



## **Report Summary Sheet**

<b>Date</b>	20/06/18
<b>Title of Report</b>	Building Healthy Confident Resilient Children and Young People.
<b>Organisation and Author</b>	Bal Kaur, Sally Cornfield and Jill Edwards – Public Health, Dudley MBC
<b>Purpose of the report</b>	<p>This paper focuses on the next phase of our journey to support children and young people in Dudley to thrive and builds upon the priorities identified in key children and young peoples' strategies.</p> <p>It presents a proposal that will help build resilience in children and young people.</p> <p>It provides some background and context to why this issue is important and identifies progress made locally in this area.</p>
<b>Recommendations for the Board</b>	<p>To take note of progress and proposal</p> <p>To make comments</p>
<b>CYP Alliance priority</b>	<p>Contribute to system wide priorities to improve the emotional health and wellbeing of Children &amp; Young People</p> <p>'Promoting, supporting and improving children's emotional health &amp; wellbeing'</p>

### **1.0 Background**

The proposal is to develop a 3-year (2018-2021) phased plan of universal, targeted and specialist interventions to support the resilience and emotional wellbeing of 0-19 population of Dudley. These interventions will initially focus on early years and education settings, because we know that the earlier the intervention or support in the life course the higher the likelihood it will improve short and long term outcomes. The plan will engage with relevant stakeholders at each phase and will be co-produced with children and young people and where appropriate their parents and carers.

### **2.0 Main Items of the Report**

#### **Dudley Context**

Partners in the borough are working closely with communities to develop a vision for the borough. The first of the seven themes setting out the ambitions for Dudley in 2030 is for Dudley to be "a place of **healthy, confident and resilient communities** with high aspirations and the ability to shape their own future."

**Dudley's Alliance Board Vision, Emotional Health and Wellbeing Strategy, Early Help Strategy and Neglect Strategy** have a key theme in common, which is to make Dudley a place where children and young people thrive. This is supported by the recognition that promoting, supporting and improving children and young people's emotional health and wellbeing is key to achieving this vision. All three strategies recognise the importance of building resilient children, young people, families and communities that collectively and individually are able to 'bounce' back from any form of adversity.

**The Health and Wellbeing Board** 2018 annual conference will focus on addressing adversity and developing community resilience, recognising the importance of this cross cutting theme that requires a multi-agency response.

Background – evidence and application to local context

**Adverse child experiences (ACEs)** has become an increasing local and national concern. Preventing ACEs can improve outcomes across the whole life course, enhancing individuals' well-being and productivity while reducing pressures and costs on public sector services:

Outcomes can also be improved by developing resilience and protective factors in children and young people. Research shows that resilience helps reduce the effect of ACEs. Programmes that encourage attachment, healthy relationships and promoting and protecting mental health are key to preventing ACEs.

In November 2017 a multiagency partnership workshop focusing on **Adverse Childhood Experiences (ACEs)** was delivered in Dudley. This workshop gave participants the opportunity to explore the impact of ACEs, their effect on children and adults and reflect on their own organisations' systems and procedures to see where and how this might be embedded into practice to improve outcomes for all. Over 80 professionals attended the event.

### **Emotional Health and Wellbeing Services (CAMHS Transformation).**

Recent national guidance **Future in Mind (2015)** also supports the approaches set out above and establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care. It focuses on creating a system that 'properly supports the emotional wellbeing' of children and young people.

In response to this, Dudley MBC has worked closely with NHS colleagues to develop a new model of CAMHS services that span universal through to tier 4. The uniqueness of this new model is the additional investment made to develop a **Tier 2 Emotional Health & Wellbeing Support Team** known as Positive Steps. The team is employed by the Mental Health Provider (DWMH) and is based in the community, supporting children, young people and their families in schools and home settings. The team have a close relationship with tier 3 CAMHS, School Nurses and Early Help services.

This service is in line with a recommendation made in the recent Green Paper '**Transforming children and young people's mental health provision (2018)**'. Dudley MBC has been asked to share the approach and model with the national team.

## **Antenatal – first 1,000 days**

Each stage of the life course brings with it important opportunities to build resilience, evidence suggests that this begins in the womb, therefore emphasising the importance of the antenatal period on life outcomes. Infant-caregiver attachment classifications have been predicted prior to birth simply from mother's attitudes about the upcoming birth of their child.

Following the birth the child's first 1,000 Days are critical. By age 2, a baby's brain has reached 80% of its adult size. Consequently the quality of experiences during the first 1,000 days of life, establishes either a strong, or a fragile foundation for everything that follows. A secure attachment appears to act as a protective factor against emotional and behavioural problems in childhood and adolescence.

Ironically, the first 1,000 Days also present some of the most challenging moments in a person's life and, with each new baby comes a whole new set of priorities, dilemmas and challenges.

## **Early Years Settings**

Parents are the most important people to help build their children's resilience. Children learn a lot by watching their parents. When parents cope well with everyday stress, they are showing their children how to do the same. Parenting style has a significant impact on an infant's attachment behaviour.

Those children who do not benefit from a strong parental relationship are likely to be those children who are more vulnerable to poorer outcomes. It's therefore important that services work with these families to address concerns and build their capacity to strengthen their relationship with their children.

NICE Guidance recommends that all health and early years' professionals should develop trusting relationships with vulnerable families and adopt a non-judgmental approach, while focusing on the child's needs.

In Dudley we are already working to support parents to:

- Have a health pregnancy Healthy Pregnancy Support Service (HPSS)
- Give their child the best start in life (breastfeeding, healthy start, ISF, Health Visitors)
- Get appropriate support Triple P parenting programme (PPP – online (Universal) to targeted)
- Access local support (libraries, family centres, time for twos)
- Support each other (Breastfeeding buddies, Home Start)
- Family Nurse Partnership (FNP) – targeted
- Integrated 2 year review

We however need some work to specifically enhance the emotional health and wellbeing of children under 5 and are recommending targeting support at areas identified as low cost; high impact that we would like to explore further – see Appendix1

## School Settings

The **Department for Education (DfE)** recognises that: “in order to help their pupils succeed schools have a role to play in supporting them to be resilient and mentally healthy”. There is good evidence to support this. Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy. Moreover, schools have a duty to promote the wellbeing of students.

The **National Institute for Health and Care Excellence (NICE)** advises that primary schools and secondary schools should be supported to adopt a comprehensive ‘**whole school approach**’ to promoting the social and emotional wellbeing of children and young people. Such an approach moves beyond learning and teaching to pervade all aspects of the life of a school, and has been found to be effective in bringing about and sustaining health benefits. **DfE** also identifies a whole-school approach to promoting good mental health as a protective factor for child and adolescent mental health.

Nationally a number of whole school approaches have been developed and initiated over the years including Social and Emotional Aspects of Learning (SEAL), Rights Respecting Schools, whole school nurturing approaches and more recently Attachment Aware Schools. However fidelity to programmes has been a challenge.

The nurturing approach offers a range of opportunities for children and young people to engage with missing early nurturing experiences, giving them the social and emotional skills to do well at school and with peers, develop their resilience and their capacity to deal more confidently with the trials and tribulations of life, for life.

‘Nurture group intervention involves a considerable investment from schools in terms of finance, time, planning, resources and staff training. However when successful, the impact on young children and their families can be highly significant and far-reaching.’ [www.ofsted.gov.uk/publications/100230](http://www.ofsted.gov.uk/publications/100230)

Evidence of their success is mounting. In Glasgow, which has been running nurture groups for over 40, shows that they have a significant impact not only on attendance and behaviour, but also on academic achievement.

### Dudley school context

In Dudley there has been a longstanding commitment to supporting wellbeing. With additional support we would like all schools to develop a Whole School Approach to Emotional Health and Wellbeing, which will form the foundation of all other interventions and support for children and young people.

There has been a committed approach to supporting schools to consider nurture groups as part of a whole school approach. However, limited capacity of staff due to reduced resources and the traded nature of the services best placed to support have proved a barrier. Whilst a number of schools now appear to run nurture informed groups as a result of in-house training, it is thought that there are very few offering full nurture provision as part of a whole school approach. We plan to work with schools to offer a full time nurture provision and work closely with them to monitor the outcomes in terms of social development, emotional health, behaviour and readiness to learn.

## **Next Steps –Proposal**

### **Aim**

To increase resilience by improving social, emotional and behavioural outcomes of children and young people, which in turn will have an impact on health, social care and education outcomes. This proposal is based on four key objectives:

- To support our most vulnerable children young people and their families through specialist evidence based interventions e.g. primary school based Nurture Group provision, parenting support and evidence based interventions that focus on the first 1,000 days.
- To develop our children and young people’s workforce in schools and relevant settings to better understand nurture, attachment, emotional development and behaviour, thus enabling informed and holistic practice with a view to supporting the achievement of better health and education outcomes for all including our most vulnerable
- To develop clearer pathways and signposting to appropriate services ensuring appropriate and timely support, advice and referrals.
- To co-produce and design the programme with children, young people and families.

The approach will be to develop a 3-year (2018-2021) phased plan of universal, targeted and specialist interventions to support the resilience and emotional wellbeing of the 0-19 population of Dudley. The plan will engage with relevant stakeholders at each phase and will take into account the views of children and young people and where appropriate their parents and carers.

### **Proposed model**

#### **Phase 1** (proposed timeline in Appendix 2)

Develop a collaborative multi agency approach to supporting nurture and attachment across a defined cohort of primary schools who meet a given set of criteria and are committed to;

- Adopting a universal whole school ethos to Emotional Health and Wellbeing.
- Delivering targeted emotional health interventions across the whole school population (pupils, parents and staff) based on whole school audit.
- Providing specialist nurture provision for those children identified as needing more intensive support than universal and targeted approaches can offer.
- Working in partnership with appropriate professionals to measure the impact at the universal, targeted and specialist levels.

#### **Phase 2;**

The focus of phase 2 will be 0-5 universal, targeted and specialist intervention and workforce development mirroring the phase 1 approach (see Appendix 2).

### **Phase 3;**

The focus of phase 3 will be 11-16 universal, targeted and specialist intervention and workforce development mirroring phases 1 and 2.

### **Phases 1-3 outputs:**

- To develop our 0-19 children and young people's workforce in schools/educational settings and relevant settings to better understand nurture, attachment, emotional development and behaviour, thus enabling informed and holistic practice with a view to building resilient children and young people and supporting the achievement of better health and education outcomes for all including our most vulnerable.
- To facilitate a sustainable approach to multi-agency Mental Health First Aid Youth Training.
- To develop clearer pathways and signposting to appropriate services ensuring appropriate and timely support, advice and referrals for the 0-19 population.
- To adapt and target programmes based on needs utilising evidence from the five-locality cluster needs assessment and from assessment tools, Early Help/graded care profile. To build upon assets based approaches and the wider council priority of developing resilient communities.
- Review and evaluate – using Voice of the Child and capturing outcomes and impact.

### **Key stakeholders;**

The programme will be delivered by Public Health, DMBC Children Services (Social Care & Family Solutions) and DWMH.

Key stakeholders will be;

- Children young people and families
- Education leaders and advisors
- Education based staff
- Public Health Team
- All tiers of CAMHS
- Educational psychology service
- School nurses
- Health visitors
- Midwives
- Social care
- Virtual Schools

### **Intended outcomes**

Improvements in;

- Mental Health thus reducing costs to society
- Academic attainment (school readiness) helping to break the cycle of intergenerational poverty by removing barriers to learning and succeeding

- Compliance with mental health policy for schools (green paper 2017)
  - Incidence of aggression and incidents of withdrawn behaviours
  - Exclusion levels
  - Creation of inclusive ethos
  - Increased educational engagement
- (www.nurturegroups.org )

### **Measuring the Impact.**

A number of methods will be employed to measure the impact of the programme, including tools such as WEMWBS<sup>1</sup>, Graded Care Profile<sup>2</sup>, the Health Related Behaviour Questionnaire and referrals into the Positive Steps team.

### **Governance**

The proposal is to establish a Resilience Project And Steering Group with regular representation from key stakeholders and involving wider stakeholders as appropriate, reporting directly to the Emotional Health Strategy group. The group will also provide updates and engagement with relevant groups across the partnership e.g. Children and Young People Alliance Group, Early Help Steering Group and schools forums'.

### **3.0 Finance Implication**

£580,000 has been identified from Public Health Grant to support the delivery of the programme over 3 years (April 2018 –March 2021).

### **4.0 Recommendations**

The Children and Young Peoples Alliance Board to take note of the progress and proposal and to make comments on this.

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<sup>1</sup> <https://warwick.ac.uk/fac/med/research/platform/wemwbs/>

## **Appendix 1- Areas, identified as low cost; high impact: Family Foundations - antenatal**

Family Foundations is a group-based programme for couples expecting their first child that aims to improve children's outcomes by improving the quality of inter-parental relationships.

### **\*Baby Steps – antenatal**

Baby Steps is a NSPCC antenatal relationships-based perinatal education programme that consists of nine sessions. It begins with a home visit when the expectant mother is around 26 weeks pregnant. Following this, she and her partner or support will attend six weekly group sessions with a group of other families before the baby is born, followed by three other sessions after the birth. Parents are equipped to provide sensitive, responsive care to their babies, which may ultimately result in these children having better long term outcomes.

### **\*Empowering Parents Empowering Communities (EPEC)**

EPEC is a peer-led parenting groups with training, supervision and support provided by parenting specialists based in local services. EPEC courses are led by local parents who have completed accredited EPEC training and receive ongoing supervision and support. EPEC is underpinned by strong research that demonstrates that it has a significant impact on child, parent and family outcomes. EPEC transforms parent's knowledge and skills, family resilience and relationships and children's outcomes and development. It is a well-tested, highly effective method of prevention and early intervention that can transform the scale, reach and impact of local parenting support for socially disadvantaged and excluded families. EPEC is most effective when delivered in areas of social disadvantage and parents who use EPEC reflect the social, ethnic and cultural diversity of their communities.

### **Triple P Online**

Triple P Online is a web-based parenting intervention. Parents are given access to a website which enables them to work through modules sequentially. It is the equivalent of Level 4 Standard Triple P, which is the face-to-face version of the programme. The online programme is designed to reach parents who prefer to complete a parenting programme online because, for example, they are too busy, hesitant or unable to access a programme in-person. A practitioner can provide support alongside the self-directed online programme. It includes 8 modules which focus on positive parenting principles and supporting parents to integrate and generalise parenting strategies through parenting plans. There are also plans to scale up/enhance the current provision of:

- Baby Massage
- Bookstart
- Homestart
- Talking Tots (delivered by Speech & Language Therapy volunteers, HV's & NN's)



\*We may be able to secure external funding to support the implementation

### **School Readiness**

We are also currently working with colleagues in Family Solutions to improve school readiness. Plans to analyse current prevalence data for Good Level of Development (GLD) trends, in order to better focus our intervention, are underway. We also plan to assess the needs of children not in educational settings in relation to GLD outcomes and school readiness

## **Appendix 2 Draft proposed timeline of Phase 1 – Education Settings**

March-May 2018

- Review evidence base
- Local Nurture Audit
- Consult key stakeholders – Schools / Educational Psychologists / DMT/ PLT/Portfolio Holders
- Explore different models of delivery - Educational psychology Service and PH lead.
- Identify champions from relevant settings

May-July 2018

- Agree allocation of resource
- Identify criteria for selecting pilot group of schools
- Invite expressions of interest from schools
- Assess expressions of interest
- Notify successful schools
- Convene meeting for Heads of Pilot Schools outlining the process from Sept 2018

July –August 2018

- Champions meet to agree support
- Training packs compiled
- Resources

Sept –Oct 2018

Implementation phase

- Whole staff inset training resilience, attachment and nurture
- Introduction to whole staff of Whole School Approach audit tool
- Training of Nurture Room Staff Inc. Boxall Profile
- Preparation of nurture room
- Baseline data gathered

Nov 2018 –July 2019

- Celebrate good practice
- Begin delivery on action plan evidenced by WSA audit
- Commence provision of nurture group
- Commence nurture group parent/carers involvement
- Data review and report