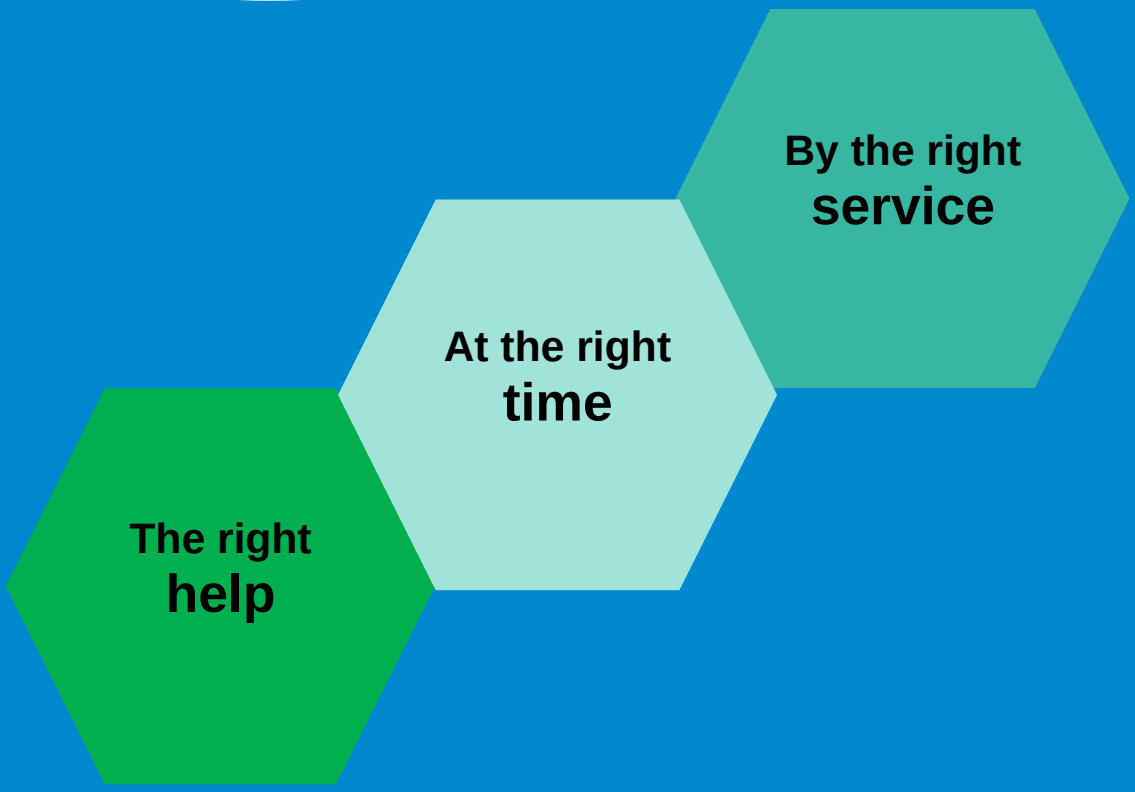
Bath & North East Somerset Council

B&NES Early Help

Early Help Needs Assessment 2023-2024



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Forward

This document is a refresh of the Early Help Needs Assessment carried out in 2020. A lot has changed in the UK since 2020, family circumstances and needs have become more complex due to external factors such as the COVID-19 pandemic, changes to the benefits system and the cost-of-living crisis.

The central importance of Early Help in enabling children, young people and families to reach their full potential has been a common theme in a number of reviews and guides that have been commissioned by successive governments, including Working Together (1); Munro Review (2); Allen Review (3); Field Review (4); Marmot Review (5); Independent Review of Children's Social Care (6); Family Hubs and Start for Life Guide (7); Early Help System Guide (7a); Supporting Families Programme Guidance (7b) and Stable Home Built on Love (7c). They have all independently reached the same conclusion and stress the need for preventative Early Help to improve outcomes for children, young people and families. Working Together states that:

- Providing early help is more effective in promoting the welfare of children than reacting later
- Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years
- Early help can prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse
- Effective early help relies upon local organisations and agencies working together

The 2023 revision to the Working Together guidance focuses on
"strengthening multi-agency working across the whole system of help, support and protection for children and their families, keeping a child-centred approach while bringing a whole-family focus, and embedding strong, effective and consistent multi-agency child protection practice".

National reviews and local strategy documents, together with information from the B&NES strategic evidence base highlight specific groups of children and young people that would benefit from Early Help, including those with additional needs due to disability and special educational needs (SEND); young carers; those at risk of engaging in anti-social or criminal behaviour; those in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health, domestic violence; those showing signs of neglect; those at risk of not being and those not in education, employment or training (NEET).

We know that living in poverty can have a detrimental impact on children and young people's wellbeing (8) a factor that is on the rise in many households and that mental health needs amongst children and adults are increasing. It is crucial that these children and their families benefit from the best quality professional help at the earliest opportunity. For some families without Early Help, difficulties escalate, family circumstances deteriorate, and children are more at risk of suffering significant harm.

The purpose of the Early Help Needs Assessment is to ascertain unmet need, trends and gaps in the provision of Early Help for children, young people and their families. It provides information as to the level of need and demand for Early Help services and to identify actionable solutions to meet the needs through understanding what is available, and where service gaps may exist.

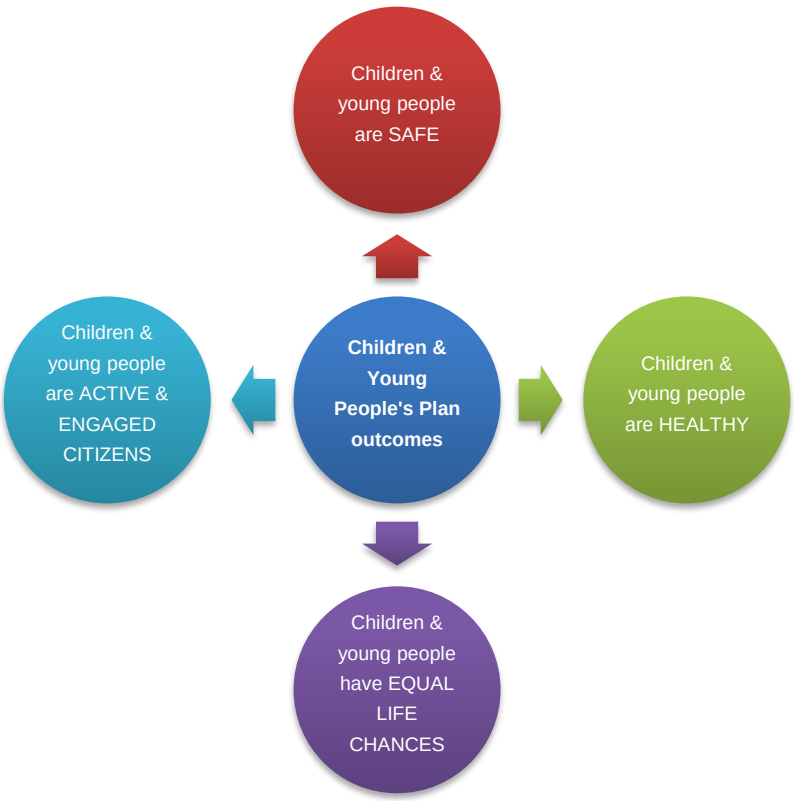
The needs assessment should be looked at alongside the Strategic Evidence Base which offers context to the Early Help Needs Assessment.

Within B&NES, the governance for Early Help sits with the Prevention and Early Intervention, a subgroup of the B&NES Community Safety and Safeguarding partnership (BCSSP). This subgroup brings together children's and adult's areas of early help and intervention. This needs assessment covers the children and family aspect of the Early Help offer in B&NES and will be used to inform the Early Help and Intervention subgroup on its strategic direction going forward.

1. Early Help in Bath and North East Somerset (B&NES)

1.1. What is Early Help and what does this look like in B&NES

Early Help is about children, young people and families getting 'the right help, at the right time, by the right service'. Central to our Early Help offer is the early identification of children, young people, parent/carers, adults and families who would benefit from a co-ordinated approach which may include a multi-agency assessment and response to help improve outcomes. The Children and Young People's Plan 2021- 2023 (9) focuses on achieving 4 main outcomes, that children and young people:



Achieving this requires a multiagency approach and an understanding of the complex nature of the accumulation of risk factors and mitigating factors that contribute to the need for Early Help. In B&NES, we have a good understanding of the risk factors that can limit children's development, reduce future social and economic opportunities, and increase the likelihood of mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse in later life. These factors exist at different levels within the child's environment – at the individual, family, community and society level – and interact in complex ways.

The Early Intervention Foundation (9) infographic below demonstrates the many factors that contribute to the trajectory of a child's life.

Figure 1: Factors that contribute to the trajectory of a child's life
The Early Intervention Foundation

1.2. Early Help and the spectrum of prevention

Early Help is care provided at any stage of a child or young person's life that aims to prevent escalating need or risk and improve children and young people's outcomes. Essentially, it's about getting in early to provide support before a problem emerges or escalates.

Early Help is also used in the context of stepping down from social care or acute and statutory services. It is utilised to prevent the re-escalation of needs back to a threshold which requires social care or acute service input.

Our Early Help offer recognises the complex nature of this area of work which involves individuals and families, in the context of their personal and material resources, living in different environments and experiencing varying challenges. The processes involved in providing Early Help are underpinned by the empowerment of professionals to understand family's needs and facilitate access to appropriate resources.

1.3. Levels of need within the Early Help system

Our local threshold document (11) 'Opportunities for Support: A Guide to Thresholds in B&NES' provides advice and guidance to professionals when assessing the level of need a family or child may have. The levels of need, which are supported by Early Help services and Children's Social Care, can be seen in the infographic below:

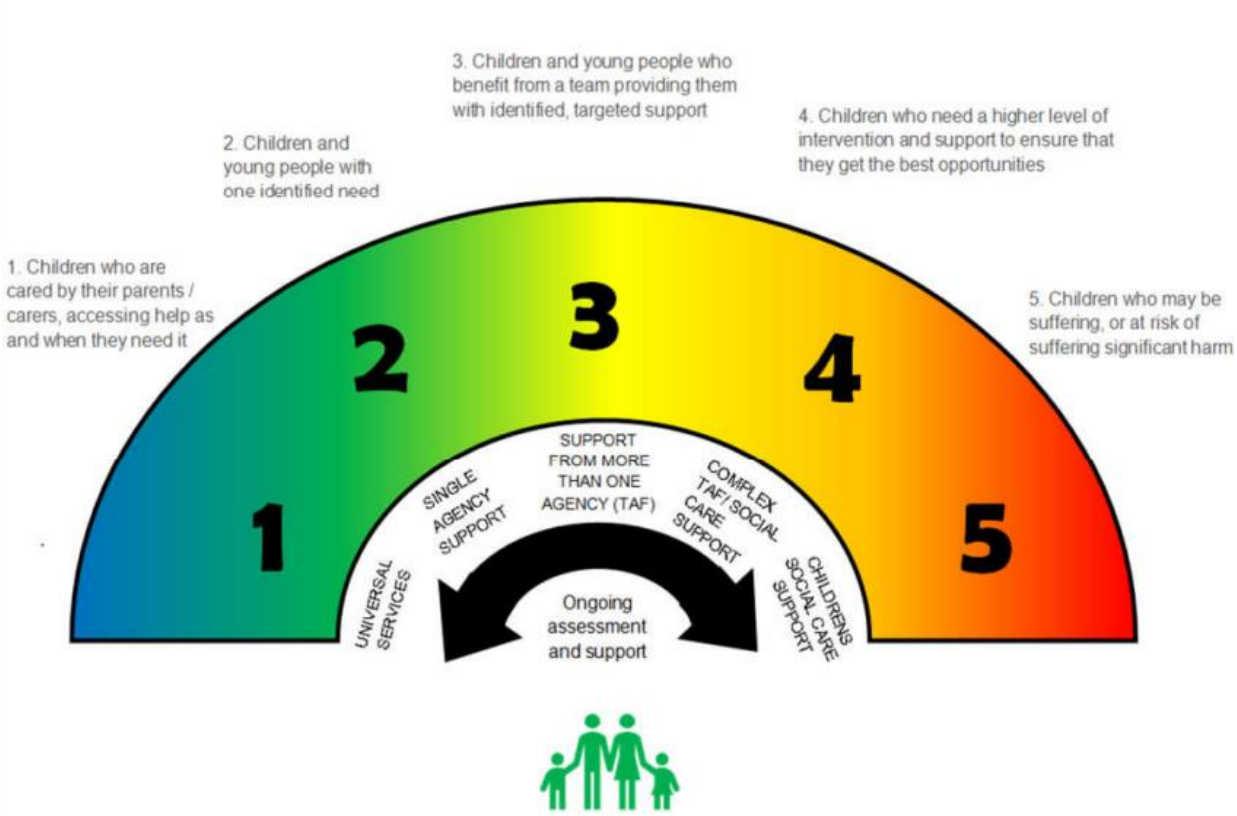


Figure 2: Levels of need
Opportunities for support – a guide to thresholds in B&NES

The thresholds document describes specific domains and examples of impacts that might be seen at each level of risk. It further describes how an assessment of needs should translate into service referral.

1.4. Working in complex adaptive systems

Understanding how the Early Help system was set up and operates (including policies, processes and pathways) is explored further in Section 9 ‘Early Help and Social Care thresholds, processes and pathways’.

It has been noted anecdotally that the Early Help system has adapted over the years to accommodate growing pressures and needs, including:

- A reduced number of multi-agency Early Help Assessments (EHA formerly known as CAF)
- Agency assessments evolved to be similar to the EHA
- High numbers of referrals to social care which are not level 5

Understanding the local Early Help offer is important in framing future direction. This should be understood in the context of the Early Help resource pack released by the Local Government Association in conjunction with the Early Intervention Foundation and Bright Futures which outline the legislative roots of Early Help and provides evidence sources (12).

2. National Trends that affect the need for early help

2.1. Child poverty

Living in poverty can have detrimental effects for children including:

- Poor physical health (linked to chronic conditions and obesity)
- Mental health problems / low sense of wellbeing
- Experience of stigma and bullying from peers
- Academic underachievement
- Subsequent employment difficulties
- Social deprivation

Child poverty is estimated to cost the economy £13 billion annually and cost the public sector £12 billion annually(13).

Data from the Spring School Census shows that as of January 2023, 23.8% of pupils are eligible for free school meals, up from 22.5% in 2022. This represents over 2 million pupils.

In the UK, an estimated 14.5 million people are living in poverty, which represents 22% of the population and of these, 4.3 million are children. According to Joseph Rowntree Foundation Poverty Report (2023), children have been the demographic most affected by poverty in the last 25 years (8). Proportionately more children are living in poverty compared to the proportion of other household groups such as pensioners and working age, childless households.

The UK Government's Child Poverty Evidence Review (14) summarises the influential factors on the length of child poverty spells in the table shown below. The main factor identified is a lack of sufficient income from parental employment, which restricts the amount of earnings a household has:

Factor	Certainty	Strength	Coverage
Long-term Worklessness & Low Earnings	**High**	**High**	**High**
Parental Qualifications	**High**	**High**	**High**
Family Instability	**High**	Medium	Medium
Family Size	**High**	Medium	Medium
Parental Ill Health and Disability	Medium	Medium	Medium
Drug & Alcohol Dependency	**High**	**High**	Low
Child Ill Health	Medium	Low	Low
Housing	Low	Low	Medium
Debt	Low	Low	Medium
Neighbourhood	Low	Low	Medium
Educational Attainment	N/A	N/A	N/A
Non-Cognitive Development	N/A	N/A	N/A
Home Learning Environment	N/A	N/A	N/A

Figure 3: Influential factors on the length of child poverty spells
HM Government Child Poverty Evidence Review

The Joseph Rowntree Foundation report identifies ethnicity as a contributing factor; around half of all people in households headed by someone of Bangladeshi ethnicity and over four in ten people in households headed by someone of Pakistani or Black ethnicity were living in poverty in 2020/21. This is over twice the rate of people in households headed by someone of white ethnicity.

Family size is also an important driver of being in poverty. Single parent families and families with a relatively large number of dependent age children are more likely to be living in poverty. The latter is particularly acute due to the benefits cap on families with more than two children.

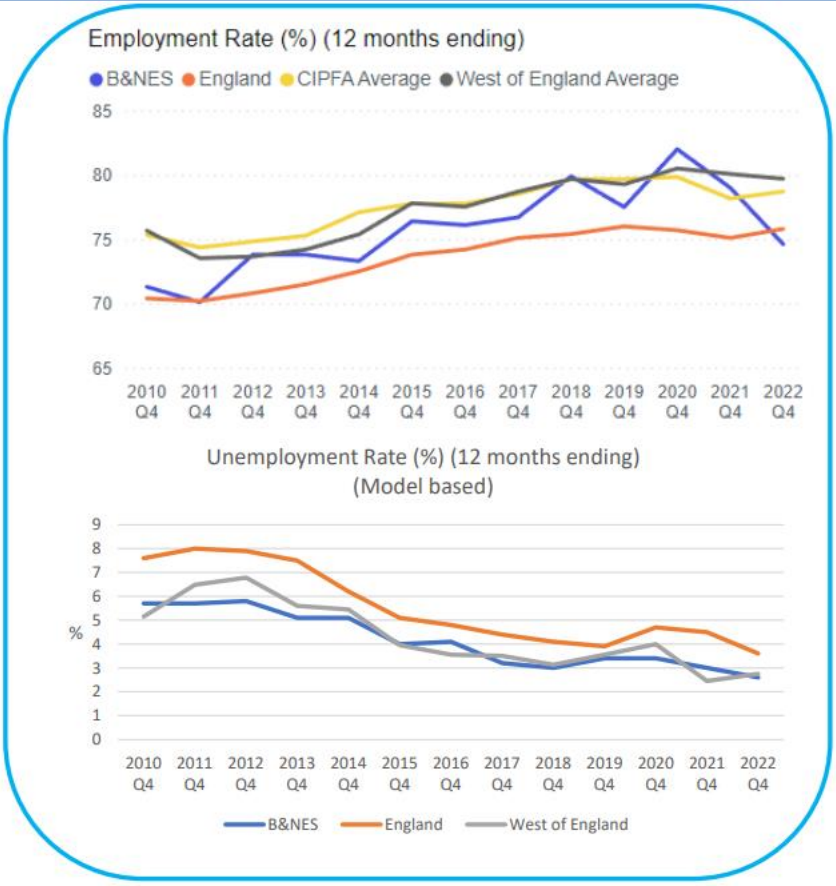


Figure 4: Employment rates in B&NES 2010-2022
Strategic Evidence Base

Figure 4 above is taken from the B&NES Strategic Evidence Base and shows employment rates in B&NES between 2010 and 2022.

Following an upwards trend since 2010, employment in B&NES has recently fallen and is now below the national rate for the first time in over a decade: as of Q4 2022 (12 months ending), employment was 75% in B&NES, compared to 76% for England, 80% for the West of England1 and 79% for our CIPFA nearest statistical neighbours. This decline in employment rate since 2020 Q4 equates to ~11,200 fewer in employment in the two years2 2020 to 2022 in B&NES; and ~6,200 fewer in employment compared to pre-pandemic (2019 Q4). The employment rate in males and females have both shown similar decreases (6% drop vs. 8% drop respectively) from 2020 to 2022 in B&NES: Males: Q4 2020 87%, Q4 2022 79%; Females: Q4 2020 76%, Q4 2022 70%. As of Q4 2022, B&NES has ~16,000 who are self-employed (12.5%) which is higher than the national rate (9.5%)

2.2. The impact of the benefit system

Over the last few years, the UK has experienced change to the benefits system. This is the system by which, as a country, we support people to ensure they have enough financial means to live. Whenever there is a change in a system there are inevitable impacts both immediate and long term. The Institute for Fiscal Studies has considered these following the change to Universal Credit and reported key findings.

These help us understand the national narrative around implementation of the policy (15).

Firstly, it is suggested that those in the lowest decile of population income experience the greatest losses from Universal Credit. The study highlights how short-term losses may be temporary and over longer timeframes, fluctuations in income flatten out. Whilst this may provide some reassurance of the system, the impact of even temporary reductions in income for those already struggling is significant.

The change to Universal Credit has resulted in increased financial insecurity affecting those already experiencing income hardship. It also highlights the vulnerability of those families experiencing worklessness who rely solely on the benefits system. Direct and indirect impacts of this, in terms of ability to provide for material needs, and the stress of changing processes of financial support are likely to increase the need nationally for Early Help services.

The Joseph Rowntree Foundation report 'Inadequate Universal Credit and Barriers to Work' (2023) highlights that the basic rate of Universal Credit is now at its lowest level in real terms in almost 40 years (16). A range of studies drawn on for the report show that inadequate income support can move people further from the labour market. Possible reasons for this include:

The creation of problems such as

- deprivation
- social exclusion
- homlessness

Unaffordable outgoings making job hunting harder

- transport costs (to attend interviews and any subsequent work)
- cost of food
- utility bills
- rent or mortgage payments/increasing interest rates

Benefits cap

- two child limit means families may struggle to meet financial costs of entering work such as childcare and transport
- inability to take advantage of further education or training to support future employment

Poor health

- evidence of casual link between being on a low income and the likiehood of experiencing poor menal and physical health

The Nuffield Foundation funded a study (17) which revealed how the benefit cap and the two-child limit impacts families with three or more children and disproportionately affects certain households. Those most affected are households with higher living costs (larger families and renting households) and those less able to increase their income through employment, including single parents and families with younger children.

There have also been further economic shocks from the Russian invasion of Ukraine and the continuing effects of Brexit. The labour market has increased since the pandemic. However, employment is still below pre-Covid-19 levels, more people have moved into inactivity and pay has not increased in line with inflation. The Office for National Statistics (ONS) shows a decline in rates of employment in the 2nd quarter of 2022/23.

In March 2020 the Government announced an uplift to universal credit and working tax credits worth £20 a week. Initially planned to last for a year, the policy was extended by six months in the March 2021 budget. In July 2021, the Government confirmed that it would not be extended further, with the additional £20 per week being cut from 6th October 2023. The Joseph Rowntree Foundation highlighted that this represented the biggest overnight cut to the basic rate of social security since the foundation of the modern welfare state.

2.3. The impact of the COVID-19 pandemic

The pandemic highlighted and exasperated existing inequalities across society. It is crucial that we understand the changing needs of children, young people and families as a result of COVID-19. Several reports (including the NSPCC (18) and Centre for Disease Control (19)) have examined the impact of the Covid-19 pandemic on children, young people and families. There is evidence that COVID-19 and related interventions, such as social distancing and stay at home guidance including school and early years setting closures, have had a negative effect on some children and young people's mental health and wellbeing. There is now significant concern that some children will experience an increase in the risk factors to which they are exposed both directly (i.e. loss of contact with friends) and indirectly (i.e. as a result of the impact of COVID-19 on their parents, leading to strong frequent or prolonged adversity (or Adverse Childhood Experiences (ACES)) and toxic stress, both of which have been found to have a significant impact on the long-term wellbeing and development of children.

In February 2021, the COVID-19 has caused the biggest public health crisis in our modern times. It will Association of Directors of Childrens Services (ADCS) warned: "The pandemic has exposed and heightened challenges that many children and families are facing, from ill-health, poor quality housing, poverty and inequality. The prevalence of domestic abuse, poor parental mental health and substance misuse are more common amongst children and families we work with than ever before" (20)

2.4. Inequalities

Where there is inequality, social cohesion can be negatively affected. The UK remains an unequal country as evidenced through the Gini coefficient.

If income was completely equal across society the coefficient would be 0. If all a country's wealth was held by one household the coefficient would be 1. The following graph is most usefully understood as a comparator to other countries. It shows that the UK has a high level of income inequality when compared to our European neighbours, although not quite as unequal as the United States.

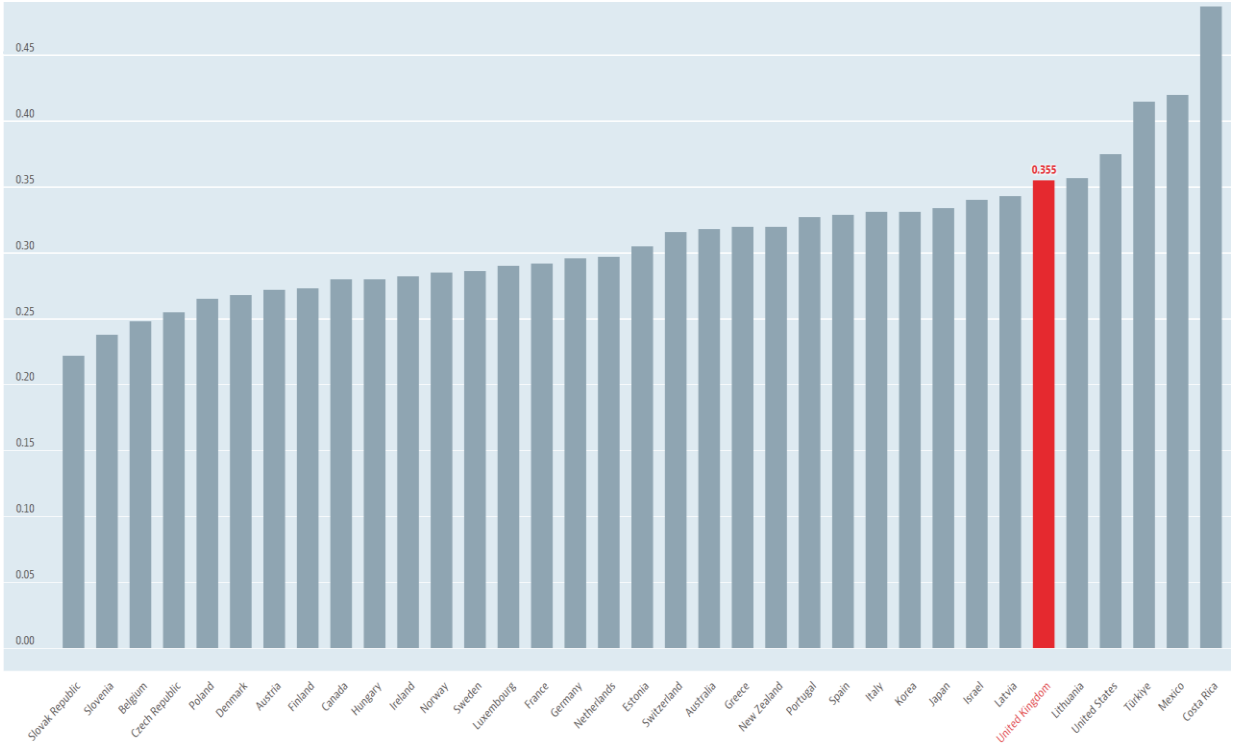


Figure 5: Income Inequality Gini coefficient (2021)
0=complete equality; 1= complete inequality

This becomes important when understanding our local data as indicators that take an average across an area, for examples B&NES, could appear to be favourable when compared to averages in other areas. But when we understand the spread of the data within an area, we begin to see how this national picture of income inequality is reflected locally. This also shapes the need and demand for Early Help services seen locally.

The Marmot Review 'Fair Society, Healthy Lives', published in 2010 was commissioned to propose the most effective evidence-based strategies for reducing health inequalities in England. This was followed in 2020 by 'Health Equity in England': The Marmot Review 10 years on. The review highlights a number of recommendations that are of particular relevance to the provision of Early Help services. These include:

- Increase spending on early years, ensuring that the allocation of funding is higher for more deprived areas
- Reduce levels of child poverty to 10%
- Improve availability and quality of early years services, including Children's Centres

- Increase pay and qualifications for the early years sector
- Invest in preventative services to reduce exclusions and support schools to stop off rolling pupils.
- Increase number of post school apprenticeships and support in work training throughout the life course.

2.5. Pressure on resources

Years of austerity have resulted in cuts to public sector budgets, whilst demands for support have increased catalysed by the impact of austerity on families' lives.

Councils across England increased their spending on children's services by £800 million for 2021-2022. However, a new analysis commissioned by Barnardo's found that despite this spending surge, early intervention services are in decline with a 45% drop in the last 12 years (21). The analysis showed that 81% of the recent increase funded crisis intervention services and of this additional spending £4 in every £5 went on late intervention services.

The trends in early intervention spending are usefully laid out in the below infographic. Particularly the increase in late intervention spending when cuts are made to early intervention spending and the cost impact of these.

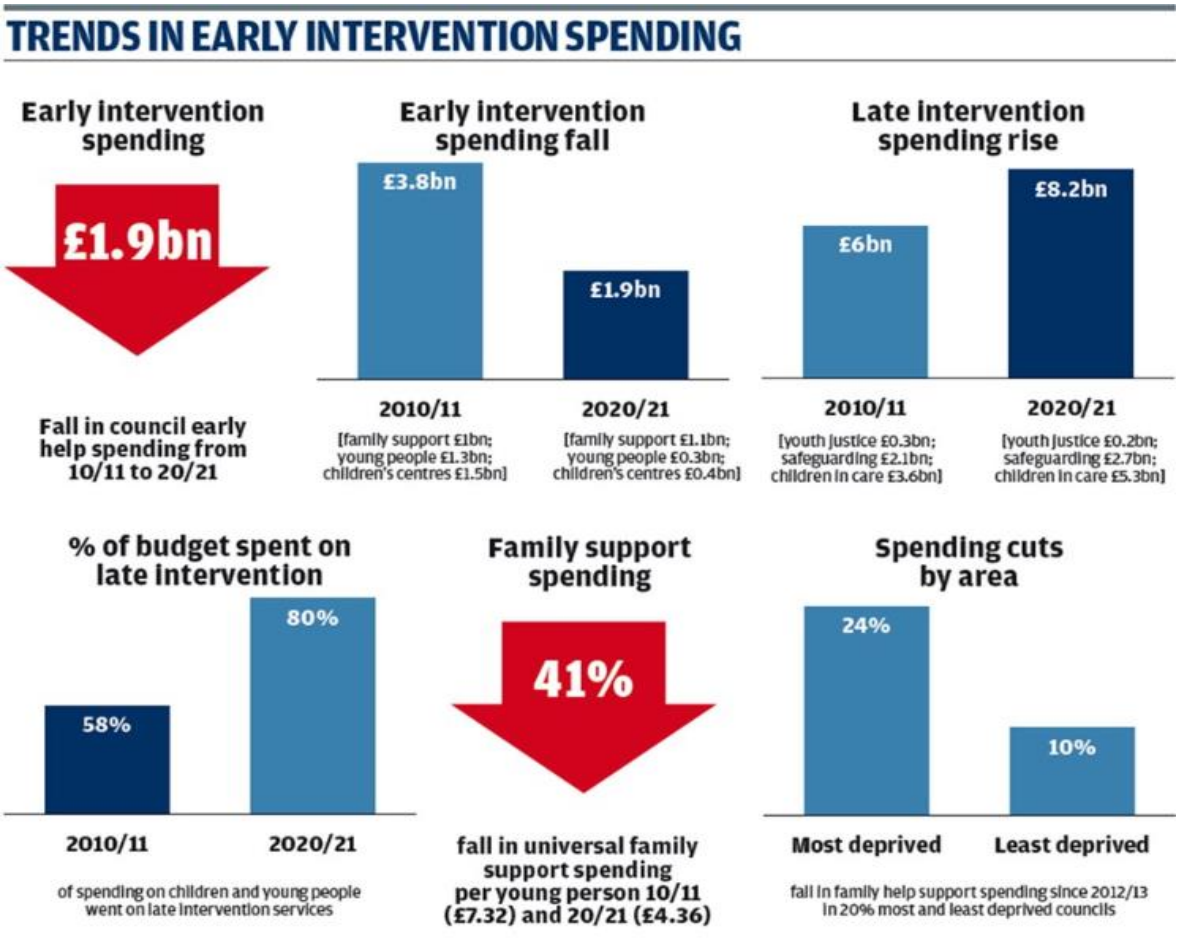


Figure 6: Trends in early intervention spending
Children and Young People Services Spending analysis, 2022

The implications of this are concerning as children are receiving help after issues escalate, rather than preventing them. Early Help has been shown to be cost effective and underpins an approach to spending that focuses on prevention (22). If needs are not addressed early, they may escalate with negative impacts on families thus increasing the need for stretched acute or statutory services. The Early Intervention Foundation have provided evidence reviews for specific groups, including a guidebook with information about early intervention programmes that have been evaluated and shown to improve outcomes (21).

The C4EO (Centre for Excellence and Outcomes in Children and Young People's Services), published: 'Grasping the Nettle: early intervention for children, families and communities' (23), a practice guide to the challenges and opportunities in supporting children, families and communities through early intervention, based on effective local, national and international practice. A key message from this guide is that:

> *"Early intervention clearly works – when it is an appropriate intervention, applied well, following timely identification of a problem; and the earlier the better to secure maximum impact and greatest long-term sustainability (both as early in the child's life as possible and/or as soon as possible after a difficulty becomes apparent)"*

The guide also addresses financial pressures, recommending:

> *"The temptation to cut back on investment in early intervention in times of austerity needs to be resisted, for short term financial gains can lead to long term costs. The challenge is not, therefore, deciding whether to maintain spending on early intervention, but working out how to get better value out of the money already being invested".*

The Independent Review of Children's Social Care by Josh MacAlister, published in May 2022 set out recommendations to create a social care system that has early help at its core (6). A new definition of family help underpins MacAlister's plans for supporting families:

> *"Family help should be built in partnership with the families and communities it serves…. It should start from the mindset that all families may need help at times, whilst also being equipped to recognise when children might be at risk of significant harm."*

The review recommends that:

> *"To reduce the number of handovers between services, we recommend introducing one category of "Family Help" to replace "targeted early help" and "child in need" work, providing families with much higher levels of meaningful support. This new service would be delivered by multidisciplinary teams made up of professionals such as family support workers, domestic abuse workers and mental health practitioners - who, alongside social workers, would provide support and cut down on referring families onto other services. These Family*

Help Teams would be based in community settings, like schools and family hubs, that children and families know and trust, and the service they offer will be tailored to meet neighbourhood needs based on a robust needs assessment and feedback from the families.

2.6. A trauma informed approach

Our understanding of childhood trauma and its negative impacts is ever growing, yet how common trauma is in the general population has been a difficult question to answer. In 2019 a large epidemiological twin study (2232 children) (25) found that 31.1% of the study population reported exposure to trauma by the age of 18 years old.

In this group higher rates of major depressive episodes, conduct disorders and alcohol dependency were seen along with increased risk events, including self-harm, suicide attempts and violent offences. Further to this, the important role of experiencing direct interpersonal trauma, such as maltreatment by adults or bullying by peers, and the development of post-traumatic stress disorder (PTSD) was noted.

This evidence provides insight into both why Early Help is needed, and why an understanding of trauma remains a dominant narrative in working to improve outcomes for children and families.

2.7. Start for Life and Family Support

In August 2022, the Government published a Family Hubs and Start for Life Programme guide(7), building on recommendations from the previously published The Best Start in Life: A Vision for the first 1001 critical days.

The guide identified the following 6 key action areas for local authorities:

1. Seamless support for families: A coherent, joined up Start for Life offer available to all families
2. A welcoming hub for families: Family hubs as a place for families to access Start for Life services. Services available physically, virtually and via outreach
3. The information families need when they need it: Designing digital, virtual and telephone offers around the needs of the family, including a digital child health record
4. An empowered Start for Life workforce: developing a modern, skilled workforce to meet the changing needs of families
5. Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection
6. Leadership for Change: Ensuring local and national accountability and building the economic case

The guide emphasises the importance of early identification of risks and providing universal services that can spot these risks and take action to prevent them escalating; citing the value in investing in support for families to care for their children as an important element in reducing health and education disparities right from the start, and improving physical, emotional, cognitive and social outcomes longer term.

In B&NES, we have clear pathways and guidance to support staff to identify risk and refer into early help services, such as the Early Childhood Services Pathway, Early Help Offer Guide and Opportunities for support: A guide to thresholds in B&NES.

The concept of Family hubs is as a place-based way of bringing services together to improve access and connections between families, professionals, services, and providers. Family hubs offer support to families from conception and to those with children of all ages, (0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

Families should receive wraparound support from a skilled workforce able to identify and sensitively respond to a range of needs, building awareness and understanding to reduce vulnerabilities and any impact of trauma. The workforce should proactively reach out to vulnerable and seldom-heard families, connecting them to specialist support where needed, and placing an emphasis on relationships and continuity of care.

The Government's Early Help System Guide, published in 2022 (7a), outlines a national vision for an Early Help System. The vision focusses on 5 key areas: Workforce, communities, family voice and experience, leadership and data. This includes the following workforce aspirations:

1. There is a professional family support service. Whole family working is the norm for all people-facing public services through a shared practice framework. And early help is seen as everyone's responsibility
2. Public services work together in place based or hub-based working where partners are integrated virtually or physically, based in the community with a common footprint
3. We invest in our workforce with a workforce development plan to embed the shared practice framework and there is direct support for professionals to improve their practice through a quality assurance framework
4. The response to different presenting needs are aligned or integrated to ensure there is always a whole family response

Supporting Families launched in 2021 and built on the previous Troubled Families Programme. The programme focusses on:

> *"Building the resilience of vulnerable families, and on driving system change so that every area has joined up, efficient local services which are able to identify families in need and provide the right support at the right time."*

Aims of the programme are:

- Families will be empowered to become resilient over time and build connections to their local community. Avoiding poor outcomes such as homelessness, family breakdown and children entering care, or involvement in crime, families will thrive.
- Local services will be joined-up, flexible, responsive to new challenges and sustainable for the long term. Strong multi-agency partnerships will work together to understand local trends, predict emerging need in their local area, identify and respond to those needing extra help.

- The benefits of this approach will be felt across society. The pressure on expensive reactive statutory services will reduce as the system begins to rebalance away from intervening at crisis point. This will help services to become more sustainable and allow them to intervene much earlier in the cycle, delivering better outcomes for families.

National developments include an outcomes framework, which includes 10 headline outcomes for working with families. These have been adopted in B&NES and Early Help services refer to these when completing case studies for each young person and family they have worked with.

Details of the Supporting Families Programme can be found in the Programme Guidance (2022-25) (7b).

Family support is further emphasized in 'Stable Homes Built on Love', an implementation strategy published in February 2023 and accompanying national children's social care consultation, with a response report being published in September 2023 (7c). The proposals set out in the response, include 6 'pillars of reform':

1. Family help provides the right support at the right time so that children can thrive with their families
2. A decisive multi-agency child protection system
3. Unlocking the potential of family networks
4. Putting love, relationships and a stable home at the heart of being a child in care
5. A valued, supported and highly skilled social worker for every child who needs one
6. A system that continuously learns and improves, and makes better use of evidence and data

2.8. The NHS Long Term Plan – a strong start in life for children and young people

The NHS Long Term Plan was published in January 2019 (25) and developed in partnership with frontline health and care staff, patients and their families and other experts, to make the NHS fit for the future. The vision set out by the plan for the future of the NHS includes areas of work relating to children, young people and families:

- Starting well, to give every child the best start for life possible, including perinatal mental health services
- Improve mental health care for children and young people
- Reduce A&E attendances from children
- Treat more children for complications relating to obesity

The Children and Young People (CYP) Transformation Programme has been established to oversee the delivery of the long-term plan commitments in relation to children and young people. The COVID pandemic has also highlighted further areas of development which are also being taken forward by the CYP Transformation Programme.

Early Help services in B&NES contribute to outcomes for children and families including improving mental health and keeping children safe.

3. B&NES population

3.1. Summary of population in B&NES

In 2022, the population of B&NES was estimated to be 195,618, a 10% increase since 2012 estimates (176,598) (26). This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800. When understanding the need for Early Help there are some key elements of population distribution that allow us to understand where needs may arise.

3.2. Population structure

The population pyramid below shows a useful comparison of data from the 2011 and 2021 Census:

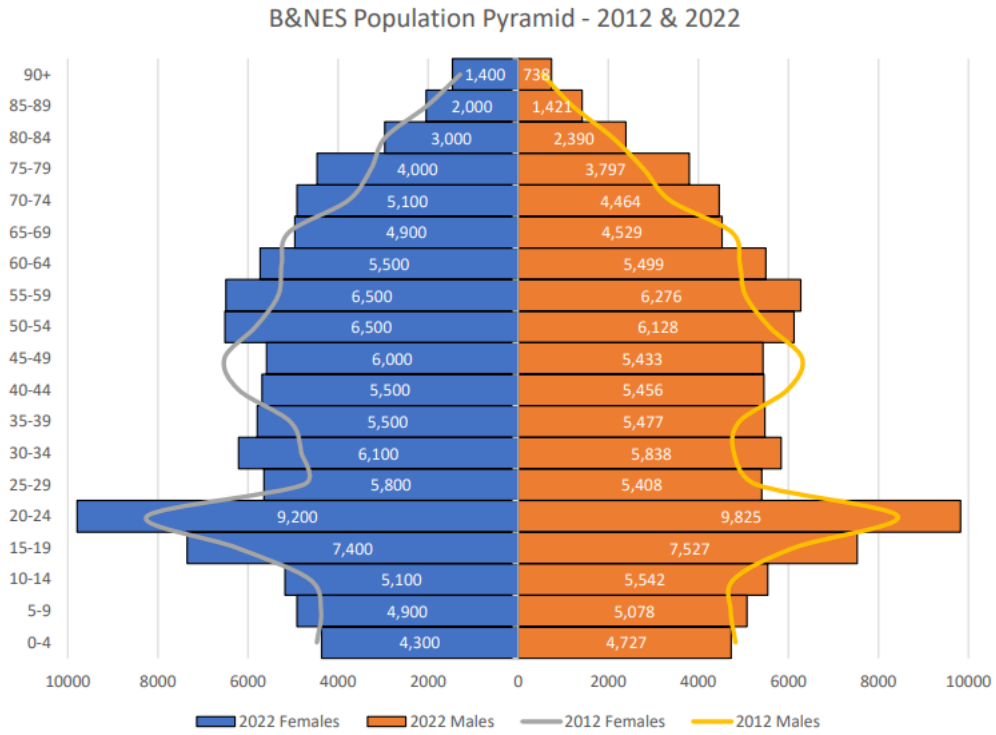


Figure 7: B&NES Population pyramid - Census 2012 & 2022
https://beta.bathnes.gov.uk/strategic-evidence

The need for Early Help arises from the population of children and families. In B&NES there are 44,400 children aged 19 and under. At the time of 2021 census, there were 19,917 households in B&NES with dependent children (including single parent households) (27). For specific vulnerable groups this is extended to aged 24 and under and will be described in more detail later in the report. The proportionally large population size for this age group is due to the significant university student population in B&NES.

3.3. Deprivation and the narrative of inequality across B&NES

According to the 2019 Indicies of Deprivation (IMD) B&NES remains one of the least deprived Local Authorities in England and ranks 269 out of 317. However across B&NES there are significant pockets of deprivation with two (Twerton West and Whiteway) Lower Super Output Areas (LSOAs) within the most deprived 10% nationally. The variation describes both the inequalites seen across B&NES and the patterning of need.

If we accept that deprivation is a prerequisite to health, social and educational needs and that inequality negatively impacts social cohesion, we begin to build a picture of where Early Help needs are likely to arise.

The Indices of Multiple Deprivation (IMD) in B&NES (27) are shown in figure 7 below. Each section represents a lower-level super output area. B&NES has 5 areas that fall into the bottom two deciles of deprivation nationally, compared to 46 areas in the top 2 deciles.

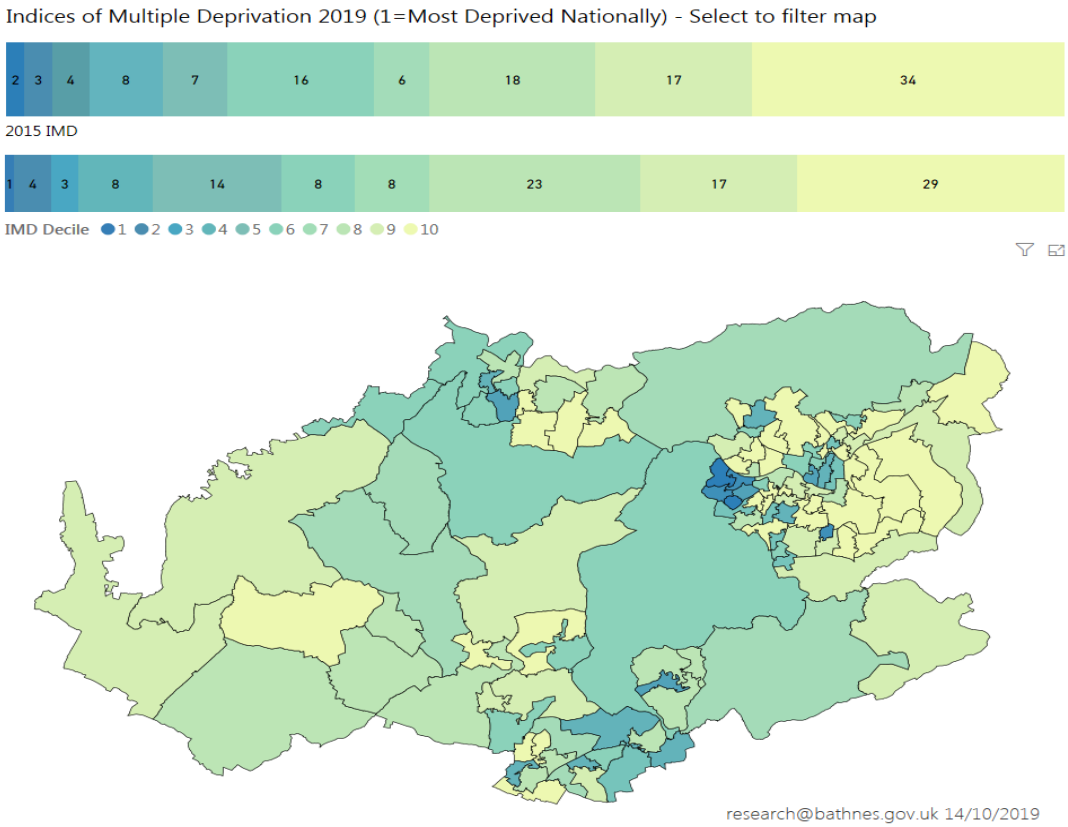


Figure 8: B&NES Indices of deprivation 2019
https://app.powerbi.com/view?r=eyJrIjoiYWZlMzk5ZWUtNjgzOS00Y2U4LTk4Y2QtMGQ0NDZlOTAxOWNmIiwidCI6ImM1NjJjMGNlLWQ5MjUtNGRmZC04ZDk5LWM5NDE2ZWIwM2ViOSJ9&pageName=ReportSection

According to End Child Poverty's website, on 2021/22 there were 7167 (19%) children and young people estimated to be living in relative poverty (after housing costs) in B&NES. The current cost of living crisis is likely to lead more people into poverty*. In May 2022, 88% of adults in the UK reported an increase in their cost of

living. The Resolution Foundation estimates an extra 1.3 million people will fall into absolute poverty in 2023, including half a million children (28). Based on these estimates, around 4,000 more people in B&NES are likely to fall in absolute poverty, including 1,500 children.

The wider determinants of health (Dahlgren-Whitehead model (29)) are also important to understand in the context of Early Help. Where families experience poor accommodation, food poverty, fuel poverty or factors such as poor air quaity, their basic needs may not be being met. When basic needs are not met the ability to achieve in other areas of life could be affected, resulting in non achievement of school readiness, antisocial behaviour or risk taking behaviour.

The table below outlines family poverty in B&NES. Relative poverty is defined as a family in low income (household income below 60% of the national median before housing costs in the reference year). A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics:

Family Poverty in Bath and North East Somerset

Overall proportion of children living in poverty	An estimated **9** % of children in B&NES live in relative poverty (Before housing costs) in 2020/2021.
Food poverty in B&NES	In the academic year 2022/2023, there were 2356 state funded primary school children eligible for free school meals (FSM) in B&NES representing 17.7% of children on roll. The figure is 1798 children for state funded secondary schools (30). y
Fuel poverty	In B&NES in 2021 there were 9,990 (12.1%) households in fuel poverty. This an increase of 0.9% compared to 2020 (11.2%) (31).
Worklessness	The number of people claiming Universal Credit (UC) increased by 61% in B&NES in 2 years, from 7,435 in February 2020 to 11,982 in March 2022. The large increase between 2020 and 2022 could be due to a significant number of people seeing a reduced income through lockdown, lots of publicity about claiming Universal Credit, the move from legacy benefits over to Universal Credit and the DWP adopting the Trust and Protect approach to evidence verification, making it much easier for people to claim.

4. Identifying specific groups within B&NES who would benefit from Early Help

The documents Working Together to Safeguard Children (2023), B&NES Early Help and Intervention Strategy 2021-2025 (31) and B&NES Strategic Evidence Base highlight specific groups that would benefit from Early Help:

- Those with additional needs due to disability including those with special educational needs (SEND), whether or not they have a statutory plan
- Young carers
- Those showing signs of engaging in anti-social or criminal behaviour including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- Those in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health, domestic violence.
- Those who are bereaved
- Those who are frequently missing/go missing from care or from home
- Those at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- Those at risk of being radicalised
- Those viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- Young people misusing drugs or alcohol themselves
- Those suffering from mental ill health
- Those who have returned home to their family from care
- Privately fostered children
- Those who have a parent or carer in custody
- Those who have experienced multiple suspensions and are at risk of, or have been permanently excluded
- Those showing signs of neglect.
- Young people at risk of not being and those not in education, employment or training (NEET)
- Children and young people from Ethnic minority backgrounds

Additionally, in B&NES people who have experienced being in care will be treated as having a protected characteristic by Bath & North East Somerset Council to ensure that its support and services help prevent discrimination.

4.1 Those with additional needs due to disability and those with special educational needs (SEND)

Understanding this group of the population is challenging. The local data sources that provide an indication of the prevalence of childhood disability in B&NES includes the SEND data and the Schools Health and Wellbeing Survey where children self-report disability. Further to this, synthetic estimates are used based on disability prevalence calculated at a national level through research. All these sources are underpinned by definitions of disability that vary and have limitations, such as differing population structures in the synthetic estimates.

In January 2023 there were 1,967 children and young people with an Educational Health care Plan (EHCP). The graph below demonstrates that there has been an increase year on year in the number of EHCPs issued by B&NES since 2015, growing by 13% per year between 2015 and 2023, on average. This is higher compared to national and regional growth trends during the same period (10% national and 11% South West). The annual growth rate has been noticeably higher in B&NES between 2022 and 2023 (15%) compared to national and regional (9% and 8% respectively).

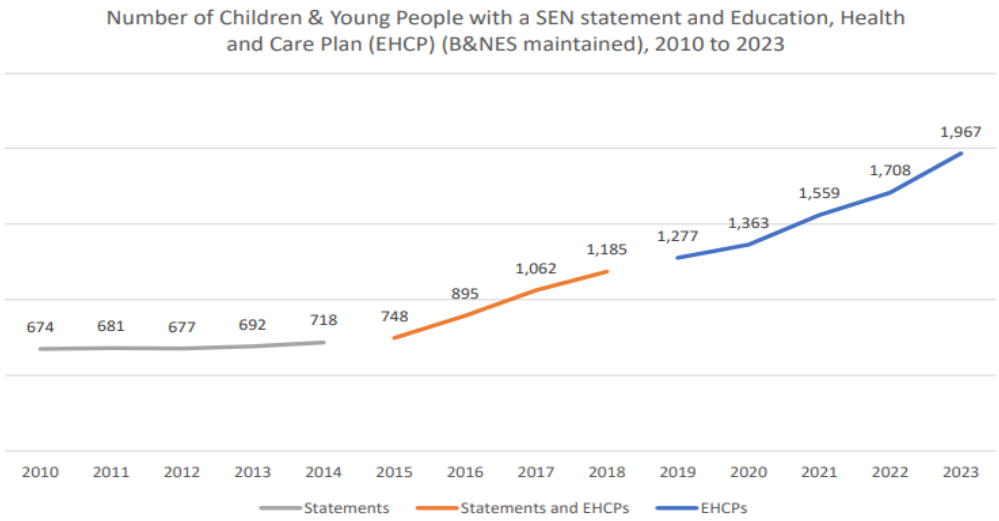


Figure 9: Number of Children & Young people with a SEN statement and EHCP
https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report

The increase in children and young people with a EHCP plan between 2019 and 2023 has been seen across all age groups.

School aged children account for 72% of all EHCPs within B&NES (714 5- to 10-yearolds; and 705 11- to 15-year-olds in January 2023). The 11- to 15-year-old population accounts for the highest prevalence with 66.5 per 1000 in B&NES (55.3 per 1,000 in England).

Young carers

Being a young carer has inevitable impacts on a young person's life. These may be direct, such as learning new skills to enable caring responsibilities (cooking, cleaning, washing, how to aid someone in personal care) or indirect. The time young people spend giving care may also have negative impacts on their education. Indirect effects could include adverse effects on wellbeing, for example due to reduced opportunities to socialise and resultant isolation.

In B&NES, the Carers Centre has been commissioned to deliver a Young Carers Service. The service provides timely, holistic, and family-centred Needs Assessments for young carers. The assessments consider the impact of the caring role on the young carer's wellbeing, education, and personal and emotional development. Young Carers and their families are offered a support plan based on

the young carer's specific needs.

The council's strategic priorities to improve health and wellbeing outcomes for young carers have been identified as follows:

- Raising awareness
- Improved identification
- Provision of information and support at the earliest opportunity
- Young carers are engaged citizens within their own community
- Smoother transitions across services and into adulthood

There has been a recorded rise in the number of young people who care for a family member or friend due to serious illness, disability or addiction. The top three concerns reported by young carers over the last year are:

- Mental health and wellbeing
    - Over 70% of young carers reported their wellbeing was negatively affected by their caring role
- Social life and friendships
    - Over 60% had their social time affected by their caring role
- Education, employment and training
    - Almost a third (29%) had their education affected by their caring role

Figure 9 highlights some outcome differences between young carers and non-young carers. The information had been gathered from the Children and Young Peoples Health & Wellbeing Survey 2022 and are related to those who are in Year 8 and 10:

Most positive differences between Young Carer and Non-Young Carer:

	Carer	Non-Carer	
Pupils who would turn to a teacher for support if they had problems with school.	35%	21%	
Pupils who said their school covers citizenship 'fairly' or 'very' well.	49%	40%	

Least positive differences between Young Carer and Non-Young Carer:

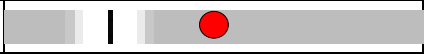
	Carer	Non-Carer	
Pupils who currently have free school meals, or vouchers for free meals.	32%	9%	
Pupils who said they were in the same room as someone smoking at least 'once or twice a month' in the past year.	50%	25%	
Pupils who have tried smoking in the past or smoke now.	26%	13%	
Pupils who feel happy talking to other pupils at school.	54%	69%	
Pupils who have used an electronic cigarette at least once.	39%	26%	
Pupils who had a high self-esteem score (15 or more).	17%	31%	
Pupils who didn't have anything to eat or drink before lessons on the day of the survey.	21%	11%	
Pupils who have been drunk before.	31%	20%	
Pupils who responded in the higher half of the scale for feeling satisfied (6 – 10).	50%	64%	
Pupils who are happy with their weight as it is.	34%	48%	

Table 10: Most and least positive differences between young carer and non- young carer
The B&NES Children and Young People's Health and Wellbeing Survey 2022

Those showing signs of engaging in anti-social or criminal behaviour

Those that enter the criminal justice system need support. Whilst we can quantify this number, those at risk of entering requires a broader understanding of the factors which contribute to the young people committing offences. Some of these factors have already been outlined, for example childhood trauma.

Summary of trends in youth vulnerabilities

The serious violence in B&NES 2022 problem profile (32) summarized the trends in youth vulnerabilities. B&NES ranks low on aggregate national indicators of child vulnerability. However, it does possess a small group of very vulnerable children with particularly complex needs. This presents an opportunity to design services to tackle problems in a very small group:

- Rates of looked after children, children subject to S47 enquiries and child protection plans have all remained lower in B&NES compared to the England average however, the rate of children excluded from school (permanent and fixed period) has increased faster than the England average and is now higher than the England average.
- The rate of school exclusions for children with Special Educational Needs also sits above the England average, despite the presence of an even higher rate in Somerset.
- The educational attainment gap in B&NES is above the national average.

- The number of missing children's episodes has increased substantially over recent years.
- At the extreme end of vulnerability sits the B&NES Youth Offending Service cohort: This group has a comparatively high rate of multiple Adverse Childhood Experiences (ACEs) and face particular issues relating to substance misuse and witnessing domestic abuse in the home.
- The cohort of offenders involved in serious and violent crime are getting younger (under 24) and there is a perceived increase in the involvement of young females in violent offending as reported by Youth Connect South West in their Girls and Young Women's Survey

The publication of B&NES youth justice plan 2022-2023 gives some insight into the Youth Offending Services cohort. Below is a summary of the overrepresented cohorts in the Youth justice system. A more detailed analysis can be found in the report.

- Ethnicity: Black and Mixed Heritage children are very over-represented.
- Not in education, employment or training NEET: Over the past year, during the time they worked with the Youth Offending Services, 32% of post-16 children had a period of being NEET, compared with area, regional and national NEET percentages for this age group being between 2- 3%.
- Children with special education needs: 36% of the children who have worked with Youth Offending Services in the past year had an EHCP (the national figure is 3.7%) and 16% were on a SEND Support Plan, meaning that more than half of those known to the Youth Offending Services had some Special Educational Need or Disability. The proportion with an EHCP appears to be increasing. The main presenting needs are Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Social, Emotional and Mental Health and Speech and Language needs, with others on a Special Educational Need Support Plan and Speech, Language and Communication needs.

Those whose family circumstances present challenges

Evidence discovered from research undertaken in Wales looking at adverse childhood experiences (ACEs) and the toxic trio (mental health, substance misuse and domestic violence) suggests that where family circumstances are challenging, outcomes for children and families are worse (33). These groups have by definition, a need for Early Help to mitigate the adverse factors they are exposed to.

Mitigation may be through building resilience or providing support that is missing from the home environment, such as role modelling. The challenges that have been identified through toxic trio and adverse childhood experiences work include parental mental health, substance misuse and domestic abuse.

Parental substance misuse -alcohol and drug dependency

Information from the 2022-2027 B&NES drug and alcohol strategy found that in 2020/2021, 216 adults in treatment for substance use were parents living with children. This equates to an estimated 1,688 children who live in a household where there is problematic parental substance use (34). This rate of 47 per 1000 0–17-year-olds is ranked at 87/100 amongst local authorities, where 100/100 is the highest

rate.

In B&NES, children in need assessments in 2019-2020 found that 23% had a parent or other adult living them with alcohol use, and 21% with drug use. This is higher than the national figures of 16% for alcohol and 17% for drug use (35). These children are vulnerable to the effects of the substance use that is happening in their homes.

In summary, the impact of substance use for children, young people in B&NES is substantial and some indicators have worsened in recent years.

Domestic abuse

Exposure to domestic abuse causes harm. The data in the graph below demonstrates the total number of domestic abuse crimes and incidents within B&NES as well as the number of domestic abuse crimes and incidents where a child/ren are linked (either as a victim or mentioned party).

Available data from Avon and Somerset Police shows approximately half of the total number of domestic abuse crimes and incidents within B&NES involve children (either as a victim or mentioned party).

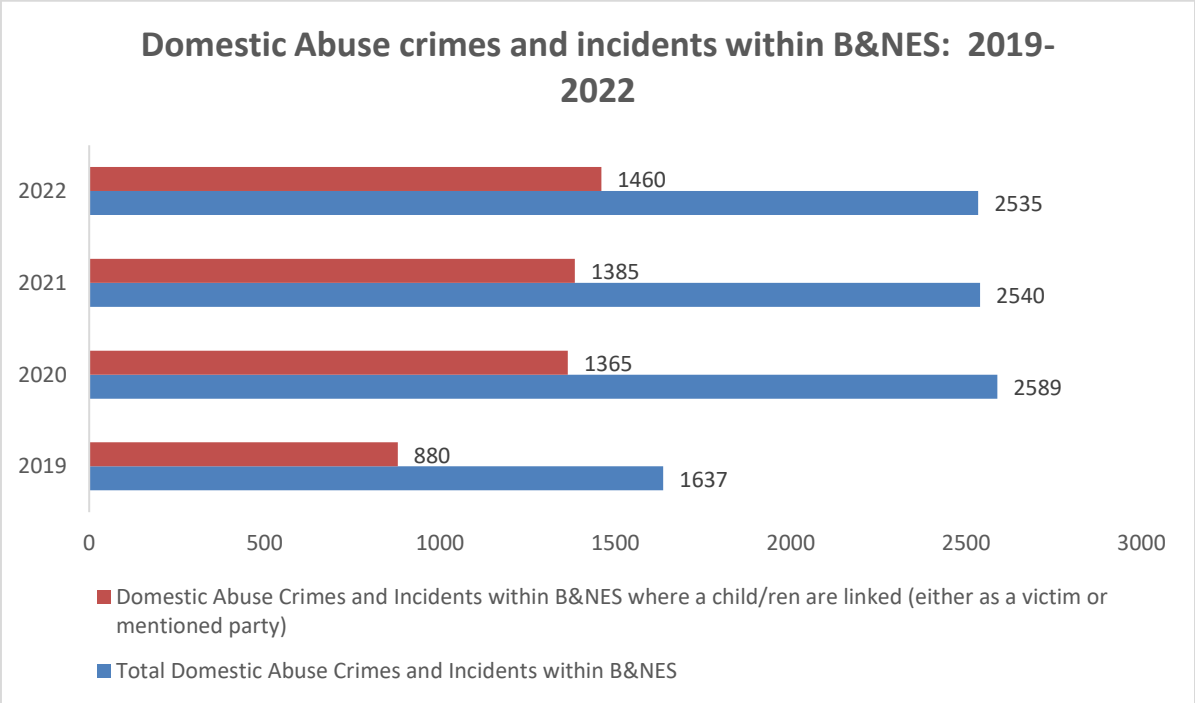


Figure 11: Domestic crimes and incidents within B&NES from 2019 to 2022
Avon and Somerset Police team

Toxic trio

The term “Toxic trio” is defined by the Children’s commissioner as children who live in households where there is domestic violence and abuse, parental substance use (alcohol or drugs) and parental mental health issues. This environment can lead to serious harm in the short and longer term.

The chart below shows the number of children who met the threshold for social care involvement and the assessment factors that were recorded for each case in 2022/2023. Mental health, domestic abuse and substance misuse for child or family are the most common factors recorded, with 50% of cases recording one or more of these factors. It is worth noting that multiple factors can be identified per case. Therefore, the chart presents the number of children with each individual factor identified.

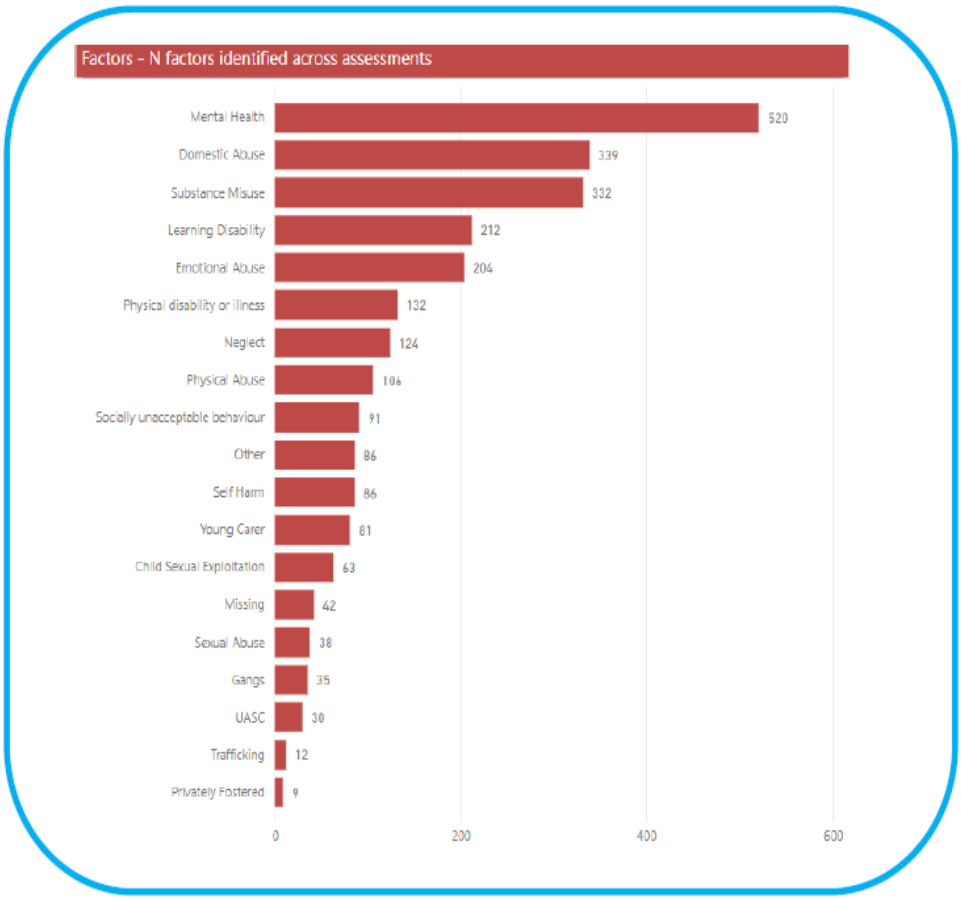


Figure 12: Children's Social Care – Need and Risk Factors
https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report

Young people at risk of not being in education, employment and training (NEET)

Not being in education, employment or training (NEET) at a young age is associated with detrimental effects on physical and mental health (36). Employment brings a whole range of positive outcomes including a sense of belonging and increased financial resource which can lead to better health outcomes. The more skilled or educated we are, the more likely we are to be healthy even when compared with people from similar backgrounds or upbringing (37).

According to the Department for Education's Comparative Scorecard (38) at the end of 2022, the proportion of 16-17 years olds known to be NEET was 1.5% which is

below the South West average of 3.2% and England average of 2.8%.

16-17 year olds whose activity was not known, was 5.4% at the end of 2022 which is higher than the South West average of 2.6% and England average of 2.4%.

The figures above have been combined to give an overall indication for B&NES, illustrated below:

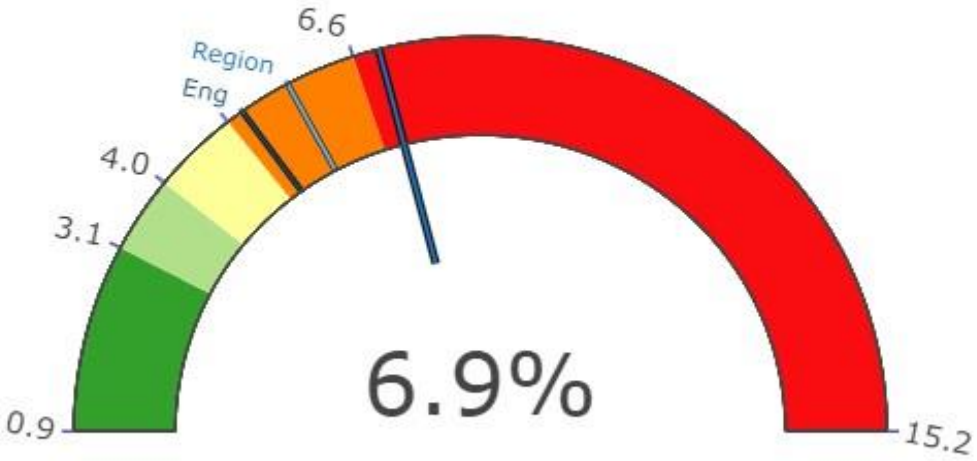


Figure 13 B&NES NEET and activity not known
16-17 year olds at the end of 2022 (average of December, January and February)

A young person's destination post-16 can become unknown for a range of reasons:

- Disengagement from school due to issues with schooling
- Moved away from the area
- Experiencing medium to long term health issues (including mental health)
- Social exclusion
- Complex home lives (for example a young carer, or in the care system)
- Victim of trafficking and/or sexual exploitation

The number of young people who are NEET fluctuates from month to month. The graph (39) below shows the cycle over the last few years since the Council began commissioning targeted youth support to an external provider:

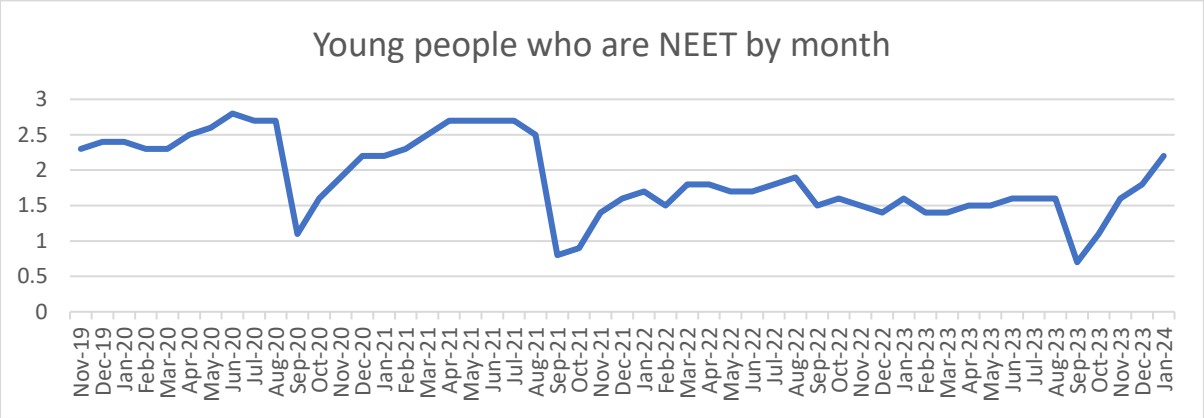


Figure 14 – Targeted Youth Support Service (2023)

The methods used to identify and support young people who are NEET through targeted early help support has improved over the life of the Targeted Youth Support contract:

NK figures compared since we became YCSW					
	2019	2020	2021	2022	2023
Oct	5.9%	33.6%	12.3%	20.7%	16.9%
Nov	5.6%	8.4%	6.4%	7.0%	5.0%
Dec	4.3%	7.7%	4.5%	7.4%	3.9%

At the time of this refresh, the tracking and offer of support to all young people remains a statutory duty for the council to meet.

Risk of NEET Indicators (RONI)

B&NES Council has access to data which can provide an early indication of young people who may be at increased risk of becoming NEET. The data set is referred to as '*RONI'* or 'Risk of NEET Indicators' and there is great potential to use the RONIs to make pragmatic decisions on how to target services and resources. Examples of RONI include:

- Significant physical, mental and emotional health issues
- Home or family issues
- Young carer responsibilities
- Poor school attendance (less than 85%)
- Are in care, leaving care or care leavers
- Young parents
- Have learning difficulties or disabilities
- Receive free school meals

5. Local strategic context

5.1. B&NES Children and Young People's Plan

B&NES has a Children and Young People's (CYP) Plan (9) which outlines the vision, outcomes and priority areas to implement when working with children and young

people. Strategies that relate to children and young people have embedded these priorities to ensure a coherent approach across work undertaken within the council and partner agencies. The vision of the CYP Plan is that:

> *"All children and young people will enjoy childhood and be well prepared for adult life."*

The 4 outcomes identified are within the plan are:

1. Children and Young People are Safe
2. Children and Young People are Healthy
3. Children and Young People who are Vulnerable have Fair Life Chances
4. Children and Young People are engaged Citizens within their Own Community

5.2. B&NES Early Help and Intervention Strategy 2021-2025

The all-age B&NES Early Help and Intervention Strategy (31) stresses the importance of viewing early help and intervention as fundamental in tackling the root causes of problems as soon as they arise throughout each life stage and of different agencies working together to achieve this. The purpose of the strategy is to create an environment and clear commitment to do this in B&NES.

The Prevention and Early Intervention Partnership, which monitors and progresses the strategy, focuses on four strategic priorities to contribute to outcomes for children, families and adults and carers:

1. Provide early help and intervention, at the right time, by the right services in the right place for individuals, families and communities
2. Provide strong leadership and enable effective partnership working to ensure a whole system approach to early help and intervention
3. Invest in and value the wider workforce across the early help and intervention system
4. Empower local people and communities to build capacity and resilience, to enable people and communities to do more for themselves.

5.3. B&NES Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy (41) was developed by the B&NES Health and Wellbeing Board and sets out a vision for 2030:

> *"Together we will address inequalities in Bath and North East Somerset, so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives."*

Although B&NES residents generally live a good quality of life, inequalities exist particularly in areas with greater levels of deprivation or where people experience other forms of disadvantage. Inequalities are also present among children in B&NES,

with low educational attainment among our vulnerable pupils in schools, and in the increase in referrals to mental health services.

Inequalities are a significant factor for children affecting in particular: the rate of obesity among Year 6 aged children; significant gaps in educational attainment for children who are eligible for free school meals and pupils with Special Educational Needs and Disabilities at all stages and between boys and girls.

Child poverty is more prevalent in deprived areas across B&NES. Areas with the highest children poverty rates include Twerton (17%), Radstock (14%), Keynsham South (14%) and Westfield (13%). The comparative figure for the UK is 19%. When housing costs are taken into consideration 1 in 5 children in B&NES were estimated to be living in relative poverty in 2019/20.

There are four priorities identified in the strategy:

1. Ensure that children and young people are healthy and ready for learning and education
2. Improve skills, good work and employment
3. Create health promoting places
4. Strengthen compassionate and healthy communities

5.4. B&NES, Swindon and Wiltshire Integrated Care System (BSW ICS)

Integrated Care Systems (ICS) are statutory bodies made up of organisations in a local area that work together to plan and deliver joined up health and care services and to improve the lives of people who live and work in their area.

Our local ICS covers B&NES, Swindon and Wiltshire (BSW) and is called BSW Together. It has established four key purposes to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes
- experience and access, enhance productivity and value for money

- support broader social and economic development

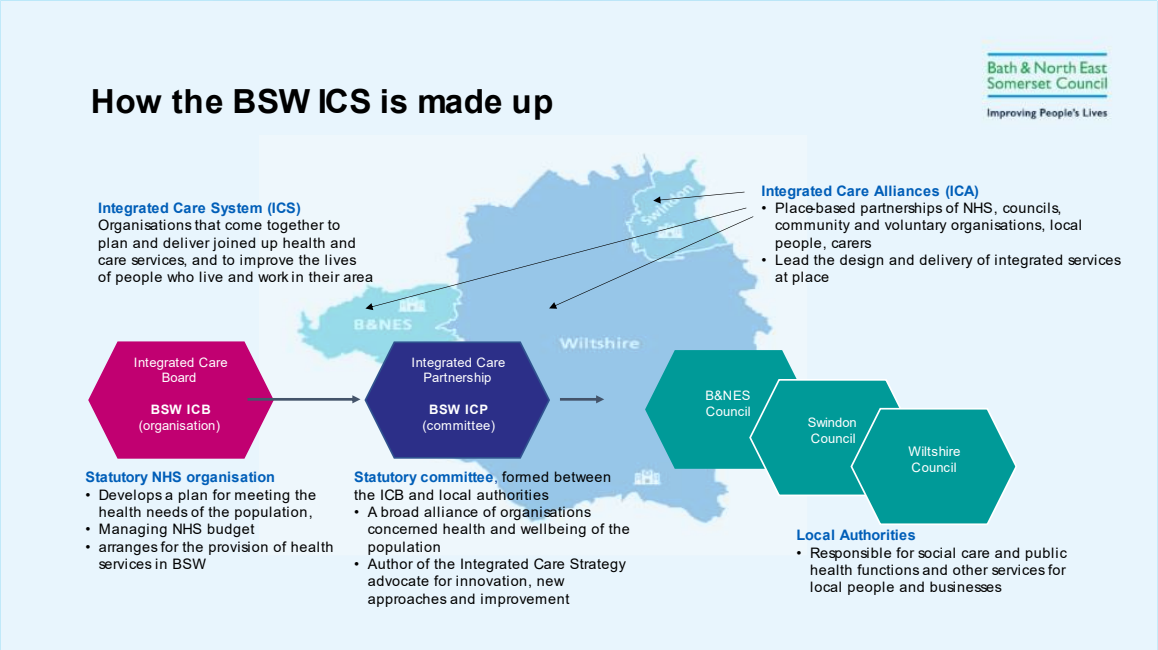


Figure 15: BSW ICS infographic
BSW ICS website 2023

5.4.1. B&NES Integrated Care Strategy

The Integrated Care Strategy (42) sets the direction of our ICS for the next five years, outlining how the NHS, local authorities, the private sector, voluntary, community and social enterprise (VCSE) organisations and other partners can improve integrated working to help children and adults in BSW to live healthier for longer.

The vision of the strategy is to “listen and work effectively together to improve health and wellbeing and reduce inequalities”. Three objectives have been identified to take the vision forward.

- Focus on prevention and early intervention
- Fairer health and wellbeing outcomes
- Excellent health and care services

5.4.2. BSW Together: children and young people’s programme

The BSW Children and Young People’s Programme objective is to support BSW ICS to enable babies, children, young people and their parents and carers to lead healthy lives and flourish and aims to:

- improve the health of children and young people
- support people to stay well and independent
- act sooner to help those with preventable conditions
- Improve understanding that improving outcomes and investing in babies, children and young people IS WHOLE POPULATION prevention and early intervention

- support those with long-term conditions or mental health issues
- care for those with multiple needs as populations age
- get the best from collective resources so people get care as quickly as possible.

The Children and Young People's programme Board 'Starting well', aims to:

- Establish a new workstream to bring together planning for Early Years
- Carry out an Early Years Pilot to enable future development of services
- Focus on inequalities and improving outcomes through CYPCORE20PLUS5.
- Link Maternity, Best Start, Starting Well and Healthy Child Programme
- BSW Health and Wellbeing Boards
- Focus on Oral Health

5.4.3. BSW Inequality Strategy

The BSW Inequality Strategy (43) aims to work in partnership to address inequalities across the life course to enable people to live longer, healthier, happier lives. There are 3 phases of implementation addressed through the strategy:

- Phase 1
  - To make inequality everybody's business through awareness raising, training and engagement with partners and communities
- Phase 2
  - To tackle healthcare related inequalities
- Phase 3
  - To focus on prevention, social, economic and environmental factors (known as 'wider determinants')

5.4.4. Core20PLUS5

Core20PLUS5 is an NHS England approach to reducing healthcare inequalities at both national and system level. The infographic below explains how the target population for the approach is made up, the 'Core 20PLUS' and the 5 key clinical areas of heath inequalities, the '5'. Our local ICS chosen population groups are:

- Children with Special Educational Needs and Disability (SEND)
- Children with excessive weight and living with obesity
- Children Looked After (CLA) and care experienced CYP
- Early Years (with a focus on school readiness)
- Children and Young People with Adverse Childhood Experiences (ACE; with a focus on delivering trauma informed services)

- In B&NES this also includes children eligible for free school meals

Figure 16: BSW ICS Core20PLUS5 infographic
BSW ICS website 2023

5.5. Other relevant local strategies

5.5.1. B&NES Homelessness and Rough Sleeping Strategy 2019-2024

B&NES Homelessness Strategy (44) outlines key priorities relating to the prevention of homelessness. These include a focus around prevention and supporting survivors of Domestic Abuse.

Having a safe and stable place to live is vital for children and families. A lack of stability can be a constant source of stress for parents and families, affecting their ability to function and flourish. Further to this, poor standards of housing can negatively impact the health of children making them more at risk of certain infections and conditions such as asthma.

5.5.2. B&NES Suicide Prevention Strategy 2020-2023

The Suicide Prevention Strategy (45) has a vision which covers the following areas:

- Reducing suicide and self-harm
- Ensuring that no resident will think that suicide is their only option
- Tackling the stigma associated with suicide and developing community conversations about suicide
- Building community resilience
- Supporting those who are affected by suicide

Within this work there are high risk groups identified. The strategy also highlights where efforts should be targeted in terms of improving mental health and include:

- Children and young people
- Users of drug and alcohol services
- Women around the time of childbirth
- People in receipt of benefits

5.5.3. B&NES Drug and Alcohol Strategy 2022-2027

The B&NES Drug and Alcohol Strategy (46), published in 2022, has a focus on prevention alongside early intervention, seeking to support those that experience difficulties with substance use by having an effective treatment and recovery support system.

Substance use within a family can have significant impacts on child development, including:

- Risk of health and developmental problems from exposure during pregnancy
- Adversely affecting relationships and attachment
- Increased risk of physical and emotional neglect
- Behavioural and mental health problems in children and young people
- Undermining school performance
- Reduced levels of safety and oversight.

There is also evidence of intergenerational vulnerability, where parental substance use increases the risk that children will go onto develop substance use problems themselves. Identified protective factors for children and their families include parental treatment for substance use, strategies and action to minimise the impact on children, and positive school experiences in connected communities that provide value and identity as well as resources such as child care and leisure facilities.

The commitments highlighted below from the strategy are particularly relevant to our early help services:

- Create a change in culture around drugs and alcohol, including raising awareness and educating children, parents, and young adults. We want to empower them to make informed choices when it comes to substances, and reduce the use of alcohol and other drugs
- Focus on Early Intervention through a Whole Family approach, including work with children and young people with vulnerabilities, and with families affected by parental substance use
- Support transition between settings and services for individuals with substance use, with a focus on continuity of care for secure settings and mental health services, as well as for young people moving into adult services

6. Population indicators of need

The following section outlines the key challenges that are currently faced by children and young people in B&NES. Where possible, a comparison at a regional and national levels has been provided. The information populating this section is taken from different sources such as B&NES internal reports, Strategic Evidence Base and

Office for Health Improvement and Disparities (OHID) Fingertips.

Further detail can be found in *Appendix 1* where a list of indicators that showcase the outcomes for children and families in B&NES are highlighted. Population level data could be considered proxy indicators of the need for Early Help. For example, in B&NES, in 2021/2022 the rate of hospital admissions of people aged 10-24 with self-harm was 518 per 100,000. This was higher than England (427 per 100,000).

6.1. Gaps in educational outcomes

Generally, pupils living in B&NES perform well for educational attainment. However, there are still inequalities in educational attainment for comparative outcomes from age 5 through to age 16. Those outcomes are worse within the following groups:

- Boys (compared to girls)
- Pupils in receipt of free school meals (FSM) (compared to those who do not receive FSM).
- Pupils from certain ethnicities (Black and mixed-race groups).
- Pupils with Special Educational Needs & Disability (compared to those without SEND)

6.2. Measuring the attainment gap between children in receipt of FSM versus those not in receipt of FSM

FSM data relates to pupils who are eligible to receive free school meals but not necessarily to pupils who actually received FSM. Parents can claim FSM if their income is below £16,190 or less than £7,400 net without benefits.

The FSM attainment gap at all stages of education is higher in B&NES compared to England. The graphs in figure 6 below shows the progression in the attainment gap from 2018/19, to 2021/22 and then 2022/23, both in B&NES and England.

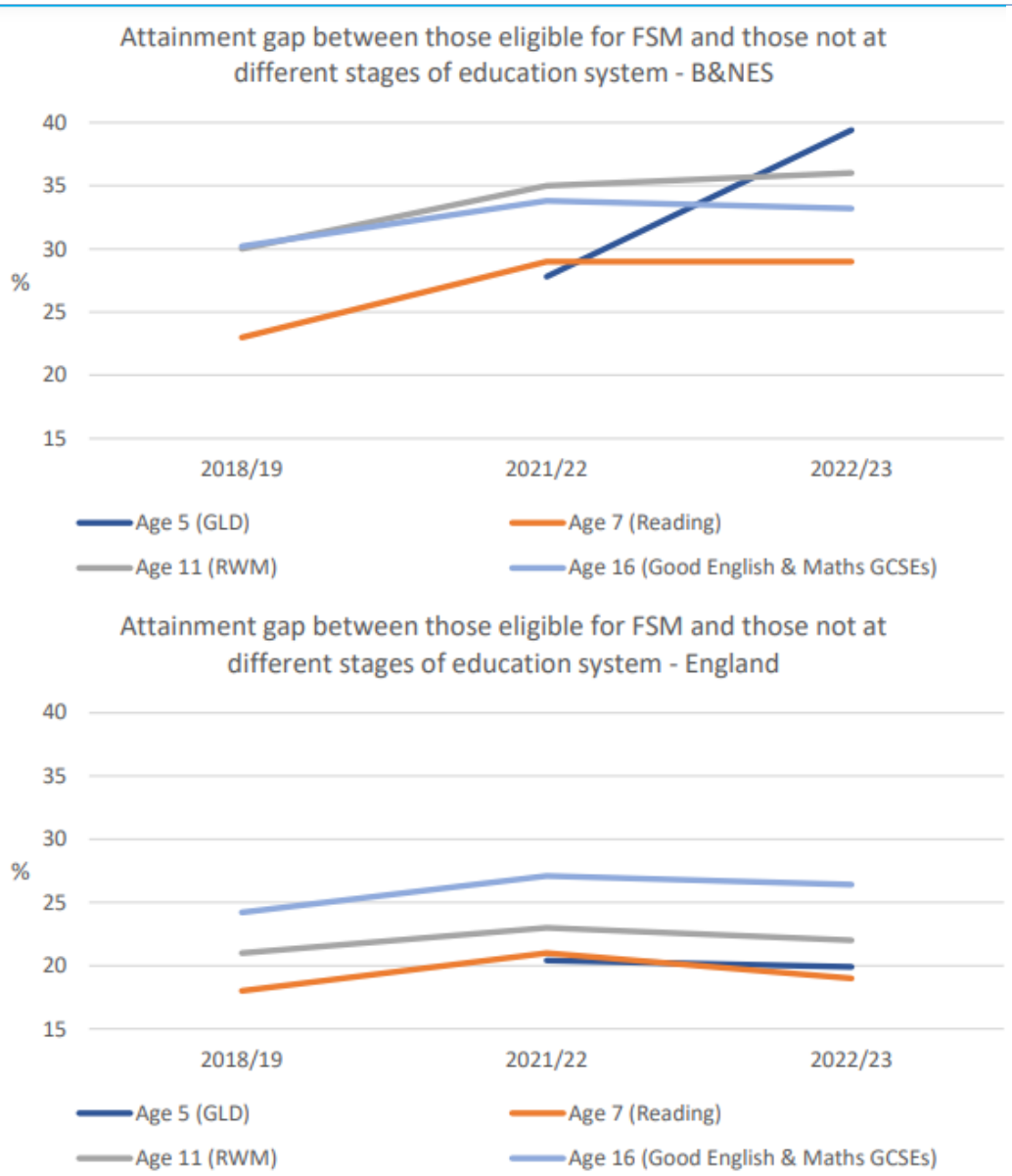


Figure 17: Results on plot refer to:
Age 5:Percentage achieving a Good Level of Development (Early Years Foundation Stage Profile)
Age 7: Percentage reaching expected standard in Reading (Key Stage 1)
Age 11: Percentage reaching expected standard in Reading, Writing and Maths combined(Key Stage 2)
Age 16:Percentage achieving grades 9-5 in English and Maths (Key Stage 4)

Figure 15: Attainment gap between those eligible for FSM and those not at different stages of education system
https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report

- At Age 5 (EYFS), the attainment gap has increased substantially in 2022/23 (39%) compared to 2021/22 (28%) in B&NES, whereas nationally the gap remained similar (20%).
- At Age 7 (KS1), the attainment gap increased from 23% in 2018/19 to 29% in 2021/22 and remained at 29% in 2022/23 in B&NES. Nationally the gap fell slightly to 19% in 2022/23 (from 21% in 2021/22).
- At Age 11 (KS2), the attainment gap in B&NES has increased from 30% in 2018/19 to 36% in 2022/23. Nationally the gap fell slightly to 22% in 2022/23

(from 23% in 2021/22).

- At Age 16 (KS4), the attainment gap in B&NES has increased from 30% in 2018/19 to 33% in 2022/23. Nationally the gap fell slightly to 26% in 2022/23 (from 27% in 2021/22).

Data from the B&NES Children and Young People Health and Wellbeing Survey 2022 found that children who self-identified as receiving FSM in the last 6 years were:

- Less likely to believe they will achieve 5 good GCSEs
- Less likely to think they will stay in full time education
- Less likely to feel satisfied with their life
- Less likely to have done homework or read a book after school
- More likely to have been caring for a relative after school
- More likely to have felt afraid to go to school because of being bullied about the way they look
- More likely to have found it hard to concentrate at school because they felt tired or sleepy on at least three days last week.
- More like to have found it hard to concentrate at school because they are hungry.

Improving the outcomes for children in receipt of FSM is a key to addressing inequalities and reducing the risk of becoming NEET as outlined in section 4.5 above.

6.3. Gaps in educational outcomes by ethnicity

6.3.1. Key Stage two (KS2) attainment

Year 6 pupils (typically aged 11) are assessed for their ability to reach the expected standard in reading, writing and maths combined (RWM) at the end of Primary school education. Below is a graph outlining the percentage of pupils reaching the expected standard in RWM by ethnicity in B&NES. It is worth taking into consideration 3 important factors when interpreting the figures:

- Year 6 pupils who took these assessments in summer 2022 experienced disruption to their learning during the Covid-19 pandemic, particularly at the end of year 4 and in year 5.
- There were no assessments in 2019/20 and 2020/21 due to the Covid-19 pandemic. Some ethnic groups have small number of pupils, and this should be considered when drawing conclusions (see table below).

Number of eligible pupils in RWM (B&NES)

Ethnicity	2017/18	2018/19	2021/22	2022/23
Asian*	28	33	43	52
Black	12	11	17	11
Mixed	100	94	104	122
Other ethnic group	n/a	9	19	21
White	1,734	1,650	1,724	1,690
Unclassified	*n/a*	*15*	*23*	*26*
Total	1,899	1,812	1,930	1,922

Figure 18: KS2 pupils reaching expected standard for RWM combined
B&NES Strategic Evidence Base

In 2022/23, the Asian ethnic group were the highest achieving group with 65% reaching the expected standard in RWM (combined) in B&NES. The lowest achieving group were the Other ethnic group with 10% reaching the expected standard in RWM (combined), a notable decrease since 2021/22 and continues the downwards trend seen in this ethnic group since 2017/18. However, it should be noted this is based on a small cohort of pupils (ranging from 9 in 2018/19 to 21 in 2022/23)

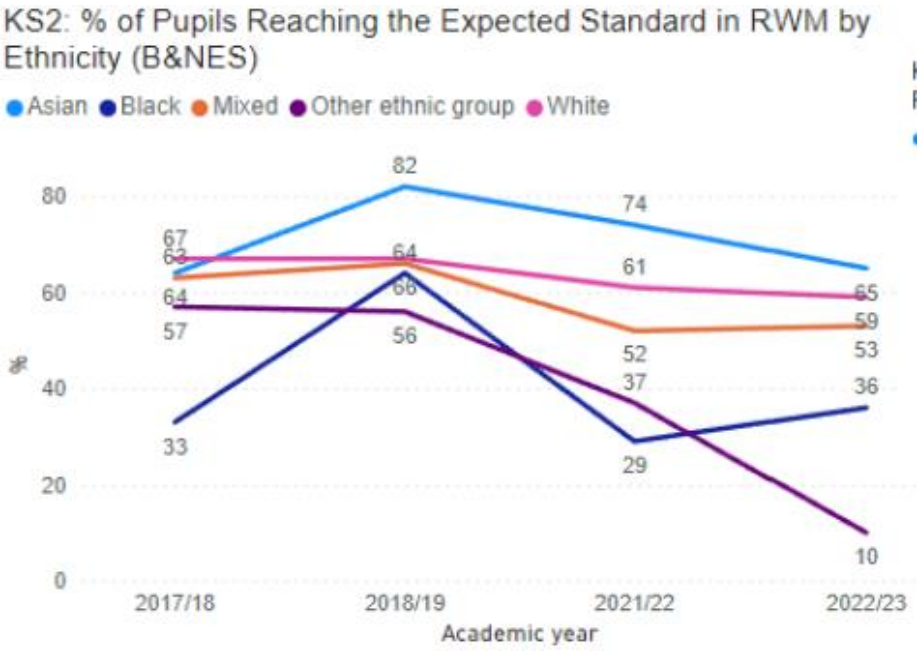


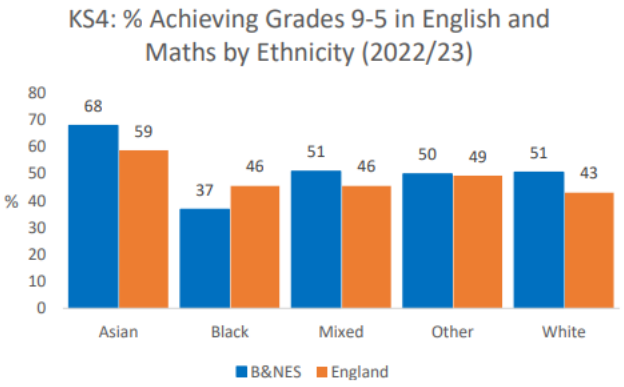
Figure 19: % of pupils reaching the expected standard in reading, writing and maths by ethnicity in B&NES (KS2 level)
B&NES Strategic Evidence Base

Since 2017/18, black, other and mixed ethnic groups have consistently been the lowest achieving ethnic groups in B&NES. Attainment in the Mixed and Other ethnic groups have been consistently lower in B&NES than national figures for the past three years, whilst attainment in the black ethnic group has been lower than national for two of the last three years. However, it should be noted that the black and other

ethnic groups have small numbers so this should be considered when drawing conclusions.

6.3.2. Key stage four (KS4) attainment

GCSEs are typically taken at the end of year 11 (when aged 16). In general, B&NES pupils have continued to achieve higher grades compared to regional and national figures. However, there are significant gaps in attainment between different ethnic groups as outlined in the graph below.



Average Progress 8 Score by Ethnicity (2022/23, B&NES)

Asian	Black	Mixed	Other	White
0.93	0.07	0.36	0.69	0.25

Number of pupils, 2022/23

Ethnicity	B&NES n	B&NES %	England %
Asian	53	*2.3%*	*12.0%*
Black	19	*0.8%*	*6.2%*
Mixed	114	*5.0%*	*6.1%*
Other	8	*0.3%*	*2.0%*
White	2,061	*90.1%*	*71.7%*
Unclassified	33	*1.4%*	*2.0%*
Total	*2,288*	*100%*	*100%*

Figure 20: *% of pupils reaching the expected standard in English and maths by ethnicity in B&NES (KS3 level)*
B&NES Strategic Evidence Base

Grades 9-5 are considered good GCSE scores. Like the KS2 data, we need to be cautious with interpretation due to the small numbers in some groups, particularly the Asian, other and black ethnic groups.

In 2022/23 in B&NES, the Asian ethnic group were the highest achieving group with 68% achieving grades 9-5 in English & Maths. The lowest achieving group was the Black ethnic group with 37% achieving grades 9-5 in English & Maths. Attainment in the Mixed, Other and White ethnic groups was similar in B&NES (50%-51%). Note: attention is drawn to the small numbers in some groups, particularly the Other and

Black ethnic groups. Nationally, the Asian ethnic group was the highest achieving group with 68%, whilst the lowest achieving group was the White ethnic group with 43% achieving grades 9-5 in English and Maths.

In B&NES, the percentage achieving grades 9-5 in English and Maths has consistently been highest in the Asian ethnic group since 2017/182 . Attainment has been consistently lowest in the Black ethnic group since 2017/18 and attainment in the Mixed ethnic group has been the second lowest for 3 of the 5 past years. Attainment in the Black ethnic group has been lower in B&NES than national figures for a number of years. In 2022/23, attainment in the Mixed ethnic group was higher in B&NES than national (having been lower in 3 of the past 5 years).

6.4. Pupil absence and school exclusions

Persistent absenteeism is defined as those pupils missing more than 10% of all sessions (authorised or unauthorised) in an academic year, with a session being the morning or afternoon of a school day.

6.4.1. School absence – primary schools

The percentage of B&NES primary school pupils who were classified as persistent absentees has remained largely static from 2016/17 to 2020/21 with an average of 7.3%. However, there has been a sharp increase in 2021/22 with 14.9% of pupils classed as persistent absentees.

The graph below outlines the percentage of persistent absentees in primary schools from 2016/2017 to 2021/2022. No data was published for 2019/20 academic year due to the COVID-19 pandemic.

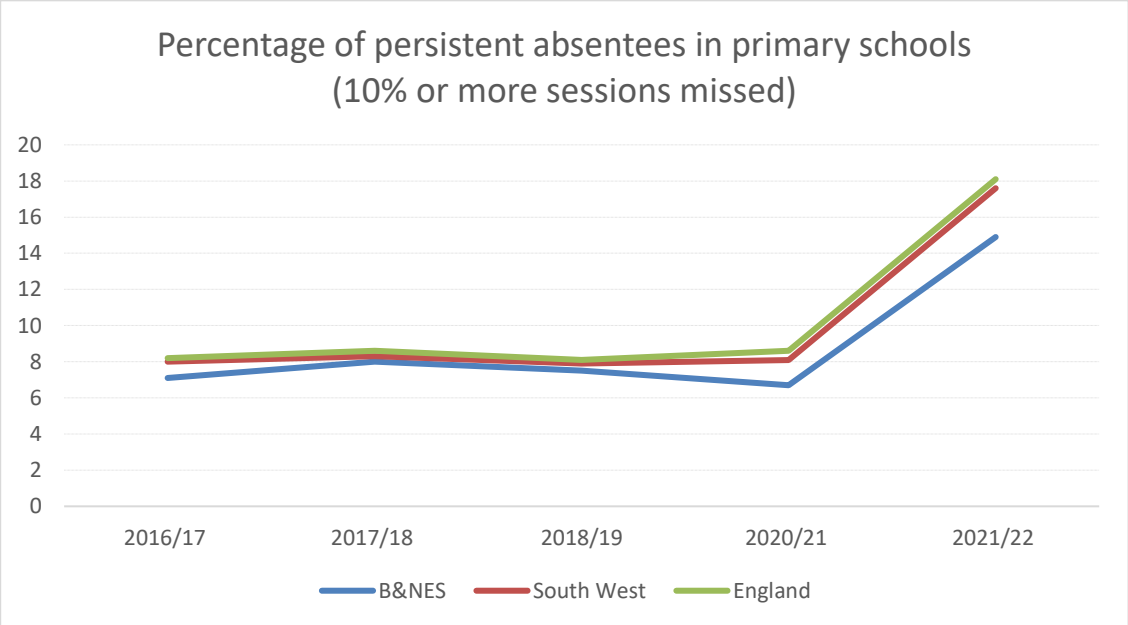


Figure 21: Percentage of persistent absentees in primary schools from 2016 to 2022
https://lginform.local.gov.uk/

Overall, B&NES remains lower than regional and national figures for persistent absenteeism in primary schools.

6.4.2. School absence – secondary schools

Figure 20 below outlines the percentage of persistent absentees in secondary schools from 2016/2017 to 2021/2022. No data was published for 2019/20 academic year due to the COVID-19 pandemic.

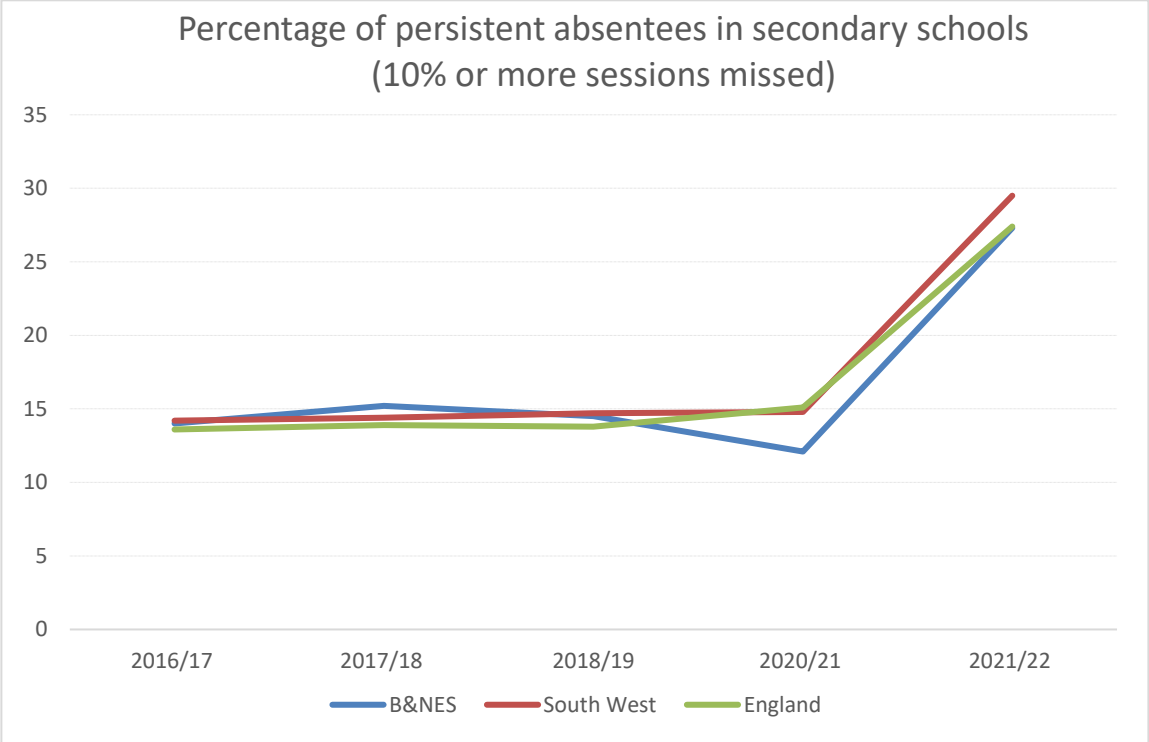


Figure 22: Percentage of persistent absentees in secondary schools from 2016 to 2022
https://lginform.local.gov.uk/

The percentage of B&NES secondary school pupils who were classified as persistent absentees followed a downward trend from 15.2% in 2017/18 to 12.1% in 2020/21. However, there has been a sharp increase in 2021/22 with 27.3% of secondary school pupils classed as persistent absentees.

6.4.3. School absence – pupils receiving free school meals

Figure 21 outlines the percentage of persistent absentees (10% or more sessions missed) in state schools of pupils eligible for FSM compared to pupils not eligible for FSM. No data was published for 2019/20 academic year due to the COVID-19 pandemic.

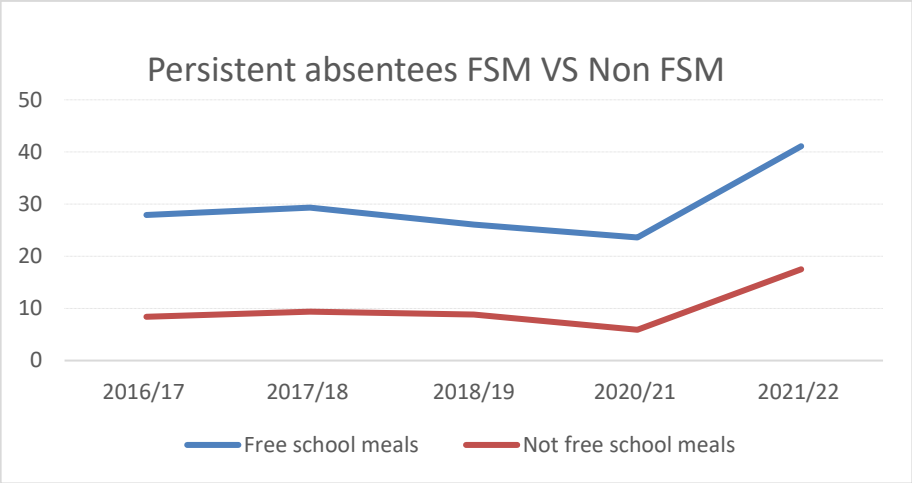


Figure 23: Percentage of persistent absentees: FSM vs Non FSM
https://lginform.local.gov.uk/

Data shows an increasing gap between the percentage of persistent absentees who are eligible for FSM compared to those who are not eligible for FSM in B&NES. In 2021/2022, 41.1% of pupils eligible for FSM were persistent absentees while the figure for pupils not eligible for FSM is 17.5%.

6.4.4. School absence –special educational needs (SEN)

Figure 22 below outlines the percentage of persistent absentees of all pupils with no identified SEN compared to pupils with a SEN statement or EHCP.

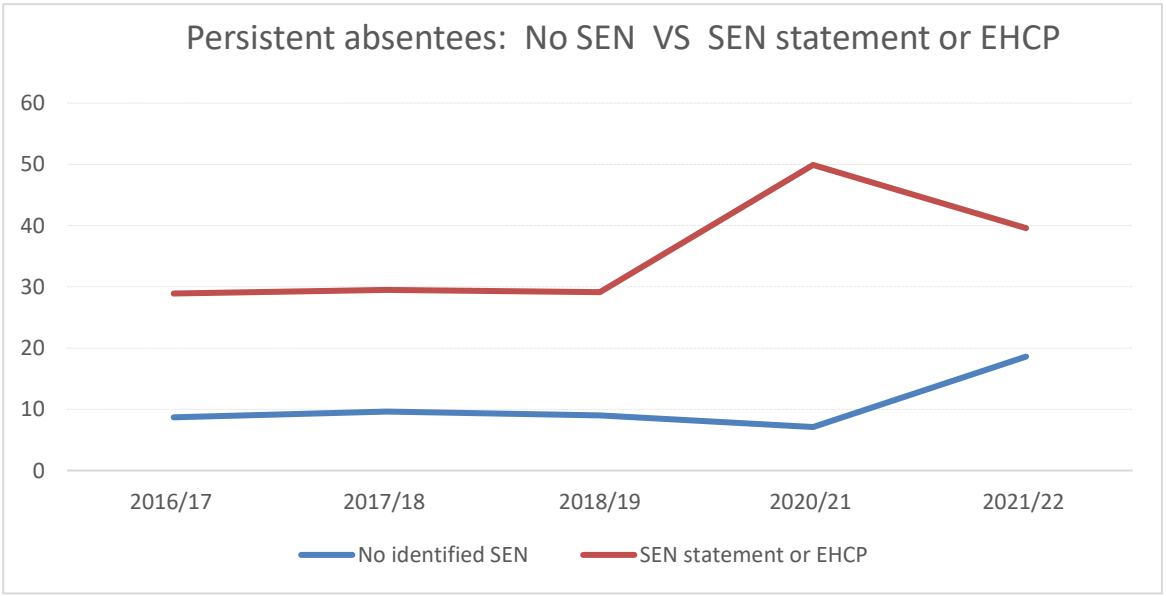


Figure 24: Percentage of persistent absentees: No SEN Vs SEN statement or EHCP
https://lginform.local.gov.uk/

Data shows a significant gap between the percentage of persistent absentees with no identified SEN compared to those with a SEN statement or EHCP. In 2021/22, the percentage of persistent absentees with a SEN statement or EHCP was double that of those without a SEN.

6.4.5. School exclusions

In the 2021/22 academic year the rate of suspensions increased to 8.22 % in B&NES, higher than both the South West (7.59%) and England (6.8%) figures. This is also higher than the B&NES rates observed before the pandemic (Average of 5.93% between 2015/16 to 2018/19).

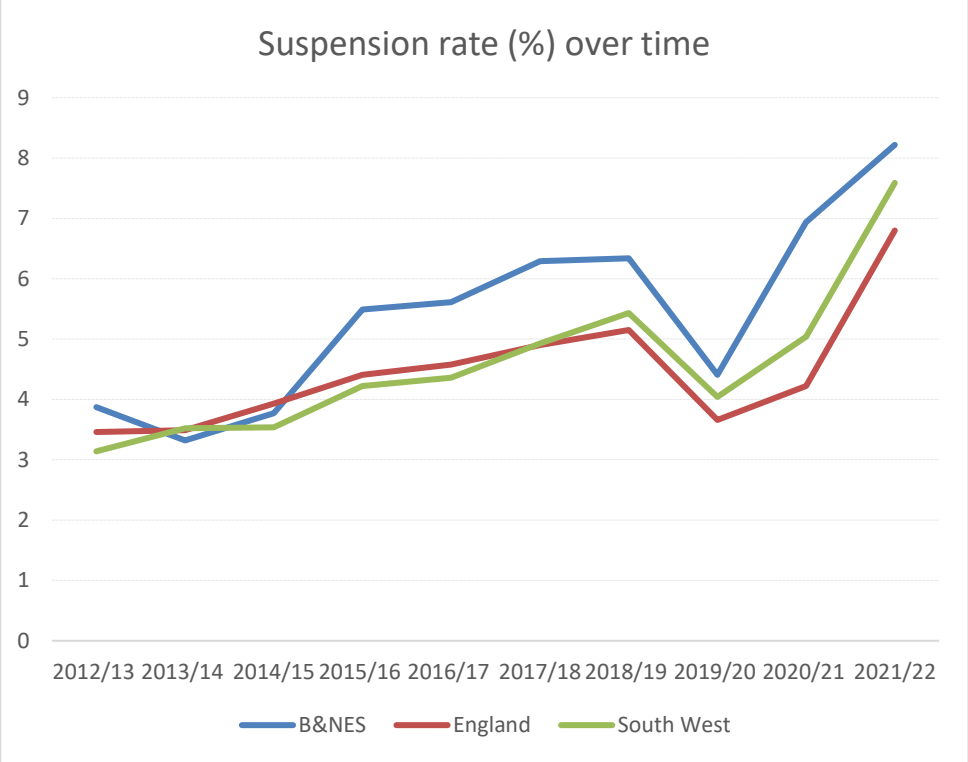


Figure 25: Suspension rate(%) over time
https://lginform.local.gov.uk/

In 2020/21 B&NES ranked the 9th highest of all English unitary authorities for suspensions and had the highest rate among our near statistical neighbours.

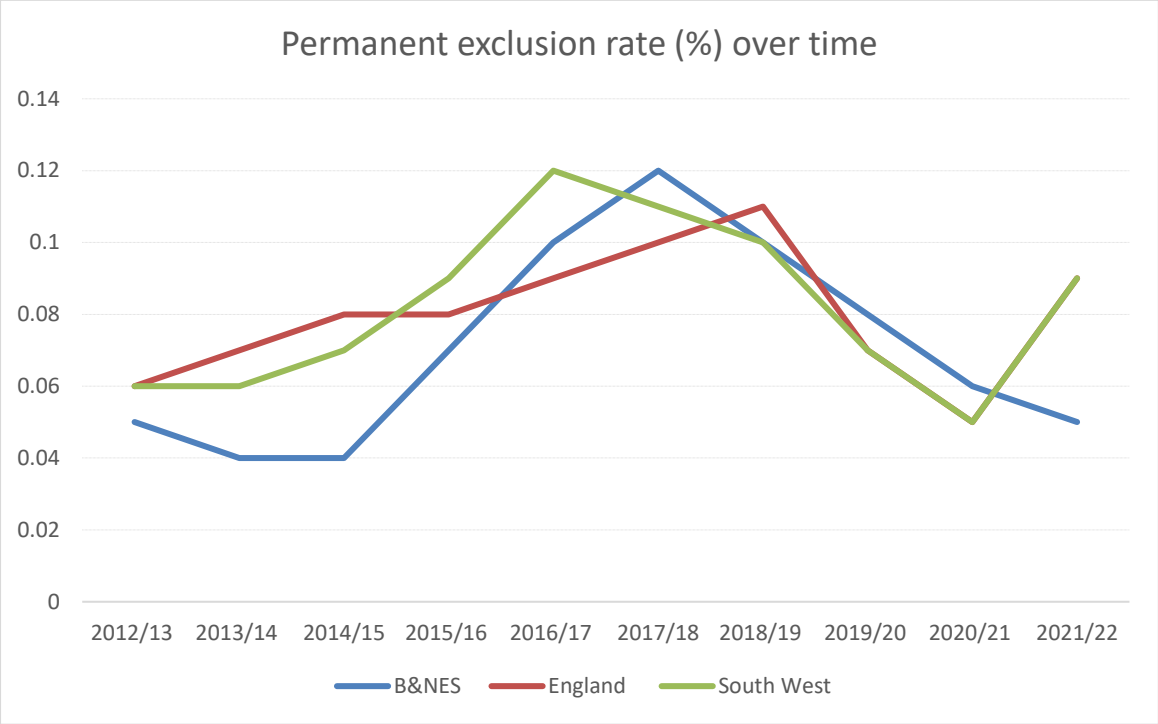


Figure 26: Permanent exclusion rate (%) over time. Source: https://lginform.local.gov.uk/

In B&NES, the rate of permanent exclusions followed a downward trend from 0.12% in 2017/18 to 0.05% in 2021/22 (31 and 13 exclusions respectively). This aligns with the decline seen during the COVID- 19 pandemic which has since reverted almost to pre-COVID levels.

The number of exclusions varies between schools. 80% identify as white (2020-21) (27). The majority of exclusions occur in secondary schools, most in year 9 or 10 (34) .The main reason given for permanent exclusion is persistent disruption (41%), followed by child-on-child physical assault (18%), 9% involved the use or threat of use of an offensive weapon

6.4.6. Suspensions by SEN status

In 2021/22, the suspension rate in the SEN or EHCP cohort was 6 times higher than the those without SEN in B&NES. The rates of suspension in the SEN or EHCP cohort have been noticeably higher in B&NES than nationally for a number of years with suspension rates of 28% in B&NES compared to 19% for England in 2021/22.

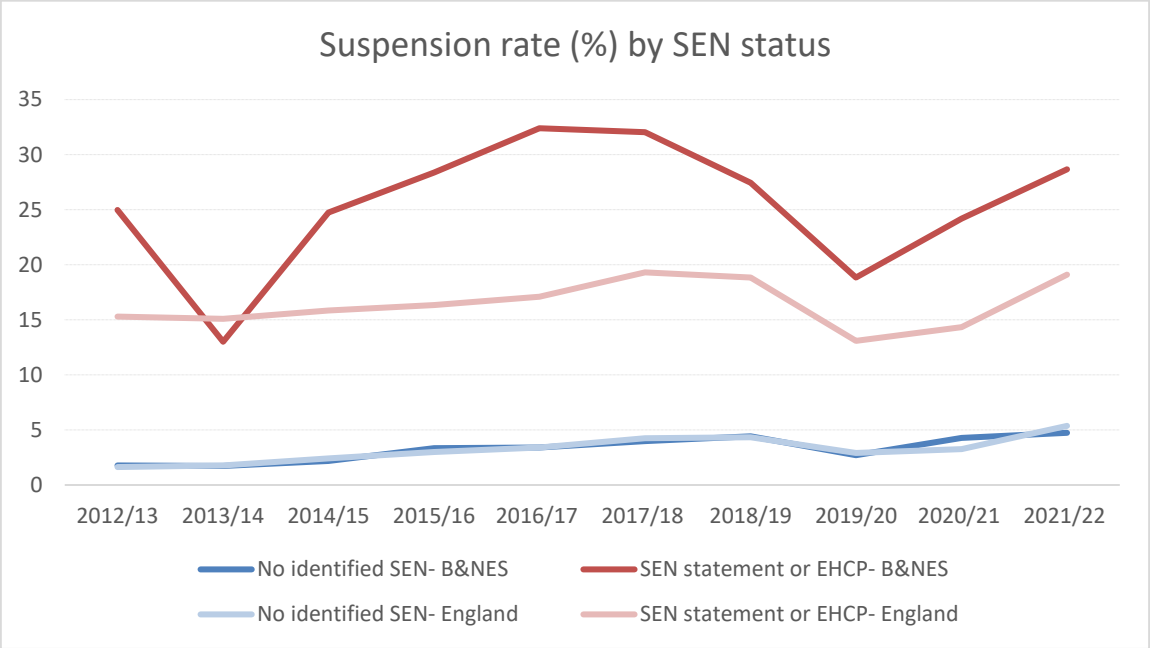


Figure 27: Suspension rate by SEN status
https://lginform.local.gov.uk/

6.4.7. Suspensions by FSM status

Figure 26 shows that rates of suspension in those eligible for FSM are higher both nationally and within B&NES compared to those not eligible for FSM. The suspension rate in B&NES for those eligible for FSM has been noticeably higher compared to the national rate for the FSM cohort for much of the last decade with these figures standing at 23% for B&NES compared to 10% for England in 2020/21.

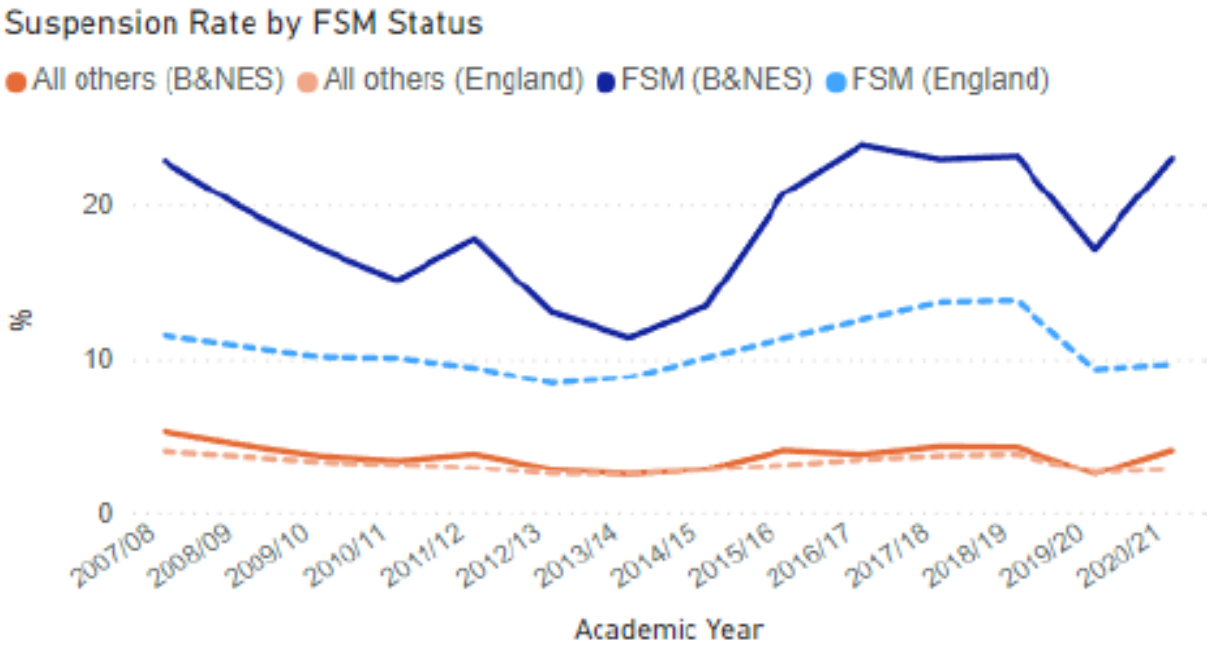


Figure 28: Suspension by FSM status
https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report

6.4.8. Suspension by gender

Boys have higher rates of suspension both nationally and within B&NES. Rates for boys and girls in B&NES have generally been slightly higher than national rates but both have seen a steeper increase in B&NES in 2020/21 compared to national (Girls B&NES/England 5%/3%; Boys B&NES/England 9%/6%).

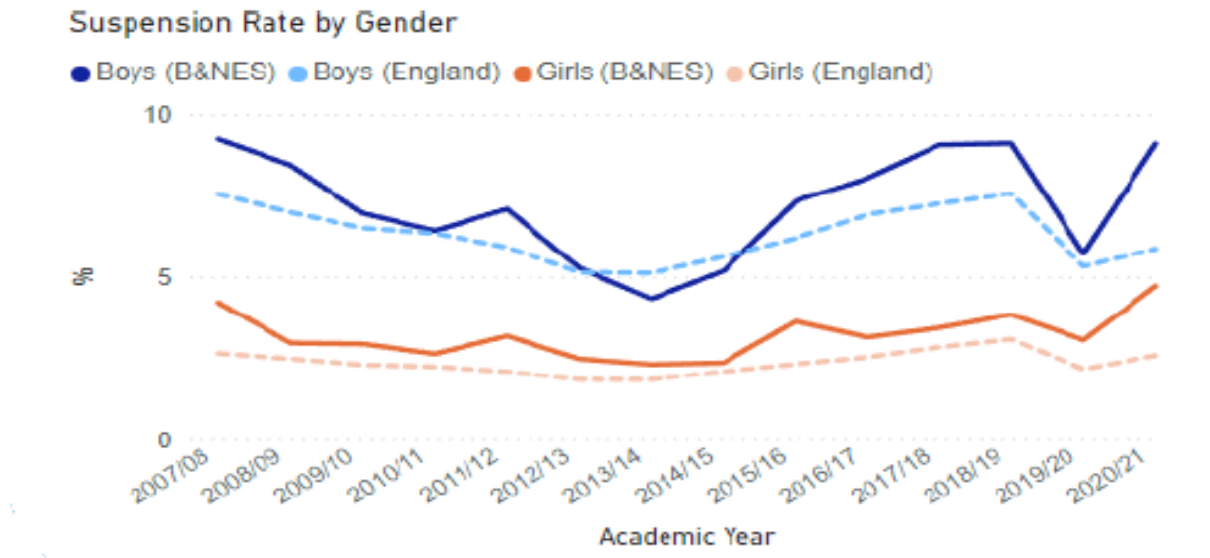


Figure 29: Suspension by gender
https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report

6.4.9. Suspensions by ethnicity

In B&NES, suspension rates have been highest amongst black, mixed race and minority ethnic pupils for a number of years. In England, suspension rates are highest amongst black, mixed race and white pupils.

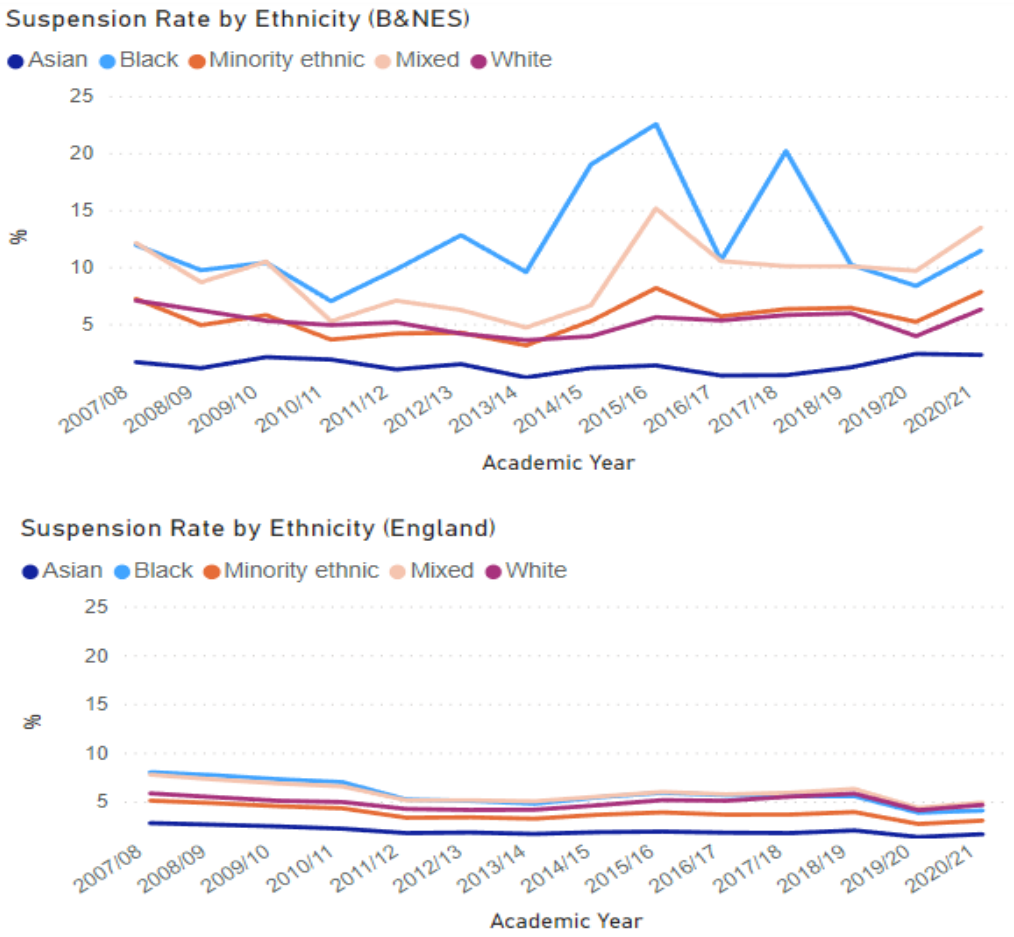


Figure 30: Suspension rate by ethnicity (England Vs B&NES)
https://beta.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report

7. Mental health and wellbeing

7.1. Parental mental health

Common mental health conditions include depression and anxiety both of which pose a significant challenge to daily functioning through the distress they cause. Common mental health problems were estimated to affect around 25,000 adults in B&NES in 2020 ~15,500 females and ~9,600 males (27).

In B&NES, for every 1000 children, an estimated 172 live in households with domestic abuse, a parent with a severe mental health problem or a parent with substance use. This equates to an estimated 6,166 children (B&NES drug and alcohol strategy 2022). These issues increase the vulnerability of children to multiple negative experiences or outcomes. For instance, a national survey in England found

that the rates of any mental health condition in 2- to 4-year-old-children who had a parent with a mental health condition (14.9%) were three times higher compared to 2- to 4-year-old children with a parent without a mental health condition (4.1%) (NHSD, 2018).

7.2. Perinatal mental health

Perinatal mental ill health can occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of new and expectant mums and covers a wide range of conditions such as depression and anxiety. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family(47). In 2020 there were 1,690 births in B&NES suggesting an estimate of between 169 and 254 women will experience perinatal mental illness each year (48).

Disorder	Estimated National Rate (per 1,000 deliveries)	Estimated cases in B&NES per annum*
Post-partum psychosis	2	4
Chronic serious mental illness	2	4
Severe depressive illness	30	51
Mild to Moderate depressive illness and anxiety	100-150	169-254
Post-traumatic stress disorder	30	51
Adjustment disorders and stress	150-300	254-507

Figure 31: Rates of Perinatal psychiatric disorders per 1,000 maternities
RCPSYCH CR232 Perinatal Mental Health Services report (49)
Based on 2020 number of live births in B&NES

Cambridgeshire and Peterborough insight report on the importance of perinatal mental health (50), sets out the impact of perinatal mental health conditions on infants and families, demonstrating the importance in providing this support as part of an early help offer:

- *The first 1,001 days of life are critical for brain development*
- *Perinatal mental healthcare may be a key opportunity to break the cycle of intergenerational trauma and adverse childhood experiences (ACEs).*
- *Although these risks are not inevitable, in some cases mental illness affects parents' ability to bond with and care for their baby and can predict child outcomes (9). For example:*
    - *Experiencing mental health conditions during pregnancy is associated with an increased risk of early delivery and low birth weight (10).*
    - *Maternal and paternal postnatal depression is associated with an increased risk of emotional and behavioural problems in children.*
    - *Chronic perinatal depression can impact child cognitive, emotional, social, behavioural and physical development.*
- *Perinatal mental health conditions are more likely to impact child development when combined with social adversity and lack of social support.*
- *There is a correlation between paternal depression and maternal depression*

during the perinatal period.

- *Either parent experiencing a mental health condition during the perinatal period is associated with an increased risk of interparental conflict, relationship breakdown and domestic violence.*

There are a range of peri-natal mental health programmes provided by Children's Centre services in B&NES. Up until June 2023, there had been a buddy initiative for new and expectant mothers, run by Bluebell. A full time Family Support worker has been recruited to fill some of the gap that was created by loss of Bluebell, funded through the ICB from March 2024 for one year. Trauma Counselling and Open Space are currently commissioned until August 2024.

7.3. 0- to 5-year-old mental health

Good infant mental health is underpinned by adequate nutrition, protection from harm, and positive, responsive parenting. The mental health needs of babies and young children are most effectively met by their parents and carers, supported by a multi-disciplinary, multi-agency approach which considers the child's development and their relationships with primary caregivers and the wider environment.

Risk factors associated with increased rates of mental health conditions in under 5s are of relevance to interventions aimed at preventing mental health conditions from occurring. Risk factors often co-occur and may interact, leading to an increased chance of poor outcomes. A report from the Royal College of Psychiatrists (51) outlined the main risk factors for mental health conditions in under 5s which are:

- Pregnancy-related factors such as Maternal smoking, alcohol and substance use
- Socio economic deprivation: In England, 2- to 4-year-olds living in the third of households with the lowest household income were twice as likely to have any mental health condition (8.9%) compared to 2- to 4-year-olds living in households with middle/the highest income (4.0%) (NHSD, 2018)
- Adverse Childhood Experiences (ACEs)

7.4. Children and young people's mental health

Children and Adolescent Mental Health Services (CAMHS) is a specialist service that helps children and young people who are struggling with a range of different mental health issues. Referrals to CAMHS can be made by anyone i.e. self-referral, parents/carers, school staff, GPs etc. All referrals receive the help/advice deemed most appropriate.

In B&NES, there is evidence of increasing social, emotional and mental health (SEMH) needs of children and families accessing Early Help services which have a direct impact on Early Help commissioned services delivery and capacity. Currently, the Early Help services are experiencing increasing needs in the community evidenced by the number of level three and four cases being allocated.

The level of need is supported by the graph below that shows a significant increase of (CAMHS) referrals from 844 in 2014/15 to 1,826 in 2021/2022. The emergency/urgent referrals have also increased from 370 in 2019/2020 to 425 in 2021/2022 (a 15% increase in 2 years).

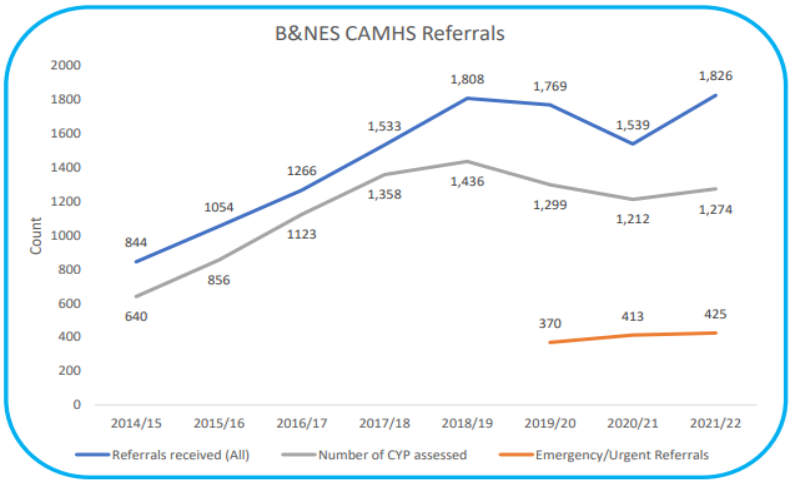


Figure 32: number of CAMHS referrals from 2014 to 2022
Oxford Health Foundation Trust (OHFT) internal data for B&NES

Figure 31 below shows prevalence estimates for children and young people experiencing mental health disorders in B&NES.

Prevalence Estimates for B&NES based on MHCYP 2017 & 2021 rates

Measure	Age	National	B&NES estimate[1]
No. experiencing at least one mental disorder (2017)	5-19	12.8%	4,470
No. experiencing emotional disorders (2017)	5-19	8.1%	2,830
No. experiencing behavioural disorders (2017)	5-19	4.6%	1,610
Probable mental disorder rate (2021)	6-19	17.4%	5,750
No. experiencing deterioration in MH since 2017	6-16	39.2%	9,150
	17-23	52.5%	14,400
No. experiencing improvement in MH since 2017	6-16	21.8%	5,100
	17-23	15.2%	4,200

[1] Based on ONS population mid-year estimates 2020
Note: groups may overlap i.e. children may experience one or more disorder

Figure 33: Prevalence estimates of CYP in B&NES experiencing mental health disorders 2017 & 2021
B&NES Strategic Evidence Base

The rate of hospital stays due to self-harm for both adults and young people is significantly higher in B&NES compared to England. In the period 2015/16 – 2019/20, the standardized admission ratio* in B&NES is 115.7 indicating self-harm hospital admissions in B&NES are 15.7% more likely than in the England population as a whole. The rates in a number of local Wards are significantly higher than the national rate, namely Twerton, Radstock, Weston, Westfield, Moorlands, Keynsham North, Combe Down and Paulton (52). Twerton is the most deprived Ward in B&NES

and Radstock and Weston also have pockets of high deprivation, consistent with the research of a link between areas of deprivation and higher risk of self-harm.

Indicators	B&NES	England
Hospital admissions for mental health conditions (under 18 years) per 100,000 population (2021/2022)	153.8	99.8
Hospital admissions for self-harm (10-24 years) per 100,000 population (2021/2022)	518.4	427.3
Hospital admissions for self-harm (10-14 years) per 100,000 population (2021/2022)	283	307.1
Hospital admissions for self-harm (15-19 years) per 100,000 population (2021/2022)	806.3	641.7
Hospital admissions for self-harm (20-24 years) per 100,000 population (2021/2022)	460.2	340.9

Key (compared to England):	Better 95%	No Difference	Worse 95%	Not compared

Figure 34: Mental health for CYP- Hospital admissions in B&NES and England
https://fingertips.phe.org.uk/child-health-profiles#page/1/gid/1938133238/ati/402/iid/90803/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

The risk factors for self-harm (53) include: age, socio-economic disadvantage, social isolation, stressful life events, bereavement by suicide, mental health problems, chronic physical health problems, alcohol and/or drug misuse and involvement with the criminal justice system. A recent research also suggests the following groups are at higher risk of self-harm (54):

- Boys with Autism spectrum disorder (ASD)
- Young people with attention deficit hyperactivity disorder (ADHD)
- Young people who spend time away from school (either through exclusion or absence)
- Girls with Free School Meal status
- Looked after children.

*** The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have a hospital admission for self-harm compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average self-harm admission rate, higher than 100 indicates that the area has higher than average self-harm admission rate, lower than 100 indicates a lower than average self-harm admission rate.**

7.5. Use of e-cigarettes among children and young people

Vapes, or e-cigarettes, are devices that enable people to inhale nicotine in vapour, generated by heating a liquid (e-liquid), rather than smoke. In the UK it is illegal to sell vapes to under 18s. However, data shows that the number of children and young people using vapes is rising as more than one in five (22%) of 11-15 year olds had reported to have used vapes in 2021 in England (55).

The graph below outlines the percentage of Year 8 & Year 10 who have used an e-cigarette at least once in B&NES. The figures are taken from the 2022 Children and young people survey. The school based survey is undertaken by B&NES public health team and covers pupils in years 6,8,10 & 12. Almost 6,000 Children and young people took part in the 2022 survey with 100% of our secondary schools participating.

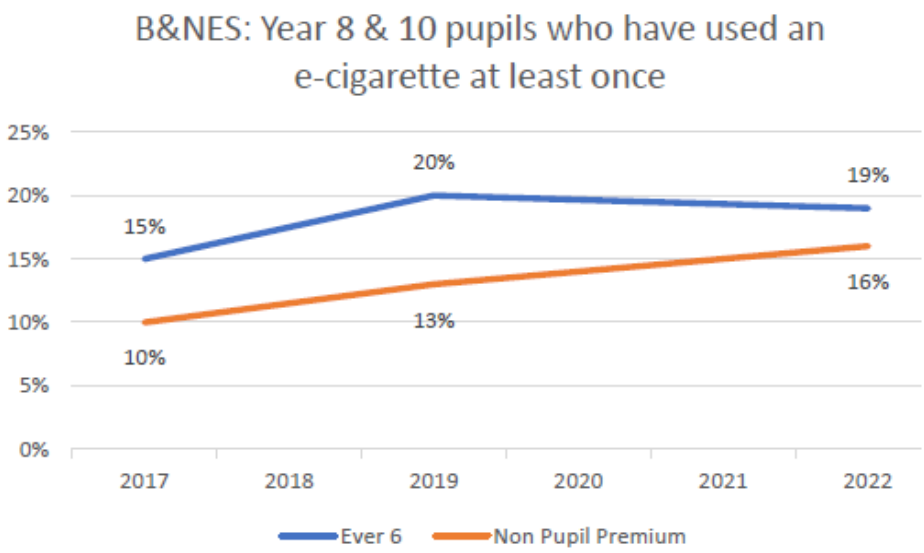


Figure 35: year 8 and 10 pupils who have used an e-cigarette at least once
2022 Schools Health and Wellbeing Survey

In 2022, 27% of Year 8 & 10 pupils responded they have used an e-cigarette at least once. 10% of year 10 male and female pupils reported they regularly (once a week or more) use e-cigarettes.

7.6. Increasing food and financial support needs (cost of living)

A recent report from the Joseph Rowntree Foundation (JRF https://www.jrf.org.uk/report/destitution-uk-2023) has highlighted increasing levels of destitution in the UK since 2017. The JRF reports that destitution is no longer a rare occurrence in the UK, with 1.8 million households containing 3.8 million people affected by it in 2022. Destitution is defined as living on less than £95 per week for a single adult living alone, £125 for a lone parent with one child, £145 for a couple with no children and £205 for a couple with two children.

The JRF report states that 'insufficient income from the social security safety net is the most significant driver of food-bank need' and that benefit sanctions are also likely to become an increasing factor in the future.

The B&NES Council annual resident survey (Voicebox) has asked questions on food insecurity since November 2019. The 2022 survey showed self-reported levels of food insecurity in B&NES have increased significantly. In 2021, 14% of respondents reported some level of food insecurity compared to 21% of respondents in November/December 2022.

Research carried out by University of Bath in 2022 on behalf of B&NES Council (32) identified that the main drivers of food insecurity for those accessing food banks and pantries locally was the same as elsewhere in the country and included low wages, insecure employment, problems with the benefits system and health issues.

Most recent data estimates that 1 in 5 (20%) children and young people in B&NES live in relative poverty (after housing costs), amounting to some 6,500 children and young people aged 0 to 15.[1] There are many families who are on low income but do not qualify for FSM. The challenge they face is the very low earned income threshold that currently exists as criteria for being eligible to a benefit related FSM under Universal Credit. The earned income threshold is £7,400 per year, equal to £616.67 per month, if a claimant is on Universal Credit with a job.

7.6.1. Local action on food insecurity

The B&NES Fair Food Alliance (BFFA) provides the governance and structure to drive the strategic direction and co-ordination of food insecurity work locally. Its overall aim is to ensure that everyone living in B&NES can reliably afford and access suitable food to meet their needs for energy, nutrition, and social and cultural connection, with dignity and without resort to emergency food aid. The work of the Alliance is informed by the Food Ladders approach developed by Sheffield University[2] which aims to move away from crisis emergency support where people are given food and money as one-off support towards more sustainable solutions which focus on building resilience within individuals and communities and focusing on building relationships, support networks and longer term solutions to food insecurity.

Through the Food Equity Action Plan, B&NES Council as part of the B&NES Fair Food Alliance will support residents through seeking to prevent, reduce and mitigate against the effects of experiencing household food insecurity and thereby take preventative collective action to address health inequalities longer term. In addition, the following initiatives are developing locally:

- B&NES Affordable Food Network
- Fair Share South West
- B&NES Crop Drop
- Holiday Activities and Food Programme (HAF)
- Healthy Start
- Affordable Schools Programme
- Pathways from Poverty

8. Needs across the life course for children and their families

8.1 Identified needs and the current Early Help offer

The table below illustrates the identified needs across the life course which can be addressed by the Early Help offer.

[1] B&NES Strategic Evidence Base
[2] https://www.sheffield.ac.uk/research/features/food-ladders

Type of Needs	First 1001 Days (pre-birth – age 2) and pre-school ages 3/4	Ages 5 – 11	11-19 (up to 25 with SEND)	Parents/ Carers
Access to mental wellbeing information and support		√	√	√
Access to substance misuse identification and support			√	√
Access for support for living with domestic abuse			√	√
Access to support for living with parental conflict		√	√	√
Access to support for family breakdown	√	√	√	√
Access to support for bereavement/ loss	√	√	√	√
Access to housing / homelessness / At risk of eviction advice and support	√	√	√	√
Access to debt and financial advice	√	√	√	√
Access to support to minimise impact of poverty	√	√	√	√
Access to support to get into Education, Employment or Training (NEET)			√	√
Access to support to address worklessness				√
Access to information advice and support for Special Educational Needs and Disabilities	√	√	√	√
Access to support to avoid or address poor transitions	√	√	√	
Access to support for carers		√	√	√
Access to opportunities to reduce social isolation		√	√	√
Access to services to prevent avoidable poor health – e. g stop smoking, weight management, exercise on prescription	√	√	√	√
Access to services to reduce risk taking behaviour		√	√	√
Access to support for those missing from education	√	√	√	
Access to opportunities to reduce Anti-social behaviour / criminal activity / radicalisation	√	√	√	√

Figure 36: identified needs across the life course which can be addressed by the current Early Help offer

8.2 Local services mapped to needs

Appendix 2 illustrates the current provision of early help services to meet the identified needs which were mapped by the Prevention and Early Intervention Sub-group. These include services commissioned and directly delivered but does not reflect a complete picture of the additional support available from the wider third sector. More details of services available to support families and young people can be found on the livewell website www.livewell.bathnes.gov.uk or the Early Help App (see 9.1 below)

9. Understanding Early Help in B&NES

9.1. Early Help offer in B&NES

The Bath and North East Somerset Early Help and Intervention Strategy 2021-25 (33) describes the ambition for Early Help in B&NES:

> *"Working in partnership with children, young people, parent/carers, adults and families within their communities to stay safe through promoting happy, healthy lifestyles, wellbeing and resilience. We will work together to identify emerging needs and inequalities at the earliest opportunity and ensure that help is available to support and empower individuals to address needs and prevent them getting worse. Early help and intervention is, therefore, about giving people the right help, at the right time, by the right service."*

The Early Help Toolkit (56) provides guidance for professionals on identifying need, Early Help support available and how to access it.

The documents links with Opportunities for Support: A Guide to Thresholds in B&NES (10), which explains the different levels through examples of needs, risks and impact and should be consulted when deciding what level of support is needed to meet emerging needs to prevent them escalating.

The services making up the core of the Early Help offer in B&NES are delivered through a combination of Council and commissioned services. Council run services are:

- Bright Start Children's Centre Services
- Connecting Families Team
- Compass

Externally commissioned services are:

- Bath West Children's Centre Service
- Family Support and Play Service
- Volunteer Mentoring
- Targeted Youth Support.

There are many other services that interface with these, including primary and secondary health, education, social care, police, housing and adult services. The

Prevention and Early Intervention Board provides multi-agency governance, covering the Lifecourse and feeds into the B&NES Community Safety and Safeguarding Partnership.

There is also a digital Early Help offer in B&NES, which consists of:

- Livewell: https://livewell.bathnes.gov.uk/
    - Information, support and signposting for families and individuals looking for services
- The Hub: https://thehub.bathnes.gov.uk/Page/23702
    - Providing information about the early help offer in B&NES, including the Early Help Offer and Toolkit documents and the Children's Services Thresholds document.
- The Early Help App
    - Free to download from Apple and Android stores and provides information and signposting to professionals, by topic, including: Money, Energy Costs and Affordable Food, Health and Wellbeing, Family Support and Parenting, Refugee Support, Housing and Homelessness, Safeguarding and Child Protection, Education, Domestic Violence and Abuse, Transitions

9.2. Assessment of need

The needs of children and families can appear in different ways. It may be that something is noted physically, for example, a child appears dirty or hungry and shows concerning behaviour. Other factors that might trigger a concern include knowledge of a difficult circumstance, such as a parent with mental health or addiction problems.

At the point at which a need becomes apparent, an assessment is required to ascertain what the main needs are, and which agencies could help to address these. Assessments help to identify the wider context of the needs which in turn helps to determine which level of the Early Help and Social Care pathway should be followed and which agencies should be involved.

9.2.1. Agency assessments

Many agencies working with children and families complete their own assessment. Agency assessments are the most common method particularly when only a single agency response is necessary though commissioned targeted support services often undertake their own assessments to explore and determine need across levels 2, 3 and 4.

We are moving towards a system where all assessments will be inputted directly onto the Early Help Module (EHM) of our Liquid Logic data management system.

9.2.2. Early Help Assessments

Where needs appear more complex requiring multiple agency input then an Early Help Assessment has the potential to gather a detailed description of need. The

Early Help Assessment enables a thorough review of needs to determine Levels 3 and 4 support required.

All assessors are being encourage to use Early Help Assessments which will be added to the EHM in the future.

9.2.3. Integrated Working Team

The Council's Integrated Working Team provides support for agencies completing an Early Help Assessment (EHA) and workforce training. EHAs are sent to the team to be logged. The team also provide advice on which agencies may be best placed to support the needs identified but do not make onward referrals, rather they advise on the assessment process and coordinate an audit group to quality assure the assessments. If needs are identified that require another service/ agency involvement the onward referral is made from those producing the EHA.

9.2.4. Request for service

When there is concern of significant risk to the child or level of need is 4 or 5, then a request for service can be made and sent to the Council's Social Care Duty Team. Request for service forms also include an Early Help option which can be selected if consent is obtained from families. These requests go via the Social Care Duty team directly to the Early Help Allocation Panel.

9.2.5. Early Help Allocation Panel (EHAP)

In addition to receiving a request for service where Early Help has been requested, the Social Care Duty Team may also forward any request for service. Referrals tend to be complex and/or have a long history of need where they believe the family would benefit from support. Following consent from families, the referral goes to the Early Help Allocation Panel which meets to discuss cases on a fortnightly basis to decide which services are best placed to meet the needs. The panel includes representatives from Early Help Targeted Support services and Social Care Duty.

The infographic below sets out the B&NES pathway to support, which includes when and how to access support through EHAP.

9.3. Early Help services

The activity, quality and impact of Early Help services are monitored regularly and reported on through quarterly impact reports, which can be found on The Hub website.

This section focuses on data relating to Early Help Services in B&NES. All Early Help services submit quarterly quantitative data which provides information on:

- Referrals
- Referral sources
- Numbers supported
- Age, gender and ethnicity of those supported
- Requests for service from children's social care

Additionally, for externally commissioned services, we collect data about activity, interventions and outcomes and this is enhanced by a quality report which gives narrative information about the work that the service has carried out in the quarter.

Commissioned services, plus the Connecting Families Team and Bright Start also complete case studies for each case closed, which gives information about the needs identified, the journey of the young person or family and the outcomes achieved.

9.4. Thematic analysis of case studies

We have carried out a thematic analysis of 421 case studies, which have been submitted for all cases closed during the 2022/23 financial year, from the following services: Bath West Children's Centre Services, Bright Start Children's Centre Service, Connecting Families Team, Family Support and Play Service, Volunteer Mentoring Service, Targeted Youth Support Service. The case studies are completed by individual support workers at the end of the support with the young person or family and as such, there is a subjective element to the information supplied.

9.4.1. Triggering factors into Early Help services

Each case study identifies the needs of the young person or family who has been supported. While there are often multiple needs, the following graphs identify the need which has triggered a referral into early help.

The most common triggering factor into Early Help family services (Children's Centres, Connecting Families and Family Support and Play Service) is delay in development, followed by social, emotional and mental health needs and social isolation (including undiagnosed SEND).

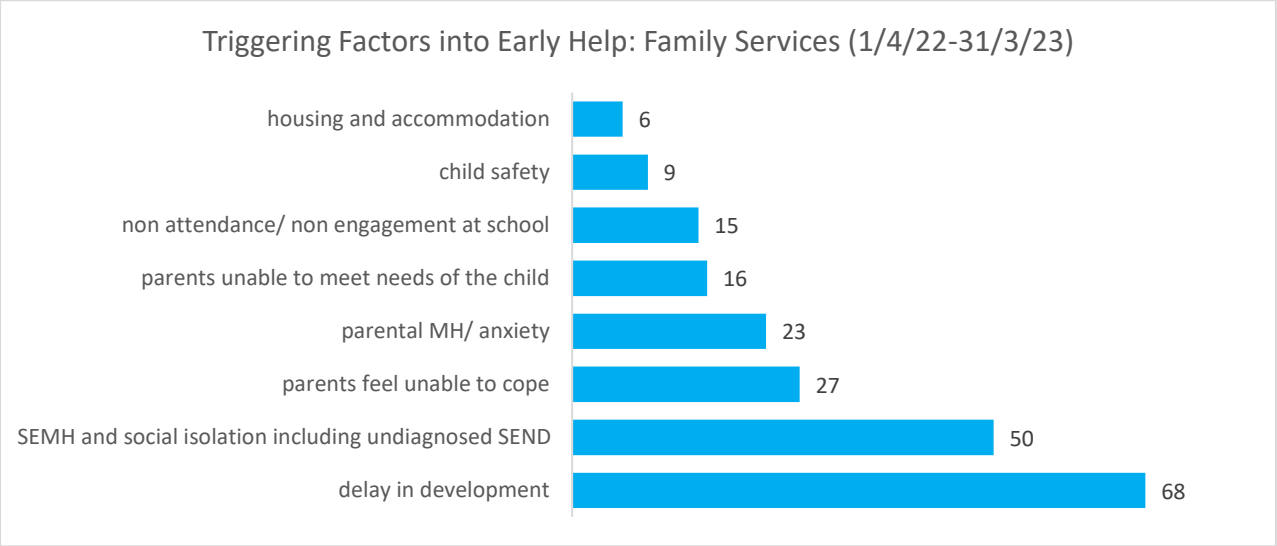


Figure 37: triggering factors into Early Help – family services
B&NES Public Health and Prevention Team

The biggest triggering factor into external early help targeted support youth services (Targeted Youth Support Service and Volunteer Mentoring) is non-attendance or non-engagement in school, which accounts for half of the case studies looked at. This is then followed by social, emotional and mental health needs and social isolation (including undiagnosed SEND).

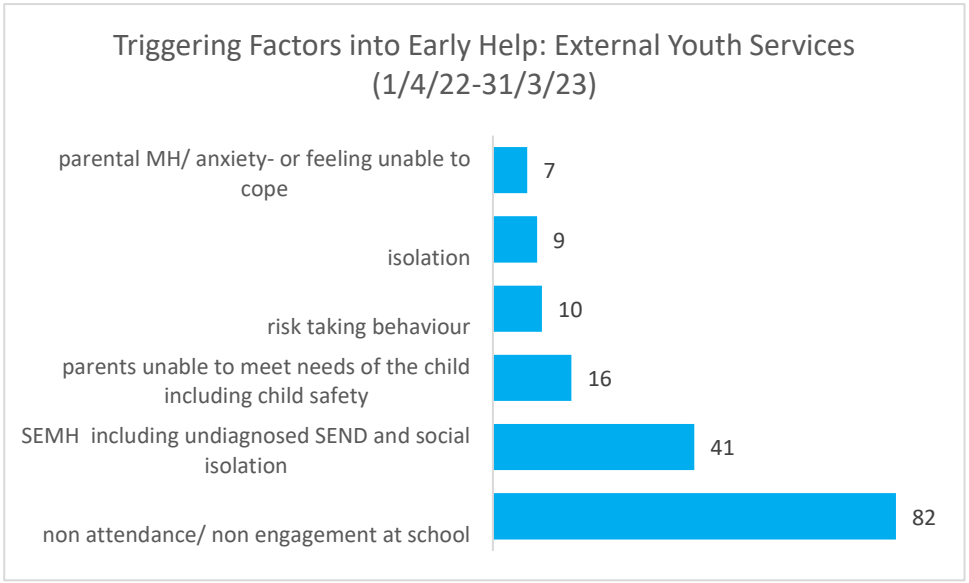


Figure 38: triggering factors into Early Help – external youth services
B&NES Public Health and Prevention Team

Children, young people and families being referred to Early Help services often have more than one need. Figure 38 shows all Connecting Families' needs criteria which were met on assessment.

289 (68.6%) of the case studies looked at included a mental or physical health need and 187 (44.4%) needed support to engage with education.

The table below shows each of the needs and the percentage of case studies in which they were identified, with improving mental and physical health being the most frequently identified need.

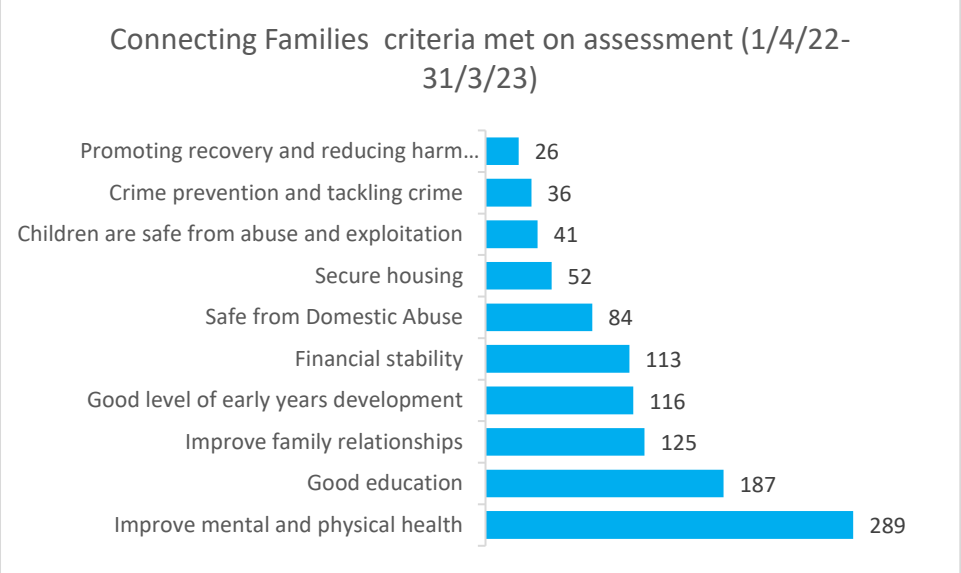


Figure 39: connecting families criteria met on assessment
B&NES Public Health and Prevention Team

Needs Identified (Taken from Connecting Families criteria met on assessment)	% of case studies where this was identified
Improving mental and physical health	69%
Getting a good education	44%
Improving family relationships	30%
Good level of early years development	28%
Financial stability	27%
Safe from domestic abuse	20%
Secure housing	12%
Children are safe from abuse and exploitation	10%
Crime prevention and tackling crime	9%
promoting recovery and harm from substance misuse	6%

Figure 40: Percentage of case studies where connecting families criteria were met on assessment
B&NES Public Health and Prevention Team

9.4.2. Disengagement with services

Out of the 421 case studies reviewed:

- 16% are for young people or families who have disengaged from the service they were working with
- For the external services this represents 23% of cases and for the internal services, 6%

- The majority of those disengaging are young people.

More work is being undertaken to look at young people who are disengaging to build up a picture of: why they were referred; where they were referred from; whether the referrer had engaged with the young person directly before making the referral to find out what service they would like to receive; what work was undertaken to try and engage the young person.

9.4.3. Activities undertaken by Early Help services

Early Help services in B&NES are effective at looking at the individual needs and wishes of service users and tailoring support accordingly. The infographic below shows the huge breadth of activity that is undertaken by Early Help Services.

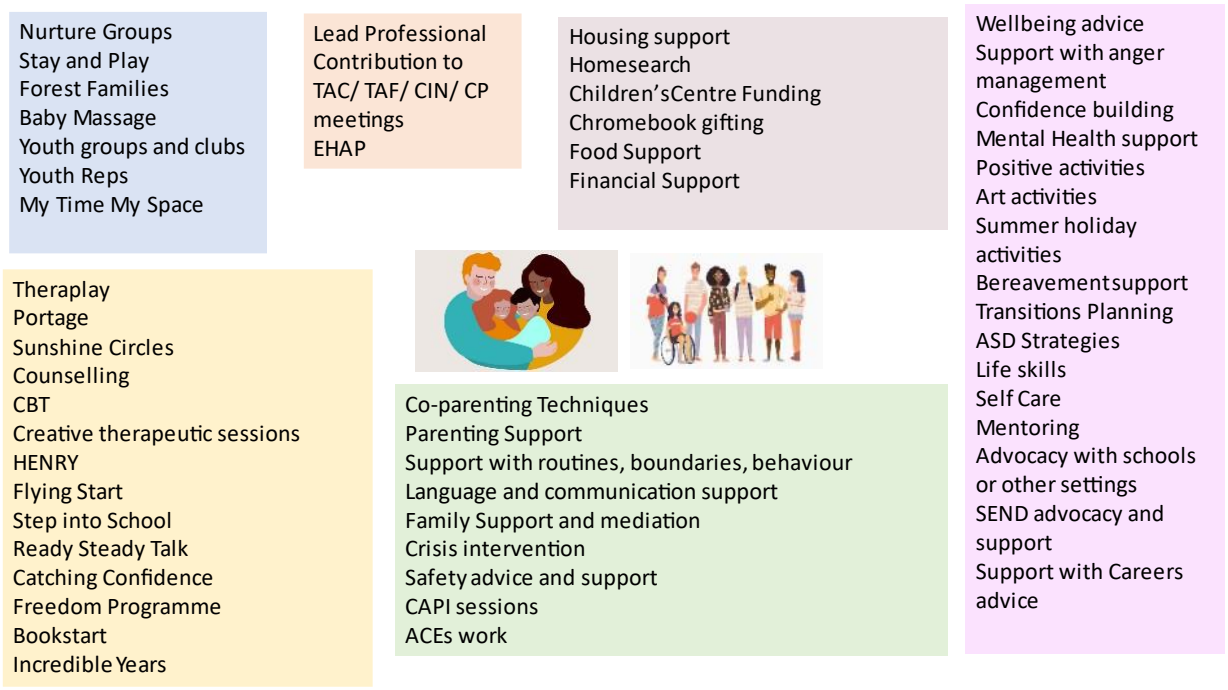


Figure 41: Activities undertaken by Early Help services
B&NES Public Health and Prevention Team

9.4.4. Outcomes achieved by Early Help services

We looked at the case studies where service users remained engaged (352 case studies) and out of these, 319 (91%) showed a positive impact as a result of working with an Early Help Service. The variety of outcomes that were met by these children, young people and families are listed below.

- Improved social, emotional and mental health
- Improved social connections and reduced isolation
- Improved housing
- Improved speech and language
- Improved family relationships
- Improved behaviour
- Child safety

- Parenting skills and home routines
- Child development
- Improved school engagement and attendance
- Improved confidence
- Further education, employment or training
- Contribution to SEND assessments
- Signposting, onward referrals and help to access other support

Levels of need reported on the case studies, on assessment and closure of work, show a variation across the services in terms of how levels of need are reported. The majority of cases being worked with show reduced or maintained levels of need on completion of work. In some cases where level of need appears to escalate between the assessment and closure, this is due to more needs being identified throughout the course of the work, rather than an escalation of need.

A total of 1,134 families and young people were supported in 22/23*and 30 requests for service were made in that time to Children's Social Care. This equates to an escalation rate of 2.65%. Of those cases which were escalated, 1/3 met the threshold for a service. While this gives a good indication of escalation of need, there will also be some young people and families who are already working with CSC at the same time as an EH service.

**this data doesn't include Bright Start Children's Centre Services at this time, due to data limitations in reporting total number of families receiving targeted support.*

9.5. Analysis of data from contract management returns and use of internal data dashboard (PowerBI)

9.5.1. Referral sources

For the last 4 years the main referral sources to commissoned Early Help services are Health Visitors (1733) followed by primary schools (637). There is a significant number of referrals that are recorded as "Other" and this is a data gap that needs to be addressed.

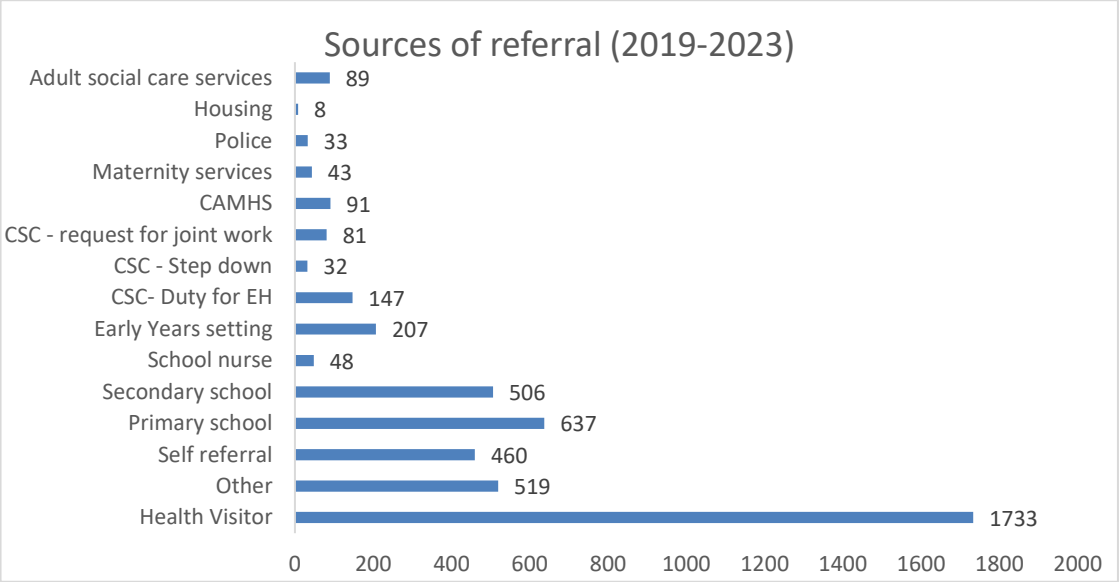


Figure 42: Sources of referral into Early Help services
B&NES Public Health and Prevention Team/PowerBI

The number of referrals received directly by Early help services from the police is low (33 referrals in 4 years). The figure could however be masked as all referrals coming via the EHAP are logged as 'EHAP referrals', which isn't reflective of their true origin There were 152 referrals received by EHAP from the Police between 2019 to 2023. It is also possible that the Police may tend to refer to Children's Social Care teams who then refer to the appropriate Early Help service.

Referrals from Adult Social Care services remain low, with only 89 referrals to Early Help services received in 4 years. Referrals from adult services into EHAP are also low, which indicates there is more work to be done to provide adult services with information about Early Help services and to encourage referrals as part of a 'think family' approach.

Referrals from schools have increased following a dip during the Covid-19 pandemic, with referrals from primary schools close to, and referrals from secondary schools exceeding, pre-pandemic levels. The increase in referrals from secondary schools may be linked to the increased need being seen in SEMH support.

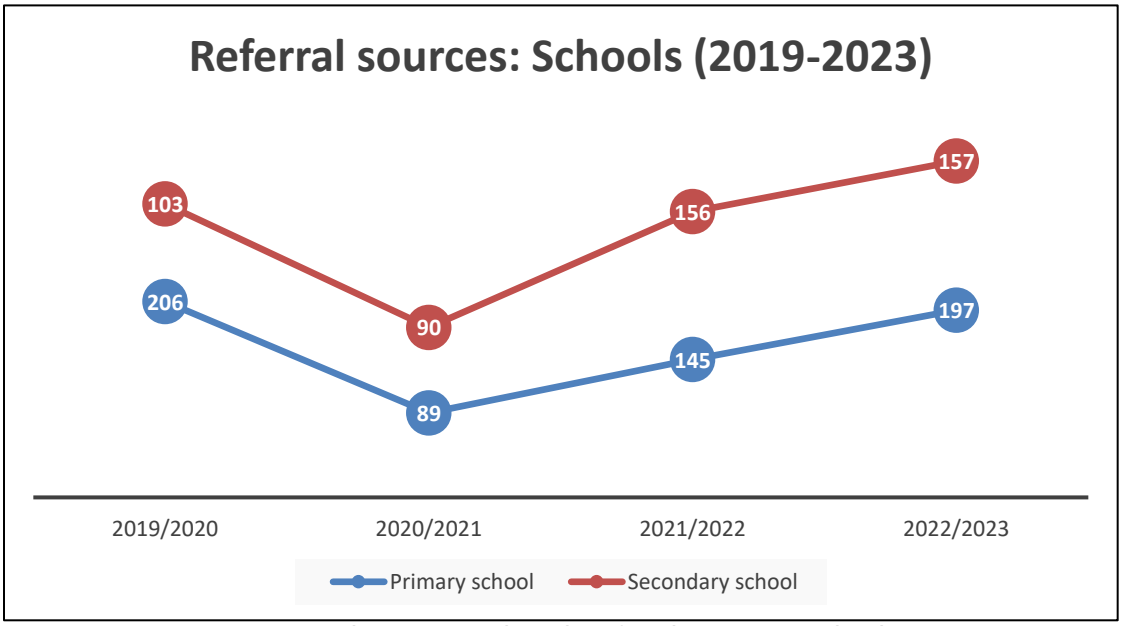


Figure 43: Early Help referral sources – schools
B&NES Public Health and Prevention Team/PowerBI

Self-referrals have increased in the last 2 years (2021/2022 & 2022/2023). This may indicate:

- a positive perception of services by families and the community who are willing to seek support by themselves.
- Increasing needs within families who are seeking help.
- Increased awareness and confidence within the community on how to access Targeted Early Help.

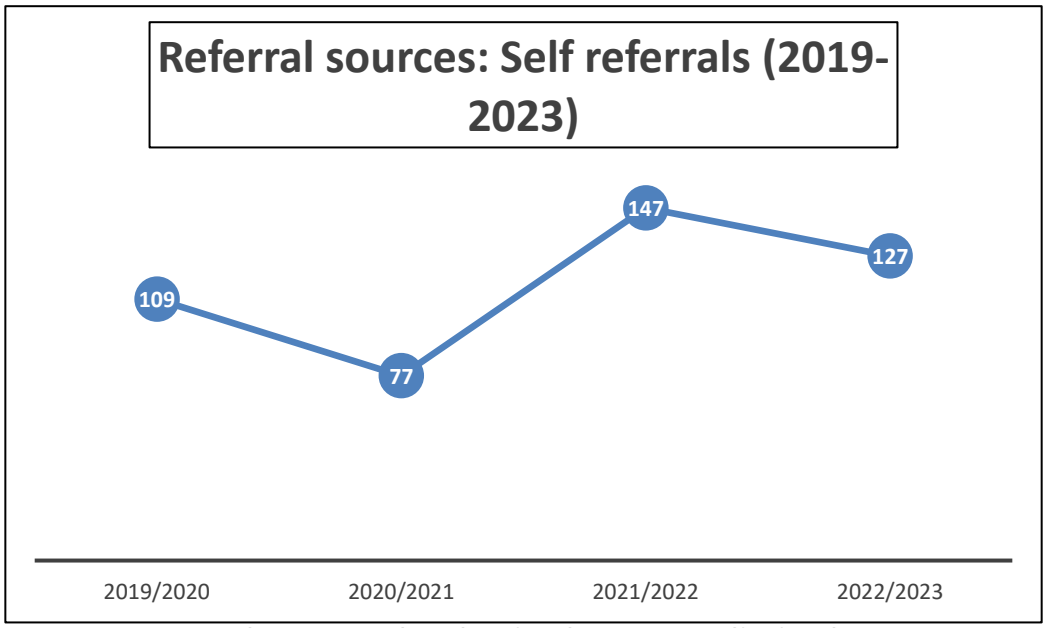


Figure 44: Early Help referral sources – self referrals
B&NES Public Health and Prevention Team/PowerBI

The number of referrals recorded as 'Other' has been increasing year on year and this is a gap in data collection that needs to be addressed. Sources of these 'other' referrals include: Community and voluntary sector (CVS) organisations, parents, other early help

services, education (further education, SEND team and Hospital Education Reintegration service), internal referrals from a different service within the organisation. Adding these referral sources to the power BI dashboard should help to reduce the number of referrals described as 'other'.

Fig 7- Referral sources: other, shows the number of referrals recorded as 'Other' that are received by Early help services.

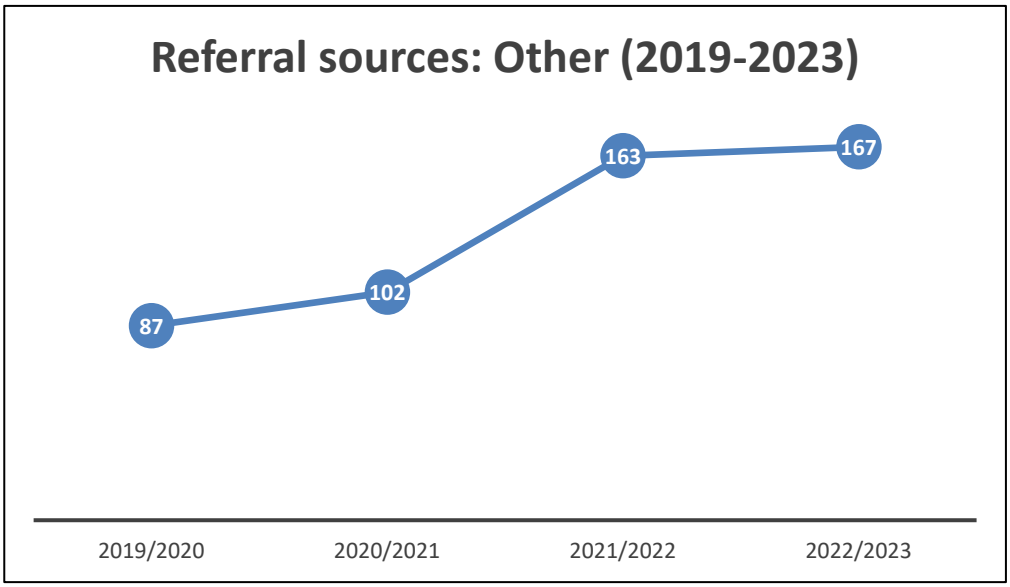


Figure 45: Early Help referral sources – Other
B&NES Public Health and Prevention Team/PowerBI

Source of referrals to Children's Centres are outlined below. The top 3 referral sources to the children's centre services which are Health visitors, Early years settings and EHAP, with most referrals coming from Health Visitors. The number of referrals coming from this source is positive, as Health Visitors are in a unique position to see almost every child under the age of 5 and identify needs as soon as they arise. Most of the referrals made into early help services by Health Visitors are to the Children's Centre Services (1725 referrals out of a total of 1733 referrals made by Health visitors to all Early help services from 2019 to 20230). For Children's centre services, 1 whole family is counted as 1 referral.

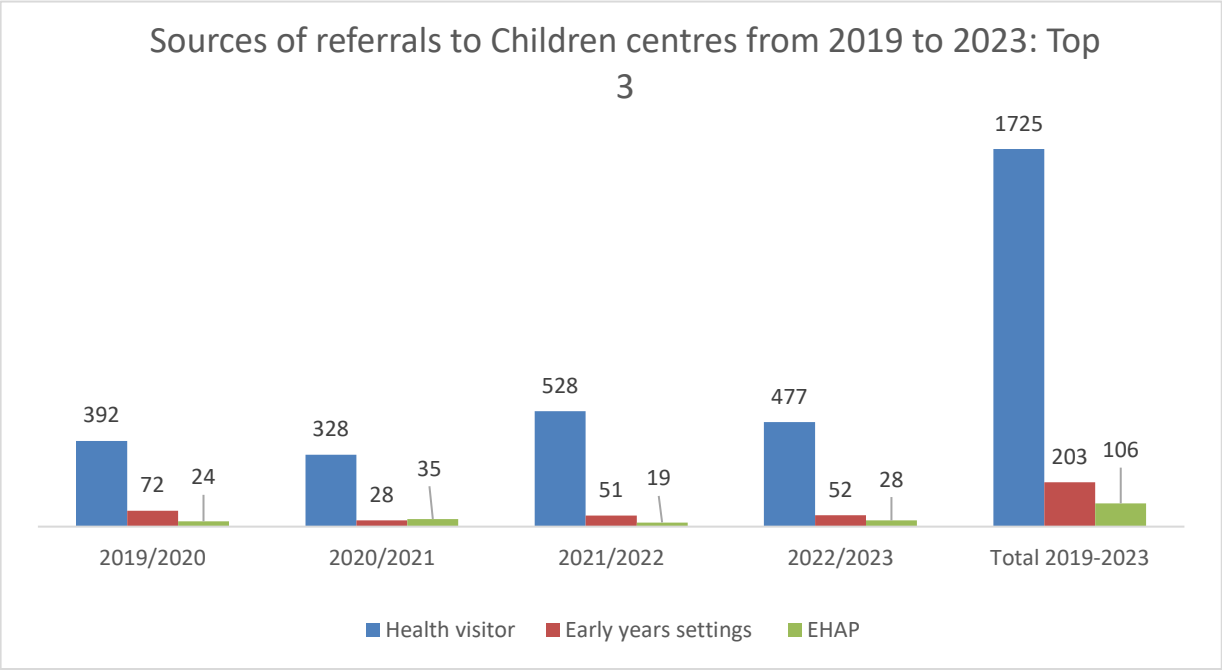


Figure 46: Sources of referrals to Children's Centres
B&NES Public Health and Prevention Team/PowerBI

The main sources of referral for family Services (Connecting Families and Family Support and Play Services) are primary schools, EHAP, self referrals then secondary schools. For family services, 1 whole family is counted as 1 referral.

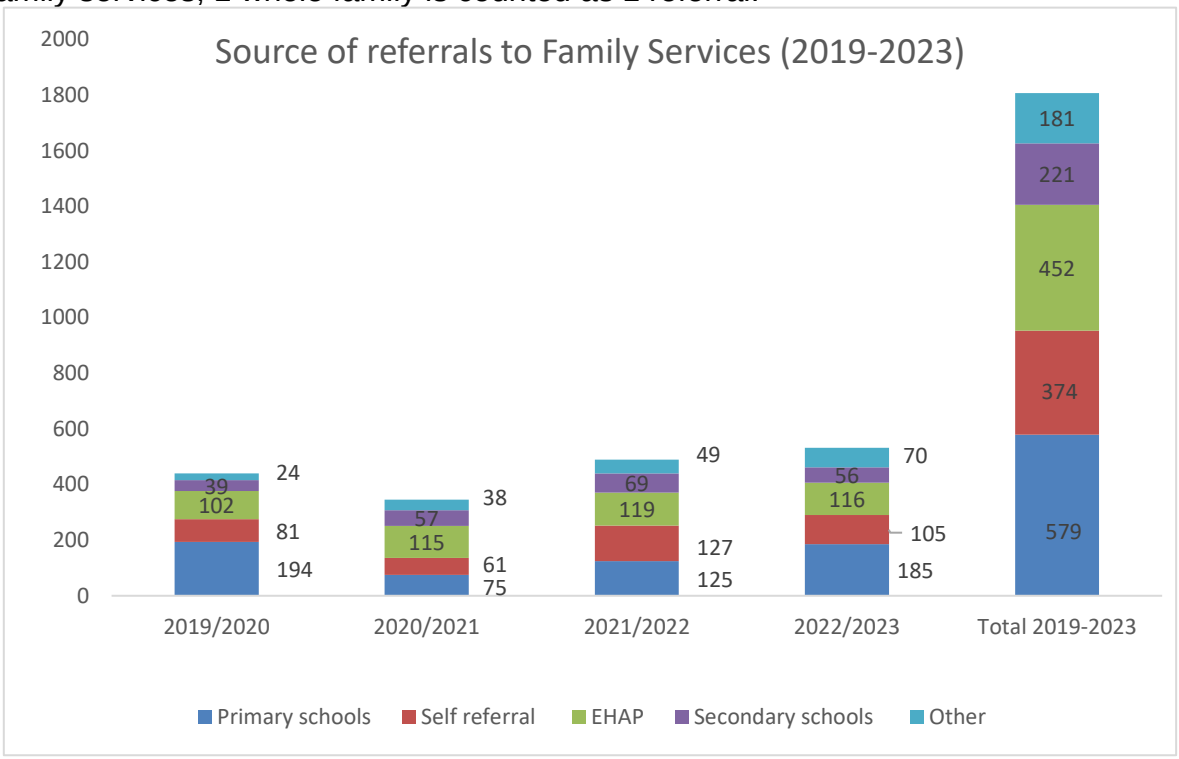


Figure 47: Sources of referrals to family services
B&NES Public Health and Prevention Team/PowerBI

The main source of referrals to youth services are secondary schools, followed by 'other' and then EHAP. For youth services, 1 young person is counted as 1 referral.

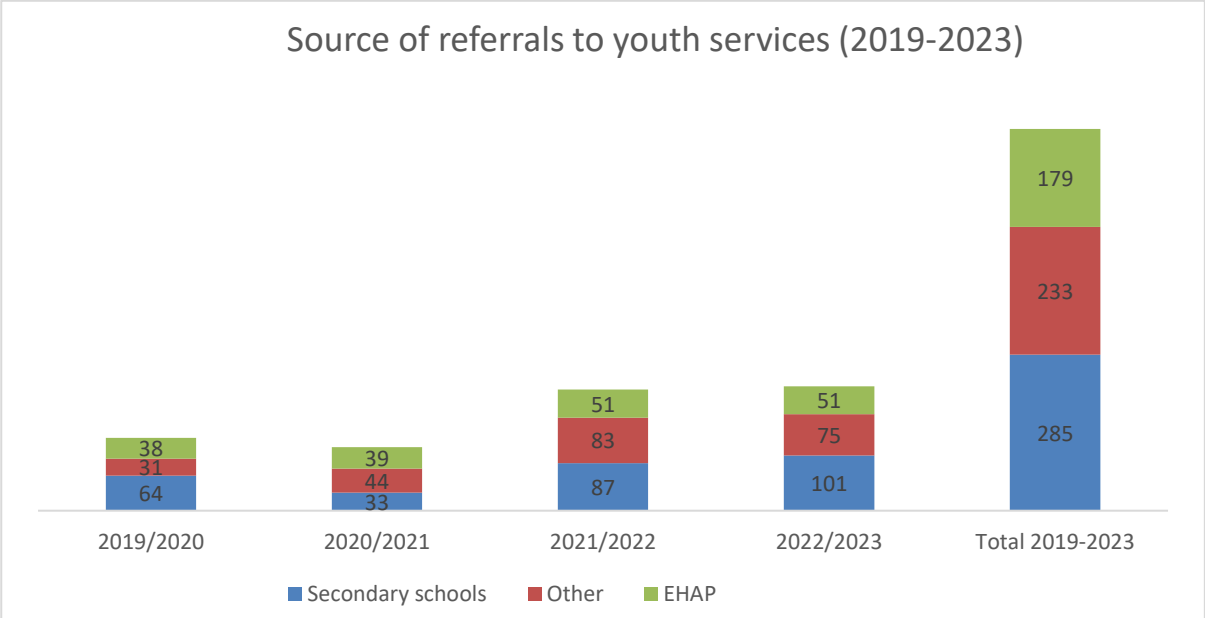


Figure 48: Sources of referrals to youth services
B&NES Public Health and Prevention Team/PowerBI

9.6. Demand and capacity

For Early Help services that are commissioned by the Council, we are able to ascertain the numbers of children, young people and families being supported. Data shows that services are consistently supporting numbers above the numbers they are commissioned to support.

Figure 47 below illustrates how commissioned Youth Services (Volunteer Mentoring and Targeted Youth Support) are supporting young people. The data is taken from the last day of each quarter in 22/23 against the commissioned capacity which is the minimum number of young people that these 2 services are commissioned to support at any one time).

Figure 50: Numbers supported and commissioned capacity – youth services

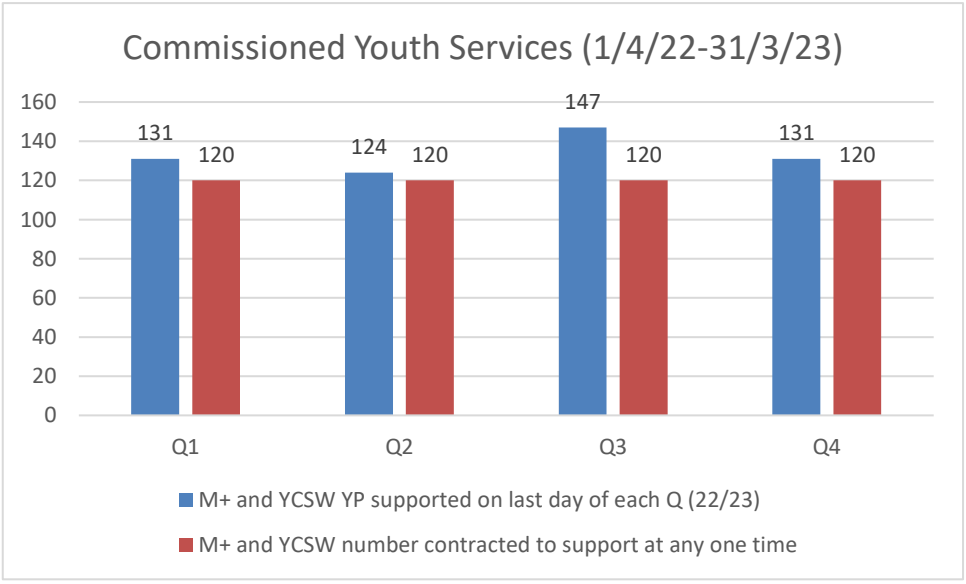


Figure 49: B&NES Public Health and Prevention Team/PowerBI

The total number of families supported by commissioned family services (Bath West Children's Centre and Family Support and Play Service) are shown below. Data shown is for the total number of families supported for 2022/23, against the minimum number of families they are commissioned to support within a year:

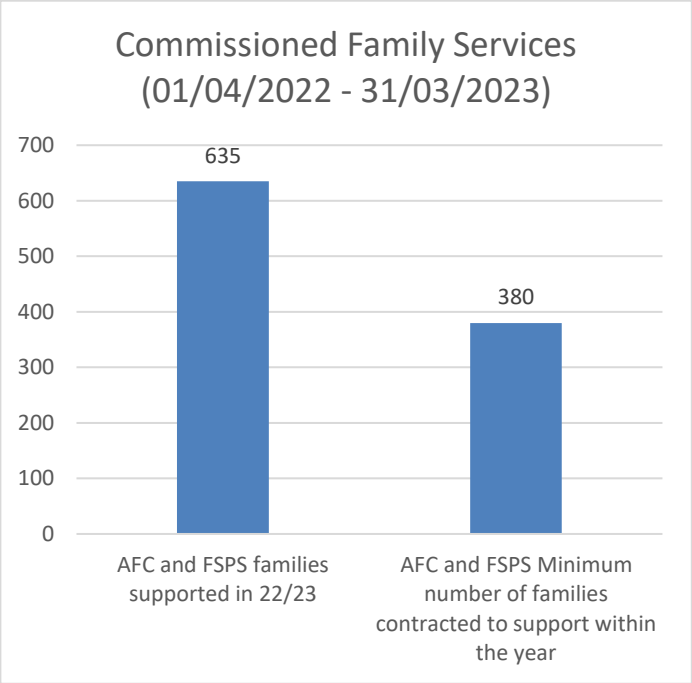


Figure 50: Numbers supported and commissioned capacity – family services
B&NES Public Health and Prevention Team/PowerBI

By monitoring the total number of individuals supported we are able to obtain an indication of how many people are supported across the Early Help offer (both internal and commissioned services).

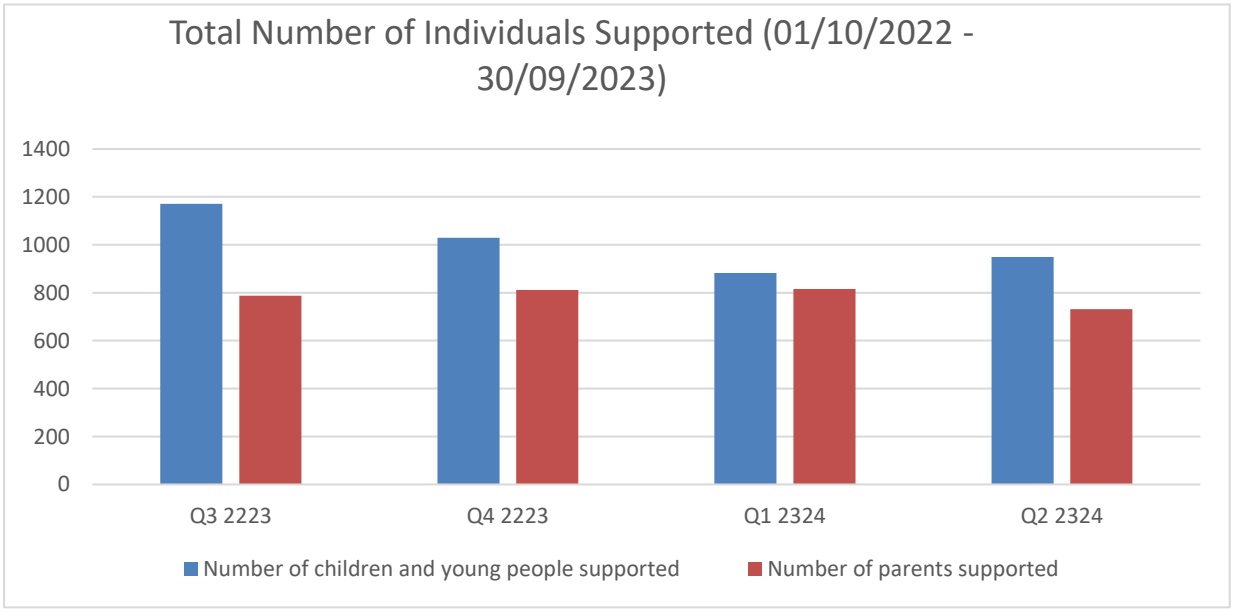


Figure 51: total number of individuals supported
B&NES Public Health and Prevention Team/PowerBI

9.6.1. Assessment type

Through the Early Help quality assurance and safeguarding process, we are assured that assessments of need are carried out for all families and young people receiving targeted support. These may be in the form of a single agency assessment, an own agency multi-agency assessment, a council early help assessment (EHA), a single assessment or an EHCP. The quality assurance framework is an annually reviewed self-assessment for agencies to audit case files against a set of standards relating to access to the services, assessment, plans, reviews and exit from the service. These assessments are discussed with commissioners and spot case file audits undertaken. The quality assurance standards include equality, holistic overview, meaningful input from children, young people and families and clearly identified outcomes linked to identified need.

9.6.2. Interface with Children's Social Care

Data is routinely collected to monitor the outcome of requests Early Help services have made to Children's Social Care for support. Figure 51 captures data from comissioned and internal Early Help services between 1/4/22 and 30/6/23 and provides a breakdown of:

- Total numbers of requests for support made to Children's Social Care
- Number that met the threshold and were accepted by social care for a service
- Number that were not accepted for a service
- Number where a decision was pending or unknown at the time of reporting

This shows that within this time period, of the 74 requests where an outcome was known at the time of reporting, 46% were accepted for a service and 54% were not. As referenced in section 9.4 above, in the 22/23 year where we have been able to find out the outcome for all those pending or unknown, 1/3 of requests were accepted for a service.

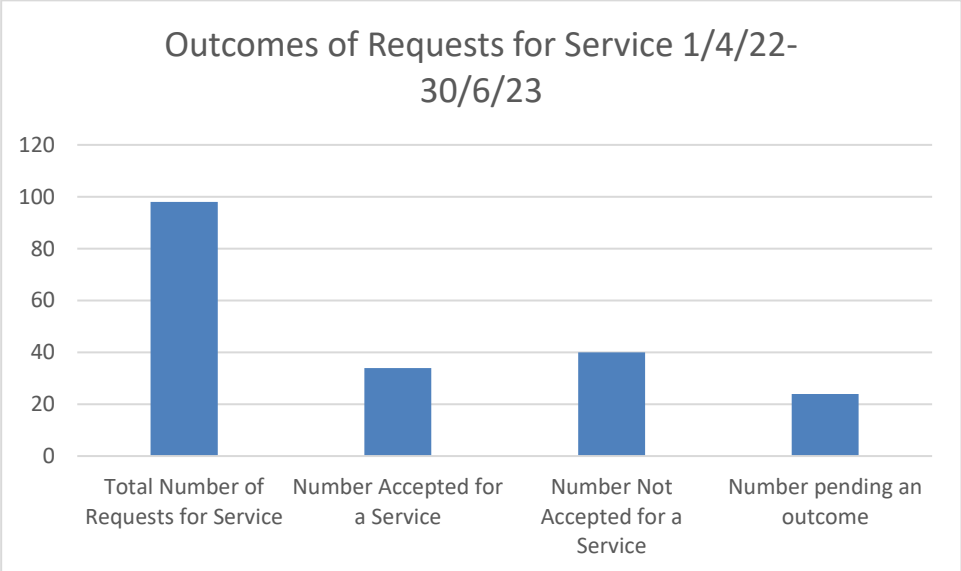


Figure 52: Outcomes of Requests for Service
B&NES Public Health and Prevention Team/PowerBI

9.6.3. Early Help Allocation Panel (EHAP)

Between 1st April 2019 and 31st March 2023, 1384 applications were taken to EHAP. (This

includes both direct referrals into EHAP and cases that were sent to EHAP from Children's Social Care). Of these 259 went back to referrers but with an offer of support.

Main Referral sources to EHAP 2019-2023 (internal source)	**Count**
Health visitor	20
Adult services	16
Early Years Settings	16
Primary School	196
Secondary School	265
School Nurse	15
Police	152
Housing	21
CAMHS	47
Self-Referral	188
Other	239
Other – GP	76
Social care-duty	46

Figure 53 As : referral source to EHAP
B&NES Public Health and Prevention Team/PowerBI

To gain a true picture of referrals from EHAP, we need to adjust the way in which providers record referral source in the future. As listing EHAP as the referral agency isn't technically correct – EHAP is a process which sits inbetween referring agency and the end service. For a more realistic view of referrals, we need to ensure the referring agency (1) is logged by the provider on their core data return and not EHAP (2).

9.7. Understanding limitations of data collection within the Early Help system

Within the wider system there are multiple ways in which data is captured, however, most reported data is activity data. Own agency assessments, which provide details of needs, are kept within agencies. Early Help Assessments are collected centrally but are too few in number to draw population level conclusions from. However, since the Needs Assessment written in 2020, there has been an increase in the data being collected from the commissioned Early Help services, which includes:

- Case studies for every closed case, which give details of needs, activity and outcomes. There is some subjectivity to the information on the case studies as they are written by individual practitioners, and we are not able to pull information from case studies onto Power BI for reporting.
- Outcomes data is also collected for individual Early Help services, but this is currently not available on Power BI, as it is based on the outcomes in each service specification and therefore not comparable.
- There is currently a piece of work underway to understand more about 'non-engagements' e.g. whether the service to which the individual or family was referred was the right one, whether the referral was at the right time, what methods were tried to engage and what happened next for them when they didn't engage.
- Common understanding around start and end of intervention has improved.

- From the end of December 2023, Early Help commissioned services are being asked to increase information about assessments being submitted weekly, to include all assessments that have been undertaken and whether they are own agency, single agency, multi-agency or Early Help Assessments.

Data issues which remain within the Early Help system include:

- Need for common understanding across the system such as what constitutes a 'case' in activity data
- Ability to report on needs across the system
- Ability to report on outcomes across the system
- Early Help providers all use different case management systems. If all Early Help cases were on the Early Help Module of Liquid Logic (used in B&NES Children's Services), this would allow for improved and more consistent information sharing about children, young people and families (including assessments), it would enable a better understanding of their journey and would make reporting on needs and outcomes more straightforward. It is important to note, however, that providers pay for their case management systems and requested changes to data collection has a financial impact.
- Early Help Assessments will be available online in the near future (on the Early Help Module), and services should be encouraged to use these as widely as possible to provide coordinated multi agency support. The online system with some defined KPIs will also enable better tracking of families through the system. This will allow accounting for the needs of all family members as individuals and considering how their needs impact on one another, including needs relating to: education, early years development, mental health and physical health, substance misuse, financial stability, housing, family relationships, domestic abuse and crime and linking these to the Supporting Families Outcomes Framework designed and supported by the Department of Education.

When considering outcomes, the current system is measured primarily through activity data. For commissioned Early Help services we are able to report on outcomes on an individual service basis only. The development of core outcomes across the system would enable Early Help to evidence the impact which is clearly visible when you review case study data.

The service mapping was undertaken by the Early Help and Intervention Subgroup in 2020. It represents a snapshot in time and is not a complete picture of Early Help provision in B&NES. It follows a life course approach rather than geographical mapping of services. Whilst it provides a good overview of services it does not tell you about provision by geographical location.

10. Conclusion

Since the 2020 Early Help Needs Assessment, the pandemic and subsequent economic instability has had a negative impact on our local population, as well as the population nationally and worldwide. Full consequences may continue to emerge for years to come. By refreshing the assessment at this time, we have been able to highlight how local needs continue to grow at a rate that cannot be supported within the current service and budget

configuration.

It is important to recognise and celebrate the quantity, breadth and quality of work that services within the wider Early Help system have continued to carry out in increasingly challenging circumstances, and the positive impacts this work has had on children, young people and families in B&NES. Positive development since 2020 includes:

- The commissioning of a new Domestic Abuse Support Service which integrates with Early Help family services
- Establishment of a Daily Incident Review Meeting (DIRM)
- All Early Help services have flexed their delivery models to meet needs during the pandemic and have drawn on local networks, local fundraising and national funds to support families in food poverty and financial crisis; whilst working above capacity
- Services contribute to the multi-agency Early Help Allocation Panel to discuss complex cases and provide the right support at the right time, by the right service
- New in 2024, the SEND Collaboration for B&NES will drive a shared culture of inclusion across our local area. Local inclusive provision will be matched to need to ensure the right support, in the right place at the right time. This will improve the lives of children and young people with SEND and those that need alternative provision and their families in Bath and North East Somerset.

Section two of the assessment highlights population trends including nationally published reviews, policies and guidance. These documents conclude unanimously that there is an ongoing need for a focus on preventative Early Help in order to improve outcomes for children and young people and reduce pressure within the statutory system.

Increasing need for Early Help services in B&NES was anticipated in the last assessment. Section 9.6 of this report demonstrates the levels of referrals and numbers of families and young people currently being supported. We are able to utilise the data available from the Strategic Evidence Base, contract monitoring, internal case management system and the children and young people's school survey to identify needs and gaps in the system, but it remains impossible to fully predict where all needs will arise.

The wider determinants of health are important in helping us to understand the context of Early Help which families face. For example, where families experience poor accommodation, food poverty, fuel poverty or factors such as poor air quality, their basic needs may not be being met. When basic needs are not met the ability to thrive in other areas of life can be negatively impacted, increasing the risk of poor outcomes.

It will be vital in the current climate of financial challenge and increasing need, for all partners within the wider Early Help system to continue to work together to ensure that children and their families benefit from the best quality professional help at the earliest opportunity. National reviews such as the Josh Macalister Independent Review of Children's Social Care, Working Together 2023 and local strategy documents such as the Early Help and Intervention Strategy 2021- 2025, together with information from the B&NES strategic evidence base highlight specific groups of children, young people and families that would benefit from Early Help.

Consideration may need to be given to the targeting of Early Help resources to these groups, in light of budget constraints and growing needs. Enhancing the lead practitioner

role could be held by a range of people, e.g. education staff. More details about which practitioners may act as a lead practitioner, their roles and responsibilities along with additional guidance, are provided in the Early Help System Guide.

11. Recommendations

1. **<u>Continue to develop a wide range of Early Help services in B&NES to offer seamless support for families. The local authority should work with organisations and agencies to develop joined-up early help services, which can be delivered through, targeted family support, a B&NES Family Hub model & Start for Life offer</u>**

Reason:
In line with the new Liberal Democrat manifesto, Working Together, Munro Review, Allen Review, Field Review, Marmot Review, Independent Review of Children's Social Care, Early Help Needs Assessment 2020 and the refreshed 2023/24 Needs Assessment. Councils across England increased their spending on children's services by £800 million for 2021-2022. However, a new analysis commissioned by Barnardo's found that despite this spending surge, early intervention services are in decline with a 45% drop in the last 12 years. The analysis showed that 81% of the recent increase funded crisis intervention services and of this additional spending £4 in every £5 went on late intervention services.

Recommended actions:

a. Provide preventative Early Help services in order to improve outcomes for children and young people as this is proven to be more effective in promoting the welfare of children than reacting later
b. Provide Early Help support as soon as problems emerge, at any point in a child's life, from birth through to the teenage years
c. Continue to explore funding opportunities to increase capacity to identify needs and provide support earlier
d. Increase capacity for whole family work

2. **<u>Improve system understanding that improving outcomes and investing in babies, children and young people is whole population prevention and early intervention</u>**

Reason:
In line with objectives within the BSW ICS Children and Young People's Programme, B&NES SEND Self Evaluation Framework, Early Help Needs Assessment 2020 and the refreshed 2023/24 Needs Assessment.

Recommended actions:

a. Support and encourage the development of a Children and Young People's outcomes framework with colleagues across Children's services to enable a cohesive method of measuring impact and outcomes of services commissioned.
b. Review Early Help service outcomes in preparation for new Early Help commissioning activity ensuring service specifications link to related parts of the system such as SEND and the Supporting Families Outcomes

Framework https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-3-the-national-supporting-families-outcome-framework

c. Develop the digital Early Help offer to ensure information is available to families when they need it. Design digital, virtual and telephone offers around the needs of the family, including a digital child health record.

3. <u>Develop an empowered, skilled workforce to meet the changing needs of families</u>

Reason:
The processes involved in providing Early Help are underpinned by the empowerment of professionals to understand family's needs and facilitate access to appropriate resources. Recommendation is in line with BSW ICB Inequality Strategy, Children and Young Peoples Programme Board 'Starting Well', Start for Life Systems Guide (area four), Early Help Needs Assessment 2020 and the refreshed 2023/24 Needs Assessment.

Recommended actions:

a. Audit our workforce training records to establish needs and gaps in knowledge and understanding of risk factors for vulnerable families.
b. Provide multi-agency and multi-disciplinary training to support those working with children and families, including those in universal services and those providing services to adults with children. Support staff to understand their role in identifying emerging problems and ensure a collective understanding of the demographics and needs of the local community, the Children Services practice framework, and the services available to support children.
c. Make inequality everybody's business through awareness raising, training and engagement with partners and communities.
d. Increase use of evidence-based interventions and trauma informed practice including awareness of challenges associated with toxic trio, adverse childhood experiences including parental mental health, substance misuse and domestic abuse.
e. Through the Prevention and Early Intervention Board (PEIB) and the B&NES Best Start For Life Group (BSFL), ensure that:
    - pathways to support are clear
    - learning from serious case reviews is shared
    - Vulnerabilities of under 1s are recognised considered by the peri natal and early years workforce
    -
f. Include a range of perinatal mental health support as part of the early help offer

4. <u>Focus Early Help services on prevention, social, economic and environmental factors (known as 'wider determinants') by making best use of available data and intelligence to manage and target services</u>

Reason:
In line with BSW inequality strategy, Strategic Evidence Base and the refreshed 2023/24 Early Help Needs Assessment and known links between poverty and underachievement.

Not in education, employment or training NEET: Over the past year, during the time they worked with the Youth Offending Services, 32% of post-16 children had a period of being NEET, compared with area, regional and national NEET percentages for this age group being between 2- 3%.

Recommended actions:

a. Focus on target audiences (those with most need) for new Early Help service specifications. Consult with partners to establish how Early Help services can best support those:
    a. from black and minority ethnic backgrounds
    b. with ACEs
    c. receiving Free school meals
    d. known to be affected by gaps in educational attainment
    e. at risk of serious violence
    f. living with parental substance abuse
    g. experiencing domestic violence
    h. experiencing poor mental health
    i. Negatively affected by wider determinants of health
    j. families on Universal Credit
    k. In Lower Super Output Areas (Twerton West and Whiteway)
b. Ensure careful use of RONI data to predict future need
c. Continue work which will enable commissioned services to access the early help model of the Councils Content Management System - Liquid Logic. This will enable all performance indicator information to be collated into one system and enable services to follow the individual journeys of children, young people and families.
d. Support all Early Help Services to transition onto the Early Help Module of Liquid Logic to use the EHA template as the new default assessment. This will enable more reliable reporting on needs and high level outcomes.
e. Continue to review performance indicators of commissioned services and make proposals to adjust where required. Specific actions in relation to data:
    - Numbers supported, including numbers of whole families and numbers of individuals
    - Referral sources, including more source options to reduce the number recorded as ‘other’
    - Deep dive work to continue on understanding non-engagement with early help services and non-engagement pathways, especially with young people and hard to engage families
    - Agree the key KPI’s for Early Help

5. <u>Work collaboratively with the Integrated Care Alliance (ICA) to meet the needs of children in our area especially for CYP requiring SEMH support and SEND (medical) assessment</u>

Reason:
Achieving CYPP outcomes requires a multiagency approach and an understanding of the complex nature of the accumulation of risk factors and mitigating factors that contribute to the need for Early Help. Effective early help relies upon local organisations and agencies working together. In line with Liberal Democrats Manifesto, Working Together, Children and Young People’s Plan, Early Help Needs Assessment 2020 and the refreshed 2023/24

Needs Assessment.

Recommended actions:

a. Additional SEMH and SEND support required, especially identified around Perinatal Mental Health and young people in schools with SEND and SEMH needs, including assessment/diagnosis of medical conditions
b. With partners, establish how can links be improved with Looked After Children services, SEND services, young carers services, drug and alcohol support services, domestic abuse services, adult and children's mental health services, housing, police to make good use of resources and meet needs

Appendix 1: Public Health Outcomes Framework area profile available at: https://fingertips.phe.org.uk/profile/health-profiles

Indicator	Period	Bath & NESom			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2019 - 21	–	12	2.3	2.9	3.9	7.5		1.2
Child mortality rate (1-17 years)	2018 - 20	–	8	*	8.9	10.3	17.7		6.1
Population vaccination coverage: MMR for one dose (2 years old) New data 90% to 95% ≥95%	2022/23	→	1,798	94.0%	92.8%	89.3%	68.1%		97.3%
Population vaccination coverage: Dtap IPV Hib (2 years old) New data 90% to 95% ≥95%	2022/23	→	1,831	95.7%	95.2%	92.6%	70.8%		98.5%
Children in care immunisations	2022	→	117	88.0%	81.0%	85.0%	30.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	–	1,299	71.1%	66.3%	65.2%	53.1%		.4%
Average Attainment 8 score	2021/22	–	86,661	52.3	48.7	48.7	39.2		
Average Attainment 8 score of children in care New data	2021/22	–	401	26.7	18.9	20.3	9.8		
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known New data	2022/23	→	238	6.9%	5.8%	5.2%	15.2%		0.9%
First time entrants to the youth justice system	2022	↓	-	*	126.5	148.9	454.5		37.2
Children in absolute low income families (under 16s)	2021/22	–	2,603	8.2%	13.1%	15.3%	35.3%		4.2%
Children in relative low income families (under 16s)	2021/22	–	3,483	11.0%	17.0%	19.9%	41.7%		5.4%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2021/22	–	123	6.3	13.8	14.4	39.3		4.5
Children in care	2022	–	196	55	60	70	218		26
Children killed and seriously injured (KSI) on England's roads	2018 - 20	–	3	3.1	9.5	15.9	55.0		2.6
Low birth weight of term babies	2021	→	48	2.9%	2.5%	2.8%	5.0%		1.5%
Reception prevalence of obesity (including severe obesity) (4-5 yrs) New data	2022/23	→	125	7.4%	8.2%	9.2%	14.1%		%
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) New data	2022/23	↑	295	17.3%	19.4%	22.7%	31.7%		
Percentage of 5 year olds with experience of visually obvious dentinal decay	2021/22	–	-	10.3%	19.1%	23.7%	46.0%		9.7%
Hospital admissions for dental caries (0 to 5 years)	2018/19 - 20/21	–	100	292.6	263.5	220.8	7.5		
Under 18s conception rate / 1,000	2021	–	26	8.7	11.1	13.1	31.5		2.7
Teenage mothers	2021/22	→	-	*	0.5%	0.6%	2.4%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	85	78.1	46.0	29.3	83.8		7.7
Hospital admissions due to substance misuse (15 to 24 years)	2018/19 - 20/21	–	85	87.9	101.1	81.2	229.4		16.9
Smoking status at time of delivery New data	2022/23	→	120	7.7%	9.2%	8.8%	19.4%		3.4%
Baby's first feed breastmilk	2020/21	–	1,245	88.0%	75.4%	71.7%	1.3%		98.6%
Breastfeeding prevalence at 6-8 weeks after birth - current method New data	2022/23	↑	1,065	64.8%	*	49.2%*	-	*Insufficient number of values for a spine chart*	
A&E attendances (0 to 4 years)	2021/22	–	3,990	442.8	529.0	762.8	2,080.6		387.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2021/22	–	280	94.4	90.7	84.3	162.2		38.8
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2021/22	–	375	116.8	140.9	118.6	252.2		53.3
Hospital admissions for asthma (under 19 years)	2021/22	–	30	78.1	95.2	131.5	438.0		47.0
Hospital admissions for mental health conditions (<18 yrs)	2021/22	–	55	153.8	153.6	99.8	355.1		33.3
Hospital admissions as a result of self-harm (10-24 years)	2021/22	–	225	518.4	640.2	427.3	1,051.7		127.6

Appendix 2: Early Help Services mapped to needs

Needs	First 1001 Days (pre-birth – age 2) and pre-school ages 3/4	Ages 5 – 11	11-19 (up to 25 with SEND)	Parents/Carers
Support for mental wellbeing	Infant mental health support (delivered by AWP) Health Visiting (universal plus/ universal partnership plus) Family Nurse Partnership (for young parents) Children's Centre services (delivered by Bright Start and Action for Children) *	Family Support and Play Service (delivered by Southside and BAPP) School Nursing Service Trauma Recovery Centre	Family Support and Play Service (delivered by Southside and BAPP) Targeted Youth Support (delivered by Youth Connect SW) Mentoring Service (delivered by Mentoring Plus) School Nursing Service Trauma Recovery Centre	Maternity Services (Lotus Team) Peri-natal mental health support (delivered by AWP) Infant mental health support (delivered by AWP) Health Visiting (universal plus/ universal partnership plus) Family Nurse Partnership (for young parents) Children's Centre services (delivered by Bright Start and Action for Children) IDVA delivered by Southside Freedom Programme (delivered by Julian House and Children's Centre Services) Family Support and Play Service (delivered by Southside and BAPP) Connecting Families Trauma Recovery Centre
Support for those living with Substance misuse	IDVA delivered by Southside Freedom		Project 28	DHI

Support for those living with Domestic abuse	Programme (delivered by Julian House and Children's Centre Services) Family Support and Play Service (delivered by Southside and BAPP)	Family Support and Play Service (delivered by Southside and BAPP) Connecting Families	Targeted Youth Support (delivered by Youth Connect SW) Mentoring Service (delivered by Mentoring Plus) Family Support and Play Service (delivered by Southside and BAPP)	Southside
Support for Parental conflict		Family Support and Play Service (delivered by Southside and BAPP) Connecting Families	Family Support and Play Service (delivered by Southside and BAPP) Connecting Families	Separated Parents Information Programme (SPIP delivered by Action for Children) Family Support and Play Service (delivered by Southside and BAPP) Connecting Families
support for Family Breakdown			Family Support and Play Service (delivered by Southside and BAPP) * Connecting Families	Separated Parents Information Programme (SPIP delivered by Action for Children)
support for Bereavement/ loss	Bereavement Services (CRUISE)			
Support for Housing/ Homelessness / At risk of eviction	Curo Knightstone Housing Options Team – Bath and North East Somerset Council Citizens Advice Bureau			
Support to mitigate the impact of and reduce Poverty/	Citizens Advice Bureau			

Debt				
Support to get into Education, Employment or Training (NEET)		Family Support and Play Service (delivered by Southside and BAPP) Mentoring Plus – primary mentoring service Nurture Outreach Service (delivered by Brighter Futures)	Targeted Youth Support (delivered by Youth Connect SW)	Targeted Youth Support (delivered by Targeted Youth Support (delivered by Youth Connect SW) (for young parents) Connecting Families Children's Centre Services (delivered by Bright Start and Action for Children) Family Support and Play Service (delivered by Southside and BAPP)
Support to get people out of worklessness				
Support and information for families with Special Educational Needs and Disabilities	Children's Centre Services (delivered by Bright Start and Action for Children) Specialist Nursery (delivered by First Steps Bath) SEND team	Nurture Outreach Service (delivered by Brighter Futures) Bath Area Play Project SEND team	SEND Team Targeted Youth Support (delivered by Youth Connect SW)	
Support to address poor transitions				
Support for Carers		Young Carers Service		Carers Centre
Support to address Social isolation	Children's Centre Services (delivered by Bright	Family Support and Play Service (delivered	Targeted Youth Support (delivered by Youth Connect SW)	Children's Centre Services (delivered by Bright Start and Action for Children) Family Nurse Partnership

	Start and Action for Children) Family Nurse Partnership* Health Visitor (universal plus/ universal partnership plus)	by Southside and BAPP) Connecting Families	Mentoring Service (delivered by Mentoring Plus) Connecting Families Family Support and Play Service (delivered by Southside and BAPP)	Health Visitor (universal plus/ universal partnership plus) Connecting Families
Support to reduce risks to poor Physical health	Children's Centre Services (delivered by Bright Start and Action for Children) Family Nurse Partnership Health Visitor (universal plus/ universal partnership plus)	Family Support and Play Service (delivered by Southside and BAPP)	Family Support and Play Service (delivered by Southside and BAPP) Targeted Youth Support (delivered by Youth Connect SW)	Children's Centre Services (delivered by Bright Start and Action for Children) Health Visitor (universal plus/ universal partnership plus) Connecting Families
Support to reduce risk taking behaviour		Compass (aged 8+) Family Support and Play Service (delivered by Southside and BAPP) Project 28	Targeted Youth Support (delivered by Youth Connect SW) Mentoring Service (delivered by Mentoring Plus) Connecting Families Family Support and Play Service (delivered by Southside and	Children's Centre Services (delivered by Bright Start and Action for Children) Health Visitor (universal plus/ universal partnership plus) Connecting Families Developing Health and Independence (DHI)

			BAPP) Project 28 Compass	
Support to prevent children missing from education		Compass (aged 8+) Family Support and Play Service (delivered by Southside and BAPP) Children Missing Education Service	Compass (aged 8+) Family Support and Play Service (delivered by Southside and BAPP) Mentoring Service (delivered by Mentoring Plus) Targeted Youth Support (delivered by Targeted Youth Support (delivered by Youth Connect SW) Children Missing Education Service	
Support to address Anti-social behaviour / criminal activity / radicalisation		√		Children's Centre Services (delivered by Bright Start and Action for Children) Connecting Families* Family Support and Play Service (delivered by Southside and BAPP) Police (neighbourhood teams, PCSOs)

Appendix 3: Service User Feedback

The following are examples of feedback that have been received by Early Help Services from the people they support in the 2022/23 year.

“Given me confidence to leave (child) with other people. Given me some sanity and ‘me’ time that I don’t get often at home. (Child) has learnt and changed so much since coming here”.

“Your support and guidance has been really useful. It was a wonderful experience so far. Thank you so much”

“(Worker) was amazing and has had a huge positive impact on our relationships. She conducted herself professionally while being nurturing, caring, entertaining and patient with all of us. We feel very fortunate to have been provided this assistance and we strongly feel that this service is highly valuable”

“I wouldn’t go to college – (Worker) has helped with my confidence and believing I can do it.”

“I feel like I would have been in a dark place and still there struggling with organising my life, having (worker) to support me and my family has given me hope”.

“(Worker) has been amazing, he came in at a time that myself and my family were struggling and was able to offer support and advice that reflected my families situation.”

“It has been particularly helpful for me having someone to talk through difficulties I am facing and helping me to look forwards. He and xx have been supporting me to look at going back into work, something I have not felt able to up until know. They have both been supporting me and getting me to think about what I would like to do and setting realistic aims in order for work to fit around my family.”

“We would like to thank you for your continued support of our resettlement process, particularly regarding parental support and in assisting us in overcoming the challenges, we have encountered with (child). Our heartfelt appreciation goes to you for your caring, consideration, compassion, and support. This will provide us with an opportunity to look both backward and forwards……You have been a tremendous help since we relocated to Bath and were referred to you by (child’s) health visitor. Thanks to you, we have become better parents and raised our son more responsibly. We are deeply grateful for the numerous activities, skills, and support you have provided us over the past several months. Your compassion, consideration, support, and care have always been from the heart. We are grateful that you have supported us for so long. We appreciate your kindness and humility. Your smile and kind heart make you a wonderful person to be around. Your commitment to helping people grow and find meaning in their lives makes you a valuable resource.”

“(Worker) is so patient and lovely with (child). It has been great to see (child) recognise (worker) and be excited for the puppets and books and build a good relationship”

“Having support has impacted massively and gave me confidence to know I have as doing right by the children. I think the children would have all needed emotional support and would have struggled with school life if we didn’t receive the support. We are much better and happier as a family, I have confidence back in my parenting. Thank you so much.”

“I feel much more confident knowing how to regulate my moods and being able to manage my families’ moods better. NVR was helpful and being able to think about how I react with a non-judgmental manner was really effective”

“You've given me the courage to say that I am doing a good job. You made me more positive and confident. I had my mum to tell me I was doing Ok but mums have to say that! It was lovely to have a Professional who could support and encourage me”

“I have had a massive boost of confidence not just with my children but overall my whole life. After years of being told I am useless I have finally realised I am a great mother and person and not to tolerate inappropriate behaviours from others. I am now confident in my parenting and social life”

“[Practitioner] has been fantastic, helping us with guidance, mentoring and ways forward. Mentoring with [mentor] has been brilliant! (young person) has enjoyed it immensely. He's gained lots of confidence and [mentor] has been really supportive.”

“For starters it helped me to be more confident and doing all the different things with my mentor. And because of that I enjoyed it all because my mentor made it fun and interesting.”

“I think it helped me be able to just like be able to open up more and start going to school again really. Meeting (worker) was meeting someone knew and that was a lot for my confidence.”

“(young person) and I would like to say a massive thank you for all the help, advice and support that you have given us. We are truly thankful for everything you have done. (Young person) has had his medical problems for coming up to five years and you were the only person that supported and listened to (him) whilst also taking an interest in his conditions to help with a way going forward regarding his education. (young person) and I have felt that no other organisations would listen to our problems and we felt lost in the system. Now, with your guidance, we feel that we can move forward and that is something that we had not felt in the past four years and half years before you came support (young person). So, a massive thank you from the bottom of our hearts for making such a massive positive impact in not just mine but more importantly (young person’s) life too”

Appendix 4 - References

Reference	Title	Link
1	Working Together to Safeguard Children	https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
2	Munro Review of Child Protection	https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system
3	Early Intervention: The next steps	https://www.gov.uk/government/publications/early-intervention-the-next-steps--2
4	The Field Review Report	https://www.poverty.ac.uk/report-poverty-measurement-life-chances-children-parenting-uk-government-policy/field-review
5	Fair Society, Healthy Lives (The Marmot Review)	https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
6	Independent Review of Children's Social Care	https://www.gov.uk/government/groups/independent-review-of-childrens-social-care
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7a	Early Help System Guide	Early Help System Guide.
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7c	Stable Homes Built on Love	https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love
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17	York University: Two child limit and benefit cap research	https://www.york.ac.uk/news-and-events/news/2023/research/two-child-limit-and-benefit-cap-fail-to-meet-aims/
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20	Association of Directors of Children's Services: Safeguarding Pressures	https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase
21	Barnardos Funding Cuts report 2023	Barnardos Funding Cuts
22	Early Intervention Foundation: Realising the potential of early intervention	https://www.eif.org.uk/report/realising-the-potential-of-early-intervention
23	C4EO: Grasping the Nettle Report	https://www.family-action.org.uk/content/uploads/2014/07/Early-Intervention-Grasping-the-Nettle-Full-Report.pdf
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25	NHS Long Term Plan	https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
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37	Archives of Public Health: The influence of education on health	https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00402-5
38	Department for Education NEET Comparative LA score card	https://department-for-education.shinyapps.io/neet-comparative-la-scorecard/)
39	End of year NEET evaluation report	Available on request from Targeted Youth Support Service
40	B&NES Liberal Democrat Manifesto	https://www.bathneslibdems.org.uk/may-2023/manifesto/
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