
Aiming for the Best

**for Children, Young People and Families
in Bedford Borough**

Director of Public Health Report
2016

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Foreword

Aiming for the best for every child and young person in Bedford Borough

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

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

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

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

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

Bedford Borough has the potential to achieve the best health and social outcomes for our children and young people. We have a diverse, well-educated population and lower than average levels of deprivation, yet our health outcomes do not always reflect this. I want us to strive to be better.

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

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



Muriel Scott
Director of Public Health

Summary of

• 0-19 Population • Characteristics

0-19 year olds

41,300

Quarter of the overall population

Number of 0-4 year olds 10,900 (2014)

There are around

2,100



live births each year

This figure has remained fairly stable since 2009.

9,079

(39.4% in 2015)



School children from ethnic minorities

Public Health England Child Health Profile 2016

0-19 Population estimated to increase to 44,800 by 2025

Bedford Borough has 5 areas in the Top 10% most deprived areas in England for children living in low income households (2015). These are in Castle, Kingsbrook, Cauldwell, Goldington and Queens Park wards.



9,835 (26%)

Children in lone parent households (2012)
Compared to 27.2% across England

Local insight profile for Bedford Borough 2016



4,860 (13.6%)

Children in 'out of work' households (2014)
Compared to 15.2% across England

Local insight profile for Bedford Borough 2016



5,470 (16.8%)

Children in poverty (2013)
Compared to 18.6% across England

Local insight profile for Bedford Borough 2016



300 (5.4%)

16-18 year olds are not in education, employment or training

Business Support Report - Education June 2016



3,773

Children with SEND

www.gov.uk - January 2015



753 Children In Need

(March 2016)

Business Support Report
Children's Social Care - May 2016



164 Children are subject to a Child Protection Plan

Business Support Report
Children's Social Care - May 2016



256 Children are Looked After

(March 2016)

Business Support Report
Children's Social Care - May 2016



In 2014 there were 75 under 18 conceptions

Bedford Borough Joint Strategic Needs Assessment



1 in 10

Children have experienced neglect

Action for children



26%

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

NSPCC

The most common factors identified by Social Care assessments in Bedford Borough are domestic violence, neglect and parental mental health

Executive Summary

Purpose of this Report

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

If we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future.

(Ofsted, 2016)¹

The Challenge

A recent health needs assessment² revealed that, overall, the health and wellbeing of children and young people in Bedford Borough is similar to the national average and some aspects are better than average. Considering our local demographics, we have the potential to be amongst the best for health and social outcomes. Throughout this report Bedford Borough's performance is compared to the best outcomes in England. Comparison to the 95th centile (i.e. the best 5% of local authorities in the country) has been used to highlight opportunities to achieve above average.

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

A report by the National Children's Bureau into health inequalities in England³ found that children and young people growing up in more deprived areas tend to have worse health outcomes, yet also found that this was not inevitable. Some very deprived areas are bucking the trend and children are doing as well as, or better than, the national average.

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

(Marmot, 2010)⁴

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

The Healthy Child Programme⁵ offers a range of interventions for all children, young people and their families in Bedford Borough from pre-birth to 19 years. There may be times in childhood and adolescence when additional help and support is needed. Earlier identification enables a timely and effective response before issues escalate. The case for Early Help is well evidenced⁶ as is the need for a skilled, multi-agency workforce that communicates well and works together. No one agency can provide the support alone.

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



A joint partnership approach across all services and agencies working with children, young people and families is being steered by the **Bedford Borough Children, Young People and Their Families Plan (2016-2020)**. As a partnership we are focused on delivering our shared vision:

'To give all children and young people, including those with SEND, firm foundations in life, through a strong network of family, friends and communities, with the earliest support and best education that can be offered throughout their lifetime'

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

Throughout the report the priorities and recommendations for next steps have been highlighted. These have been informed by the recent health needs assessment² and the Joint Strategic Needs Assessment (JSNA): www.bedford.gov.uk/JSNA

A 'Call to Action' has been declared to highlight the areas most in need of attention. These are provided for each chapter and are summarised below:

Call to Action	
Pregnancy	Midwifery services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services.
Healthy Birth and Early Years	We need a highly skilled and motivated 0 to 5 workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences, sharing information and referring to services where appropriate.
School Years	Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.
Vulnerable Children and Young People	All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board.
Mental Health	Commissioners and providers must work together to ensure that i) a comprehensive perinatal mental health pathway is in place. Parents at risk of mental illness during the perinatal period (pregnancy to the first year following birth) should be identified and timely support offered, including for the infant and wider family where appropriate. ii) all professionals working with children, young people and families are able to identify mental health issues and refer promptly to accessible, high quality mental health support at the appropriate level.

Snapshot of Health of our 0-4 year olds



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



17.7%
of babies born
in Bedford live with a
smoker in the household
Bedford Borough JSNA 2016



8.3% of mothers
at Bedford Hospital
were smokers at
the time of delivery
Bedford Borough
JSNA 2016



63.5%
of children achieved a good level
of development at age 5, this is
significantly below the England
average of 69.3%
Bedford Borough JSNA 2016



79.8%
of Mothers in Bedford Borough
start breastfeeding

More than half of all babies are
still breastfed at 6-8 weeks

Between 2013-15 28 children
under the age of 1 died
Public Health England
<http://www.phoutcomes.info>



Over
95%
of children receive their childhood
immunisations before starting
school – except the Measles,
Mumps and Rubella vaccination
which has a lower uptake of
90.9% at second dose



60.5%
of eligible 2 year olds took
up a nursery place in the
Summer Term 2014/15.
Business Support Report
Education - June 2016



**Health and
Wellbeing of
children in Bedford
is similar to
the England
average**



4,093
children aged 0-4 went to A&E
(2014/15) and the local rate
is below the England average

Public Health England, Child Health Profile 2016



The percentage of babies
born with low birth weight
is 7.4% and similar to the
England average

**An estimated 200-300 women are affected
by mild to moderate depression during
pregnancy and the year following the birth**

Section 1: Healthy Pregnancy

Why Is This Period Important?

Pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support. It provides an opportunity to help parents get off on the right foot, and crucially to help set the pattern for effective parenting later on.

(Cuthbert et al., 2011)⁷

The first 1,001 days from conception to age 2 is widely recognised as a crucial period that will have an impact and influence on the rest of the life course. The foundations for good physical health throughout life occur in pregnancy and infancy.⁸

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

What Are We Aiming For?

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

Babies born to parents with poor lifestyles have an increased risk of low birth weight, early illness and even early death.

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



Not socio-economically disadvantaged



Managing stress or anxiety

In a supportive relationship - and not experiencing domestic violence



Not smoking, consuming alcohol or misusing illegal substances



Enjoying a well-balanced diet



Not in poor physical, mental or emotional health

There are around 2,100 live births in Bedford Borough each year. Sadly a small number do not live to see their first birthday – between 2013 and 2015, 28 babies died in the first year of life. The infant mortality rate in Bedford Borough is higher than the England average, 4.4 vs 3.9 per 1,000 live births, and this needs to be reduced. In 2014/15 modifiable factors were identified in 40% of child deaths in Bedfordshire, which included smoking, raised maternal body mass index (BMI) and unsafe sleeping (Child Death Overview Process Panel Annual Report 2014/15). Continuing to prevent these deaths, by reducing risk factors where possible, is a priority.

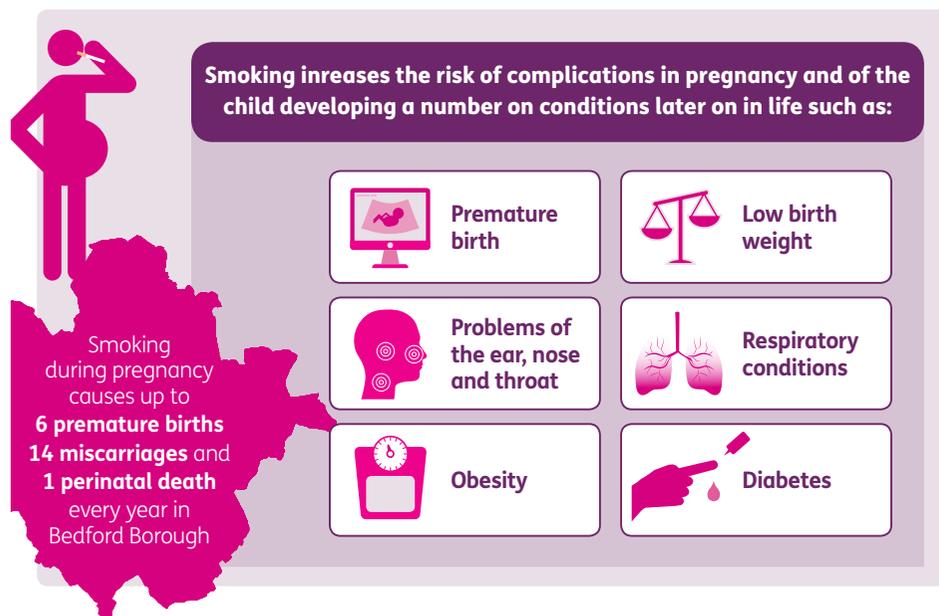
Seeing a healthcare professional early in pregnancy is a key opportunity to assess a mother's health and identify risks. Midwives give advice and offer interventions to support a healthy pregnancy, including weight management during and after pregnancy and support to stop smoking.

Ensuring early access to a midwife, by the 13th week of pregnancy, will equip women with the knowledge and skills they need to modify the preventable risks to their pregnancy. Local data shows that over 90% of women are booked in by their 13th week of pregnancy; however there is still room for improvement.

What are the Risk Factors?

Smoking in Pregnancy

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



Smoking in pregnancy in Bedford Borough costs the NHS up to £178,000 a year for pregnancy-related complications and up to £65,000 per year for health effects on infants.⁹

Data from Bedford Hospital shows that the number of mothers who were smokers at the time they gave birth has been declining and was 8.3% in 2015/16. Babies from less affluent backgrounds are more likely to be born to mothers who smoke and this is contributing to the gap in health inequalities.

In 2015/16, 17.7% of babies in Bedford Borough lived in a household with a smoker. Exposure to second-hand smoke is particularly harmful to children; extrapolating UK estimates¹⁰ to Bedford Borough suggests that each year exposure to second-hand smoke causes:

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

What can we do to reduce smoking in pregnancy?

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

Maternal Obesity

Maternal obesity is defined as having a Body Mass Index (BMI) of 30kg/m² or more at the first antenatal appointment. Being obese during pregnancy increases the health risks for both the mother and child during and after pregnancy.¹¹

Pregnant women who are obese are at increased risk of:

 Having a still birth or intra-uterine death	 Developing gestational diabetes
Raised blood pressure and pre-eclampsia 	Having a blood clot in the legs (DVT) 
 Having a large baby or ill baby needing increased monitoring	 Having a caesarean section

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

Amongst all women in England of child-bearing age (16-44 years) around half are overweight or obese¹² (BMI \geq 30). One study of maternity services in England¹³ found that 15% of women were obese in the first three months of pregnancy. Locally, 19.6% of pregnant women booked into Bedford Hospital in their first trimester were obese (BMI \geq 30).¹⁴

In 2015/16 615 mothers who gave birth at Bedford Hospital were obese.

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

What do we need to do to reduce maternal obesity?

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

Teenage Pregnancy

Young parents and their children experience poorer outcomes.

Mothers under 20 years of age are:

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

Babies born to young women under 20 have a:

- 15% higher risk of a low birth weight
- 44% higher risk of infant mortality
- 63% higher risk of experiencing child poverty

Young fathers are more likely to have poor education and have a greater risk of being unemployed in adult life.¹⁶

The latest under 18 conception data (2014) shows a rate of 24.7 conceptions per 1,000 women aged under 18, which is equal to 75 pregnancies in 2014 that resulted in either a live birth or an abortion. The rate is higher than the England and East of England rates.

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

To support young parents there is a Support Pathway for Parents Under 20 in Bedford Borough. The pathway offers young pregnant women a range of support to improve their own outcomes, their partner's and their child's. **Further details can be found in 'Teenage Parents' section in Section 3.**

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

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

Parental Mental Health

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

Mental health issues can impact on the mother's ability to bond with her baby which can affect the baby's ability to develop a secure attachment.

Knowing the risk factors and the symptoms can help with early identification and timely support and treatment to minimise the impact on the mother, child and family.

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



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

- Previous history of mental illness
- A traumatic birth
- A history of stillbirth or miscarriage
- Relationship difficulties
- Social isolation

In Bedford Borough an estimated 200-300 women are affected by mild to moderate depression during the perinatal period each year. Maternal depression is also the strongest predictor of paternal depression which is estimated at 4% during the first year after birth.

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

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

How is Bedford Borough Performing?

The most recent compiled and published data as of November 2016

Indicator	Bedford Borough	England Average	Aiming for the Best: 95th centile
Smoking at time of delivery (2015/16)	8.3% *	10.6%	3.4%
Maternal obesity (2015/16)	19.6% at booking appointment	16.1% at booking appointment	2.2% at booking appointment
Under 18s conception rate (2014)	24.7 per 1,000 females aged 15-17	22.8 per 1,000 females aged 15-17	12.8 per 1,000 females aged 15-17
Under 16s conception rate (2014)	5.3 per 1,000 females aged 13-15	4.4 per 1,000 females aged 13-15	2.0 per 1,000 females aged 13-15
Infant mortality (2013-2015)	4.4 per 1,000 live births	3.9 per 1,000 live births	2.3 per 1,000 live births

* Bedford Hospital data – includes all mothers who deliver at Bedford Hospital not just Bedford Borough residents

We are falling short of the national average in infant mortality and the levels of maternal obesity and teenage conceptions; we could be performing better in smoking in pregnancy.

How Can We Improve?

1. Midwifery services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services
2. We must all expand our focus from the mother to encompass the whole family
3. Services should continue to promote the importance of early access to maternity care and monitor where mothers are presenting later to identify if there are any additional needs
4. We need to implement robust preparing for parenthood schemes, with multi-agency involvement
5. Commissioners need to ensure a comprehensive parental mental health pathway is in place to identify mothers with, and at risk of, mental illness during the perinatal period and offer prompt treatment, including for the infant and wider family where necessary.

Call to Action

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

Section 2: Healthy Birth and Early Years

A child's earliest years, from their birth to the time they reach statutory school age, are crucial. All the research shows that this stage of learning and development matters more than any other.

(Ofsted, 2016)¹⁷

Why is this Period Important?

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

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

Protective factors

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

Parental involvement in learning

Protective health behaviours e.g. stopping smoking

Breastfeeding

Psychological resources including self-esteem

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

What are we Aiming for?

A Healthy Childhood

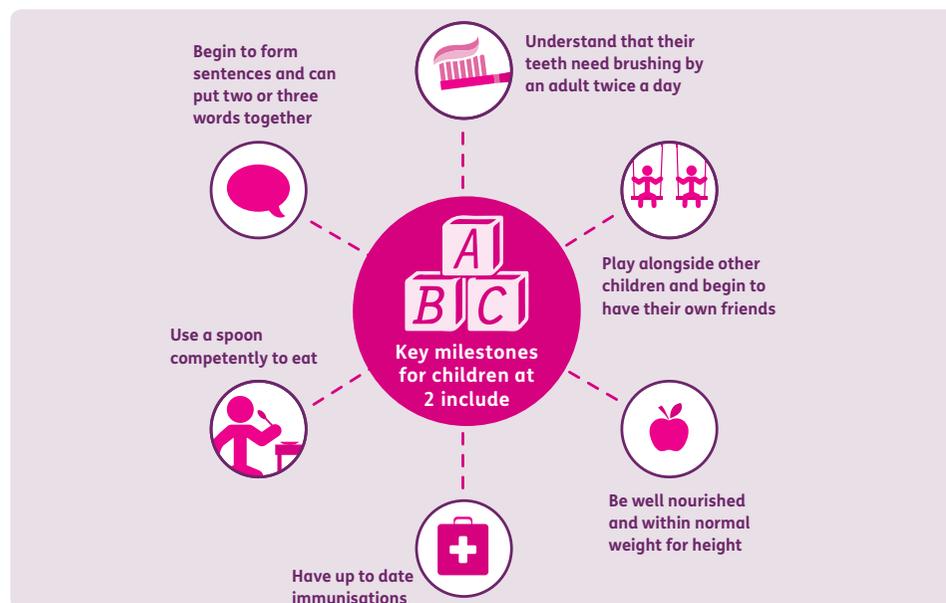
The Healthy Child Programme is led by Health Visitors and involves integrated working across all partners including maternity, Children's Centres and GPs. It offers every family a programme of screening tests, developmental reviews, immunisations and guidance to support parenting and healthy choices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

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

Ensuring Children Are Ready To Learn

In Bedford Borough an Integrated Two Year Review is now offered to all children between the ages of 2 and 2½ years, which incorporates a health and development review and the Early Years Foundation Stage check. Collaboration between Health Visitors and Early Years providers ensures a high quality and comprehensive assessment of need that includes the child, family and wider context. The review provides an opportunity to discuss and assess a child's health and development and identify those children and families who may need additional support.

To support parents in their crucial role as their child's first educator, evidence-based parenting programmes such as Parents as First Teachers¹⁸ and Triple P¹⁹ are offered by the Bedford Borough Early Help Team.



A child's development is next measured at age 5, using the Early Year's Foundation Stage Profile (EYFSP). In Bedford Borough, in 2015/16, 63.5% of children achieved a good level of development, which is an increase from 2014/15. However, this remains significantly below the England average of 69.3% and improving the number of children who achieve a good level of development remains a priority for Bedford Borough.

Reduced Emergency Hospital Attendances and Admissions

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

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

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

In the UK, one in 11 children have asthma and every 20 minutes a child is admitted to hospital due to an asthma attack. The rate of hospital admissions for asthma in those aged under 19 years from Bedford Borough was 252.5 per 100,000 (2014/15), which is higher than the England rate of 216.1 per 100,000. Asthma has caused 3 deaths in under 19s over the last 10 years across Bedford Borough and Central Bedfordshire.

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

What are the Risk Factors?

Adverse Childhood Experiences (ACEs)

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

Adverse childhood experiences

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

(Ford et al. 2016)²⁰

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

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

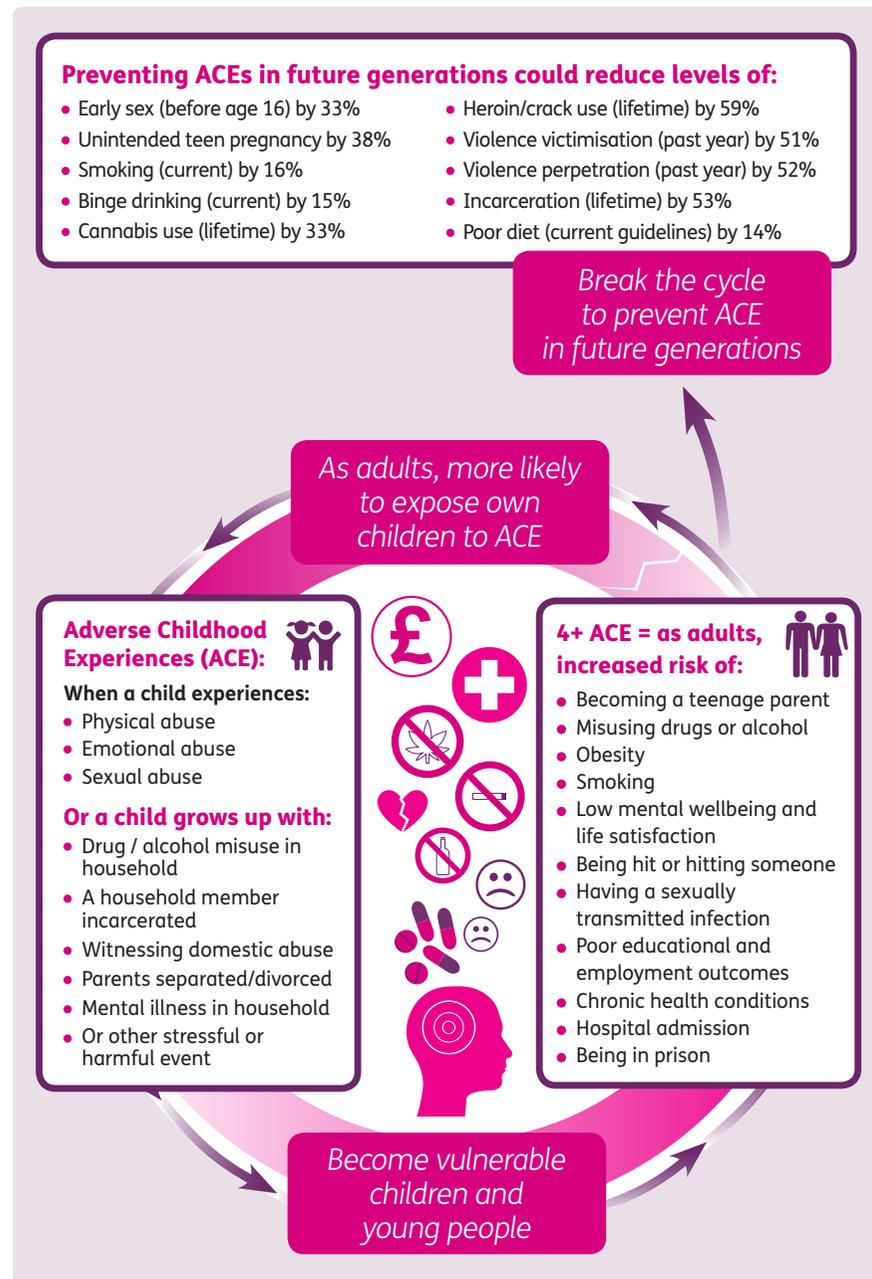
Studies are increasingly exposing relationships between childhood trauma and the emergence of health damaging behaviours and poor health and social outcomes in adulthood. Children and young people who witness and live with these stressful incidents are more likely to have low self-esteem, attachment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

Individuals who experienced four or more Adverse Childhood Experiences have an increased risk of having poorer outcomes as adults, as shown in the table below.²¹

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

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

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



Breastfeeding Duration

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

Benefits of breastfeeding

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

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

The UK has some of the lowest breastfeeding rates in the world

Rates of any breastfeeding until 6 months:



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

Breastfed babies have lower rates of:

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



Breastfeeding rates have increased in Bedford Borough over recent years and are better than the national levels:

- In 2014/15, 79.8% of mothers initiated breastfeeding, which was above the the England average of 74.3%
- In 2015/16, 51.3% of mothers continued to breastfeed to 6-8 weeks, which exceeds the England average of 43.2%.

There is still work to do, as there is significant variation across Bedford Borough. Ward level data shows breastfeeding continuation rates at 6-8 weeks ranged from 36.4% to 80.0% in 2015/16.

What do we need to do to increase breastfeeding duration?

- Continue to promote a culture that supports breastfeeding and the associated benefits throughout antenatal care and beyond
- Identify those groups where targeted community support may be needed to engage mothers who are less likely to breastfeed.

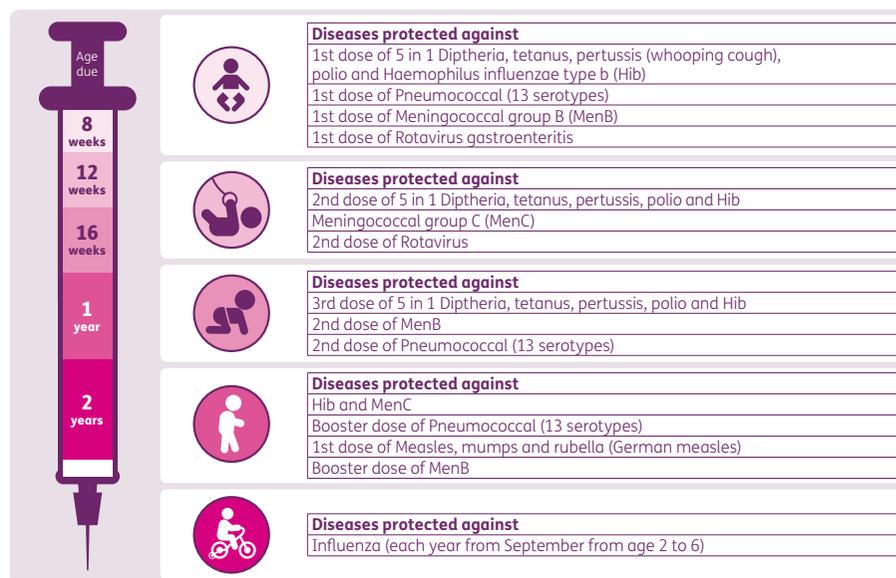
Preventable Childhood Diseases

Antenatal and new-born screening is part of the routine maternity care pathway. Through the robust programme provided locally it can help prevent infection of the new-born child and ensure appropriate care is made available. The antenatal and new-born screening timeline²² goes from pre-conception to 8 weeks after birth.

In 2015/16 Bedford Hospital exceeded targets for the percentage of mothers and new-borns screened, with the exception of Hepatitis B screening, within the required timeframe.

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

For most childhood immunisations, coverage in Bedford is over 95%. The exceptions in 2014/15 were the preschool vaccinations for Diphtheria/Tetanus/Pertussis/Polio (DTaP/IPV) and Measles/Mumps/Rubella (MMR); these are offered at around 3 years and 4 months. Measles can be fatal but uptake of MMR vaccinations continues to be affected by a public scare based on a flawed study.



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

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

How is Bedford Borough Performing?

The most recent compiled and published data as of November 2016

Indicator	Bedford Borough	England Average	Aiming for the Best: 95th centile
Percentage of new birth visits within 14 days – Health Visiting (2015/16)	86.6%	87.0%	95.1%
Breastfeeding initiation (2014/15)	79.8%	74.3%	90.8%
Breastfeeding at 6-8 weeks (2015/16)	51.3%	43.2%	65.4%
Infant immunisations – MMR two doses at 5 years old (2014/15)	90.9%	88.6%	95.4%
New-born Blood Spot Screening Coverage (2014/15)	97.9% *	95.8%	99.6%
Domestic abuse incidents per 1,000 population (2014/15)	21.4**	20.4	14.8
Child development at 2 – 2½ years Proportion of children aged 2-2½ years offered ASQ-3 as part of the Healthy Child Programme or integrated review (2015/16)	100%	81.3%	100%
Early Years Foundation Stage: good level of development at age 5 (2015/16)	63.5%	69.3%	75.8%

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

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

We are falling short of the national average in the Early Year Foundation Stage: good levels of development and instances of domestic abuse. We could be performing better in breastfeeding, new birth visits by a Health Visitor, new born screening and childhood immunisations.

How Can We Improve?

1. We need a highly skilled and motivated 0 to 5 workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors, including adverse childhood experiences, sharing information and referring to services where appropriate
2. We must all ensure parents and carers of children under 5 have access to early support, to act as their child's first teacher and access free early education places when needed
3. Strengthen integrated working and develop skills across early years and health to ensure children and families are identified and offered support earlier, including through effective use of the Early Help Assessment and implementation of the Integrated Two Year Review
4. Ensure consistent messages across health and early years providers to promote breastfeeding, bottle hygiene, smoke-free environments and immunisation uptake.

Call to Action

We need a highly skilled and motivated 0 to 5 workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences, sharing information and referring to services where appropriate.

Snapshot of Health of our 5-19 year olds



Bedford Borough children have slightly better than average levels of excess weight: **21.3%** at age 4-5 years and **34.0%** at age 10-11 years. 2015-16

A downward trend in alcohol consumption amongst 11-15 years has also been seen across England. A Bedford Borough survey (2015) reported

13% of 14-18 year olds drank alcohol once a week or more

Public Health, Bedford Borough



Hospital admissions for asthma, mental health, injuries and self harm are similar to England averages

Public Health England, Child Health Profile 2016



8 children aged under 18 admitted to hospital for alcohol specific conditions

Public Health England, Child Health Profile 2016



18 15-24 year olds admitted to hospital for substance misuse

Public Health England, Child Health Profile 2016



91% of girls

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

South Essex Partnership Trust



1 in 4 children have a decayed, missing or filled tooth by the age of 5 years (slightly better than the England average of 27.9% 2011-12)

Public Health England, Child Health Profile 2016

An estimated

2,220 children

in Bedford Borough aged 5-16 years have a mental health disorder and 1,130 of 16-19 year olds



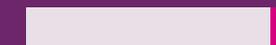
Tests/exams and grades were reported to be pupils' biggest worries amongst children aged between 7-18 years in Bedford Borough. School work was the second biggest worry for 11-18 year olds. For younger children (7-11 years) it was being bullied.

Public Health, Bedford Borough

94% of pupils

aged between 7-18 in Bedford Borough schools reported feeling OK, Mostly or Very happy most of the time

Public Health, Bedford Borough



Across England, smoking rates amongst young people have fallen and are now at their lowest. A Bedford Borough survey of school children (2015) found that 88% of 11-14 year olds and 73% of 14-18 year olds do not smoke.

Public Health, Bedford Borough

Section 3: The School Years

Why is this Period Important?

Over the past 10 years there has been significant research emerging around young people's brain development. Puberty is a time of a major 'second wave' of brain activity, where the brain is developing its skills to make decisions, empathise and reasoning. At the same time the body achieves its maximum potential for fitness, physical strength and reproductive capacity²³. This is a crucial time to embed healthy behaviours, and minimise risky ones.

What are we Aiming for?

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

For children, better social and emotional skills, communication, the ability to manage your own behaviour and mental health mean a stronger foundation for learning at school, an easier transition into adulthood, better job prospects, healthier relationships and improved mental and physical health.

(Early Intervention Foundation, 2016)²⁴

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

- *Pupils with better health and wellbeing are likely to achieve better academically*
- *Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement*
- *The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn*
- *A positive association exists between academic attainment and physical activity levels of pupils.*

(Public Health England, 2014)²⁵

Improving emotional health and wellbeing and building resilience

In 2014 the report by the Director of Public Health focused on mental health: an update can be found in Section 5. This section looks at broader emotional health and wellbeing.

Good emotional health and wellbeing amongst children and young people promotes healthy behaviours, good attainment and helps prevent behavioural and mental health problems.²⁶

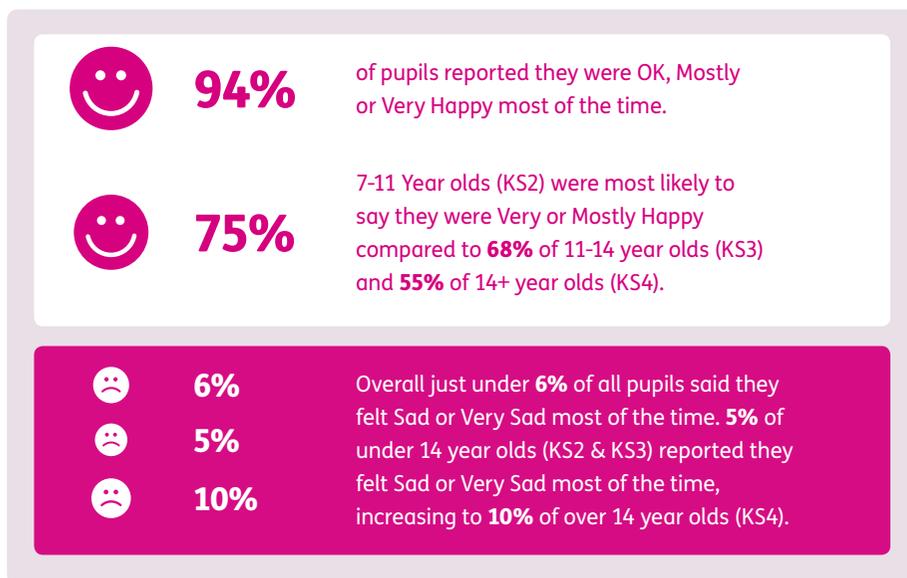
What does good emotional health look like?

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

Action for Children (2007)²⁷

Most children and young people are part of happy and healthy families, and their parents/carers are the providers of their emotional support. Sometimes though children and young people need extra support. The results of the 2014 Bedford Borough schools' Emotional Wellbeing survey²⁸ tells us that most children and young people are happy most of the time; however, the percentage of pupils who reported feeling sad was higher in those over 14 years of age.

Emotional wellbeing



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

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

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

Bedford Borough's Whole School Review encourages schools and colleges to work towards a 'whole systems' approach, that prioritises the emotional health and wellbeing of children and young people. This is aligned to Public Health England's Eight Key Principles to promote emotional resilience, self-esteem and interpersonal skills.

Eight Key Principles to promoting emotional health and wellbeing



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

What are the Risk Factors?

Excess weight

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

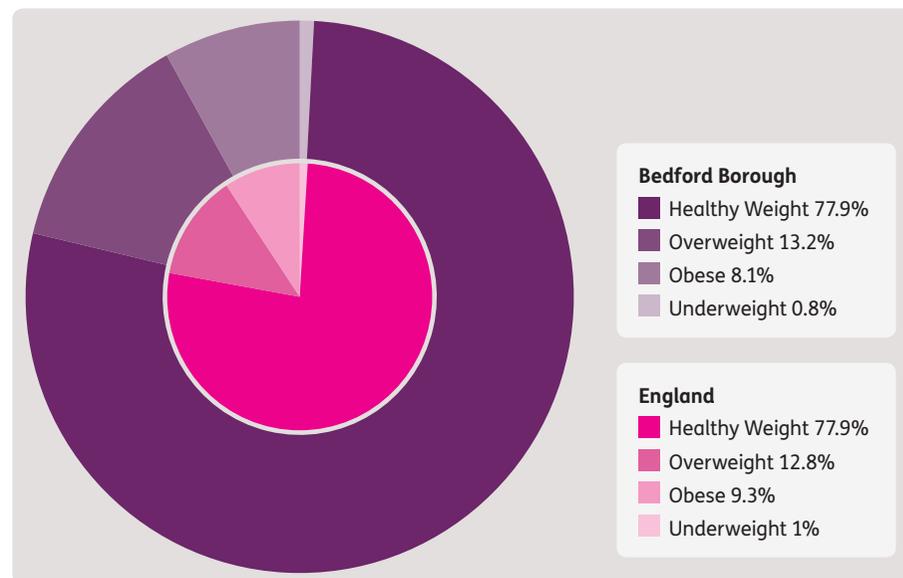
The National Child Measurement Programme (NCMP) weighs and measures children in their first year at school (Year R) and again in Year 6. The NCMP is used to identify children who are underweight, overweight and obese so that they can be offered support, as well as being used to monitor trends.

In 2015/16, 21.3% of children in Year R were overweight or obese in Bedford Borough; which is slightly better than the England average of 22.1%. In Year 6 the total number of overweight and obese children (34.0%) is similar to the England average (34.2%). Excess weight in adults is slightly higher than the national average - tackling obesity in childhood, as a preventative measure, is a priority.

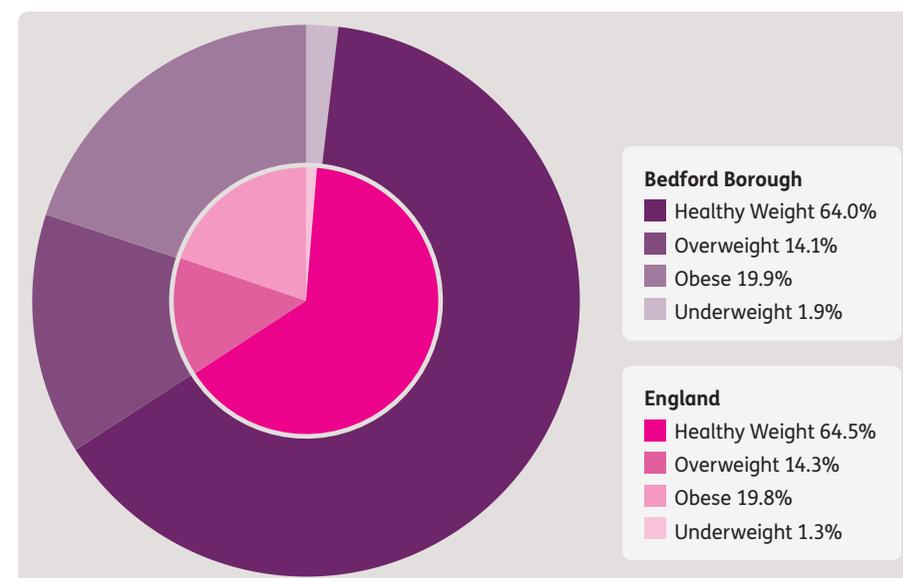
Lower numbers of children who are overweight or obese would be expected to result in lower levels of a wide range of health problems, including diabetes, and could help improve educational and social outcomes.

In Bedford Borough in 2015/16, 13.2% and 8.1% of children were overweight and obese respectively at year R.

Reception (aged 4-5 years)



Year 6 (aged 10-11 years)



In Year 6, 14.1% and 19.9% of children were overweight and obese respectively in Bedford Borough.

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

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

Beezee Bodies (2015)

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

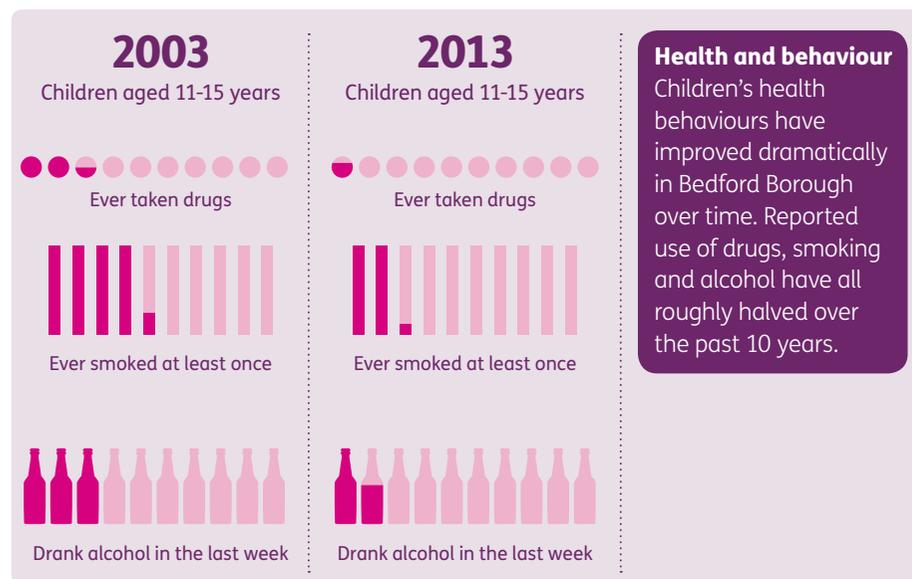
Reducing Health-Related Risk Taking Behaviours

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

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

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

Children's Health and Behaviour



Risky behaviours can 'cluster' and are linked to poor outcomes, such as low educational attainment, being bullied and emotional health problems.²⁹ Effective interventions during adolescence have the potential to reduce multiple risk taking behaviours.

Smoking

Smoking continues to be a major cause of ill health, particularly heart and lung disease. Many people start smoking as adolescents and some will continue to smoke into adulthood. However, across England the number of young people who reported trying smoking has fallen and is now at the lowest levels since 2003.³⁰

Local data tells us that the majority of young people do not smoke; however, a significant number are affected by second-hand smoke.

Findings from a Drug and Alcohol survey conducted in Bedford Borough schools in spring 2015³¹ included:

- 88% of Key Stage 3 (11 to 14 years) pupils and 73% of Key Stage 4/5 (14 to 18 years) pupils reported that they do not smoke
- A quarter to a third of children in each Key Stage group reported that they were around people who smoke cigarettes often or every day.

School Nurses are trained to deliver Level 2 smoking advice; which is delivered in drop-ins.

Bedfordshire Stop Smoking Service specialist advisors offer free advice and support across Bedfordshire.

Alcohol and Substance Misuse

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

A survey of young people in England in 2013³⁰ showed a downward trend in the number of young people who drink alcohol. The survey also reported that 16% of pupils aged 11-15 years had taken drugs at least once; cannabis was the most likely drug to be used. This was reflected in our local schools' survey data.

Hospital admissions due to i) alcohol related conditions in under 18 year olds and ii) substance misuse in 15-24 year olds are relatively rare but are a useful indicator as the 'tip of the iceberg' of use.

- For under 18 year olds, the hospital admission rate due to alcohol related conditions was 22.7/100,000 (2012/13-2014/15) - this is significantly better than the national average of 36.6/100,000
- For 15 to 24 year olds, the rate of hospital admissions due to substance misuse was 91.7/100,000 which is similar to the national average of 88.8/100,000 (2012/13-2014/15).

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

Sexual Health

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

Chlamydia is the most common, curable sexually transmitted infection in the UK. If left untreated it can result in pelvic inflammatory disease and infertility. The aim of an effective screening programme for Chlamydia is to achieve a detection rate of at least 2,300 per 100,000. This ensures that the programme is effectively targeting those young people at highest risk of infection. The detection rate for Chlamydia in Bedford Borough has exceeded the recommended rate in 2015 with a detection rate of 2,671 per 100,000. Areas achieving this rate should aim to maintain or increase it. Such a level can only be achieved through the ongoing commissioning of high volume, good quality screening services across sexual health services and primary care.

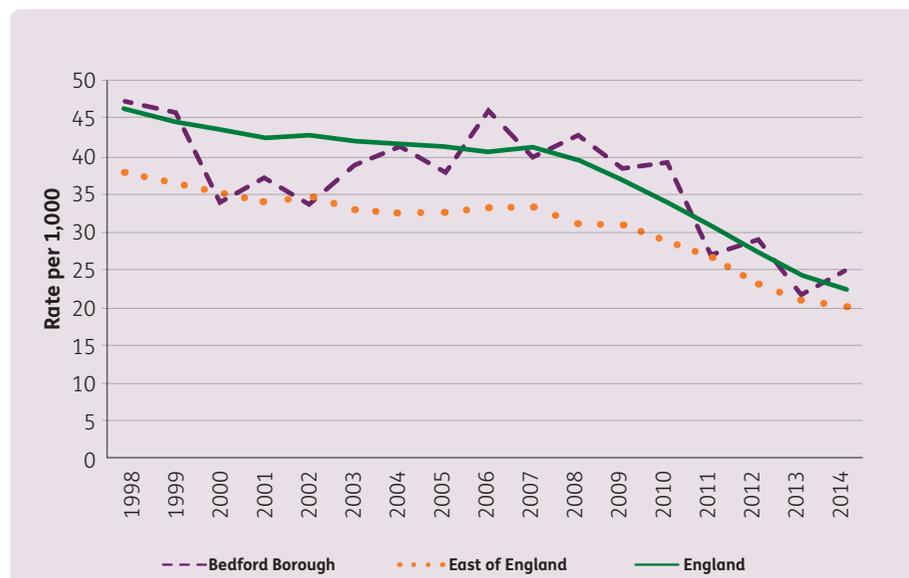
In **Bedford Borough** there were:

- 2,671 new diagnoses of Chlamydia infection per 100,000 people aged 15-24 in 2015, compared to the England average of 1,887/100,000.
- 751.1 per 100,000 new diagnoses of STIs, which is lower than the England rate of 815 per 100,000. 45% of new STI diagnoses in Bedford were in young people aged 15-24 years.

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

Teenage pregnancy is a complex issue, affected by personal, social, economic and environmental factors. Under-18 conception data is used to monitor rates; it includes all conceptions that result in either a live birth or abortion. Since 1998 there has been a 51% reduction in under 18 conceptions across England.

Under 18 conception rates 1998-2014



In Bedford Borough:

- The 2014 conception rate amongst under 18s was 24.7 per 1,000 (actual number 75)
- This is an increase of 12.3% from the 2013 rate of 22.0 per 1,000 (actual number 67)
- This is slightly higher than the England rate of 22.8 per 1,000, however overall the trend shows a downward trend in rates in Bedford Borough since 1998
- There were 3 higher rate wards in 2011-2013: Eastcotts, Castle and Kingsbrook. ³²

AspireNLP is commissioned to deliver school-based programmes to raise levels of self-esteem and aspirations in pupils who had been identified as vulnerable or high risk. This is part of a wider aim to continue to reduce teenage pregnancy and to improve young people's health and wellbeing.

The Framework for Sexual Health Improvement³³ recommends that in order to reduce teenage conception rates and improve sexual health it is vital to have the provision of high quality comprehensive sex and relationships education (SRE) in schools and youth settings. This should be complemented by open discussion with parents/carers, and the provision of easy access, young people friendly, sexual health and contraception services.

Cambridgeshire Community Services provides an integrated contraceptive and sexual health service which includes young people friendly clinics in Bedford Borough.

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

What do we need to do to reduce risk taking behaviours?

- Help parents, carers and families to teach their children the healthy behaviours that will continue in adult life, by ensuring that children and young people are informed of the effects of risky behaviours and are supported to make healthy choices
- Support schools to provide high quality Personal, Social and Health Education
- Continue to provide early intervention programmes, such as ASPIRE
- Raise awareness and improve access to age-appropriate support services for children, young people and their families.
- Ensure effective implementation of the Support Pathway for Parents Under 20.

How is Bedford Borough Performing?

The most recent compiled and published data as of November 2016

Indicator	Bedford Borough	England Average	Aiming for the Best: 95th centile
Percentage of 15 year olds who eat 5 portions or more of fruit and veg per day (2014/15)	52.1%	52.4%	62.3%
Year R children overweight and obese (2015/16)	21.3%	22.1%	17.9%
Year 6 children overweight and obese (2015/16)	34.1%	34.2%	28.0%
Smoking prevalence at age 15 (2014/15)	9.3%	8.2%	4.4%
Hospital admissions: alcohol-specific conditions, crude rate (2012/13-2014/15)	22.7 per 100,000 under 18	36.6 per 100,000 under 18	15.3 per 100,000 under 18
Hospital admissions: substance misuse (directly standardised rate) (2012/13-2014/15)	91.7 per 100,000 aged 15-24	88.8 per 100,000 aged 15-24	44.5 per 100,000 aged 15-24
Hospital admissions: mental health conditions, crude rate (2014/15)	82.9 per 100,000	87.4 per 100,000	39.8 per 100,000
Rate of hospital admissions caused by injuries in children (0-14 years) (2014/15)	93.0 per 10,000	109.6 per 10,000	68.2 per 10,000
Hospital admissions as a result of self-harm in children aged 10-24 (2014/15)	422.6 per 100,000	398.9 per 100,000	150.9 per 100,000
First time entrants to youth justice system aged 10-17 (2015)	373 per 100,000	369 per 100,000	202 per 100,000
Pupil absence: percentage of half days missed (2014/15)	4.47%	4.62%	4.1%
Not in Education Employment or Training (NEET): 16-18 year olds (2015)*	5.4%	4.2%	2.0%
Chlamydia detection rate aged 15-24 (2015)	2,671 per 100,000	1,887 per 100,000	3,558 per 100,000

* We are better than England in identifying our 'not knows' for those Not in Education Employment or Training (NEET). The low level of 'not knows' in Bedford leads to the higher unadjusted NEET figure.

We are similar to the national average in most indicators, but are falling short on smoking prevalence and hospital admissions for substance misuse and self-harm. Compared to the 95th centile we could be doing better across all the indicators.

How Can We Improve?

1. Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex & Relationships Education and Physical Education.
2. We must all help parents, carers and families to build emotional resilience in children and young people to develop the healthy behaviours that will continue in adult life
3. All organisations to support the implementation of the Bedford Borough Excess Weight Partnership Strategy 2016-2020 to tackle childhood and adult excess weight
4. Providers must tackle risky behaviours by supporting parents and families

Call to Action

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

Snapshot of Health outcomes of vulnerable children and young people



Children in care are **4 times more likely** than their peers to have a mental health difficulty
Office of National Statistics (2015)

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

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



CHIMAT (2011)

Mothers under 20 are:

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



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



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



Bedford Borough Joint Strategic Needs Assessment

Living in a household with domestic violence and abuse:

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

Public Health, Bedford Borough



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

Young carers have significantly lower educational attainment at GCSE level

Department of Health (2014)



Children with learning disabilities are six times more likely to

have mental health problems than other children.

CHIMAT (2011)



Children and young people in the criminal justice system

are far more likely to experience mental health problems than their peers

Department of Health (2014)

Children who offend

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

Prison Reform Trust / Young Minds



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

Department for Education (2014)



Children living with a parent with mental health problems

are more likely to develop mental health problems themselves.

Section 4: Vulnerable Children and Young People

Why Is This Group Important?

Identifying children and young people with vulnerabilities and strengthening professional curiosity

Being professionally curious means looking to identify indicators of neglect and not being reliant on legal thresholds alone. Professionals should instead explore the significance of one or a number of indicators of neglect when investigating an incident in a home setting or elsewhere.

(National Multi Agency Child Neglect Strategic Work Group, October 2015)

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

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

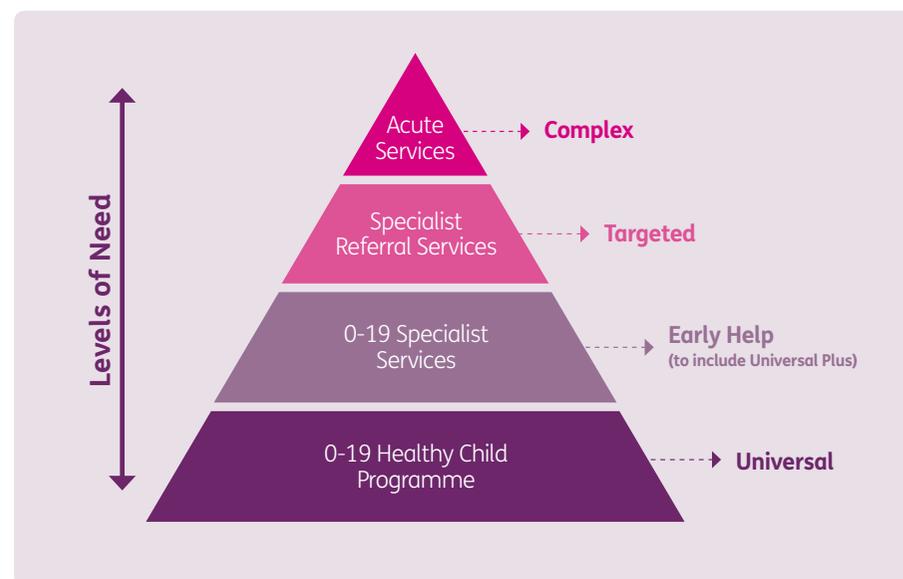
What Are We Aiming For?

Implementing the Early Help Offer

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

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

Every child, young person and family will access universal services over their lifetime, through the delivery of the Healthy Child Programme⁵; however, some will need additional support. The diagram below illustrates the different levels of need and the corresponding health services that are offered.



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

The Early Help Strategy Group, Public Health and partners have worked closely together to develop an Early Help Strategy which can be found here: http://www.bedford.gov.uk/health_and_social_care/children_young_people/early_help

What Are The Risk Factors?

A vulnerable young person includes a child or young person who:

- is disabled and has specific additional needs
- has special educational needs
- is a young carer
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic abuse
- has returned home to their family from care
- is showing early signs of abuse and/or neglect
- is a Looked After Child (LAC)
- is a young parent
- is at risk of/has experienced Child Sexual Exploitation (CSE)
- is at risk of/has been a victim of Female Genital Mutilation (FGM)
- is an asylum seeker, refugee or new migrant.

Working Together to Safeguard Children (2015)

How Can We Improve?

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

Theme 1: Role of the professional working effectively in partnership

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

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

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

Theme 3: Consistent and effective organisational processes and systems

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

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

1. All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board
2. Commissioners must agree key measures of success in early identification of risks and vulnerabilities, and monitor to improve outcomes
3. Work in partnership to identify children and young people who are experiencing issues early to ensure they are able to access support, advice and opportunities to improve their health and wellbeing and enable them to reach their potential
4. Shared training to develop professional curiosity and strengthen a consistent integrated approach
5. Ensure that the broadest range of services and support are available to meet the needs of particularly vulnerable groups, in the most effective and cost-efficient way.

Call to Action

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

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

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

Child and Adolescent Mental Health (CAMH)

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

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

Joint Commissioning Panel for Mental Health (2015)³⁵

In Bedford Borough it is estimated that³⁶:

- 2,220 children aged 5-16 have a mental disorder, with a higher number seen in the 11-16 year old age group and in boys.
- Amongst 16-19 year olds a further 1,130 will have a disorder.

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

- Greater risk of physical health problems
- Increased risk of disruption to education and school absence
- Poorer educational attainment
- Poorer employment prospects
- Increased risk of smoking, drug and alcohol use.³⁷

The three key recommendations to improve outcomes for children and young people were:

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

Progress against the recommendations

Promoting resilience, emotional wellbeing and good mental health of children and young people is a priority across Bedford Borough, and this is highlighted in the current Health and Wellbeing Strategy and the Bedford Borough Children, Young People and Their Families Plan. Progress has been made leading to changes in service delivery for children and extra capacity and capability across Children's and Adolescent Mental Health Services (CAMHS).

In response to the Future in Mind report³⁷ the Bedfordshire and Luton Local Transformation Plan 2015-2020 set out the strategic priorities and service transformation plans for improving the emotional wellbeing and mental health for children and young people in Bedfordshire and Luton over the five year period.

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

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

Progress made since 2014	
Perinatal Mental Health	<p>Work to develop and enhance the perinatal mental health provision is underway. This will include additional specialist support within maternity units, improved signposting and access to support, as well as training in teams and wider multi-disciplinary working in both Bedford and Luton & Dunstable Hospitals.</p> <p>Multi-agency training for Champions in Perinatal and Infant Mental Health.</p>
Early Intervention and Schools	<p>A CAMH Practitioner will provide advice and guidance to colleagues within the Early Help & Intervention service as well as undertaking clinical work with families where mental health is an identified concern.</p> <p>Parents who need support will have access to the most appropriate parenting programme that will support them to be better parents. Across the system, the workforce will be trained to promptly recognise the need, and deliver the right intervention or access the most appropriate support.</p> <p>Following a pilot project, closer partnership working with core CAMHS and our local schools will be improved, through development of skills and practice to enable early identification of mental health issues and improved access to CAMHS when appropriate. This approach will ensure interventions are available at the earliest opportunity and that health needs are met before they escalate.</p> <p>Future in Mind CHUMS support: within primary schools in Bedford Borough and Central Bedfordshire, CHUMS Mental Health and Emotional Wellbeing Service for Children and Young People are providing an offer for school clusters. There will be a named CHUMs worker linked to each school cluster through which the school can access advice, guidance and staff training.</p>
Crisis Services	<p>In association with the hospital Psychiatric Liaison Services, the CAMHS Crisis Service will provide a working hours and out of hours CAMHS mental health crisis assessment service which is responsive to meet a young person’s and their family’s needs in a crisis. The funding will be used to reduce waiting lists in year and deliver a 7 day service. This will reduce the number of people admitted into Acute Hospitals and Tier 4 placements.</p>

Eating Disorders	<p>A dedicated specialist community eating disorder service for children and young people has been established across Bedfordshire and Luton. CAMHS teams are developing the workforce expertise to identify and support young people who are suffering from eating disorders, particularly the most common eating disorders, anorexia nervosa and bulimia nervosa.</p> <p>The majority of young people who have an eating disorder as their primary presenting problem treated by the existing CAMH services will now have access to this new service.</p>
Improving Access to Psychological Therapies (IAPT)	<p>As part of our Children and Young People's Mental Health and Wellbeing services, Bedfordshire and Luton teams will increase access to Children and Young People's IAPT, operating an integrated model that ensured the use of trusted assessment and multi-disciplinary, flexible working to meet the individual needs of children and young people.</p>

Call to Action

Commissioners and providers must work together to ensure that:

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

Adults and Older People

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

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

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

Progress against the recommendations

Progress made since 2014	
Five Ways to Wellbeing	<p>The 'Five Ways to Wellbeing' campaign launched in 2015 to promote key mental wellbeing messages:</p> <ol style="list-style-type: none"> 1. Connect – With the people around you; with family, friends, colleagues and neighbours. 2. Be Active – Discover a physical activity you enjoy that suits your level of mobility and fitness. 3. Take Notice – Be curious. Be aware of the world around you and what you are feeling. 4. Keep Learning – Try something new. Set a challenge you will enjoy achieving. 5. Give – Do something nice for a friend, or a stranger. Join a community group. Carry out a random act of kindness. <p>The campaign highlighted the close links between mental and physical health. The main aims were to:</p> <ul style="list-style-type: none"> • raise awareness of the importance of the mental health and wellbeing and how small lifestyle changes can have a big impact upon living well for longer • encourage local residents to try something new, by changing behaviour to increase wellbeing • support residents who need specific help to seek advice and support from appropriate organisations <p>Campaigns included press releases, messages through social media, internal communications within organisations, resident magazines, local libraries, the Job Centre, Mind, the Rufus Centre and Citizens Advice Bureau.</p>
Early Intervention and Schools	<p>NHS Bedfordshire CCG introduced self-help guides online with resources and links for various mental health conditions. The online tool is a set of 23 guides which are evidence based, written by clinicians and designed for members of the public.</p> <p>For more information visit: http://www.selfhelpguides.ntw.nhs.uk/bccg/</p>
Break the Stigma campaign	<p>The campaign was launched alongside World Mental Health Day to break the stigma associated with mental health issues.</p>

Mental Health Lite Training	<p>Public Health offered Mental Health Lite training to around 150 frontline staff members across Bedfordshire to raise awareness of mental health in the workplace and enable them to feel more confident to discuss mental health issues.</p>
Workplace Wellbeing in Bedford Borough	<p>The management team within Bedford Borough Council is promoting workplace wellbeing to all employees through the new Staff Wellbeing Group. The Workplace Wellbeing Champions are a group of volunteers from across the Council helping to embed Public Health's 'Five Ways to Wellbeing' programme within the Council. They aim to make a positive difference by providing information, promoting activities in local work areas and encouraging colleagues to engage and participate in healthier lifestyle choices. A Wellbeing Champions' webpage has been developed and it is anticipated that the programme of events will continue to evolve in response to staff feedback.</p>

Useful Documents

Local

- A full range of indicators related to child health can be found in the Joint Strategic Needs Assessments for Bedford Borough www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna.aspx
- Locality based reports of local child health are also available.
- Commissioning Community Health Services for Children and Young People in Bedford Borough and Central Bedfordshire (2015). Needs Assessment – Informing future priorities, plans and services for children and young people. Public Health Bedford Borough and Central Bedfordshire Councils (October 2015).
- Child Health Profiles: <http://www.chimat.org.uk/profiles>
- Annual Safeguarding Report (CDOP & Serious Case Reviews): www.bedford.gov.uk/health_and_social_care/children__young_people/safeguarding_children_board.aspx
- Bedford Borough Early Help Strategy www.bedford.gov.uk/health_and_social_care/children__young_people/early_help.aspx

National

- Allen, G., 2011. Early Intervention - Smart Investment. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf [Accessed 2016].
- Cuthbert C., et al., 2011. All Babies Count - Prevention and protection of vulnerable babies. NSPCC. <https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/all-babies-count/> [Accessed 2016].

- Department for Education, 2014. Outcomes for children looked after by LAs. <https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities> [Accessed 2016].
- Department of Health, 2009. Healthy Child Programme. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf [Accessed 2016].
- HM Government, 2015. Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.
- Joint Commissioning Panel for Mental Health, (updated 2015) 'Guidance for commissioning public mental health services' <http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf> [accessed 2016]
- Marmot, P. S. M., 2010. Fair Society - Healthy Lives The Marmot Review. <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> [Accessed 2016].
- National Children's Bureau, 2015. Poor Beginnings Health Inequalities among young children across England. http://www.ncb.org.uk/sites/default/files/uploads/documents/Policy_docs/ncb_poor_beginnings_report_final_for_web.pdf [Accessed 2016].
- Public Health England , 2016. Smoking in Pregnancy. <https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955385277/1> [Accessed 2016].
- Public Health England, 2016. Encouraging a Healthy Pregnancy. <https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955381593/1> [Accessed 2016].
- Public Health England, 2016. Importance of Immunisation. <https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955399537/1> [Accessed 2016].

- Public Health England, 2016. Postnatal depression affects more than 1 in 10 women. <https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955388841/1> [Accessed 2016].
- Public Health England, 2016. Promoting Breastfeeding. <https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955396789/1> [Accessed 2016].
- Public Health England, 2016. Ready to learn at 2. <https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955406301/1> [Accessed 2016].

References

- 1 Ofsted (2016). Unknown children - destined for disadvantage?. www.gov.uk/government/uploads/system/uploads/attachment_data/file/541394/Unknown_children_destined_for_disadvantage.pdf [accessed 2016].
- 2 Commissioning Community Health Services for Children and Young People in Bedford Borough and Central Bedfordshire (2015). Needs Assessment – Informing future priorities, plans and services for children and young people. Prepared by Public Health Bedford Borough and Central Bedfordshire Councils. October 2015.
- 3 National Children’s Bureau (2015). Poor Beginnings: Health inequalities among young children across England https://www.ncb.org.uk/sites/default/files/uploads/documents/Policy_docs/ncb_poor_beginnings_report_final_for_web.pdf [accessed 2016].
- 4 Marmot, P. S. M. (2010) Fair Society - Healthy Lives The Marmot Review. <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review> [Accessed 2016].
- 5 Department of Health (2009) Healthy Child Programme: pre-birth and the first five years.
- 6 Allen, G. (2011) Early Intervention - Smart Investment. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf [Accessed 2016].
Public Health England (2016) Encouraging a Healthy Pregnancy. <https://app.box.com/s/4qcohk8xw64o1ub2ca3jrlnybsf1q7fm/1/7878181521/64955381593/1> [Accessed 2016].
NSPCC (2011) All Babies Count - Spotlight Perinatal Mental Health. <https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-spotlight-perinatal-mental-health.pdf> [Accessed 2016].
- 7 Cuthbert C., et al. (2011) All Babies Count - Prevention and protection of vulnerable babies. NSPCC. <https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/all-babies-count/> [Accessed 2016].
- 8 1001 Critical Days. The Importance of the Conception to Age Two Period. (2015) www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period.
- 9 Godfrey C, et al. (2010) ‘Estimating the costs to the NHS of smoking in pregnancy for pregnant women and infants’ PHR, Public Health Research Consortium, Department of Health Sciences, The University of York, http://phrc.lshtm.ac.uk/papers/PHRC_A3-06_Final_Report.pdf accessed 28/4/2016.
- 10 Department of Health (2011) Healthy Lives, Healthy People – A Tobacco Control Plan for England.
- 11 Public Health England (2015). Maternal obesity. https://www.noo.org.uk/NOO_about_obesity/maternal_obesity_2015 [accessed 2016].

- 12 Health and Social Care Information centre (2014). Health Survey for England 2013. <http://www.hscic.gov.uk/catalogue/PUB16076> [accessed 2016].
- 13 Heslehurst N, Rankin J, Wilkinson JR, et al. A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619 323 births, 1989-2007. *International journal of obesity* (2005) 2010;34(3):420-8. 4.
- 14 Data compiled from Maternity Services Monthly Statistics (2015-2016). Available at <http://content.digital.nhs.uk/maternityandchildren/maternityreports> [accessed 2016].
- 15 Department for Children, Schools and Families and Department for Health (2010). Teenage Pregnancy Strategy: Beyond 2010. https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf [accessed 2016].
- 16 Local Government Agency (2016). Good progress but more to do. Teenage pregnancy and young parents. http://www.local.gov.uk/publications/-/journal_content/56/10180/7661314/PUBLICATION [accessed 2016].
- 17 Ofsted (2016) Ofsted - Monthly Commentary. <https://www.gov.uk/government/speeches/hmcis-monthly-commentary-july-2016> [Accessed 2016].
- 18 Parents as First Teachers. <http://www.parentsasfirstteachers.org.uk/> [accessed October 2016]
- 19 Triple P Positive Parenting Programme. www.triplep.net [accessed October 2016]
- 20 Ford K. et al. (2016). Adverse Childhood Experiences in Hertfordshire, Luton and Northamptonshire. http://www.cph.org.uk/wp-content/uploads/2016/05/Adverse-Childhood-Experiences-in-Hertfordshire-Luton-and-Northamptonshire-FINAL_compressed.pdf [Accessed 2016].
- 21 Bellis et al. (2013) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in the UK population. *Journal of Public Health*.
- 22 <http://cpd.screening.nhs.uk/timeline>.
- 23 Giedd et al (1999) Brain development during childhood and adolescence: a longitudinal MRI study. *nature neuroscience* • volume 2 no 10.
- 24 Early Intervention Foundation (2016) www.eif.org.uk/what-is-early-intervention [accessed 2016].
- 25 Public Health England (2014) The link between pupil health and wellbeing and attainment. A briefing for head teachers, governors and staff in education settings. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf [Accessed 2016].
- 26 NICE (2013) Social and emotional wellbeing for children and young people. <https://www.nice.org.uk/guidance/lgb12/resources/social-and-emotional-wellbeing-for-children-and-young-people-60521143067845> [accessed 2016].
- 27 Action for Children (2007) Literature Review: Resilience in Children and Young People. https://www.actionforchildren.org.uk/media/3420/resilience_in_children_in_young_people.pdf [Accessed 2016].

- 28 Public Health (2015) Overall Report of Findings from the Emotional Wellbeing Survey, Bedford Borough.
- 29 Risk Behaviour and negative outcomes Cabinet Office (2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/452169/data_pack_risk_behaviours_and_negative_outcomes.pdf [accessed 2016].
- 30 HSCIC (2014) Smoking, drinking and drug use among young people in England in 2013. London: Health and Social Care Information Centre. <http://content.digital.nhs.uk/catalogue/PUB17879/smok-drin-drug-young-peop-eng-2014-rep.pdf> [accessed 2016].
- 31 Public Health (2015) Overall Report of Findings from the Tobacco, Alcohol and Drugs Survey Survey, Bedford Borough.
- 32 Bedford Borough (2016) Joint Strategic Needs Assessment: Teenage Pregnancy http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/developing_well/teenage_pregnancy.aspx [accessed December 2016].
- 33 Department of Health (2013) A Framework for Sexual Health Improvement. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf [accessed 2016].
- 34 HM Government, (2015) Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.
- 35 Joint Commissioning Panel for Mental Health, (updated 2015) Guidance for commissioning public mental health services www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf [accessed 2016].
- 36 ChiMat CAMHS Needs Assessment. http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=4&geoids=_867 [accessed 2016].
- 37 Department of Health (2015) Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf [accessed 2016].

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