

Sefton Children and Young People's Emotional Wellbeing Strategy 2021-26



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Foreword

Welcome to Sefton's Children and Young People's Emotional Health and Wellbeing Strategy. This strategy is complementary to the [Children and Young People's Plan 2020/25](#) and intends to set out the five-year strategy specifically to improve outcomes in emotional health and wellbeing for children and young people in Sefton. It will also reflect and support the work of the [Children and Young People Commissioning Strategy](#), [The SEND Commissioning Strategy](#), and any future strategies covering the wider economy and poverty.

The Strategy has been developed and is owned by the Sefton Emotional Health and Wellbeing Board, and was produced following consultation with key stakeholders. The Strategy is intended to be a working document which will be reviewed regularly to monitor achievements and areas for development.

It is for all stakeholders; professionals, parents/carers, volunteers and children and young people themselves to work together to reduce risk and promote protective factors. Ensuring that children and young people's emotional health and wellbeing support is available and that services prevent, act and intervene when required.

Our approach and service development over recent years has led to;

- The creation of the 'Sefton In Mind' - Emotional Wellbeing Toolkit.
- The commissioning of Kooth.
- A successful national bid for two Mental Health Support Teams, to start in early 2021.
- The expansion of the emotional health and wellbeing offer of 0-19 School Nursing.
- The expansion of the Early Help offer via Family Wellbeing Centres and the community and voluntary sector.
- A university evaluated programme of building mental resilience in Sefton schools.
- The development of Adverse Childhood Experiences training for partners and stakeholders.
- The embedding of Trauma-Informed Training for schools and people working with children and young people.
- The establishment of the SYMBOL Group and Young Advisers, to make sure that the voice of children and young people are heard consistently and clearly influence policy and commissioning activity.
- Embedded the THRIVE Framework into commissioned and partnership work.
- Strengthened links with Sefton Camheliions and different engagement groups.

We look forward to making more progress in Sefton over the next 5 years.



Councillor Paul
Cummins - Mental
Health Champion



Councillor Joseph Kelly
– Cabinet Member
Children and Young
People

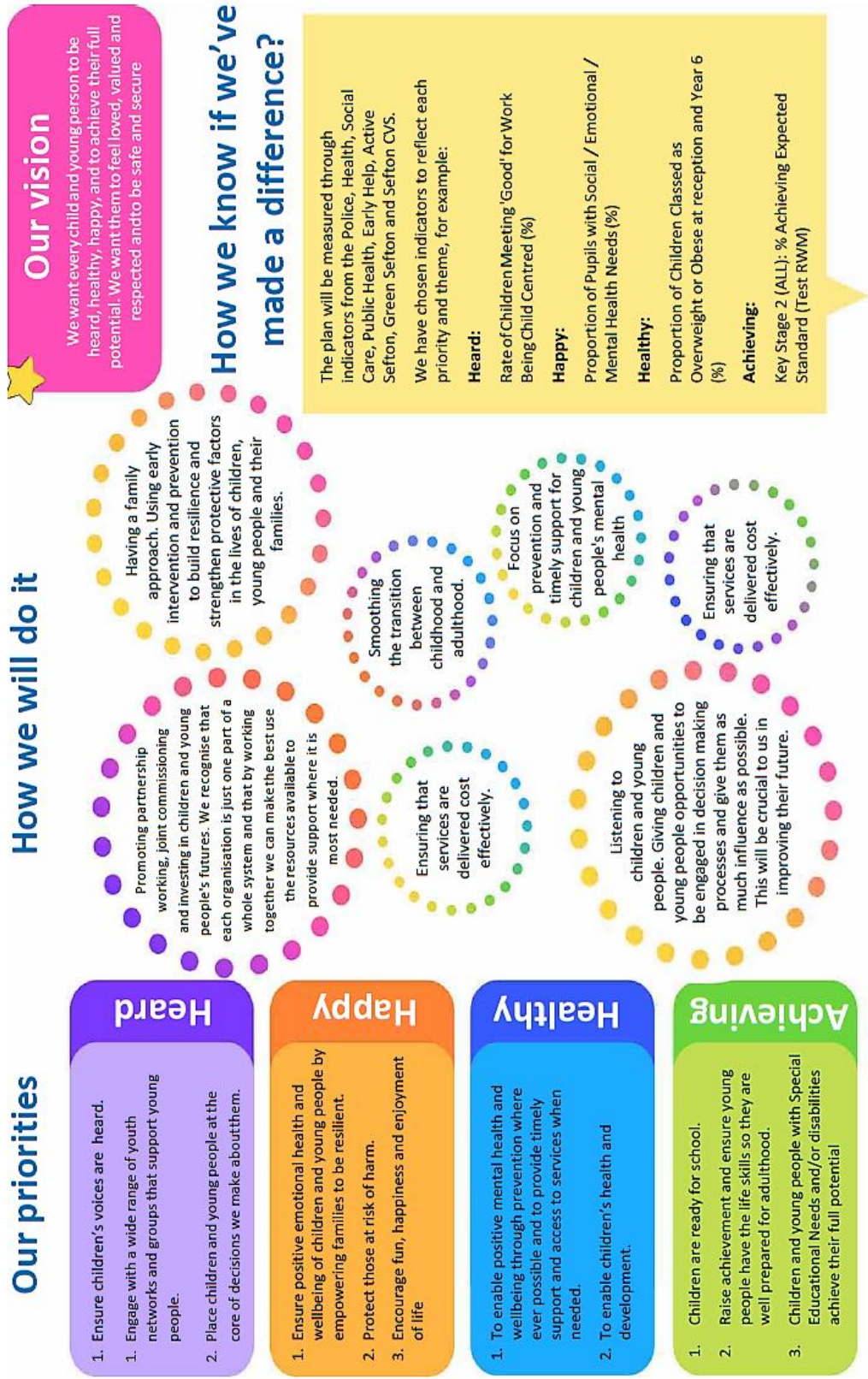


Councillor Ian Moncur
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Fiona Taylor - Chief
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Plan On A Page



Introduction

There is no universal definition of emotional health and wellbeing, however, The World Health Organisation¹ defined emotional health and wellbeing as:

"A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

We know that poor mental health is perceived to be an increasing issue among children and young people. Research has demonstrated that approximately 200,000 young people are referred to specialist mental health services each year in England – putting increasing pressures on the services.

Poor emotional health and wellbeing (EHWB) in childhood can often have a lasting impact into adulthood. Having a trusted adult that they can confide in is important, especially if the child or young person has experienced, or is at risk of experiencing adverse childhood experiences.

High levels of inequality are also damaging to mental health and emotional well-being. Deprivation and social injustice erode mental health and well-being, they can also increase stress and reduce trust and interaction with services and communities. Personal resilience may help to mitigate the negative effects of inequalities, as well as promote personal and community capacity to deal with issues throughout life.

Parents/carers and communities/social groups can also have a positive impact on the emotional health and wellbeing of both groups and individuals. It is important to note that we will be focusing on actions that support children and young people outside of the school/education environment as a priority. Schools and education establishments have an important role to play in identifying and meeting the needs of children and young people. This requirement also became part of the revised OFSTED framework from September 2019.

Universal whole-school approaches are more effective than approaches based on targeted or classroom-based teaching, but should not be viewed as a short term, quick-fix solution to children and young people's emotional health. We have developed a 'Sefton Emotional & Mental Wellbeing - Good Practice Checklist' to help ensure a consistent and quality approach in education across the borough.

All key partners have a role in offering support and signposting children and young people towards positive activities. As well as identifying and referring young people to appropriate mental health services, and should be supported to develop good working arrangements with local mental health services.

The previous strategy has moved away from the 'tiered approach' to services and towards the THRIVE Framework (see page 4) this is a deliberate move to help de-mystify and simplify the system. We are also aligning services to the THRIVE Framework, to ensure that it is flexible and responsive to need, and makes use of best models of practice.

Although we have made progress within Sefton over recent years, inequalities still exist, but we are even more determined to make progress and at a swifter pace. Responding to the needs of children and young people in Sefton if/when they change over the next five years. Ultimately, everybody – irrespective of role or organisation - has a part to play in helping to ensure positive emotional health and wellbeing not only for themselves, but for those around them as well.

Progress

We have looked at the last strategy and what is still important to our children, young people and their families. This plan has been shaped by the analysis of our performance and progress to date, alongside the trends identified in the Joint Strategic Needs Assessment (JSNA) which allows us to establish trends across a wide range of data. More importantly through consultation with a wide range of Youth Groups, Schools and Key Stakeholders and Professionals. we have also listened and what children, young people and families tell us has led us to identify a number of priorities for action over the course of this Strategy.

We recognise achievements since the last strategy to include:

- Early Years Foundation Stage (EYFS), achieving a good level of development, we are the highest in the North West (NW) and above the regional average.
- Sefton's Not in Employment Education or Training (NEET) group has improved over the 3 year period, performing better than the Liverpool City Region (LCR) and staying in line with the North West.
- Sefton has consistently exceeded the England and North-West numbers, for children benefitting from the "Two Year Old Offer". Since the introduction of the Two Year Old Offer in 2009, Sefton has worked in close partnership with Health and Early Years settings to identify and engage with the families of rising two year old's who meet the criteria.
- We have seen a decrease in young people being involved with Anti-Social Behaviour, one significant reason could be we have issued Gang Injunctions along with the police, which have significantly decreased youth Anti-Social Behaviour in the Area. (80% of the cases are adults).
- Young Peoples Voices are being increasingly heard and influencing and shaping practice, policy and commissioning through SYMBOL (Sefton Youth Making Better Opportunities with Leaders), Make a Difference Group (Children in Care), CAMHLIONS, Young Advisors, Development of Co-production and Engagement with Children With Additional Needs through joint work between partners including Schools and Buddy Up. Work is underway to better co-ordinate these initiatives.
- Establishment of the Sefton Emotional Attainment Service (SEAS) Voluntary Sector Consortium.
- Successfully run an 18-month pilot testing mental resilience approaches within Sefton, the programme was evaluated by Liverpool John Moores' University.
- As a partnership, we have secured funding for two Mental Health Support Teams. One will cover areas of greatest need, the second will cover key transition points (Year 6 to 7, and Year 11 to 12.) The teams are due to begin working with schools and delivering the service in spring 2021.
- Developed a new Young People's Drug & Alcohol Service – designed to better meet the needs of local people.
- Implemented a new online mental wellbeing support service – Kooth. Following a successful 18-month pilot and successful evaluation, the service has been commissioned to continue for a further 3 years with a widened age range 10-25 and increased capacity, thanks to increased resources from the joint funders (Public Health, Children Services and the Clinical Commissioning Groups).
- Overseen the development and implementation of bespoke training courses; 0-19 Storm, Mental Health First Aid. Adverse Childhood Experiences and helped practitioners adopt a 'trauma informed approach' to work with children and young people in Sefton.

The THRIVE Framework

We are moving mental health and emotional wellbeing services away from the traditional tiered service model to a THRIVE model - a national model based on needs of young people, rather than severity or diagnosis, and the support or evidence-based treatment they need to thrive and enjoy positive mental health and wellbeing. This way of working aims to ensure more children and young people can get access to the right help when they need it from a wider range of services and locations.

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families. It aims to talk about mental health and mental health support in a common language that everyone understands.

The Framework is also needs-led - this means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways. The THRIVE Framework conceptualises the various needs of children, young people and families into five needs-based groupings shown in the diagram below. The THRIVE framework is also for;

- ✓ **all** children and young people aged 0–25 within a specified locality
- ✓ **all** families and carers of children and young people aged 0–25 within a specified locality
- ✓ **any** professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).



Policy

Policy focus over recent years has been on increasing access, building resilience and early identification of the mental health and wellbeing of children and adolescents through schools, school-based interventions and partnership working between healthcare, education and the community/voluntary sector.

Due to this the role of 'who does what' in response to emotional health and wellbeing issues is shifting, and there is an increasing expectation that the mental health and wellbeing of children and young people can - and should - be tackled within all environments.

Over the past few years, the main drivers of national policy have come from the Department of Education's 2016 *"Mental Health and Behaviour in Schools"* advice for school staff report, Public Health England's 2015 *"Promoting Children and Young People's Emotional Health and Wellbeing - A Whole School Approach"* policy document and the 2015 Mental Health Taskforce, *"Future in Mind"* and the 2019 *"NHS Long Term Plan"*.

In the longer term, the government have committed to the joint *'Children and Young People's Mental Health Green Paper'* delivery programme with the Department for Health and Social Care, NHS England and Improvement, and health partners, including introducing new mental health support teams, developing training for senior mental health leads in schools and colleges, and testing approaches to delivering four-week waiting times for access to NHS mental health support.

Each identifies a series of recommendations for children and young people's mental wellbeing. Key themes, approaches and interventions for teachers, parents and children looking at promoting resilience, prevention, early interventions as well as improving access to effective support, creating a system without tiers and developing a whole system approach to mental health have been recommended.

This Strategy will support the aims and objectives of the [NHS Long Term Plan](#), specifically:

- Improving mental health services for children and young people.
- Investing in expanding access to community-based mental health services to meet the needs of more children and young people.
- Support the delivery of new waiting time standards for eating disorder services.
- Ensure mental health support for children and young people is embedded in schools and colleges.
- Help ensure those experiencing a mental health crisis can access the support they need.
- Support a new approach to young adult mental health services for 16-18 year olds as they transition to adulthood.

Further to this, we will;

- Focus on support for disadvantaged or more vulnerable individuals and communities.
- Continue to work with education providers and schools/colleges to consistently embed the [Sefton Whole School Approach to Mental Health](#).
- Annually refresh the [Sefton Emotional Wellbeing Toolkit](#)
- Provide training opportunities which can be accessed by parents/Carers, teachers, the community, those supporting children and young people, and also for children and young people themselves.

The Statistics

We will use evidence and statistics to support local service planning, development and implementation. In addition, we will also consult and engage with children and young people, and be guided in our actions and commissioned activity by the 'voice of the child'. In order to understand whether we are achieving good outcomes locally, it is useful to benchmark outcomes in Sefton against the national average and look at trends over time.

It should be remembered that mental health and wellbeing issues can often only be tackled by taking a multi-departmental and multi-agency approach to solutions since factors influencing outcomes include not only both primary emergency service activities but also wider determinants such as community development and social relationships; poverty; education; diversionary activity, family support and the impact of Covid-19.

Nationally

According to NHS Digital's 2018 National Children's Mental Health Prevalence data²:

- One in eight children and young people have one or more mental health disorders.
- Emotional disorders have become more common, whilst all other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence.
- A quarter of girls aged 17 to 19 have a mental health disorder, and of this quarter, over half has self-harmed or attempted to take their own life.

National analysis has found that one in 10 children aged between 5 and 16 years experiences a mental health condition, and many continue to have a mental health condition into adulthood. Half of those with lifetime mental health conditions first experience symptoms by the age of 14, and three-quarters before their mid-20s. Conditions most frequently experienced in adolescence include:

- Anxiety and depression.
- Eating disorders.
- Conduct disorder.
- Attention deficit and hyperactivity disorder (ADHD).
- Self-harm.

Sefton

- The rate of admission to hospital for self-harm in the 10-24 age group is significantly above the national and regional average.
- Alcohol related admissions for children aged 0-18 in Sefton are above the national and local average rates and is a significant risk factor for mental health and wellbeing.
- The inpatient admission rate for mental health for those aged 0-17 is significantly above the national average (though these tend to be low numbers and fluctuate significantly year on year).
- Continued increases in children looked after by social care in association with higher than average levels of absenteeism for these children is cause for concern.
- Levels of absence in Primary Schools is above local and regional averages and may be indicative of children who have health and wellbeing issues that are not being addressed.

- It is difficult to estimate the size of the 'treatment gap' between those who meet the threshold for intervention through the Child and Adolescent Mental Health Service (CAMHS) programme and those who receive treatment, but estimates suggest it is significant.

The Effect of Covid

The Covid19 pandemic has had a radical and unprecedented effect on the way public services are delivered.

A recent national survey carried out by the charity YoungMinds⁴ about Covid-19 and its impact on the emotional health and wellbeing of children and young people found that when asked, '*What impact has the coronavirus crisis had on your mental health?*' 81% agreed it had made their mental health much or a bit worse.

Partners have been working tirelessly to support both the immediate needs of pupils and families/carers, as well as planning ahead to reduce potential long term issues.

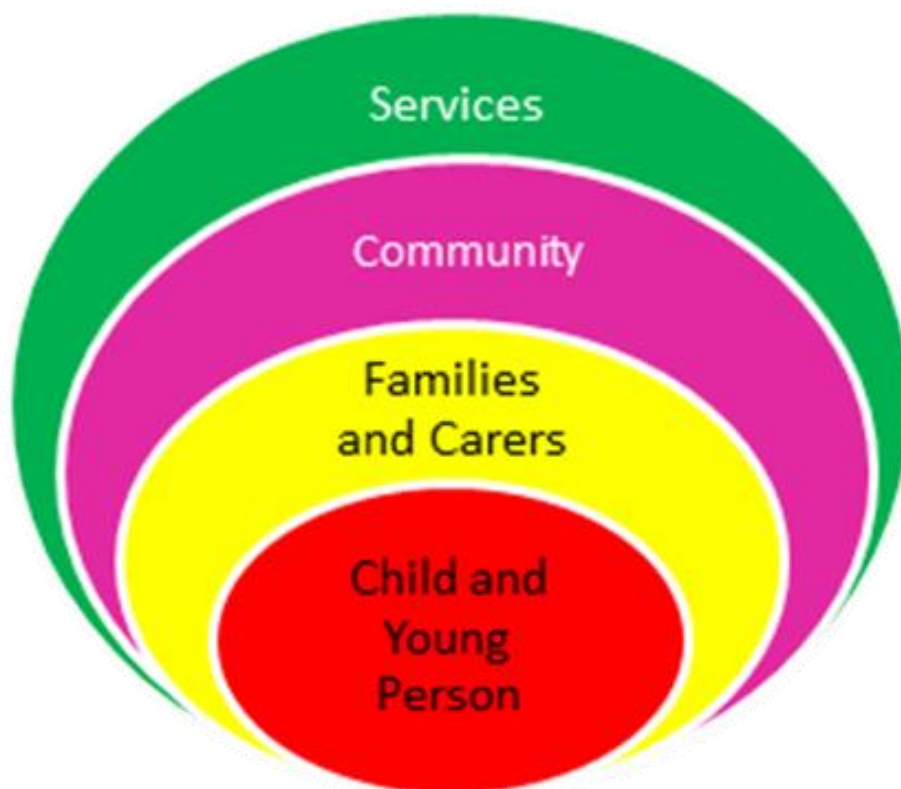
A survey of 1,260 pupils across Sefton in the summer of 2020 by the Sefton Psychology Service found that:

- Pupils have had mixed experiences during the lockdown period. For some, it has given them numerous opportunities and been an overall positive experience.
- Others have faced multiple and complex challenges during this time.
- It may not be appropriate to use a blanket approach to support when planning for the return to school – rather support should be targeted and individualised for those who require it.
- Friendships are extremely important to children of all ages and these social relationships are an important factor in a successful return to school.
- Many children are keen to return to the normality of school.
- Pupils expressed concern about the method of returning to school, requesting consideration be given to a phased transition.
- Secondary pupils reported more worries about the return to school than primary pupils.
- Many pupils (especially of secondary age) are worried that they have fallen behind with work and would like recaps, revision lessons and additional support from staff to solidify their understanding, rather than a focus on 'catching up'.
- Pupils have found there to be many challenges associated with home learning and are concerned about the consequences of this.
- Many children have enjoyed having more time and opportunity to do things they enjoy and develop new skills.
- Pupils are worried about their safety, as well as restrictions and changes in their school environment in response to the pandemic. Pupils would like reassurance and clear communication around any changes.

At the time of writing the long term effects of Covid-19 are not known, but reports are suggesting that the emotional and mental health toll could be significant. This strategy will flex and adapt to respond to any need that becomes apparent in Sefton.

Our Focus

We need to focus on the factors, structures and conditions that shape our opportunities for positive emotional health and wellbeing, not just for all children and young people, but also for those that are a part of their lives and have influences throughout their life such as families, communities and people working with them. This forms the basis of the [Sefton Health and Wellbeing Strategy 2020-25](#) and will be our key areas of focus within this Strategy as well and are outlined below;



Children And Young People

This will be the main area of focus and will constitute the bulk of our work. We will focus on supporting the positive development of emotional health and wellbeing in all children and young people, covering all ages and circumstances.

Much of this work will be in partnership with education providers and the community and voluntary sector. But without exception we will also focus our attention on those not within mainstream education, those who are home-schooled, looked after children, special education needs (SEN), those with disabilities and those excluded or isolated by deprivation, poverty, digitally, socially or physically.

Families & Carers

It is essential to work with families as well as young people. Some groups of children will have behavioural difficulties in school that cannot be resolved without a family-focused approach. This kind of approach can identify difficulties in the home, which are leading to problems at school.

Working with families may include developing parenting skills and encouraging parents to engage with their child's education. This is important as improving parenting skills can effectively help support a young person with behavioural and emotional difficulties.

Communities

People experiencing mental health issues often become isolated from their community, and can lack the confidence to deal with practical matters such as debt issues, lack of support, bereavement or steps towards employment.

The partnership will take steps to complement support services which may be helpful to families, parents and carers. As well as working more closely with them, we will promote the wide range of community-based support which can have a positive impact on the EHWP of children and young people.

Services

The emotional health and wellbeing of parents/carers, staff and volunteers, and children and young people are interlinked. It is also important to consider the emotional health and wellbeing of parents, staff and volunteers. Supporting their emotional health and wellbeing can lead to reduced stress, better outcomes for children and young people, reduced sick leave, increased motivation and staff retention.

Our Actions

We believe by knowing where we need to focus our efforts, we can achieve change. One of the aims of this strategy is to help make the complex subject of emotional health and wellbeing easier to understand, and therefore easier to act on. Moving to the THRIVE framework has helped but more work is needed.

Further to this, we believe that by taking four simple actions we can help everyone (children and young people, parents/carers, education, communities) to understand the subject a little better, and feel able to contribute to positive emotional health and wellbeing in Sefton.

Our four key priorities will need co-ordinated partnership activities to make a difference and are outlined below:

HEARD

- Priority 1. Ensure children's voices are heard and families will get the right support and help at the right time.
- Priority 2. Engage with a wide range of youth networks and groups that support young people
- Priority 3. Place children and young people at the core of decisions we make about them.

HAPPY

- Priority 4. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.
- Priority 5. Protect those at risk of harm
- Priority 6. Encourage fun, happiness and enjoyment of life

HEALTHY

- Priority 7. To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.
- Priority 8. To Enable children's health and development.
- Priority 9. Reduce health inequalities so children and young people can achieve good health.

ACHIEVING

- Priority 10. Children are ready for school
- Priority 11. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
- Priority 12. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

How will we make this happen?

The Emotional Health and Wellbeing Board and its partners are responsible for delivering this strategy.

The Board will implement this Strategy by:

- Meeting regularly as a board and holding each other and wider partners to account.
- Progress activities and tasks within the Sefton Children and Young People's Plan 2021/25.
- Having a forward plan to ensure all elements of the strategy are progressed and reported on.
- Reporting on progress in delivering against the key ambitions as outlined in the strategy.
- Providing robust challenge and support to partners about these key ambitions to ensure that all opportunities to improve health and wellbeing further and faster are maximised.
- Having a performance monitoring framework in place, drawn from the key national outcome frameworks (NHS, Adult Social Care, Children's, Public Health, Marmot) which the Sefton Health and Wellbeing Board will scrutinise to ensure the strategy is delivering against the vision and ambitions.
- Reviewing progress on an annual basis and updating ambitions as required
- Utilising the work of SYMBOL, Young Advisers, Provider Alliance and others to ensure the voice of children and young people remains central in delivering the ambitions of this strategy.
- Reporting relevant governance structures, to key stakeholders, children and young people and residents of Sefton regularly.

References

- 1) World Health Organisation Geneva, Promoting Mental Health, 2004.
- 2) Mental Health of Children and Young People in England - <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>
- 3) Sefton JSNA - [https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-\(jsna\).aspx](https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-(jsna).aspx)
- 4) Young Minds Survey - <https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>

