



Shropshire Clinical Commissioning Group



Health and Wellbeing Board Thursday 25th May 2017

CHILDREN'S TRUST BRIEFING TO THE HEALTH AND WELLBEING BOARD

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1.0 Summary

1.1 This regular update briefing commissioned by the Health and Wellbeing Board (H&WBB) from the Shropshire Children's Trust will focus on School Readiness, Embedding the Adverse Childhood Experiences (A.C.E) approach, and provide an update on the 0-25 Emotional Health and Wellbeing Service. This briefing provides assurance to the H&WBB on the work of the Trust and highlights areas for closer consideration by the H&WBB.

2.0 Recommendations

2.1 The H&WBB is recommended to note the information in this report and:

- a) We would ask the H&WBB to help in raising the profile of "All About Me" and encourage all organisations in contact with children and families to promote the "All About Me" strategy.
- b) Encourage practitioners to engage with the development of the A.C.E approach in Shropshire.
- c) Note the update on the 0-25 Emotional Health and Wellbeing Service

REPORT

3.0 Risk Assessment and Opportunities Appraisal

3.1 The Children's Trust through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

4.0 Financial Implications

4.1 No financial decisions are explicitly required with this report; there may be associated resource implications to be considered for some actions.

5.0 Background

5.1 This update briefing provides the Health and Wellbeing Board with regular assurance from the Children's Trust concerning the partnership approach to promoting and supporting the health and wellbeing of children, young people and families in Shropshire.

6.0 School Readiness

6.1 Background

6.1.1 As part of its programme of 'deep dives' the Children's Trust recently focussed on school readiness. The Public Health England Report had identified that although in 2014/15; 68.3% of children in Shropshire were ready for school at Reception this still meant that 31.7% of children were not ready for school at this stage. Anecdotal reports from primary schools supported this, with schools reporting that some children are starting school having not reached the appropriate developmental milestones in order for them to learn effectively. These may include under developed cognitive fine and gross motor skills.

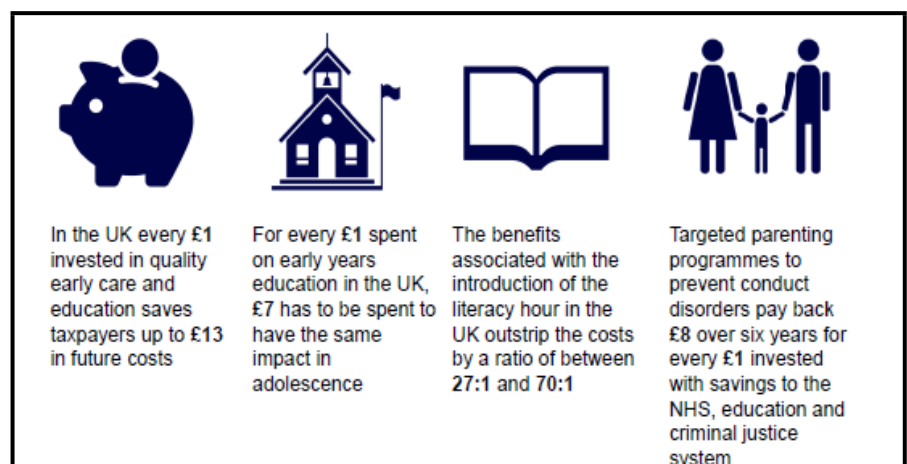
6.2 What is school readiness?



6.2.1 School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. The Good Level of Development (GLD) is used to assess school readiness. Children are defined as having reached a GLD at the end of the Early Years Foundation Stage if they have achieved at least the expected level in the prime areas of learning (personal, social and

emotional development, physical development and communication and language) and in specific areas of mathematics and literacy

6.2.2 Failing to invest sufficiently in quality early care and education short changes taxpayers because the return on investment is greater than many other economic development options.



6.3 So what are we currently offering in Shropshire to make sure our children are school ready?

An initial mapping exercise was undertaken to determine what support is already available for families and identify recommendations for further development. The following identifies what is currently being offered across Shropshire.

“All about me.....”

6.3.1 *It's 'All About Me..... before I'm even born!'*



- Ready for school starts in the womb enabling good attachment and brain development. Parenting and maternal mental health can have a huge impact on a child's development. That is why our multi agency approach to the delivery of services from Health Visitors, Midwives and Early Help Support Workers is crucial in providing support and guidance to parents and families.
- Health Visitor universal mandated visits are undertaken at the following times; Antenatal; new birth; 6-8 weeks and 12 months with the 'Ages and Stages Questionnaire taking place at 2 years old. At each of these visits the child's stage of development is assessed to enable early intervention where it is needed. Maternal mental health is also assessed for the first 12 months and appropriate support mechanisms put in place if it is needed.

6.3.2 *Its “All About me…… @ 2”* Ages and Stages Questionnaire (ASQ-3)

- Our Health Visitors work with parents and caregivers to complete the ASQ-3 developmental screening tool. It is used so that we can accurately identify children who may be at risk of developmental delays. The questionnaire assists Health Visitors in the assessment of children across 5 developmental areas; Communication; Gross Motor; Fine Motor; Problem Solving; Personal-Social.
- Where developmental delays are identified, the parent/caregiver is provided with activities to play with the child, such as threading pasta for example. Play is an essential way to develop cognitive skills parents/caregivers are given appropriate activities to do with the child
- If children need further support they are referred to the appropriate specialist service. There would also be active follow up for any child that was identified as vulnerable and E-CINS would be used to highlight vulnerability to other professionals.
- However, as discussions in the Children’s Trust raised, the ASQ-3 is not a compulsory questionnaire and we are reliant on parents and carers to complete it. When we consider the 31.7% of children who are not ready for school, these children would most often be in our most difficult to reach families. The Children’s Trust were clear that we need to be making sure we are using every avenue possible, across all agencies, to encourage families to complete the questionnaire. This will assist us in identifying and supporting those children who need it most at the earliest opportunity. Our suggestions for raising awareness about the ASQ-3 include creating an easy reader leaflet that shows the milestones that children should be reaching. This would be a resource that all organisations working with children and families could use to strengthen the message about the “**All About Me...**” approach. We would ask the H&WBB to help in raising the profile of “**All About Me...**” and encourage all organisations in contact with children and families to promote and use the “**All About Me...**” leaflet when it is produced.



6.3.3 *Integrated 2 year review*

- Across Shropshire, Health Visitors are linked to Early Years settings and the results of the child’s ASQ-3 are shared to ensure that the childcare provider is aware of any additional developmental needs a child may have. This is then used to help inform and support the Early Years Foundation Stage (EYFS) progress check undertaken between age 2 & 3 in early years settings.



- Early Years providers complete a baseline assessment on entry and undertake termly tracking of children. We want to make sure children who require extra support to ensure they are on track for the EYFS Profile are identified as soon as possible.

6.3.4 **ASQ SE (Social & Emotional)** currently undertaken for children who are requiring targeted support however it is planned that this will become universal.

6.3.5 **Understanding your child** multi agency parenting courses available via groups or online.

6.3.6 **24U** - 570 hours of free childcare per year for any family that meet the free school meal criteria. Approximately 900 eligible children at any one time of which 75-80% take up their placement.

- 7.4 By identifying individuals who have experienced multiple childhood traumas, and putting support in much earlier, services will be better placed to support individuals to break the negative cycle of intergenerational issues.
- 7.5 This conference will give participants the opportunity to explore the impact of A.C.E's, 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. The conference is for any practitioner who is working with children, young people and adults in either universal services, early help, prevention or social care. To book a place go to <https://adverse-childhood-experiences.eventbrite.co.uk>
- 7.6 **Recommendation:** H&WBB partners are recommended to encourage practitioners in their organisations to engage with the development of the A.C.E approach in Shropshire.

8.0 Update on 0-25 Emotional Health and Wellbeing Service

- 8.1 Over the last 18 months the CCG has been working with local professionals, children, young people and families to design and procure a new service across Shropshire, Telford and Wrekin. This has involved extensive engagement to understand people's experiences and aspirations for a completely different service model. This led to the development of an outcome based service specification and procurement process, which concluded in December 2016.
- 8.2 The new service has been designed around the following principles;
- A commitment to on-going transformation and development of services co-produced with young people
 - No 'wrong door' or 'waiting list' ethos; greatly improving access to services
 - Access to immediate support, advice, groups, structured counselling and therapy
 - A principle that children and young people are individuals not 'referrals'
 - Best use of on-line support, information and advice
 - Commitment to targets that increase capacity across the service as a whole and the skills of all who work with children and young people
 - Development of drop-in services
 - Use of peer support and volunteers
 - Timely advice and liaison for professionals who are concerned about a young person
 - Working with all providers within the area to offer a collective and comprehensive pathway for emotional health needs.
- 8.3 The contract was awarded to the 'prime provider' South Staffordshire and Shropshire Foundation Trust (SSSFT) who will act as the lead in a partnership of organisations. This is made up of Kooth (an online service that offers emotional and mental health support for children and young people), Healios (specialists in online counselling) and The Children's Society. Initially Shropshire Community Healthcare Trust (SCHT) were included in the partnership of providers, however to support the management of change and for consistency of leadership it has been agreed that current SCHT CAMHS staff will TUPE into SSSFT.
- 8.4 The Children's Trust continues to be concerned at the size of the waiting list. However, we understand that the CCG are working to address this by; implementing elements of the new service (e.g. Healios / Kooth) prior to the new service start date; providing significant capacity increases using bank and agency staff, additional hours from existing staff and secondments from SSSFT staff from outside of Shropshire whilst also exploring options to secure additional funds to further reduce/remove the waiting list. This is something that working together with Shropshire's Mental Health Partnership Board we will continue to monitor and work with the CCG to ensure the needs of the children and young people of Shropshire are met.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
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Local Member

Appendices
