

**Director of  
Public Health  
Report**

December 2016

Central  
Bedfordshire

**great**  
lifestyles

**Aiming for the best  
for children, young  
people and families in  
Central Bedfordshire**



**A great place to live and work.**

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# Foreword

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## **Aiming for the best for every child and young person in Central Bedfordshire**

Ensuring that every child and young person has the best start in life is a priority: the benefits of a healthy and happy childhood and adolescence can last a lifetime, and should be achievable here in Central Bedfordshire.

Unfortunately, the repercussions of poor health and adverse childhood experiences are also far reaching. There are a number of common risk factors that occur in childhood that can have devastating impacts on the health, wellbeing and life chances of a child. These can include parental mental health issues, substance misuse and domestic abuse – and they often cluster together. Understanding the risk factors, recognising when a child or young person is at risk and acting upon it is crucial if we are to prevent and minimise future harms.

Through prevention and early intervention we can help our children, young people and their families to be more resilient, as well as identify those who need extra support. Promoting resilience and the ability to cope is just as important as delivering services that deal with problems once they arise.

This report brings together local data and the views of children and young people to highlight key issues, and makes a series of evidence-based recommendations that have the potential to make a real difference.

Listening to our children and young people is key to understanding their needs. Through a series of school surveys, local pupils have had the opportunity to tell us about their health and wellbeing and what is important to them. The findings are used throughout this report.

Central Bedfordshire has the potential to achieve the best health and social outcomes for our children and young people. We have a diverse, well-educated population and among the lowest levels of deprivation in the country, yet our health outcomes do not always reflect this. I want us to strive to be better.

Public sector budgets are exceptionally stretched and there are no additional resources to deliver this. We must make the most of what we have by sharing resources where we can, by focusing on prevention and early intervention, and by ensuring our services deliver the best outcomes and value. We must make the most of new funding opportunities such as the national ‘Future in Mind’ programme.

No single profession or organisation can single-handedly ensure the best outcomes for our children, young people and families. Achieving the best will require an integrated multi-professional approach to prevention, early intervention, care and support. Our ‘Children and Young People’s Plan 2015-2017’ outlines our partnership commitment and together with this report, embodies our ambition to aim for the best for every child and young person in Central Bedfordshire.



**Muriel Scott**

Director of Public Health

# Summary of

## • 0-19 Population • Characteristics



0-19 year olds

# 64,200

(23.9%) of the overall population (2014)  
– similar to England (23.8%)

Number of 0-4 year olds 17,200 = 6.4% (2014)  
– similar to England (6.3%)

**0-19 Population estimated to increase to 71,800 (23.8%) by 2025**

Central Bedfordshire has 2 areas in the top 10% most deprived areas in England, for children living in low income households (2015). These are Houghton Hall and Dunstable North-fields wards.

There are around

# 3,240



live births each year.


This figure has increased slightly since 2009 but remained fairly stable since 2011.


# 4,948




(14.1% in 2015)

School children from ethnic minorities. Significantly fewer than the England average of 28.9%

 **12,490 (21.4%)**  
Children in lone parent households (2014)

 **5,560 (10.3%)**  
Children in 'out of work' households (2014)

 **6,375 (12.7%)**  
Children in poverty (2013)

 **270 (3.1%)**  
of 16-18 year olds are not in education, employment or training

 **5,996**  
Children with SEND

 **1,461 Children In Need**  
(March 2016)

 **287 Children are Looked After**  
(March 2016)

 **225 Children are subject to a Child Protection Plan**  
(March 2016)

 **In 2014 there were 85 under 18 conceptions**

 **1 in 10**  
Children have experienced neglect

 **26%** of babies have a parent affected by domestic violence, mental health or drug/alcohol problem

**Safeguarding priorities for children and young people in 2016/17 are:** Domestic abuse; Child Sexual Exploitation (CSE); children who are missing; risks to adolescents; radicalisation; Female Genital Mutilation (FGM); neglect; homelessness.

# Executive Summary

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## Purpose of this Report

The Director of Public Health's report shines a light on a different aspect of health and wellbeing in Central Bedfordshire. This report focuses on our most important asset: our children and young people. It sets out the key local issues and makes a series of evidence-based recommendations.

**If we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future.** (Ofsted, 2016)<sup>1</sup>

## The Challenge

A recent health needs assessment<sup>2</sup> revealed that, overall, the health and wellbeing of children and young people in Central Bedfordshire is better than the national average; however, for many measures Central Bedfordshire is well below the best areas in the country. Considering our local demographics, we have the potential to be amongst the best for health and social outcomes. Throughout this report Central Bedfordshire's performance is compared to the best outcomes in England. Comparison to the 95th centile (i.e. the best 5% of local authorities in the country) has been used to highlight opportunities to achieve above average.

As well as aiming to be the best, we need to tackle the significant variation in outcomes within Central Bedfordshire; some groups of children and young people have significantly worse health outcomes than others. These health inequalities start before birth and accumulate throughout life, but they are preventable.

A report by the National Children's Bureau into health inequalities in England<sup>3</sup> found that children and young people growing up in more deprived areas tend to have worse health outcomes, yet also found that this was not inevitable. Some very deprived areas are bucking the trend and children are doing as well as, or better than, the national average.<sup>3</sup>

**Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. That is our ambition for children born in 2010.** (Marmot, 2010)<sup>4</sup>

In order to tackle local inequalities and rise above average we need to focus on the complex influences affecting children and young people's health, including their family, environment, life skills, knowledge and experience. Preventing or minimising the impact of risk factors, including adverse childhood experiences is vital. It is equally important to strengthen the protective factors, particularly the resilience (ability to cope) of our children, young people and their families.

The Healthy Child Programme<sup>5</sup> offers a range of interventions for all children, young people and their families in Central Bedfordshire from pre-birth to 19 years. There may be times in childhood and adolescence when additional help and support is needed. Earlier identification enables a timely and effective response before issues escalate. The case for Early Help is well evidenced<sup>6</sup> as is the need for a skilled, multi-agency workforce that communicates well and works together. No single agency can provide the support alone.

The following diagram illustrates the key elements to achieving better outcomes for our children and young people.

A joint partnership approach across all services and agencies working with children, young people and families is being supported by the Central Bedfordshire Children and Young People's Plan (2015-2017). The Children's Leadership Board, as a partnership, is focused on delivering on a shared vision:

**'We want Central Bedfordshire children and young people to be happy, healthy and safe.'**

A key principle driving our work is listening to the voices of our children, young people and families and ensuring they are at the heart of decision making.

Throughout the report the priorities and recommendations for next steps have been highlighted. These have been informed by the recent health needs assessment<sup>2</sup> and the Joint Strategic Needs Assessment (JSNA): [www.jsna.centralbedfordshire.gov.uk](http://www.jsna.centralbedfordshire.gov.uk).



## A 'Call to Action' has been declared to highlight the areas most in need of attention.

These are provided for each section and are summarised below.





	<b>Call to Action</b>
<b>Pregnancy</b>	Midwifery services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.
<b>Early Years</b>	We need a highly skilled and motivated Early Years workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences, sharing information and referring to services where appropriate.
<b>School Years</b>	Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.
<b>Vulnerable Children and Young People</b>	All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board.
<b>Mental Health</b>	Commissioners and providers must work together to ensure that i) a comprehensive perinatal mental health pathway is in place. Parents at risk of mental illness during the perinatal period (pregnancy to the first year following birth) should be identified and timely support offered, including for the infant and wider family where appropriate. ii) all professionals working with children, young people and families are able to identify mental health issues and refer promptly to accessible, high quality mental health support at the appropriate level.




# Snapshot of Health of our 0-4 year olds






**More than 90%**  
 of mothers-to-be are seen by a midwife early in pregnancy


**Around 1 in 7**  
 babies born in Central Bedfordshire (13.9%) live with a smoker in the household

**Over 97%**   
 of children receive their first childhood immunisations by age 1-2 years. This percentage reduces for the other immunisations with the 5 year Measles, Mumps and Rubella (MMR) vaccination having the lowest uptake of 90.9% (2015/16)


**10.4%** of mothers were smokers at the time of delivery



**76.4%** of mothers who deliver in Central Bedfordshire start breastfeeding  
**46.8%** of babies are still breastfed at 6-8 weeks

**63.6%**  of children achieved a good level of development at age 5, this is significantly below the England average of 66.3%

**In 2015 of the total births:**  
 1,180 (36%) were born in the L&D; 765 (24%) in Bedford Hospital, 617 (19%) in Lister Hospital, Stevenage and the remaining 680 born at other hospitals, at home, or other non-hospital settings.

**Health and Wellbeing of children in Central Bedfordshire is generally better than the England average**

Children's Health Needs Assessment 2015<sup>1</sup>

  
**6,213** children aged between 0-4 went to A&E (2014/15)

**2%** of babies are born with a low birth weight (2014)

**82%**   
 of eligible 2 year olds took up a nursery place in 2015/16.

Between 2013-2015 **20 children under the age of 1 died, giving the lowest rate in England**  
 Public Health England  
<http://www.phoutcomes.info>

**An estimated 330-500 women are affected by mild to moderate depression during pregnancy and the year following the birth (2013/14)**



# Section 1: Healthy Pregnancy

## Why is this Period Important?

**Pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support. It provides an opportunity to help parents get off on the right foot, and crucially to help set the pattern for effective parenting later on.** (Cuthbert et al., 2011)<sup>7</sup>

The first 1001 days from conception to age 2 is widely recognised as a crucial period that will have an impact and influence on the rest of the life course<sup>8</sup>. The foundations for good physical health throughout life occur in pregnancy and infancy.

There is a significant body of evidence that demonstrates the importance of sensitive, attuned parenting on the development of the baby's brain and in promoting secure attachment and bonding. Preventing and intervening early to address attachment issues will have an impact on resilience and physical, mental and socioeconomic outcomes in later life.

## What are we Aiming for?

The kind of lifestyles parents and the wider family have before the baby is conceived, during pregnancy and once the baby is born, can either have a positive or negative affect on their child.

Babies born to parents with unhealthy lifestyles have an increased risk of low birth weight, early illness and even early death. There are around 3,200 live births in Central Bedfordshire each year. Sadly a small number do not live to see their first birthday – between 2013 and 2015, 20 babies died in their first year of life. We have a significantly lower infant mortality rate compared to

## Encouraging a healthy pregnancy

The best outcomes for both mother and baby happen when mothers are:

 **Not socio-economically disadvantaged**

 **Managing stress or anxiety**


**In a supportive relationship - and not experiencing domestic violence**



**Not smoking, consuming alcohol or misusing illegal substances**



 **Enjoying a well-balanced diet**

 **Not in poor physical, mental or emotional health**

England: 2.0 deaths compared to 3.9 deaths per 1,000 live births. In 2014/15 modifiable factors were identified in 40% of child deaths in Bedfordshire, which included smoking, raised maternal body mass index (BMI) and unsafe sleeping (Child Death Overview Process Panel Annual Report 2014/15). Continuing to prevent these deaths, by reducing risk factors where possible, is a priority.

Seeing a healthcare professional early in pregnancy is a key opportunity to assess a mother's health and identify risks. Midwives give advice and offer interventions to support a healthy pregnancy, including weight management during and after pregnancy and support to stop smoking.

Ensuring early access to a midwife, by the 13th week of pregnancy, will equip women with the knowledge and skills they need to modify the preventable risks to their pregnancy. Local data shows that over 90% of women are booked in by their 13th week of pregnancy; however this can be further improved upon.

## What are the Risk Factors?

### Smoking in Pregnancy

Smoking is the single most important risk factor in pregnancy; maternal smoking during pregnancy is a cause of ill health for both mother and baby and infant deaths.

**Smoking in pregnancy**

It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:

- Premature birth
- Low birth weight
- Problems of the ear, nose and throat
- Respiratory conditions
- Obesity
- Diabetes

Smoking during pregnancy causes up to **9 premature births**, **21 miscarriages** and **1 perinatal death** every year in Central Bedfordshire

Smoking in pregnancy in Central Bedfordshire costs the NHS up to £275,000 a year for pregnancy-related complications and up to £101,000 per year for health effects on infants<sup>9</sup>.

Data from the Public Health Outcomes Framework (PHOF) demonstrates the number of mothers who were smokers at the time they gave birth has been declining and was 10.3% in 2015/16. Babies from less affluent backgrounds are more likely to be born to mothers who smoke, and this is contributing to the gap in health inequalities.

In 2015/16, 13.9% of babies in Central Bedfordshire lived in a household with a smoker. Exposure to second-hand smoke is particularly harmful to children; extrapolating UK estimates<sup>10</sup> to Central Bedfordshire suggests that each year exposure to second-hand smoke causes:

- 90 cases of lower respiratory tract infection (in children under 3 years)
- 536 cases of middle ear infection
- 100 new cases of wheeze and asthma
- 3 cases of bacterial meningitis
- 1 or 2 sudden infant death every 10 years.

**?**

What can we do to reduce smoking in pregnancy?

- Ensure that all pregnant women receive a carbon monoxide test at their booking visit and their antenatal visit with the Health Visitor.
- Ensure prompt onward referral for pregnant women and their partner to appropriate support services including the Stop Smoking Service.

## Maternal Obesity

Maternal obesity is defined as having a Body Mass Index (BMI) of 30kg/m<sup>2</sup> or more at the first antenatal appointment. Being obese during pregnancy increases the health risks for both the mother and child during and after pregnancy.<sup>11</sup>

### Maternal obesity

Pregnant women who are obese are at increased risk of:



**Having a still birth or intra-uterine death**



**Developing gestational diabetes**

**Raised blood pressure and pre-eclampsia**



**Having a blood clot in the legs (DVT)**



**Having a large baby or ill baby needing increased monitoring**



**Having a caesarean section**

Maternal obesity has also been linked to chronic health conditions in children (including asthma and diabetes) and childhood excess weight and obesity.

Amongst all women in England of child bearing age (16–44 years) around half are overweight or obese<sup>12</sup> (BMI  $\geq$  30). One study of maternity services in England found that 15% of women were obese in their first three-months of pregnancy. Local data<sup>14</sup> showed that 24% women from Central Bedfordshire who delivered at the Luton and Dunstable Hospital were obese.

## Obesity affects approximately 295 women in Central Bedfordshire, who deliver at The Luton and Dunstable Hospital each year

Diet and/or exercise interventions during pregnancy can help reduce the amount of weight gain. Advice on how to eat healthily and keep physically active is offered as part of routine antenatal and postnatal care by midwives and health visitors. BeeZee Bumps is a specialist programme offered in Central Bedfordshire, which delivers a 16 week programme during and after pregnancy for women with a BMI of 30 or over.

### What do we need to do to reduce maternal obesity?



- Ensure that midwives and other health professionals are able to identify and discuss excess weight with pregnant women, and signpost them to services that can help.
- Increase referrals to weight management services.
- Work with partners to implement the Central Bedfordshire Excess Weight Partnership Strategy 2016–2020 to help children and families eat more healthily and be more active.

## Teenage Pregnancy

Young parents and their children experience poorer outcomes. **Mothers under 20 years of age are:**

- Three times more likely to smoke throughout pregnancy
- 50% less likely to breastfeed
- At higher risk of postnatal depression and poor mental health for up to three years after birth
- 22% more likely to be living in poverty at age 30 and less likely to be employed or living with a partner
- 20% more likely to have no qualifications at age 30. Of all young people who are not in education, employment or training, 15% are teenage mothers<sup>15</sup>

**Young fathers** are more likely to have poor education and have a greater risk of being unemployed in adult life.

**Babies born to young women under 20 have a:**

- 15% higher risk of a low birth weight
- 44% higher risk of infant mortality
- 63% higher risk of experiencing child poverty<sup>16</sup>

The latest data (2014) shows a rate of 18.8 conceptions per 1,000 women aged under 18, which is equal to 85 pregnancies in 2014 that resulted in either a live birth or an abortion. The rate is lower than the England and East of England rates, but not significantly.

Supporting young people who choose to become parents is crucial to improve outcomes for both the parents and child. Evidence shows that poor outcomes are not inevitable if early, coordinated and sustained support is put in place, which is trusted by young parents and focused on building their skills, confidence and aspirations. This requires a range of services providing support coordinated by a lead professional.

To support young parents there is a Support Pathway for Parents Under 20 in Central Bedfordshire. The pathway offers all pregnant women under the age of 20 a range of support to improve their own outcomes, their partner's and their child's.

**Further details can be found in 'Teenage Parents' section in Section 3.**



What do we need to do to improve outcomes for teenage parents and their children?

- Ensure effective implementation of the Support Pathway for Parents under 20 including swift referral processes and coordinated care that responds to the needs of young parents.

## Parental Mental Health

The effects of poor mental health go beyond the parent. During the perinatal period (pregnancy to the first year following a birth) poor maternal mental health has important consequences on the infant's health at birth and the child's health, emotional, behavioural and learning outcomes. Women are at risk of developing their first episode of mental illness during this time, with more than 1 in 10 women affected.

Mental health issues can impact on the mother's ability to bond with her baby which can affect the baby's ability to develop a secure attachment. Knowing the risk factors and the symptoms can help with early identification and timely support and treatment to minimise the impact on the mother, child and family.

In Central Bedfordshire an estimated 300-500 women are affected by mild to moderate depression during the perinatal period each year. Maternal depression is also the strongest predictor of paternal depression which is estimated at 4% during the first year after birth.




### What do we need to do to support good parental mental health?

- Ensure that perinatal mental health is discussed and reviewed at all key contacts with maternity staff and Health Visitors.
- Ensure a comprehensive pathway is in place to identify mothers at risk during the perinatal period and offer prompt treatment, including for the infant and father where necessary.


## Postnatal depression

Postnatal depression affects more than **1 in every 10 women** within a year of giving birth




Health professionals should be alert to the increased risk of experiencing mental health problems among teenage mothers and women who have experienced:


Previous history of mental illness




A traumatic birth




A history of stillbirth or miscarriage



Relationship difficulties



Social isolation



## How is Central Bedfordshire Performing?

The most recent compiled and published data as of November 2016

Indicator	Central Bedfordshire	England Average	Aiming for the Best: 95th centile
Smoking at time of delivery (2015/16)	10.3% *	10.6%	3.4%
Maternal obesity (2015/16)	24% (Luton & Dunstable only) at booking appointment	16.1% at booking appointment	2.7% at booking appointment
Under 18s conception rate (2014)	18.8 per 1,000 females aged 15-17	22.8 per 1,000 females aged 15-17	12.8 per 1,000 females aged 15-17
Under 16s conception rate (2014)	3.3 per 1,000 females aged 13-15	4.4 per 1,000 females aged 13-15	2.0 per 1,000 females aged 13-15
Infant mortality (2013-2015)	2.0 per 1,000 live births	3.9 per 1,000 live births	2.3 per 1,000 live births

\* Bedfordshire CCG level: covers both Bedford Borough and Central Bedfordshire

We could be performing better in smoking in pregnancy, under 18 and under 16 conception rates, and maternal obesity. Incidentally, the infant mortality rate is the lowest in the country.

## How Can We Improve?

1. Midwifery services need to consistently identify, as early as possible, risk factors for women and families e.g. poor mental health, domestic abuse, maternal obesity, drugs and alcohol, and smoking. They must ensure that they share information and utilise all referral support pathways to local services, including the Access and Referral Hub, to result in a safe and healthy pregnancy and birth.
2. We must all expand our focus from the mother to encompass the whole family.
3. Providers should continue to promote the importance of early access to maternity care and monitor where mothers are presenting later to identify if there are any additional needs.
4. We need to implement robust preparing for parenthood schemes, with multi-agency involvement.
5. Commissioners must ensure a comprehensive parental mental health pathway is in place to identify parents with, and at risk of, mental illness during the perinatal period (pregnancy to the first year following birth) and offer prompt support, including for the infant and wider family where necessary.

### Call to Action

Midwifery services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.



# Section 2: Healthy Birth and Early Years

**A child's earliest years, from their birth to the time they reach statutory school age, are crucial. All the research shows that this stage of learning and development matters more than any other. (Ofsted, 2016)<sup>17</sup>**

## Why is this Period Important?

Families are the most important influence on a child in the early years, and identifying those families who need help as early as possible opens opportunities to offer evidence based interventions.

There are a number of protective factors that can be optimised to reduce risks and improve outcomes. These are:

### Protective Factors

Authoritative parenting combined with warmth, with an affectionate bond of attachment being built between the child and the primary caregiver from infancy

Parental involvement in learning

Protective health behaviours e.g. stopping smoking

Breastfeeding

Psychological resources including self-esteem

Source: Department of Health, Healthy Child Programme (2009)

## What are we Aiming for?

### A Healthy Childhood

The Healthy Child Programme<sup>5</sup> is led by Health Visitors and involves integrated working across all partners including maternity, children's centres and GPs. It offers every family a programme of screening tests, developmental reviews, immunisations and guidance to support parenting and healthy choices, until the child reaches statutory school age. They provide additional support to families who need it to reduce the risk of poor child outcomes.

**We are aiming for parents to feel supported to make decisions to improve their child's health outcomes and life chances, by being their child's first educator and feeling confident to manage their children's minor illnesses.**

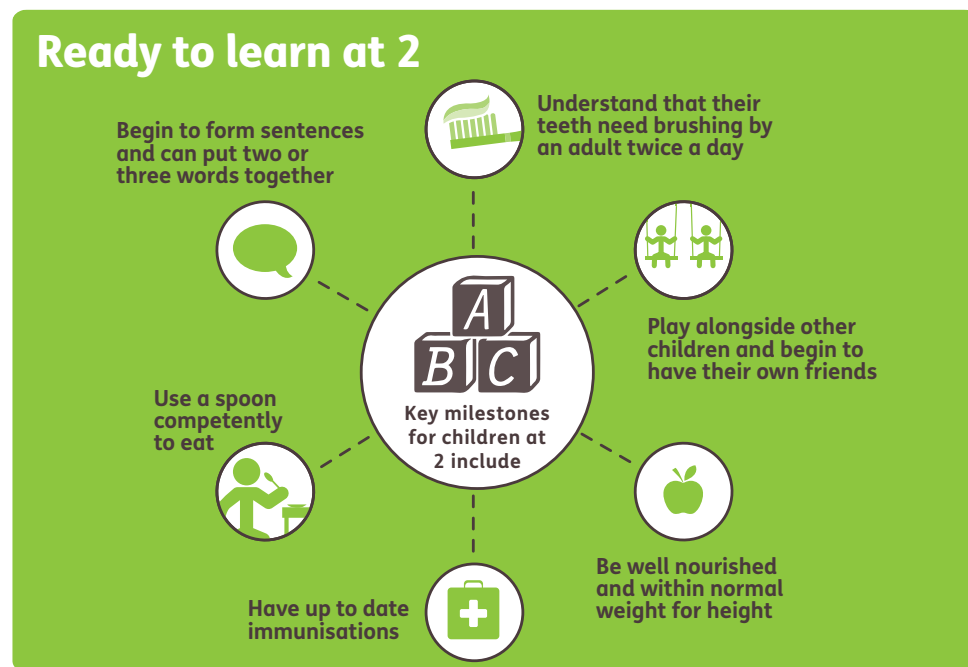
### Ensuring Children Are Ready To Learn

In Central Bedfordshire an Integrated Two Year Review is now offered to all children between the ages of 2 and 2½ years, and incorporates a health and development review and the Early Years Foundation Stage check.

Collaboration between Health Visitors and Early Years providers ensures a high quality and comprehensive assessment of need that includes the child, family and wider context. The review provides an opportunity to discuss and assess a child's health and development, and identify those children and families who may need additional support.



To support parents in their crucial role as their child's first educator, evidence-based parenting programmes such as Parents as First Teachers<sup>18</sup>, Triple P<sup>19</sup> and Mellow Parenting<sup>20</sup> are offered through Central Bedfordshire's Parenting Teams.



A child's development is next measured at age 5, using the Early Year's Foundation Stage Profile (EYFSP). In Central Bedfordshire, in 2015/16, 68.5% of children achieved a good level of development, which is an increase of 4.9% compared to 2014/15. This is now close to the England average of 69.3% and maintaining and improving the number of children who achieve a good level of development remains a key priority for Central Bedfordshire.

## Reduced Emergency Hospital Attendances and Admissions

The main causes of A&E attendances and hospital admissions amongst children and young people are acute illnesses, such as gastroenteritis and upper respiratory tract infections, and injuries caused by accidents in the home. Unintentional injuries are the major cause of death in children and young people.

In Central Bedfordshire the rate of A&E attendances amongst 0 to 4 year olds is below the England average (2014/15). For hospital admissions, local data produced by Bedfordshire Clinical Commissioning Group (CCG) comparing Central Bedfordshire and Bedford Borough to ten similar CCG areas shows:

- High numbers of emergency admissions for under 1s for both gastroenteritis and respiratory tract infections
- Higher emergency admissions rates for <5s

In the UK, one in 11 children have asthma and every 20 minutes a child is admitted to hospital due to an asthma attack. Hospital admissions for asthma in those age under 19 years from Central Bedfordshire was 132.8 per 100,000 in 2014/15, which although significantly lower than the England rate of 216.1 per 100,000 varied significantly across the authority. Asthma has caused 3 deaths in under-19s over the last 10 years across Central Bedfordshire and Bedford Borough.

NHS Bedfordshire CCG is developing a systems approach to improve the management of asthma in children and young people. This will include GPs, Health Visitors, schools and hospitals.

## What are the Risk Factors?

### Adverse Childhood Experiences (ACEs)

Adverse childhood experiences include a range of risk factors that impact on a child, including neglect or abuse. They are one of the strongest predictors of poor health and social outcomes in adults.



#### Adverse childhood experiences

The term adverse childhood experiences (ACEs) incorporates a wide range of stressful events that children can be exposed to. These include harms that affect the child directly, such as neglect and physical, verbal and sexual abuse; and harms that affect the environment in which the child lives, including exposure to domestic violence, family breakdown, parental loss, and living in a home affected by substance abuse, mental illness or criminal behaviour. (Ford et al., 2016)<sup>21</sup>

Often risk factors occur together; particularly children living in a family affected by the 'toxic trio' of parental mental illness, substance misuse and domestic violence. Over a quarter (26%) of babies in the UK have a parent affected by one of these issues<sup>8</sup>.

**In over 70% of cases where a baby has been killed or seriously injured, at least one of parental mental health, substance misuse and domestic violence is present.**

Studies are increasingly exposing relationships between childhood trauma and the emergence of health damaging behaviours and poor health and social outcomes in adulthood<sup>22</sup>. Children and young people who witness and live with these stressful incidents are more likely to have low self-esteem, attachment issues and difficulties managing their emotions.

Individuals who experienced four or more Adverse Childhood Experiences have an increased risk of having poorer outcomes as adults<sup>22</sup>, as shown in the table below.

A person with 4 or more ACEs is:	At greater risk of:
4 x more likely to be a regular heavy drinker or smoker	Poor educational and employment outcomes
3 x more likely to be morbidly obese	Low mental wellbeing and life satisfaction
9 x more likely to be in prison	Involvement in recent violence
	Chronic health conditions



#### What do we need to do to minimise the impact of adverse childhood experiences?

- All agencies working with children and families to understand and recognise the risk factors for ACE and ensure early intervention and support for parents to minimise the impact on the child/ren

### Preventing ACEs in future generations could reduce levels of:

- Early sex (before age 16) by 33%
- Unintended teen pregnancy by 38%
- Smoking (current) by 16%
- Binge drinking (current) by 15%
- Cannabis use (lifetime) by 33%
- Heroin/crack use (lifetime) by 59%
- Violence victimisation (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Poor diet (current guidelines) by 14%

Break the cycle to prevent ACE in future generations

As adults, more likely to expose own children to ACE

### Adverse Childhood Experiences (ACE):

#### When a child experiences:

- Physical abuse
- Emotional abuse
- Sexual abuse

#### Or a child grows up with:

- Drug / alcohol misuse in household
- A household member incarcerated
- Witnessing domestic abuse
- Parents separated/divorced
- Mental illness in household

### 4+ ACE = as adults, increased risk of:

- Becoming a teenage parent
- Misusing drugs or alcohol
- Obesity
- Smoking
- Low mental wellbeing and life satisfaction
- Being hit or hitting someone
- Having a sexually transmitted infection
- Poor educational and employment outcomes
- Chronic health conditions
- Hospital admission
- Being in prison

Become vulnerable children and young people

## Breastfeeding Duration

The longer breastfeeding continues, the longer the protection lasts and the greater the benefits. Breastfeeding increases the level of attachment and the bond between mothers and their babies, as well as having health benefits for both the mother and child. The World Health Organization and the Department of Health recommend exclusive breastfeeding for the first six months of life.

## Promoting Breastfeeding

### Benefits of breastfeeding

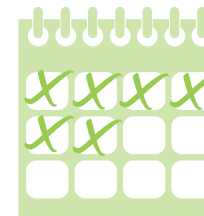
Breastfeeding has health benefits for the mother, and the longer she breastfeeds, the greater the benefits. Breastfeeding lowers the risk of:

- breast cancer
- cardiovascular disease
- osteoporosis (weak bones) in later life
- ovarian cancer
- obesity

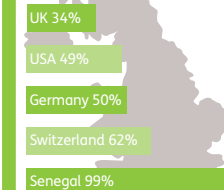
### The Department of Health recommends exclusive breastfeeding for the first 6 months

Breastfed babies have lower rates of:

- gastroenteritis
- respiratory infections
- sudden infant death syndrome
- obesity
- allergies



The UK has some of the lowest breastfeeding rates in the world. Rates of any breastfeeding until 6 months:



Breastfeeding initiation rates have fallen slightly and the rate of breastfeeding at 6-8 weeks after birth have remained fairly steady in Central Bedfordshire over recent years and are now better than the national levels:

- In 2014/15, 76.4% of mothers initiated breastfeeding, which compared to the England average of 74.3%
- In 2015/16, 46.8% of mothers continued to breastfeed to 6-8 weeks, which is higher than the England average of 43.2%.

There is still work to do, as there is significant variation across Central Bedfordshire. Ward level data shows breastfeeding continuation rates at 6-8 weeks ranged from 22.7% to 62.6% in 2015/16.



### What do we need to do to protect against childhood diseases?

- Ensure effective call/recall and chase up systems to ensure completion of recommended doses of all childhood vaccinations.

### Preventable Childhood Diseases

Antenatal and new-born screening is part of routine maternity care. Through the robust programme provided locally it can help prevent infection of the new-born child and ensure appropriate care is made available. The antenatal and new-born screening timeline<sup>23</sup> goes from pre-conception to 8 weeks after birth.

In 2015/16, both Bedford and Luton & Dunstable Hospitals reached national standards for pregnant mothers and new-borns screened. The only exception was the new-born hearing assessment at Bedford Hospital, which at 88.2% was better than England average but fell short of the national target of 90%.

Vaccination is recognised as one of the most effective public health interventions in the world and the UK has one of the best immunisation programmes. Coverage of over 95% protects the whole community, not just those vaccinated, by reducing the likelihood of infectious diseases being able to spread.

For most childhood immunisations, coverage in Central Bedfordshire is over 95%. The exceptions in 2015/16 were the 2 year-old pneumococcal vaccine (PCV) uptake (94.8%) and 2 year-old Measles/Mumps/Rubella (MMR) uptake (94.0%). There is a further fall off in the preschool vaccinations for Diphtheria/Tetanus/Pertussis/Polio (DTaP/IPV) (91.7%) and MMR (90.9%), offered at around 3 years 4 months. Measles can be fatal but uptake of MMR continues to be affected by a public scare based on a flawed study.

## Importance of Immunisation

 8 weeks Age due	<b>Diseases protected against</b> 1st dose of 5 in 1 Diphtheria, tetanus, pertussis (whooping cough) polio and Haemophilus influenzae type b (Hib) 1st dose of Pneumococcal (13 serotypes) 1st dose of Meningococcal group B (MenB) 1st dose of Rotavirus gastroenteritis
 12 weeks	<b>Diseases protected against</b> 2nd dose of 5 in 1 Diphtheria, tetanus, pertussis polio and Hib Meningococcal group C (MenC) 2nd dose of Rotavirus
 16 weeks	<b>Diseases protected against</b> 3rd dose of 5 in 1 Diphtheria, tetanus, pertussis polio and Hib 2nd dose of MenB 2nd dose of Pneumococcal (13 serotypes)
 1 year	<b>Diseases protected against</b> Hib and MenC Booster dose of Pneumococcal (13 serotypes) 1st dose of Measles, mumps and rubella (German measles) Booster dose of MenB
 2 years	<b>Diseases protected against</b> Influenza (each year from September from age 2 to 6)

## How is Central Bedfordshire Performing?

The most recent compiled and published data as of November 2016

Indicator	Central Bedfordshire	England Average	Aiming for the Best: 95th centile
New-born Blood Spot Screening Coverage (2014/15)	97.9% *	95.8%	99.6%
New birth visits within 14 days by Health Visiting (2015/16)	88.4%	87.0%	95.1%
Breastfeeding: initiation (2014/15)	76.4%	74.3%	90.8%
Breastfeeding: 6-8 weeks (2015/16)	46.8%	43.2%	65.4%
ASQ-3 (Ages and Stages Questionnaire-3) age 2-2½ (2015/16)	100%	81.3%	100%
MMR two doses by age 5 (2014/15)	92.4%	88.6%	95.4%
Early Years Foundation Stage: good level of development at age 5 (2015/16)	68.5%	69.3%	75.8%
Domestic abuse incidents (2014/15)	21.4 ** per 1,000 population	20.4 per 1,000 population	14.8 per 1,000 population

\* Bedfordshire CCG level: covers both Bedford Borough and Central Bedfordshire

\*\* Local police area i.e. Luton, CBC and BBC combined

We are falling short of the national average in the Early Years Foundation Stage: 'good levels of development' and instances of domestic abuse. However, as the domestic abuse indicator includes both Luton and Bedford the rate for Central Bedfordshire might be lower than this. We could be performing better in new-born screening, new birth visits by a Health Visitor, breastfeeding, and childhood immunisations.

### How Can We Improve?

1. All individuals working with children need to be skilled to recognise the key risk factors, including Adverse Childhood Experiences, share information and work effectively with partner organisations and families to address challenges.
2. We must all ensure parents and carers of children under 5 have access to early support, to act as their child's first teacher and access free early education places when needed.
3. All organisations should strengthen integrated working and develop skills across early years and health to ensure children and families are identified and offered support earlier, including through effective use of the Early Help Assessment and implementation of the Integrated Two Year Review.
4. Health and early years providers must ensure consistent messages are provided to promote breastfeeding, bottle hygiene, smoke-free environments and immunisation uptake.

### Call to Action

We need a highly skilled and motivated Early Years workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences, sharing information and referring to services where appropriate.



# Snapshot of Health of our 5-19 year olds



## Central Bedfordshire children levels of obesity -

7.1% at age 4-5 years and 15.8% at age 10-11 years (2015/16)  
NHS Digital



16.4% i.e. 1 in 6 children have a decayed, missing or filled tooth by the age of 5 years

Public Health England, Child Health Profile 2016

85 girls aged between 15 and 17 years became pregnant during 2014. The rate in Central Bedfordshire is 18.8 per 1,000 is similar to the England rate

Joint Strategic Needs Assessment, Central Bedfordshire

A Central Bedfordshire survey of school children (2014) found that 97% of 12-13 year olds and 71% of 14-15 year olds have never smoked.

School Health Education Unit (SHEU) Health Behaviour Survey 2014

94.3% of girls

in school year 8 have received the Human Papilloma Virus (HPV) vaccine



South Essex Partnership Trust

14 children aged under 18

admitted to hospital for alcohol specific conditions each year



Public Health England, Child Health Profile 2016



An estimated 3,225 children

in Central Bedfordshire aged 5-16 years and 1,640 16-19 year olds have a mental health disorder

The biggest worries for 8-11 year olds were reported to be: being bullied, healthy eating and school work/exams and tests. The biggest worries for 12-16 year olds were reported to be: school work/exams and tests; the way they look and careers and jobs.

School Health Education Unit (SHEU) Emotional Health and Wellbeing Survey 2015



75% of 8-11 year olds and 60% of 12-16 year olds in Central Bedfordshire reported that they feel 'quite happy' with their life at the moment

Public Health, Central Bedfordshire

A Central Bedfordshire survey of school children (2014) found that 5% of 10-11 year olds, 11% of 12-13 year olds and 29% of 14-15 year olds had at least one alcoholic drink the week before the survey.



25 15-24 year olds admitted to hospital for substance misuse

Public Health England, Child Health Profile 2016



# Section 3: The School Years

## Why is this Period Important?

Over the past 10 years there has been significant research emerging around young people's brain development. Puberty is a time of a major 'second wave' of brain activity where the brain is developing its skills to make decisions, empathise and reasoning<sup>24</sup>. At the same time, the body achieves its maximum potential for fitness, physical strength and reproductive capacity. This is a crucial time to embed healthy behaviours and minimise risky ones.

## What are we Aiming for?

There is good evidence that a key approach to promote health and wellbeing is to strengthen children's social and emotional skills and build resilience. This can be achieved by strengthening health assets (protective factors) around the child.

**For children, better social and emotional skills, communication, the ability to manage your own behaviour and mental health mean a stronger foundation for learning at school, an easier transition into adulthood, better job prospects, healthier relationships and improved mental and physical health.** Early Intervention Foundation (2016)<sup>25</sup>

Adolescence is recognised as the most significant time for introducing behaviours that can have long term health impacts, for example smoking, substance and alcohol misuse. Health during adolescence is strongly linked to educational outcomes, including attainment and employment.

- **Pupils 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**
- **The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn**
- **A positive association exists between academic attainment and physical activity levels of pupils.**

(Public Health England, 2014)<sup>26</sup>

## Improving emotional health and wellbeing and building resilience

The 2014 Director of Public Health report focused on mental health; an update can be found in Section 5. This section looks at broader emotional health and wellbeing. Good emotional health and wellbeing amongst children and young people promotes healthy behaviours, good attainment and helps prevent behavioural and mental health problems.<sup>27</sup>

## What does good emotional health look like?

- Good thinking skills
- Healthy secure relationships
- Ability to regulate own emotions
- Good self-efficacy and self-esteem

Action for Children (2007)<sup>28</sup>



Most children and young people are part of happy and healthy families, and their parents/carers are the providers of their emotional support. Sometimes though, children and young people need support. The results of the 2015 Central Bedfordshire Schools' Emotional Wellbeing survey tell us that most children and young people are happy most of the time<sup>29</sup>.

## Emotional wellbeing



**75%**

of pupils aged 8-11 years old said they are 'quite a lot' or 'a lot' happy with their life at the moment.



**70%**

of male pupils and **50% of female** pupils aged 12-16+ years said they feel at least 'quite' happy with their life at the moment.



**4%**

of pupils aged 8-16+ years old said they are 'not at all happy' with their life at the moment



**13%**

of pupils aged 8-11 years old said that they find it hard to concentrate on anything due to worries



**10%**

of pupils aged 12-16+ years old said that they find it hard to concentrate on anything due to worries

Families, schools and local health and social care organisations have a vital role in helping children and young people to build resilience and supporting them through life's adversities.

**Our School Nursing Service reported that nearly half of the young people attending drop-ins are presenting issues around emotional wellbeing and anxiety. (2015/16)**

## We are aiming for children and young people to have good levels of resilience to enable healthy relationships and life choices

Central Bedfordshire's Whole School Review encourages schools and colleges to work towards a 'whole systems' approach, that prioritises the emotional health and wellbeing of children and young people. This is aligned to Public Health England's eight key principles to promote a whole school and college approach to emotional resilience, self-esteem and interpersonal skills.

### Eight key principles to promoting emotional health and wellbeing

## Emotional wellbeing



Source: PHE (2015) Promoting children and young people's emotional health and wellbeing: A whole school and college approach

## What are the Risk Factors?

### Excess Weight

Children with excess weight (either overweight or obese) are more likely to become overweight and obese adults, and have a higher risk of poor health, disability and premature mortality in adulthood. There is also a link between obesity and poor mental health in teenagers, with weight stigma increasing vulnerability to depression, low self-esteem, poor body image and maladaptive eating behaviours. Nationally, by age 11, almost a third of children are overweight or obese, and this proportion is predicted to rise if concerted action is not taken.

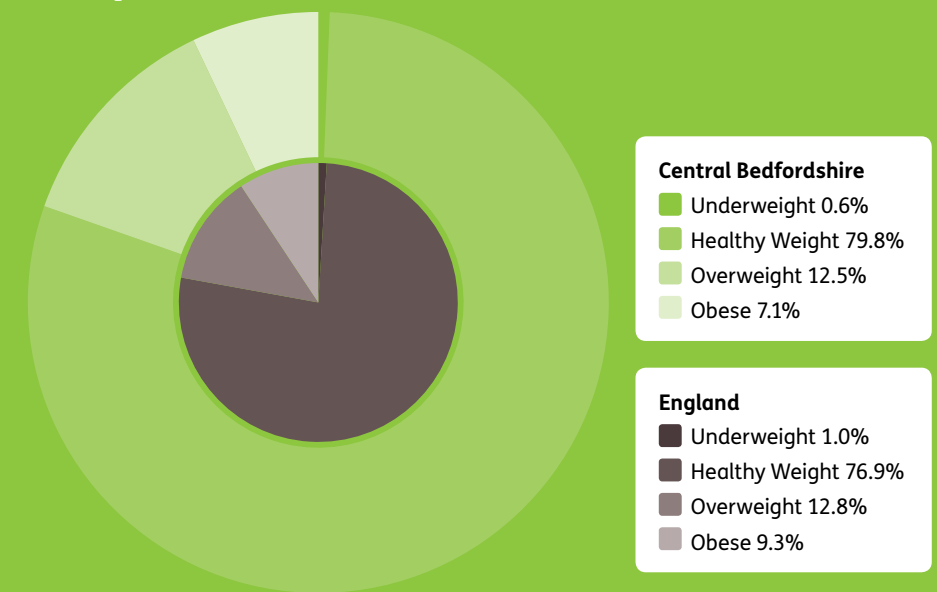
**Lower numbers of children who are overweight or obese would result in lower levels of a wide range of health problems, including diabetes, and could help improve educational and social outcomes.**

The National Child Measurement Programme (NCMP) weighs and measures children in their first year at school (Year R) and again in Year 6. The NCMP is used to identify children who are underweight, overweight and obese so that they can be offered support, as well as being used to monitor trends.

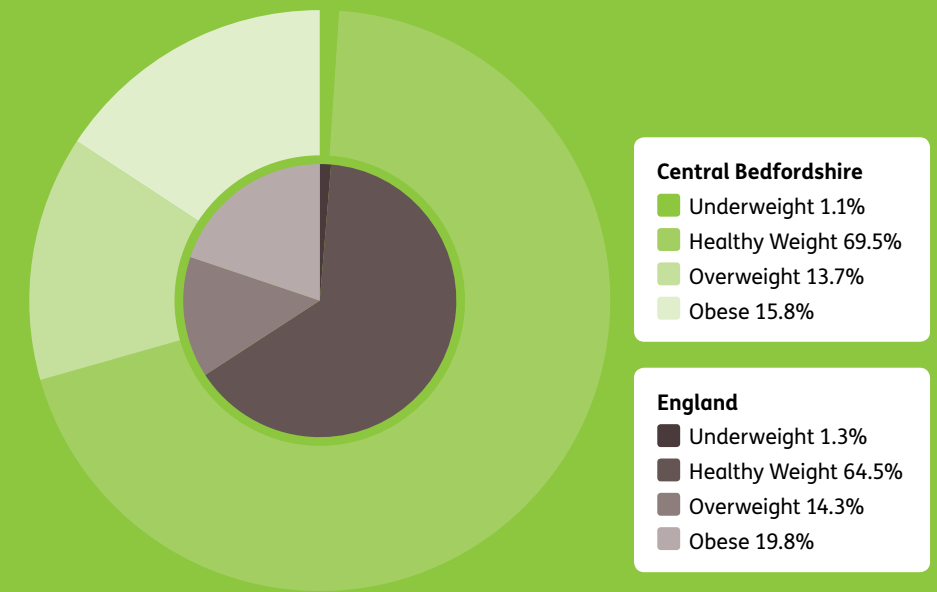
In Central Bedfordshire, 19.6% of Year R school children were overweight or obese ('excess weight') in 2015/16, compared to 22.1% in England. In school Year 6, 29.4% of children were of excess weight which was also below the England value of 34.2%. This contrasts the adult obesity levels in Central Bedfordshire, which is above the national average (although not significantly). Tackling childhood obesity, as a preventative measure, is a priority.

**In a recent survey of around 3000 12 -18 year olds in Central Bedfordshire, 33% reported that comments and attitudes of friends are one of the main things that affect the way they feel about themselves.**

## Reception (aged 4-5 years)



## Year 6 (aged 10-11 years)



As well as helping children and young people maintain a healthy weight, there is increasing evidence of the mental health benefits of exercise in children and young people. Regular activity helps children and young people to feel good about themselves and concentrate better, as well as many other benefits.

**BeeZee Families is an excess weight management service in Central Bedfordshire for overweight and obese children. The 16-week programme is designed to enhance self-confidence, increase activity levels and the practice of healthy eating. A group of specialists deliver sessions throughout the course to both parents and children.**

Beezee Bodies (2015)

Tackling excess weight requires a 'whole systems' approach, including health, local planning teams and education. Plans to create strong links with stakeholders to tackle obesity are formalised in the Central Bedfordshire Excess Weight Partnership Strategy 2016-2020 and Implementation Plan.

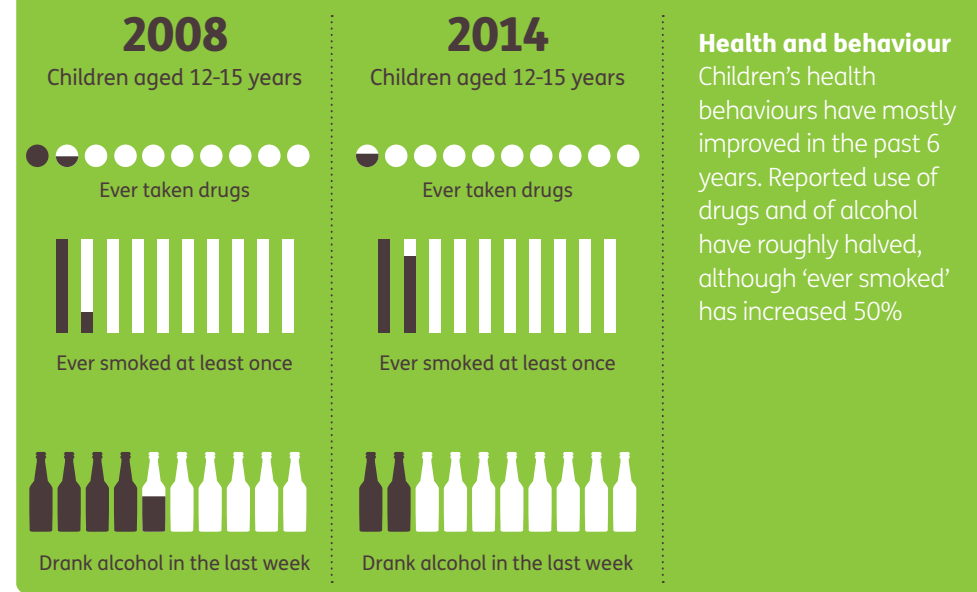
What do we need to do to ensure a healthy weight and promote physical activity?

- Create environments that promote physical activity and healthier lifestyle choices.
- Ensure excess weight is everybody's business by working in partnership, and by developing a workforce which is confident and competent in addressing excess weight.

## Reducing Health-Related Risk Taking Behaviours

Young people's risk taking behaviour is a public health concern due to the short and long term risks to health. It includes smoking, substance misuse and risky sexual behaviour. Whilst the majority of research is showing that risk taking behaviours amongst young people are on the decline, there seems to be an upward trend of children and young people experiencing poor emotional health. There is also evidence of a link between risk taking behaviours and poor mental health.

### Children's Health and Behaviour



Risky behaviours can 'cluster' and are linked to poor outcomes, such as low educational attainment, being bullied and emotional health problems<sup>30</sup>. Effective interventions during adolescence have the potential to reduce multiple risk taking behaviours.

## Smoking

Smoking continues to be a major cause of ill health, particularly heart and lung disease. Many people start smoking as adolescents and some will continue to smoke into adulthood. However, across England the number of young people who reported trying smoking has fallen and is now at the lowest levels since 2003<sup>31</sup>.

Local data tells us that the majority of young people do not smoke and there are fewer young smokers compared to the England average; however, there has been an increase in 'ever smoked at least once' and a significant number are affected by second-hand smoke. Findings from a Schools Health Education Unit (SHEU) Health Behaviour Survey conducted in Central Bedfordshire Schools<sup>32</sup> in 2014 found:

- 97% of 10-11 year-olds, 93% of 12-13 year-olds and 71% of 14-15 year-olds reported that they have never smoked

**School Nurses are trained to deliver Level 2 smoking advice; which is delivered in drop-ins. Bedfordshire Stop Smoking Service specialist advisors offer free advice and support across Bedfordshire**

## Alcohol and Substance Misuse

Drug and alcohol misuse can have significantly harmful impacts on young people, beyond the immediate effects. This can affect educational outcomes, employment, relationships, and increase the likelihood of criminal behaviour.

The England survey<sup>31</sup> reported that 16% of pupils aged 11-15 years had taken drugs at least once; cannabis was the most likely drug to be used. In our local schools' survey data (2014) 1% of 12-13 year-olds (Year 8) and 11% of 14-15 year-olds (Year 10) reported that they had 'taken an illegal drug in the last year'.

Data for England also showed that there has been a downward trend in the number of young people who drink alcohol. This was reflected in our local schools' survey data in 2014. Hospital admissions due to i) alcohol related conditions in under 18 year olds and ii) substance misuse in 15-24 year olds are relatively rare but are a useful indicator as the 'tip of the iceberg' of use.

- For under 18s, the hospital admission rate due to alcohol specific conditions is 24.2/100,000 and is significantly better than the national average of 36.6/100,000. (2012/13-2014/15)
- For 15-24 year olds, the rate of hospital admissions due to substance misuse is 85.3/100,000, which is similar to the national average of 88.8/100,000 (2012/13-2014/15)

**Aquarius (previously CANYP) Bedfordshire offers a range of support, information and advice to young people aged between 5 and 18 who use drugs and/or alcohol and also supports young people affected by someone else's use.**

## Sexual Health

As young people become sexually active they are at risk of sexually transmitted infections (STIs), such as chlamydia, gonorrhoea or HIV, and unintended pregnancies.

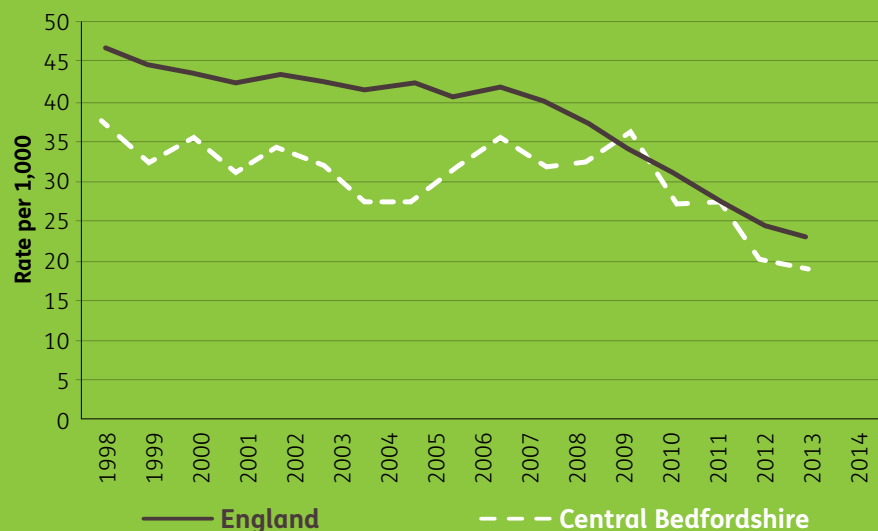
Chlamydia is the most common, curable sexually transmitted infection in the UK. If left untreated it can result in pelvic inflammatory disease and infertility. The national Chlamydia screening programme for 15-24 year olds seeks to improve detection and offer treatment. While the detection rate and numbers being screened in Central Bedfordshire are below those recommended by PHE, positivity is within the recommended range (5-12%); therefore, the local programme is an effective approach in detecting positive cases. Treatment and partner notification levels are optimal resulting in fewer untreated infections circulating in the community.

In **Central Bedfordshire** there were:

- 1,252 new diagnoses of Chlamydia infection per 100,000 people aged 15–24 in 2015, significantly lower than the England average of 1,887/100,000.
- 483 new diagnoses of sexually transmitted infections per 100,000 people aged under 25 in 2015. This is significantly lower than the England average of 815/100,000

**There is school based sexual health provision in the majority of upper schools in Central Bedfordshire. Targeted outreach work is delivered to young people identified as more vulnerable, this includes looked after children, young people from areas of high teenage pregnancy and young people not in employment, education or training.**

### Under 18 conception rates 1998-2014



Teenage pregnancy is a complex issue, affected by personal, social, economic and environmental factors. Under-18 conception data is used to monitor rates;

it includes all conceptions that result in either a live birth or abortion. Since 1998 there has been a 51% reduction in under 18 conceptions across England.

In **Central Bedfordshire**:

- The 2014 conception rate amongst under 18s was 18.8 per 1,000 (actual number 85), which is a decrease from the 2013 rate of 19.9 per 1,000 (actual number 92). Overall there has been a downward trend in rates in Central Bedfordshire since 2010<sup>33</sup>.
- This is lower than the England rate of 22.8 per 1,000,
- There were 2 higher rate wards in 2012–2014: Northfields and Manshead

**ASPIRE is a school-based programme, which is commissioned to raise levels of self-esteem and aspirations in pupils who had been identified as vulnerable or high risk; this is part of a wider aim to continue to reduce teenage pregnancy and to improve young people's health and well-being.**

The Framework for Sexual Health Improvement<sup>34</sup> recommends that in order to reduce teenage conception rates, improve sexual health and support young people to develop healthy and safe relationships, it is vital to have the provision of high quality comprehensive sex and relationships education (SRE) in schools and youth settings delivered by trained educators. This should be complemented by open discussion with parents/carers, and the provision of easy access, young people friendly, sexual health and contraception services.

To support young parents there is a Support Pathway for Parents Under 20 in Central Bedfordshire. The pathway offers all pregnant women under the age of 20 a range of support to improve their own outcomes, their partners and their child's.

## How is Central Bedfordshire Performing?

The most recent compiled and published data as of November 2016

Indicator	Central Bedfordshire	England Average	Aiming for the Best: 95th centile
15 year olds eating 5 fruit or vegetables a day (2014/15)	48.2%	52.4%	62.3%
Year R children overweight and obese (2014/15)	19.6%	22.1%	17.9%
Year 6 children overweight and obese (2014/15)	29.4%	34.2%	28.0%
Pupil absence: percentage of half days missed (2014/15)	4.75%	4.62%	4.1%
Not in Education Employment or Training (NEET): 16-18 year olds (2015)	3.1%	4.2%	2.0%
Chlamydia detection rate (2015)	1,252 per 100,000 aged 15-14	1,887 per 100,000 aged 15-14	3,558 per 100,000 aged 15-14
Smoking prevalence at age 15 (2014/15)	7.1%	8.2%	4.4%
Hospital admissions: alcohol-specific conditions, crude rate (2012/13 – 2014/15)	24.2 per 100,000 under 18	36.6 per 100,000 under 18	15.3 per 100,000 under 18
Hospital admissions: substance misuse (directly standardised rate) (2012/13 – 2014/15)	85.3 per 100,000 aged 15-24	88.8 per 100,000 aged 15-24	44.5 per 100,000 aged 15-24
Hospital admissions: mental health conditions, crude rate (2014/15)	73.4 per 100,000	87.4 per 100,000	39.8 per 100,000
Rate of hospital admissions caused by injuries in children (2014/15)	108.8 per 10,000 aged 0-14 years	109.6 per 10,000 aged 0-14 years	68.2 per 10,000 aged 0-14 years
Hospital admissions as a result of self-harm in children (2014/15)	358.9 per 100,000 aged 10-24	398.9 per 100,000 aged 10-24	150.9 per 100,000 aged 10-24
First time entrants to youth justice system (2015)	207 per 100,000 aged 10-17	369 per 100,000 aged 10-17	202 per 100,000 aged 10-17

We are falling short of the national average in pupil absence, Chlamydia detection rate and teenagers eating 5-a-day. We could be performing better in all of the above indicators compared to the best 5% in the country. In particular, we have improvements to make in the mental health outcomes of our children and young people.

## How Can We Improve?

1. Senior Leadership Teams in schools, working with governors, partner agencies and parents, must support pupils, particularly those at risk of poor outcomes, to develop positive relationships, healthy lifestyles and resilience. This will need to be delivered through a whole school approach with access to support, resources and curriculum time.
2. We must all help parents, carers and families to build emotional resilience in children and young people to develop the healthy behaviours that will continue in adult life.
3. All organisations need to support the implementation of the Central Bedfordshire Excess Weight Partnership Strategy 2016-2020 to address childhood and adult excess weight.
4. Providers must tackle risky behaviours by supporting parents and families and informing children of the impacts.



### Call to Action

Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.



# Snapshot of Health outcomes of vulnerable children and young people



Children in care are **4 times more likely** than their peers to have a mental health difficulty

Office of National Statistics (2015)

**Young carers could be looking after a parent who is alcohol or drug dependant**

Young carers have significantly lower educational attainment at GCSE level Department of Health (2014)



## Living in a household with domestic violence and abuse:

- impacts on the child's mental, emotional and psychological health and their social and educational development.
- affects their likelihood of experiencing or becoming a perpetrator of DV&A as an adult, as well as exposing them directly to physical harm

Public Health, Central Bedfordshire



**Children in care** are less likely than their peers to do well at school.

Department for Education (2014)



**Children with learning disabilities are six times more likely to**

have mental health problems than other children. CHIMAT (2011)

**Children living with a parent with mental health problems are more likely to develop mental health problems themselves.**

Better Mental Health for All 2016

**Children who are sexually exploited are more likely to be affected by:**

- teenage parenthood
- failing examinations or dropping out of education altogether
- mental health problems
- alcohol and drug addiction
- criminal activity

CHIMAT (2011)

**Mothers under 20 are:**



**22% more likely** to be living in poverty at age 30 and less likely to be employed or living with a partner

**20% more** likely to have no qualifications at age 30. Of all young people who are not in education, employment or training, 15% are teenage mothers

**Young fathers** are more likely to have poor education and have a greater risk of being unemployed in adult life



Central Bedfordshire Joint Strategic Needs Assessment



**Children and young people in the criminal justice system** are far more likely to experience mental health problems than their peers

Department of Health (2014)

**Children who offend**

**have health, education and social care needs**, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour

Prison Reform Trust / Young Minds

# Section 4: Vulnerable Children and Young People

## Why Is This Group Important?

Identifying children and young people with vulnerabilities and strengthening professional curiosity.

**Being professionally curious means looking to identify indicators of neglect and not being reliant on legal thresholds alone. Professionals should instead explore the significance of one or a number of indicators of neglect when investigating an incident in a home setting or elsewhere.** (National Multi Agency Child Neglect Strategic Work Group. October 2015)

Vulnerable children and young people are those facing additional challenges that can impact negatively on their lives. They may be at risk of harm and face poorer outcomes unless they are offered support through early intervention. The risk factors are broad and often interrelated, so understanding and recognising when a child or young person is at risk relies upon a culture of professional curiosity across all services. It is also crucial that there are appropriate referral mechanisms in place and that these are understood by all.

While there are statutory responsibilities for some, including those in social care and those with special educational needs and disabilities (SEND), there are many who are not in the social care system with warning signs that they are becoming at risk of harm. All agencies working with children are required to meet the requirements of the statutory guidance Working Together to Safeguard Children<sup>35</sup>. This clearly states the importance of early identification and intervention.

## What Are We Aiming For?

### Implementing the Early Help Offer

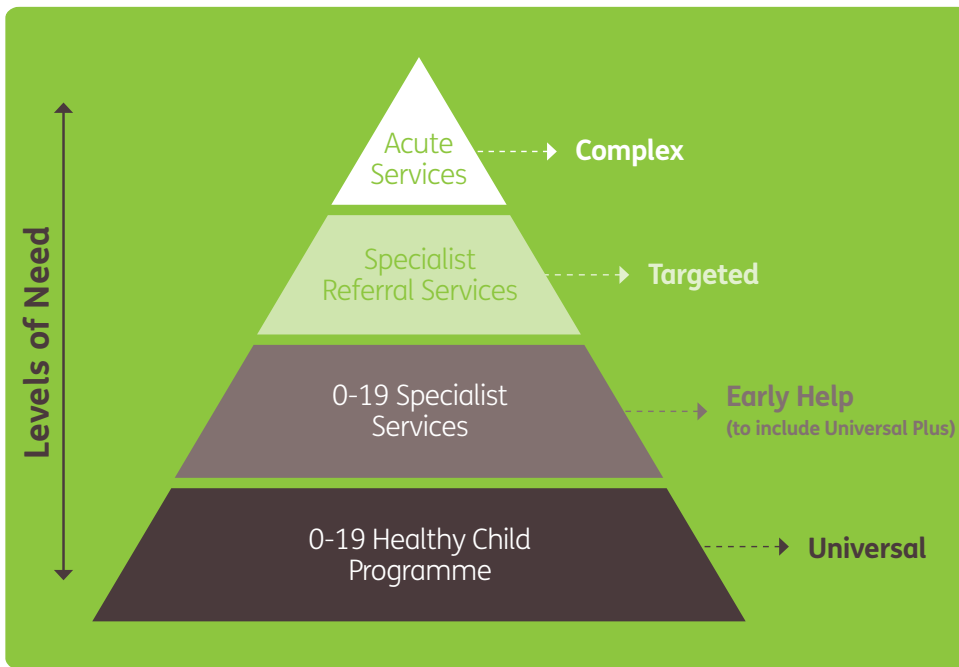
The range of risk factors affecting vulnerable children and young people indicates the varied response and support that may be needed.

### Children and Young People Needs Assessment (2015)<sup>2</sup>

It should not be the expectation that our vulnerable children and young people will experience poorer educational and health outcomes in Central Bedfordshire. Across all partners we want to ensure that all children, young people and their families receive the care and support they need in order to thrive, regardless of their circumstances.

Every child, young person and family will access universal services over their lifetime, through the delivery of the Healthy Child Programme; however, some will need additional support. The diagram on page 32 illustrates the different levels of need and the corresponding health services that are offered.

Early help means, as a partnership, we will identify and provide support to a child, young person or family, as soon as a difficult situation surfaces. Early help is especially important for the particularly vulnerable groups, to tackle emerging problems as soon as possible and prevent their situations becoming more serious. Narrowing the gap in outcomes for vulnerable children and young people needs a long-term focus.



## How Can We Improve?

Learning from serious case reviews, local inspections, case conferences and reviews have identified that we will have a dramatic impact on the outcomes for children and young people if we strive collectively to improve the following:

### Theme 1: Role of the professional working effectively in partnership

- Ongoing professional curiosity
- Up to date training to identify signs, risk factors (including Adverse Childhood Experiences that may affect parent/carer) and safeguarding
- Effective referrals and confidence to escalate issues when appropriate
- Role of the father (positive or negative)
- Understanding and respecting the roles and responsibilities of other professionals
- Understanding statutory responsibilities for safeguarding and SEND

### Theme 2: Embedding the voice/experience of the child and family in decision making

- Involving and acting on :
  - Voice of the child – verbal and pre-verbal
  - Voice of the father
  - Voice of the wider family and community

### Theme 3: Consistent and effective organisational processes and systems

- Systems in place to enable efficient and effective information sharing
- Effective supervision
- Ongoing tracking – including being clear of ongoing responsibilities when another professional/agency is involved
- Effective pathways in place e.g. late booking
- Accurate records to identify “hidden” children – including those home schooled and privately fostered
- Mutual understanding that an escalation process is not a sign of failing

## What Are The Risk Factors?

Vulnerable young people can be:

- **Disabled and have specific additional needs**
- **A young carer**
- **Have special educational needs**
- **Showing signs of engaging in anti-social or criminal behaviour**
- **In challenging family circumstances such as substance abuse, adult mental health problems and domestic abuse**
- **Those returned home to their family from care**
- **Showing early signs of abuse and/or neglect.**
- **A Looked After Child (LAC)**
- **A young parent**
- **At risk of/experienced Child Sexual Exploitation (CSE)**
- **At risk of/ been a victim of Female Genital Mutilation (FGM)**
- **An asylum seeker, refugee or new migrant**

Working Together to Safeguard Children (2015)<sup>35</sup>

## What do we need to do to support our vulnerable young people?

1. System-wide partners working with young people and families must use learning from reviews, audits and inspections to improve practice, monitored by the Central Bedfordshire Safeguarding Children Board.
2. Commissioning partners must agree measures of success in early identification of risks and vulnerabilities, and monitor these to improve outcomes.
3. All agencies must work in partnership to identify children and young people who are experiencing issues early to ensure they are able to access support, advice and opportunities to improve their health and wellbeing and enable them to reach their potential.
4. Organisations should offer shared training to develop professional curiosity and strengthen a consistent integrated approach.
5. All organisations must ensure that the broadest range of services and support are available to meet the needs of particularly vulnerable groups, in the most effective and cost efficient way.

### Call to Action

All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board.



# Section 5: Summary of progress against 2014 Director of Public Health Report

In 2014, the Director of Public Health Report focused on mental health and recommended a number of key actions to improve mental health and wellbeing in our population.

## Child and Adolescent Mental Health (CAMH)

One in ten children need support or treatment for mental health problems. This means that in a class of thirty school children, three will suffer with a mental disorder such as conduct disorders, anxiety, depression and hyperkinetic disorders (e.g. Attention Deficient Hyperactivity Disorder).

**Over half of all mental ill health starts before the age of 14 years, and 75% has developed by the mid-twenties.**

Joint Commissioning Panel for Mental Health (2015)<sup>36</sup>

In Central Bedfordshire it is estimated that:<sup>37</sup>

- 3,225 children aged 5-16 have a mental disorder, with a higher number seen in the 11-16 year old age group and in boys
- Amongst 16-19 year olds a further 1,640 will have a disorder

Poor mental health in during childhood and adolescence can have a number of consequences including:

- Greater risk of physical health problems
- Increased risk of disruption to education and school absence
- Poorer educational attainment
- Poorer employment prospects
- Increased risk of smoking, drug and alcohol use<sup>38</sup>

In 2014, the Director of Public Health Report focused on mental health, with a specific sub-section around children and young people. The three key recommendations to improve outcomes for children and young people were:

Recommendations	Rationale
Ensure excellent maternal mental health	Up to 20% of women develop a mental health problem during pregnancy or within the first year after having a baby. As well as the clear stresses for the mother, resultant poor bonding can disrupt the child's emotional development.
Helping children become more resilient	Once they reach school age, 1 in 20 children have developed a mental health problem. Positive and secure relationships with family and peers from an early age are vital for emotional and social development and resilience building.
Increase identification of children who are at risk of poor mental health earlier and ensure that they have access to appropriate services	Most children spend a high proportion of their waking lives in school and so the school ethos is vital. Supporting schools to take a 'whole school approach' to promoting mental wellbeing is a priority.

## Progress against the recommendations

Promoting resilience, emotional wellbeing and good mental health of children and young people is a priority across Central Bedfordshire. These priorities are expressed in the Health and Wellbeing Strategy 2012–2016, Children and Young People’s Plan 2015–2017, and Partnership Vision for Education 2015–2019. Progress has been made leading to changes in service delivery for children and extra capacity and capability across Children’s and Adolescent Mental Health Services (CAMHS).

In response to the Future in Mind report<sup>38</sup> the Bedfordshire and Luton Local Transformation Plan 2015–2020 set out the strategic priorities and service transformation plans for improving the emotional wellbeing and mental health for children and young people in Bedfordshire and Luton over the five year period.

In April 2016 East London Foundation Trust (ELFT) took over as the provider of mental health services across Bedfordshire and has implemented a new model for managing CAMHS services.

Additional funding has been made available for specific priority areas including: eating disorders, children’s psychological therapy programmes (IAPT), perinatal care and early intervention and crisis.

	Progress made since 2014
Perinatal Mental Health	Work to develop and enhance the perinatal mental health provision is underway. This will include additional specialist support within maternity units, improved signposting and access to support, as well as training in teams and wider multi-disciplinary working in both Bedford and Luton & Dunstable Hospitals.
Early Intervention and Schools	<p>Within Central Bedfordshire a CAMH Practitioner will provide advice and guidance to colleagues within the Early Help &amp; Intervention service as well as undertaking clinical work with families where mental health is an identified concern.</p> <p>Parents who need support will have access to the most appropriate parenting programme that will support them to be better parents. Across the system, the workforce will be trained to promptly recognise the need, and deliver the right intervention or access the most appropriate support.</p> <p>Following a pilot project, closer partnership working with core CAMHS and our local schools will be improved, through development of skills and practice to enable early identification of mental health issues and improved access to CAMHS when appropriate. This approach will ensure interventions are available at the earliest opportunity and that health needs are met before they escalate.</p> <p>Future in Mind CHUMS support: within primary schools in Bedford Borough and Central Bedfordshire, CHUMS are providing an offer for school clusters. There will be a named CHUMs worker linked to each school cluster through which the school can access advice, guidance and staff training.</p>

	Progress made since 2014 (continued)
Crisis Services	In association with the hospital Psychiatric Liaison Services (PLS), the CAMHS Crisis Service will provide a working hours and out of hours CAMHS mental health crisis assessment service which is responsive to meet a young person's and their family's needs in a crisis. The funding will be used to reduce waiting lists in year and deliver a 7 day service. This will reduce the number of people admitted into Acute Hospitals and Tier 4 placements.
Eating Disorders	<p>A dedicated specialist community eating disorder service for children and young people has been established across Bedfordshire and Luton. CAMHS teams are developing the workforce expertise to identify and support young people who are suffering from eating disorders, particularly the most common eating disorders, anorexia nervosa and bulimia nervosa.</p> <p>The majority of young people who have an eating disorder as their primary presenting problem treated by the existing CAMH services will now have access to this new service.</p>
Improving Access to Psychological Therapies	As part of our Children and Young People's Mental Health and Wellbeing services, Bedfordshire and Luton teams will increase access to Children and Young People's IAPT, operating an integrated model that ensures the use of trusted assessment and multi-disciplinary, flexible working to meet the individual needs of children and young people.

## Adults and Older People

People with mental health disorder have poorer physical health and often are subject to discrimination and stigma. Males with mental illness die on average 16 years earlier and women with mental illnesses die 12 years earlier than those without mental ill-health.

The **3 key recommendations** from the report to address mental health in adults and older people were to:

- Improve the physical health of those with mental health illness by ensuring good access to healthy lifestyle support
- Support employers to participate in workplace health initiatives and signpost to relevant resources
- Increase understanding of mental health and wellbeing and reduce stigma of mental health.

### Progress against the recommendations

	Progress made since 2014
Five Ways to Wellbeing	<p>The 'Five Ways to Wellbeing' campaign launched earlier this year to promote key mental wellbeing messages:</p> <ol style="list-style-type: none"> <li><b>1. Connect</b> – With the people around you; with family, friends, colleagues and neighbours.</li> <li><b>2. Be Active</b> – Discover a physical activity you enjoy that suits your level of mobility and fitness.</li> <li><b>3. Take Notice</b> – Be curious. Be aware of the world around you and what you are feeling.</li> <li><b>4. Keep Learning</b> – Try something new. Set a challenge you will enjoy achieving.</li> <li><b>5. Give</b> – Do something nice for a friend, or a stranger. Join a community group. Carry out a random act of kindness.</li> </ol>



	Progress made since 2014 (continued)
	<p>The campaign highlighted the close links between mental and physical health. The main aims were to:</p> <ul style="list-style-type: none"> <li>• raise awareness of the importance of the mental health and wellbeing and how small lifestyle changes can have a big impact upon living well for longer</li> <li>• encourage local residents to try something new, by changing behaviour to increase wellbeing</li> <li>• support residents who need specific help to seek advice and support from appropriate organisations</li> </ul> <p>Campaigns included press releases, messages through social media, internal communications within organisations, resident magazines, local libraries, the Job Centre, Mind, the Rufus Centre and Citizens Advice Bureau.</p>
Self-help guides	<p>NHS Bedfordshire CCG introduced self-help guides online with resources and links for various mental health conditions. The online tool is a set of 23 guides which are evidence based, written by clinicians and designed for members of the public.</p> <p>For more information visit: <a href="http://www.selfhelpguides.nth.nhs.uk/bccg/">http://www.selfhelpguides.nth.nhs.uk/bccg/</a></p>
Break the Stigma campaign	<p>The campaign was launched alongside World Mental Health Day to break the stigma associated with mental health issues.</p>
Mental Health Lite Training	<p>Public Health offered Mental Health Lite training to around 150 frontline staff members across Bedfordshire to raise awareness of mental health in the workplace and enable them to feel more confident to discuss mental health issues.</p>

	Progress made since 2014 (continued)
Workplace Wellbeing in Central Bedfordshire	<p>The management group within Central Bedfordshire Council is promoting workplace wellbeing to all employees through the Staff Wellbeing Action Programme (SWAP). An annual programme of wellbeing events has taken place for the last 2 years linked to 5 key public health priorities: 1. healthy eating and excess weight; 2. physical activity; 3. mental health; 4. Smoking; 5. Alcohol.</p> <p>There is an organisational development group to drive this agenda forward across the Council.</p>

## Call to Action

Commissioners and providers must work together to ensure that

- i) a comprehensive perinatal mental health pathway is in place. Parents at risk of mental illness during the perinatal period (pregnancy to the first year following birth) should be identified and timely support offered, including for the infant and wider family where appropriate.
- ii) all professionals working with children, young people and families are able to identify mental health issues and refer promptly to accessible, high quality mental health support at the appropriate level.

# Useful Documents

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## Local Documents

A full range of indicators related to child health can be found in the Joint Strategic Needs Assessments for Bedford Borough and Central Bedfordshire. Locality based reports of local child health are also available.

- Commissioning Community Health Services for Children and Young People in Bedford Borough and Central Bedfordshire (2015). Needs Assessment – Informing future priorities, plans and services for children and young people. Public Health Bedford Borough and Central Bedfordshire Councils (October 2015).
- Child Health Profiles: <http://www.chimat.org.uk/profiles>
- Joint Strategic Health Needs Assessment summaries, Central Bedfordshire Council: <https://www.jsna.centralbedfordshire.gov.uk/>
- Annual Safeguarding Report (CDOP & Serious Case Reviews) : <http://www.bedfordshirelscb.org.uk/lscb-website/home-page>
- Central Bedfordshire's School Surveys: <http://www.centralbedfordshire.gov.uk/children/health-wellbeing/info/articles-reports.aspx>

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