Children & Young People's Overview and Scrutiny Committee

12 January 2015

Wellbeing for Life

Joint Report of Lorraine O'Donnell, Assistant Chief Executive, and Rachael Shimmin, Corporate Director of Children & Adult Services

Purpose of Report

1. To provide members of the Children and Young People's Overview and Scrutiny Committee with an update on the children and families element of the Wellbeing for Life approach. The presentation will be given by Gill O'Neill Acting Consultant Public Health.

Background: Wellbeing for Life Approach

2. The public health team have been reviewing contracts and commissioned services since the transfer to the Council in 2013. A range of new commissions have been progressed including the wellbeing for life service. This service has a specific element that focuses on children and young people. The evidence behind the approach to wellbeing is robust and this has been used to guide the development of the new wellbeing for life service model.

3. The wellbeing approach provides support to people to live well, by helping to address the factors which influence their health and build their capacity to be independent, resilient and maintain good health for themselves and those around them. This is a 'strength based' model utilising community assets rather than creating dependency on public services.

4. The wellbeing approach goes beyond looking at single-issue healthy lifestyle services and a focus on illness, and instead aims to take a whole-person and community approach to improving health.

5. The Marmot Review emphasised the importance of creating the best start in life for children. One area of work Marmot suggests is to focus on building resilient children, young people and families who are able to deal with adversity and take control of their lives. Marmot recommended a policy objective which states "schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people". This can be achieved through better use of our universal health services and more specifically through parenting programmes and whole school approach initiatives.

6. We have developed a new 'Wellbeing for Life' approach to build on the findings of Marmot. In particular, our Wellbeing for Life model is supporting action towards four the six Marmot priorities:

    - Give every child the best start in life
    - Enable all children, young people and adults to maximise their capabilities and have control over their lives
    - Create and develop healthy and sustainable places and communities
    - Strengthen the role and impact of ill health prevention.

7. As well as supporting Marmot, our wellbeing for life approach supports the County Durham Joint Health and Wellbeing Strategy 2014 – 17. The strategy has six overarching strategic objectives based on data collated from the joint strategic needs assessment. The 'Wellbeing for Life' approach works towards achieving four of these six objectives:

    - Children and young people make healthy choices and have the best start in life
    - Reduce health inequalities and early deaths,
    - Improve quality of life, independence and care and support for people with long term conditions and
    - Improve the mental and physical wellbeing of the population.

8. It is from this background that our Wellbeing for life model has been developed. We have created a model that takes a life course approach, incorporating an adult's element alongside a children's and family element.

Children and Families element of wellbeing for life

9. There are four component parts to the children and families wellbeing model.

Community Parenting Programme

10. The 'Community Parenting Programme' (CPP) is an evidence based intervention which will train and quality assure community volunteers to support identified families from pre-birth through to a child's 5th birthday. The community parenting volunteers add value to the universal health visiting service as well as one point and early years teams.

11. The community parent volunteers will be trained by DCC adult learning and skills team to achieve accredited training which will not only enhance the volunteer's educational attainment record but will also provide them with progression from training into a dedicated volunteer role. Evidence from previous community parenting programmes demonstrates that many volunteers go on to acquire further academic qualifications and careers.

12. The mothers/families supported by the community parent volunteers will have specific advice and guidance focusing on the six early years high priority areas as identified by PHE:

a. Transition to parenthood
b. Breastfeeding
c. Nutrition and physical activity
d. Maternal mental health
e. Accidents and minor illness
f. Development at 2 – 2.5 years

13. Public health have commissioned DCC One Point and County Durham and Darlington Foundation Trust (CDDFT) to deliver this intervention to ensure it is embedded into existing infrastructures. This intervention is due to go live in April 2015.

Resilience building parenting programme

14. Positive mental health is central to all other health related choices and is a fundamental component of the children's wellbeing model. Strengthening the resilience of children, young people and families will be a significant feature of the service. Building upon already established evidence based programmes such as the 'strengthening families' model, as well as validated whole school initiatives to build resilience, the wellbeing service will promote and deliver prevention and early intervention programmes to reduce the need for acute services.

15. Resilience theory focuses on understanding healthy development despite risk and on strengths rather than weakness[1]. "Resilience is defined as the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity"[2]. A resilient child is more likely to have good emotional wellbeing which in turn impacts upon their physical health.

16. Resilient children need resilient families and communities[3]. These are known as external resiliency factors. Resilience, both of individuals and communities, is enhanced or reduced by the circumstances in which people live. People with greater wealth, education, stronger communities, more favourable environments, better working conditions and so on are both more protected from adversity and are more likely to have access and exposure to more of the services, information, and community supports which facilitate resilience. Reducing social determinant inequalities are integral to strengthening resilience.

17. Since a family or community (parents, schools and peers) must be resilient if a child is to become resilient, it makes sense to look to those parents and communities to define for themselves what they determine to be signs of healthy development.

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[1] Fergus, S. & Zimmerman, M. (2005) adolescent Resilience: A framework for understanding healthy development in the face of risk. **Annual Review Public Health** 26:399-419

[2] Windle, G. (2011) What is resilience? A review and concept analysis. **Reviews in Gerentology**, 21:152-169

[3] Ungar, M. (2008) Resilience across cultures. **British Journal of Social Work**, 38:218-235

This is seen as an asset based approach. “Asset based working puts a positive value on social relationships and networks, on self-confidence and efficacy and the ability to take control of your life circumstances. It highlights the impact of such assets on peoples wellbeing and resilience and thus on their capacity to cope with adversity.

18. Resilience is part of an interconnected cluster of social and emotional capabilities. Communication skills, confidence, planning, problem solving, relationships, leadership, creativity and determination are all core elements integral to resilience[4]. Evidence demonstrates that approaches that focus on building social and emotional capabilities can have greater long term impact than ones that build solely on directly seeking to reduce the ‘symptoms’ of poor outcomes for young people. However, by reducing negative outcomes with an equal or stronger focus on commissioning for positive and sustained social development young people can develop resilience.

19. The Strengthening Families Programme (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioural, emotional, academic and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and improving the youth’s social and life skills.

20. The target group for the programme will be families with children aged 5 to 13 years of age, who are assessed as having level two needs on the staircase of need. This is a current gap in delivery and will support the early help philosophy to prevent the escalation of need when families reach crisis point.

21. Wellbeing resilience building officers will be appointed through DCC One Point service together with a coordinator. They will deliver the strengthening families programme across County Durham. The staff will also be dual trained as accredited health trainers so additional one to one family support can be offered as required.

Whole school approach to resilience

22. There is clearly a role for schools to contribute to building resilience in children and young people. There is evidence to strongly associate resilient children and young people with improved educational attainment[5]. There is also emerging evidence linking wellbeing with educational attainment[6]

23. Working in partnership with DCC education, public health is co-creating a bespoke package for Durham schools based on the Young Minds academic resilience programme. This whole school universal offer is designed to engage the senior leadership teams within schools to understand the fundamental link between resilience and attainment.

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[4] McNeil, B., Reeder, N., Rich, J. (2011) **A framework of outcomes for young people**. The Young Foundation

[5] UCL Institute of Health Equity (2014) Local action on health inequalities: Building children and young people’s resilience in schools PHE

[6] PHE (2014) Link between pupil health and wellbeing and attainment

24. Whilst the intention is to create a universally delivered resilience ethos within schools there is also a need to have progressively targeted interventions for more vulnerable cohorts of children and young people. The whole school approach to resilience will provide an overarching menu of evidence based and quality assured mental health interventions for schools to consider based on the needs of their population. This adheres to the principles that Professor Marmot refers to as proportionate universalism.

25. DCC education will roll out the offer to schools to receive training and advice in resilience building and how to adapt their ethos to be a one of developing resilient young people. It is appreciated that many schools already do this whilst others would benefit from advice and guidance and learning from good practice.

26. This programme of work is to be evaluated by the University of Brighton over a two to three year period to assess process and impact. The programme is commencing with a pilot of twenty schools during 2015 before being reviewed and adapted ahead of wider roll out.

Family Initiative Supporting Child Health (FISCH) childhood obesity programme

27. Childhood obesity will continue to be prioritised through the established Family Initiative Supporting Child Health (FISCH). This is delivered in primary schools. This is due to the continued high proportion of children aged 10/11 years who are classified as obese (21%) across County Durham. Tackling obesity is complex and requires a multi component approach. Children are, for the most part, dependent upon family circumstances and are therefore not always able to control the food they eat or the activities they undertake. Family health trainers will add value to the existing FISCH infrastructure to increase the scale of delivery and enable greater consideration of the social determinants impacting upon achieving a healthy weight.

28. The family health trainers are to be part of the school nursing team and are due to commence their roles in February 2015.

Recommendation

29. Members of the Children and Young People's Overview and Scrutiny Committee are recommended to receive the report and presentation, note its content and to consider whether a further update is required.

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Appendix 1: Implications

Finance – No direct implications.

Staffing - No direct implications.

Risk - No direct implications.

Equality and Diversity / Public Sector Equality Duty - No direct implications.

Accommodation - No direct implications.

Crime and Disorder – No direct implications.

Human Rights - No direct implications.

Consultation – No direct implications.

Procurement - No direct implications.

Disability Issues – No direct implications.

Legal Implications – No direct implications.