/families is in development and the updating of safe storage plans has been completed 2016 and approved by the LSCB
- Training has been provided for Children & Families Social work team on alcohol & change resistant drinkers with additional training on Alcohol AUDIT.
- A resistance drinkers and families pilot project is currently in progress

Conduct research with CYP

- The School Health Education Unit Survey was completed in 2015
- 12/13 secondary schools took part - 3048 pupils from years 8 (88% participation rate) and 10 (81%)
- 29 primary schools took part - 1653 pupils from years 4 (77% participation rate) and 6 (87%)
- Additional questions were included in the survey regarding E-Cigarettes and access to illegal tobacco.
- An Early Help App is currently being developed with substance misuse part of the app testing.

Explore opportunities to work with colleges

- Bath City College have had their Healthy FE Certificate re-validated and maintain their commitment to go smoke free by 2020
- Alcohol Harms Drama Project developed by Bath Spa Uni students and delivered in 4 Secondary Schools and the young people's treatment service during Jan – April 2015
- Bath City College Gotyaback social media campaign supported by Council - launched Spring 2015 and is ongoing

Provision of training and evaluation of DRINK Think tool

- Bristol University now have ethics approval for evaluation and are engaging with provider services to recruit young people to the study. Ongoing training for providers.

Smoke free Environments

- Inclusion of alcohol and smoking performance indicators in new Health Visiting Contract 15/16
- All children's centres now have smoke free signage in place

ASSIST smoking prevention programme

- Five secondary schools completed the ASSIST programme during 14/15, 2 rolled over into 15/16 and target for 7 to take part during 15/16 Cathy's team to update
- Activities on smoking and E cigarettes have been developed for both primary and secondary schools and will be sent to schools in time for the Autumn Term 2016 (as well as being

		<p>available on-line)</p> <p>Provision of stop smoking support</p> <ul style="list-style-type: none"> • Ongoing support to stop smoking for young people is being provided by school nurses and the specialist stop smoking service
<p>• Priority 2 Children and young people are safe</p> <ul style="list-style-type: none"> • Lead - Richard Baldwin 		
Sub priorities	RAG rating	Supporting Comments
Workforce are skilled to meet the safeguarding needs of children and young people from early help through to statutory social care		<ul style="list-style-type: none"> ➤ 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. ➤ The range of training provided by the LSCB is reviewed regularly to ensure that it remains relevant, is regularly up-dated and covers new practice developments.
Staff in all agencies working with CYP have increased awareness in		<ul style="list-style-type: none"> ➤ Training on managing concerns of Self-harm continue to be incorporated in the LSCB training schedule. ➤ The guidance on Self-harm for professionals and parents has been reviewed and updated. This guidance is available on the LSCB web-site.

<p>how to recognise risk of potential self harm and suicide.</p>		
<p>Increased understanding and awareness of risk and appropriate interventions and support available.</p>		<ul style="list-style-type: none"> ➤ The launch of the Early Help Strategy in January 2016 has assisted in highlighting the importance of Early Help as well as offering clarity of referral routes, availability of services and guidance on thresholds. ➤ The Early Help Board continues to meet regularly and is well attended. ➤ Multi-agency Threshold document was revised to ensure that it is compatible with “Working Together 2015”. This revised document was launched in January 2016 in conjunction with the Early Help strategy.
<p>Injury Prevention</p>		<p>Leadership and Governance</p> <ul style="list-style-type: none"> ➤ In 16/17 the Avonsafe partnership will review and agree its terms of reference and membership when a new health improvement officer will come into post. ➤ An Avonwide strategy was drafted in 2014 and sits under the governance of West of England Public Health Partnership. Avonwide leadership was expected in 15/16 but this has not yet progressed and it is expected that this draft strategy will be agreed by all four authorities and progressed through local strategic sign off with local action plans. The strategy has a strong transport focus and will need to link to the local transport plan, as well as other relevant strategies. In the interim the Avonsafe group are using the old B&NES action plan to guide the work. This will also be reviewed in 16/17. <p>Performance</p> <ul style="list-style-type: none"> ➤ B&NES has previously had consistently higher than average admissions rates for children 0-

- 14, despite having average attendance rates for 0-4s.
- The 2016 CHIMAT Child Health Profile shows that in 2014/15 there were 3745 Attendances at A&E (compared to 3,284 in 13/14) by children 4 and under, which as a rate *is still considerably lower* than the England Average.
 - There were 313 admissions, within the 0-14 age range which as a rate is consistent with England average rates and represents a local improvement. However annual data is subject to fluctuation so this cannot be considered a reason to halt work on injury prevention and keeping children safe.

Progress against implementation plans

Paediatric First Aid Training

- British Red Cross delivered 6 sessions of Paediatric First Aid courses for identified/vulnerable families through children's centres and health visiting. The course maintains a strong focus on preventing injury as well as building confidence to manage emergency situations such as falls, burns and choking. Evaluation shows measurable improvements in both self-efficacy and willingness to perform first aid. There is no current plan to re-deliver this but this will be reviewed in 16/17 as part of the action plan.

Year 6 school visits to Lifeskills, Create Centre Bristol

- Year 6 pupils from schools in the Bath & North East Somerset area continued to visit Lifeskills, a charity running in Bristol, not funded by B&NES Council. Schools with 20% free school meal entitlement were given advance booking rights, pupils entitled to free school meals on the day of the visit were given completely free entry (normally £7 per pupil). Pupils from all participating schools take part in the pre and post visit evaluation and the average increase in learning outcomes was 60%.

Home Safety Equipment Scheme

- Between April 2015 and April 2016 Somerset Care and Repair were commissioned by the council to supply and fit home safety equipment for eligible families with children under 5, as follows:
317 stairgates to 145 homes, 11 fireguards, 4 window restrictors, 1 smoke alarm and supplied

		<p>20 hair straightener pouches. The service was retendered in April 2016 and will be delivered by a new provider from July 2016.</p>
<p>Improving 'Early Help' offer to families and signposting to other services</p>		<p>An Early Help Strategy was developed with the input of a wider group of agencies and was launched in January 2106. The Early Help Strategy was agreed and signed off at the LSCB/ LSAB and CTB in December 2015 and launched in January this year. The priorities are:</p> <ol style="list-style-type: none"> a. To improve access to information for practitioners in all agencies about services available - this was the biggest issue for practitioners to come out of the consultation. It was agreed at the Early Help Board to develop an Early Help App. The B&NES Early Help Services App is for due to be launched in the Autumn for professionals working with children, young people and families in the Bath and North East Somerset area, bringing details of local Early Help Services to mobile smartphones and tablets. The App provides details of local organisations, service providers and voluntary groups that support families. Links to partner organisations are provided for different issues that families may encounter as well as screening tools, thresholds documents and quick access to other useful local directories like 1 Big Database, all helping to refer or signpost families to the most appropriate service for support b. Improving joint working arrangements at Early Help stage with a wider range of agencies including adult services and housing. A joint piece of work is now underway with Adult Substance - misuse services, Children's Centre and Health Visitor Services. This will improve referral arrangements, co-ordination of support and joint training. An Early Help and Housing task and finish group has met and has started to identify areas to improve joint working between Preventative Early Help and Housing Options and Housing Providers to achieve better family and housing outcomes. c. Improving the quality and strengthening governance. A review is taking place of the quality assurance arrangements in place for the CAF. This will consider the quality assurance of a broader range of early help assessments and plans, the development of quality criteria for these, and how this should link into the wider LSCB quality assurance framework. d. Information sharing between agencies. Whilst this has been improving in many areas it still

		<p>presents challenges to effective joint working in others. One challenge is sharing data sets which contain some personal information which would enable preventative early help services to target their support more effectively. Discussions continue to find ways to do this with the relevant individual consents.</p> <p>e. A draft framework and data set to evaluate the effectiveness of Early Help has been drafted through a task and finish group of the Early Help Board. This will be considered at the LSCB Policy, Performance and Management meeting in this August.</p> <p>f. Exploring options for a single point of entry for early help referrals. A piece of work is underway to facilitate this. The Integrated Working team is working closely with the duty social care team to provide support where a referral does not meet the threshold for social care and a CAF is recommended.</p>
<p>Ensuring children and Young People's life chances are not adversely affected as a result of Domestic Abuse</p>		<ul style="list-style-type: none"> ➤ The duty team within Children's Services are currently undertaking work to ensure that the recording of Domestic Abuse referrals are more accurately identified as DA rather than under more generic referral categories such as "safeguarding". This work will ensure a more accurate level of monitoring of the scale of DA prevalence, and assist in developing a targeted response to this issue. ➤ In September 2016, BaNES will launch the MASH. It is intended that the MASH will eventually include DA referrals.
<p>Children with special circumstances are safeguarded and include :-</p>		
<p>Children in care</p>		<ul style="list-style-type: none"> ➤ 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" continues to remain steady, and is indicative of consistency of thresholds and decision making between agencies. 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		<ul style="list-style-type: none"> ➤ 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 18th birthday.
Children with disabilities		<ul style="list-style-type: none"> ➤ 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.
Priority 3 Children and young people have equal life chances <ul style="list-style-type: none"> • Leads - Debbie Forward/Mary Kearney Knowles 		
Sub priorities	RAG rating	Supporting comments
CYP are supported through seamless transitions		Early Help services ensure that CYP are supported through key transitions with Children's Centres and Theraplay supporting children to access nursery and primary school, Mentoring Plus support transitions from primary to secondary school and Youth Connect support those in their final year of education to access further education, employment or training.

<p>CYP are active citizens who feel they have a voice and influence</p>		<p>All commissioned services are monitored to ensure that they enable CYP to share their views and influence service provision. Examples of where CYP have been active citizens include the Youth Connect Young People's vote of the EU Referendum and young people supported by Mentoring Plus have recently presented their own Manifesto in Parliament.</p> <p>Children and young people were consulted about the Early Help Strategy and their views included.</p> <p>Children and young people and parents have participated in the service re-design and tender for the new Family Support and Play Service.</p> <p>Active participation of young people across B&NES:</p> <p>Pupil Parliaments 2015 ' Me, Myself, My School'</p> <p>Senior In Care Council – Podcasts on being in care, What makes a Good Social Worker poster, involvement in recruitment and commissioning.</p> <p>Junior In Care Council 'What makes a Good Social Worker poster'</p> <p>Youth Forum – campaigning on Mental Health issues, Mental Health resources, Equalities film, MYP and DMYP elections</p> <p>Youth Action Group for Access (YAGA) transport issues group no longer meeting but new group of Young Inclusion Advocates now running.</p> <p>E-Teams</p> <p>Refresh of both the Participation Strategy and Service Users Engagement Framework</p>
<p>Vulnerable CYP and their families receive timely and effective early intervention</p>		<p>Preventative Early Help Services</p> <p>There are a range of services which contribute to the delivery of Early Help and deliver Early Help interventions.</p> <p>Early Help is provided by a range of agencies and covers a broad spectrum of activity undertaken in both universal and preventative early help services. We have a comprehensive range of good quality universal health and education provision in B&NES, including Maternity, Health Visitor and School Nurse Service, early years and school settings as well as a wide variety of provision delivered by the community and voluntary sector. Universal services are usually sufficient to meet the needs of children and young people through the provision of social, emotional and developmental support. They have a strong role in preventing problems occurring and providing</p>

additional support when they do. Universal services also play a critical role in supporting children, young people and families to access additional targeted support to meet additional or more complex needs. An example of how a family moves through services is shown in Appendix 1.

Preventative early help services which provide targeted support include:

- Children Centre Services- families with children aged 0-5 years (B&NES and First Steps)
- Family Support and Play Service (starts in November delivered by Southside partnership with BAPP) - families with children aged 5 plus
- Connecting Families (B&NES) families with complex need and children aged 0- 19
- Youth Connect targeted support (B&NES) - young people
- Compass (B&NES) - young people
- Mentoring Support (Mentoring Plus) - young people

Work is underway to develop a core data set which can be readily collated for targeted support delivered by commissioned and council run preventative early help services to show where targeted support sits alongside the safeguarding activity of specialist services. In due course it will establish a baseline to enable Service Performance Group and the CYP group consider whether the level of early help activity correlates positively or negatively with the level of referrals into specialist services.

This data was collected in the new format for the first time in Q1, so the data comes with a caveat that there will be some over counting which will resolve over time, so should be regarded as indicative at this stage.

Referrals

Q1 monitoring information from commissioned and B&NES delivered preventative early help services reported just under 500 referrals for targeted support and 96% of these were accepted. This would suggest that thresholds are understood and applied appropriately. The largest source is from health visitors, particularly into Children's Centre services. This is also reflected in the CAF data and reflects good early identification of needs and access to targeted support for children under 5. There are two referrals from housing and none recorded from adult services and these are areas in which we would like to see some growth, following the joint work underway.

Assessments

All children, young people and families will have an Early Help Assessment in order to ensure they meet the threshold for a targeted support service. Some of those supported will have been assessed using a CAF (where a multi-agency response is required to meet the needs). Others will have had a single agency assessment where needs can be met by a single agency. A Family Profile assessment is used by Connecting Families. There were 109 CAFs completed in Q1 and further detail is shown in the CAF report. In addition the Q1 monitoring information from commissioned and B&NES delivered preventative early help services shows there were a further 209 single agency early help assessments.

Integrated working

Q1 monitoring shows just over 50% of families/young people receiving preventative early help support on the basis of a single agency assessment, 25% with a CAF and 25% where the child or young person is on a CP or CIN Plan or is looked after.

Safeguarding referrals

There were 13 C2 safeguarding referrals from preventative early help services to social care reported in Q1, 11 where a CAF is place and 2 where a single agency assessment is in place. Whilst the outcome of these is not known at this stage it would indicate that these services are taking appropriate further action where they assess that risks are escalating and have a clear understanding of the thresholds.

2. The impact of Early Help

The positive impact of Early Help is starting to be demonstrated by the number of young people and families achieving positive outcomes as a result of the targeted support they receive. This is evidenced in the quarterly performance monitoring of preventative early help services and the returned CAF review data. It is corroborated by the case studies and feedback from young people and families gathered as part of the contract management process. Progress towards outcomes is measured through a range of tools.

In Q1, the following outcomes were reported:

Family Support

173 family support cases were closed and the following outcomes were reported where there had been an assessed need:

- Of the 16 children aged 0-5 with an assessed need, all made measureable improvement in school readiness
- Of those 104 parents with an assessed need to improve parenting capacity, 96 parents (92%) made a measurable improvement.
- Of 20 parents with an assessed need to keep their children safe, 19 parents (95%) were better able to keep their children safe.

Youth Support

40 youth support cases were closed and the following outcomes achieved (these statistics currently include outcomes achieved for an additional 29 cases receiving ongoing support as currently recorded, so achieved outcomes are expected to increase in Q2):

- 43 (62%) reported increased engagement in education, employment or training
- 16 (23%) reported increased emotional resilience and social wellbeing
- 29 (42%) reported reduced risk taking and choosing healthier lifestyles

Outcomes which follow TAC meetings are detailed in the CAF report, however the low level reported back to the Integrated working team means a complete picture cannot be shown. However, where information has been submitted following review, improved outcomes are shown in 73% of early help cases.

Connecting Families closed 6 cases in Q1 and the following outcomes were achieved and Payment by Results claimed.

- In 5 families significantly improved school attendance was achieved and sustained

		<ul style="list-style-type: none"> • In 5 families a family member moved off benefits into continuous employment • In 2 families the level of domestic abuse significantly reduced and was sustained • In 6 families, parental health (mental health and substance misuse) became better managed and ceased impacting on other family members • In 4 families children in need of help received support and achieved significant and sustained improvement in their outcomes. <p>The data shows positive outcomes are being achieved for children, young people and families. This, along with the continued low conversation rate of CAFs into single assessments indicates that early help provisions are also effective at addressing need and managing risk.</p> <p>Family Support and Play Service Commissioners and providers have been working closely to better align and integrate preventive early help services. A new Family Support and Play Service has recently been commissioned which brings together work with children and parents into a whole family service. The two community play and specialist family support contracts are due to come in October 2016 and a new Family Support and Play Service will work jointly with the Connecting Families team and Children Centre services to provide early intervention to vulnerable families and children and young people. This service will provide targeted support to families with dependent children aged 5-18 who have additional or more complex needs which cannot be addressed through universal services, and use a whole family approach. Joint funding from Schools Forum provides an opportunity to develop stronger links between community based family support services, schools and Behaviour and Attendance Panels which will benefit vulnerable pupils.</p>
CYP with SEND enjoy good health and lead fulfilling independent lives		<p>The volume of requests for EHC plans continues to increase. The table below highlights this increase over the last 4 years;</p>

Year	Requests	Assessments
<u>2012/2013</u>	141	103
<u>2013/2014</u>	140	106
<u>2014/2015</u>	<u>203</u>	<u>149</u>
<u>2015/2016</u>	<u>257</u>	<u>176</u>

- Health Services in some areas are demonstrating effective joint-working with partners to identify children and young people's needs e.g. CAHMS, Health Visitors. Some services are proactive in identifying potential needs in the future e.g. Speech and Language Therapy Service; work is on-going to improve information sharing in this area.
- This continues to be strong in the early years, where health and education work well together to identify and support children in early year's settings, ensuring that joint planning for children first being identified with SEND takes place. This is particularly evident in the multi-agency SENDit panel which looks at requests for additional support needed for children in EYS.
- This continues at the statutory SEND panel where requests and assessments for EHCPs are overseen, health and education representation here is excellent.
- A new panel has been set up to oversee requests for medical funding from the SEND budget for children with SEND with medical needs who need additional support to ensure that they can access their education
- A Self Evaluation of our Local Area arrangements for SEND has been undertaken to look at our strengths and weaknesses. This has resulted in an opportunity for Education, Health & Social Care to work together across a number of issues, including how we capture outcomes and the need for an integrated approach to sharing outcomes data so that in the future we can better understand outcomes for children and young people with SEND within B&NES.