



Agenda for a meeting of the Joint Health and Social Care & Children's Services Overview and Scrutiny Committees to be held on Tuesday, 5 February 2019 at 4.30 pm in Committee room 1, City Hall, Bradford

Members of the Health and Social Care Overview and Scrutiny Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Hargreaves Senior	A Ahmed Greenwood Kamran Hussain Mir Shabbir	N Pollard	Khadim Hussain

Alternates

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker Riaz	Akhtar Berry Godwin Iqbal H Khan	Sunderland

NON VOTING CO-OPTED MEMBERS

Susan Crowe – Strategic Disability Partnership

Trevor Ramsay – Strategic Disability Partnership

G Sam Samociuk – Former Mental Health Nursing Lecturer

Members of the Children's Services Overview and Scrutiny Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Gibbons M Pollard	Engel Arshad Hussain S Khan Mullaney Peart	Ward	Sajawal

Alternates

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Hargreaves Senior	Bacon Firth Mir Thirkill Wood	Humphreys

VOTING CO-OPTED MEMBERS:

Shain Wells – Parent Governor Representative
Sidiq Ali – Parent Governor Representative
Claire Parr – Church Representative (RC)
Joyce Simpson – Church Representative (CE)

NON VOTING CO-OPTED MEMBERS

Kerr Kennedy	Voluntary Sector Representative
Tom Bright	Teachers Secondary School Representative
Irene Docherty	Teachers Special School Representative

Notes:

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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor

Agenda Contact: Palbinder Sandhu

Phone: 01274 432269

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To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Palbinder Sandhu - 01274 432269)

4. MINUTES

Recommended –

That the Minutes of the meeting held on 28 November 2017 be signed as a correct report (previously circulated)

(Palbinder Sandhu – 01274 432269)

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. MENTAL WELLBEING FOR CHILDREN AND YOUNG PEOPLE

Previous Reference: Joint Health and Social Care and Children's Services Minute 9 (2017/18)

At a joint meeting of the Health and Social Care and Children's Services Overview and Scrutiny Committees on 28 November 2017 the Director of Strategy, Bradford Districts Clinical Commissioning Group presented a report (Document "A") which provided an update on the progress of Bradford's Children and Young People's Future in Mind local transformation plan since last reported to the Committees in October 2016.

It was resolved -

(1) *That the young people be thanked for their excellent contribution to the meeting.*

- (2) *That the Committee recognises the progress made in meeting the emotional and mental wellbeing needs of young people through the delivery of the Future in Mind transformation plan.*
- (3) *That as part of their roles Committee Members support and promote the work to improve emotional and mental wellbeing of young people.*
- (4) *That the success of the Buddying Scheme be welcomed and that officers be requested to explore the possibility of extending the “Buddying Period” beyond the current 12 weeks.*
- (5) *That the Committee request that the Children’s Trust Board invites the young people to present a report to them in the near future around bullying.*
- (6) *That young people be invited to a joint meeting of the Committee in six months time.*

The Director of Strategic Partnerships (NHS Clinical Commissioning Group, Bradford and Craven) will present a report (**Document “A”**) that provides an update on the progress to improve the mental wellbeing of children and young people in Bradford, since the last report in November 2017.

Recommended –

That the Joint Overview and Scrutiny Committee are invited to:

- a. Reflect on the progress made to date.**
- b. To continue to support the work of the Future in Mind delivery group**
- c. To identify a champion from the Committee to join our delivery group.**

(Sasha Bhat – 01274 237537)

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Report of the Director of Strategic Partnerships to the meeting of Bradford Joint Health and Social Care & Children's Services Overview and Scrutiny Committee to be held on 5 February 2019

A

Subject:

Mental wellbeing for children and young people

Summary statement:

This report provides the Joint Health & Social Care and Children's services Overview and Scrutiny committees with an update on the progress to improve the mental wellbeing of children and young people in Bradford, since our last report in November 2017.

Ali Jan Haider

Director for Strategic Partnerships
NHS Clinical Commissioning Group, Bradford
and Craven

Report Contact: Sasha Bhat

Head of commissioning – mental wellbeing
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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

**Health and Social Care and Children's
Services**

1. SUMMARY

1.1 Future in Mind was published in 2015 by the Department of Health's Children and Young People's Task Force. Local systems were to develop and publish a five year system approach to transforming mental health services through collaboration around five areas of promoting prevention, improvement of care and access to good quality of services, development of our workforce and ensuring transparency.

1.2 This paper gives the committee an update on the work being under taken to improve the mental wellbeing of children and young people in Bradford and Craven.

1.3 Progress on actions since our last presentation to the Overview and Scrutiny committee in November 2017 are presented.

2. PAPER

2.1 The Children and Young People's Mental Health and Wellbeing Taskforce was established by the government in 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed. In March 2015 the taskforce published its report and recommendations: *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing*.

The five key themes were:

- 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.

2.2 Our Local Transformation Plan was developed in the context of Bradford and Airedale with reference to the Joint Health Needs Analysis of emotional and psychological wellbeing of children in Bradford (Public Health 2015). In January 2017 we launched the strategy for Mental Wellbeing in Bradford and Craven. This all age strategy has been developed through extensive and detailed working with partners and stakeholders. It addresses three principal areas: *our wellbeing, our mental and physical health, and care when we need it*. These areas are aligned with Future in Mind's work streams and our Joint Health and Wellbeing strategy.

2.3 Our aim is that by 2020, we will work together with partners to ensure that children and young people:

1. will be supported to recognise and value the importance of their mental wellbeing and take early action to maintain their mental health through improved prevention, awareness and understanding
2. can enjoy environments at work, home and in other settings which promote good mental health and improved wellbeing

3. will experience seamless care and have their physical and mental health needs met through services that are integrated and easily accessible
4. can reach their maximum potential through services which are recovery focused, high quality and personalised and which promote independence
5. can expect support to be commissioned and delivered in a way that leads to increases in efficiency and enables transformation of care through reinvestment.

2.4 Our Mental Wellbeing Strategy sets out the principles of our work to focus and our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed. Our local health and care partnerships are working towards a district where we achieve the following for our population:

Outcome 1: our children have a great start in life

Outcome 2: children and young people have good mental wellbeing

Outcome 3: children and young people are living well and growing up well

Outcome 4: Bradford District and Craven is a healthy place to live, learn and work

2.5 In Appendix 1, we present our refreshed Local Transformation Plan for Future in Mind. This plan was co-developed with children, young people, their families and with our services. Together, we have identified 13 key areas of focus under the five theme areas. These are:

Promoting resilience, prevention and early intervention

Priority 1: Information, awareness and tackling stigma and misconceptions about mental health and wellbeing

Priority 2: Working with schools and communities to build skills, resilience and promote good mental wellbeing and self-care

Improving access to effective support: a system without tiers

Priority 3: To deliver a single front door for children and young people to access joined up services in a timely way

Priority 4: To work across health, social care, education and community services to deliver support for children and young people with social and emotional mental health (SEMH) needs who require additional support

Priority 5: To ensure that families, children and young people who experience a mental health crisis can receive responsive and appropriate support in the least disruptive way.

Priority 6: To deliver specialist service provision across our District.

Care for the Vulnerable

Priority 7: To ensure our services and workforce have clear understanding of the needs of children and young people who are vulnerable

Priority 8: To ensure vulnerable children, young people and their families receive the multiagency support and services they need

Priority 9: To improve the care and support for children and young people who are most excluded from society.

Accountability and transparency

Priority 10: To ensure the voice and involvement of children, young people, families and services informs our collaborative approach.

Priority 11: To have a collaborative approach to commissioning in order to deliver quality services, make best use of our resources and reduce variation.

Developing the workforce.

Priority 12: To grow a skilled workforce across our partnership to provide high quality and diverse range of services.

Priority 13: To develop a culture across our wider health and care system that recognises the importance of mental wellbeing.

2.6 Progress against the above action plan for the Future in Mind Local transformation plan is reported to NHS England on a quarterly basis and to the Health and Wellbeing Board for Bradford and North Yorkshire on an annual basis.

2.7 The committee will hear from young people and services on the progress we have made and our key achievements. These include:

a. Engagement and involvement of children, young people and families in designing and improving our mental wellbeing services.

b. Expanded our delivery of Wellness Recovery Action Planning (WRAP) groups delivered by Barnardo's, Sharing Voices, Roshni Ghar, Girlington Community Association, Bradford District Care Foundation NHS Trust and Youth in Mind. In the past year, we have delivered over 31 courses reaching 503 young people. We have also trained a further 26 professionals to deliver courses.

c. Work in schools has continued to develop and includes expansion of our mental health school champions, mindfulness for children, youth service work in schools, anti-stigma work by Sharing Voices, Living Life to the Full courses, delivery of the new 'SMILE - my little book of change' and the parenting programmes.

d. A joint project with Public Health and Yorkshire Sport aimed at increasing activity levels in Little Horton and West & East Bowling. Over 2000 people played the game with some great feedback particularly from schools.

e. Primary Mental Health Workers are now based with Local Authority led Early Help Hubs and Panels which identify the most appropriate pathway for families identified as requiring support. This enables mental health input into decision making on all referrals into the hubs and through the Emergency Duty Team and ensuring young people can access the Safer Space when needed.

f. The First Response Service also provides a single point of access 24 hours a day for referrals including self-referrals for urgent and emergency mental health needs for children and young people. We have expanded the team for children and young people to support more children to be supported at home and avoid admission to hospital.

g. The Child and adolescent mental health service (CAMHS) receives 613 referrals per quarter and we currently have 781 children on the waiting list. Addressing the waiting lists is a key priority and we have done this through initiatives such as the Mental Health School Champions and Youth in Mind, both of who will present at the committee, as well as increased capacity to the team. This has resulted in 203 young people no longer needing to be on the CAMHS waiting list. We continue to experience challenges with the service as referrals are increasing, which is a positive and result of improved referral routes and awareness, however, with social work input to the team reduced in April 2018, this added pressure on capacity and access.

h. Bevan Healthcare is delivering a number of schemes to engage with the mental health and psychological support needs of 68 refugee and asylum seeking children in Bradford.

In addition to the above, in the past year, we have established and fully recruited to two new services, our peri-natal mental health service and a community eating disorder service. We have provided some case studies for the Committee in Appendix 3.

2.8 Progress on actions identified by the Joint Overview and Scrutiny committee in November 2017:

a. Buddy Scheme

The Youth in Mind model was designed by young people who felt that young people should get support for their mental health and wellbeing when they need it.

Health service, the Youth Service and voluntary sector partners work together to create an integrated model that helps young people to build resilience and be less isolated, more connected, safer and in control. The Youth in Mind model provides young people with the same worker/named worker to support them through their mental health journey. Youth in Mind uses a range of ways to engage young people including drop-ins, one to one and peer support work through Buddies, WRAP group work, a digital self-help tool, evidenced based peer support groups and longer term volunteer mentoring.

The Committee requested us to explore the possibility of extending the 'Buddying period' beyond 12 weeks. Through the integrated work offer, we endeavour to work with children to build the resilience and support they need. This includes support through the wider youth service, work that has now expanded to include additional voluntary sector providers and the development of youth café space in the city centre with expansion planned for Toller area, Holmewood and Keighley.

b. Children's Trust Board – Bullying

In July 2018, young people attended the Children's Trust Board to present their strategy to address Bullying and to ask the Board to support this work going forward. Their idea was for a whole system campaign to raise awareness, build resilience, provide support and address underlying issues. Appendix 4 and 5 provides the Committee with their presentation. The Children's Trust Board agreed for Children's Services to take forward this work.

3. OTHER CONSIDERATIONS

3.1 The Future in Mind transformation programme is funded and assessed by NHS England on behalf of the Department of Health. As a requirement of our funding, we provide quarterly reports to NHS England and an annual refresh of our plan. This annual plan is to be signed off by the Health and Wellbeing Board.

3.2 Engagement is carried out with children, young people and stakeholders. These are shared in Appendix 2.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The Mental Wellbeing Partnership Board sets the direction and provides a broad framework for decisions about the use of resources for the Future in Mind Programme. This is reviewed by NHS England on a quarterly basis.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The Health and Wellbeing Board owns and provides overall governance of the local transformation plans. Risk and delivery is managed by the Mental Health and Wellbeing Partnership Board through a performance management framework with annual reporting to the Health and Wellbeing Board. NHS England, on behalf of the Department of Health, review our monitoring reports on a quarterly basis.

6. LEGAL APPRAISAL

No legal issues.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1 The local transformation plan aims to reduce the barriers and issues children and young face in accessing mental health services and address the wider determinants of health inequalities which in some instances can disproportionately affect people with protected characteristics under the Equality Act 2010. As such the Strategy aims to make a positive contribution to children and young people with protected characteristics.

7.2 SUSTAINABILITY IMPLICATIONS

7.2 The transformation plan supports work at the local and West Yorkshire & Harrogate level to ensure that services are sustainable within the available budget.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3 No direct implications. Implementation of the transformation plan involves increased opportunity and access for young people to community and physical activities in the District which may have some impact on greenhouse gas emissions if the number of car journeys were to decrease as a result.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4 No direct implications, however community safety is a key enabling factor allowing children, young people and families to engage in civic and community activities. Reduced social isolation will enhance wellbeing.

7.5 HUMAN RIGHTS ACT

No direct implications.

7.6 TRADE UNION

No direct implications.

7.7 WARD IMPLICATIONS

7.7 In areas with poor health and wellbeing and higher levels of health inequalities, different approaches are needed to improve access, deliver effective services, improve mental health and wellbeing and reduce health inequalities.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

No direct implications.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

No options are provided.

10. RECOMMENDATIONS

The Joint Overview and Scrutiny Committee are invited to:

- a. Reflect on the progress made to date.
- b. To continue to support the work of the Future in Mind delivery group
- c. To identify a champion from the Committee to join our delivery group.

11. APPENDICES

Appendix 1; Future in Mind Local Transformation Plan refresh 2018

Appendix 2: Engagement and feedback from stakeholders

Appendix 3: Case Studies.

Appendix 4: Bullying paper by young people

Appendix 5: Bullying strategy created by young people for Children's Trust Board

Future in mind: Bradford and Craven

**Promoting, protecting and improving our children
and young people's mental health and wellbeing**

BRADFORD AND AIREDALE, WHARFEDALE & CRAVEN HEALTH AND CARE PARTNERSHIPS

Future in mind: Bradford and Craven

Promoting, protecting and improving our children and young people’s mental health and wellbeing

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Introduction

This publication is a refresh of our local transformation plan and describes the progress made and the next steps for improving the mental health and wellbeing of children and young people in Bradford and Craven across our local health and care partnership¹.

Bradford is the youngest city in Europe, with 29% of our population under 20. Our children and young people are the future and we want them to grow up safe and well and to realise their full potential, have high aspirations for themselves and their neighbourhoods and to become adults who help to drive the prosperity of our District.

The Future in Mind document published by the Department of Health in 2015 highlighted that many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions that need regular care. Future in Mind set out clear ambitions to promote, protect and improve the mental health and wellbeing of children and young people and, in 2016, our local health and care partnership published our first transformation plan to implement the Future in Mind objectives.

Our greatest asset as a District is our children and young people and it is their voice and involvement that is shaping and improving our services. Through their shared experiences, expertise and ideas they have ensured that we focus our plans for improving mental wellbeing services on what matters to them.

We welcome the way our local health and care partnership, spanning NHS, Local Authority, Police, Community and independent sector have listened, learned and committed to working to address the mental wellbeing of children and young people and this commitment is strengthened through priorities in key district strategies.

We face challenges across our District and in this refreshed plan we set out the priorities for children, young people and families' mental wellbeing, how we plan to achieve these, who is responsible, and what success will look like. Our approach to achieving the best for children, young people and families is driven by our aspirations for our citizens, but we are very clear that the solutions will be a partnership between the people of Bradford and Craven and the organisations that deliver services.

We are proud to be able to set out such an ambitious plan that seeks to tackle the determinants of poor mental health in such a comprehensive manner. We look forward to being able to demonstrate the impact of our work and take this opportunity to thank all those involved in delivering our plans.

¹ There are two local health and care partnerships across Bradford and Craven which involve the clinical commissioning groups, the District and County councils, the hospital foundation trusts, primary and community care providers, and the independent and community sector.

Mental wellbeing in Bradford and Craven.

Bradford is the youngest city in Europe, with 29% of our population under 20 and nearly a quarter under 16. Our children and young people are the future and we want them to grow up in a Family Friendly place where every child, young person and family is safe and well. We want them to realise their full potential, have high aspirations for themselves and their neighbourhoods and to become adults who help to drive the prosperity of our District. Our plans to achieve this are set out in our [Children, Young People and Families Plan](#).

Childhood has a profound effect on adult lives. Many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions that need regular care. We now know that half of all mental illnesses start before the age of 14 years, over two thirds start by the age of 18 years and that one in ten young people under the age of 16 will have a diagnosable mental health disorder^{2,3}. The Future in Mind government paper published in 2015 set out clear ambitions to promote, protect and improve the mental health and wellbeing of children and young people.

Our greatest asset as a District is our children and young people and it is their voice and involvement that is shaping and improving our services. Through their shared experiences, expertise and ideas they have ensured we focus our plans for improving mental wellbeing services on what matters to them, namely good quality information and resources for self-care, addressing inequalities and tackling stigma, building emotional strength and resilience, working with parents, schools and communities in a joined-up way and to ensure that access to evidence based mental health support is timely and responsive. Our engagement and involvement of children, young people and families has been varied and continuous and we regularly review and reflect on our learning and understanding to inform our progress. We also share our learning with other programmes of work to influence system wide responses to improve mental wellbeing.

In January 2017 we launched the strategy for [Mental Wellbeing in Bradford and Craven](#). This all age strategy has been developed through extensive and detailed working with partners and stakeholders across our local health and care partnership including the involvement of families, children and young people.

Our aim for Bradford and Craven is to create environments and communities that will keep people well across their lifetime; where they are open to speak about emotions without fear of stigma and discrimination. We want to make it acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills and understanding to support their needs.

² [Young Minds Mental Health Statistics. ONS.](#)

³ [Future in Mind, Department of Health 2015.](#)

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling in control. These are all important elements of the ambition of our strategy. We want to actively promote mental wellbeing through addressing the broader determinants and providing early interventions.

Our strategy sets out three high level strategic priorities for the next five years:

Our wellbeing: building resilience, promoting mental wellbeing and early intervention.

Our mental and physical health: developing and delivering care through the integration of mental and physical health and care.

Care when we need it: ensuring that when people experience mental ill health they can access high quality, evidence-based care.

The Mental Wellbeing strategy provided the framework to our [Future in Mind Local Transformation Plan](#) to achieve better mental wellbeing outcomes for children, young people, their family and carers. The transformation plan sits in the context of our Joint Health and Wellbeing Strategy for Bradford and Airedale: [Connecting people and place for better health and wellbeing](#), and the [West Yorkshire and Harrogate Health and Care Partnership Plan](#).

We face challenges across our District and in September 2018, we took the opportunity to bring our partnership together and reflect on our progress, learning and feedback over the past three years. This has informed our refreshed plans in which we set out the priorities for children, young people and families' mental wellbeing, how we plan to achieve these, who is responsible, and what success will look like. Our approach to achieving the best for children, young people and families is driven by our aspirations for our citizens, but we are very clear that the solutions will be a partnership between the people of Bradford and Craven and the organisations that deliver services.

The Future in Mind implementation plan is driven by a shared vision:

To promote, protect and improve the mental health and wellbeing of children and young people living in Bradford and Craven.

Our partnership have adopted the five core principles of Future in Mind that are considered fundamental to creating a system that effectively supports emotional wellbeing of children and young people. These principles are provided under the following themes:

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support: a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce.

Our plans are organised to keep us focussed on achieving these aims, while also reflecting the context in which we work in Bradford and Craven and the views and needs of children and young people.

Our Context

In 2015 we published a comprehensive health needs assessment (HNA) into [children's mental health, emotional and social wellbeing](#). As a partnership, we recognise the need to update the HNA and while this will be one of the first actions of our refreshed plan, it is important to reflect on the information presented in the findings of the HNA.

The City of Bradford Metropolitan District Council has one of the largest populations of children and young people of any local authority in the country, coupled with high levels of risk factors which are known to increase the likelihood of poor wellbeing and mental health in children and young people. This includes the high number of children living in poverty. 22% of children in the District live in poverty; children from the most disadvantaged 20% of households are three times as likely to have a mental health difficulty as the most advantaged 20%.

In every child's history there will be factors which help to build emotional resilience and protect a child from mental ill health, and other factors which have the opposite effect, contributing to poor mental health and wellbeing. Understanding the role of these factors helps us to identify population groups who may be at higher risk of having poor mental wellbeing, or experiencing mental, social or emotional difficulties.

Children in the most deprived wards of the District also show poor levels of social and emotional development when they start school, which is associated with poorer social, emotional and mental health outcomes later in childhood. Children and young people with better health and wellbeing are likely to achieve better academically. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement. A positive association exists between academic attainment and physical activity levels of children. While all children and young people can experience mental ill-health, there is an association between inequality and mental illness. Some groups of children and young people including care givers, those from poor and disadvantaged backgrounds, and from refugee and asylum-seeking families, and disabled, LGBT and looked-after children, are more vulnerable to mental health problems. This can be because of individual attributes such as low self-esteem, difficulties communicating and physical illness and/or because of their social circumstances and the environment in which they live including poverty, poor housing, parental substance use, and family and neighbourhood violence. The table below describes these vulnerable groups in the context of the Bradford District population.

Having one or more adverse childhood experiences such as having a parent with mental illness, or experiencing neglect, abuse, conflict or bereavement can also affect mental health and wellbeing, and predispose children to mental ill-health for many years, or even decades. This is an inequalities issue whereby disadvantaged and vulnerable children and young people are at greater risk of exposure to adverse childhood experiences.

Table: Groups at higher risk of experiencing mental, emotional or social difficulties

Population Group	Bradford District Context
Children with learning difficulties & disabilities	A HNA identified 19,219 children and young people with a special educational need or disability. For 9,940 children this need related to a disability. Our local Children & Young People’s Health and Lifestyle Survey (2013) found that children with special educational needs were more likely to have low self-esteem.
Refugees & asylum seekers	Published Home Office figures show that as of July 2014 around 400 asylum seekers were being supported while awaiting a decision on their claim. Sharing Voices, a BME advocacy support organisation, report working with significant numbers of refugee and asylum-seeking families, many of whom have experienced severe trauma.
Children with chronic physical health problems	The District has one of the highest prevalence’s in the region of children with complex medical conditions considered to be life limiting. In 2011 it was estimated that there were 595 such children in the District. As of 2015, 335 children were receiving support through the Children with Complex Health and Disabilities Team.
LGBT young people	Survey estimates suggest that between 5 and 7% of the adult population are LGBT. This would equate to 1,750 young people aged 15-19 in the District.
Looked after children	927 children were looked after at March 31 st , 2017. In 2016, 73% of looked-after children in Bradford completed a strengths and difficulties questionnaire. Of these children, the emotional and behavioural health of 60% was assessed as “normal”, 10% as “borderline” and 30% as of “concern”. This is better than the results for both England and the region
Children and young people from BME communities	For most ethnic minority groups, twice as many people anticipate or fear harassment and this has profound effects on their wellbeing and ability to participate in civic society. There is a substantial association of ethnic and racial harassment with worse mental health and also fear of accessing of services.
Children & young people in the justice system	In 2017 there were 270 first time entrants to the youth justice system in Bradford.

Promoting children’s emotional and social wellbeing, as well as helping children to develop resilience and the coping skills to deal with adverse experiences, is essential for children to grow into healthy and happy adults, and to protect them from a range of poor outcomes.

Figure 2 identifies a number of ways to promote mental wellbeing throughout childhood and our aim is to ensure that the services we develop and deliver are able to provide and signpost to support that achieves these outcomes for our children and young people.



Figure 2: Factors which promote good wellbeing and resilience in children and young people (source: Mental Health Foundation)

Listening and involving children, young people and key stakeholders

Our work, from design to delivery, is informed and led by children and young people.

Listening to their voices is why we have taken a full overview of our progress to date and refreshed our priorities going forward. We have a shared commitment to continually listen and build a dialogue to ensure our programme of work is continually informed and shaped by the lived experiences of children, young people, their families and carer givers across Bradford and Craven

The work of the Future in Mind programme is carried out by the Future in Mind Delivery Group, which has members from multi sector providers, commissioners and stakeholders, and we engage and involve young people through various methods ranging from direct involvement in service development, stakeholder events to. Key themes from our engagement and involvement of children, young people, families, carers, care givers and providers have highlighted consistent themes. These include:

- Good quality information so that children, young people and families can make informed choices about the services they access and can be involved and active in decisions about their care.
- Opportunity and diverse range of activities, resources and spaces for children, young people and families to access within their communities. Focussing on building emotional strength and resilience.
- Address stigma and inequalities through collaborative approaches which are designed and led by children and young people.
- Access and responsiveness of services that are joined up, collaborative and provide flexibility.
- Waiting times to access support and services need to be reduced.
- Young people find it really useful when professionals work in a more joined up way; particularly linking services up with schools.
- Increasing the range of services and approaches available as children grow up to reflect cultural, digital and community-based needs.
- Social and economic opportunities including apprenticeships, workforce development and training that is youth led.

We regularly produce engagement reports which the Delivery Group reflect and implement into our work plans and we are committed to continuing to do so.

Progress to date

We started our Future in Mind transformation plans in 2016. Since then, we have published quarterly reports which document our journey, the achievements and progress we have made against the original plans. A summary of our key successes includes:

1. Promoting resilience, prevention and early intervention

- Strong engagement of children and young people in the programme
- Established formal alignment with key programmes across the Councils and NHS
- Over 150 mental health champions in schools (including Senior Leadership Team leads) with almost 100% positive evaluations for the impact of support provided
- A total of 77 schools have accessed Living Life to the Full training and 53 schools have been provided with a licence to deliver the intervention in schools.
- Mental Health Champions (MHC) project has connected with nationally recognised initiatives for a coordinated approach, including Mental Health First Aid England and Anna Freud Schools Link Project
- Over 1200 staff across the universal workforce in Bradford District have been trained in mental health awareness.
- Data collection systems are now in place, 23 schools provided data at first collection point indicating that MHCs had supported 896 students across these 23 schools through a combination of individual and group-based activities. Most common issues included self-harm, low mood and anxiety. A pre and post measure has been provided to schools to measure the impact of the interventions.

2. Promoting resilience, prevention and early intervention

- Implemented a new self-harm policy across health, care and education settings
- Our Youth in Mind partners have supported more than 500 children and young people, we revised our offer to extend this to a target of 800 young people
- The average waiting time for quarter one from referral to treatment was 108.2 days from the baseline average of 121.3, for CAMHS services
- Greater working with the voluntary and community sector to build support when needed, this has included developments with the First Response Service, Emergency Duty team and Safer Spaces.
- Our safer spaces have provided a total of 187 young people sanctuary. 60% of young people reported that if they had not come to the Safer Spaces they would have hurt themselves or made an attempt on their life.
- Showcase of positive practice on BBC4 received national recognition.
- Developed new models of care to establish an intensive home treatment team for children and young people to avoid admission and reduce length of stay in hospital and away from home.

- Work with NHS England led by young people has brought in extra investment to develop youth led self-care initiatives.
- Youth in Mind have established a 'Children and Young People's Mental Health in Hospitals' Working Group with parent/carer involvement.
- Delivery of a new 3-part CAMHS face-to-face training programme which features innovative whole systems 'ENGAGE Together' tools for protecting well-being, promoting relationships and supporting targeted approaches

3. Care for the most vulnerable

- We are delivering schemes that provide trauma informed psychological and social support to refugee and asylum-seeking children.
- We have supported youth-led campaigns to tackle bullying, young men's health, body confidence and self-care.
- Specialist Team for Perinatal Mental Health is operational and taking referrals
- We have established a community-based eating disorder service.
- Recruitment and establishment of a specialist peri-natal service.

3. Accountability and transparency

- Strong leadership and partnership arrangements in place between all stakeholders including children and young people.
- Governance arrangements updated to ensure sharing of information and pathway designs.
- Data and governance work-stream in place to build better information sharing
- 12 Young people completed a Leadership course and delivered workshops to over 170 senior managers across health and social care. We are committed to offering a further leadership course to a new cohort of young people and in the meantime, we have connected with other regional wide leadership programmes to provide children and young people with opportunities to influence policy and practice.

4. Developing the workforce.

- Eleven apprentices recruited to Bradford Youth Service.
- Shared training and skills building opportunities across the system and increased the number of people accessing training opportunities.
- Open day events to promote awareness of range of roles to volunteer, peer support, access training and employment opportunities available in children's young people mental health services.

What we will do?

Reflecting on our achievements and the engagement with children, young people and families and providers, our Delivery Group have identified eleven key priorities that help to focus our intentions going forward. We present these under the themes of Future in Mind and each priority has a set of key deliverables which we will hold ourselves accountable to delivering:

Promoting resilience, prevention and early intervention

Priority 1: Information, awareness and tackling stigma and misconceptions about mental health and wellbeing

1. Develop a district wide campaign to address the level of information, signposting and access to mental wellbeing services.
2. Support the youth led campaign to address bullying and harassment and develop the City of Youth

Priority 2: Working with schools and communities to build skills, resilience and promote good mental wellbeing and self-care

3. Expand our program in schools including the development of a consistent offer which outlines a coherent range of support available to schools and communities.
4. To work with parents, care givers, carers and families to support their own wellbeing and support self-care as well as developing a better understanding about the needs of the person they care for.
5. To build on the good work already started through the universal integrated care pathway for 0-5-year-olds to promote attachment and bonding.
6. Extend access to WRAP and other digital tools, which have been successfully implemented with children and young people to help manage mental health problems through a solution-based focus.
7. Establish young people friendly zones, including drop in centres which provide a community-based alternative to statutory services and are clearly identified by the Living Well brand.

Improving access to effective support: a system without tiers

Priority 3: To deliver a single front door for children and young people to access joined up services in a timely way

8. Deliver a district wide multi-agency single point of access for children, young people and families to access support and advice for mental health at the earliest and most convenient opportunity.

9. Transform the model of CAMHS to a service without tiers with smooth transition for children and young people.

Priority 4: To work across health, social care, education and community services to deliver support for children and young people with social and emotional mental health (SEMH) needs who require additional support

10. Strengthen the links and working between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).
11. Develop and implement evidence based early interventions with clear pathways from schools, communities and universal services into Youth in Mind, My Wellbeing College and CAMHS so that children and young people are supported with their mental health needs as they grow up.

Priority 5: To ensure that families, children and young people who experience a mental health crisis can receive responsive and appropriate support in the least disruptive way.

12. Complete the recruitment of our dedicated crisis and intensive home treatment team for children and young people and ensure we continue to avoid or reduce the time children and young people spend on inpatient wards.
13. To continue the development of our safer space provision including a wider geographical spread and digital offer.

Priority 6: To deliver specialist service provision across our District.

14. Develop perinatal/parental mental health services.
15. Continue to build on the development of our Eating disorders service by acting on feedback from young people with lived experience.
16. Support our Early intervention in psychosis service to have a dedicated individual placement service for children and young people and engage with young men who have at risk mental states.

Care for the Vulnerable

Priority 7: To ensure our services and workforce have clear understanding of the needs of children and young people who are vulnerable

17. Update and share the joint mental health needs assessment for children and young people so there is a district wide understanding of the barriers and factors that can make children, young people and families more vulnerable and at risk.

18. Ensure all our services develop from a trauma informed approach to addressing adverse childhood experiences and understand approaches that build protective factors and address barriers.

Priority 8: To ensure vulnerable children, young people and their families receive the multi-agency support and services they need

19. Complete a service and gap analysis of the specialist looked after and adopted children service and establish a clear framework of support.
20. We will continue to develop family and trauma-based support for Refugee and asylum-seeking children and children and young people at risk of sexual exploitation and abuse
21. Pathways for children and young people on the autistic spectrum

Priority 9: To improve the care and support for children and young people who are most excluded from society.

22. To ensure the children and young people of Craven have access to support and services that help to reduce isolation.
23. BME engagement and development of access to services for South Asian, East Asian and Black young women, Pakistani and Black and African young men.
24. To ensure we have a multi-agency response to working with the youth justice system and mental health liaison and diversion.

Accountability and transparency

Priority 10: To ensure the voice and involvement of children, young people, families and services informs our collaborative approach.

25. Invest in the involvement and engagement of children, young people and their families to shape and improve our services and build services that are informed by lived experience of children and young people.
26. Engagement and joined up information from Young People's inquiry, Health Foundation and Learning and Innovation event to continue to inform our plans.

Priority 11: To have a collaborative approach to commissioning in order to deliver quality services, make best use of our resources and reduce variation.

27. To ensure good governance and accountability across our system partnership to deliver on the outcomes for children and young people's mental health.
28. To establish a shared commissioning and investment model for children's mental health services.

29. To ensure we have the relevant information, dashboards and data across our system to understand performance and delivery including inclusive data sharing systems in response to the widening of the minimum Mental Health Services Data Set (MHSDS).

Developing the workforce.

Priority 12: To grow a skilled workforce across our partnership to provide high quality and diverse range of services.

30. Extend training and leadership opportunities for the whole workforce and incorporate more people into the psychological therapies training programme (CYPIAPT).
31. Use of digital resources to deliver training, upskill the workforce using a whole system approach including a blended training programme for CAMHS.
32. To increase the number of young people (16-25) working in the sector including apprenticeships and internships.
33. To build on our peer support models so that our service offer includes provision by people with lived experience.

Priority 13: To develop a culture across our wider health and care system that recognises the importance of mental wellbeing.

34. To celebrate, reflect and share good practice across our system partners
35. Continue to support shared working, training and networking amongst all key stakeholders who support children and young people's wellbeing.
36. To work from a strengths-based approach that works with children, young people, families and carers.
37. To influence other district wide strategies so we have a whole health and care system approach to the improvement of children and young people' mental and physical wellbeing.

Our Future in Mind Local transformation plan will outline a detailed implementation plan of actions, responsibilities, outcomes and measures with timescales of delivery.

How will we know we have made a difference?

As described in Section 2, our Mental Wellbeing Strategy sets out the principles of our work to focus and our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed. Our local health and care partnerships are working towards a district where we achieve the following for our population:

Outcome 1: our children have a great start in life

Outcome 2: children and young people have good mental wellbeing

Outcome 3: children and young people are living well and growing up well

Outcome 4: Bradford District and Craven is a healthy place to live, learn and work

Our transformation plan has indicators that will measure our achievement on each of these outcomes and our priorities. Our Mental Health and Wellbeing Partnership will oversee the delivery of our action plan and measure the success of our work. Our youth commissioners and ambassadors will hold us to account and keep our focus and ultimately, the voices and experiences of children and young people will measure the extent of our success.

HWB APPENDIX 2 (Report Ref. 3.2)

ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

Children and young people – engagement (mental wellbeing)

The following are key areas where we have engaged and involved young people in mental wellbeing services (2017/18)

	Key points that came out	Recommendations	Impact
1. Stakeholder events and meetings with children, young people, families and providers	<ol style="list-style-type: none"> 1. Good quality information and resources for self-care, addressing inequalities and tackling stigma. 2. Building emotional strength and resilience 3. Working with parents, schools and communities in a joined-up way and to ensure that access to evidence based mental health support is timely and responsive 	<ol style="list-style-type: none"> 4. Good quality information so that children, young people and families can make informed choices about the services they access and can be involved and active in decisions about their care. 5. Opportunity and diverse range of activities, resources and spaces for children, young people and families to access within their communities. Focussing on building emotional strength and resilience. 6. Address stigma and inequalities through collaborative approaches which are designed and led by children and young people. 7. Access and responsiveness of services that are joined up, collaborative and provide flexibility. 8. Waiting times to access support and services need to be reduced. 9. Young people find it really useful when professionals work in a more joined up way; particularly linking services up with schools. 10. Increasing the range of services and approaches available as children grow up to reflect cultural, digital and community-based needs. 11. Social and economic opportunities including apprenticeships, workforce development and training that is youth led. 	Refresh of our local transformation plans

HWB APPENDIX 2 (Report Ref. 3.2)

ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

<p>12. Learning and innovation</p>	<ol style="list-style-type: none"> 1. Importance of involving young people in shaping, designing and commissioning services to meet needs. 2. Understanding the changing needs of young people. 3. The need for safer community spaces 4. Improvements to CAMHS and access for mental health 5. Importance of peer networks and support 6. Addressing the stigma and barriers in services that young people face 7. Workforce representation and opportunities to improve across the system 8. Importance of mentors and staff supporting informal opportunities for young people. 9. Support for a system wide approach to building Bradford as a City of Youth 	<ol style="list-style-type: none"> 1. Involvement structures in the council, VCS and NHS to improve 2. Listen to young people and involve them. 3. Improve and increase the offer of community spaces 4. Improve and open access to mental wellbeing services. 5. Develop more peer networks through current services 6. Address the stigma and barriers young people face to access services in a timely way 7. Services across the system to improve their workforce representation to reflect our communities. 8. Services should all have opportunities for young people to shadow, learn and be involved. 9. The City of Youth campaign to be supported to reflect the growing youth population and needs. 	<p>City of Youth campaign provided with support to develop</p> <p>Wider involvement of young people in mental wellbeing service development</p> <p>Peer network established</p> <p>Still needs system wide adaptation of the recommendations.</p>
<p>13. Leadership Catalyst Course</p>	<ol style="list-style-type: none"> 1. Bullying – impact on young people and moving beyond policy to support and system wide campaigns 2. Workforce development – opportunities for young people in entering work, gaining experience and challenging the stigma and barriers that they face. 3. Representation of current workforce (age, gender, ethnicity, ability) 4. Healthy eating and creating healthy, sustainable eating habits for young people 5. Understanding the pressures and challenges young people face with regards to identity, body confidence, sexuality, racial harassment, sexual 	<ol style="list-style-type: none"> 1. See attached presentation on bullying presented to Children’s Trust Board. 2. Workshop at learning and innovation event to explore some of the barriers and perceptions and stigma that young people face and to repeat across workforce. 3. Needs to be addresses across the system wide workforce in council, NHS and VCS. 4. Schools and youth services to have a focus on supporting young people to make healthy food choices, learn how to cook, grow and understand food content. Links to eating disorders and malnutrition. 5. To understand community needs and experiences 	<p>Bullying campaign presented to Children’s Trust Board and all recommendations adopted</p> <p>Workshop at learning and innovation event took place – still needs system wide discussion about their report.</p> <p>Young people articulating their barriers and issues</p>

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ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

	harassment and abuse, islamophobia, discrimination, sexism and ageism.	around these barriers and discrimination and work together to address them as they undermine participation and involvement in society.	and using this to influence mental wellbeing work Influencing the council integration agenda
14. Self-care everywhere	Event focussed on health as led by young people – on 5 health areas as defined by young people – over 200 young people attended and took part.	See report attached	Self-care everywhere initiatives that are youth led taking place every month Young people’s television programme 3 campaigns launched Work on school play and links with school
15. Health foundation	Involvement of over 170 young people – focus on: <ol style="list-style-type: none"> 1. Skills <ol style="list-style-type: none"> a. Life skills b. Lack of funding c. Learning from older friends and peers d. Youth organisations play an important role in teaching skills, providing safe spaces e. Employment and lack of jobs/opportunities 2. Connectivity – community and personal <ol style="list-style-type: none"> a. Formal networks important b. Individual choices to be supported c. Work experience is too short 	<ol style="list-style-type: none"> 1. Skills <ol style="list-style-type: none"> a. Schools to use life skills approach and teach them b. Every young person to involved in a youth organisation c. All young people taught how to build their confidence, resilience, job seeking skills, CV etc. d. More funding needed for schools so that students can learn practically e. Stop poor recruitment practices f. Provide opportunities for local young people to be part of our workforce 2. Personal Connectivity <ol style="list-style-type: none"> a. Organisations (council/vcs) should be 	Emotional support recommendations embedded into the Future in Mind action plan.

	<ul style="list-style-type: none"> d. Inspiration, motivation and progression are all important e. Poor perception of Bradford hinders 3. Practical Support <ul style="list-style-type: none"> a. Issues around poverty b. Transport costs c. Cost of living d. Crime e. Financial knowledge 4. Emotional support <ul style="list-style-type: none"> a. Being part of a group/network is important b. Friends and family support c. There is a gap between young people's support, needs and the reality of mental health 5. Security <ul style="list-style-type: none"> a. Focus on housing, safety and employment 	<ul style="list-style-type: none"> involved with schools b. Increase work experience opportunities c. By 2020 every young person should be attached to a club outside of school, e.g. Cadets, drama, etc. d. Bradford university and colleges becoming more open to the community and providing better opportunities 3. Practical support <ul style="list-style-type: none"> a. Free transport b. Teach applicable financial knowledge c. Job opportunities d. Advertise and outreach more to people e. Safer spaces for young people 4. Emotional support <ul style="list-style-type: none"> a. Bring people together through community and school activities b. Mental health support in and outside of schools to be accessible c. Encourage young people to talk openly – better campaigns d. Opportunities for arts, creativity and activity to be more wide spread e. Advertise the help available f. No one should have no one by 2020 – aspiration g. Emotional resilience classes h. Social and safe spaces for young people 5. Security <ul style="list-style-type: none"> a. Improve social housing in Bradford b. Safer communities and support c. Employment opportunities 	
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HWB APPENDIX 2 (Report Ref. 3.2)

ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

16.City of youth	City of Youth is a young people’s led initiative that recognises the potential of young people and the importance of involving them in shaping our city. Bradford will be the youngest city in Europe by 2020 and City of Youth aims to provide a platform for young people to have a voice, shape the city and create positive change.	See attached / below	Draft work to build campaign
17.Happy healthy at home	Happy, Healthy at home strategy is focussed on adults and older adults. Children also use hospital services and are carers for people in hospital so a real need for the strategy to reflect needs of young people Importance of safe and secure homes and communities for young people Access to opportunities to be healthy, active need to be improved for young people Stigma of “unhealthy” to be addresses – aim to be positive rather than deficit approach Focus on making easier to be healthy than criticising people Understand the health and societal barriers young people face such as islamophobia, racism, sexism, harassment, abuse, housing, poverty and class issues and the impact these have on health.	Develop easy accessible information Influence other programmes of work to understand the importance of mental wellbeing and their role in improving and promoting positive mental wellbeing. Address stigma across the system Address barriers for vulnerable groups	Future in Mind refresh Connecting people strategy strengthened
18.Drivers for change	Skills learning for young people that enable them to make the most of their community assets	Supporting opportunities for young people Building the City of Youth campaign for Bradford Developing youth led initiatives /Community development projects	Mentor, apprenticeship opportunities for young people
19.Green Paper	<ul style="list-style-type: none"> • A mental health lead in every school/college who can: <ul style="list-style-type: none"> - Support the school to be proactive about bullying and issues that affect mental health 	See national green paper consultation submission.	New Models of Care for inpatient crisis based on young people’s feedback and influenced the care

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ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

	<ul style="list-style-type: none"> - oversee the help the school gives to children and young people with mental health problems - help staff to spot people who show signs of mental health problems - offer advice to staff about mental health - refer children to specialist services if they need to • Mental health support teams linked to groups of schools and colleges and offer individual and group help to young people with mild to moderate mental health issues including anxiety, low mood and behavioural difficulties. • This will mean that schools and colleges will find it much easier to contact and work with mental health services. • Mental health support teams to be the link between the NHS and schools. They will work alongside other people who provide mental health support including: <ul style="list-style-type: none"> - school nurses - educational psychologists - school counsellors - voluntary and community organisations - social workers - youth workers - employment opportunities • Shorter waiting times and easier access • Better information about mental wellbeing services • Understand how social media affects the health of children and young people. • Support parents and carers to bond better with 		<p>pathway from Tier 3 to Tier 4.</p> <p>School links project undergoing changes to incorporate the young people’s views and young people led.</p> <p>Views of young people fed in to the 0-19 consultation by council on their new service design</p> <p>Social media campaigns launched</p> <p>Used feedback to refocus our trauma based services and pathways</p> <p>Safer spaces development working in line with feedback – young people’s conference to be held in Sept.</p>
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HWB APPENDIX 2 (Report Ref. 3.2)

ENGAGEMENT AND FEEDBACK FROM STAKEHOLDERS (Embedded documents have been removed)

	<p>their children, which helps their mental health</p> <ul style="list-style-type: none">• Do more to support children and young people to be mentally well, improve their wellbeing and prevent mental ill health• More safer spaces, home treatment teams and crisis places to keep children and young people out of care homes and hospital and focussed on supporting young people and families to be at home, together and well.		
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APPENDIX 3 (Report Ref 2.7)

Example case studies supporting 2.7 achievements.

NB. Any names used in this document are pseudonyms to protect identity.

Youth in Mind Services

Case Study 1

Intervention type: One to one and group work with Buddies incl. wider Youth Service open access provision.

When Y was referred to Youth in Mind she was having a tough time, having recently suffered a miscarriage, her parents had split up, her partner became estranged from their family and moved in with Y, and she was having difficulties with her college course. Y had low self-confidence and suffered a lot from low mood. She was struggling to maintain her relationship with her father after he moved in with his new partner and her sons and wanted some support, and someone to talk to about everything that had been going on for her.

Y regularly met with her Buddy, who gave her the opportunity to explore her feelings, talk about her experiences and look at solutions and coping strategies. Y gained trust in her Buddy through these meetings and opened up about a range of things going on in her life. The Buddy gave Y a 'journal scrapbook' so she could start recording and better understanding what was going well in her life and what she enjoyed. The Buddy also spent time with Y looking at positive steps she could take to move some of her relationships to where she wanted them to be, as well as exploring the value of friendship and not becoming too insular in her relationship.

During her time with a Buddy Y's confidence grew and her attitude increased in positivity. She started to rationalize things more, worry less and focus on what was important to her and what made her happy. She completed her year at college and achieved good grades and has now gone on to a Higher Education course to train to become a teacher. She has started volunteering at her local community centre, getting involved in youth work activities & widening her friendship group. She has also joined the Young Inspectors programme. Y is now much happier in herself, has increased her confidence and is finding it easier to do the things she needs to do.

Case Study 2

Intervention: One to one and group work with Buddies and wider Youth Service open access provision.

Z is a 12 year old boy who had been excluded from school, had no friends, and spent his all his time either on computers or roaming the streets and parks with older young people. He was referred to Youth in Mind following an attempt to hang himself from a tree and showing other children who lived nearby how to do it. He had very poor personal hygiene and self-care and struggled to engage with the rest of the family. He had gone missing several times and reported to be sleeping on the streets. This was developing a significant strain on the family and resulted in Z's father losing work days and income, causing further conflict between his parents and Z's segregation from the family.

After an initial home visit with mum and Z, the Buddy invited Z to attend the local youth club and engage in the Summer Transition Camp, as Z had previously been unsuccessful at school. Z agreed to attend and has now attended the programme for three weeks and engaged in the workshops, discussions and activities designed to support young people to be ready, respectful and resilient in school and the community, as well as access to breakfast and lunch each day. Z also attended a three-day residential with the group and other young people from two different communities to develop his personal skills, communication, team work, motivation and physical activity. As part of the Buddy's ongoing visits they contacted the "B Positive Pathways" (BPP) key worker and had a three-way meeting at the youth centre to make sure Youth in Mind, BPP and Z and the family were all working together. During this joint meeting they were able to look at working towards getting a school place in September; the Buddy has put Z's mum in touch with key people to make sure the process of securing a place in a school happens as soon as possible and Z will continue to be supported to attend the youth centre after summer.

Z has developed his confidence, network of support, skills and motivation. Good joined up working is in place and there is a plan for Z to re-enter education as soon as possible.

Case Study 3

Intervention: One to one and group work with Buddies including wider Youth Service open access provision.

YY faced numerous issues in his life primarily when referred to Youth in Mind. He experienced issues concerning his childhood, broken down relationship with his ex-girlfriend and therefore loss of contact with his baby boy, broken down relationship with a 2nd girlfriend and no involvement with his 2nd baby about to arrive. All of above were significantly impacting on YY's mental health, leading to suicidal thoughts. YY needed a person to talk to and off-load onto, and someone to engage him in positive activities.

The Buddy broke the work down into 3 strands; talking about past issues, discussing problems with both ex girlfriends and how to resolve these, and looking at involvement in positive activities. They talked in detail about the past, its impact and how this had a direct link for YY to have relationships with his children in order to be a good dad. Focus then moved to relationships with his ex-girlfriends; the Buddy helped YY identify that he needed to be more responsible, couldn't just come and go and had to help support his ex-girlfriends with parenting tasks. Together they looked and explored what makes a good dad, financial support and other relevant issues. They also identified and explored conflict between both ex girlfriends and how YY had to separate them and deal with each directly and not share information from one to another. They explored strategies of how to manage conflict and how not to react to confrontations. During the time the Buddy supported YY, they spent many hours at a local park walking, talking and fishing. Eventually, YY started to come to the local youth club and engaged with other young people and took part in activities.

YY was able to patch up relationships with both ex girlfriends and gained access to his older son, and his new-born son. YY spent time with both children weekly and was able to offer much more meaningful support to their mothers. YY brought his sons to meet his family and even brought them to activities at the youth centre. His ex girlfriends also visited the family fun days with him over the summer and benefitted from the free baby packs being giving out to young mums. YY has done overnight stays with both his sons. Additionally, YY has started to volunteer at the youth club; over the summer he volunteered 12 hours a week for 4 weeks and since summer he has volunteered 6 hours a week. YY has also enrolled on a construction course at Bradford College. Overall, YY's state of mind has improved significantly and he has changed as an individual with regards to taking responsibility for his children.

" I enjoyed it because I could speak to you and have a laugh"

" I could get stuff off my chest and you helped me with advice"

" I have learnt to keep calm and not get angry as I fall into traps and this leads me not see my children"

"I would encourage other people to do this and I am now volunteering and hope to help others.

Case study 4

Intervention: WRAP Group
10 week Programme, 2.5 hours/week, YP attended all sessions
Group held at Youth Centre
Referred by School Nurse

YP: 13 year old, female, White British.

Reasons referred - YP struggling with confidence and self-esteem. Low mood in regards to friendships, historical bullying which has led to long term impact in making friendships and access to social opportunities.

At start of group - YP presented as shy and withdrawn, lack of engagement with peers, was not a vocal member of the group, lack of eye contact, isolate herself during the breaks. During the group YP disclosed she self-harmed (superficial cuts) as a result of feeling low.

Aim - YP to make positive friendships, engage with peers, to feel confident in social situations, ability to voice thoughts and ideas (Aims identified by parents and facilitators).

The YP created her own wellness box, she was able to feel comfortable in the group to share things that are personal to her. She shared her wellness tools and spoke about why she designed her box the way she did. She has an interest in music and playing the guitar. This is something she shared with the group, she became vocal in the group, talking in group activities with peers and also fed back to the whole group. YP grew in confidence and started to make friends, she spoke to peers in the group as well as meeting up with another member of the group on the weekend. She was able to give advice to others and also share her concerns, there was also a discussion in the group in regards to self-harm and what young people can do to distract themselves and use other methods which may not be as risky. She engaged well with facilitators and peers, she was supportive and spoke to other members of the group who hadn't grown in confidence as much as her. Her assessment highlights this as she has scored higher for emotional wellbeing and community involvement. There were still some concerns as she has low self-esteem, even though she took part in music activities with school and engaged with others positively she still thought of herself in a negative way and tended to have moments where she believed things were negative. She is also still struggling in school with maintaining positive friendships and feeling comfortable enough to talk about how she is feeling with teachers. In terms of her assessment for ability to function she has dropped as she feels more anxious at times which is stopping her from doing things she is wanting to do.

Based on the scores of her self-assessment before and after WRAP, the YP improved in 3 key areas of her life as a result of WRAP; emotional wellbeing, confidence and community involvement. See impact assessment chart below for full assessment scores:

Next steps: Referral to Yorkshire Mentoring through YiM.

Parent Feedback: 'There's no negative for what you guys have done for my daughter she's come out of her shell more and met new friends. She still struggles at school but more confident out of school. So a big thank you to you all xx'

Young Person Feedback: 'Enjoyable, got to make friends which was what i was there for. Got a tiny bit more confidence. Sanam (facilitator) and MS (Peer Facilitator) were funny, getting competitive over UNO. Having Dominos (Pizza) on last session was pretty good. I would have liked more of the advice box in the sessions. (Young Person was signposted to the peer support group as this element would be continued during these sessions - unable to attend due to day).

Safer Spaces

Case Study 5

JJ is a 15 year old white British female who was referred by the Emergency Duty Team following a call from the police; she had been missing from home for a number of days before being found by the police in significant mental distress.

"JJ, who lives with her mother, had been struggling with her emotional and mental health for over a year; all of her family relationships had broken down over this time and she was unable to keep herself safe at home.

In May 2018 JJ assaulted her mother; this relationship has now completely broken down and JJ frequently goes missing and is deemed at high risk of child sexual exploitation, trafficking and drug use. Children's Social Care informed that JJ is often seen getting into and out of cars of unknown adult men and that these men have been supplying her with spice, cocaine and cannabis.

JJ recently disclosed that she is raped on a regular basis; informing that 11 different men had raped her within the last three weeks. Additionally, at a recent health appointment she asked for her contraceptive implant to be taken out as she felt the men abusing her were taking advantage of the fact that she couldn't get pregnant and passing her around more.

JJ can be verbally and physically abusive to others; she assaulted her father's partner during a heated argument, assaulted her mother, and has been accused of bullying a family that lives on her street. JJ also has a history of getting into fights with her peers. JJ stated she wants to have a baby when she turns 16 and her life plan is to have a family and stay at home looking after the children. JJ does not have a mobile phone and when she goes missing she cannot communicate with anybody.

JJ arrived at Safer Space accompanied by two police officers. Staff showed her around the house explained the service, house rules and health and safety information. JJ was very tired but was able to participate in completing the admission paperwork and engaged well with staff, informing them she had not slept much in the last 5 days as she had been moving between her friends across the district.

JJ had a cold drink with a member of staff while the other worker got her some pyjamas and toiletries from our storage as she arrived with nothing but the clothes she was wearing. JJ soon retired to bed and staff checked on her throughout the night to ensure she did not abscond.

Following her morning call JJ joined staff in the kitchen and had cereal, a hot drink and a snack. Staff informed JJ who would be picking her up and supporting her today, and she left at 10am with a Social Worker.

We received a re-referral for JJ the following night; she remained in crisis and unable to keep herself safe. JJ was more alert when she arrived; she initiated conversations and engaged in several games of Dominoes and Connect 4 with staff before going to bed. Staff supported JJ to put her clothes in the laundry overnight so they would be clean for morning. She then went to bed and slept through soundly.

JJ was able to access Safer Space as a safe and calm environment where she was able to express her needs and views. She engaged very well with staff and shared some aspects of her background and life with staff over the course of the 2 visits. She was also able to catch up on her sleep in a stable and safe place; benefiting her wellbeing and preventing her from going missing again.

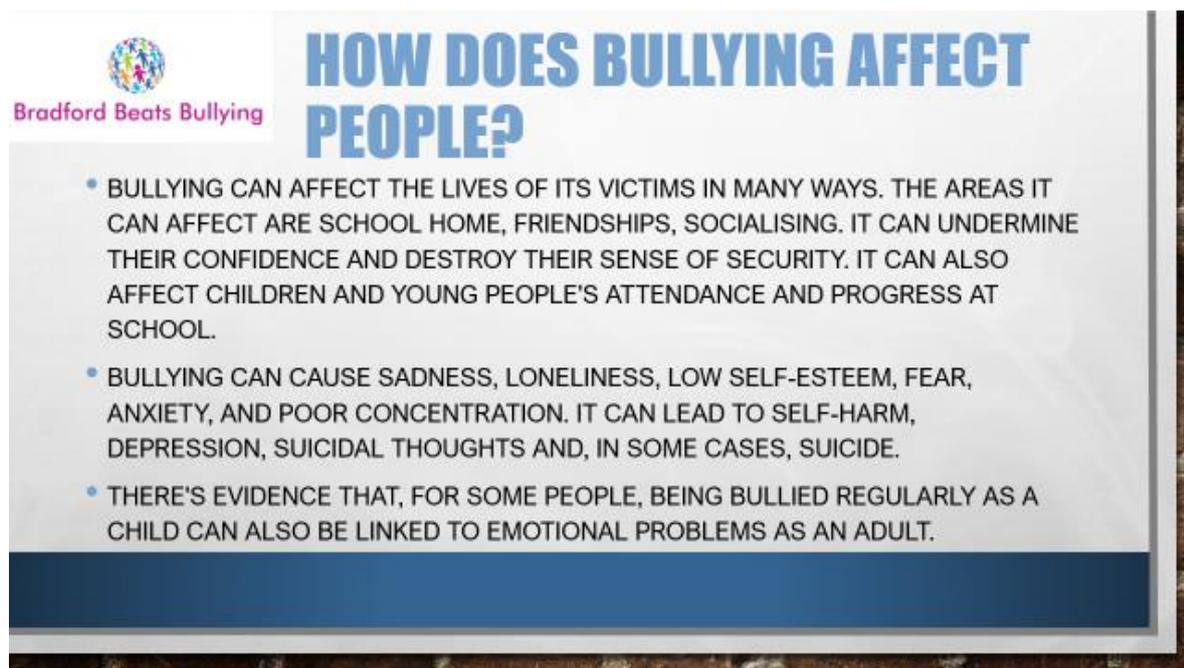
JJ completed a feedback form for each of the two nights she stayed at Safer Space. She stated on the forms that she like that staff played games and made her feel like she was at home and that they helped her out with toile tries she needed. She also said that the staff made her feel welcome at all times. JJ couldn't think of anything she didn't like. She said she felt listened to, valued, safe and able to make choices. She felt that if she hadn't come to Safer Space she would have spent the nights out on the streets. On a distress scale from 0 to 10 with 0 being well and 10 being crisis point, JJ rated that she was an 8 on when she arrived on the first night and a 7 when she arrived on the second night, and she rated herself as a 2 on both mornings before she left.

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Why we need Bradford beats bullying + what it needs to be successful

Matthew and Rosema

Bradford beats bullying is needed as we approach being the youngest city in Europe we have lots of young people that are suffering from bullying. This is not going away. Many of us have experienced bullying in some sort. It's time we put a stop to that. And as part of this campaign we can try decrease the numbers of young people being bullied – by raising awareness about bullying is, why we need to stop and what to do if you are being bullied.



Bullying is a major cause in people needing to reach out for support in mental health services.

At Bradford beats bullying one of our main aims is to also teach young people about services and places they can go to access help. For myself I found getting help one of the hardest things to do as I was constantly panicking about what would happen, unfortunately it was not handled in a way I would of liked and the bullying further confined.

At Bradford beats bullying what we need in order for it to be successful is a partnership with all schools around Bradford on creating more clearer and stronger anti bullying polices in schools to try help stop bullying in schools, we also wants schools to teach students what they can do if they're being bullied and all the services in Bradford that will be helpful to them. This is where we would like to start and then gradually build into creating safe spaces in communities for young people and to also encourage them to speak up.

To make this campaign successful, we would like the partnership of the Children's Trust board to adopt the campaign and promote it widely and proudly. We also would like to see a whole system approach to tackling the causes and effects of bullying. We call this our **Together Against Bullying** plan. Everyone – from the council, to police, to communities, parents, health services, the media, the arts and sports services and young people themselves can come together and we can make sure our work addresses bullying and makes a difference as a shared approach. We believe the impact of this work will be great as it connects to what is happening and amplifies our messages.

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Campaign

BRADFORD BEATS BULLYING #bfdbeatsbullying – whole system adopted campaign to raise awareness, understanding, create young people and adults as peer champions and a strong media presence. **ONE MESSAGE!**



Tools

CREATING TOOLS AND RESOURCES – Supporting youth led campaigns such as #iamperfectasme, Active Bradford, Healthy Bradford, Mental Wellbeing and SEND strategy to tackling underlying causes of bullying. **RESILIENCE!**



Support

PROVIDE EFFECTIVE SUPPORT – Be able to response to people needing help, through work in schools such as Mental Health School Champions, peer support, workplace and in communities. **SKILLED, CONFIDENT & RESPONSIVE!**



Spaces

CREATE AND PROTECT SPACES – Young people needs places to go to and things to do that engage, inspire and equip them. We all need to include young people in all our economic regeneration plans. **STRONGER COMMUNITIES!**



Work

REPRESENTATIVE WORKFORCES – The people who developing services and making decisions need to reflect Bradford so they can make decisions that work for our future and our needs. **REPRESENTATION = INCLUSION!**

Our proposal

- **CONNECT** to what is happening and make sure they understand their role in tackling bullying
- **RESOURCE** the campaign and tools that are needed by the partnerships to make an impact
- All partners to **SUPPORT** the campaigns and we will generate peer and community support
- **CREATE** more safer spaces and places for young people and include in regeneration plans
- **BUILD** the workforce we need to make changes

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Together we will make a stand against Bullying

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