

Southampton's Children
and Young People's
**Prevention & Early
Intervention Plan
2022-2027**

Join us and make a difference
to children and their families



southampton.gov.uk



**Children
& Learning**
Making a difference





Our vision

We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood.

Introduction

This plan sets out high-level goals and actions that partners have agreed to undertake in order to fulfil the prevention and early intervention priorities outlined in the Children and Young People’s Strategy (2022-2027), including continuing to deliver an effective 0-19 year family focussed, integrated system that provides universal and early help services.

Child Friendly Southampton

Southampton’s vision is to become a Child Friendly City starting in 2021 and working towards the goal of accreditation with UNICEF UK by 2024/25. Our values as a Child Friendly City are to:

Be inclusive – by becoming a participative city in which children experience meaningful engagement in the design, delivery and place shaping of Southampton;

Listen – by implementing a participation framework for children within Southampton City Council’s democratic processes within which consultation with children takes place;

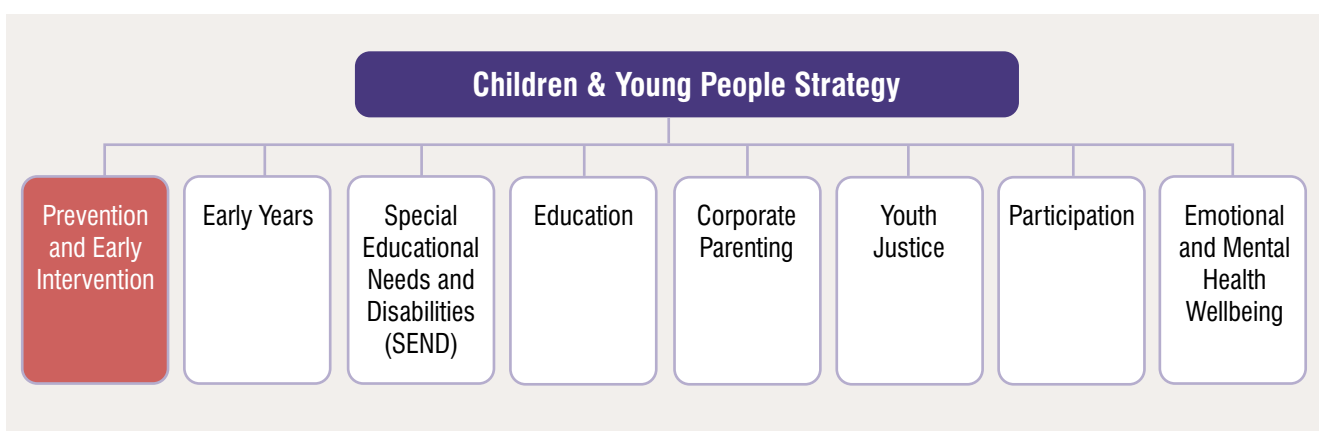
Learn - by ensuring all strategy and policy is informed by the active engagement of children, with new strategic commitments expressed in child friendly terms to support children’s inclusion and participation in civic policy creation.

Raising living standards and confronting deprivation

Southampton is a relatively deprived city, with children and young people disproportionately affected. About one in five children are in low-income families and will experience poor housing, family debt and financial anxiety, and food insecurity. The COVID-19 pandemic has led to an exacerbation of deprivation and inequalities. This plan contributes to a robust strategy which will steer local services in their work to raise living standards and confront deprivation.

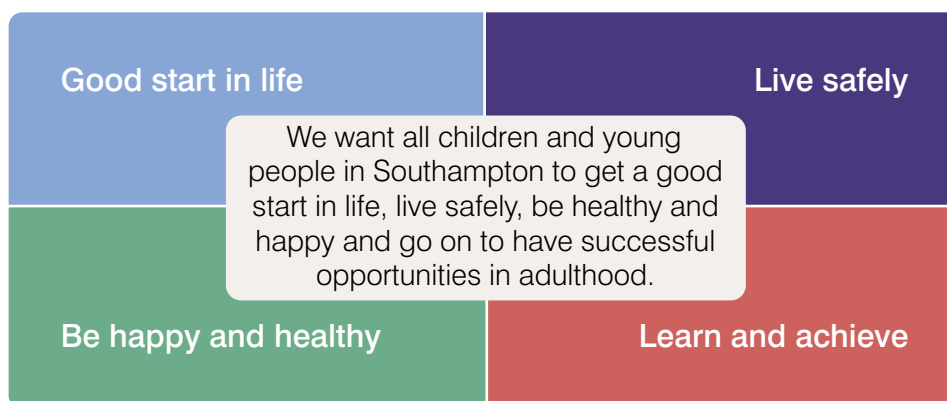
Southampton Children and Young People’s Strategy 2022 – 27

Southampton’s overarching Children and Young People’s Strategy is underpinned by eight strategic plans, alongside a range of service delivery and improvement plans.



FOUR KEY PRIORITIES

This Children and Young People Strategy has four key priorities:-



Each underpinning strategy or action plan supports the achievement of these priorities either directly or indirectly through service specific goals and actions.

HOW WE WILL ACHIEVE THIS

The overarching principles that we are working to and which you will see in this plan are:

Early intervention, prevention, and inclusion

We will invest in prevention, working with schools and communities to identify needs and deliver services as early as possible, to meet needs at the right time, in the right place and in the right way. We will promote educational inclusion and focus on preparing children for transitions and independence.

Relationship based work

We will build and sustain relationships of trust to build on successes, strengthen the quality of practice and make change together with: All children, young people, families and carers; Each other; Schools and colleges; Partners (health, police, voluntary and cultural sectors) and local communities.

Locality working

We will bring our services closer to the communities they serve by changing how and where we work. We will use local knowledge and intelligence (e.g. data and feedback) to ensure communities can access the services they need from us and partners, closer to home.

A skilled and stable workforce

We will build and develop confident, multi-skilled teams and future leaders through a strong learning and development offer and “high support, high challenge” culture, enabling more consistent relationships with children, families, schools and partners.

What is Early Intervention?

Early intervention means identifying and providing early support to children and young people who are at risk of poor outcomes, such as mental health problems, food poverty, poor academic attainment, or involvement in crime or antisocial behaviour (EIF, 2018).

Effective early intervention works to prevent problems occurring, or to tackle them head-on before they get worse. Early intervention is not just about what happens in the early years. While the years before a child starts school are a particularly important stage of development, problems can arise at any stage. Effective interventions can improve children's life chances at any point during childhood and adolescence. Furthermore, giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course (Sir Michael Marmot, 2010)

There are now a substantial number of early intervention approaches which have good evidence of improving children's outcomes when they are offered in response to identified risks. Early intervention approaches can support the four key domains of children's development: physical, cognitive, behavioural, and social and emotional.

Studies consistently show that short-term improvements within these four areas of child development can lead to benefits throughout childhood and later life. Long-term benefits associated with effective early intervention include increased income and employment opportunities, reductions in crime, improved mental wellbeing, and increased life expectancy.



Key information from Southampton's Children and Young People's Needs Assessment 2021

Underlying inequalities:

In Southampton 22.8% of under 16-year-olds live in relative low income compared to an England average of 18.4%, and 19% live in absolute low income compared to an England average of 15.3%. The COVID-19 pandemic has led to an exacerbation of deprivation and inequalities. In November 2020 16.7% of the working age population in Southampton were claiming universal credit – nearly twice that of January 2020 (8.8%), which will impact on Southampton's children and young people. All health and wellbeing issues in Southampton tend to develop throughout childhood and early adulthood, with progressively worse outcomes compared to national averages. These issues peak in young people in relation to obesity, educational attainment, mental health, and A&E attendances, including unintentional and deliberate injuries.

How we are doing in Southampton:

Comparisons for how we are doing in Southampton are made to the England average to show where we need improvement. Where we are doing better than England, we should not sit back, however, we should continue to strive to improve.

Premature births: Southampton performs significantly better than the England average with about 65 preterm births per 1000 live births compared to 81 for England.

Vaccination: Southampton tends to perform well for first vaccinations in a multi-dose vaccination course, but not for follow up vaccinations.

Sexual health: Southampton has improved over time with the number of teenage pregnancies decreasing and now has the same percentage of teenage mothers as the England average (0.7%). Southampton also performs well in sexual health screening with a rate of uptake of chlamydia screening in young people that is higher than the England average.

Breastfeeding: Around half of babies are breastfed in Southampton at 6-8 weeks of age. Although there is a need for continued work to improve rates, this is better than the England average.

Pregnancy and infancy: About one in eight women smoke at delivery, significantly higher than the national average.

Obesity and nutrition: There is a national trend of increasing obesity between starting and finishing primary school, and there has been a substantial increase in childhood obesity over the last year, likely reflecting impacts of the pandemic. These trends are reflected in Southampton, with a particularly big rise in obesity in children in year R. In 2020/21 a third of year R were overweight or obese (compared to 28% for England) and 1 in 6 were obese in (compared to 1 in 7 in England). The level of overweight and obese year 6 children also increased in 2020/21 and is similar to England average with 40% overweight or obese, and a quarter obese.

Development and education: In early childhood Southampton children experience a mixed performance relative to England, with children performing similarly overall to England in reception but a higher proportion of children with additional educational needs. However, educational outcomes become progressively worse as children age. About 7% of 16-17 year-olds in Southampton are not in education, employment or training. There is an increasing proportion of children with Education Health and Care (EHC) Plans and special educational needs. The increasing number of children with EHC Plans may pose future challenges in ensuring that there is adequate service provision.

Mental health: It is estimated that 11.7% of 11–19-year-olds have a mental health condition, and poor mental wellbeing is becoming more prevalent, a trend reflected nationally. Mental health has worsened with the impact of COVID-19 and lockdown, which has disproportionately impacted young people due to time away from school and friends, and for

some children and young people lockdown has resulted in more time in homes where there is neglect and/or abuse. Over one in 100 15-19 year-olds have had a hospital admission for self-harm, nearly twice that of England.

Special Education, Needs and Disabilities (SEND): In Southampton 20% of children have SEND, which is higher than the national average of 15.9%. Pupils with SEND living in Southampton do well in comparison with national averages in the early years (the proportion reaching a good level of development at foundation stage) but perform worse than the national average at age 16.

Substance misuse: Southampton has significantly higher than national average levels of hospital admissions for substance misuse in young people aged 15-19 year-olds; 109 per 100,000 15-25 year-olds compared to 83 for England.

Criminal justice: About a third of crime is accounted for by children and young people, particularly older teenagers.

Admissions to hospital: Southampton has a similar level of non-accidental hospital admissions to England, but overall, has a higher

number of emergency admissions, largely driven by older children. A high number of emergency admissions are due to unintentional and deliberate injuries, including self-harm.

Children in need: Although Southampton has significantly fewer children and young people recorded as being in need due to family stress, dysfunction, or absent parenting (76.6 per 10,000 under 18-year olds compared to 93.8 for England), at the time of recording, there remained 382 children and young people in need in this way, and the actual need will be higher due to under reporting and/or identification of need.

Looked after children and Adverse Childhood Experiences (ACEs): The rate of looked after children is improving with time though remains above the England average; 95 per 10,000 compared to 65 for England. Many ACEs relate to abuse or neglect, domestic violence, and parental substance misuse. A large area of concern with COVID-19 is domestic violence, which has increased since the pandemic.

Family homelessness: Significantly more families are homeless in Southampton compared to the national average; 2.3 per 1,000 families compared to 1.7 for England.



What our families, communities, and people in Southampton say:

When we asked our young people, families and communities what things were important in supporting children to grow up to be successful adults, our parents and carers said good communication between families, health professionals, and schools. They also identified opportunities to build friendships, particularly through activities, and the need to have easily accessible support in place for mental health.

'I think having good, easily accessible support in place for mental health should be a big factor in today's society both for young people and their parents too'

(Parent/carer)

Communication with the healthcare professionals and educators involved, access to help and support which is sufficiently and securely funded enough to be able to see through whatever processes they start (such as dyslexia assessments, art therapy, etc).'

(Parent/carer)

'Safety and happiness'
(Child/young person)

'Happy and supportive family life'
(Child/young person)

'Reassurance and mental support'
(Child/young person)

'More activities for special needs'
(Child/young person)

When parents and carers were asked about how we could make sure that all children and young people have a good start in life, live safely, be happy and healthy and have access to education and opportunities they said that it was important to listen to parents and carers concerns about their child from an early age, and that they might need guidance and support on how to be a parent. They also said they needed clear routes to accessing help. They highlighted the importance of peer and community support, this could take many forms including play groups, baby and carer groups and virtual link ups.

'More access to "a village", as in "it takes a village to raise a child". It is assumed that all new families have people round them: it is so not the case! I know that a lot of new mums struggle with social interaction at their newest/ lowest points...'

(Parent/carer)

'Some people ...don't have a clue how to be parents. You might need a little more guidance and support than a midwife or health visitor has time to offer. We all remember the sudden overwhelming responsibility and I think that's a good time to start offering accessible, peer type support.'

(Parent/carer)

'Listen to parents concerns regarding their child's development from an early age, as we all know that early intervention is best.'
(Parent/carer)

'Ability to access therapies and a clear route to get those rather than being passed around...'
(parent/carer)



Approaches that inform our prevention and early intervention offer

Southampton Practice Framework – Our Practice: Making the Difference

Southampton City has developed a Practice Framework for working with families which sets out the key theories, values, principles and approaches that inform the way we work with children and families, and how we work together as professionals.

Systemic practice is our overarching approach. It focusses on the whole family system rather than the individual and promotes the belief that families have the capacity to change. Challenges that impact children and young people are seen to exist within the context of relationships, rather than being located within individuals.

Systemic practice and exploration can create insight which enables families to create change in the way that they relate to one another. The underlying principle is the ability to build open, honest and strong relationships with families, and to be able to develop a level of trust which will help them to create real and sustainable change.

We have adopted the following four relationship-based approaches to underpin our systemic practice:

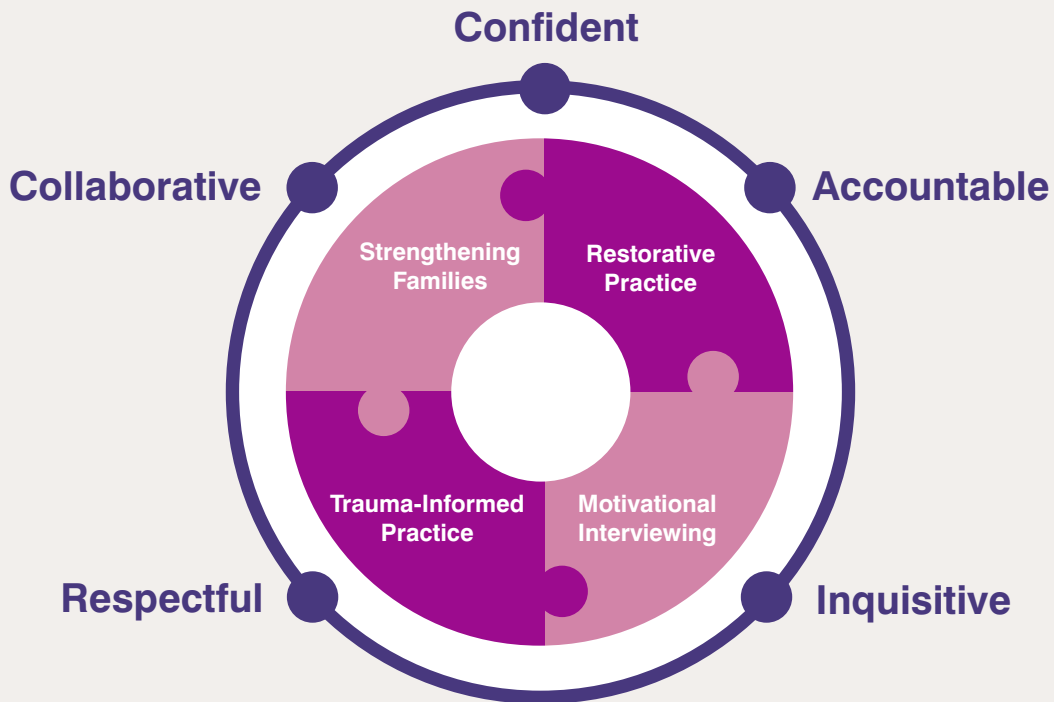
- **Restorative practice**
- **Trauma informed approaches**
- **Motivational interviewing**
- **Strengthening families**

Restorative practice is about creating and maintaining respectful and trusting relationships, with the child at the heart of everything we do, and a focus on safeguarding and protecting the child. It overtly uses a 'high challenge' and 'high support' approach, which builds on strong relationship-based practice between children, families and professionals. This provides a way of working which is family led, jointly owned and created, achievable and builds sustainable change. It reduces the likelihood of dependency on professional services.

A trauma informed approach recognises the impact of trauma on a person and works to minimise its effects without causing additional trauma. Research into the effects of adverse childhood experiences (ACEs) has shown how ACEs can impact on brain processing and response to life challenges. Someone who has experienced significant ACEs may be hyper alert and in constant readiness to fight/flight/or freeze in response to presenting situations. Therefore, they may not be as able to process information and reason, and some 'life choices' or behaviours may be linked to these self-preservation responses. Adopting a trauma informed approach supports a deeper understanding of the impact of past experiences, providing a foundation for effective, emphatic work with families.

We will implement a system-wide trauma informed approach to ensure children and young people receive evidence-based interventions, have access to the right help at the right time and reduce the risk of specialist mental health services becoming overwhelmed.

Systemic Practice



What this means in practice...

Relationship-based

Developing strong relationships between practitioners and families to make change

Self-reflective and reflexive

Thinking about our own beliefs and values and how they influence our work

Evidence-based

Using evidence-based interventions to support change

Confidently holding risk

Whilst working with families to minimise risk through change

Strengths-based

Doing more of what works and less of what doesn't, building on strengths

Supervision

Using supervision to generate ideas about how to make change

I-THRIVE Framework for system-wide change

To deliver the systemic practice described above we are adopting the I-THRIVE approach to delivering services. This is a person-centred and needs-led approach with an emphasis on prevention and early promotion of mental health and wellbeing



Delivering the prevention and early intervention ambitions outlined in the Children and Young People's Strategy (2021-27)

The priorities in the Plan below reflect those outlined in the Children and Young People's Strategy (2021-27). These commitments are those identified as relating to prevention and early intervention across the suite of plans and relevant steering groups.

Prevention and Early Intervention Plan for Children and Young People aged 0-19 years

Priority	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
Priority 1: Children and young people will have the best start in life	All children and young people will have a good start in life	<ul style="list-style-type: none"> • We will ensure that our local maternity services remain high quality, safe, providing excellent antenatal care and support • We will prioritise maternal mental health and support during pregnancy and beyond, with a focus on bonding and attachment • We will support women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care through Phoenix @ Pause Southampton • We will promote breast feeding as the first choice of infant feeding for mothers, and enable them in this choice (i.e. from support at birth to breast-feeding friendly/ promoting places) • We will offer women and their partners support to stop smoking during pregnancy and beyond • We will ensure that families are supported to achieve/maintain a healthy weight through activity and eating well and have the knowledge and skills to enable healthy habits in their babies and young children • We will engage all families with public health nursing (health visiting) to enable regular health and wellbeing checks for all and more support for those families who require it • We will offer an immunisation programme that is simple and easy for parents to take up • We will raise awareness of specific risks – safe sleeping and accidents • We will provide evidence-based parenting programmes – universal and targeted 	<ul style="list-style-type: none"> • The infant mortality rate in the city will be at or below the national average • More pregnant women access personalised care continuity and choice during their pregnancy • The number of women who are smoking at the time of delivery declines • More women are breastfeeding at 6-8 weeks • Reduction in % of children with excess weight • Reduced % children with decayed, missing, filled teeth • Achieving the local targets for key healthy child programme mandated contacts • Increased immunisation rates in the city • Reduction in ED attendances due to accidental injury • Parents are able to access and attend parenting programmes

Priority	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
<p>Priority 1: Children and young people will have the best start in life</p>	<p>Vulnerable families are identified early and supported</p>	<ul style="list-style-type: none"> • We will prioritise maternal mental health to ensure that it is protected and supported during pregnancy and beyond, with a focus on bonding and attachment • We will provide an evidence based 0-19 Integrated early help service that focuses on families • We will support parents to reduce use of alcohol, drugs and tobacco • We will support parents to reduce levels of domestic violence/parental conflict • We will support families to seek support for mental health need • We will provide trauma informed, restorative care throughout our services • We will use evidence-based workforce development • We will support young parents to access education via Family Nurse Partnership • We will continue to deliver family group conferences at the earliest opportunity 	<ul style="list-style-type: none"> • Increase in numbers of families accessing the right help at the right time as evidenced by early help assessments and plans. • Reduced hospital admissions for young people aged 10-24 years as a result of self-harm. • Number of families engaged with the Family Nurse Partnership • Number of family group conferences held • Parents of children with neurodiversity able to access to a range of parent interventions e.g. Early Bird, Cygnet
	<p>All children are supported to reach their full potential and achieve their aspirations</p>	<ul style="list-style-type: none"> • We will continue to intervene early and offer ongoing support for the speech, language and communication needs of children • We will reduce inequalities in the health and wellbeing of our children and young people by ensuring our services are accessible and appropriate for the communities they serve including particular attention to the needs of non-english speakers, migrants and asylum-seeking families • We will continue to develop and provide training and information for professionals, settings and families to promote and support early communication, speech and language development • We will promote positive ways to help children thrive – through interaction, social contact, first-hand experiences, and play opportunities • We will support early identification and assessment of need (using ages and stages questionnaire, integrated review) - including children with SEND • Development of an early years multi-agency complex needs offer – zero to five one stop shop for information, advice, support, assessments, therapy, early education, family support and training • Develop a rolling SEND training programme for the wider workforce to include early help and young people's teams • Healthy early years award to be expanded to include mental health and wellbeing award 	<ul style="list-style-type: none"> • Number of children seen at one year assessment review • Number of children seen at 2.5 year assessment review • Number of children known to the Early Years Panel • Healthy early years award includes mental health and wellbeing award

Priority	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
Priority 2: Live safely	All children and families get the help they need at the earliest opportunity, within their own communities	<ul style="list-style-type: none"> • We will re-design our early help teams, so they include social workers, mental health workers and a parenting lead in partnership with public health nursing so that families get early support for complex issues • We will simplify access to support for children and families, with one point of access for all (children's resource hub) 	<ul style="list-style-type: none"> • An effective early help system, as shown by outcomes and evaluation • Children's resource hub in place
	Young people at risk of harm in the community will receive effective help and protection	<ul style="list-style-type: none"> • We will aim to prevent offending, re-offending and offer an extensive diversion offer 	<ul style="list-style-type: none"> • Measurement of outcomes in Southampton's Youth Offending Service Strategy • Reduction in first time entrants into youth justice system & reduction in re-offending rates
	Children and young people have a positive, informed approach to risk taking	<ul style="list-style-type: none"> • We will work with education settings to ensure there is a robust PSHE offer (including in relation to mental health, relationships and sexual health, smoking, alcohol and drug use, online harm, and physical health) within schools and colleges across Southampton, including supporting children and young people to understand their responsibilities and what they can do to stay safe. This includes support to deliver statutory relationships and sex education and health education. • We will improve timely access to sexual health services for all members of our community, and a reduce inequalities in access between ethnic groups and between areas of high and low deprivation by delivering the Southampton Sexual Health Improvement Plan 	<ul style="list-style-type: none"> • Enhanced PSHE curriculum • Reduction in inequalities in access to sexual health services
Priority 3: Be happy and healthy	Children and young people have positive social, emotional and mental health	<ul style="list-style-type: none"> • We will embed the i-Thrive Framework across prevention and early interventions services within the City • We will ensure that children and young people are informed of and have access to a range of prevention and early interventions to support their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services. • We will embed Mental Health Support Teams (MHST) in all schools and colleges in Southampton, adopting a Whole School Approach schools and colleges in Southampton • We will reduce inequalities in teenage conception rates by continuing the city's strong partnership approach to reducing teenage conceptions with a focus on areas with a higher rate than the Southampton and England 	<ul style="list-style-type: none"> • Workshops delivered across the City led by Anna Freud and a clear local offer defined on the I Thrive needs based groupings: • Number of schools and colleges with access to a Mental Health in Schools team • Successful promotion and rollout of Kooth Digital to young people and year one evaluation • Embed MHST Teams across schools in the city • Rollout of whole school approach to emotional health and wellbeing • Reduction in inequalities in teenage conception rates

Priority	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
<p>Priority 3: Be happy and healthy</p>	<p>Children and young people adopt healthy attitudes and habits and enjoy physical activity and healthy eating in everyday life for benefits to their physical and mental health</p>	<p>We will embed opportunities for children and young people to lead active lives and eat well across all relevant SCC strategies, policies and contracts</p> <ul style="list-style-type: none"> • We will embed physical activity and eating well mind sets and behaviours across all aspects of early years and school life, including through curriculum activities, innovative programmes, teacher training initiatives, and events • We will support families and professionals who come into contact with children and young people to have healthy conversations around behaviour change including physical activity and eating well. • We will embed physical activity into Southampton City Council's Greener City and City of Culture strategic priorities and work programmes • We will work with settings, including early years and schools, to maximise opportunities for physical activity during the school day. This will include increasing the take up of the Healthy High-5 programme which is designed to have a positive impact on the health and wellbeing of all school pupils • We will ensure there are opportunities to participate in physical activity that meet all needs and interests and are accessible and easy to find and including for people that find it hard to be active and people with health conditions and disabilities. This will include active travel • We will encourage participation in physical activity in those more likely to be inactive including girls and children from Black, Asian and Minority Ethnic groups • We will train we can be active champions to have supportive physical activity conversations • We will deliver active travel and My Journey Southampton to support inactive groups, enabling active travel to schools and workplaces • We will scope and agree milestones to reduce the harm from tobacco, alcohol and drugs 	<ul style="list-style-type: none"> • Number of early years settings achieving Healthy Early Years Award • Number of schools achieving Healthy High 5 Award • Number of we can be active champions trained • Reduction in rate of children who are overweight or obese in Year R (Reception) • Reduction in rate of children who are overweight or obese in year six



Priority	What do we want to achieve?	How will we achieve this?	How will we know we are successful? Measurable outcomes
Priority 4: Achieve and Learn	Ensure education settings are inclusive and promote the wellbeing of pupils and staff	<ul style="list-style-type: none"> • We will ensure robust early identification and support for children and young people's social and emotional wellbeing in the school/college setting. • Continued training, oversight and development of the established Southampton ELSA (Emotional Literacy Support Assistant) initiative within Southampton settings. This includes providing city wide supervision for Southampton ELSAs, further training and a city network. • Develop a rolling SEND training programme for the wider workforce to include early help and young people's teams • Identify children with SEND early through the early years panel • Develop a training offer to children's centres • Work up plans for the development of an early years ASD/SEMH/behavioural offer - zero to five multi-agency one stop shop for information, advice, training, support, assessments, therapy, outreach, early education, family support and training • Launch of Inclusion Charter • Training on the identification of ASD and SEMH in girls will be developed and rolled out to all early years settings and schools 	<ul style="list-style-type: none"> • Number of ELSA's trained • Increased number of children whose needs are being met in mainstream resourced provisions • More children with SEND are educated in Southampton schools – reducing out of county independent placements • Reduced tribunal activity • Improved outcomes for children with SEND • Increased diversity in schools





