City and Hackney's integrated

Children and Young People's Emotional Health and Wellbeing Strategy

2021-2026

Supporting families across City & Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group
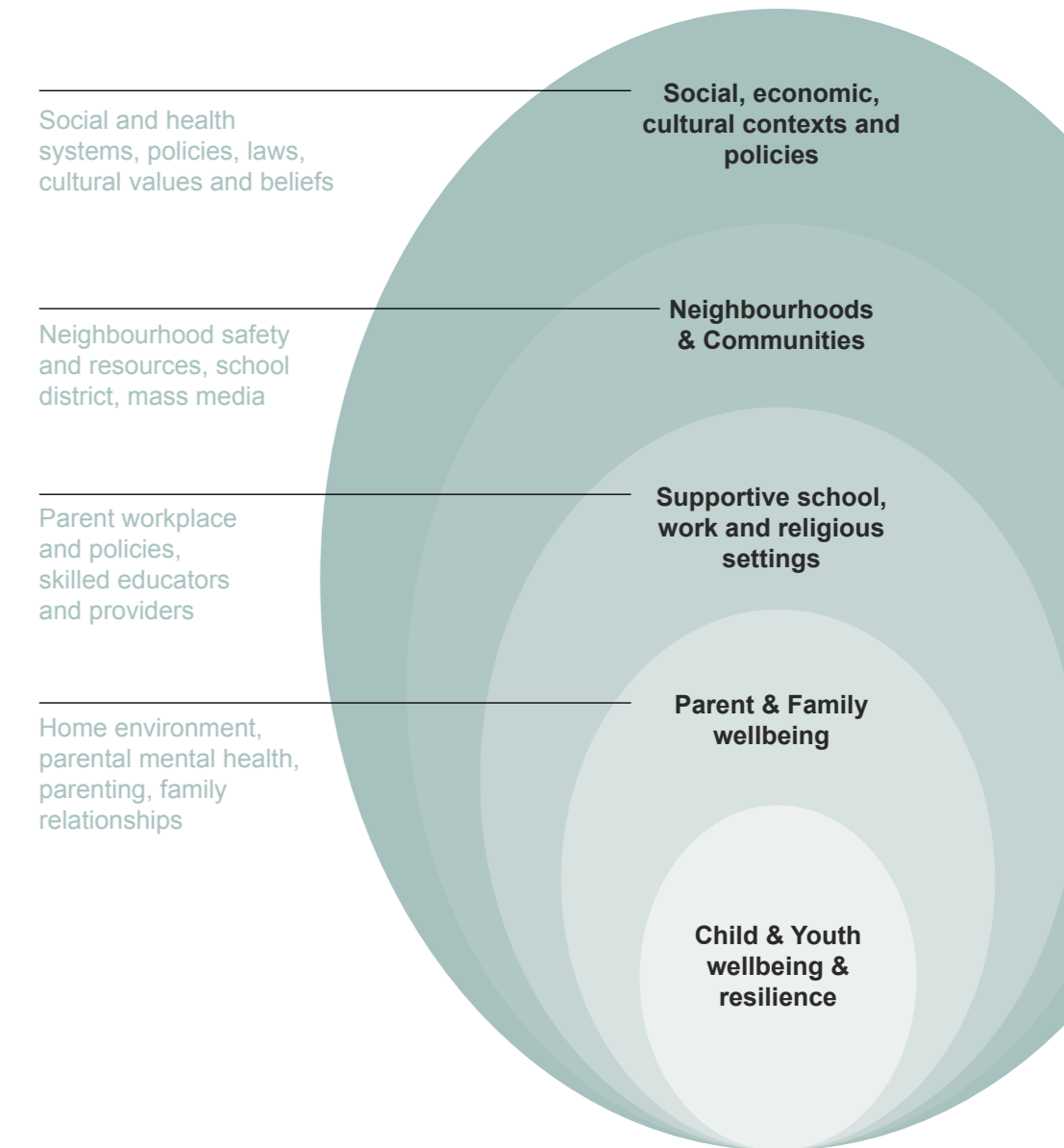
Hackney

Contents

Introduction

This is the first integrated children and young people's emotional health and wellbeing strategy for City and Hackney, bringing together the collective ambitions of all partners across health, social care and education. It demonstrates our commitment to ensuring that all children, young people and families are supported with the means to have good emotional health and wellbeing and to develop the resilience that will allow them to maintain this throughout their lives.

The strategy describes how we will build on efforts to date from partners in the ICP across The City of London and London Borough of Hackney to prioritise the emotional health and wellbeing of children, young people and families by taking a life course approach, addressing unmet and emerging needs in existing services and continuing to expand the support available whilst working towards further integration across the system.

It is informed by the local needs assessment and takes into account the particular needs of our diverse community, setting out the key overarching principles and objectives that underpin our action plan.

This strategy is aligned with the Joint Mental Health Strategy for City and Hackney (2019-2023), whose vision is that 'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.'

We acknowledge that prevention and the emotional health, wellbeing and resilience of children and young people spans wider than the single domain of NHS mental health services; it must also take account of social factors and the wider determinants of health including physical health, socio-economic, environmental and cultural influences.

Social and health systems, policies, laws, cultural values and beliefs

Neighbourhood safety and resources, school district, mass media

Parent workplace and policies, skilled educators and providers

Home environment, parental mental health, parenting, family relationships

Social, economic, cultural contexts and policies

Neighbourhoods & Communities

Supportive school, work and religious settings

Parent & Family wellbeing

Child & Youth wellbeing & resilience

Addressing these necessitates a whole system approach that brings together the NHS, local authorities, voluntary and community sectors and other partners to jointly commit to striving for change and recognising the responsibility each respective organisation has towards doing so.

There has been further influence from national policy in developing this document, such as the NHS Long Term Plan (2019) and Five Year Forward View for Mental Health (2015), in addition to the local policies and information (such as the JSNA; CAMHS Transformation Plan) from across partners to inform how a whole system approach should be developed, with a focus on specific areas where evidence tells us there is the greatest need within the local population and also where benefit can be derived for the overall wellbeing of the larger population.

There is no doubt that the structure of the local system is complex and this presents challenges that will take time to overcome. We are also aware of the need to consider the wellbeing and capacity of our workforce.

With the challenges of limited resources in mind and the uncertainties we face amidst rapid change, we must be ready to be flexible, creative and responsive, whilst also considering sustainability. We must find ways to support children, young people and families earlier, help them develop resilience and feel equipped to take care of their own wellbeing.

This strategy should be read alongside the following local strategies, policies, frameworks and plans:

- City And Hackney Mental Health Strategy (2019-23)
- City of London Children And Young People's Plan (2018-2021)
- Suicide Prevention Action Plan, City Of London (2016)
- Hackney Suicide Prevention Strategy
- Hackney Child Wellbeing Framework
- CAMHS Transformation Plan
- ChATR Approach
- Behaviour Advice: To Support Reviews Of School Behaviour Policies (2019-2020)
- Autism Strategy (2019-2024)
- SEND Strategy (2017-2020)
- Single Equality Scheme (2018-2022) and Mayors Priorities
- Young Black Men's Programme: The 'Improving Outcomes For Young Black Men Programme'
- Youth Justice Plan
- Hackney Violence Against Women And Girls Strategy (2019-2022)
- Healthy Communities Strategy (2018-2028)

We want every child and young person in City and Hackney to reach their full potential and have opportunities to be healthy, happy, safe, valued and prepared for adulthood.

Our vision is that…

all children and young people have positive relationships that allow them to develop their abilities and gain the confidence that will help them thrive.

Our Principles

We want every child and young person in City and Hackney to reach their full potential and have opportunities to be healthy, happy, safe, valued and prepared for adulthood.

Our vision is underpinned by the following principles:

1. Build awareness and work preventatively

We will work to embed emotional health and wellbeing on every agenda and across system partners, to build awareness of its importance and drive preventative working across the system.

This will develop awareness amongst both the wider workforce - being attachment aware and trauma informed in their approaches - but also amongst families, young people and communities as to how they can develop and maintain their own and others' emotional health and wellbeing.

Recognising the high degree of diversity seen locally the approach to preventative working will also extend to working with system partners to ensure an awareness of the influence that social and wider determinants of health, including socio-economic, environmental and cultural influences, can have on families and how that may interplay with and impact emotional health and wellbeing. In addition, preventative work with system partners will seek to directly address and reduce the impact of social and wider determinants of health.

2. Identify needs and intervene early

We will ensure professionals across the system make every contact with children, young people and families count and create a child friendly City and Hackney where needs relating to emotional health and wellbeing are identified early and met with support, also recognising that equality - rather than requiring every child and young person to be treated the same - necessitates treating them as individuals and offering support in a tailored way. At a system level, we will make best use of national and local evidence to review and inform how interventions are developed in a way that maximises effectiveness.

Working closely with our partners we will develop joint working across service boundaries to be able to respond to strengths in individuals, families, settings and communities and provide support in a way that empowers them and facilitates change, including in vulnerable groups. Informed by best practice we will strive to prevent, mitigate and reduce the impact of ACEs across the life course.

3. Understand and respond to local need to ensure that service design is influenced by young people, families and caregivers and frontline practitioners

We will proactively seek out and respond to the lived experiences of children, young people and families to jointly inform our service development, design and delivery, in conjunction with evidence that helps the needs of the local population be understood.

We will work in partnership to drive meaningful engagement, utilising different engagement and participation models to offer all groups a means for their voice to be heard, including those that are vulnerable or under-represented. The views and first-hand experience of the workforce will also be sought and integral to service design.

We will continue to reflect on, evaluate and learn from what we do to enhance and adapt existing provision, make local services responsive to need and informing strategic planning.

4. Take a life course approach from conception to adulthood to deliver equitable access, effective interventions and managed transitions

We will consider the journey of the child, young person and family as they transition through life and therefore local systems and services, providing a strong and evolving offer of universal and targeted services. This will ensure access to specialist evidence-based interventions for those that need it and place an emphasis on services working together to provide effective support to those with complex difficulties.

We will work towards the CAMHS Transformation vision that there 'will be no thresholds and no wrong doors to support a system that works beyond traditional health care settings extending into schools and the wider community', considering not only the intervention itself but also the way in which it can be delivered to maximum benefit, be that in community settings, digitally or in partnership with other services, utilising innovative approaches, a population based approach and the neighbourhood model of care to help us respond to needs equitably.
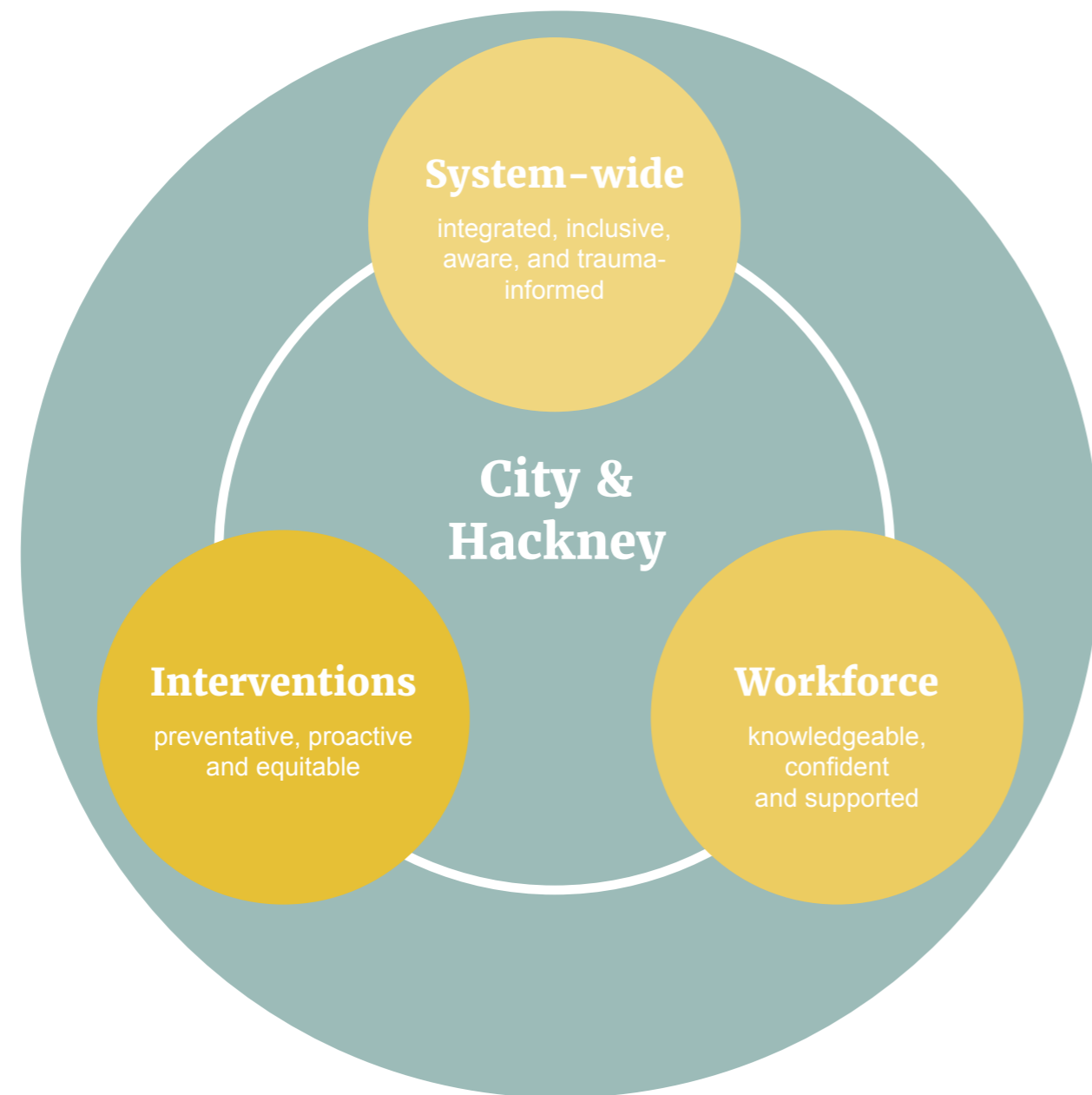
5. Make the best use of resources in a collaborative integrated system

We will continue to maximise working collaboratively in a partnership way across the system to build on existing services, partnerships and delivery models to ensure we align and integrate relevant parts of the system in order to strengthen the available provision and outcomes delivered.

In addition, we will extend this partnership working to the planning phases, facilitating shared intelligence that informs the way local services are designed and commissioned more effectively.

A whole systems approach

This strategy will drive and support the delivery of a whole systems approach to achieving the following overall objectives.

System-wide
integrated, inclusive, aware, and trauma-informed

City & Hackney

Interventions
preventative, proactive and equitable

Workforce
knowledgeable, confident and supported

We will..

- Work on the belief that all children and young people, including those in vulnerable groups and with SEND, are capable of and deserve to achieve good emotional health and wellbeing.

- Work on the premise that the child or young person's voice should be paramount.

- Ensure that children and young people are visible and 'seen' at all times.

- Work towards greater integration across services to deliver improved care that crosses traditional boundaries.

- Strive to provide continuity of care and consistent relationships between key workers and those that they support, particularly when vulnerable or requiring multi-agency input.

- Support the workforce across the integrated system to work collaboratively in a way that is attachment aware and trauma-informed to increase awareness of the importance of emotional health and wellbeing and to promote a preventative approach.

- Support the workforce to take a unified view of families and be aware of the wider context, for example by being poverty-aware, in a way that seeks to consider presentations holistically and avoid locating problems within individual parents or children.

- Ensure that vulnerability is considered in terms of risk factors that may be indicative of the potential to become vulnerable and protective factors that can mitigate this.

- Ensure that specialist services are in place where needed but also that planning and service design and delivery is inclusive of the whole population, including vulnerable groups and those with SEND and their families, providing all children and young people with equal opportunity to thrive.

- Review whole system working by looking critically at pathways, assessment tools and eligibility criteria to enable services to communicate with each other and make them easier to navigate.

- Make sure that the experiences of those who work in and use our services informs decision making and planning to continuously improve delivery.

- Work alongside system partners to change the social and wider determinants of health, including socio-economic, environmental and cultural influences, that interplay with and impact emotional health and wellbeing.

- Be vigilant in identifying disparities and structural inequalities that impact how service users access and experience services, as well as the outcomes of services, striving to make them fairer through working holistically and inclusively.

We will..

- Establish clear shared values where prevention, earlier intervention, reach and access are prioritised.

- Ensure that the workforce is equipped with the skills, resource and support they need to provide the children, young people and families they work with a sense of being heard, valued and effectively supported.

- Value our practitioners and recognise the challenges they may face, including resource limitations that may impact on their ability to do the important work they do, and develop ways of ensuring they can access practical support.

- Ensure practitioners are involved in planning and service design and development, to capture both their views of delivering the service and also their perception of the experience of children, young people and families.

- Recognise the emotional impact that working at the frontline can have and prioritise the health, welfare and wellbeing of our workforce by developing reflective practice and peer support approaches.

We will..

- Keep the journey and lived experience of each child and young person at the centre of all we do, taking a life course approach and working holistically to provide support at key moments where the opportunities to intervene successfully are the greatest.

- Take a relational and whole family approach to promote healthy relationships within families and the wider network around a child.

- Adopt an approach that ensures the needs of children and young people with SEND, and their families, are considered in every intervention and have equitable provision.

- Support parents, carers and families to build on their individual, family and community strengths developing their resilience and capacity for self-care to enable them to thrive without external interventions wherever possible.

- Continue to work with practitioners and families to support the early development of coping, self-regulation, communication and relational skills to promote healthy and positive expression of emotions in a way that seeks to prevent problems developing and reduces the need for statutory service involvement.

- Work together to target interventions more effectively across agencies when the unresolved difficulties of adults caring for children and young people may have become located in the child.

- Where multiple services are involved we will facilitate sharing of skills and experiences to develop approaches to risk and complexity that retain a focus on the needs of the child.

Wider Context

National policies and guidance place a strong emphasis on the need for prevention and early intervention and increasingly take a broader view of emotional health and wellbeing, encouraging adoption of a life course approach that not only considers the impact of social and environmental determinants but also how to achieve maximum impact across an individual's life and for future generations.

Key stages in the life course have particular relevance for the health of individuals and taking this approach acknowledges the importance of these stages, as well as the interplay between protective and risk factors and the extent to which a supportive environment can aid in developing and maintaining good health and wellbeing from both a physical and emotional perspective.[1,2]

Achieving good emotional wellbeing and mental health requires an ability to accept, process and respond to circumstances and events that will inevitably be difficult at times, in part through developing resilience within children and young people but also the adults and environment around them.

Resilient children are those that are able to develop and realise their potential, even when faced with adversity, as a result of the interaction with their surrounding environment. It should be acknowledged that resilience has a wider emphasis than that of just the individual; it is dynamic in nature.

Three fundamental building blocks underpin a resilient child and include: secure attachments; good self-esteem providing a sense of self-worth, and competence and self-efficacy (or a sense of self-mastery and control). Ensuring the resilience that allows children and young people to deal with and overcome adversity requires support to develop the skills of each individual, timely access to the right information; services when needed and adopting a system-wide approach that seeks to change the wider determinants of health inequalities.

"Individual potential shows that a service is trying to look out for you; potential is important as it shows hope…for someone to address that they believe in you when you access them"

Undoubtedly the most important component is having a stable relationship with at least one supportive parent, caregiver, or other adult.[3]

The quality of the relationships experienced in childhood have a lasting impact on emotional health and wellbeing and overall life chances; it is these first relationships that develop the capacity to relate, manage emotions and to learn, highlighting the influence that each person who comes into contact with a parent, child or young person, either in the capacity of caregiver or professional, has on the emotional wellbeing of that child or young person.

Supportive environments where caregivers and professionals are encouraged to think more holistically about emotional health and wellbeing - as it being wider than just the individual, and linked to physical health, education and relationships - are essential. This includes helping caregivers to get the input they need with their own difficulties as early as possible to minimise any impact on the children and young people they care for.

It is widely acknowledged that families living in poverty face additional challenges as they parent, which may be due to a combination of

1   Jacob, C.M. (2017). The Importance of a Life Course Approach to Health: Chronic Disease Risk from Preconception through Adolescence and Adulthood. *World Health Organisation* [online]. Available at: https://www.who.int/life-course/publications/life-course-approach-to-health.pdf

2   Public Health England, (2019). *Health matters: Prevention - a life course approach*. [online] Available at https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

3   Association for Young People's Health, (2016). *A public health approach to promoting young people's resilience*. [online] Available at: http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf

factors such as, but not limited to, physical living environment, lack of support, low income, their own physical or mental ill health, social isolation or emotional needs not being met.[4]

All of these can impact on the ability to parent to the best of their ability and create or maintain a nurturing environment that supports child development, and requires an awareness amongst professionals of the impact poverty and life experiences can have on families, how families interact with services and the support that may be needed.[5]

Mental health needs are also strongly driven by early life - it is estimated that 50% of mental health conditions are established by age 14 and 75% by age 24, highlighting the importance of awareness and early intervention to provide the necessary support that aims, where possible, to prevent more complex needs developing.[6]

Nationally, CAMHS have seen a 26% increase in referrals between 2013/14 and 2017/18 and, whilst the increase in demand is an encouraging sign that awareness of mental health issues is improving and the associated stigma lessening, it also points to the increasing extent to which support and intervention is needed.

Notably, although neurodevelopmental conditions are distinctive from mental health needs, they too have an early life onset and a chronic course whereby impairment often lasts into adulthood, also emphasising the importance of identification and support in childhood.[7]

Whilst emotional wellbeing and mental health are strongly linked it is important to recognise that the two are distinct. Equally, that both can be influenced by a range of behaviours; for example, research evidence suggests that by adopting 5 behaviours - connecting with people, being active, taking notice, learning and giving - the subjective wellbeing of individuals can be improved. Practically this can be encouraged through proactively developing healthy routines and practices around sleep, online activity and the importance of keeping physically and mentally active. Maintaining a balance of activities that encompasses those that give pleasure, a sense of achievement and closeness or connection can all help to reduce anxiety and maintain wellbeing.
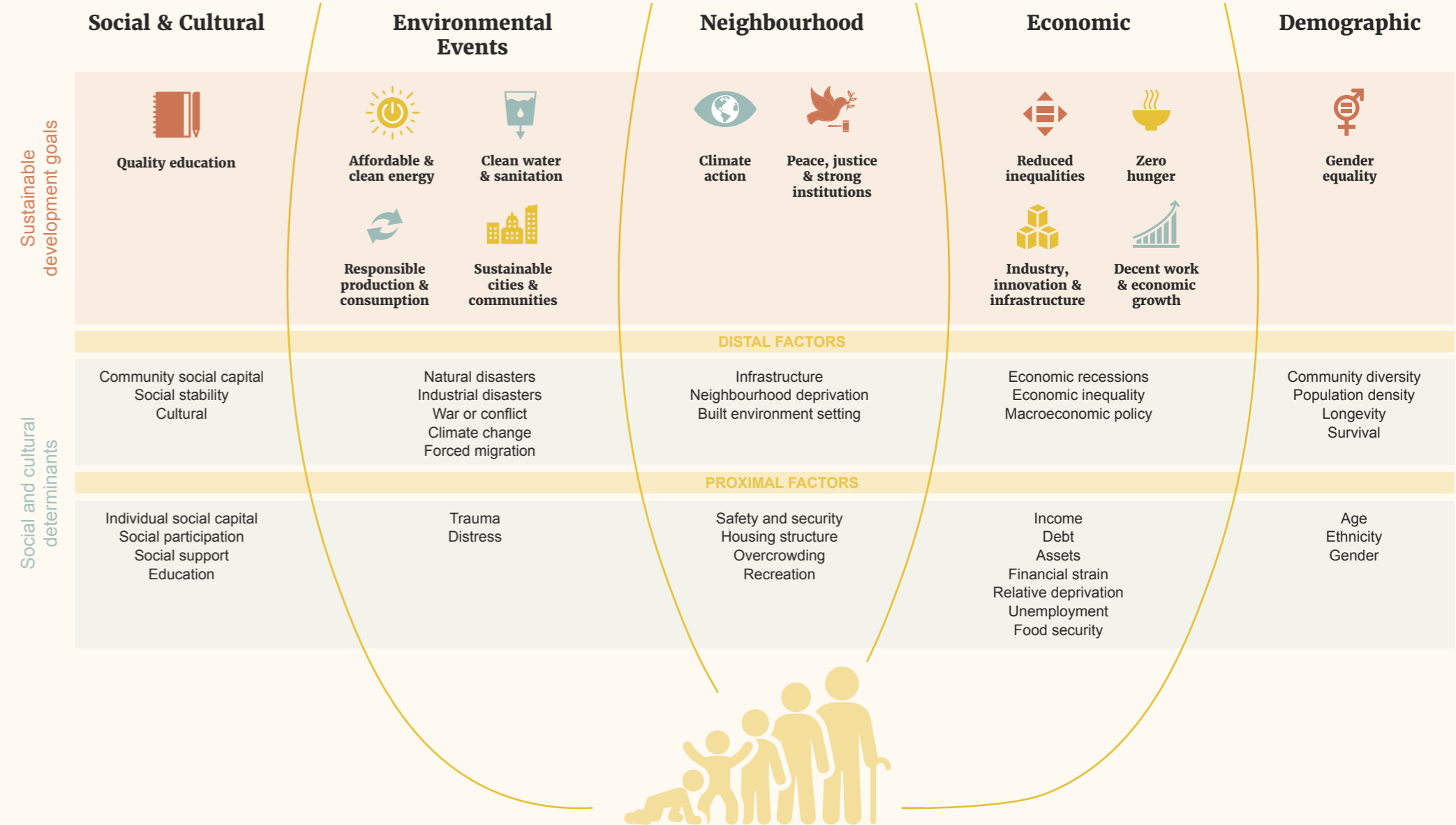
The wider determinants of health also have an important role to play and are considered to be the most important factor in ensuring a healthy population. Health is determined by complex interactions between individual characteristics, lifestyle and the physical, social and economic environment.

For example, economic hardship is highly correlated with poor health whereas increased levels of education are strongly related to improved health. The Marmot review '10 years on' reflected that progress has been made in early years development as evidenced by children's school readiness, but identified that clear socioeconomic inequalities persist. Nationally levels of child poverty are increasing, with over four million children affected.

It is known that the home, school, community and online environments in which children and young people live, learn and grow as they transition to independence also have an impact on their emotional wellbeing. Safe environments where residents are able to explore and participate in communities fully, and do not feel discriminated against or isolated, work in conjunction with the relationships surrounding a child or young person to build the emotional resilience that can mitigate the impact of early and later life adverse experiences.

Equally it should be noted that the social and cultural determinants associated with mental health will exert a differing level of influence dependent on whether they are considered to be distal or proximal.[8]

4   Katz, I. (2007). The relationship between parenting and poverty. Joseph Rowntree Foundation [online]. Available at: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-poverty.pdf

5   BASW and CWIP. (2019). Anti-poverty Practice Guide for Social Work [online] Available at: https://www.basw.co.uk/system/files/resources/Anti%20Poverty%20Guide%20A42.pdf

6   Kessler et al. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), pp. 593-602

7   Thapar, A. et al (2015). Rutter's child and adolescent psychiatry, Sixth edition. Wiley-Blackwell.

8   Lund, C., et al. (2018). Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. The Lancet Psychiatry, [online] 5(4), pp.357–369. Available at: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30060-9/fulltext [Accessed 10 Sep. 2019].

Influential factors for emotional wellbeing and mental health

	Social & Cultural	Environmental Events		Neighbourhood		Economic		Demographic
Sustainable development goals	Quality education	Affordable & clean energy / Responsible production & consumption	Clean water & sanitation / Sustainable cities & communities	Climate action	Peace, justice & strong institutions	Reduced inequalities / Industry, innovation & infrastructure	Zero hunger / Decent work & economic growth	Gender equality
DISTAL FACTORS								
Social and cultural determinants	Community social capital / Social stability / Cultural	Natural disasters / Industrial disasters / War or conflict / Climate change / Forced migration		Infrastructure / Neighbourhood deprivation / Built environment setting		Economic recessions / Economic inequality / Macroeconomic policy		Community diversity / Population density / Longevity / Survival
PROXIMAL FACTORS								
	Individual social capital / Social participation / Social support / Education	Trauma / Distress		Safety and security / Housing structure / Overcrowding / Recreation		Income / Debt / Assets / Financial strain / Relative deprivation / Unemployment / Food security		Age / Ethnicity / Gender

Local Context

The City of London and Borough of Hackney are both diverse local areas, with a high degree of variation seen even within small geographical areas.

Although children living in City and Hackney are reporting relatively good levels of happiness overall, there are a number of characteristics that differentiates the area from similar local authorities in London.

in more detail...

CITY OF LONDON [9,10,11]

- 1,453 0-18's, 17% of population
- 11% of children living in poverty
- 24 looked after children
- Approximately 40% of all residents are BAME (compared to 21% nationally)
- High proportion of unaccompanied asylum seekers amongst children in care and care leavers

HACKNEY [12]

- 63,655 0-18's, 23% of population
- 28% of children living in poverty
- 432 looked after children
- Approximately 40% of all residents are BAME
- One of the largest Charedi Jewish communities in Europe, (7% of the borough's population), plus well established Caribbean, Turkish and Kurdish and Vietnamese communities

9   City & Hackney Safeguarding Children Partnership, (2019-20). Annual report. [online] Available at http://www.chscb.org.uk/annual-report-and-priorities/

10   Office for National Statistics Mid 2019 population estimates ONS July 2020

11   City of London Corporation's Children and Young People's Plan 2018-21

12   Hackney Council, (2019). *Knowing our communities*. [online] Available at: https://hackney.gov.uk/knowing-our-communities

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There are a number of other characteristics seen across City and Hackney:

LANGUAGE

An estimated **100** languages spoken

SCHOOL

Local data suggests that children and young people from certain ethnic minority groups are more likely to be excluded from school.

Rates of school exclusions in state secondary schools are high in Hackney, relative to London and England – in some neighbourhoods as many as 10% of secondary school children have had at least one fixed term exclusion during the school year.
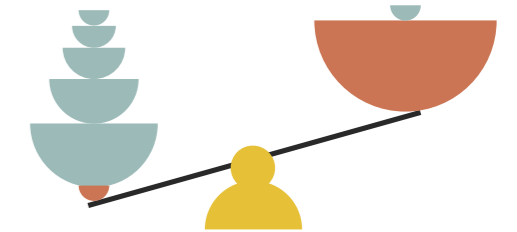
HOME

717 homeless families in City and Hackney during 2017/18

From 317 local authorities, City & Hackney ranked

3rd in barriers to housing and services

WEALTH

Within the City of London, inhabitants of the Square Mile are ranked in both the top 10% of wealth and the 40% most deprived.

LIFE EXPECTANCY

Lower

Lower life expectancy in Hackney than the national average.

Although it is higher than the national average in the City, there is a high degree of variation within the local population.

Locally young people tell us that stressful events in their lives, the lack of affordable and adequate housing, discrimination and racism, the cost of living and feeling scared in the borough all impact on their wellbeing.[13]

Nationally, rising levels of poverty and resulting family dysfunction and pressures on young people, including social media and academic pressures, have all been found to make a contribution to these trends. Engagement with young people has also told us that:

- Trust between services and local communities is paramount.

- An understanding and appreciation of the lives young people lead is key to avoiding fear of judgement.

- Services need to be truly accessible in every sense - be that to different communities or levels of need - and that professionals should remain open and listen to and hear the story of each young person.

- An approach that considers the needs and influence of the wider family or caregiving network around a young person is perceived to inspire trust, stability and longevity.

- The voice of the young person should always be paramount rather than decisions being made by the surrounding adults.

Vulnerable groups

National and local data suggests that vulnerable groups may be more at risk of experiencing difficulties and less able to access universal support in traditional settings. Vulnerable cohorts in City and Hackney include, but may not be limited to, children and young people:

- Who are looked after or a care leaver.

- At risk of significant harm from physical, emotional or sexual abuse, neglect or exploitation or coercion.

- Whose parents, carers and family members are unwell, either through physical and / or mental health, or engaging in risky behaviours.

- Living in poverty and / or experiencing instability associated with housing.

- BAME groups who may considered vulnerable due to discrimination or socio-economic factors.

- Who identify as LGBTQ or whose caregivers are LGBTQ and may experience discrimination on the basis of their sex or gender.

- Whose families do not have leave to remain.

- Who are unaccompanied minors and asylum seekers.

- In contact with the youth justice system or whose family member has been incarcerated.

- Educated outside of state maintained schools.

- Out of education, either through exclusion or low / non-attendance.

- With SEND, including those within the CETR cohort (with autism and / or a learning disability and at risk of an inpatient admission).

- Who are young carers.

- Who have experienced a bereavement or loss of a significant person in their lives.

- Experiencing acute illness (whether in their physical or mental health).

SEND

Based on 2019 data, The City of London recorded 19.3% of those in primary school as having SEND (there are no secondary schools in the locality). Hackney recorded 17.1% and 17.5% within primary and secondary schools, respectively.[14] These figures are higher than the national average of 14.9%.

Autism is now the largest SEND need within Hackney, making up 33% of the total and followed by behavioural, emotional and social difficulties (18%), speech and language difficulties (15%) and moderate learning difficulties (12%).[15]

In line with the NHS Long-Term Plan priorities reflecting the need to improve community-based support for young people with autism and / or a learning disability, which encompasses health, social care and education domains, local CETR processes will continue to be embedded and strengthened across partners.

Key areas of focus will include earlier diagnosis and strengthening multi-agency working to effectively support families.

The All Age Autism Strategy includes specific ambitions for children and young people with autism and the delivery of these ambitions will be led by a Children and Young People's working group that is committed to co-production.

Review of the neurodevelopmental pathway will take account of the impact of late diagnosis on the health and wellbeing of young people and their families, of the need to make access to services as straightforward and timely as possible, and that further training is required across agencies, schools and our residents to improve earlier identification of needs. The specific lived experience of girls with autism will also be an early priority.

More broadly with our families and partners, and in recognition of the additional burden on families of having to navigate our processes and pathways, we will work to strengthen our joint review of the needs of individual children and young people with SEND, to ensure services are personalised and responsive.

SEND NEED WITHIN HACKNEY

33% Autism

18% Emotional & Social difficulties

15% Speech and language difficulties

12% Moderate learning difficulties

13   Hackney Young Futures Commission, (2019). Report. [online] Available at https://drive.google.com/file/d/1w56XBzv3lPuxh1Ik-ry6cf-PdxEAZFPU/view

14   Department for Education, (2019). *SEND Local Authority Data.* [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814246/

15   Hackney Education, (2020). SEND Needs Analysis Paper

Emotional health and wellbeing is a broad and important area that interlinks with a number of existing areas of focus and through which many of the outcomes in the action plan will be achieved.

City of London & Hackney Safeguarding Children Partnership

The CHSCP's vision is that:

"Children and young people in the City of London and Hackney are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together."

Their work emphasises that safeguarding is everyone's responsibility along with the importance of a child-centred culture in which the child or young person is seen and decisions about them informed by their voice. A key commitment for the CHSCP remains in 'making the invisible visible' and a focus on better understanding vulnerability. They deliver a learning and improvement framework that supports the workforce in embedding safeguarding principles throughout and aims to foster a culture of transparency in which professionals actively seek out and embrace opportunities to learn that will ultimately improve the quality of multi-agency practice.

Childhood Adversity, Trauma and Resilience (Adverse Childhood Experiences)

City & Hackney have recently developed a culture change programme, ChATR, that aims to bring about a shift in ways of working, starting with embedding awareness of ACEs into the everyday practice of professionals. Based on reviewing what has been found to be effective in addressing the lifetime impact of early adversity on children's life outcomes, we aim to increase awareness of ACEs, resilience and trauma-informed care to drive change that will prevent and mitigate against ACEs, and build more trauma-informed, culturally aware and responsive systems and communities.

By working in partnership and in an integrated way at all levels, we consider that it is possible to prevent, intervene earlier and mitigate the negative impact of ACEs.

The term 'Adverse Childhood Experiences' refers to a study published in 1997 that explored the impact of 10 experiences (five relating to abuse and neglect and five relating to the behaviour or circumstances of a family member)

on the later life outcomes of a person if experienced before the age of 18.

The study found that individuals who had been exposed to ACEs were more likely to experience poor mental and physical health outcomes.[16] As the number of ACEs increased, so did an individual's risk of experiencing a range of physical and mental health conditions.

'While ACEs occur across society, they are far more prevalent among those who are poor, isolated or living in deprived circumstances. These social inequalities not only increase the likelihood of ACEs but also amplify their negative impact. Structural inequalities must be addressed for ACE–related policies, services and interventions to have any meaningful effect.'[17]

Resilience has been found to be a protective factor against the increased risks associated with experiencing ACEs. For example, having some personal, relationship and community resilience in the form of supportive relationships was found to reduce the risk of current mental illness in more than half of those who had experienced four or more ACEs, and financial security, trusted adult relationships, regular sports participation and community engagement were also shown to have a beneficial effect.[18]

There is already a level of good practice across City & Hackney that is relevant in taking a preventative approach to ACEs through being attachment and trauma aware; this can be seen throughout CAMHS services and others, such as health visiting, early help, early years settings, schools, youth justice, midwifery and others.

A system-wide focus on tackling the conditions that enable childhood adversity to prevail must be a collaboration between health and social care organisations, schools, families and communities with children, young people and families at the centre of our thinking and planning.

To further this a local City & Hackney approach to Childhood Adversity, Trauma and Resilience (2019-24) has been developed and will focus on a set of key elements:

- **Producing an evidence based ChaTR approach.**
- **Workforce development.**
- **Creating a resource portal.**
- **Co-producing and delivering pilot interventions.**

The CAMHS Alliance Transformation Plan

"Our vision is that by 2024/25 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending into schools and the wider community. It will be seamless and child and family centered, continually adapting through local service user empowerment and engagement."

It will be optimised to catch mental health issues as early as possible preventing long term mental illness developing or escalating. Every intervention delivered will be subject to robust quality assurance through CYP IAPT framework. In achieving this, our local system will be highly cost effective, making best use of every penny spent.

The City and Hackney CAMHS Alliance was created in 2015 to support effective partnership working across our local service offer. The membership spanned across specialist NHS services, local authority and voluntary sector organisations, facilitating development and delivery of integrated pathways to effectively reach more children, young people, families, schools and the wider community.

The CAMHS Transformation Programme is now entering Phase 3b, which represents an overarching whole-system strategy based on detailed local engagement to improve mental health and wellbeing outcomes, supplemented with an additional investment of £1.2M in local services.

A main focus has been to achieve an increased access target of treating 35% of the estimated prevalence of diagnosable mental health conditions by 2020/21; this has been exceeded and City & Hackney is now amongst the highest access rates in the country. Further details can be found in the published Transformation Plan.

Creation of the 'Children and Families Emotional Health and Wellbeing Partnership' during 2021, to oversee delivery of this strategy, builds on earlier work in developing the foundations of a whole-system approach to support children, young people and families locally. Aligned with the wider remit of emotional health and wellbeing, the Partnership will bring together stakeholders to drive a whole-system approach, with the ongoing work of the CAMHS Transformation Plan being delivered through a consolidated 'Integrated CAMHS' arrangement.

Integrated CAMHS will focus on core CAMHS delivery whilst also being represented within the Partnership and maintaining close links with associated programmes of work.

16   Felitti, *et al*. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4), pp. 245-258. Available at: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext

17   Asmussen, *et al*. (2020). Adverse childhood experiences. Early Intervention Foundation. Available at: https://www.eif.org.uk/files/pdf/adverse-childhood-experiences-report.pdf

18   Hughes, et al. (2018). Report 1: Mental illness. Welsh Adverse Childhood Experience and Resilience Study. Public Health Wales. Available at: http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20 &%20Resilience%20Report%20(Eng_final2).pdf

Taking action to reduce health inequalities is a matter of social justice.

Health inequalities are avoidable, unfair differences in health status between different groups of people or communities.[19]

Underpinning these unequal living and working conditions are structural and systemic inequalities embedded in institutions, policies and across society - biases which provide advantages for some groups whilst marginalising others.

Health inequalities are defined according to a number of different, and inter-related dimensions:

- **Protected characteristics such as age, disability, sex, gender reassignment, ethnicity / race, religion or belief, sexual orientation, marriage and civil partnership.**

- **Social inequalities such as poverty, housing, education, unemployment.**

- **Geographical inequalities such as urban vs rural, local area deprivation.**

- **Vulnerability such as carers, rough sleepers, care leavers, those with no recourse to public funds.**

Health inequalities are not new. It is well-documented that life expectancy follows a 'social gradient' - the more deprived the area, the shorter the average life expectancy. Nationally, this gradient has become steeper over the past 10 years; in other words, social inequalities in life expectancy have increased. Unsurprisingly, these inequalities are also played out locally.

Between 2003 and 2018, an estimated 4,000 premature deaths in City and Hackney residents were attributed to socioeconomic inequality.

Underpinning these stark figures are multiple, inter-related factors that combine to create poorer health outcomes for many vulnerable and disadvantaged people and families. For example, some chronic conditions are more prevalent in people from certain ethnic minorities, carers are more likely to experience a range of physical and mental health problems, and the average life expectancy of people with a learning disability is 20 years shorter for women and 13 years for men.

Furthermore, it has been suggested that taking a health justice approach could aid understanding of the relationship between health inequality, inequity, and injustice; this approach theorises that pre-existing class, ethnicity and gender-based health injustice, along with the socially differentiated impacts of the COVID-19 pandemic, are shaped by economic, cultural and political factors.[20]

The impact of the COVID-19 pandemic has further highlighted and exacerbated health inequalities that already existed across all age ranges. For the Black community the death of George Floyd in the US in May 2020, and subsequent spotlight on the anti-racist global Black Lives Matter movement, highlighted the injustices faced globally and called for action to address the adversity caused by discrimination and systemic and institutional racism.

Our system wide 'Young Black Men's programme' is one of the tangible ways the Hackney system is seeking to address some of these inequalities. Three years into a ten-year programme, it is focussed on delivering three large partnership programmes of work looking at Education, Reducing Harm and Mental Health.

The programme prioritises up to 25 year olds and their families and is informed and led by those with lived experience, seeking to challenge the institutional ways of working that exacerbate these inequalities, and to narrow the gap through a range of interventions.

Locally a new Health Inequalities Steering Group has been implemented, initially to take forward actions that address the inequalities highlighted through the pandemic, but also to address longer term issues in a more fundamental and systemic way. Alongside this there is a range of other programmes and projects seeking to reduce disparities in a number of key communities and we acknowledge the fundamental and ongoing nature of this work as part of this strategy, and as part of our anti-racism and discrimination work across the system.

We are working closely with our Charedi community to develop wellbeing and mental health services that encourage access and work more effectively to tackle some of the mental health impacts of the pandemic on families.

The CAMHS Transformation Plan resources and drives forward a dedicated strand to improve the reach and resilience across communities, and to design and tailor approaches with those communities across City & Hackney. This work sits more widely within the London Borough of Hackney's Single Equality Scheme, our three-year strategy for tackling inequality in the borough, and the Corporation's corporate equalities policy.

Wider work, such as Hackney's commitment to becoming a fully 'Child-Friendly Borough' that maximises the opportunities for safe play and outdoor activities as children and their families explore and discover the world around them, also aims to deliver benefits for all residents in a way that is relevant to some of the inequalities seen locally.

The breadth and depth seen throughout the impact of COVID-19 emphasises the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. This includes (but is not limited to) more effective targeting and tailoring of existing services and support; strengths-based models of care that meet people's wider (social) needs; action to tackle inequalities related to race and systemic racism head on; and enhanced system capacity and capability to embed health equity in all policies and practice.

19   NHS, Definitions for Health Inequalities. [online] Available at: https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/

20   Borras, A.M. (2020). Toward an Intersectional Approach to Health Justice. *International Journal of Health Services*, doi: 10.1177/0020731420981857. Epub ahead of print. [online] Available at: https://pubmed.ncbi.nlm.nih.gov/33356774/

The impact of COVID-19

The COVID-19 pandemic and resulting lockdown measures imposed in March 2020 undoubtedly had an impact on communities and individuals worldwide.

The loss of freedom, being confined to home environments, missed education and exams, loss of real life peer groups and reliance on virtual interaction, all combined with anxiety around health concerns and the uncertainty of how long the situation would last affected everyone. Bereaved families faced grieving under difficult circumstances, sometimes unable to say goodbye or attend funerals.

As well as the challenges faced by all families, and those that were bereaved, many will have been subject to additional strain attributable to their family situation, including those with existing vulnerabilities and additional needs.

The integral importance of safeguarding was evident to all types of practice, with family dynamics becoming increasingly complex in some instances - for example, nationally domestic homicides were at the highest rate in 11 years and calls to some helplines increased by as much as 50% during the lockdown period - combined with factors such as social care visits for vulnerable families no longer able to be face-to-face and children and young people who may have never needed additional support before suddenly experiencing difficult circumstances.

The pandemic also had an impact at system level, requiring rapid and continuous adaptation of service delivery to a virtual model and doing so under challenging circumstances.

Services were affected by reduced staffing capacity due to shielding or contracting COVID-19, the uncertainty of how referral numbers would change and to what extent, and also needed to be aware of the long-term emotional impact on practitioners as a result of dealing with increasingly complex work and their own experience of the lockdown measures.

We know that those from BAME groups experienced a disproportionate impact not only in terms of the clear disparities in mortality and serious illness rates but were also more likely to be susceptible to social factors, such as financial hardship and employment instability.

Pre-pandemic this was evident; of the 61% of working-age adults in Hackney that were in employment, this ranged from 69% of White people compared to 50% of people from Black or Asian backgrounds.[21]

Nationally, young people from a minority ethnic background are more than twice as likely to no longer be employed since lockdown as their peers, with 12.8% reporting to have lost their jobs.[22] Across City & Hackney this will have been felt by the high proportion of residents from these communities.

The full impact on the mental health of children, young people and families is yet to be fully realised and we can only anticipate what some of the more wide reaching impacts may be. We know that increases are beginning to be seen in crisis and eating disorder presentations. We have concerns about new mothers, fathers, carers and families, and the impact on their perinatal mental health at this critical time.

Notwithstanding the issues highlighted, the requirement to change ways of working and adopt a virtual service model at pace yielded some benefits in the form of accelerated rollout of digital provision, such as Kooth (an online counselling service for 11 years plus), and virtual appointments within CAMHS services, including both assessment and treatment appointments that were anecdotally reported to be preferred by some users and will offer a new flexibility.

We are also seeing the benefit of being able to access parenting groups online, and some adolescents preferring virtual contact. We are working on additional virtual support in the form of more intensive support and virtual psychological support for our workforce.

> **"There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a wellbeing economy that puts achievement of health and wellbeing…at the heart of government strategy."**
>
> - Marmot, et al. (2020).
> Build Back Fairer: The COVID-19 Marmot Review.

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21   Hackney Council, (2020). *Race and ethnicity.* [online] Available at: https://hackney.gov.uk/eqal-race

22   The Health Foundation, (2020). *Generation COVID-19*. [online] Available at: https://www.health.org.uk/publications/long-reads/generation-covid-19

Work we want to build on and improve

Work we want to build on

- Universal screening of mental health by midwifery and health visiting services to facilitate signposting or onward referral.

- Antenatal appointments in settings such as children's centres to familiarise parents-be-be with available settings.

- Comprehensive and universal programme of events, activities and support available within children's centres.

- Awareness of parent-child attachment and positive parenting strategies across the health visiting service and early years settings.

- Hackney Portage support in the home setting to aid development for those with SEND.

- Multi-agency teams within children's centres, providing and co-ordinating integrated support for vulnerable families.

- Wide offer of youth provision in hubs and adventure playgroups.

- Increasing offer of health and wellbeing services in community settings, such as through CHYPS Plus.

- Community-based delivery of psychology support.

- Direct therapeutic support in many schools, such as speech and language therapy.

- Development of whole-school approaches - WAMHS - and direct mental support - MHSTs.

- Extension of the re-engagement unit service working with young people, families and schools to reduce exclusions.

- Reviews of school behaviour approaches and rollout of trauma-informed and attachment aware training across schools.

- Routine screening for mental health needs through Early Help and Diversion, including signposting and onward referral for identified need.

Areas we want to improve

- Increasing take up of universal services and support, particularly during early years.

- Moving towards more widely available parenting support being offered proactively before targeted intervention is needed.

- Furthering the understanding of the influence of child development and secure attachment in the early years.

- Improving transition support particularly for those with complex needs.

- Continuing to upskill school staff and improve links with other services to support proactive and earlier identification of need.

- Ensuring that children with SEND have their needs understood and supported by schools.

The City & Hackney life course approach

Ages 0–5, including perinatal

The period from preconception to age 5 years affords a unique opportunity to capitalise on the ability to have a positive impact on the development of children, take a preventative approach and provide additional support where needed. It is the period in which children and families have the most contact with services, such as midwifery, health visiting, GPs, early years, and also when a child's development is most susceptible to influence.

> **"The earliest years of life set the tone for the whole of the lifespan"**
>
> - The Marmot review 10 years on, 2020

There is a growing body of evidence that asserts the influence of neuroscience and developmental psychology, such as The 1001 Critical Days and Five to Thrive, to illustrate the extent to which brain development occurs during early years and how the surrounding environment and caregivers influence this, all of which have a collective impact on the lifelong emotional wellbeing and mental health of the child and emphasise the importance of considering families and their environment as a whole, rather than the child or parent in isolation.

The wider determinants of health are equally important and parents need to be supported in achieving this, through local initiatives such as the Birth to Five resource.

For younger children learning through play supports development and, when children are given some degree of agency, enables them to take on an active role and ownership in their experiences, as well as trusting them to be capable and autonomous - key preparation ahead of the transition to formal education.[23]

As well as promoting learning and healthy development, universal services also need to be equipped to identify SEND and provide early help in a timely way, facilitating onward referral to specialist services when necessary, so that needs are not exacerbated and are able to be met in mainstream settings wherever possible, including early years settings. Where SEND needs are identified, parents should receive early support that helps them accept and understand the diagnosis and how to support their child.

We want universal services and community activities to be accessible and inclusive for all families. City & Hackney represents a diverse population and many communities, and it is important that all feel able to access universal services and the local community in order for this offer to deliver the greatest benefit across the lifespan.

Where further support is needed mental health services are an important component - it is known that up to 20% of women experience some form of mental health need during the perinatal period (up to 1 year after birth), and up to 10% of partners. This support needs to be readily available and tailored to new parents, as well as to women with known mental health needs during or when planning pregnancy, so as to provide the best opportunity of successfully delivering early intervention and minimising the need for long-term support.

Our specific objectives for ages 0-5 are:

System:
- We will support partnership working across community based services to ensure families receive a co-ordinated response that meets their individual needs, also promote a shared understanding and approach to how families and their context are considered as a whole and supported holistically.

Workforce:
- We will co-ordinate the delivery of specialist training programme that will encompass parental mental health, infant mental health, pre and postnatal mental health and environmental factors, to develop attachment and trauma-informed practice within the workforce as we strive to reduce the local prevalence and impact of ACEs.

- We will equip all practitioners coming into contact with families with children under 5 with the knowledge and expertise to identify and support vulnerable families earlier.

Interventions:
- We will look to raise awareness of and further develop the existing parenting offer to drive proactive and early intervention, with a focus on relational and attachment-aware support from a whole-family perspective, making this more widely available for parents and carers.

- We will increase the availability of mental health support from community-based perinatal teams to offer greater availability of specialist input and access to evidence-based interventions.

Our specific deliverables for ages 0-5 are:

- Co-production and delivery to health and social care practitioners of targeted, multi-disciplinary training around an approach to childhood adversity, trauma and resilience in the perinatal period.

- Raising awareness of, and further developing, the parenting offer in early years and beyond.

- Promoting practitioner and family knowledge of brain development, encouraging early development of social and emotional skills in a way that builds resilience and seeks to prevent problems developing.

- Increasing the availability of access to specialist community-based perinatal mental health teams and expanding the range of psychological therapies offered, as well as improving links with IAPT services.

- For women who have experienced birth trauma, loss, tokophobia (fear of childbirth) or removal of a child, increasing the accessibility of evidence based psychology available, offering tailored peer support from women with lived experience and creating an integrated pathway across the local system (reproductive health, midwifery, mental health), accessed via a single point of access, to provide integrated and holistic support.

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23   UNICEF, (2018). *Learning through play*. [online] Available at: unicef.org/sites/default/files/2018-12/UNICEF-Lego-Foundation-Learning-through-Play.pdf

Ages 5-18

In this life stage education constitutes a large proportion of a child's environment, with school staff and peer groups becoming an increasing influence. Good school readiness and educational attainment are considered to be protective factors against poor mental health, and factors such as a healthy weight, activity levels, developing a supportive network of relationships and independents interests can all contribute towards maintaining wellbeing and building resilience. Parents begin to build connections with peers and the local community through their child's school, offering an opportunity to create a supportive environment for the family unit as a whole.

As children and young people begin to access the community independently, both online and physically, this presents an opportunity for families and professionals to work together to ensure children have the skills and knowledge to do so safely and in a way that benefits development. It is also important that adults are aware of the potential risks that these interactions can entail, and are supported by robust safeguarding policies and training.

Adolescence represents a time of huge change and an important period of rapid brain development that leads to changes in terms of exploring and establishing identity and relationships with family networks and peers. It is an important time for guidance and intervention - life-long health behaviours, such as smoking and eating disorders, can be established during this period. Impulsivity and an increase in risky behaviours are more likely to occur, which can lead to adverse outcomes such as unplanned teenage pregnancy, substance abuse and mental health disorders.

Taking risks is, however, an important part of growing up and young people should be given opportunity to engage in positive risk taking in a way that encourages awareness and a sense of evaluating and managing risk independently.

Forming positive relationships with adults has been shown to result in decreased patterns of risk-taking behaviour related to alcohol, tobacco and drugs, increased restraint in sexual behaviour and promote resilience in young people during times of adversity. Factors such as deprivation, poor parental support, family conflict and poor mental health are known to be associated with an increased likelihood of adverse outcomes, emphasising the continued importance of considering families in a holistic sense.

Wide-ranging factors can affect children and manifest in different ways in school and home settings, including some which make it more difficult for them to regulate their behaviour and impair their ability to express what they are feeling. In some instances this can result in difficulty complying with school behaviour policies, particularly those with complex or acute SEMH needs.

The current evidence base recognises that some children (such as vulnerable groups and those that have experienced trauma and loss) can be re-traumatised by behaviourist approaches and that these do not teach expression and communication of emotions, but instead that pupils need to be supported with knowledge of the context of their needs, combined with wider expertise around how trauma, attachment and communication interplay with child development.

Schools should be encouraged to respond to the emotions that are driving behaviour, rather than the behaviour itself, and use this as a basis for developing approaches with a focus on underlying causes and communication needs, in a way that benefits the whole school and supports more targeted pupils, recognising that equality means an approach that meets the needs of all rather than the same approach for every pupil.

Similarly, parents should be supported to understand how factors can impact emotional wellbeing and to view behaviour as a form of communication and respond in an empathetic, non-judgemental and curious way, also recognising when further support may need to be sought. Where young people experience bullying at school this can also affect their mental health and relationships with peers, making them more vulnerable to poor attendance and other outcomes.

Of particular note are the WAMHS and MHSTs areas of work. WAMHS provides each school with a linked CAMHS worker to support development of a whole-school approach that focuses on building academic, social and emotional resilience and coping skills in students and helping them to identify and access additional support if needed, as well as further developing knowledge and skills in education staff. MHSTs provide evidence-based support to young people and their parents / carers within the school setting for mild-moderate difficulties with emotional wellbeing, delivered to groups of young people and parents / carers alone.

For vulnerable groups, such as children with SEND, LAC (including care leavers and UASC) and those in the youth justice system, there is a continued need for confidence within universal services to proactively identify needs and vulnerabilities early, as well as for effective multi-agency working to maintain a clear focus on joined-up pathways that deliver good outcomes and meet individual needs. Young people may also be vulnerable for other reasons, for example, through school exclusion.

We want City & Hackney to be a safe and supportive community; offering safe community spaces - such as the youth hubs - and activities to connect with peers, develop interests, maintain overall wellbeing and be provided with an environment in which to explore risk taking within normal limits. Locally we seek to take an innovative approach to how health services can be delivered in a way that appeals to young people, such as clinical services being delivered outside of traditional health settings.

The same approach applies to mental health, reflected in a move towards community-based psychology, outreach work, increasing availability of digital assessment and treatment, and upskilling of professionals as teachers, youth workers, social workers and primary care to improve mental health literacy.

Social prescribing (finding non-medical solutions to problems people are experiencing, that may often be caused by social and environmental, rather than medical, factors) will also have a growing role to play within wellbeing. Across City and Hackney there is a successful history of social prescribing for adults upon which to build, and a particularly strong and vibrant youth offer across statutory and voluntary services.

With an initial focus on strengthening collaboration between these existing services and primary care, the local strategy will consider how to effectively support children and young people to access personalised support in their local communities, co-produced with our young people, and with a focus on priority vulnerable groups.

It is important that the voices of young people and their parents are actively sought throughout local service development, a principle that extends to across health, education, social care and community services, to ensure that they feel listened to and are able to inform what is available.

This should take a range of different forms - such as consultation, coproduction and engagement - and be supplemented by peer support and mentoring to help individuals and communities support each other in a way that makes use of the value in lived experience.

Transitions is an area that children and young people and schools should be prepared for, particularly educational transitions, ensuring this occurs with a readiness to continue learning in a supportive environment, as well additional, proactive support for those with known additional needs. We recognise that preparation for transition to adult services should be started early and from 14-years plus for those with the highest need.

Our specific objectives for ages 5-18 are:

System:

We will...

- We will work together across the system to ensure we promote a whole system approach in which education is a key enabler and delivery partner, and that also continues to take account of universal health practitioners (such as GPs, school nurses), specialist services and wider areas such as youth work and community organisations.

- We will ensure all system partners provide proactive support to maintain emotional wellbeing and develop resilience, are able to recognise the interdependencies between emotional and overall wellbeing, have an awareness of how wider familial context can influence this, as well as a clear understanding of pathways and how to determine when onward referrals are required.

- We will further develop an integrated pathway to facilitate joint working across health, social care and education that meets individual needs.

- We will respond to what young people tell us by reconsidering language, practices and processes to make them more accessible and meaningful to young people and families.

Workforce:

We will...

- We will keep working on ways to provide better support to our teachers to increase the focus on psychosocial wellbeing in schools.

- We will support schools to develop whole school approaches, build inclusive and supportive policies and wellbeing and behaviour strategies, as well as support staff and provide opportunities to engage in good quality training on emotional health and wellbeing and trauma-informed approaches.

- We will expand the reach of existing trauma-informed and attachment training to include partners such as youth workers and community organisations.

- We will ensure practitioners in schools, youth hubs and other services and settings understand the risk factors to wellbeing and are able to help young people develop the resilience to overcome adverse circumstances.

- We will respond to consultations with young people by striving to employ a more diverse workforce that young people can relate to and who can carry out detached outreach in community-based settings that are less stigmatising to access.

Interventions:

We will...

- We will work with our partners in the voluntary sector to co-design and deliver therapeutic and clinical support that is effective, flexible and culturally appropriate for parents and young people in trusted settings.

- We will prioritise the mental health needs of young people in the youth justice system by enhancing the existing provision based on learnings to date.

Our specific deliverables for ages 5-18 are:

- Through both training and partnership working upskill system partners and practitioners to proactively support young people and families to develop and maintain good emotional wellbeing and resilience.

- Increasing awareness of trauma-informed practice.

- Promoting whole-school approaches to emotional health and wellbeing that are co-produced by schools and health practitioners.

- Ensuring support for vulnerable groups, such as those in the youth justice system or with SEND.

- Furthering support available at transition points, such as between schools and life stages.

- Incorporating the voices of children, young people and their families throughout the system to deliver flexible services that meet the needs of those that use them.
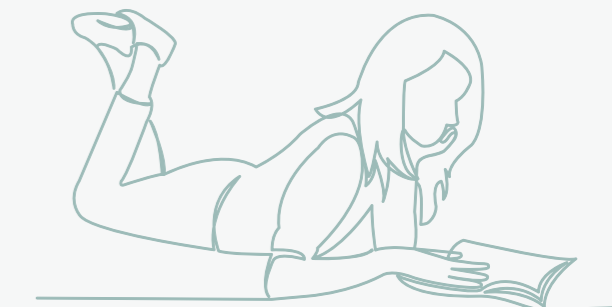
Transition to adulthood, 18–25

Transitions will be experienced by all young people but in different ways; transition to higher education, the workplace, potentially moving out of the family home, from child to adult services. Young people at this age are going through a period of physiological change and are making important transitions into adulthood. It is widely recognised that brain development continues until around 25 years of age, hence the transition to early adulthood aged 18, whilst full of opportunities, can be a challenging time with high expectations, particularly for those who are experiencing additional stressors within their lives (such as being NEET, or issues impacting the family dynamic).

In the later adolescent years young people are able to gain work experience and consider employment or further education opportunities. Local systems have a key role in providing viable options for training and employment, tailored support and guidance to help young people navigate entry into employment and addressing inequalities. Creating local job opportunities and apprenticeships can benefit the young people and businesses alike as well as supporting sustainable development of the area.

Where young people are already known to children's services they are likely to have been accepted under a lower threshold than is seen within adult services, and have received a higher level of support. This is particularly true for those with mental health needs, social care input or SEND, and necessitates a supported transition with clear expectations about what can be provided by adult services.

The national directive is to move towards a 0-25 offer for vulnerable groups in response to this, which has begun in some areas: Leaving Care, the Family Nurse Partnership and therapeutic and psychological services provided by Off Centre at Family Action. Further work is still need to develop a joined up approach that links services and makes pathways easier to navigate, as well providing a lower level of support for those that do not meet current threshold, such as young adults with mild intellectual disabilities.

Our specific objectives for transitions are:

System:
- We will promote partnership arrangements between children and adults' services that work towards preparing young people and their families for a timely and positive experience of transition using a shared approach to co-ordinate input across services.

Workforce:
- We will share learning across partners to achieve clarity around the essential features of a good transition, with a shared focus on vulnerable groups to ensure they are safeguarded and receive a 0-25 service that supports them in fulfilling their potential.

Interventions:
- We will work with local networks to further develop existing employment schemes and identify new opportunities than enable young people to stay in and benefit their local community.

Action plan & Evaluation

We have created a five year (2020–2025) action plan that will guide data monitoring and evaluation, being reviewed and updated annually by the Children, Young People, Maternity and Families Work stream and key partners.

The delivery of the strategy will be the responsibility of the new Strategic Steering Group: **The City and Hackney 'Children and Families Emotional Health and Wellbeing Partnership'.**

The framework includes key indicators of success, deliverables and outcomes, and explains how data will be collected, when and by whom. This will help us to understand whether progress has been made as planned, reflect on our approach, practice and service delivery. It will also help us to share learning and identify gaps where changes might need to be made in practice or to the strategy.

In the long-term it is anticipated that the work undertaken across the system to promote positive emotional wellbeing for all, alongside evidence based interventions targeted at those that require it the most, will lead to an increase in referrals to universal services provided across all sectors. Where they occur we hope that earlier identification will lead to a reduction in children and young people experiencing a mental health crisis or needing specialist intervention.

In implementing our strategy and action plans, we will continue to explore opportunities to further align our plans and develop and deliver services through the integrated commissioning and care process.

Whilst we will be monitoring and reviewing the action plan, delivery and outcomes, we also plan to evaluate the impact of a system-wide approach to improving children and young people's wellbeing through working with evaluation partners to evaluate the complex approach, capturing learning on design and implementation of a system-wide approach to improving wellbeing, as well as evaluating in detail specific areas of innovation.

Our overarching aim, to improve the emotional wellbeing of our City and Hackney residents, and what needs to be measured to demonstrate that, will guide our evaluation design.

Life course actions

Ages 0-25

Aims
- To create a cultural shift that increases awareness of childhood trauma and tackles the root causes of ACEs to reduce the prevalence and mitigate the associated impact on families.
- Ensure services meet the needs of the local population by addressing health inequalities and that the voices of those with lived experience are heard and able to influence service design and transformation.
- Strengthen a whole-system approach to the emotional health and wellbeing of looked after children and care leavers.

AGES 0-25					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Co-produce and deliver targeted, multi-disciplinary training around an approach to childhood adversity, trauma and resilience to health and social care practitioners working with children and families	Targeted training modules covering perinatal, 0-5, 5-11, 12-19, 19-25's	Increased expertise and awareness of childhood adversity, trauma and resilience amongst professionals, ensuring families receive a trauma-informed approach to care	Oct 2020 - Dec 2021	ChATR approach	ChATR project group
Develop an online resource portal (Childhood Adversity, Trauma and Resilience Hub) to support training and develop a community of practice	Resource portal available to all professionals	Increased awareness of ChATR work and early development of a community of practice amongst professionals	Dec 2021	ChATR approach	ChATR project group
Develop specific interventions that aim to prevent, intervene early and mitigate against ACEs and build resilience in individuals, families and communities	Specific interventions, as scoped with system partners and agreed through project group	Over time, reduced prevalence and impact of ACEs	Apr 2021 - Mar 2024	ChATR approach	ChATR project group
Within the context of ethnic and cultural awareness, address health inequalities and improve service delivery and configuration including through workforce development* and by improving data collection to measure real indicators for access and inequalities based on local demographics	Through close partnership working with local community groups, deliver services that better meet the healthcare needs of our ethnically and culturally diverse communities through a workforce that is representative of the local population	• Measured reduction in health outcome inequalities • Measured reduction of inequalities in access • Ongoing plan and commitment to continued improvement agreed with local community groups	Ongoing and reviewed annually	CAMHS Transformation Plan	CAMHS Alliance

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Life course actions

Ages 0-25

AGES 0-25					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Design and delivery of an integrated CAMHS system	Clear and effective pathways for provision to be delivered by the most appropriate provider that increases efficiency and maximises resources available whilst maintaining the 'no wrong front door' policy of accessing CAMHS services	• Increased access rate • Improvement in allocation of referrals to most appropriate provider on first allocation	Jul 2021 - Jul 2022	CAMHS Transformation Plan	CAMHS Alliance
Embed the influence of young people and families across the system through consistent engagement and co-production	• Completion of the system influencer pilot and subsequent rollout of the programme • Development of a parent / carer consultation body • Ongoing engagement through the Hackney Young Futures Commission	Local service design and transformation informed by the voices of those with lived experience, and engagement and participation embedded across work stream activities and priority areas	• Mar 2021 (pilot) • Ongoing	CYPMF Work stream CAMHS Alliance / Transformation Plan Hackney Young Futures Commission	System influencer working group
Strengthen a whole system approach across social care and health that prioritises the emotional wellbeing of children in care and care leavers, to identify mental health and wellbeing needs earlier, determine whether these needs are being addressed and ensure access to relevant services is available	• Professionals equipped with the skills and knowledge to support the emotional wellbeing of looked after children and young people • Training for staff and foster carers • Engagement with commissioners of AMHS and participation of young people in care and care leavers	• Children in care and care leavers report feeling that their mental health and wellbeing needs are met, and an increase in their life chances • Identification and responses to mental health needs will improve • A decreased need for long-term support from health and social care services	Ongoing and included in strategic needs assessments	Local Authority CAMHS Corporate parenting	CAMHS Local Authority clinical leads CCG Commissioners NEL ICP / STP
Delivery of MECC training	Training provided to staff in: • Children's centres • Childcare providers • City of London Community and Children's Services Department • Hackney Education • Maternity	Frontline staff are supported to develop their confidence, competence and motivation to have proactive, strengths-based conversations with residents about actions they can take to improve their own health and wellbeing and where they can access further support	Aug 2021	MECC Programme	MECC Steering Group

Life course actions

Ages 0-18

AGES 0-18					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Develop social prescribing offer for children and young people through building on existing adults offer	Mapping of existing social prescribing offer Pilot of Neighbourhood worker to improve links between existing services and primary care A social prescribing strategy that identifies the agreed priority cohorts with an initial focus on vulnerable young people	• Clear published pathways for agreed cohorts • Pathways promote trusted agency and voluntary sector services, with a place based focus	December 2021 to inform commissioning from April 2022 (pilot work will continue throughout 2021)	NEL Babies Children Young People and Families (BCYPF) Social Prescribing Steering Group City and Hackney System Adults Social Prescribing	CYPMF Workstream
Review of the neurodevelopmental pathway	Implementation of an integrated assessment pathway for ASD	• Families experience improvements in the pathway, feeling more supported during the assessment process and upon receiving a diagnosis • Re-referrals and need for ongoing support around psychoeducation decreases	Jun 2021	City & Hackney All-age autism strategy CAMHS Transformation Plan, including CAMHS integration work	CYP autism working group CAMHS Alliance
Ensure awareness of existing parenting support across all age groups and universally available community services	The existing parenting offer is clearly available for parents to access and any gaps in support are identified	• Parents will have access to a range of appropriate interventions • Parents will have an informed and supported understanding of how to meet their children's' needs	Dec 2021	CAMHS Transformation Plan Hackney Education	CAMHS Alliance
Develop and coproduce an integrated speech and language strategy	A single strategy that is owned by all commissioners of speech and language services	• A shared vision and action plan to meet the speech and language needs of children and young people • Expectations on professionals and agencies to support the whole community approach to speech and language • Strengthened focus on early identification of needs	Dec 2021	CYPMF workstream SEND Programme Board (Hackney) SEND Project Board (City of London)	Speech and Language Integrated Commissioning working group

Life course actions

Ages 0-5, including perinatal

Aims
Provide universal and targeted support around parenting and mental health to ensure children and families are supported to have the best start in life, and ensure practitioners are equipped to support families and identify where further input may be required.

PERINATAL					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Increase period of access for perinatal mental health support	Women able to access the perinatal service up to 24 months after birth (increased from 12 months)	Expanded availability to support more women	Apr 2021 onwards	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Increase access to specialist community-based perinatal mental health support	Increased access rate for women (7.1% of the birth rate in 2020/21, rising to 10% by 2022/23)	More women that require specialist support are able to receive it	Mar 2023	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Provide additional support for women experiencing mental health needs relating to their maternity experience	Availability of integrated MMHS from 2021/22, including a single point of access to integrated support	Women experiencing trauma and / or loss in the perinatal period are able to access specialist support	Mar 2022	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Ensure partners of women have access to mental health support when needed	Perinatal service to offer advice and signposting for partners and continue link with IAPT perinatal leads	Partners feel more informed about and able to access the services available	Mar 2021	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Develop an MDT approach to support new parents, up to one year	• Updated perinatal mental health pathway • Programme of GP education sessions • Improved links between MDTs • Review of 8-week baby checks	• Proactive and early identification of mental health and other needs • Parents feel better supported	Sep 2021	CAMHS Alliance Neighbourhoods 0-5 project	CAMHS Alliance CYPMF Works stream Neighbourhoods working group
AGES 0-5					
Continue with implementation of Five to Thrive across early years settings	• Webinar session for Strategic Leads • Learning journey to create a network of Champions	• Increased awareness of Five to Thrive principles • Improved knowledge and understanding vs baseline	2021/22	Five to Thrive	Hackney Education - Early Years
Test strengthened multi-agency working and Primary Care input through Neighbourhoods	• Workshop to inform piloting a test model in one neighbourhood • Recommendations for proposed model of improved neighbourhood working	• Improved practitioner knowledge • Evaluation and expansion	Apr 2021 - Mar 2021	Neighbourhoods Steering Group Primary Care Networks	CYPMF Workstream

Life course actions

Ages 5-18

AGES 5-11					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Implementation of the COACH programme, based on the completed pilot	Outreach model embedded locally, providing group and community based clinical psychology, parent support and youth work interventions	Young people at risk of exploitation and / or criminal activity are supported to have better social, emotional and behavioural outcomes, develop skills to manage conflict and their families experience better outcomes	To be determined	CAMHS Transformation Plan	CAMHS Alliance
AGES 5-18					
Deliver training to upskill wider professionals around emotional health and wellbeing	• Support school staff in creating an environment where children and young people develop emotionally and are supported to develop resilience, as well as promoting early identification and intervention for mental health needs • Deliver multi-disciplinary training in childhood adversity, trauma and resilience to practitioners working with children and families across the life course	All practitioners who work with families have a greater awareness of how to promote good emotional health and wellbeing, identify when support is needed and have appropriate links into services that are able to offer support and intervention	Dec 2021	WAMHS Wellbeing Framework ChATR approach	CAMHS Alliance ChATR project group
Support a consistent approach to behaviour management within schools	• Schools take a trauma-informed, attachment aware approach to behaviour management • Schools are aware of how to support wellbeing, including calling on wider agencies and teams for input and referrals	Schools' behaviour policies will address underlying needs and recognise that children who have experienced ACEs and trauma may not respond to a one-size-fits-all approach	May 2018 - Sept2022	CAMHS Transformation Plan WAMHS Wellbeing Framework	Hackney Education WAMHS (CAMHS Alliance)
Continued efforts to reduce school exclusions through improved understanding of data and causes, offer of training and targeted interventions	• Young person and / or parent rep to be brought into Exclusions Board • Analysis of school data and behaviour audits to identify areas of best practice and concern, including disproportionality • Deepen understanding of SEND as an underlying cause or presenting factor of poor behaviour • Training offer from Hackney Education articulated to secondary schools • Increased early help offer and other targeted interventions made available to schools and individual pupils impacted by fixed-term exclusions	To evaluate the impact of training and interventions and demonstrate a reduced number of exclusions	Dec 2021	Hackney Education 'Reducing Exclusions' action plan WAMHS Wellbeing Framework	Hackney Education

Life course actions

Ages 5-18

AGES 5-18					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Provided continued input to schools around mental health awareness and support, including trauma informed practice	• Universal rollout of WAMHS in 100% of state maintained schools by 2021, followed by independent schools • MHSTs in 50% of state maintained schools (rising to 100% in September 2021) • Rollout of the Department of Education's Wellbeing for Education Return programme	• Schools take a whole-school approach to wellbeing and mental health with school staff developing understanding and capacity to support children and families • Pupils with mental health needs will be identified early, appropriate referrals will be made to evidence-based interventions both within and outside of school • Pupils will know how to access support	Dec 2021 Dec 2020 Mar 2021	CAMHS Transformation Plan Hackney Education's 'Reducing Exclusions' strategy	CAMHS Alliance Hackney Education
Strengthen partnerships across Education, Health and Local Authorities (including social care) to improve their support for children and young people with learning disabilities and / or autism in line with the NHS Long Term Plan	• Review and publish the neurodevelopmental pathway • Co-produce the pathway and supporting resources for CYP and their families • Review and publish responsibilities across agencies	• Fragmentation across the pathway is reduced • Young people and their families are equal partners in the review and design of pathways and resources • Young people and their families know how and when they can access support and advice across all services	Dec 2021	C&H All-age autism strategy CAMHS Alliance SEND Programme Board (Hackney) SEND Project Board (CofL)	CYP autism working group
Develop an approach for strengthened multi-agency working through the Neighbourhoods Programme	• Workshop with partners including Primary Care, Health, Education, Children's Social Care to inform approach • Pairing of GP Practices and Primary Schools with a named contact (phase 1) • Scope a pathway / mechanism for discussing complex cases at neighbourhood level (phase 2)	Improved knowledge amongst teams of health and education practitioners on a neighbourhood level Recommendations for pathway development from phase I learnings	Apr 2021 - Mar 2021	CYPMF Neighbourhoods Steering Group Primary Care Networks	CYPMF Work stream

Life course actions

Ages 11-18

AGES 11-18					
Action	Deliverable	Outcome	Timeline	Name	System lead
Development of an agreed model to support the mental health needs of young people within the Youth Justice system	An outreach model is embedded to provide Liaison and Diversion that focuses on identification of, and providing support, to young people within the youth justice system who have mental health needs	• Improve early identification of mental health, learning and / or communication needs at the point of entry into the youth justice system • Enhanced access to multi-agency support and improvements in joint working • Where appropriate, diversion away to personalised packages of health and social care or to services better equipped to meet health, emotional wellbeing and welfare needs • Reduction in longer term offending • Reduction in health inequalities	To be further scoped	CAMHS Transformation Plan	CAMHS Alliance
Increase provision of mental health support provided via digital platforms	• Embed, establish and monitor online therapy (such as self-help and psycho education support), including extending out-of-hours and weekend provision • Work with services and service users around online therapy models initiated during the pandemic to sustain beneficial changes • Incorporate and make use of new, evidence-based ways of delivering online therapy, tailoring it according to the needs of each young person and achieving measurable improvements • Develop a single point of access to all CAMHS services • Increase CYP and parent / carer usage to the CAMHS website, exploring digital marketing and social media strategies • Identify the main barriers to accessing online support and put in place solutions that address these, including digital exclusion	• Increased access rates, including across BAME groups, and effective treatment outcomes • Young people and parents / carers able to access the right information at the right time • Improvement in allocation of correct service upon first referral	Ongoing Jan 2021 - Dec 2023	CAMHS Transformation Plan	CAMHS Alliance

Life course actions

Ages 14-25

AGES 14-25					
Action	Deliverable	Outcome	Timeline	Name	System lead
Work jointly with adult mental health services to develop transition services and pathways in the community, especially for young people falling out of conventional mental health services	• ASD 18-25 pathway within IAPT to support young adults with anxiety and low mood • Increased capacity at Off Centre to deliver counselling for 16-25 years with moderate to severe mental health need • Enhance links between CAMHS and AMHS to improve transitions between services and identify and address gaps, including for vulnerable groups such as mild LD, high functioning ASD, LAC • Implement CQUIN model in social care to support care leavers accessing AMHS at transition point	• Increased access for young adults (18-25) to appropriate mental health support • Development of enhanced pathways for specific cohorts of vulnerable 18-25 young people • Improved experience for young people transitioning between children and adult services	2020 / 2022	CAMHS Transformation Plan Adult Mental Health strategy	CAMHS Alliance
Work jointly with adult mental health services to develop information and support for children, young people and their parents about transferring from children's services to adult services, particularly in relation to health and social care	Easy read resource for young people, and their parents and carers, that can be seen as part of the wider Post-16 transition resources	Improved understanding by young people and their families about how transition will be planned with them from the age of 14	September 2021 and reviewed annually	SEND Strategies Post 16 pathways Adult Services	CYP autism working group

Appendix – CAMHS Services

Kooth

Kooth offers online, anonymous counselling to children and young people aged 11-19 in the form of an online community of peers and team of experienced counsellors. Any young person living in City & Hackney can access the service online, 7 days a week, without the need for referral or waiting lists.

Eligibility criteria: aged 11-19 and resident in City & Hackney.

First Steps

First Steps (provided by Homerton University Hospital Foundation Trust) is a Tier 2 community psychology service for children, young people and families with mild to moderate mental health needs who are likely to benefit from a short term psychological intervention.

They offer:

- Individual and group support
- Parenting support
- Community based sessions in children's centres and GP surgeries, many of which offer drop-in support.

Eligibility criteria: aged 0-18 and registered with a GP in City & Hackney, self-referrals and professionals referrals accepted. Not able to work with families open to social care.

Family Action

Family Action is a national charity that provides practical, emotional and financial support to those who are experiencing poverty, disadvantage and social isolation. In Hackney they provide the WellFamily Plus service, Growing Minds and Off Centre.

Hackney WellFamily Plus

The WellFamily Plus Service helps individuals, couples and families to manage their mental health and prevent problems from getting worse when facing difficult or complicated challenges, such as domestic abuse, substance misuse and mental health issues.

They offer advice and wellbeing services, conflict management and practical and emotional relationship support, and can also offer support in identifying parenting support courses or accessing other services.

Off Centre

A confidential counselling, art therapy, advice and information service for young people aged 16-25, offering support for emotional and practical issues including stress, depression, anger and self-harm, bereavement, family breakdown,

Eligibility criteria: Individuals over 16 and families can refer themselves by booking an appointment at their GP practice if registered with a City & Hackney GP. Professionals can also refer by completing the referral form or signposting to GPs.

Growing Minds

Growing Minds aims to improve African, Caribbean and mixed heritage children and young people's emotional health and wellbeing in City & Hackney, during the important transition years from primary to secondary school and adolescence to adulthood by providing culturally aware counselling, emotional and practical support.

E**ligibility criteria:** children and young people aged 9-25 of African, Caribbean and mixed heritage, and their families, who are registered with a City & Hackney GP.

sexuality and identity, violence, neglect or abuse, accommodation and education.

This may take the form of 1-2-1 counselling, art therapy or general advice and key-working. Groups are available for art therapy and LGBTQI+.

Eligibility criteria: aged 16-25 and registered with a City & Hackney GP.

Listening Works

A phone, text and webchat service providing advice, support and signposting for those in care and care leavers aged 18-27. Available 6pm – midnight, 7 days a week.

Coborn Centre for Adolescent Mental Health

The Coborn Centre for Adolescent Mental Health is an in-patient service for young people with complex and severe mental health difficulties.

Eligibility criteria: aged 11-18. Referrals can only be made through clinical and adolescent mental health services.

CAMHS Disability

CAMHS Disability (provided by Homerton University Hospital Foundation Trust) is specialist Tier 3 service for children, young people and their families who have a moderate to profound learning disability and ADHD or ASD (if also diagnosed with a learning disability). Also accepts referrals where there are other types of moderate to profound disability (e.g. physical disability).

Support includes assessment, diagnosis, psycho-pharmacological intervention, therapeutic or behavioural support and intervention, group work (parenting groups, siblings groups, ASD support), family therapy and play specialists.

Eligibility criteria: aged 0-19 and registered with a City & Hackney GP. Diagnosed with both a disability that has been assessed as requiring specialist support and emotional or mental health needs, including ASD if there is also a moderate or profound learning disability and the child's care is under the medical and therapy teams at Hackney Ark for MDT care planning.

Children and Families Clinical Service

Provided by London Borough of Hackney, the Children and Families Clinical Service works with children and young people and their parents and carers who are receiving support from Children's Social Care, Young Hackney, the Family Support Service and the Youth Offending Team.

The team offer a full range of CAMHS services including specialist clinical assessments and individual, family and group therapy, and are part of the CAMHS Alliance. They support children and young people and their families who have mental health needs, are experiencing issues and stressors, struggling with emotional and behavioural issues, and/or where there are child protection concerns.

Eligibility criteria: children, young people and families who are receiving support from local authority services (Children's Social Care, Young Hackney, Youth Justice and Family Support). Referrals can be made by professionals working within children and families services through clinical consultation and

discussion. Health and education professionals can flag up concerns and recommendations for a referral by emailing the service.

Specialist CAMHS

Specialist CAMHS (provided by East London Foundation Trust) is a Tier 3 service that offers assessment and treatment for children, young people and their families who are experiencing moderate to severe emotional, behavioural and/or mental health difficulties via the following pathways:

- Neurodevelopmental
- Emotional and behavioural
- Eating disorders
- Conduct and Outreach
- Adolescent Mental Health Team.

Eligibility criteria: aged 0-18, registered with a GP in City and Hackney, and experiencing moderate, persistent, complex or severe mental health difficulties. For children under 16, consent required from a legally responsible parent or guardian. Professional referral required (self-referral can be accepted if the young person has accessed the service within the past year).

East London Crisis Service

CAMHS offer a crisis service (provided by East London Foundation Trust) that provides access to support in hospital accident and emergency departments at three major hospital sites – Royal London, Homerton University and Newham University Hospital.

The crisis team aims to provide the right care, in the right place, at the right time to promote safety and recovery from crisis for those experiencing a mental health crisis. It is available 9am – 9pm, 7 days a week. City & Hackney also has a 24 hour crisis helpline.

Eligibility crtieria: aged 0-18. Able to self-refer by presenting at the A&E department of one of the three hospitals listed, or by calling the crisis helpline.

Appendix – Other Services

Bump Buddies

Provided by Shoreditch Trust, Bump Buddies offers information, signposting and peer support throughout pregnancy and up to 3 months postnatally, aimed at women who are socially isolated during pregnancy and early parenthood who may also be coping with a range of health and social issues.

Eligibility criteria: living in Hackney and up to 32 weeks pregnant. Self and professional referral accepted.

CHYPS Plus

Aims to provide young people with easy and convenient access to health care, in a supportive and confidential environment to consider how best to improve their physical, social and emotional health. Offers services such as sexual health, smoking cessation, clinical services, general advice, support and signposting.

Eligibility criteria: aged 11-19 and live, work, attend school or are registered with a GP in City & Hackney. Self-referral accepted.

Perinatal Mental Health

Provided by ELFT, the service works with women and their partners during pregnancy and up to 2 year postnatally where there are moderate to severe mental health difficulties, either pre-existing or beginning in the perinatal period, also liaising closely with maternity and the mother and baby unit where needed. Pre-conception advice and planning can also be provided.

Eligibility criteria: Aged 16 and over is resident in City & Hackney; 18 and over if registered with a GP in City & Hackney. Experiencing moderate-to-severe mental health issues and either planning a pregnancy or in the perinatal period (up to 2 years postnatal). Professional referral from secondary care mental health teams, primary care, obstetric and midwifery services and social care. Self-referral accepted for non-urgent cases.

Family Nurse Partnership

Family nurse support for young mothers up to the aged of 19, or up to age 25 if meeting additional vulnerability criteria. Provides practical, intense support up until the child is 2 years old. This may be include support during pregnancy, advice around child health and development or support with identifying life goals such as entering employment or education.

Eligibility criteria: aged 19 or under, or referrals can be made up to age 25 by Public Health midwives and specialist midwives at Homerton Hospital, safeguarding midwives and Hackney Education's Multi Agency Team Quality Improvement Partners. Referrals must be made before 28 weeks gestation and be for a first live baby.

Health Visiting

Support families from birth up until a child is 5 years of age, with an enhanced service for vulnerable families.

Huddleston Centre

Offers activities and a range of different projects for young people living in Hackney with a disability, aged 9-25. Self and professional referrals accepted.

Improving Outcomes for Young Black Men Programme

An ambitious programme to tackle inequalities for black boys and young black men. It includes a group of Inspirational Leaders, a group of young black men, who have been trained as community leaders to engage and inspire other young black men, and who help co-produce solutions.

Young Hackney

Provided by London Borough of Hackney, Young Hackney helps local young people to enjoy their youth and become independent and successful adults. In addition to offering activities for all young people, through youth clubs, sports sessions and citizenship programmes, they also offer advice and support.

This includes advice about employment, health, education and housing. Also able to offer more intensive support by working alongside other partners, for those young people who need it – for example, young people who are looked-after, have been arrested, or who are dealing with substance misuse.

Young Hackney provides a broad range of individual support at home, school, and in community settings such as youth hubs. They support young people to achieve positive outcomes by building constructive relationships with trusted adults.

Virtual School

The Virtual School is responsible for ensuring that LAC and care leavers achieve the best possible educational outcomes. The service consists of a multi-disciplinary team that work with young people, schools, colleges, social workers and foster carers to support young people aged 0-18 through school and into further or higher education, employment or training.

They also provide support in regards to how to access additional support within the wider network and provide training to schools, social workers and foster carers on educational issues.

School Nursing

Homerton's School Nursing Service is part of the schools based health services for maintained schools in Hackney and the City of London. The service provides support to all school ages and covers health assessments, safeguarding, support for children with disabilities and / or additional health needs and vaccinations (delivered by Vaccination UK).

Targeted antenatal classes

In addition to the universally available antenatal classes a programme of targeted antenatal groups is offered. This is available for women and partners who may benefit from additional support, such as (but not limited to):

BME (Turkish and African communities) and faith groups (Muslim and Orthodox Jewish)

Those with social vulnerabilities, mental health needs, young parents, limited English or involvement with the Criminal Justice system.

Glossary

ACEs Adverse Childhood Experiences

AMHS Adult Mental Health Services

ASD Autism Spectrum Disorder

BAME Black, Asian, Minority Ethnic

CAMHS Child and Adolescent Mental Health Services

CETR Care, Education and Treatment Review

CCG Clinical Commissioning Group

CFS Children and Families Service

ChATR Childhood Adversity, Trauma and Resilience

CHSCP City of London & Hackney Safeguarding Children Partnership

CHYPS City & Hackney Young People's Service

COACH

CQUIN Commissioning for Quality and Innovation

CYP Children and Young People

CYP IAPT Children and Young People's Improving Access to Psychological Therapies

CYPMF Children, Young People, Maternity and Families

FNP Family Nurse Partnership

GP General Practitioner

IAPT Improving Access to Psychological Therapies

ICP Integrated Care Partnership

JSNA Joint Strategic Needs Assessment

LAC Looked After Child(ren)

LD Learning Disability

LGBTQ Lesbian, Gay, Bisexual, and Transgender

MDT Multi-disciplinary Team

MECC Making Every Contact Count

MH Mental Health

MHSTs Mental Health Support Teams

MMHS Maternity Mental Health Services

NEET Not in Education, Employment or Training

NEL North-East London

NHS National Health Service

PRU Pupil Referral Unit

SEMH Social, Emotional and Mental Health

SEND Special Educational Needs and Disabilities

STP Sustainability and Transformation Partnership

UASC Unaccompanied Asylum Seeking Children

WAMHS Wellbeing and Mental Health in Schools

With thanks to...?

To find out more...

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