Children’s Emotional Wellbeing Strategy (0-19+ years)

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This is an exciting time for the Western Health & Social Care Trust. This document details a number of new initiatives which are in place within the Trust to support families and provide better outcomes for children and young people. This strategy looks at how we can connect these new approaches and services so that we provide effective interventions which meet the emotional needs of the children and young people that we work with. The strategy fits well with the Trust’s overarching Family Support Strategy.

I commend this strategy as the appropriate strategic way forward for the Trust and as a road map to steer out energies and resources as we strive to promote resilience and emotional wellbeing for the children and families that we serve.

ELAINE WAY CBE
CHIEF EXECUTIVE
WESTERN HEALTH AND SOCIAL CARE TRUST
DIRECTOR’S FOREWORD

During the formative years of the Women & Children’s Directorate, we concentrated on establishing a common vision and ethos to focus the efforts of all our staff within the Directorate. It was important to have a connection between our Directorate Senior Management Team and all of our clinicians and practitioners.

The common thread is our commitment to family support. In essence, that we deliver the right support to children, young people and families to help them stay together. Children and young people grow best in families.

To support our work it is important that we now have a strategy that gives clear messages about how we are going to achieve this. It isn’t always about commissioning or developing new services, but how we can relate to and reform the range of resources we already have at our disposal.
Intervening early and positively makes a real difference at every stage of the life course. We are investing now to save later. We will work to develop the capacity of our children and young people to be resilient and develop their capacity to sustain their wellbeing.

I commend the strategy to you and I look forward to working with you to ensure that all our children and young people can be the best they can be.

KIERAN DOWNEY
DIRECTOR OF WOMEN & CHILDREN’S SERVICES
WESTERN HEALTH AND SOCIAL CARE TRUST
INTRODUCTION

This Children’s Emotional Wellbeing ten year Strategy (CEWS) is the Western Health & Social Care Trust’s (WHSCT’s) early intervention and prevention strategy. Since it encompasses the Trust’s Infant Mental Health Strategy, which was launched in 2011, both documents should be read in conjunction with each other. The Trust has a clear vision that every child and young person (0-19+ years) deserves the best chance in life from conception, to their early years as an adult so they can feel positive about themselves, have meaning in their lives and achieve their goals.

“Children’s future relationships, their ability to fulfil their potential both educationally and in the workplace, and their basic enjoyment of life are all threatened by mental illness and unmet emotional needs. Interventions need to be grounded in an understanding of mental health’s continuity from conception to adulthood.”

(Centre for Social Justice, Completing the Revolution Executive summary, 2011 p.5)

“Completing the Revolution” key findings included the following:

- Children from the poorest 20 per cent of household income are three times more likely than those in the richest 20 per cent to have common mental health problems
- They are also nine times as likely to have psychotic disorders
- The first onset of mental health problems is commonly in childhood or adolescence, with half of all lifetime cases having started by the age of 14 years

Some of the other main risk indicators for poor mental health identified in the CSJ report included:

- Poor attachment;
- Brain development;
- Adverse childhood experiences;
- Neglect;

In tackling poor mental health in children and adolescents the “Completing the Revolution” paper makes key recommendations including:

- Local health commissioners should ensure provision for premature babies (and their parents) is commensurate with the need and opportunity to prevent subsequent development of physical and mental health problems.
• Maternal mental health must be recognised as a priority, on a par with maternal physical health, and health professionals must be better trained to identify symptoms of depression. Health and Wellbeing boards have an important role to play in ensuring adequate resources are provided by local commissioners of services, and in recognising the strong role to be played by the voluntary sector and wider community.

• The provision of infant mental health services should be seen as the next frontier for early intervention in every locality where high levels of need are identified, to ensure good foundations are laid for future development.

• The establishment of a family-centred mental health service where parents are supported rather than blamed, and helped with their as well as their children’s mental health needs with timeliness and sufficient resource.

The Adverse Childhood Experiences (ACE) Study is the largest study conducted on adult mental health and well-being. The study found that persons who had experienced four or more childhood exposures to harm/disadvantage (substance misuse, sexual abuse, neglect, domestic violence, poverty etc.) had 4 to 12 times more likelihood of increased rate for alcoholism, drug abuse, depression and suicide attempts than those who experienced none. (See figure 1 below)

Figure 1

![Figure 1: The Effect of Adverse Childhood Experiences on Adult Outcomes](http://www.acestudy.org/ - Adverse Childhood Experiences (ACE) Study (Felitti et al 1998, in Davidson et al. 2010, p.373) .)
1. WHAT DO WE WANT FOR CHILDREN IN THE WESTERN TRUST?

We want to improve emotional health and wellbeing for all children and young people in the WHSCT. Emotionally healthy children are able to develop and learn through their good or bad feelings and experiences, make friends, enjoy their own company and play and have fun.

In the WHSCT, we believe that we can improve the emotional wellbeing of children and young people and maximise the use of available resources to provide better outcomes.

We will involve key stakeholders to ensure we deliver this strategy as part of the Children’s Strategic Partnership and the Western Outcomes Group.

This strategy supports the vision laid out in Our Children Our Young People, Our Pledge which states that “all children and young people living in Northern Ireland will thrive and look forward with confidence to the future.” (p.5)

In Families Matter (2009) the DHSSPS made a commitment to improving children’s health and emotional wellbeing through the delivery of services to assist parents in the discharge of their responsibilities and improve the outcomes for children. In order to do this they created a vision supported by statements of values and principles.

“All children and young people are valued during childhood. Children and young people reach their potential and have the opportunity to lead full, healthy and satisfying lives by becoming active contributors to their community through participating socially, educationally and economically in the life of the community (2.2).

In meeting this vision the DHSSPS stated that it wants to involve children, young people, their families and communities in the development of preventative services; the empowering of children, young people and families with the skills and knowledge “to protect themselves from abuse, harassment, discrimination, prejudice, exploitation and neglect”; developing the confidence and ability to love, protect and care for their community and family members; families knowing they can get assistance when they need it and have timely access to those services when they need help in resolving difficulties (2.3)
This Emotional Wellbeing Strategy supports this vision and the vision within Our Children, Our Young people, Our Pledge. Both documents seek improvements in the following areas:

- An improvement in the mental health of children and young people.

- Multi-agency services, working in partnership, to promote the mental health of all children and young people, and provide early intervention, and also meet the needs of children and young people with established or complex problems.

- Ensuring that all children, young people and families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

The Western Trust will:

- Help children learn the skills they will need to stay emotionally healthy by developing their resilience and by ensuring positive emotional health.

  Ungar (Resilience research Centre, Canada, 2010) describes resilience as both the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their wellbeing, and the capacity, individually and collectively, to negotiate for these resources to be provided in culturally meaningful ways. Families draw upon a range of resources – many of which may be informal - to address difficult issues and overcome them. Resilience is more likely to occur when services and resources are provided which can enable every child to do well in ways that are meaningful to his or her family and community (McTernan, E, 2011).

- Develop information and an easy to understand network of support locally for children, young people and families.
• Raise the awareness and capability in local services to enable parents and local professionals to provide the best possible support.

• Target early intervention through supporting maternal mental health, positive parenting and ensuring the emotional wellbeing of infants during the first 5 years via the Infant mental Health Strategy.
2. HOW WILL WE ACHIEVE THIS?

The economic situation means that there will not be a lot of new money around to fund new services. Therefore, we will try to improve the way we do things to use the money we do have more effectively.

In relation to the Infant Mental Health strategy this means putting specific interventions in place in the early years to support Infant Mental health including:

1. Zero tolerance of smoking during pregnancy
2. Zero alcohol in pregnancy
3. Attachment-focused behaviour in pregnancy
4. Breast-feeding
5. Parents/carers reading to children.

The WHSCT aims to promote a highly skilled competent workforce and to promote strong professional leadership to support and empower staff to deliver high quality, safe and effective social work services (The 10 year strategy for Social Work in Northern Ireland 2010-2020)

We aim to ensure that resources and interventions build on the capacity of parents to meet the needs of their children through ensuring they have access to appropriate services.
3. HOW WILL WE KNOW WHETHER THE STRATEGY IS WORKING?

All key stakeholders should come together to monitor the implementation of the Strategy through the Emotional Wellbeing Action Planning group and the Western Outcomes group.

Outcomes of the strategy will be measured through the following information:

- Fewer children entering the care system.
- Less children presenting with mental health difficulties and disorders.
- Increase in child and family resilience. It is important to emphasise that one of the standards of the Family Support Hubs is to promote resilience in families.
- More children achieving.
- Increase in capacity for of parents.
- Services more easily accessible.
- More children living in safety and stability.
- More joined up working between professionals.
- The strengthening of partnership working between key sectors to implement the strategy.
4. DEFINITION OF EMOTIONAL WELL BEING

Emotional wellbeing does not mean an absence of emotion or stress, rather it relates to a person’s capacity to understand and regulate their emotions in a healthy and adaptive way. Childhood should be a time where all children should be protected from harm where possible and thrive in a happy and nurturing home environment. However, we recognise that all children/families experience stress at certain pressure points, therefore we need to promote the emotional resilience of our children, young people and families. Emotional resilience relates to “a person’s ability to use their strengths to learn from negative life experiences, and come out the other side more aware of their abilities to recognise, avoid or at least minimise the worst effects of negative life experiences on their ability to enjoy and make the most out of the positive ones” (John Burnham, Keynote Speaker, Children’s Emotional Wellbeing launch, WHSCT, Oct 2012).
5. AIMS AND OBJECTIVES

- This strategy sits well with a number of other agendas within the WHSCT and the connections between these agendas have been made and should be maintained into the future.
  - This strategy can be located within the Family Support Strategy which is the Trust’s overarching Strategy for children, young people and families.
  - The WHSCT stresses the importance of early years intervention as well as acknowledging the importance of early identification of emerging difficulties for children and young people.
  - The valuable contribution of other agencies in the voluntary, community and statutory sectors is recognised and it is important that all agencies work collaboratively to make a positive difference to children and young people's lives.
  - Development of Family Support Hubs.
  - “Repositioning to Family Centre” Strategy.
  - Linkage to locality planning groups.

- We aim to take a system approach to working with children and families. In doing so we take account of systemic ideas which will influence how we view families and the problems encountered. Such ideas include; people mutually influence each other through interaction processes, people respond in diverse and unpredictable ways, and our ways of viewing the world, our talk and ways of acting affect the conversations and relationships we have with children, young people and families.

- In developing the strategy the education of parents, carers and families is significant. Therefore, the Trust aims to give clear messages to parents and carers about the importance of emotional wellbeing.
To promote emotional wellbeing, the Western trust has **four main goals** in relation to children and families:

1. **Child Safety**
   - Protect children from harm

2. **Child Well-Being**
   - Improve child functioning

3. **Family Well-Being**
   - Strengthen families

4. **Permanency**
   - Timely permanent home and family

"**We will promote a move towards preventative and early intervention practice without taking away from our children and young people currently most in need of more targeted services**"

(OFMDFM, Our Children Our Young People Our Pledge, 2006: 19)

- Promoting a Sense of Security for Children.

  "**For every child-and every parent too, hopefully-home is where you can relax and feel safe, laugh and cry, hope and dream, and prepare yourself with a mixture of excitement and fear for the adventures and challenges that beckon. Your home is your secure base.**" (Hughes, 2009)

To help to provide children with a secure base the Trust endeavours to do the following:

- Promote relationships through every stage of the child’s development using research and evidence based practice and interventions such as Family Therapy and the Attachment interventions.

- Provide information and support to parents in developing relationships and attachments with their children.

- Educate professionals to assess and intervene to promote emotional wellbeing and strengthen families. This includes training in interventions/approaches such as the Attachment interventions, Safety in Partnership approach and the Model of Attachment Practice.
• Work in partnership with families and recognize family expertise where it exists.
• Strengthen our relationship with the community and voluntary sectors.
• Make connections between current available services
6. DEVELOPMENTS TO DATE

A number of initiatives, approaches and strategies have been developed within the Western Health and Social Care Trust which can contribute effectively to the emotional wellbeing of children and their families including:

- Family Nurse Partnership
- Roots of Empathy
- Safety in Partnership approach
- Model of Attachment Practice
- Infant Mental Health Strategy
- Family Group Conferencing
- Family Therapy (CAMHS and Early Intervention Pilot)
- Strengthening Families Programme
- Hidden Harm Strategy
- Suicide Prevention Strategy
- Family Support Hubs
- Family Therapy Early Intervention Pilot.

It is essential however, that connections are made between available services to ensure appropriate interventions are put in place to meet the particular needs of each child/family and to ensure a seamless service for those families we work with.
7. WHAT DO WE NEED TO DO?

The WHSCT will deliver services which will meet the emotional needs of our children, young people and families.

To do so staff working with children and families require adequate knowledge of key risk and resilience factors for children and families and should be able to put interventions in place which decrease risk and increase resilience.

<table>
<thead>
<tr>
<th>Table 1: Risk factors for Mental Health</th>
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<tbody>
<tr>
<td><strong>In the child</strong></td>
</tr>
<tr>
<td>Specific learning difficulty</td>
</tr>
<tr>
<td>Communication difficulties</td>
</tr>
<tr>
<td>Specific developmental delay</td>
</tr>
<tr>
<td>Genetic influence</td>
</tr>
<tr>
<td>Difficult temperament</td>
</tr>
<tr>
<td>Physical illness especially if</td>
</tr>
<tr>
<td>chronic &amp;/or neurological</td>
</tr>
<tr>
<td>Academic failure</td>
</tr>
<tr>
<td>Low self esteem</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Table 2: Impact of risk factors on prevalence of any mental disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk factor</strong></td>
</tr>
<tr>
<td>Looked after children</td>
</tr>
<tr>
<td>Children with Special Educational Need requiring statutory assessment</td>
</tr>
<tr>
<td>Child with learning disability</td>
</tr>
<tr>
<td>Households with no working parent</td>
</tr>
<tr>
<td>Child absent from school more than 11 days in a year</td>
</tr>
<tr>
<td>Parental mental illness</td>
</tr>
<tr>
<td>5 or more children in household</td>
</tr>
<tr>
<td>Lone parent families</td>
</tr>
<tr>
<td>Children living in less prosperous/mixed areas</td>
</tr>
<tr>
<td>Parents with no educational qualifications</td>
</tr>
</tbody>
</table>

Source: ONS 2002 Follow Up Survey
Table 3: Key resilience factors for mental health

<table>
<thead>
<tr>
<th>Resilience factors</th>
<th>In the child</th>
<th>In the family</th>
<th>In the environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being female</td>
<td></td>
<td>At least one good parent-child</td>
<td>Wider supportive network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>relationship</td>
<td></td>
</tr>
<tr>
<td>More intelligent</td>
<td></td>
<td>Affection</td>
<td>Good housing</td>
</tr>
<tr>
<td>Easy temperament when an infant</td>
<td>Clear, firm and consistent discipline</td>
<td></td>
<td>High standard of living</td>
</tr>
<tr>
<td>Secure early relationships</td>
<td>Support for education</td>
<td></td>
<td>High morale school with positive policies for behaviour, attitudes and anti-bullying</td>
</tr>
<tr>
<td>Positive attitude, problem solving approach</td>
<td>Supportive long-term relationship/absence of severe discord</td>
<td></td>
<td>Schools with strong academic opportunities</td>
</tr>
<tr>
<td>Good communication skills</td>
<td></td>
<td>Range of sport and leisure opportunities</td>
<td></td>
</tr>
<tr>
<td>Planner, belief in control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humour/religious faith</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity to reflect</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Source: www.teachernet.gov.uk

Table 4: Effective interventions to promote emotional wellbeing

<table>
<thead>
<tr>
<th>Pre-school</th>
<th>Age 5-13</th>
<th>Age 13-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>High quality day care</td>
<td>Positive school experiences-academic, friendship or sport</td>
<td>Promotion of strong social support networks for young people</td>
</tr>
<tr>
<td>Preparatory work with parents on home-school links</td>
<td>Attachment to a reliable adult</td>
<td>Provision of unconditional support from at least one trusted caregiver</td>
</tr>
<tr>
<td>Pairing of children with appropriate peers</td>
<td>Structured routines and fair use of praise and sanctions</td>
<td>Committed mentoring</td>
</tr>
<tr>
<td>Availability of alternative caregivers</td>
<td>Moderation of parental disharmony</td>
<td>Continued positive school experiences through academic achievements, friendships and sport</td>
</tr>
<tr>
<td>Food supplements</td>
<td>Flexibility in reception class to accommodate cultural and community-specific behaviours</td>
<td>Development of inner confidence that a young person can cope and make a difference</td>
</tr>
<tr>
<td>Links with other parents and communities</td>
<td>Creation and maintenance of home-school links to promote parental confidence and engagement</td>
<td>Participation in extra-curricular activities</td>
</tr>
<tr>
<td>Community regeneration initiatives</td>
<td>Development of skills and mastery of tasks in preparation for greater independence</td>
<td>Reflection on adversities in order to reframe and use such experiences as strengths</td>
</tr>
<tr>
<td></td>
<td>Help offered to resolve minor and acute crises</td>
<td>Helping others through part-time work</td>
</tr>
<tr>
<td></td>
<td>Provision of breakfast and after school clubs</td>
<td>Exposure to challenging situations to help develop social skills</td>
</tr>
</tbody>
</table>

The following diagram shows that populations of children with different needs are not mutually exclusive. The diagram starts with the total population of children and young people and smaller sub-populations with additional needs. The model details four levels of need.

Figure 2: Northern Ireland Family Support Model (adapted from Hardiker) in Families Matter.
The following table illustrates how all professionals can and will be involved in providing some degree of emotional wellbeing and/or mental health service based on the needs of the child or young person at any one time.

### Table 5: Professional involvement in emotional health/wellbeing

<table>
<thead>
<tr>
<th>UNIVERSAL SERVICES</th>
<th>TARGETED SERVICES</th>
<th>SPECIALIST SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild emotional and behavioural difficulties</td>
<td>Emerging problems and/or the early stages of a disorder. Services should offer UNOCINI assessment to identify needs. Problems at this level are not usually complicated by serious risk factors and can be managed by multi-agency practitioners with the relevant skills and experience</td>
<td>Less common problems indicating a more severe, complex and persistent condition. Services at these levels offer: Multi-professional assessment &amp; management of mental health disorders Provision of specialist interventions Support to staff in other services</td>
</tr>
<tr>
<td>Practitioners at this level: Pursue opportunities to promote the 6 outcomes and emotional wellbeing Identify problems early in their development Offer general advice and signposting</td>
<td>Practitioners at this level enable: Training &amp; consultation for professionals and families Assessment and strategies Young people and their families to cope with life experiences Outreach to identify needs that require more specialist interventions</td>
<td></td>
</tr>
<tr>
<td>PREVENTION</td>
<td>EARLY INTERVENTION</td>
<td>SPECIALIST INTERVENTION</td>
</tr>
<tr>
<td>Main audience is whole population or groups</td>
<td>Main audience is individual children and young people</td>
<td>Main audience is individual children and young people</td>
</tr>
<tr>
<td>• Before onset of problem, no identified risk factors • Main focus to prevent problems occurring, enhance capacity &amp; protective factors • Awareness of risk factors to signpost if problems arise or are identified.</td>
<td>• Risk factors identified and problems emerging • Combination of prevention and intervention approaches</td>
<td>• Problems are well developed and established • Main focus to intervene to minimise negative impact of the problem • Enhance protective factors by signposting to prevention-focused services</td>
</tr>
</tbody>
</table>

PREVENTION REMAINS AN ELEMENT OF ANY SERVICE INTERVENTION

<table>
<thead>
<tr>
<th>NO ADDITIONAL NEEDS</th>
<th>SOME ADDITIONAL NEEDS</th>
<th>COMPLEX NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted from Plymouth Children &amp; Young Peoples Trust</td>
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</table>
8. WHAT NEEDS TO HAPPEN NEXT?

a) Development of a specific action plan which focuses on the intended outcomes, input measures, constraints and plan to overcome constraints.

There will be a strong link between the Emotional Wellbeing Strategy and the Western Outcomes Group (a sub-group of the Children and Young People’s Strategic Partnership). The Group is responsible for the development and implementation of an Action Plan to improve services for Children and Young People in the Western Area. This overall plan will be developed focusing on the level of need identified in the Western Area measured across the 6 high level outcomes and the Emotional Wellbeing Strategy will significantly contribute to this.

b) Develop a joint vision between services within the Western Health and Social Care Trust to ensure we are all working in the same direction and have the same focus and goals. We also strive to provide a seamless service for children and families we provide care for (refer to Table 5)

c) Services to focus on identified priorities:

- Maternal mental health must be recognised as a priority, on a par with maternal physical health, and health professionals must be better trained to identify symptoms of depression.

- The provision of infant mental health services should be seen as the next frontier for early intervention in every locality where high levels of need are identified, to ensure good foundations are laid for future development.
• The establishment of a family-centred mental health service where parents are supported rather than blamed, and helped with their as well as their children’s mental health needs with timeliness and sufficient resource.

d) Look at emotional well being and how we measure the different elements within it

According to Martin Seligman (2011), well being has five measurable elements:

1. Positive emotion
2. Engagement
3. Relationships
4. Meaning
5. Achievement.

e) Continue to focus on the development of positive relationships between parents and their children, between family members, between families and professionals and between professionals themselves.

“Since relationships are made in conversations and conversations are made by the imperfect way in which we coordinate meanings, all relationships are open-ended and mutable. If we work within a particular agency, the relationship the client has with this is also crucial.” (Hedges, 2005)

Therefore, one of our main aims is to develop positive relationships with children, young people and their families through:

○ Promotion of the Practice Principles and Practice Elements adopted within the Trust ensuring that they are embedded in everyday practice.

○ Developing skills and knowledge of our workers in building positive relationships with children and families.

○ Use of evidence based practice and Appreciative Inquiry to build a learning organization to promote good practice with children and families.
o Promoting this learning both inside and outside of the organization.

- Awareness of the language we use when talking about and talking to families and ensuring that communication is carried out in a clear understandable way.

- Madsen (2007) emphasizes the importance of viewing family members as separate from and more than the problems in their lives. In referring to families with problems as “multi-stressed” families the difficult realities of their lives are recognized but it also “orients us to the capacities, abilities, and know-how that families can access to address those stresses”.

“To be human means to live a life immersed in social relationships” (Pearce, 1994)

f) **Promote good positive relationships within families.**

This not only includes children and young people living with their families but children and young people within the care system.

- Focus on services and initiatives that already strive to promote this such as Safety in Partnership Approach, Family Group Conferencing, Infant Mental Health Strategy and the Model of Attachment Practice.

- Development of the Family Therapy early Intervention Pilot.

- Intervene with and educate families to strengthen relationships through Family Nurse Partnership, Strengthening Families Programme, Attachment interventions and taking a systemic approach to the work that we do.

- Support for children and carers within the care system to promote better outcomes for these young people. The figures below show the reasons for coming into care and expected outcomes for children in the looked after system.
Reasons Why Young People Become Looked After

- Abuse and neglect
- Family Dysfunction
- Acute Stress
- Absent parent/caregiver
- The disability of the parent or child
- Other reasons

Due to these findings we stress the need to work towards strengthening the resilience of young people in our care.

**g) Continue to strengthen our relationship with the community and voluntary sectors.**

This process continues to develop through the Family Support Hubs. This development is a significant move to ensure that families identified as vulnerable can be helped to access a coordinated range of services. This development reflects a key alliance between statutory, voluntary and community sectors, the focus being on “harder to reach families” at community level.
h) Identification of Gaps

- Connections between the different existing services within the Western Health and social care Trust are essential for the success of the emotional wellbeing strategy.

- The Trust will continue to examine training needs and to match the training plan to these needs.

- The Western Trust will identify gaps in services such as child psychotherapy and take steps to address these needs.

- The Western Trust endeavours to continue to strengthen relationships with colleagues both inside and outside of the organisation through the continuation of the development of the hubs and by creating stronger links to education, community and voluntary sectors.

i) Pay careful attention to child development and strive to enable children and young people to reach their milestones and to achieve emotional wellbeing (refer to Table 4).

- Early Years

The Western Health and Social care Trust strives to meet the needs of those children in this age group through the Infant Mental Health Strategy.

- Early Childhood

Children at this stage are trying to make sense of the world and their place within it. We aim to promote early intervention and to work with colleagues such as teachers, Education Welfare Officers, school nurses and General Practitioners to identify at an early stage those children exhibiting worrying behaviours or attachment difficulties within their families.
o Middle Childhood:
The Good Childhood Report (2012)\(^1\) suggested that at any one time, half a million children suffer from low subjective wellbeing in the UK. Other research suggests that one in ten children across Northern Ireland (aged 10-11 years) appear to be reporting some negative experiences in relation to their emotional health and wellbeing (2010). Given that many of our children and young people are worrying about their emotional health at such a young age, this is almost certainly a contributing factor to the rising number of young people (mis)using alcohol and drugs, engaging in criminal or antisocial behaviour, and self-harming. This highlights the importance of supporting children and families during middle childhood as they prepare for the transition to adolescence.

o Adolescence
Adolescence marks another vulnerable and sensitive stage of development as teenagers have an increased ability to make their own decisions as they move towards independence. During this transition period young people are faced with challenges that provide them an opportunity to further develop their social, emotional, and behavioural skills, so developing the resilience of adolescents should be a targeted priority for parents, families, key agencies and relevant professionals.

j) Promote resilience in children and young people.
In building positive attachment relationships, the child develops a positive sense of self which enables a degree of psychological resilience. Resilient people...
"remain able to draw on personal strengths to cope with adversity and life’s ups and downs. They continue to be purposeful and focused problem-solvers. Other people continue to be seen as a resource and not necessarily part of the problem. Resiliences include self-esteem, self-efficacy, self-reflexivity, social empathy and autonomy.” (Howe et al, 1999, p.30)
k) **Helping families deal with difficult transitions in their lives and promote family resilience.**

Families generally come to our attention based on difficulties they encounter in managing both expected and unexpected transitions throughout the family life cycle such as death, loss, separation, illness, disability, becoming a parent, parenting teenagers etc. We aim to enable families to find different ways to manage these stressful times through appropriate interventions and services.

l) **Monitor and Review the Strategy**

The *Emotional Wellbeing Strategy for Children and Young People (4-19+) will be monitored and developed by the Children’s Emotional Wellbeing Project Team, who have a diverse range of experience working with families in need. This strategy will aim to improve the emotional and social wellbeing of all young people and their families living within the Western Trust.*

It is essential that we plan and commission health and social care services to meet the needs of our most vulnerable young people. By striving to promote the emotional wellbeing of all our children and young people, we aim to close the gap between those who are coping and thriving well in society, and those that are more vulnerable.
CONCLUSION

This strategy highlights the Western Trusts strategic Direction in relation to the Emotional Well-being of children. This strategy looks at how we can connect all our services to promote the emotional needs to children and young people and increase parental capacity to meet those needs.

Our aim is to now develop a multi-disciplinary and interagency action plan to ensure this strategy becomes a reality and has a significant impact on how services are delivered.

I would like to particularly thank Jennifer McKinney, Sonia Montgomery and Kevin Leonard who worked tirelessly on the development of this strategy and helped bring it to life.

DEIRDRE MAHON
ASSISTANT DIRECTOR FAMILY & CHILDCARE
WESTERN HEALTH AND SOCIAL CARE TRUST
REFERENCES


Plymouth Children & Young People’s Trust (2008): An introduction to Children and Young People’s Emotional Wellbeing and Mental Health in Plymouth – Needs Analysis


www.teachernet.gov.uk
Appendix 1

Key Beneficiaries

This strategy aims to support every child living within the WHSCT area. A key principle underlying Early intervention systems is to build protective and resilience factors within the population to create a gradual reduction in the number of children and families who end up in crisis with all subsequent implications for their mental, physical and socio-economic wellbeing. However, it is acknowledged that certain key groups are particularly vulnerable with specific needs and the WHSCT commits to ensuring particular attention to the needs of the following key target groups:

- Children from families where domestic abuse may be an issue
- Antenatal and postnatal clients and their families and children
- Families identified in tier 2
- Children/families currently known to social services because they require additional services
- Children who have experienced trauma or their families have children who are perceived as different (i.e., disability, race, ethnic origin etc)
- Ethnic minority groups in particular asylum seekers, refugees
- Hard to reach groups, for example, travellers
- Young parents including young fathers
- Mental health and addiction service adult clients with caring responsibilities for children
- Families engaged with family support hubs
- CAMHS service users
- Looked After Children including 16+ leaving and aftercare
- Families where substance or alcohol misuse within the home is a concern but who are deemed to be vulnerable as distinct from ‘at risk’
- Families being supported by Hidden Harm Social Workers
- Clients being supported through CAWT Alcohol Early years intervention Service
- Children with developmental delay
- Learning disability issues
- Children who have had adverse childhood experiences
- Children not school ready
- Disabled children (including ASD)
- Children whose parents have had poor parenting experiences
- Those children and young people who self-harm
- Those children and families living in poverty