

Inner North West Community Committee 17th July 2014

Topic: Children & Family Health in the Inner North West

Background Paper

Following discussion the Inner North West Community Committee agreed their first topic for the July 2014 meeting. The subject was to be based around Child and Family Health and investigate some of the local priorities. The Area Support Team met with officers from Children's Services, INW Hub and Open XS Clusters and Public Health to have a discussion around their priorities, action plans and what work was currently ongoing.

As a result of these conversations the following information has been gathered to assist Elected Members by providing background information to the topic, prior to the community committee meeting.

Attached at **Appendix 1** are the cluster priorities on a month by month basis

Attached at **Appendix 2** is a snapshot of the 3 clusters priorities listing all WNW clusters and the Leeds average for comparison purposes.

The Inner North West area has 3 clusters Open XS, INW Hub (serving both INW and IW areas) and Extended Services North West (serving both INW and ONW areas)

Primary, Secondary Schools & Children's Centres in Open XS cluster

Primary schools:

Blenheim Primary
Brudenell Primary School
Little London Community Primary
Quarry Mount Primary School
Rosebank Primary

Secondary Schools

City of Leeds

Children centre's:

Little London Children's Centre
Quarry Mount Children's Centre
Burley Park Children Centre

Primary, Secondary Schools & Children's Centres in INW Hub cluster

Primary Schools

Spring Bank Primary
St Chad's CE Primary
Shire Oak CE VC Primary School
Weetwood Primary

Secondary Schools

Abbey Grange Church of England Academy
Lawnswood School

Children's Centre

Headingley Childrens Centre and Services

Primary, Secondary Schools & Children's Centres in ESNW cluster

Primary Schools

Iveson Primary
Ireland Wood Primary,
Cookridge Primary
Cookridge Holy Trinity

Secondary Schools

Ralph Thoresby (sited in ONW area)

Children's Centre

Ireland Wood Centre and Services

Open XS Cluster Priorities:

- 1. Family and Parenting Support**
- 2. All children and young people are safe from harm**
- 3. Build resilience and develop coping strategies for both vulnerable young people and most socially excluded young people**
- 4. Raise educational attainment within cluster and improve school attendance**
- 5. Reduce levels of NEET young people**
- 6. Improve the health and wellbeing in our cluster**

Priority 1: Family and Parenting support

Action Plan

3 Family Support Workers (1 full time, 2 part time) work term time only, however, as from September 2014 the full time worker will be working all year round.

Engage with families across the Open XS Cluster who are referred through the Targeted Services Allocation Team (Guidance and Support)

Co-ordinate and provide family support within the framework of Targeted Services.

Provide local schools, services and parents with informal advice and guidance.

Coordinate and facilitate Parenting Programmes.

Help children, young people and families to overcome barriers and challenges in order to improve future outcomes.

Improve outcomes for families against the priorities set out in the Leeds Children and Young People's Plan and the Cluster Action Plan i.e. improve levels of NEET, improve attendance, reducing the need for children to be looked after.

Priority 2: All Children and young people to be safe from harm

Issues Identified

Increased number of Requests for Service to CSWS from Children's Internal which do not meet the threshold (Children's Centre's are part of Children's Internal)

Parents not engaging leading to safeguarding concerns

All families identified as C on top 100 do not have consent to undertake any targeted work. When consent is given, a referral can be completed and a resource can be allocated through the TSAT.

Refuges in the area

High unemployment

High levels of drugs and alcohol – cluster has developed a 3 year DAT action plan

Poor housing conditions

Increased child poverty

Criminality and Anti-Social Behaviour issues and concerns

Action Plan

Schools and Children's Centre's to utilise the top100 guidance and proforma

To work with schools and Children's Centre's to identify a coordinated approach for 'C' families on the top 100 list and work with them to move to 'B' and 'A' status

To ensure assessments are undertaken for any family receiving targeted support using any assessment process.

Family Outreach Workers to refer targeted families to the Targeted Services Allocation Team when child transfers to year 1 for continued support with smooth transition

One to one work and/or group work with parents for the most vulnerable families in the cluster (using evidenced based parenting programme techniques)

Domestic Violence displays in all schools, children's centres and other partner venues to highlight issues, concerns and support available.

To support Children's Centre's to reduce the number of requests for service which do not meet the threshold

Priority 3: Build resilience and develop coping strategies for vulnerable young people/most socially excluded young people

Action Plan

Open XS have had the TaMHS project in this cluster since 2011 and have managed to maintain it through 2016 through the Cluster Budget.

Leeds Counselling has been commissioned to employ both children's and adult counsellor to provide therapeutic support to the families within the cluster. They offer 6-8 sessions of therapeutic support, however, if the need is greater, longer term sessions are available.

When appropriate, make referrals to CAMHS. The Family Support Workers work very closely with the Counsellors to improve the outcomes for the family.

Priority 4: Raise educational attainment within cluster and improve school attendance.

Issues identified:

- High level of overseas students within the cluster means attendance is affected by parents' courses which have October start and June finish dates.

- Unauthorised holidays as parents take advantage of cheap deals

- High mobility within the cluster

- Depression and other mental health issues

- Older children babysitting for siblings

- Young carers – caring responsibilities

- Distance & cost to travel to school / college e.g. 2 buses

- Lack of school places near home

- High levels of worklessness in families – low aspirations

- Lack of effective follow through with fines for non-attendance

- Alcohol and substance misuse issues

- Language barriers/communication issues

- Cultural expectations i.e. gypsy roma

- High levels of poverty and low income

- High crime levels

- Victims of crime

- High levels of obesity

- Learning difficulties & lack of early intervention at school

- Young person wants employment not training

- Teen parents

- No work experience programme in school

- Low attendance at school affects the NEET figures

- Anti-social behaviour

- Disengagement of parents

A new OBA will be formalised from September 2014 in relation to Attendance.

Priority 5: **Reduce levels of NEET young people**

Issues identified:

- EMA funding stopped
- Cost of equipment for course – lack of funding/support
- Lack of information from colleges & course expectations
- Lack of confidence to travel out of area
- Alcohol and substance misuse issues
- Language barriers/communication issues
- Cultural expectations i.e. gypsy roma
- High levels of poverty and low income
- High crime levels
- Victims of crime
- High levels of obesity
- Distance & cost to travel to school / college e.g. 2 buses
- High levels of worklessness – low aspirations
- Depression and other mental health issues

A new OBA will be formalised from September 2014 for NEET

Priority 6:

Improve the health and wellbeing in the cluster

Open XS Cluster held a campaign for childhood obesity in 2013 and an action plan was sustained within the schools in partnership with local agencies.

Priorities and actions have been identified through an OBA on drug, alcohol and tobacco issues.

Drug, Alcohol and Tobacco Priorities

- To increase public awareness and knowledge about the harm caused by alcohol and drug
- Early identification and support of people who want to change their alcohol and/or drug using behaviour
- To commission, develop and deliver a new risk and resilience 'Transition Programme' which will incorporate health prevention work at targeted primary and secondary school age children (YR 5,6,7) and Positive Futures 'Inspirations' project to work with identified parents
- To further improve early intervention for families with drugs, alcohol and tobacco issues by signposting families to appropriate services.
- Tackle the availability of illegal drugs and the inappropriate availability of alcohol and other legal substances
- Investigate Test Purchasing and links to cluster
- Improve the quality and availability of drug and alcohol education in schools
- Protect children and young people from exploitation through drug and alcohol misuse
- Effective identification and support for children, young people, and family members who are affected and harmed by the drug and alcohol misuse of others
- Family Support and Parenting team to give priority to cluster in the city-wide implementation of 'How to drug proof your kids' parenting programme.

Action Plan

- Use children's artwork and health promotion design as part of the overall marketing campaign for the cluster. Use and display in school and community
- Develop a health drop in to address risky behaviours at City of Leeds School in partnership with Cardigan Centre
- All primary schools to run the 8 week Little Voices Programme for children who have been affected by domestic violence
- City of Leeds School to undertake a Domestic Violence/Healthy Relationships programme in partnership with Cardigan Centre for year 9 students
- Ensure that cluster services annually engage with and promote national campaigns related to DAT e.g. alcohol awareness week and no smoking day.
- Schools and Children's Centre's (Early Start Teams) to organise health fairs/promotion events with cluster and city-wide partners including private nursery providers and child-minders
- Cluster organisations and agencies sign up/ become members of Public Health Resource Centre (PHRC) and Drinkaware to access free resources to use with C&YP, parents and families

All schools to work with Healthy Schools to devise a 3 year DAT Action Plan. The plan to be based around the 'DAT waved approach review tool' document

All cluster schools to complete the 'My Health My School' on-line survey to improve local data information. Year 5 and/or year 6 to be involved.

Tackle the availability of illegal drugs and the inappropriate availability of alcohol and other legal substances

All staff in schools access training as part of their CPD as identified in their DAT action plan

Disseminate the 'Alcohol Pocket Guide' to awareness and early identification

Awareness sessions for children (5+) smokeless & niche tobacco in schools

Cluster partners, schools and children centres to promote and support parents, families to access information about drugs, alcohol & tobacco – access resources from Leeds Lets Change and Change for Life and PHRC

Frontline workers to identify C&YP's drug and alcohol use and confidently deliver a brief intervention and support a referral if required

Ensure frontline workers have 'Alcohol Pocket Guide' to support IBA delivery

Develop cluster Peer Mentoring Programme

Commission Youth Dance Sessions for young people to engage with a positive activity

To develop drugs, alcohol and tobacco training programme for cluster front line staff

INW Hub Cluster Priorities

1. Closing the gap for 0-19 year olds

2. To raise aspirations of children and their families and support them to achieve increased prosperity

3. To reduce health inequalities for those in target groups

4. To ensure early identification of target families and provide intervention at earliest possible stage.

Priority 1: Closing the gap for 0-19 year olds

Raise the achievement levels of children from target groups. (FSM/LAC/CP/EAL/BME)

Action Plan

Provide basic numeracy and literacy courses for parents

Provide Family Learning courses for parents with a focus on supporting child development

Develop Cluster 'Parents Voice' encouraging parents to take active role in child's learning journey

Develop Cluster 'Student Voice' to receive feedback regarding overcoming barriers to learning and develop services accordingly.

Cluster transition programme for children's centre to cluster primary and primary to high school

Cluster children's centres to develop systems to ensure all children can access their free early educational entitlement

Cluster to fund Speech and Language Therapy support to targeted children.

Cluster and Local Authority provision to support cluster schools to achieve attendance targets

Priority 2: To raise aspirations of children and their families and support them to achieve increased prosperity

Reduce the number/% of NEET

Reduce the number of children living in poverty

Action Plan

Promoting safe and effective parenting

Providing services to involve parents in child's development and wellbeing

Continued opportunities to support families to access volunteer, training and work opportunities

Menu of services to support financial inclusion

Supporting families for work readiness and employability

Priority 3: To reduce health inequalities for those in target groups

Reduce childhood obesity

Offer effective support to children and families affected by mental health issues.

Action Plan

Working with Public Health and Healthy Schools Team to continue to address increasing obesity levels of children in the cluster

CaMHS in Schools provision working to address early mental health intervention in the cluster schools. Identify mental health training needs. Develop skills and awareness of practitioners to confidently raise issues and offer support.

Menu of services to promote healthy lifestyles

Priority 4: Ensure the early identification of target families and provide intervention at the earliest possible stage.

Provide support for vulnerable families

Look at a collaborative multi agency working across the cluster.

Action Plan

Working collaboratively with Social Care around vulnerable families to provide best package of care/team around the child

Cluster training event on Social Care thresholds

Work with Social care to identify underlying issues of vulnerable two year olds going into Local Authority care

Ensure robust processes for safeguarding supervision are in place across the cluster (cluster team, schools and Children's Centres)

Increase number of CAFs initiated in the cluster

Menu of services of support for vulnerable families

Extended Services NW Cluster Priorities

- 1. All CYP in Leeds are safe from harm- help children to live in safe and supportive families (and communities)**
- 2. All CYP do well in learning and have the skills for life. Improve behaviour, attendance and achievement**
- 3. All CYP in Leeds choose healthy lifestyles, are active citizens who feel they have voice and influence, have fun grouping up.**

Priority 1: All CYP in Leeds are safe from harm- help children to live in safe and supportive families (and communities).

Action plan

Deliver cluster-based CAF training/ refresher to be set up within the cluster

Deliver a workshop with CSWS looking at case studies and appropriate referrals for CIN/CPP or CAF
The support and guidance to adopt a solution focused approach when cases are presented at support and guidance meetings where there is complex issues presented.

To set up group work with in the clusters around behaviours and early intervention

The setting up of the Strengthening of families stronger communities parenting course that will run on rolling programme throughout the year

Advertising to the schools and partner agencies

Set up programmes day and evening so all parents have access to this

To evaluate the impact the programme is having with parents

Support the Early Start agenda in identifying families who are vulnerable by using the RAG system

To set up termly visits with all the primary schools and high school to identify their top 10 families
 Develop/establish consistent cluster-based procedures for measuring the impact FSW/FEO in improving outcomes for children and young people.
 Evaluate family support within the cluster after a year.
 Case auditing of quality of cases half yearly
 To work closely with LSCB on improving case recording so they are at the standard needed for safeguarding
 To produce a protocol for early intervention of families who are subject to domestic violence, so that the children can be supported and parents supported to access specialist services and appointments.
 To look at the setting up of coffee morning and support groups within the cluster
 Carry out an audit of data to identify need within the Cluster around sexual health and teenage conception.
 Work closely with the Early Start Team to identify teenage parents within the cluster to offer early support.
 Establish a working group to agree an action plan.
 Ensure pupils are signposted into transition support from primary to high and included in summer activities.
 Identify families within the Cluster affected by Welfare change and signpost families to relevant support agencies.
 Set up a web page on the website and to have links to all service users and school websites
 Promote a list of places to access the internet within the cluster.
 Work closely with the Children's Centre around adult education within the cluster
 Look at a volunteering programme within the cluster to support people in accessing opportunities within their own area
 Within the Cluster the number of ethnic minority groups attending and living within the Cluster is rising.
 The International Council will be set up within the Cluster for all schools and children's centre to all meet together and share different experiences.
 Ensure that services are communicated throughout the Cluster by producing booklets to inform about holiday activities
 Identify and focus on hard to reach parent/carers i.e. launch a cluster website that all families within the cluster can access, and create a Twitter account

Priority 2: All CYP do well in learning and have the skills for life. Improve behaviour, attendance and achievement.

Action plan

To look at additional speech therapy and Educational Psychologist time for the cluster.
 EAL support to be rolled out throughout all cluster schools
 To look at a secondment for 1 and half days a week to support in chairing of School attendance panels, fast tracks and intense case work
 Multi-agency targeted attendance blitz's to run through the cluster on a regular basis.
 Produce a cluster letter to be left with parents if not in when calling.
 Extend this to Year 6 within cluster primary schools to support the work that Ralph Thoresby is undertaking
 Fast tracks cohorts to be initiated within a timetable for both High School and Primary School.
 To run the 'Give it 100%' in March and November each academic year
 Improve transition provision throughout all academic milestones i.e. nursery to primary, primary to secondary and secondary to further education, employment or training
 Provide effective transition support for pupils considered vulnerable at transition and/or at risk of poor attendance
 Attendance, cluster and school to identify pupils to be targeted, and to check cross cluster support is provided for these families as the intake for Ralph Thoresby is from 36 primary schools.
 Pupils to be signposted into the cluster/secondary school transition programme.
 Promote the Cluster Counsellor who is providing a service for young people 16 -17 who are NEET

Embed a diagnostic grid to support the identification of YP who are at risk of being NEET.
Use data from connexions to identify young people who have siblings who are NEET.
Make schools aware of the criteria, attendance, history of siblings, worklessness within the family and low aspirations
Cluster staff to take an active part in the NEET Sweeps
To promote the National Citizenship Scheme to young people
Liaise with Connexions to attend GCSE results day to support young people who have not achieved the results that they need.

Priority 3: All CYP in Leeds choose healthy lifestyles, are active citizens who feel they have voice and influence, have fun grouping up

Action plan

Ensure all schools understand the work of TaMHs and how this will support their young people
Schools to look at action plans with TAMHs to establish work they can do in wave 1 and 2 to support the emotional wellbeing of their children and young people
Schools to embed use of emotional literacy assessments.
Look at in house cluster training around a number of emotional wellbeing issues that schools can then implement into their PSHE lessons and general awareness for all staff.
Implement the questionnaire 'My Health, My School Survey 2013/14'
Look at group work within the cluster run by TAMHS around emotional literacy and how young people deal with their emotions. Concentrate on Yr 5 and Yr 6 and Yr7
Within the cluster there are a high number of young people who are or have been at risk of CSE.
Establish group work within the schools to look at positive relationships, self-image and body image
Look at a CSE champion within the cluster, who can cascade the information to others.
Have a member of staff trained around the links with communities to raise awareness of CSE.
Explore what we can establish within the cluster to support fathers.
Send a member of cluster staff on training around working with fathers.
Look at setting up groups around fathers.
To reduce the number of young people involved with alcohol and substance misuse. Look at additional work that platform could offer to the schools
Establish a clear understanding of what the Youth Service offer within the cluster to support emotional wellbeing of our children and young people
There has been an increase in cases coming for support and guidance where a young person is having identity issues consider Ralph Thoresby's policy around equality for all young people.
Consider the impact that adult mental health has on young people as there is an increase in the number of referrals coming to support and guidance with parents with mental health issues. Look at what services can signpost to.
Understand areas in the cluster subject to high levels of ASB.
Work with Safer Leeds and Police around amber nominals within the cluster
Continue the Friday Night Project running within the ESNW cluster.
Launch the Junior Youth Provision within the cluster.
Cluster volunteer programme to offer Level 2 training to parents and free training for volunteers taking part in outer school activities.
Roll out the training programme to other schools within the Cluster.
Student Leadership programme
Develop bank of volunteer opportunities across the cluster

Public Health Priority - Obesity in Open XS Cluster

Background

Childhood obesity in Open XS Cluster is a major concern and is amongst the highest levels in the city.

Discuss a significant piece of proposed work to be funded by Leeds West Clinical Commissioning Group and developed with Public Health.

What can the INW Community Committee consider to help tackle an obeseogenic environment (that is, environments that encourage people to eat unhealthily and not do enough exercise)?

Childhood obesity has many different causes (Foresight 2007) and there is clear evidence that today's children are engaged in lower levels of activity and are eating more poorly than their predecessors (DH 2008 Healthy Weight Healthy Lives: Consumer Insight).

The potential cost of the increasing levels of childhood obesity when these children become adults is unquestionably high. In Leeds just less than one in ten children in Reception is obese (9.3%, 794) and just less than one in five children in Yr 6 is obese (19.7%, 1,374 children).

Nationally, 19.2 per cent of year six children are obese, compared to 19.7 per cent in Leeds; these figures have changed slightly from 2011 (19.0 per cent nationally; 19.9 per cent in Leeds), and Leeds has seen a slight drop over the last three years.

Obesity has major impacts upon the health and life chances of individuals, and has a major effect upon national and community healthcare costs. There is a strong link between deprivation and obesity. There is strong evidence that childhood obesity is related to whole family issues. As young children have little control over their eating and activity levels the issue can only be addressed by engaging the whole family (Rudolf M 2009).

Based on Public Health statistics, figures of obesity in these areas are:

Open XS 32.2% at Yr 6 (13% at Reception)

This compares to the next highest areas - Armley 21.2% (11%), Bramley 21.8% (12%)

The proposed piece of commissioning will focus on Open XS, Armley and Bramley and Tingley and Morley, which have fast growing rates of obesity - Ardsley and Tingley 14.3% (9%) and Morley 16% (9%)

(*Figures relate to the 2012/13 obesity rates for children in Yr 6, those in brackets are for children in reception)

Proposed work

LWCCG working with Public Health, in response to this, want to commission an evidence-based programme in these school cluster areas. This will drive quantifiable and sustainable behaviour changes in eating habits and will complement and support physical activity programmes.

This proposal is for the delivery of classroom based programmes (in primary schools) which affect children, their families, the school environment, school caterers, and retailers.

The provider will work with the whole school community environment which serves the selected clusters of schools. Significant funds have been allocated to this to start from December 2014. This is subject to final approval from LWCCG Board.

Outcomes

Sustained increased consumption of fruit and vegetables

3 month follow up:

- 80% increase in children eating at least one portion of fruit per day

- 80% more children eating vegetables

One year follow up:

- Parents provide 66% more fruit and vegetables to their children

- Children consume 66% more fruit and vegetables

At the end of the programme:

- 66% of children eat two additional portions of fruit and vegetables per day

66% of parents eat two additional portions of fruit and vegetables per day

Two years after the programme:

66% of children continue to eat two additional portions of fruit and vegetables every day

Decreased consumption of sweet and fatty foods

3 month follow up:

30% decrease in children eating unhealthy snacks

One year follow up:

20% of children consume one or less unhealthy snacks per day

At the end of the programme:

20% of children continue to consume one or less unhealthy snacks per day

Two years after the programme:

20% of children continue to consume one or less unhealthy snacks per day

Secondary outcome measures

It is envisaged that a number of secondary outcomes will be realised as a consequence of the implementation of these obesity prevention programmes.

These measures will be reviewed annually to demonstrate the impact of this work on other areas and will be compared with clusters where these programmes are not being implemented.

For Primary school children -

- Increased uptake of free school meals (from Key Stage 2 onwards).
- Increased uptake of school meals.
- Reduction in obesity rates.
- Encourage active play.
- Improved school attainment.
- Improved school attendance.

For all -

- Increased uptake of treatment programmes (where appropriate).
- Increased local provision of fruit and vegetables (increased benefit to the local economy).

Interdependence with other services/providers

The programmes being delivered should complement other established healthy living programmes e.g. Leeds Let's Get Active, City Connect Walking, Healthy Living Network's Community Health Educators programme, HENRY, Watch It, Active Schools, Health Schools and school meals programmes.

The provider will work with member practices and partners in the area to develop effective relationships and pathways e.g. Public Health, Leeds City Council. The provider will support the delivery of our secondary outcomes by working closely with (and provide advice to) partners to tackle factors that cause an obesogenic environment.

To consider what can the INW Community Committee do to help tackle what is described as an obeseogenic environment?

Support LWCCG / PH plans to reduce childhood obesity in Open XS Cluster. Significant funds have been allocated to this to start from December 2014

Recognise and build on the significant work that is already being done to reduce childhood obesity by schools (Healthy Schools), Public Health, leisure and other partners.

Ensure a joined-up approach by fully involving other council departments in future plans.

Create a network of community champions from local residents and frontline staff to tackle childhood obesity

Involve the private sector, healthy eating award schemes can encourage cafes and restaurants to change menus.

How to encourage use of green space, get children more active and offer accessible, affordable and nutritious food?