Children and Young People's Mental Health and Wellbeing

Review of Intelligence and Evidence

Promoting resilience, prevention and early intervention in Cheshire & Merseyside

Interim Report

Janet Ubido

November 2015

Contents

Acknowledgements

Introduction

The Cheshire and Merseyside Directors of Public Health have specified that the Public Health Collaborative (Champs) 2015-17 focus on Children and Young People's (CYP) mental wellbeing, providing an opportunity to build on the success of the mental wellbeing network. The review of intelligence and evidence presented here will enable a baseline of best practice, current provision and gaps in the sub-region to be identified. The aims and objectives of the review are detailed in Box 1.

Box 1

Aims
- To provide updated information and data of local and national profiles relating to children's and young people's mental health and wellbeing.
- To provide a framework for a collaborative children & young people's (CYP) mental health plan, with a focus on promoting resilience, prevention and early intervention. This will support effective shared working to attain improved levels of emotional wellbeing and resilience for CYP across Cheshire and Merseyside.

Objectives
- To provide both Cheshire and Merseyside sub-regional data and data for each of the 9 local authorities where feasible, consulting with the public health and intelligence leads to gain relevant local knowledge.
- To compare sub-regional data with national data gained from such sources as Chimat and Public Health England Fingertips.
- To identify any trends or specific issues for the sub-region or any one locality.
- To provide profiles that represent inequalities experienced and the social and environmental conditions that impact on these, e.g. child poverty, deprivation scores, welfare, housing, building on the LPHO Merseyside CYP Emotional Needs Assessment in 2012 (LPHO, 2012).
- To provide a framework of evidence-based practice relating to the promotion of resilience, prevention and early intervention. This should be set out across the life course: perinatal, early years, primary school, secondary school, transition to adulthood.

Interim Report

This is an interim report. A list has been compiled of available indicators relating to promoting resilience, prevention and early intervention in the mental health and wellbeing of children and young people. Only those which include data at local authority level were included. The full list is presented in Appendix 1, tables A1 and A2. The list was circulated to the Children and Young People's Mental Health and Wellbeing leads across Cheshire and Merseyside. They were asked to identify the key indicators to include in the profile. A small working group will complete the report once all the feedback has been gathered

In Section 1, this interim report presents some of the most important indicators, which can be added to once the list of those to be used has been finalised.

A **draft framework** of evidence based practice has also been compiled, which is presented in Section 2 and summarized in the table in Appendix 2. The summary table was circulated for comment, along with the indicator list. The local leads have been asked to provide feedback on the content of this table, along with additional information on local practice and any gaps and local issues.

Mental Health and Wellbeing - definition

Mental health is defined as 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (WHO online, updated August 2014 http://www.who.int/features/factfiles/mental_health/en/).

Promoting resilience, prevention and early intervention

The recent 'Future in Mind' document (DH, 2015) identified the core principles and requirements necessary to support the emotional wellbeing and mental health of young people. These were organised into five key themes:

• *Promoting resilience, prevention and early intervention*

• *Improving access to effective support – a system without tiers*

• *Care for the most vulnerable*

• *Accountability and transparency*

• *Developing the workforce*

**Figure 1
Working together for population mental wellbeing**
(Reproduced from UCLAN, 2010)
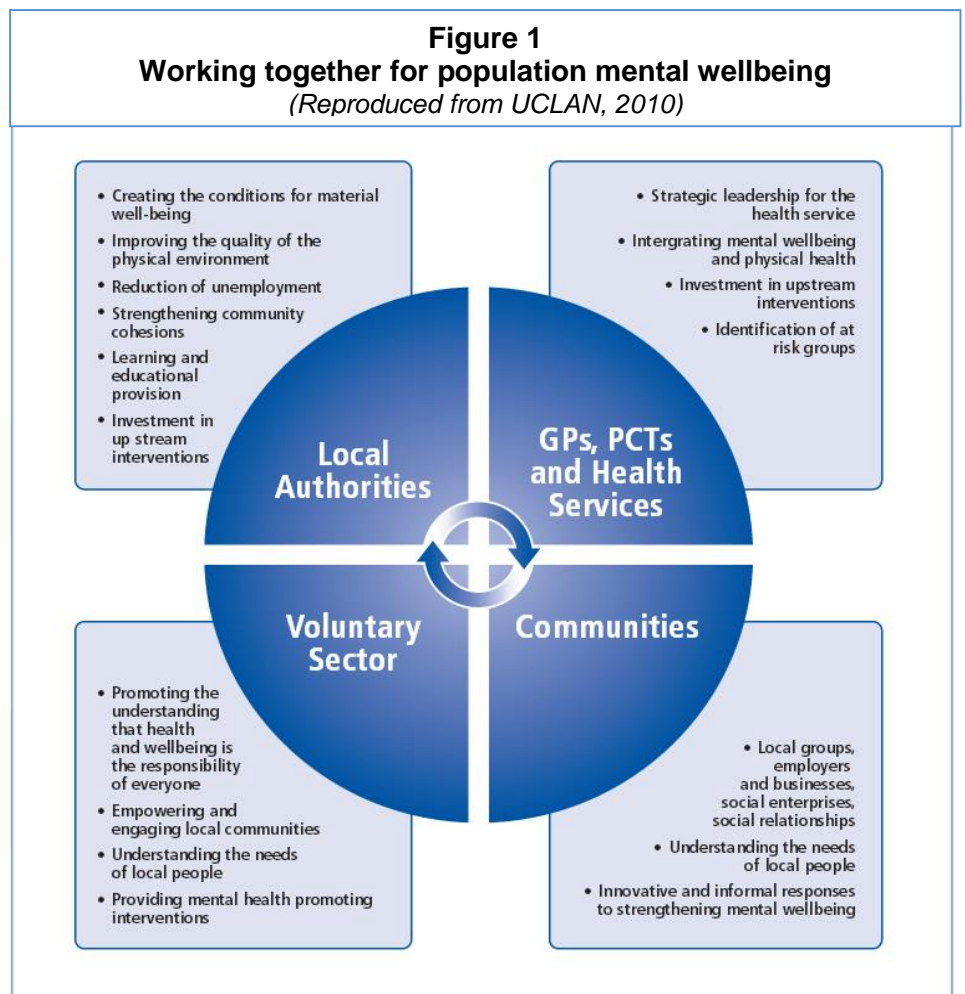
This report will focus on the first of these themes, *'Promoting resilience, prevention and early intervention'*, through approaches that promote good mental health and wellbeing in all people, not just focusing on mental illness and diagnosis. A life course framework is used, with the aim of building the resilience and wellbeing of children and young people across the social gradient, tackling inequalities, as specified in the Marmot report (Marmot, 2010). This needs to be carried out from before birth and at subsequent stages throughout the life of the child (DH/PHE, 2015).

Improving the mental health and wellbeing of the population is not solely the responsibility of the NHS or mental health services, as pointed out in the recent UCLAN toolkit *'Commissioning mental wellbeing for all'* (UCLAN, 2010). Figure 1 (above) from the toolkit illustrates how this is a shared responsibility for all the different sectors and organisations. Local government has a major role to play in creating the environmental and material conditions for wellbeing and through the provision of core services, housing, leisure and education (UCLAN, 2010). Universal services play a key role in preventing mental health problems, supporting children and young people's wellbeing through delivering mental health promotion and prevention activities (DH, 2015). These universal services include health visitors, Sure Start Children's Centres, schools, school health services including school nurses, colleges, primary care and youth centres.

1. Local and national profile data

The project objectives relating to data can be summarized as follows:

- Collect Cheshire and Merseyside sub-regional data and data for each of the 9 local authorities
- Compare sub-regional data with national data
- Identify any trends or specific issues for the sub-region or any one locality
- Include child poverty, deprivation scores, welfare, housing

Various databases were searched to draw up a list of indicators or influencing factors for children and young people's mental wellbeing, relating to promoting resilience, prevention and early intervention in the mental health and wellbeing of children and young people (see Appendix 1 tables A1 & A2). These include mental wellbeing measures and protective factors as well as risk factors. Indicators have been ordered by life stages and within each life stage, according to the factors identified in the recent Public Health England document (PHE, Oct 2015), as follows:

- **individual:** factors which are experienced by an individual rather than as part of a group
- **family:** influencing factors which relate to a child or young person's family and home environment
- **learning environment:** factors which influence how a child or young person learns, both within and outside of a formal learning environment
- **community:** elements of a child's wider social and geographic environment which influence their mental wellbeing

The list of indicators was circulated to the Children and Young People's Mental Health and Wellbeing leads across Cheshire and Merseyside. They were asked to identify the key indicators to include in the profile.

This interim report presents a small number of some of the most important indicators, which can be added to once the list to be used has been finalised.

1.1   Across all CYP stages

Population estimates

Table 1 and Figures 2 and 3 give the population estimates for children and young people aged under 25 in Cheshire and Merseyside. Overall there are similar proportions in each age group across Cheshire and Merseyside. The exception is in Liverpool, where for both sexes, there is a much larger proportion of those aged 20-24 compared to other CYP age groups (Figures 2 and 3).

Table 1:
Child and adolescent population estimates, Cheshire & Merseyside local authorities, 2014

Age	0-4	5-9	10-14	15-19	20-24	Total 0-24
Cheshire East	2,0365	21,207	20,172	21,086	18,731	101,561
Cheshire West and Chester	18,584	18,438	17,486	19,512	20,074	94,094
Warrington	12,620	12,436	11,813	12,021	11,721	60,611
Halton	8208	8234	7,190	7,488	7,617	38,737
Knowsley	9,428	8,920	8,175	9,514	9,836	45,873
Liverpool	28,043	24,631	22,143	30,237	52,145	157,199
Sefton	14,899	14,495	14,322	15,864	15,116	74696
St Helens	10,554	10,071	9,409	10,386	10,391	50,811
Wirral	19,102	18,787	17,958	18,873	17,165	91,885
Total Cheshire & Merseyside	141,803	13,7219	128,668	144,981	162,796	715,467

Source: PHE CHIMAT http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=58

The table in Appendix 3 shows percentages of the total population in each CYP group. In Liverpool, there are low proportions of males and females aged 10-14, and very high proportions aged 20-24 , at almost double most of the other areas in Cheshire and Merseyside (10.8% of males and 11.2% of females are aged 20-24, compared to around 5 or 6% in other areas).
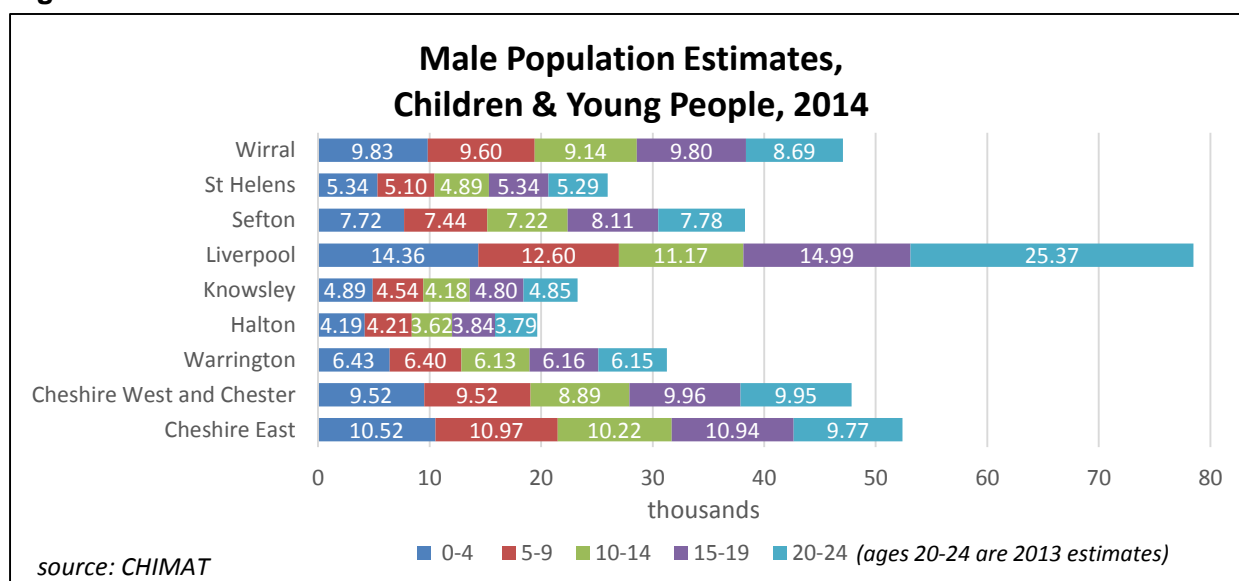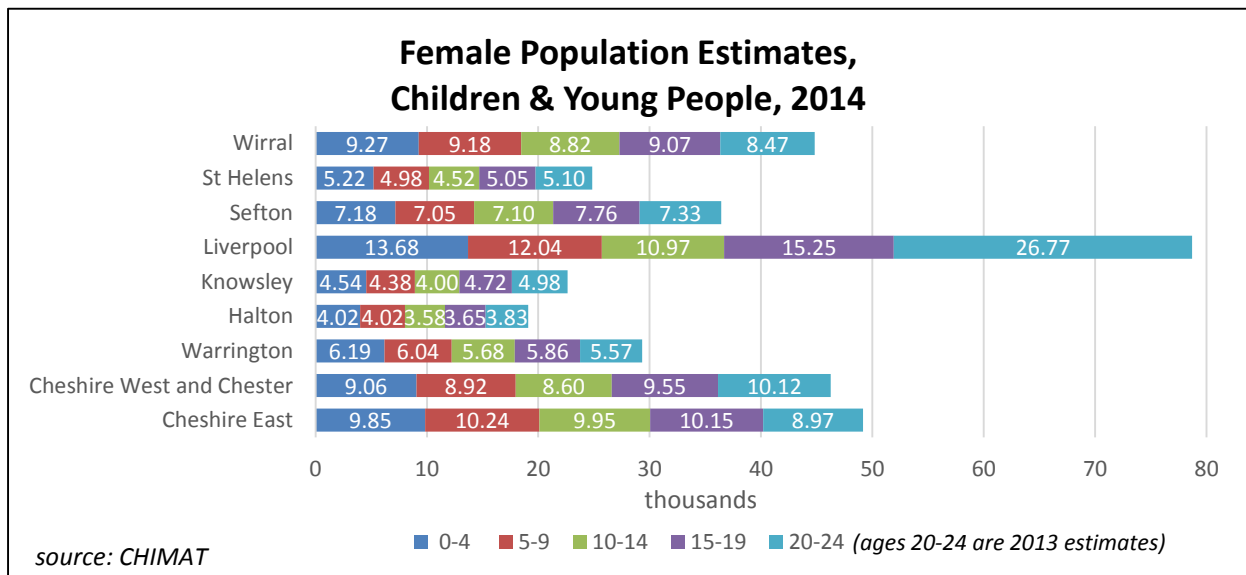
Figure 2

Male Population Estimates, Children & Young People, 2014

source: CHIMAT

Figure 3

Female Population Estimates, Children & Young People, 2014

	0-4	5-9	10-14	15-19	20-24
Wirral	9.27	9.18	8.82	9.07	8.47
St Helens	5.22	4.98	4.52	5.05	5.10
Sefton	7.18	7.05	7.10	7.76	7.33
Liverpool	13.68	12.04	10.97	15.25	26.77
Knowsley	4.54	4.38	4.00	4.72	4.98
Halton	4.02	4.02	3.58	3.65	3.83
Warrington	6.19	6.04	5.68	5.86	5.57
Cheshire West and Chester	9.06	8.92	8.60	9.55	10.12
Cheshire East	9.85	10.24	9.95	10.15	8.97

thousands

■ 0-4   ■ 5-9   ■ 10-14   ■ 15-19   ■ 20-24 *(ages 20-24 are 2013 estimates)*
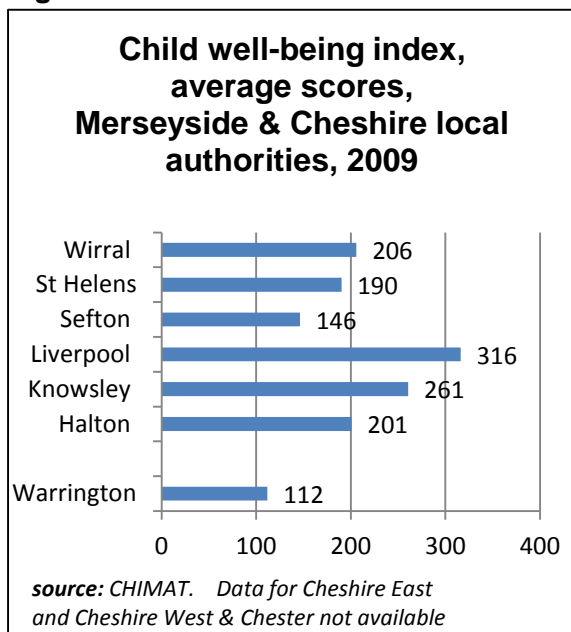
source: CHIMAT

Individual

Child wellbeing index

Overall levels of wellbeing have been measured by the child wellbeing index (CWI). The CWI gives the prevalence of a combination of the broad range of factors that are believed to influence children and young people's emotional health and wellbeing, based on material wellbeing, health, education, crime, housing, environment and children in need.

Figure 4

Child well-being index, average scores, Merseyside & Cheshire local authorities, 2009

Wirral	206
St Helens	190
Sefton	146
Liverpool	316
Knowsley	261
Halton	201
Warrington	112

source: CHIMAT.   Data for Cheshire East and Cheshire West & Chester not available

Although it is becoming outdated, the CWI scores are reproduced here, as there has been nothing like it produced since then (Figure 4). Low scores indicate high levels of child wellbeing.). Liverpool and Knowsley are amongst the 20 local authorities in England with the lowest wellbeing, with Liverpool's being the 3rd lowest in the country. Sefton children had the highest levels of child wellbeing on Merseyside, followed by St.Helens.

In Cheshire, levels of wellbeing in Warrington were higher than on Merseyside. Data for Cheshire East and Cheshire West & Chester was not available. National and regional scores for comparison are also not available.
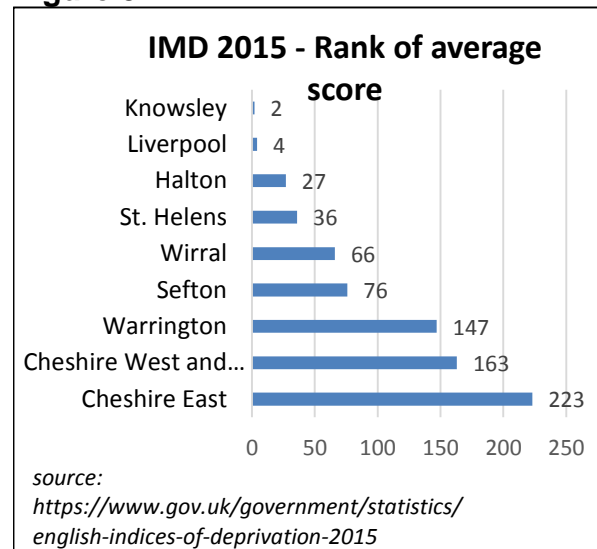
Deprivation

Figure 5 shows the deprivation rank of local authorities within Cheshire and Merseyside, with Knowsley the most deprived and Cheshire East the least deprived. Knowsley is the 2nd most deprived area nationally, with Liverpool 4th.

Within local authorities, Knowlsey (45.9%), Liverpool (45%) and Halton (26.6%) are amongst the 20 local authorities with the highest proportion of their neighborhoods in the most deprived 10% of all neighborhoods.

A recent National Children's Bureau (NCB) report found that overall, young children growing up in deprived areas are more likely than those living in more affluent areas to suffer from poor health and development (*NCB, 2015*) *http://www.ncb.org.uk/poorbeginnings*. However, poor early childhood outcomes are not inevitable for children growing up in deprived local authorities. The NCB found several areas with high levels of deprivation that appear to buck the trend, with better health outcomes for their young children than might be expected. For example, although amongst the most deprived local authorities in the country, Liverpool is in the second best fifth for hospital admissions due to injury (see Figure 7 below).

Figure 5

IMD 2015 - Rank of average score

source: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Children living in poverty

Figure 6 shows that in Merseyside, levels of child poverty are higher than the England average in each local authority, with Liverpool (32%) and Knowsley (31%) having the highest levels. All except Sefton are higher than the north west average of 21.4%.

In Cheshire, child poverty levels are lower than the national and north west averages in each local authority.

The table in Appendix 4 gives a definition of the indicator, and actual numbers.

Figure 6

Percentage of children aged under 16 in low income families

2012 data. Source: http://atlas.chimat.org.uk
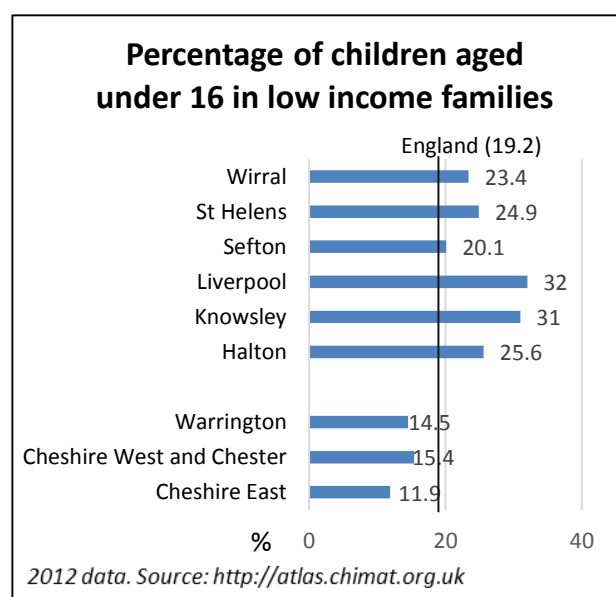
Domestic Abuse

Table 2 shows incidents of domestic abuse recorded by the police. Levels of reported domestic abuse are almost six times higher in Merseyside compared to Cheshire. Levels in Cheshire are very low – less than half the national average.

PHE noted that there are some concerns regarding the quality of this data. Data is not available for areas within Cheshire and Merseyside.

Table 2
Domestic Abuse: incident rate recorded by the police per 1,000 population 2012/13

	rate
Cheshire	5.6
Merseyside	30.2
North West	23.8
England	18.8

Source: PHE fingertips, CYP MH

1.2   Perinatal & family and parental mental health

Information to be added following consultation with public health leads.

1.3   Early Years (0-5)

Information to be added following consultation with public health leads.
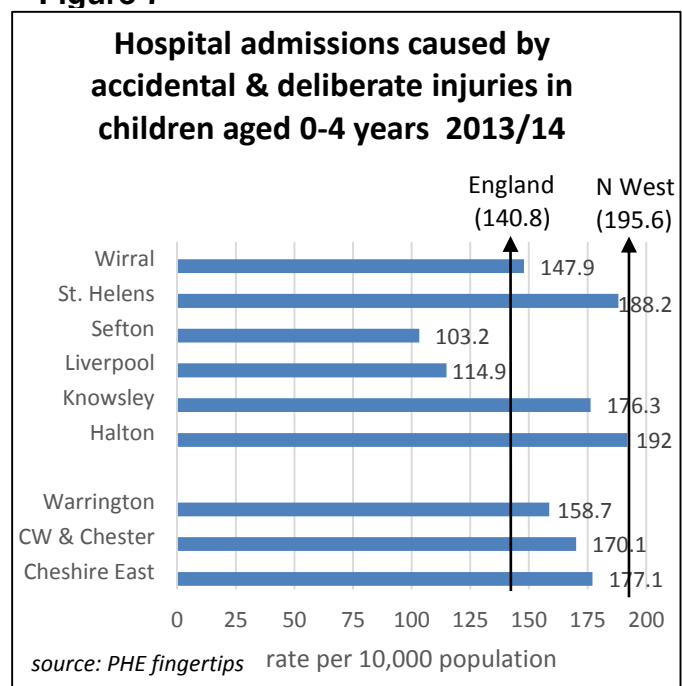
Individual

Rate of hospital admissions for children under the age of five due to injury

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s) (PHE: http://fingertips.phe.org.uk/profile)

Figure 7 shows rates of hospital admission for children under the age of five due to accidental and deliberate injury, per 10,000 population. In Liverpool and Sefton, rates were significantly lower than the national average. In Warrington and Wirral, rates were similar, with the rest all significantly worse than the national average.

Figure 7

Hospital admissions caused by accidental & deliberate injuries in children aged 0-4 years 2013/14

England (140.8)   N West (195.6)

Area	rate
Wirral	147.9
St. Helens	188.2
Sefton	103.2
Liverpool	114.9
Knowsley	176.3
Halton	192
Warrington	158.7
CW & Chester	170.1
Cheshire East	177.1

source: PHE fingertips   rate per 10,000 population

School readiness: Good level of development at the end of reception

This indicator shows the proportion of children who appear to be developing well and ready for school by age five. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy
(PHE: http://fingertips.phe.org.uk/profile)

As shown in Figure 8, levels in Liverpool (54.1%) and Halton (45.6%) are significantly lower than the England average of 60.4%. Halton is amongst the ten lowest areas nationally. Levels in Cheshire East and Wirral are significantly better.

Free school meals
Data on children with free school meal status can be used as an indicator of deprivation. The proportion of children who appear to be developing well and ready for school by age five is much lower for those

Figure 8

Percentage of children achieving a good level of development at the end of reception 2012/13

% of all | % of all on free school meals

Area	% of all	% of all on free school meals
Wirral	62.8	46.6
St. Helens	61.5	44.4
Sefton	57.8	39.5
Liverpool	54.1	43.5
Knowsley	60.0	49.8
Halton	45.6	33.3
Warrington	60.0	38.4
Cheshire W&C	61.3	44.3
Cheshire East	62.0	42.4

England free schl meals = 44.8%

source: PHE fingertips

England All = 60.4%

on free school meals, as shown in Figure 8. Levels are significantly lower than the national average of 44.6% in Halton, Sefton and Warrington. In Halton, only 1 in 3 of children aged 5 is developing well and ready for school by age five. Levels are significantly higher than the national average in Knowsley, at almost 50%.
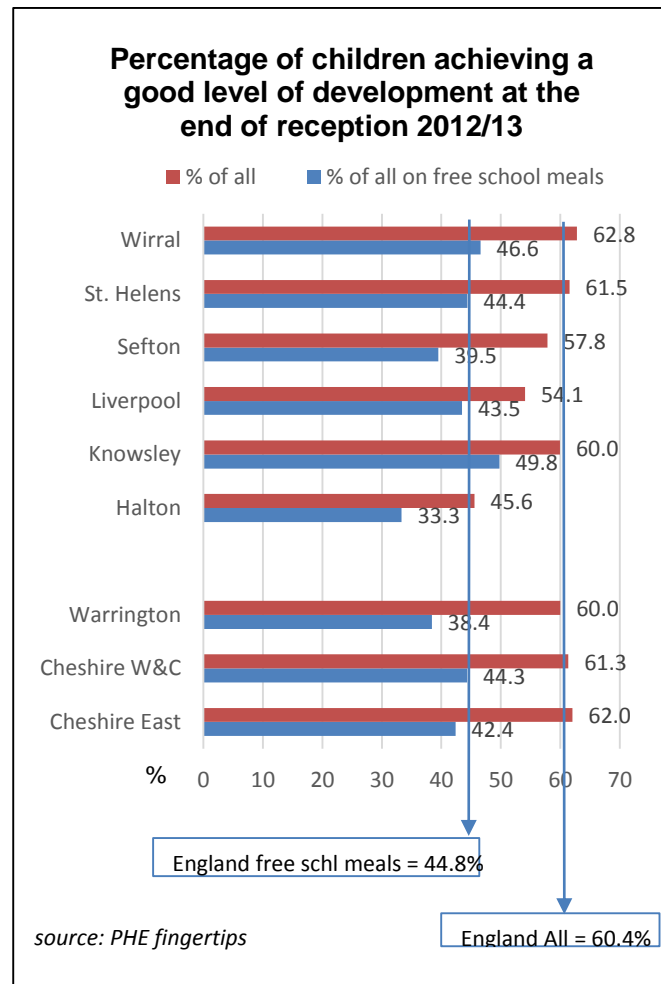
1.4   Primary and secondary school

Information to be added following consultation with public health leads.

1.5   Young people/ transition to adulthood

Information to be added following consultation with public health leads.

2. Recommendations for action/framework of evidence based practice

This section provides a framework of recommendations and evidence-based practice for promoting resilience, prevention and early intervention, relating to the mental health and wellbeing of children and young people. The recommendations are set out across the life course stages: perinatal, early years, primary school, secondary school, transition to adulthood. They are based mainly on the recent Department of Health 'Future in mind' document (DH, 2015). Additional documents used include various recent government and related publications (DH/PHE, 2015; NICE, 2014a; PHE, 2015; Brooks, 2013; DfE, 2013; Evans et al, 2013; Children's Society, 2015; DH, 2012; Youth Access, 2015; MHF, 2014; and UCLAN, 2010).

Ten steps for commissioning for mental health and wellbeing (UCLAN, 2010):
The UCLAN toolkit was commissioned by the National Mental Health Development Unit (NMHDU). It describes ten steps for commissioning for mental health and wellbeing and lists key resources to support these commissioning processes. The ten steps are:

1 focus on the mental wellbeing of the population
2 collaborate across sectors and levels
3 develop and use methods to engage communities
4 understand local factors and determinants of health and community assets and resources
5 base decisions on evidence
6 develop strategies and interventions across the life course
7 put measures in place to ensure effective implementation
8 identify opportunities to mainstream mental wellbeing into existing activities
9 increase investments upstream
10 demonstrate accountability for outcomes.

The UCLAN guide also noted that interventions to improve mental wellbeing at population level should be **evaluated** both to demonstrate positive outcomes and to add to the evidence base for public mental health and disseminate learning about what works and with which populations (UCLAN, 2010).

Universal interventions can sometimes fail to benefit the most vulnerable segments of the population that are at most risk. Across all lifecycle stages, there is a need for a proportionate balance between universal and targeted approaches, sometimes called '**proportionate universalism**' (UCLAN, 2010).

The framework presented here is a draft which has been circulated for comment to the public health leads for children and young people's mental health and wellbeing in each local authority.

2.1 Across all CYP stages

To achieve positive population mental wellbeing for all children and young people:

Action: Local Authorities, CCGs, health services, schools& colleges and voluntary sector

2.1.1 Build resilience and tackle inequalities by **addressing the social determinants** of mental health and wellbeing, through joint action by a broad range of organisations. This involves a consideration of the mental health impact of wider services and initiatives, such as providing good quality family housing; opportunities for those not in education, employment or training (NEETs); opportunities for exercise and access to green spaces; and improved access to information about informal and formal health and social services (UCLAN, 2010; LPHO, 2012). It would also involve supporting action on child poverty, as outlined in the Liverpool City Region Child Poverty Strategy (Liverpool City Region, 2011).

2.1.2. Tackle issues such as **domestic violence and other adverse childhood experiences (ACE)** that can impact on emotional and mental health and wellbeing (NSPCC, 2015; NICE, 2014; NICE 2013).

In 2014, NICE produced guidance on domestic violence and abuse, looking at how health services, social care and the organisations they work with can respond effectively. Their list of 17 recommendations included 2 relating to children and young people:

- *Recommendation 10* Identify and, where necessary, refer children and young people affected by domestic violence and abuse.
- *Recommendation 11* Provide specialist domestic violence and abuse services for children and young people.

NICE noted that interventions should be long-term and should ensure that the support matches the child's developmental stage (for example, infant, pre-adolescent or adolescent).

Liverpool John Moores University found evidence that universal programmes such as those outlined in Section 3, if implemented early enough, can help to avoid the development of violent behaviour such as child maltreatment and childhood aggression (Hughes et al, 2009). They also found some strong evidence that more targeted programmes promoting safe, stable and nurturing relationships between parents (or caregivers) and children resulted in reductions in child maltreatment and its life-long negative consequences.

2.1.3. Develop and use methods to **engage local communities** in developing interventions to strengthen mental wellbeing (UCLAN, 2010).

2.1.4 Ensure that **staff at every level of all services have a good understanding** of evidence based, practical approaches to strengthening resilience and promoting mental health (DH, 2011). This would involve commissioning training for various groups, including midwives, health visitors, police and probation staff, children's centre and nursery staff, school and college staff, housing and hostel staff, youth workers, and health staff in acute and community settings.

2.1.5. Improve and invest in early intervention and prevention services across each life stage for children and young people (LGA, 2012). **Investment should be long term and stable** (Children's Society, 2015).

2.2. Perinatal and family & parental mental health

Action: Government, local authorities, CCGs and health services
2.2.1. Enhance existing **maternal and perinatal health services** and **parenting programmes** to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support (DH, 2015, proposal 4).

- *Promote **good parental mental and physical health**: including universal routine enquiry and targeted treatment for women at risk of depression with home visiting programme and health visitor training for post-natal depression, as part of a package of measures to improve perinatal mental health (NICE, 2014a; UCLAN, 2010).*

- *Promote **parenting skills**: through universal access to training programmes, including community based group programmes and home based individual programmes. Prioritise support for parents from higher risk groups and with children with emotional and behavioural problems (UCLAN, 2010).*

The 'Future in Mind' document (DH, 2015) and UCLAN guide (2010) emphasise the strong evidence for the benefits of parenting programmes in intervening early for children with behavioural problems.

UCLAN (2010) noted that interventions promoting parental health have been shown to result in improved maternal mental health and quality of life and improved infant and child mental wellbeing. They are cost effective, with even the most expensive programmes showing a return after one to two years. Interventions with first-time mothers show most clear-cut effects (UCLAN, 2010).

Similarly, parenting skills programmes have been shown to be highly cost effective, with relatively quick returns on investment. For example costs for children with conduct disorders reduce to a fifth after only 18 months (UCLAN, 2010). Programmes lead to reduced use of NHS, social care and criminal justice and better use of educational opportunities. They help to build social and emotional resilience from an early age (UCLAN, 2010).

Using the example of parenting support, the UCLAN guide illustrates how **proportionate universalism** can be achieved, through introducing programmes with increasing intensity proportionate to need. Support would range from parenting support for all, provided through routine prenatal and antenatal services, through to peer-led interventions/befriending for around 70% of new parents; health visitor led targeted interventions for around 50%; targeted group-based interventions for 30%; and finally intensive home visiting programmes for around 15% (UCLAN, 2010).

Such programmes should **remain a priority for local authorities**. Better links need to be developed with specialist services to work jointly on cases where families require individual rather than group support (DH, 2015).

Current practice (from 'Future in Mind', DH, 2015, p.34):
- NHS England is working with partner organisations to reduce the incidence and impact of **postnatal depression, through earlier diagnosis** and better intervention and support.
- By 2017, every birthing unit should have access to a specialist **perinatal mental health clinician.**
- **Mental health training** is being updated for **health visitors** and developed for **midwives.**
- A waiting standard is being considered for **rapid access to mental health services** for women in pregnancy or in the postnatal period with a known or suspected mental health problem.

Examples of emotional health and wellbeing support within the new health visiting and school nursing service models have been outlined in a new publication from the Department of Health and Public Health England (p.3, DH/PHE, 2015). Action that can be taken at community, universal and universal plus and partnership plus (targeted support) levels is listed.

2.3. Early years

Action: Local authorities and health services
2.3.1 *As in 'Perinatal and family & parental mental health' above:* Enhance existing **early years health services** and **parenting programmes** (DH, 2015, proposal 4).

2.3.2 Provide universal access to **pre-school/ early child education programmes**, supporting the development of a home learning environment (UCLAN, 2010).

2.3.3 Harness learning from the new **0-2 year old early intervention pilots** (DH, 2015, proposal 1).

Current practice (from 'Future in Mind', DH, 2015, p.34):
- The evidence base for the **Healthy Child Programme** (0-5 years)[1] has recently been updated by Public Health England (PHE, 2015), to help professionals **support early attachment** between infant and parents.
- There are plans to run **0-2 year old early intervention pilots**, run jointly by DfE and DH, to prevent avoidable problems later in life.

---

[1] Shribman S & Billingham K (2009) *Healthy Child Programme – Pregnancy and the First Five years of Life.* London, Department of Health.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

- These pilots will complement the work of the **Early Intervention Foundation** and link closely with activity such as the **Healthy Child Programme** (mentioned above) and the **Troubled Families Programme.**

2.4. Primary school, secondary school ages

Action: Schools, colleges and local authorities

2.4.1 Continue to develop **whole school approaches** to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, Personal Social and Health Education (PSHE) and counselling services in schools (DH, 2015, proposal 2; Brooks, 2013; NICE, 2008; NICE 2009).

2.4.2 Follow advice published by the DfE to help schools support pupils who are severely affected by **bullying** (DfE, 2013). By law, all schools must have a behaviour policy which includes measures to tackle all forms of bullying. Schools can help to contain **cyber-bullying** during the school day by banning or limiting the use of personal mobile phones etc. and using their powers to search for, and if necessary delete, inappropriate images (DH, 2015, p.37, mentioned in text, but not in list of proposals).

The UCLAN guide (2010) lists examples of whole school, evidence based interventions to build the social and emotional resilience of children and young people. These include:
- School based Social and Emotional Learning (SEL) programmes achieving pupils' core competencies.
- Self management and social skills training.
- Mentoring programmes
- Family Intervention Projects
- School based violence prevention programmes including sexual abuse and bullying prevention.

These interventions lead to improved social and emotional skills, self-esteem, connection to school and positive social behaviour. They will also reduce conduct disorders and emotional distress, including substance misuse, antisocial behaviour and domestic violence (UCLAN, 2010). UCLAN note that an integrated approach, using universal and targeted interventions in primary school are cost-effective. Universal school wide mental health promotion better than classroom based brief interventions (UCLAN, 2010).

In a recent survey, it was shown that 93% of schools implement programmes to promote positive mental health universally, via PSHE education (Taggart et al, 2014).

Current practice (from 'Future in Mind', DH, 2015, p.37):
- The PSHE Association are developing **guidance for schools in teaching about mental health** safely and effectively. Alongside the guidance will be a series of **lesson plans** covering key stages 1-4 (5-16 year olds). For older pupils, they will address such topics as self-harm and eating disorders, as well as issues directly concerned with school life, such as managing anxiety and stress around exams.

- The DfE is developing a schools **counselling strategy** to encourage more and better used of counsellors in schools.
- DfE has invited schools, colleges and organisations to bid for a £3.5 million **character education grant fund** for local projects (the evidence for character education projects is due in autumn 2016).
- **School nurses** lead and deliver the **Healthy Child Programme (HCP) 5-19.** School nursing services are universal and young people see them as non-stigmatising.
- The new draft Ofsted **inspection** framework 'Better Inspection for All' includes a new judgement on personal development, behaviour and welfare of children and learners.
- The proposed named mental health lead for schools will make an important contribution to leading and developing whole school approaches (DH, 2015).

Action: Schools, colleges and local authorities
2.4.3 Build on the success of the existing **anti-stigma campaign** led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people (DH, 2015, proposal 3).

The anti-stigma campaign has helped to raise awareness and promote improved attitudes to children and young people affected by mental health difficulties (DH, 2015).

Action: Government, Schools, colleges and local authorities
2.4.4. Harness the potential of the **web** to promote **resilience and wellbeing** (DH, 2015, p.39). Support self-care by incentivising the development of **new apps and digital tools**; and consider whether there is a need for a kitemarking scheme in order to guide young people and their parents in respect of the quality of the different offers (DH, 2015, proposal 5).

At the same time, raise awareness and develop guidance on coping strategies relating to the **possible negative impact of digital culture** on children's health and wellbeing, especially how they engage with social networking sites (Children's Society, 2015).

Current practice (from 'Future in Mind', DH, 2015, p.38):
- In the new computing programmes of study, which were introduced in September 2014, e-safety will be taught at all four key stages of school. It covers responsible, respectful and secure use of technology.

The 'Future in Mind' document noted the potential for "harnessing the potential of the web to promote resilience and wellbeing".

School-based recommendations listed in the recent LPHO needs assessment include action on absenteeism and exclusions (see p.33-35, LPHO, 2012).

2.4.5 Continue with **early intervention to identify those who need extra support with their emotional or mental health**. A recent document outlined the government's vision for the school nursing service (DH, 2012). It included a call to action for commissioners to continue to develop specifications for the school nursing service, ensuring that children,

young people and families have the full universal offer, including the provision of early help and intervening when there are problems. (Also see NICE, 2008; NICE, 2009).

School nurses can offer early help, for example through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice. They can provide care and/or refer or signpost to other services (DH, 2012).

2.5. Young people/ transition to adulthood

(see Section 2.4 above, proposals 3 and 5)

All young people face multiple and often simultaneous transitions as they move to adulthood. This can be from school to higher or further education or work. They may be in the process of leaving home or care. The families of those in the armed forces may be particularly affected by multiple moves (DH, 2015).

2.5.1 Work to reduce the number of young people at risk of poor mental health, such as those not in education, employment or training **(NEET),** those who are **homeless,** and those undertaking **risky behaviours.**

Action: Local Authorities, CCGs, health services, schools& colleges and voluntary sector
2.5.2 Invest in youth information, advice and counselling services (YIACS) in accessible young person-friendly settings. The recent Youth Access briefing noted that joint commissioning of YIACS across Child and Adolescent Mental Health Services, Adult Mental Health Services, Clinical Commissioning Groups, public health, housing, youth services and legal advice budgets may offer the best chance of securing the holistic services young people need (Youth Access, 2015). Services need to be available seamlessly to all young people up to the age of 25 (MHF, 2014).

Such services have been found to be less stigmatising and a cost effective youth mental health intervention. Youth Access note that huge savings are possible through intervening more smartly by tackling social welfare legal problems and mental health problems in a coordinated way (Youth Access, 2015).

Currently, too often young people face a cut off in access to services at the age of 18 or sometimes 16 (LPHO, 2015). Services need to view young people up to the age of 25 as having distinct needs, providing holistic care to meet mental and physical health needs and support around relationships, education and employment (MHF, 2014).

Action: CCGs, health services and local authorities
2.5.3. Use the **primary care team** to support families, children and young people to develop resilience and in identifying and referring problems early. There is scope to include commissioning approaches that support the ability for GPs to offer a wider range of interventions, including **social prescribing**, where activities such as sport are used as a way of improving wellbeing (DH, 2015, p.35/36 – mentioned in text, but not in list of proposals).

As with school nurses (mentioned above, p.17/18), the GP practice is seen as a less stigmatising environment than a mental health clinic (DH, 2015) and as such has the potential of being an important resource:

Current practice (from 'Future in Mind', DH, 2015, p.35):
- Many GPs have improved accessibility to young people by using the 'You're Welcome' standards[2] and self-audit.
- Some practices have gone further by creating drop-in clinics for young people where they can discuss a range of issues and have access to specialist mental health support.

---

[2] Department of Health (2011) *You're Welcome – Quality criteria for young people friendly health services*. London: Department of Health. https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services

3. Local and national examples of evidence based practice

3.1   All CYP stages

Poverty
Child Poverty Family Intervention Projects provide intensive family interventions to families with significant barriers to work including mental health problems, drug and alcohol issues, domestic violence and family functioning issues, to ensure their issues are addressed and that they are 'work ready' (DWP, 2011).

Domestic Violence and other Adverse Childhood Events (ACE)
Domestic abuse, parental stress or ill-health, substance or alcohol misuse, or parents' own experiences as a child are all factors that can contribute to children not receiving adequate or even basic care. **Thriving Families** is described by the NSPCC (2015) as a specialist integrated model for delivering services for children and families where neglect is a concern. It consists of two distinct elements: the Bespoke Assessment Approach, which is a holistic assessment for neglect, and three services: SafeCare®, Triple P and Video Interaction Guidance:

- SafeCare® is a structured, preventative programme for use with parents of children aged from birth to six who are at risk of experiencing significant harm through neglect
- Triple P (targeted) – see p.21 below
- Video Interaction Guidance (VIG) is a supportive programme of parent counselling that uses video to help parents become more attuned and responsive to their child

(NSPCC, 2015).

The Cedar project in Scotland works with children, young people and their mothers who have experienced domestic abuse. The Cedar programme takes place over 12 weeks with groups for children, young people and their mothers running in parallel. The groups provide an opportunity to explore the experiences, understanding and feelings with an emphasis on providing fun and creative activities that keep children engaged and interacting with each other http://www.cedarnetwork.org.uk/
Cedar was included in the supporting evidence for the NICE guidance on domestic violence, with NICE reporting that the programme was broadly positive for raising awareness of abuse, reducing isolation and developing strengths-based responses among children and mothers (NICE, 2013, supporting NICE, 2014).

There are further leads to examples of interventions relating to violence and neglect in PHE (Oct 2015, technical appendix), http://www.yhpho.org.uk/default.aspx?RID=213417 p.143/4.

Local example:
The Cheshire and Merseyside Public Health collaborative (Champs) is leading the 'Be a lover not a fighter' campaign to end domestic abuse (http://www.champspublichealth.com/collaborative-service-legacy/communications-and-social-marketing).

In Knowsley, all schools are signed up to **Operation Compass**, a scheme which encourages partnership working between Merseyside police and school staff to identify children and young people affected by domestic abuse. p.6
http://www.knowsleyhwb.org.uk/documents/mhwb-life-course-report.pdf

3.2   Perinatal

Family Action's **Perinatal Support Project (PSP)** is an innovative low-cost, high-impact service. It trains and supports volunteer befrienders to work with women at risk of ante and postnatal depression, providing a vital service for women who are not eligible for acute perinatal depression support services (CMO, 2013, Chapter 5). Perinatal support service projects in Hackney, Mansfield, Swaffam and Oxford were described and evaluated by Barlow & Coe (2012).

The **Family Nurse Partnership (FNP)** supports vulnerable first time mothers in early pregnancy until the child is aged two. It is an intensive programme led by nurses within the home setting which has been shown to improve the health and well-being of children and families in the short and long term (LGA, 2012; IHE, 2014).

Knowsley:
- Public health midwives provide intensive support to the most vulnerable.

- Home-Start Fit4Life Health and Wellbeing Course for vulnerable families (cookery, parenting, exercise etc.).
  p.39 http://www.knowsleyhwb.org.uk/documents/mhwb-interim-findings-report.pdf

- The Family Nurse Partnership (FNP) is recognised as an example of good practice, working with 1st time young mothers aged 19 and under.
  p. 18 http://www.knowsleyhwb.org.uk/documents/mhwb-life-course-report.pdf

3.3   Early years

Families and Schools Together (FAST) is aimed at children aged 3-11. Parents attend eight weekly sessions where they learn how to manage stress and reduce their isolation, become more involved in their children's school, develop warm and supportive relationships with their children and encourage their children's pro-social behaviour. After parents complete the programme, they continue to meet at monthly parents' sessions (IHE, 2014). FAST can be universal or targeted, although generally aimed at school settings in areas of high deprivation.

Positive Parenting Programme, or Triple P – is a population based parenting programme used, for example, in Glasgow[3].
http://www.glasgowlife.org.uk/communities/childrenyoungpeopleandfamilies/under5's/ppp/pages/default.aspx

Universal (Level 1) Triple P involves the use of media and informational strategies (e.g. TV broadcasts, newspaper and local radio articles), informational flyers and brochures. The programme has been positively evaluated, although it was noted that providing additional support alongside the broadcasts is beneficial (EIF, 2015). Other levels of the Triple P programme include brief targeted intervention provided in primary care or childcare settings, and more intensive or broader parenting interventions for families with higher risk levels (EIF, 2015).

Empowering Parents, Empowering Communities (***EPEC***) is a group-based programme targeting parents at risk of poor outcomes, including families living in poverty. It aims to enhance parent-child interactions, increase parental confidence, reduce parents' stress and help them manage child behavior.It is designed for primary caregivers of children aged 2-11 who have difficulties in managing their child's behaviour. There are eight weekly two-hour group sessions (EIF, 2015). The Early Intervention Foundation (EIF) reported that an evaluation of EPEC in the UK found mixed effects. There was a significant positive impact on child problem behaviour and on a measure of parenting competencies, but no impact on a measure of parent stress (EIF, 2015).

The EIF reported on several targeted programmes which also included sessions involving the children. These included the ***Strengthening Families Programme (SFP) 3-5***, which is targeted at children aged 3-5 years of substance-abusing parents. Also, ***Dare To Be You,*** which targets children aged 2-5 years from high-risk families (e.g. on the grounds of abuse, school failure, economic disadvantage, mental health issues, history of substance misuse, acute or chronic developmental issues) (EIF, 2015). The EIF reported research demonstrating formative evidence of positive impacts for these two programmes,

According to the EIF**, *Incredible Years*** is one of the best-known group-based parent training programme, with strong and consistent evidence of effectiveness. Targeted families are generally economically disadvantaged. There are three different versions: Baby Programme, Toddler Programme and Preschool Programme (EIF, 2015).

Stockport parenting team (public health nurses).
A group of community public health nurses, aiming to build parents' confidence and skills, and by doing so build resilience in children and young people (DH/PHE, 2015, last page).

3

http://www.glasgowlife.org.uk/communities/childrenyoungpeopleandfamilies/under5's/ppp/pages/default.aspx

3.4   Primary school, secondary school

The Early Intervention Foundation have produced an interactive tool to find evidence and guidance on how to enhance school achievement and employment: http://guidebook.eif.org.uk/programmes-library

Whole school approaches
The **Windmills Foundation 3 Thinking Model** has been used in Knowsley. The Windmills Foundation supports young people to realise their potential through strategies to take control and maximise their personal, social and economic contributions. The delivery models that motivate young people are based upon a 3 Thinking Model of Individual, Organisation and Community. They have inspired young people to make a difference in their communities and changed attitudes of dis-engaged pupils. The approach can be used on a whole school basis or targeted at those needed extra support.
http://www.windmillsonline.co.uk/building-a-fresh-approach-to-employability-in-knowsley

Bright Stars is a 6 week self-esteem universal programme delivered to Key Stages 1&2 in Hertfordshire. It helps teach emotional literacy skills and shares resources for improving confidence and self-esteem (DH/PHE, 2015, last page).

Step2, an Early Intervention Child and Adolescent Mental Health Service based in Hertfordshire, sharing resources such as the BrainBox™ , which is used to explain and share strategies about managing anger and anxiety in young people (DH/PHE, 2015, last page).

Mindfulness
A large scale trial carried out by the University of Oxford will assess whether school lessons in **mindfulness for teenagers** can improve their mental health (University of Oxford (2015).

Bullying
The following links to evidence based practice were identified in the recent Public Health England document on Measuring mental wellbeing in children and young people, technical supplement (PHE, Oct. 2015):
- The Anti-Bullying Alliance is a coalition of organisations and individuals working together to stop bullying and create safe environments in which children and young people can live, grow, play and learn (PHE, Oct. 2015, Technical Supplement). They provide advice and expertise in relation to all forms of bullying between children and young people. Their website includes evidence reviews of effective approaches to preventing and responding to bullying www.anti-bullyingalliance.org.uk/

- BullyingUK provides anti-bullying advice and case studies of anti-bullying projects www.bullying.co.uk/

- The Kidscape website provides advice and information on preventing bullying; and includes case studies and a checklist for schools: (Kidscape, online)

Anti-stigma
The Time to Change programme has already been associated with greater mental health literacy as well as less stigmatising attitudes (DH, 2015; Evans-Lacko et al, 2013) www.time-to-change.org.uk/youngpeople

Early Interventions to target those in need of extra help
Knowsley Headstart is a national pilot. It is intended to help equip young people (10 to 14 years) to deal better with difficult circumstances in their lives, so as to prevent them experiencing common mental health problems. The focus is on improving the emotional wellbeing and resilience of young people by working in the following four areas:
1. A child's time and experiences at school
2. Their ability to access the community services they need
3. Their home life and relationship with family members
4. Their interaction with digital technology

The approach can be used targeting those in need of extra support, and also on a whole-school basis.
https://www.biglotteryfund.org.uk/headstartproject

An **Emotional Health Project in Manchester** involved collaboration between Education/School Health and CAMHS and resulted in nine high schools having an allocated Clinical Psychologist and an Emotional Health Advisor who work with school nurses and other school staff. Regular meetings give the opportunity for staff to discuss students they are worried about, such as those with poor attendance (DH/PHE, 2015).

School nurses in Walsall use the FRIENDS cognitive behavioural programme, which is offered as a targeted first intervention for children and young people who present with low self-esteem, poor confidence, and/or anxiety (mild to moderate) (DH/PHE, 2015).

Attendance and exclusions
PHE (Oct 2015 technical supplement) noted a report called *'Access to Learning. Attendance Matters!* (Gooch, 2014). It gives details of approaches for improving pupil attendance in schools in Islington. For example, St.Mary Magdalene Academy in London have developed an **Attendance Triangle** to address the need for an attendance procedure. (Figure 9). The triangle is colour coded and has been displayed around the school. There are set procedures to follow for each level of conc ern. Once identified, families where poor attendance is systemic will for
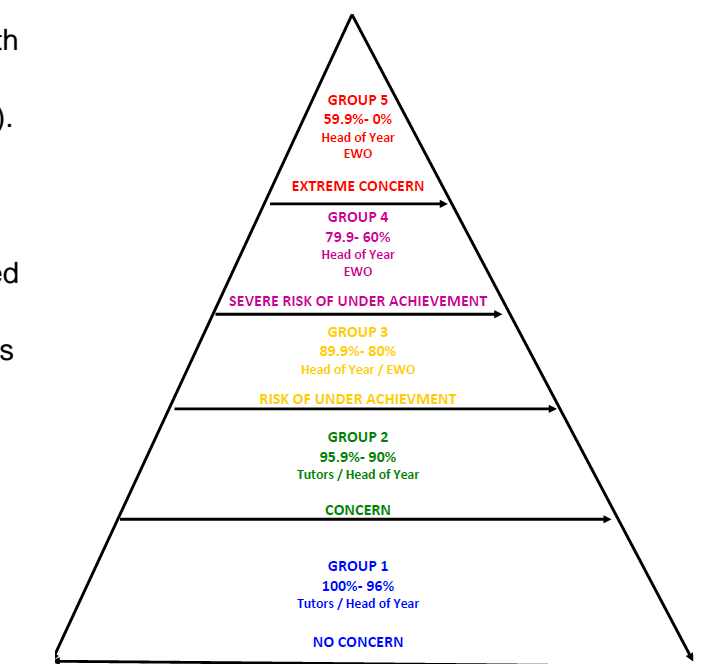

Figure 9
St. Mary Magdalene Academy Attendance Triangle
Source: Gooch, 2014

example be offered engagement with the **'Troubled Families'** programme, involving intensive support and intervention.

The aim is to identify vulnerable children earlier and more efficiently through better information sharing and to enable agencies to act quickly. Islington uses the MASH approach, - the **Multi-Agency Safeguarding Hub (MASH) programme**, through which the turnaround time for child protection cases judged as high or complex needs has almost halved in some areas since introduction.

The MASH in Islington sits within the Children's Services Contact Team (CSCT), the single point of contact for requests for services for vulnerable children and young people, and includes Children's Social Care, Community Health, Education, Families First, Police, Adult Mental Health, Probation, and Targeted Youth Support (Gooch, 2014).

The Department for Education recently concluded a **three year school exclusion trial.** It involved schools in 11 volunteer local authorities taking greater responsibility for supporting children at risk of exclusion and those who had been permanently excluded. The final report of the trial evaluation is available here: www.gov.uk/government/publications/school-exclusion-trial-evaluation.
The trial involved schools having more responsibility for commissioning alternative provision, with local authorities passing on funding to schools for this purpose.

A recent evaluation was carried out on three targeted therapeutic early interventions to prevent school exclusion: 1. *Care Guidance Support Stages*. 2. *SWIFT* and 3. *Learning 2 Learn.* It was concluded that all of the projects, although each very different, generated positive impacts, including improvements in emotional wellbeing (such as confidence and self-expression), behaviour, ability to learn and relationships (OPM, 2013).

3.5   Young people/ transition to adulthood

Improving transitions from school to work
ThinkForward is a programme created in 2010 by Impetus-The Private Equity Foundation (Impetus-PEF) and delivered by Tomorrow's People, a national employment charity. The programme aims to act early to ensure young people make a successful move from education into employment (IHE, 2014b).

Surrey County Council's 14-19 plan has been successful, with a 59% reduction in young people who are NEET from 2009 to 2014 (IHE, 2014b).

Government pilots for improving transitions from school to work include:
- Piloting a new ***scheme of support for young benefit claimants***. From day one of a claim, training will be mandatory for young people without a GCSE (grade A*C) or equivalent in English and maths. After six months of a claim, all 18-21 year old Jobseeker's Allowance claimants will be expected to do a work experience placement, a Traineeship or community work placement. This will enable young people to keep learning and be ready for work to reduce their risk of being out of work in the long term.

- Working closely with disadvantaged teenagers through the **DWP Innovation Fund**, to help them participate and succeed in education or training and ultimately, employment. Through social investment models, the fund has already supported over 10,700 young people since the pilot started in 2012.
- Launching a new cross-government **Youth Engagement Fund (YEF)** from April 2015. Using social impact bonds (SIBs), we will reward innovative new forms of support for disengaged or at risk young people and help up to 18,000 14 to 17 year olds in the UK.

(HM Government, 2014)

The Teenage Parent Supported Housing pilots involve locally designed approaches to enhancing the housing support available to teenage parents to improve outcomes for them and their children (DWP, 2011).

Drop-in clinics

Some practices have created **drop-in clinics** for young people where they can discuss a range of issues and have access to specialist mental health support. These include Herne Hill Group Practice in London, which worked with the voluntary sector organisation Redthread Youth, to create the Well Centre drop-in clinic (DH, 2015).

Knowsley:

Self harm and Suicide Project Group, developing ways to identify & support C & YP at risk
http://www.knowsleyhwb.org.uk/documents/mhwb-interim-findings-report.pdf

Other useful links:

Public Health England (PHE): Evidence review and briefing on: reducing the number of young people not in education, employment or training
www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers

Early Intervention Foundation: An interactive tool to find evidence and guidance on how to deliver effective early intervention to enhance school achievement and employment
http://guidebook.eif.org.uk/programmes-library

National Institute for Health and Care Excellence (NICE). Children with Antisocial behaviour and conduct disorders; identification and assessment and treatment and care options
http://pathways.nice.org.uk/pathways/antisocial-behaviour-and-conduct-disorders-in-children-and-young-people

*Youth homelessness in the UK, Joseph Rowntree Foundation. A s*tudy exploring effectiveness of policy and service provision in addressing youth homelessness and recommending key priorities for action. www.jrf.org.uk/publications/youth-homelessness-uk

*Sexual health/U18conceptions:*An interactive tool to find evidence and guidance on how to deliver effective early intervention to prevent risky sexual behaviour and teenage pregnancy
http://guidebook.eif.org.uk/programmes-library
Also: National Institute for Health and Care Excellence (NICE) - Prevention of sexually transmitted infections and under 18 conceptions. Pathway:
http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions/preventing-sexually-transmitted-infections-and-under-18-conceptions-overview#content=view-node%3Anodes-commissioning-and-coordinating-sexual-health-services

Other risky behaviour: Early Intervention Foundation: An interactive tool to find evidence and guidance on how to deliver effective interventions to prevent substance misuse (misuse of tobacco, drugs and alcohol)
http://guidebook.eif.org.uk/programmes-library

For more information, see:
www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers (reducing NEETs)

www.jrf.org.uk/publications/youth-homelessness-uk

http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions/preventing-sexually-transmitted-infections-and-under-18-conceptions-overview#content=view-node%3Anodes-commissioning-and-coordinating-sexual-health-services (Prevention of sexually transmitted infections and under 18 conceptions)

http://guidebook.eif.org.uk/programmes-library (how to prevent substance misuse)

References

Barlow J and Coe C (2012) Family Action Perinatal Support Project Research Findings Report. Warwick Medical School. July 2012. https://www.family-action.org.uk/content/uploads/2014/06/Perinatal-Support-Project-evaluation-2012-Professor-Jane-Barlow.pdf

Brooks F (2013) Life stage: School Years. In: *Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays.* London: Department of Health. https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

Children's Society (2015) *Children's Mental Health: Priorities for improving children and adolescent mental health services in England.* http://www.childrenssociety.org.uk/sites/default/files/Children%27s%20mental%20health%20-%20Final.pdf

CMO (2013) *Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays*. London: Department of Health. https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

DfE (2013) Departmental advice on preventing and responding to bullying. London: Department for Education. https://www.gov.uk/government/publications/preventing-and-tackling-bullying

DH (2011) *Children and Young People's Emotional Wellbeing and Mental Health National Support Team - The learning: 'What good looks like'*. Department of Health. https://www.gov.uk/government/publications/children-and-young-people-s-emotional-wellbeing-and-mental-health-national-support-team

DH (2012) Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and Call to Action. Department of Health. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

DH (2015) *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. Department of Health and NHS England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

DH/PHE (2015) *Health Visiting and School Nurse Programme: Supporting implementation of the new service offer: Promoting emotional wellbeing and positive mental health of children and young people.* Department of Health and Public Health England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf

DWP (2011) Child Poverty Unit Child Poverty Pilots – Report. Department for Work and Pensions. www.gov.uk/government/publications/child-poverty-unit-child-poverty-pilots-rr730

EIF (2015) The Best Start At Home: What Works To Improve The Quality Of Parent-Child Interactions From Conception To Age 5 Years? A Rapid Review of Interventions. Early Intervention Foundation. http://www.eif.org.uk//wp-content/uploads/2015/06/The-Best-Start-at-Home-report.pdf

Evans-Lacko S, Malcolm E, West K, Rose D, London J, Rusch N, Little K, Henderson C, Thorniscroft G (2013). Influence of Time to Change's social marketing interventions on stigma in England 2009-2011. British Journal of Psychiatry 2012: 77-88. http://bjp.rcpsych.org/content/202/s55/s77

Gooch M (2014) *Access to Learning: Attendance Matters*! Islington Community of Schools. http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Information/Guidance/2014-2015/(2014-09-04)-Access-to-Learning-Improving-Attendance.pdf

HM Government (2014) Child Poverty Strategy 2014-17. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf

Hughes S, Bellis MA, Hughes K, et al (2009) *Preventing Violence Through the Development of Safe, Stable and Nurturing Relationships Between Children and Their Parents and Caregivers*. Geneva: World Health Organization http://apps.who.int/iris/bitstream/10665/44088/1/9789241597821_eng.pdf

IHE (2014) Good quality parenting programmes and the home to school transition. Local Action on Health Inequalities Series. Institute of Health Equity and Public Health England. http://www.instituteofhealthequity.org/projects/good-quality-parenting-programmes-and-the-home-to-school-transition

IHE (2014b) *Reducing the number of young people not in employment, education or training (NEET).* Local Action on Health Inequalities Series. Institute of Health Equity and Public Health England. http://www.instituteofhealthequity.org/projects/reducing-the-number-of-young-people-not-in-employment-education-or-training-neet

Kidscape (online) Best practice anti-bullying policy and procedures. And Preventing and tackling bullying. Website last accessed 21/10/15 https://www.kidscape.org.uk/advice/advice-for-professionals/

Liverpool City Region (2011) *Child poverty and life chances strategy 2011-2014*. http://www.liverpoolcitystrategyces.org.uk/projects/overview-of-what-is-being-done-to-tackle-child-poverty/

LGA (2012) Early intervention: informing local practice. Local Government Association https://www.nfer.ac.uk/nfer/publications/LGLC02/LGLC02.pdf

LPHO (2012) *Children and young people's emotional health and wellbeing needs assessment*. Merseyside. Liverpool Public Health Observatory report series number 90. http://www.liv.ac.uk/media/livacuk/instituteofpsychology/publichealthobservatory/90_child_&_yp_ehwb_n_ass_FULL_REPORT.pdf

LPHO (2015) *Effective pathway from child to adult mental health services*. LPHO Report Series, number 102.:Rapid Evidence Review Series, number 5. https://www.liv.ac.uk/media/livacuk/instituteofpsychology/publichealthobservatory/CAMHS,transition,FINAL.pdf

Marmot (2010) *Fair Society, Healthy Lives*. The Marmot Review. http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

MHF (2014) *How to commission better mental health and wellbeing services for young people*. Mental Health Foundation. http://www.mentalhealth.org.uk/content/assets/PDF/publications/right-here-guide-3.pdf?view=Standard

NICE (2008) *Social and emotional wellbeing in primary education*. National Institute for Health and Care Excellence (NICE), NICE guidelines [PH12]. http://www.nice.org.uk/guidance/ph12

NICE (2009a) PH20 Social and emotional wellbeing in secondary education. National Institute for Health and Clinical Excellence (NICE) http://tinyurl.com/brjojnz

NICE (2013) *Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence.* Supporting evidence for National Institute for Health and Care Excellence (NICE) Guidance [PH50]. Prepared by the British Columbia Centre of Excellence for Women's Health, April 2013.https://www.nice.org.uk/guidance/ph50/resources/review-of-interventions-to-identify-prevent-reduce-and-respond-to-domestic-violence2

NICE (2014) *Domestic violence and abuse: multi-agency working*. National Institute for Health and Care Excellence (NICE) Guidance [PH50]. www.nice.org.uk/guidance/ph50

NICE (2014a) *Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance*. CG192. National Institute for Health and Care Excellence. http://www.chimat.org.uk/resource/item.aspx?RID=223856

NSPCC (2015) *Spotlight on preventing child neglect: An overview of learning from NSPCC services and research.* October 2015. http://www.nspcc.org.uk/globalassets/documents/research-reports/spotlight-preventing-child-neglect-report.pdf

OPM (2013) *Therapeutic early interventions to prevent school exclusion and truancy: evaluation of three contemporaneous projects*. Office for Public Management. http://www.phf.org.uk/publications/therapeutic-early-interventions-prevent-school-exclusion-truancy-evaluation-three-contemporaneous-projects/

PHE (2015) *Rapid Review to Update Evidence for the Healthy Child Programme 0–5*. Public Health England.https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf

PHE (Oct 2015) *Measuring mental wellbeing in children and young people*. Public Health England. http://www.yhpho.org.uk/default.aspx?RID=213417

Taggart H, Lee S, McDonald L (2014) *Perceptions of wellbeing and mental health in English secondary schools: a cross sectional study*. London: CentreForum Commission. http://www.centreforum.org/assets/pubs/headteacher-survey.pdf

UCLAN (2010) *Commissioning Mental Wellbeing for All: A toolkit for commissioners*. University of Central Lancashire. Commissioned by the National Mental Health Development Unit (NMHDU). http://www.mas.org.uk/uploads/100flowers/commissioning-wellbeing-for-all.pdf

University of Oxford (2015) *Large-scale trial will assess effectiveness of teaching mindfulness in UK schools* http://www.ox.ac.uk/news/2015-07-16-large-scale-trial-will-assess-effectiveness-teaching-mindfulness-uk-schools

Youth Access (2015) *The social determinants of young people's mental health*. Research Briefing. Youth Access, in conjunction with Young People's Health Partnership and the Association for Young People's Health (AYPH) http://www.youthaccess.org.uk/uploads/documents/Social_determinants_of_YPs_health.pdf

Appendix 1: Indicators to consider

Indicators relating to promoting resilience, prevention and early intervention in the mental health and wellbeing of children and young people.

Table A1 PHE Indicators

	Individual	Family	Learning	Community
All	Child Wellbeing Index (2009 is latest available) Emotional well-being of looked after children: average score Emotional and behavioural health outcome for looked after children: % eligible children considered 'of concern'	Lone Parent Households with Dependent Children Relationship breakup: % of adults whose current marital status is separated or divorced Families with health problems: % of households with dependent children where at least one person has a long term health problem or disability Parents in drug treatment: rate per 100,000 children 0 - 15 Parents in alcohol treatment: rate per 100,000 children 0 – 15		Children in Poverty U 16 **OR** Children in Poverty – all dependent children aged U 20 Children who live in a household where no adult household member works Children in need: Rate of children in need during the year, per 10,000 aged <18 (i.e. referred to social services) New cases of children in need: Rate of new cases identified during the year, per 10,000 aged <18 Children in need due to abuse, neglect or family dysfunction: % of children in need Children in need for more than 2 years: % of children in need Children in need referrals: Rate of children in need referrals during the year, per 10,000 aged <18 Assessment of children in need referrals: % of referrals with a completed initial assessment Child protection cases: Rate of children who were the subject of a child protection plan at the end of the year (31 March)

				New child protection cases: Rate of children who became the subject of a child protection plan during the year, per 10,000 aged <18
				Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time
				Child hospital admissions due to injury, under 18s rate
				Child hospital admissions due to injury of which, estimated number due to deliberate injury
				Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14
				Domestic Abuse: incident rate per 1,000 population
				Homeless families
				Looked after children: Rate per 10,000 <18 population.
				Looked after children in foster placements: % of looked after children
				Looked after children in secure units, children's homes and hostels: % of looked after children
				Children leaving care: Rate per 10,000 <18 population
				Unaccompanied Asylum Seeking Children looked after: count
				Young carers: Children providing care (4 indicators – different degrees of care)

Perinatal				
Early Years	Rate of hospital admissions for children under the age of five due to injury (NCB excel file)		Children achieving a good level of development at the end of reception/ foundation stage	
School	Admissions for mental health disorders (age 0-17) Admissions as a result of self-harm (age 10-24) Estimated prevalence of any mental health disorder: % population aged 5-16 Estimated prevalence of emotional disorders: % population aged 5-16 Estimated prevalence of conduct disorders: % population aged 5-16 Estimated prevalence of hyperkinetic disorders: % population aged 5-16 Pupils with special educational needs (SEN): % of all school age pupils with special educational needs Pupils with Learning Disability: % of school pupils with Learning Disability			Free school meals: % uptake among all pupils GCSE results (in Oct 2015 PHE indicator list) Primary school pupil absence: % of half days missed Secondary school pupil absence: % of half days missed Primary school fixed period exclusions: % of pupils Secondary school fixed period exclusions: % of school pupils Fixed period exclusion due to persistent disruptive behaviour: % of school pupils Fixed period exclusion due to drugs/alcohol use: % of school pupils Traveller children: % school children who are Gypsy/Roma

	Pupils with behavioural, emotional and social support needs: % of school pupils with behavioural, emotional and social support needs Pupils with speech, language or communication needs: % of school pupils with speech, language or communication needs Pupils with autism spectrum disorder: % of school pupils with autism spectrum disorder Obese children (reception & year 6) Underweight children (reception & year 6)		
Young People	Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) scores, age 16-24 data Hospital admissions for alcohol specific conditions (under 18) Hospital admissions as a result of substance misuse (aged 15-24) Young people hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24 Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds Under 18 pregnancy: rate of conceptions per 1,000 females aged 15 - 17		Young people who are not in employment, education or training (NEET) First time entrants to the youth justice system: rate per 100,000 aged 10 - 17 All entered to the youth justice system: rate per 1,000 aged 10 – 18

	Under 16 pregnancy: rate of conceptions per 1,000 females aged 13 - 15 (i.e. under 16 and under 18)			

Sources for Table A1: PHE (Oct 2015) http://www.yhpho.org.uk/default.aspx?RID=213417
And PHE's Children's and Young People's Mental Health and Wellbeing Profile http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

Notes: <mark>Yellow =</mark> These indicators were put in the 'community' section because PHE put 'children on child protection plan', 'children at risk of abuse or neglect', and 'homeless families' in the 'Community' section. They may be better placed under 'Family' (PHE, Oct 2015, technical supplement).
Also, PHE puts GCSEs and school exclusions etc. under 'Community' not 'Learning environment' (PHE, Oct 2015, technical supplement).

Table A2. Other indicators to be considered.

	Individual	Family	Learning	Community
All	Disability Living Allowance Claimants aged Under 16 (DWP data) Datasets which should be available soon include **limiting long-term illness ages 0-17** from the 2011 census, and **numbers of disabled children in need**, from the 2011-12 Children In Need (CIN) census. The CIN covers all social service activity and records disabled children in contact at the time of the census (LPHO, 2012, p.41).	Children and young people aged under 18 living with parents who have mental health problems, or who are substance misusers. Estimates (p.85, LPHO 2012).		Index of Multiple Deprivation Children aged 0-18 living in all Out-of-work Benefit Claimant Households by Local Authority (DWP data, p.73, LPHO 2012) Annual police incidents involving safeguarding children (Merseyside Police. P.96, LPHO 2012) Estimated missing persons aged under 18 (NPIA [National Policing Improvement Agency Missing Persons Bureau] estimates, applied to local pop data – see p. 82, LPHO 2012)

Perinatal	Life expectancy at birth Babies born with a low birthweight	Smoking in pregnancy Breastfeeding initiation and breastfeeding at 6 to 8 weeks after birth Estimated numbers of new mothers with mental health problems. Apply live birth numbers to estimated range of 10% to 15% with mh probs (based on NICE, 2006) (see p.18, LPHO 2012 report).		Numbers of Live Births to mothers born outside the UK (p.55, LPHO 2012)
Early Years			Children achieving a good level of development at the end of reception: **those** <u>with free school meals status.</u>	
School	Healthy Weight ages 4-5 & 10-11 http://www.hscic.gov.uk/ncmp PE and Sport Survey * % schoolchildren participating in at least 3 hours of sport/PE (CHIMAT – p.102, LPHO 2012)	% of school age children: 'At home I feel a bit/very unsafe from being hurt by other people': 'Tellus' survey 2007: Staying safe. (CHIMAT –p.98, LPHO 2012) <mark>(could put here – o in the r 'community section? But nothing recent anyway)</mark>	School TELL US or similar surveys	Educational performance at Key Stages 2 (ages 7-11) and 3 (age 11-14 Children Looked After: GCSE achievement (LAC outcomes data) Black and minority ethnic group school children as % of the total school age population (ChiMat – p.58, LPHO, 2012)
Young People	Children and young people smoking Children and young people using alcohol Children and young people using illegal drugs Prevalence of chlamydia	Teenage mothers / Mothers aged 12-17 as a % of all mothers (p.108, LPHO 2012) <mark>PHE (Oct 2015, Technical supplement) puts teen mothers in the 'family'</mark>		<mark>* A-level and equivalent results</mark>

Estimates for numbers of homeless young people (aged 17-18) (JRF estimate applied to local pop data – see p.90, LPHO 2012) 'What About YOUth' survey on the health and lifestyles of young people aged 15 to 16. – available from April 2016 Teenage conceptions ending in abortion (under 16 & under 18)	<mark>section, but U18 conceptions with 'Individual'</mark>		

Sources for Table A2:
http://www.chimat.org.uk/jsnanavigator
LPHO (2012) CYP EHWBNA
http://fingertips.phe.org.uk/profile/cyphof
http://atlas.chimat.org.uk/IAS/dataviews/
www.chimat.org.uk/profiles

Please note only those indicators where local information is available for comparison are included

Appendix 2: Draft summary table of evidence based practice

The last 3 columns will be completed and the other columns completed/amended after local consultation.

Intervention/ recommendation	Guidance based on evidence	National examples of good practice	Local practice	Gaps	Local issues
Perinatal and family & parental mental health					
Promote good parental mental and physical health	DH/PHE, 2015, p.3. DH, 2015, p.34; proposal 4. NICE, 2014; Barlow & Coe (2012)	**Perinatal support service** (CMO, 2013, chapter 5). Projects in Hackney, Mansfield, Swaffam and Oxford were described and evaluated by Barlow & Coe, 2012.	*Knowsley:* Public health midwives & Home-Start Fit4Life HWB Course		
Promote parenting skills	DH, 2015, p.34, proposal 4. IHE, 2014.	**Family Nurse Partnership (FNP)** (LGA, 2012; IHE, 2014).	*Knowsley:* Family Nurse Partnership (FNP)		
Early years					
Enhance existing early years health services and parenting programmes	DH, 2015, p.34, proposal 4. DH/PHE 2015 PHE, 2015. IHE, 2014.	**Stockport parenting team** (public health nurses) (last page, DH/PHE, 2015). Positive Parenting Programme, or **Triple P** – a population based parenting programme used in Glasgow[4] (EIF, 2015). Targeted early intervention programmes include: Empowering Parents, Empowering Communities (**EPEC**); Strengthening Families Programme **(SFP) 3-5**; **Incredible Years** and **Dare To Be You** (EIF, 2015), and also **Families and Schools Together (FAST)**, ages 3-11 (IHE, 2014).			

---

[4] http://www.glasgowlife.org.uk/communities/childrenyoungpeopleandfamilies/under5's/ppp/pages/default.aspx

Harness learning from the new 0-2 year old early intervention pilots	DH, 2015, proposal 1.			
Primary & secondary school age				
Continue to develop whole school approaches to promoting mental health and wellbeing	DH/PHE 2015. DH, 2015, proposal 2. Brooks, 2013. NICE, 2008.	Lessons in **mindfulness** (University of Oxford, 2015). **Bright Stars** (emotional literacy skills); and Step2 & 'Brain Box' (managing anger & anxiety), both in Hertfordshire (DH/PHE, 2015, last page).	Knowsley Windmills 3 Thinking http://www.windmillsonline.co.uk/building-a-fresh-approach-to-employability-in-knowsley	
Tackle all forms of bullying and support pupils who are severely affected by bullying.	DH, 2015, p.37. DfE, 2013.	Kidscape's recommended **checklist for schools** (Kidscape, online)		
Build on the success of the existing anti-stigma campaign	DH, 2015, proposal 3. Evans-Lacko et al (2013).	The **Time to Change** pilots were successful in helping to reduce stigma (Evans-Lacko et al, 2013).		
Harness the potential of the web/new apps/digital tools to promote resilience and wellbeing	DH, 2015, proposal 5. Children's Society, 2015.			

Continue with early intervention to identify those who need extra support with their emotional or mental health	DH 2012; OPM, 2013. NICE, 2008.	**Emotional Health Project** in Manchester (DH/PHE, 2015). **FRIENDS** cognitive behavioural programme in Walsall (DH/PHE, 2015) **Attendance Triangle** and **MASH Programme**, Islington (Gooch, 2014) Also **Care Guidance Support** Stages; **SWIFT**; and **Learning 2 Learn**	Knowsley Headstart (national pilot) https://www.biglotteryfund.org.uk/headstartprojects		
Young people to adulthood					
Work to reduce the number of young people at risk of poor mental health, such as those not in education, employment or training (NEET), those who are homeless, and those undertaking risky behaviours	HM Government (2014)	Several pilots of schemes to improve transitions from school to work, e.g. **DWP Innovation Fund** (HM Government, 2014), **ThinkForward** and **Surrey County Council's 14-19 plan** (IHE, 2014b). Teenage Parent Supported Housing pilots (DWP, 2011) Several other examples of **interventions for teenagers** can be found in the Early Intervention Foundation programmes library, including how to prevent various kinds of risky behaviour : http://guidebook.eif.org.uk/programmes-library			
Invest in youth information, advice and counselling services (YIACS) in accessible young person-friendly settings	Youth Access, 2015. MHF, 2014.	Youth Information Advice and Counselling Services (YIACS) help to solve social welfare legal problems and therefore help to promote good mental health (Youth Access (2015).			
Use the primary care team to commission approaches that	DH, 2015, p.35/36.	**Drop-in clinics** for young people, Herne Hill Group Practice, London (DH, 2015, p.35).			

develop resilience. Identify and refer problems early.					
All CYP stages					
Tackle issues .such as domestic violence and other adverse childhood experiences (ACE) that can impact on emotional and mental health and wellbeing	NICE, 2014; NSPCC, 2015; Hughes et al, 2009.	Scotland's Cedar Programme, tackling **domestic violence** (NICE, 2013). **Thriving Families** is a specialist integrated model for families where neglect, including domestic violence and other adverse childhood experiences (**ACE**), is a concern (NSPCC, 2015)			
Build resilience and tackle inequalities by addressing the social determinants of mental health and wellbeing	UCLAN, 2010. DWP (2011)	**Child Poverty Family Intervention Projects** (DWP, 2011)			
Develop and use methods to **engage local communities**	UCLAN, 2010.				
Ensure that **staff at every level of all services have a good understanding** of approaches to strengthening resilience and promoting mental health	DH, 2011.				

Appendix 3: Population aged 0-24.

Percentage of total population and number in each age group, 2014.   (Source: CHIMAT)

a. **Total males & Females**

Total males & females	0-4 %	0-4 no.	5-9 %	5-9 no.	10-14 %	10-14 no.	15-19 %	15-19 no.	20-24 %	20-24 no.	Tot 0-24 %
Cheshire East	5.40	20365	5.7	21207	5.40	20172	5.60	21086	5.00	18731	27.1
Cheshire West & Chester	5.60	18584	5.60	18438	5.30	17486	5.90	19512	6.00	20074	28.4
Warrington	6.10	12620	6.00	12436	5.70	11813	5.80	12021	5.70	11721	29.3
Halton	6.50	8208	6.50	8234	5.70	7190	5.90	7488	6.00	7617	30.6
Knowsley	6.40	9428	6.10	8920	5.60	8175	6.50	9514	6.70	9836	31.3
Liverpool	5.90	28043	5.20	24631	4.70	22143	6.40	30237	11.00	52145	33.2
Sefton	5.40	14899	5.30	14495	5.20	14322	5.80	15864	5.50	15116	27.2
St Helens	6.00	10554	5.70	10071	5.30	9409	5.90	10386	5.90	10391	28.8
Wirral	6.00	19102	5.90	18787	5.60	17958	5.90	18873	5.30	17165	28.7
Total Cheshire & Merseyside*	**5.87**	**141803**	**5.68**	**137219**	**5.32**	**128668**	**6.00**	**144981**	**6.73**	**162796**	**29.60**

b. Males & Females: Population aged 0-24. Percentage of total population and number in each age group, 2014.

Males	0-4		5-9		10-14		15-19		20-24		Tot 0-24	
	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.
Cheshire East	5.70	10515	6.00	10966	5.60	10220	6.00	10941	5.30	9765	28.6	52,407
Cheshire West & Chester	5.90	9524	5.90	9515	5.50	8885	6.20	9963	6.20	9953	29.7	47,840
Warrington	6.30	6434	6.30	6401	6.00	6132	6.00	6163	6.00	6152	30.6	31,282
Halton	6.80	4193	6.80	4214	5.90	3615	6.20	3837	6.10	3789	31.8	19,648
Knowsley	7.00	4890	6.50	4539	6.00	4177	6.90	4797	7.00	4852	33.4	23,255
Liverpool	6.10	14364	5.40	12595	4.80	11172	6.40	14990	10.80	25372	33.5	78,493
Sefton	5.90	7721	5.70	7441	5.50	7223	6.20	8106	5.90	7783	29.2	38,274
St Helens	6.10	5337	5.90	5095	5.60	4891	6.10	5341	6.10	5294	29.8	25,958
Wirral	6.40	9831	6.20	9604	5.90	9137	6.30	9802	5.60	8694	30.4	47,068
Total Cheshire & Merseyside*	6.18	72809	5.97	70370	5.55	65452	6.27	73940	6.93	81654	30.90	364,225

Females	0-4		5-9		10-14		15-19		20-24		Tot 0-24	
	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.
Cheshire East	5.20	9850	5.40	10241	5.20	9952	5.30	10145	4.70	8966	25.8	49,154
Cheshire West & Chester	5.30	9060	5.20	8923	5.00	8601	5.60	9549	5.90	10121	27	46,254
Warrington	5.90	6186	5.80	6035	5.50	5681	5.60	5858	5.40	5569	28.2	29,329
Halton	6.20	4015	6.20	4020	5.50	3575	5.60	3651	5.90	3828	29.4	19,089
Knowsley	5.90	4538	5.70	4381	5.20	3998	6.10	4717	6.50	4984	29.4	22,618
Liverpool	5.70	13679	5.00	12036	4.60	10971	6.40	15247	11.20	26773	32.9	78,706
Sefton	5.00	7178	5.00	7054	5.00	7099	5.50	7758	5.20	7333	25.7	36,422
St Helens	5.80	5217	5.50	4976	5.00	4518	5.60	5045	5.70	5097	27.6	24,853
Wirral	5.60	9271	5.50	9183	5.30	8821	5.50	9071	5.10	8471	27	44,817
Total Cheshire & Merseyside	5.57	68994	5.40	66849	5.10	63216	5.74	71041	6.55	81142	28.36	351,242

*Source: CHIMAT http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=58 *for C&M totals, %s based on 2012 pop data, which was all that was available at time of report*

Appendix 4: Percentage of children in low income families

Children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, for under 16s only, 2012

	%	number
Cheshire East	11.9	7,680
Cheshire West and Chester	15.4	9,030
Halton	25.6	6,370
Knowsley	31	9,295
Liverpool	32	25,335
Sefton	20.1	9,340
St Helens	24.9	8,075
Warrington	14.5	5,615
Wirral	23.4	13,745

Source:
http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/