



Staffordshire EHWB

Annual Report 2022/23

Safe and happy childhood



Action for Children protects and supports children and young people, providing practical and emotional care and support, ensuring their voices are heard, and campaigning to bring lasting improvements to their lives.

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Welcome from Karen

It's my pleasure to introduce the Action for Children Staffordshire Emotional Health and Wellbeing (EHWB) Service Annual Report for 2022/23.

Our commission started in April 2020 to provide emotional wellbeing advice and help to children, young people and their families across Staffordshire. As our work completes its third year I am delighted to share our annual report as a celebration, not just of the team's fantastic work, but also the progress and achievements made by the children and young people who have used the service.

At Action for Children we believe every child should have a safe and happy childhood. We work to protect and support children and young people, providing practical and emotional care, ensuring their voices are heard, and campaigning to bring lasting improvements to their lives. In Staffordshire this is driven by our team's passion, deep commitment and hard work to improve the lives of children and young people who come to us.

Covid-19 and the national lockdowns have been an incredible challenge for us all, and while we will not know the true extent for many years yet, evidence is growing about the impact this has had for children and young people. This year, as we continue to recover, we have seen even more demand for our service than ever before, with Covid still being a key issue cited in the difficulties children and young people are experiencing. And although it hasn't always been easy or straightforward, our team continue to work hard to respond to this demand in Staffordshire.

We are pleased to have exceeded three of our four service level targets, **reaching a total of 9,776 children and young people and meeting or exceeding nine of our 13 Key Performance Indicators (KPIs) with significant positive progress made in the remaining four** (see Appendix).

We have expanded and developed our pathways and available interventions to meet new, emerging or increased need, and continued to increase the number of face-to-face sessions for children and young people. Our commitment to drive down wait times has seen great success, especially for the group workshops and virtual sessions. And importantly, feedback from children, young people and their families tell us our support is making a real difference.

The service supports children and young people aged five-18 (and up to 25 for care leavers and children with special educational needs and disabilities (SEND)).

Those we support have presented with mild to moderate emotional health and wellbeing needs although the complexity of this need and demand continues to increase.

We are so proud of what has been achieved this year, but recognise there is always more to be done. Our development plan for 2023/24 will keep a focus on improving waiting times, especially for those children and young people waiting for one-to-one in-person support, as well as improving our offer to particularly vulnerable groups such as care experienced children and young people. We will be expanding the reach of our Prevention and Early Intervention work to more schools and community groups to make sure that emotional health and wellbeing is more accessible to children and young people in Staffordshire.

I want to take this opportunity to thank our wonderful, committed and passionate team and all agencies and partners we work with, including parents and carers. Working together makes a huge difference to the outcomes children and young people can achieve.

Karen Moorcroft
Children's Services Manager

Hello from Helen

This report powerfully illustrates both the growing need to support the emotional health of our children and young people, and the amazing capacity they have to heal and learn new ways of coping and building resilience when the right support is in place.

Collaboration is at the heart of our work, whether that be with children and young people, their parent or carer, or colleagues in education and health professions and local communities. This means we can share our expertise and pool our capacity to make a bigger difference.

The foundation and driving force of the service is the staff team. Their diverse personal and professional experiences, together with their responsiveness, creativity and solution-focused approach is evidenced throughout this report. We are very fortunate to have such a committed and passionate staff, and we're very proud of them.



Helen McKee
Operational Director, Action for Children

“Over the last four weeks I have seen positive changes in my daughter, not only to hear her laughing but, for her to understand how best to control her emotions is incredible. My beautiful girl has a better understanding and foundations needed to carry her through what at times is an overwhelming world! Thank you so much.”

– Parent



Meet the team

Karen Moorcroft
Children's
Services Manager



Melody Leivers
Service
Coordinator (North)



Tina Orme
Service
Coordinator (South)



Louise Moore
Service Coordinator
(Prevention)*



Hannah Gosling
Clinical Psychologist



Jessica Poynton
Lead Mental
Health Practitioner



Rajvir Samra
Lead Mental
Health Practitioner



Tracy Foster
Senior Young
Persons Practitioner



Elisha Hussain
Assistant
Psychologist



Abigail Burnett
Young Persons
Practitioner



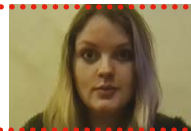
Amanda Munnelly
Young Persons
Practitioner



Emma Hallett
Young Persons
Practitioner



Erin Gooding
Young Persons
Practitioner



Kate Simkins
Young Persons
Practitioner



Poppy Walters
Young Persons
Practitioner



Katie Birch
Young Persons
Practitioner



Miranda Saunders
Young Persons
Practitioner



Shelley Podmore
Young Persons
Practitioner



Lana Grant
Young
Persons Practitioner*



Kayleigh Harris
Young Persons
Worker



Rouell Evans
Young Persons
Worker



Hattie Russon
Young Persons
Worker



Anna Peycheva
Young Persons
Practitioner



Amanda Davies
Young Persons
Practitioner*



Katie Bond
Young Persons
Practitioner*



Grace Bray
Young Persons
Practitioner



Michaela Pawley
Young Persons
Practitioner



Nicki Cornelious
Casual Young
Persons Practitioner



Kathy Lukehurst
Casual Young
Persons Practitioner



Sean Rickards
Team Leader
Administration



Karen Bond
Part Time
Administration



Lisa Thorley
Part Time
Administration



Kerry Jones
Part Time
Evaluation Officer



* Part time

Executive Summary

Year so far

2,273

children and young people supported through our direct work via one-to-one or group sessions (153.6% of annual service level target).



1,702

children and young people supported through our digital offer Silver Cloud (68.1% of annual service level target).

9,776

children and young people reached overall (110.4% of annual service level target).



4,880

children and young people supported through our Prevention and Early Intervention offer (108.4% of annual service level target).

921

children and young people supported through our complex and Risk Management work (245.6% of annual service level target).



99%

of children and young people who accessed Direct Support reported progress in achieving their goals at planned exit from the service.

From some of the young people we've supported...

“

I like that my support worker thought about me when she was planning the stuff for me to do and she focused on me a lot.

”

“

You feel as if you're in a safe place and won't be judged.

”

“

I'd like to say thank you so much, you have been so supportive and have helped me so much. I haven't felt this happy in a long time and my mom said its lovely to see me happy and not constantly worrying.

”

The service provides an early intervention model of support to children and young people aged five-18 (and up to 25 for care leavers and children and young people with an Education Health and Care Plan (EHCP)) who are experiencing mild to moderate mental health needs.

There are four elements to the service:

Direct Support.

Group, one-to-one and digital interventions in line with our clinical pathways. A mixture of information, advice and guidance as well as self-help tools direct our work. This usually lasts six sessions but is flexible to meet the need.

Supports young people with presenting issues such as anxiety, anger, low mood, stress, emotional regulation, phobias, identity and self-esteem.



Risk Management.

Direct interventions delivered one-to-one or in small groups by our clinical team of psychologists and lead mental health practitioners.

For children and young people who have more complex or deep-rooted presentations. This might include children and young people where at referral risks to self or others may have been identified but management of this risk is unclear.



Preventative and Early Intervention.

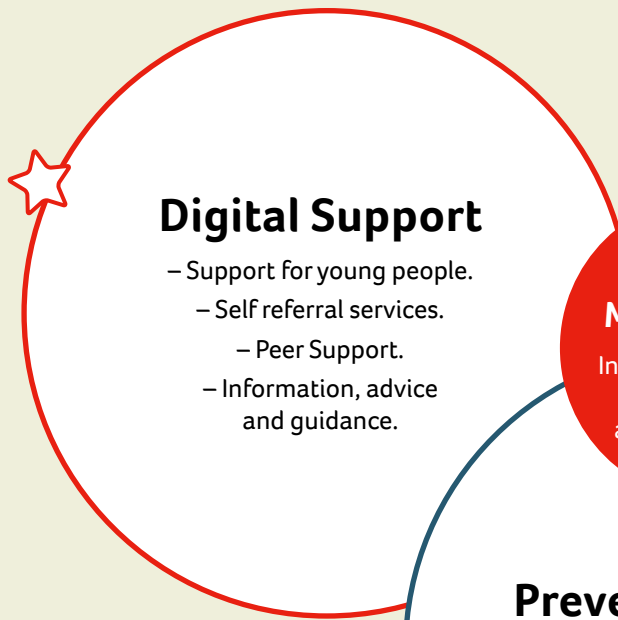
Rooted in local communities, providing a place based offer that raises awareness and builds capacity for the community to respond early to children and young people's emotional health and wellbeing needs. Prevents problems from becoming more serious. We support schools and community groups with whole class sessions to understand emotions and keep health and wellbeing on track. As well as providing training and upskilling opportunities for professionals.



Digital Offer.

Silver Cloud is an online e-therapy platform that offers a range of interactive behavioural interventions. These evidence-based clinically proven programmes provide children, young people and their carers with coping techniques. This helps to build resilience in order to meet their emotional and wellbeing needs. Alongside the Silver Cloud programmes we have launched further innovative digital therapies to support children and young people's mental health.





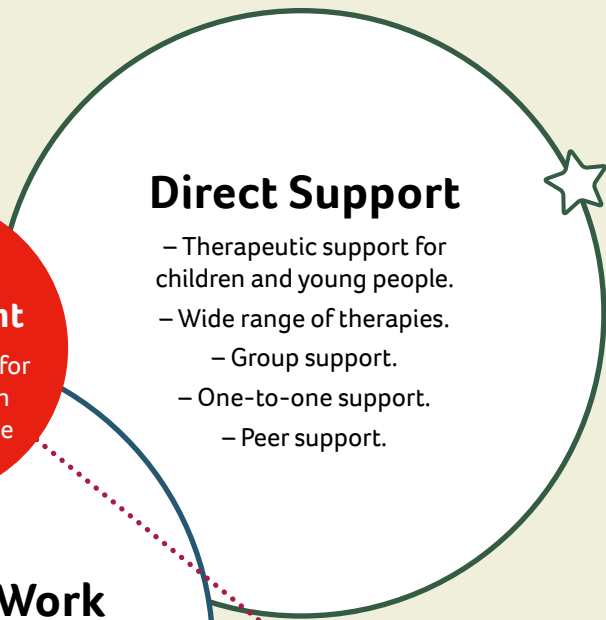
Digital Support

- Support for young people.
- Self referral services.
- Peer Support.
- Information, advice and guidance.



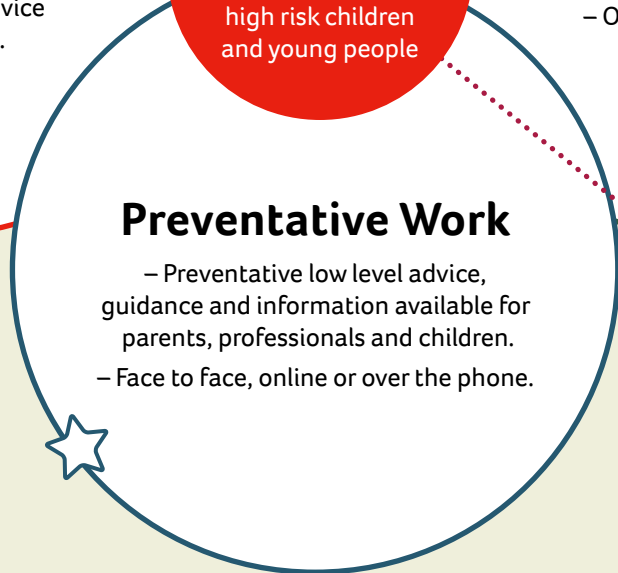
Risk Management

Intensive support for high risk children and young people



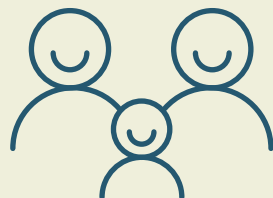
Direct Support

- Therapeutic support for children and young people.
- Wide range of therapies.
- Group support.
- One-to-one support.
- Peer support.



Preventative Work

- Preventative low level advice, guidance and information available for parents, professionals and children.
- Face to face, online or over the phone.



Pathway Info

- Adult Services.
- CAMHS Specialist Support.
- Acute Care.

This year's demand for our service

In 2022/23, we received 3,171 referrals.
That's an increase of 5% from 2021/22 (up from 3,009).



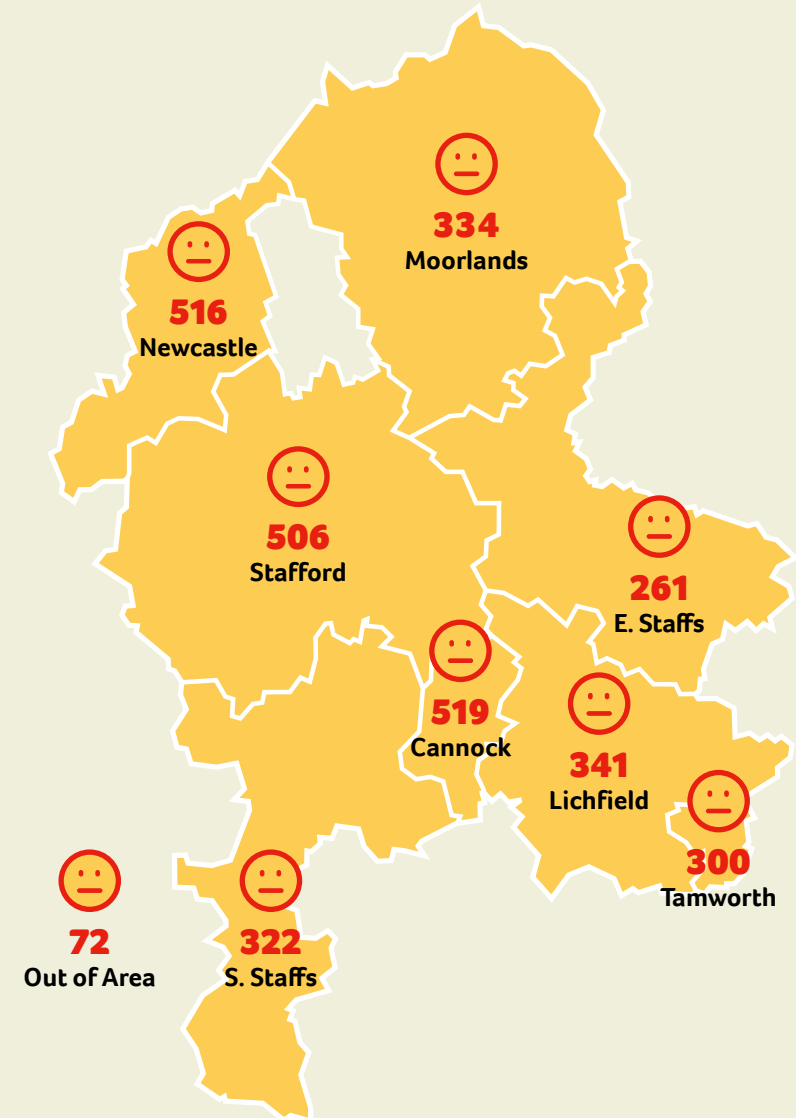
And while numbers of referrals have increased for another year, so too has the complexity of need and risk that children and young people have presented with.

This has created a significant demand on the resource of our team. This means we've increased our Risk Management work.

We have worked hard to share our pathways and referral process to agencies and partners across Staffordshire, and through our Prevention and Early Intervention work raised the awareness and profile of our service.

In addition, our work with both the North and South children and young people mental health Single Points of Access make sure that referrals reach us when we are the best placed service to support.

Referral by district 2022/2023



This year we have embedded the refined triage and assessment processes we put in place last year. This helps us manage the increase in referrals and work to arrange support for the child or young person as soon as possible.

Our work begins as soon as we receive the referral. Our triage team review and assess each referral, and an outcome letter is sent to the child, their family and the person making the referral. This letter includes information, advice and guidance as well as links to self-help and our digital offer where appropriate.

Every accepted referral receives a duty/assessment call from one of our team to discuss the reasons for the referral, and the child or young person's wishes in relation to support, and to offer and agree with them appropriate intervention.

We aim to make sure no child or young person is left waiting for an intervention without being offered some initial support.

As well as the information, advice and signposting to self-help given in the acceptance letter, our practitioners will support with Risk Management plans, enrolment onto our digital **Silver Cloud** programmes, or virtual workshops during the duty/assessment call. They will offer advice and support on difficulties like sleep hygiene, bullying, emotional-based school avoidance and more.



Throughout the year we have been focused on reducing the wait time from referral to this first duty/assessment call.

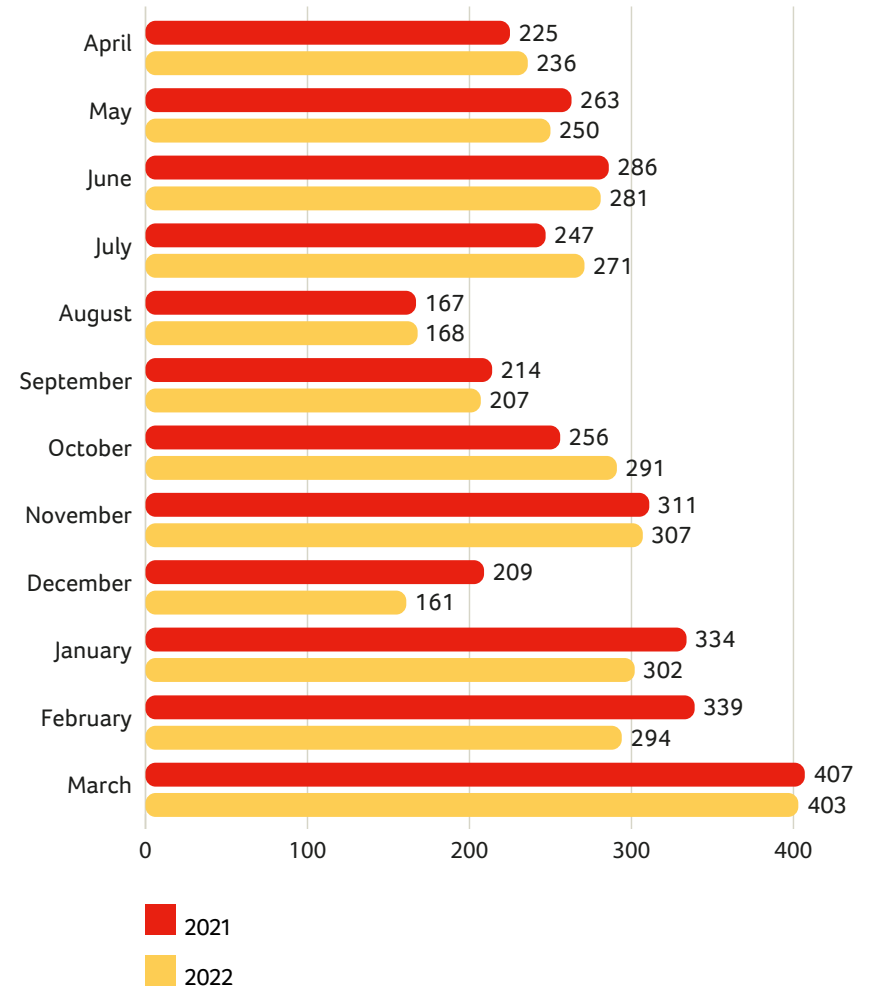
We aim for this wait to be no longer than 10 working days, and are pleased to have steadily reduced this from an average 17 days in the first quarter of the year, to an average 8.9 days in Quarter Four.



“I cannot begin to tell you how much this really fast and efficient response is appreciated and beneficial for our young person. Fantastic.”

– Parent, following a school referral ”

Referral by month



Presenting needs and intervention pathways

As in previous years, worry, low mood and emotional regulation were the main presenting needs. This was followed by anger, problems with self-esteem and stress.



We have also seen an increased prevalence of difficulties with neurodiverse behaviours impacting children and young people in their daily lives and emotional wellbeing. Families report long wait times for formal assessment and limited support available where there is no diagnosis. We recognise the demand and need for this support and have used the knowledge and skills of a parent expert by experience to inform the development of our work to support this need.

This year we have offered a parent/carer information session called **'Anxiety, autism and neurodiversity'** and we also facilitate a parent peer support group for parents who feel their child displays neurodiversity. The parent peer support group meets monthly at our Rugeley offices, while the information sessions are delivered virtually several times a month as needed.

"Fantastic session. We are in the very early days of acknowledging and trying to understand neurodiversity within our daughter but this session has helped so much."

– Parent attending our Anxiety, autism and neurodiversity information session.

"We receive lots of support and understanding here. I feel more positive when I've been to the coffee mornings."

– Peer support user

"It's refreshing to be in a non-judgmental place."

– Peer support user

While presenting difficulties have been similar, this year we have seen how these are impacting children and young people's daily functioning, and in particular their school attendance.

We have further developed our pathways and range of interventions to meet these needs, with our parent information session about emotionally-based school avoidance and our young people's **Coping Cats program** focused on school anxieties.

We continue to work collaboratively with partners and schools across Staffordshire as part of the Emotional Based School Non-Attendance working group to further develop our service offer for this growing need.

Timid to Tiger

Timid to Tiger is an evidence-based manualised programme for the parents of children with anxiety. We deliver this in eight sessions of 90 minutes, with the parents of primary aged school children. It is effective for children presenting with separation anxiety, social anxiety, generalised anxiety, panic and specific phobia.

The programme draws from elements from two broad classes of intervention that have shown over decades to be useful. Cognitive Behavioural Therapy (CBT) and Behavioural Parenting Training, drawing on behavioural and social learning theory (Cartwright-Hatton, Laskey, Rust and McNally, 2009).

This year we have facilitated 11 courses of Timid to Tiger reaching 94 parents and carers.

"The sessions from the start were so good and now I get it. You have all these skills to use for every situation now, and in eight weeks we changed things so much, not just for my child, but for myself and our family."

– Parent after attending Timid to Tiger programme.

"My son has only been going to school for an hour a day. Today on his transition day he stayed all day – this is such an achievement."

– Parent after attending Timid to Tiger programme.



Alongside these additional interventions, we have increased the types of therapies we can offer.

Our clinical team have been key in leading the staff team’s professional development, and in particular, development of their clinical skills.

Understanding the child or young person’s difficulty, gathering the relevant information and offering the right therapeutic approach is important to make sure children and young people make progress towards their goals. Staff have undertaken in-service training to understand this formulation and about the different therapies that may be helpful.



With oversight and guidance from our clinical team we are now able to offer **Acceptance and Commitment Therapy (ACT)** and **Behavioural Activation** in addition to CBT and CBT-informed therapies.

Acceptance & Commitment Therapy (ACT):

Aims to change the relationship with your thoughts and feelings. It encourages people to embrace their thoughts and feelings rather than fighting them or feeling bad about them.

Cognitive Behavioural Therapy (CBT):

Aims to help you change unhelpful thoughts, focusing on how thoughts affect feelings and actions.

Behavioural Activation:

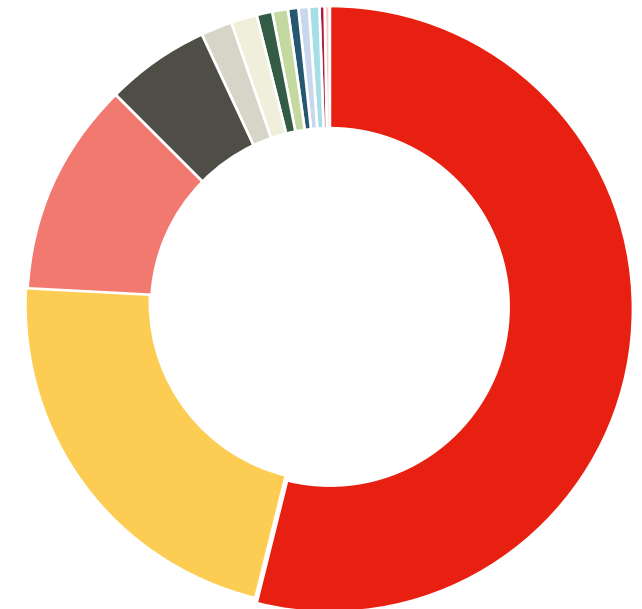
Aims to motivate people to make small positive changes to tackle problems that are affecting mood.

We noticed more children aged seven to 11 years old are presenting with worry and anxiety. We know that children this age can often struggle to transfer the knowledge they learn in one-to-one sessions into real life. Working with parents can really help, as parents are a vehicle for change, helping their children apply the skills they’ve learnt day to day.

By helping parents feel skilled and confident, children can use the skills on an ongoing basis, which is shown to have longer term benefits.

We have also introduced parent coaching sessions, understanding teenage brain development and communicating with children to help improve family communication and relationships.

Presenting Needs



- Emotional regulation (1,468)
- Low Mood (598)
- Anger (319)
- Low self esteem (151)
- Bereavement (43)
- Eating Disorder (36)
- Fears and Phobias (26)
- Bullying (22)
- Relationship problems (18)
- Dealing with change (12)
- Trauma (11)
- Sexuality (8)
- Stress (7)

The Formulation Tree

A tool developed to aid understanding of children's difficulties.



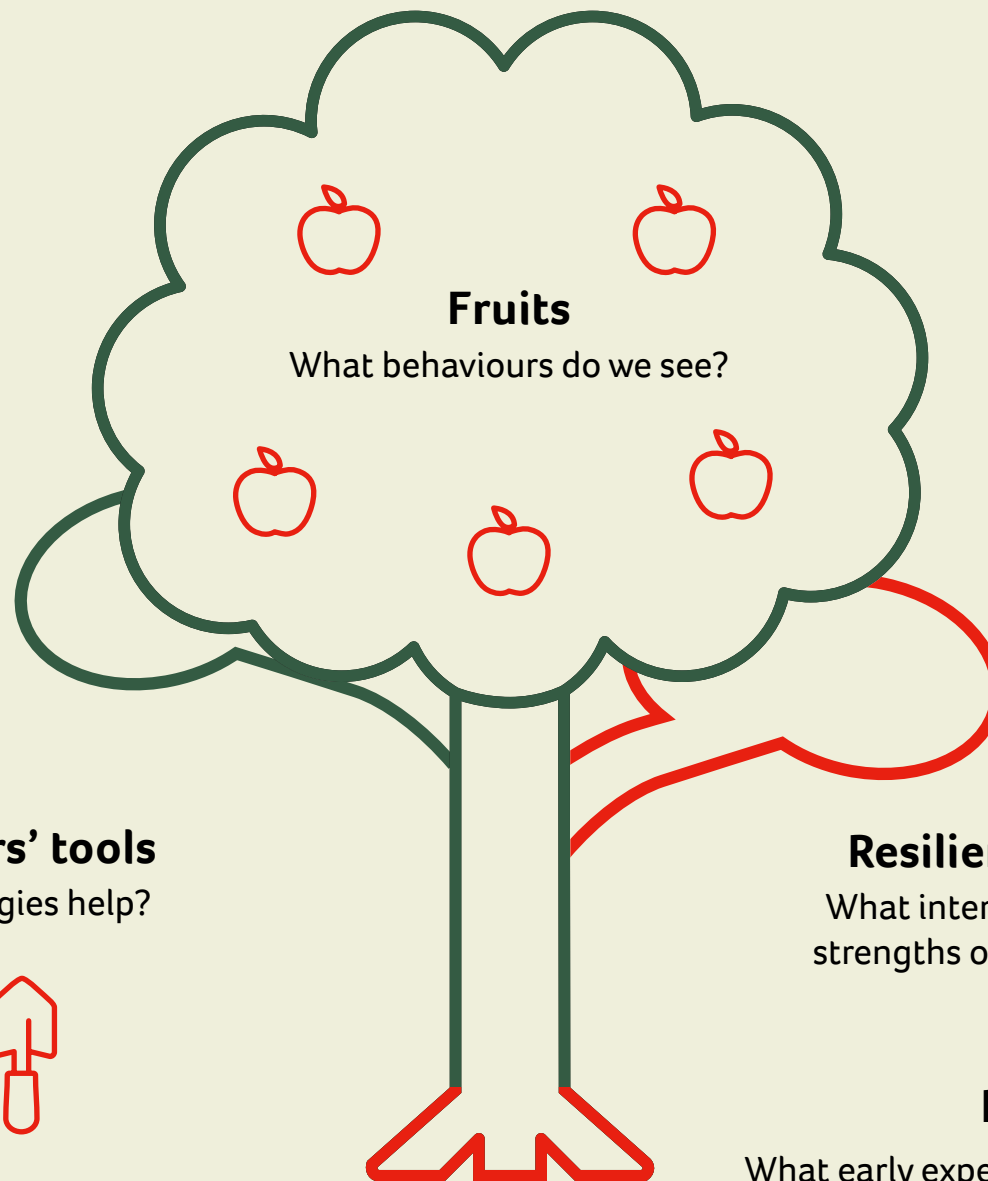
Weather

What is the social/environment context now?



Fertiliser

What is making the difficulties bigger?

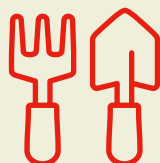


Fruits

What behaviours do we see?

Gardeners' tools

What strategies help?



Resilience branch

What internal and external strengths or resources exist?

Roots

What early experiences did they have?

Vulnerable characteristics

Vulnerable groups often require a multi-agency support due to complexity and range of need. We attend the weekly multi-agency meeting in the South to discuss complexities and agree appropriate support plans.

We contribute to other meetings such as the Health Care Partnership meeting and the Unity meeting in the North as well as contributing to practice webinars for schools and GP's, ensuring our processes and work contributes to the outcomes for these children and young people.

We have shared information on safeguarding concerns with the Staffordshire Children's Advice and Support Team, to make sure families get the wider support they need and children are protected from harm.

Referrals often indicated more than one vulnerable characteristic. The most prevalent were those children and young people who had an EHCP in place and referrals for this vulnerable group have more than doubled this year, suggesting emotional health and wellbeing needs are prevalent for this group, and our support is needed even more.

80

referrals were for care experienced children and young people.



Referrals by Vulnerable groups 2022/23

Vulnerable Groups	2021/2022	2022/2023	
	Number of Referrals	Number of Referrals	% of Total Referrals
LAC	89	80	2.52
CIN	64	32	1.01
CP	44	43	1.36
EHCP	129	104	3.28
NEET	8	8	0.25
Workless Household	138	104	3.28
Offender	8	2	0.06
Asylum	3	2	0.06
Young Carer	25	31	0.98

Through our attendance in wider partnership meetings, we understand that there are **approximately 1,300 children and young people who are looked after by Staffordshire Local Authority.**

The number of referrals coming to us for 'Looked After Children' (children within the care system) could therefore be considered very low. We understand these children and young people often present with complex needs of trauma and attachment difficulties, for which short term CBT-based interventions are not considered the most affective. However, in the coming year we will be undertaking focused work to see how our service offer can better support this vulnerable group. Working with carers and social workers will be key to this work.

The Care Leavers Covenant is a national inclusion programme (in England) that supports care leavers aged 16-25 to live independently.

Action for Children is now officially a care leavers friendly employer, achieving gold partner status.

We've applied the covenant principals across all our nations to support care-experienced people to get a job in our organisation and thrive while they are employed by us. Over the coming year we will look to embed this covenant and commitments within our work in Staffordshire. This will include offering an interview to every applicant who applies to join our team and who declares a care-experienced background. That's alongside clear and supportive interview feedback. This will include those who apply to join our team through recruitment or student placement opportunities.

Direct Support

This remains a key element of our work and includes support delivered through virtual and in-person group workshops and one-to-one sessions for children and young people referred to us.

Similarly to last year we have seen higher demand for this element of our work than we expected, with 2,273 children and young people receiving this type of support, 153.6% of our annual service level target.

While we listen to children and young people's preferences for the type of support they receive and continue to offer choice between group workshops and one-to-one sessions, we are mindful to balance this with waiting times and the need to offer support as quickly as possible.

We also know that participating in a group can be beneficial, as children and young people realise that others have similar feelings and emotions and therefore this helps to normalise their worries.

However we have also listened to what some children and young people tell us about wanting virtual or in-person one-to-one sessions, and have been committed to increasing the number of available appointments for this element of support.

We have used all available resource to maximise our staff team and their capacity

We have increased staff caseloads and implemented closer case management/ allocation to make sure every opportunity is utilised effectively. **This year 67% of children and young people have had a virtual or in-person one-to-one session, up from 51% in 2021/22.**

Number of in-person one-to-one sessions

2021/22		2022/23
392		719

Percentage of group sessions

2021/22		2022/23
49%		33%

“

It was good for my son to be able to interact and engage with people who felt similar to him.

– Parent following their child's Direct Support.

”





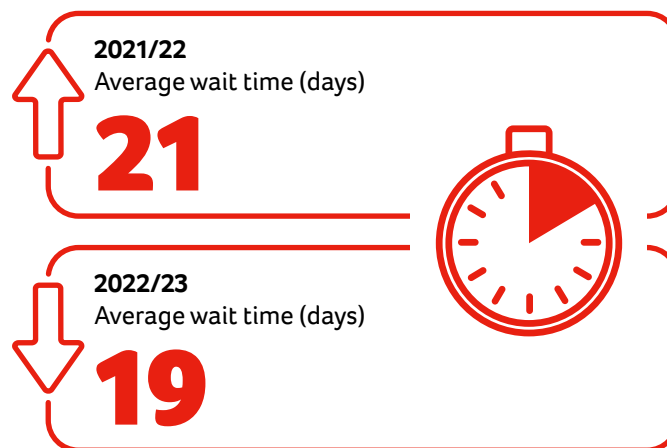
We are working continuously to expand our number of suitable locations and are currently securing venues in East Staffordshire, Moorlands and Lichfield for the coming year.

We have worked hard to reduce the waiting time between the first duty/assessment call and receiving the first intervention. Wait times for in-person and virtual one-to-one sessions are understandably longer than those for group workshops, but are still longer than we would like.

However, our overall average wait time for duty/assessment to first intervention has reduced from 27.5 days in Quarter One, to 10.8 days in Quarter Four. In 2021/22, our wait time was, 21 days and has reduced to 19 in 2022/23.

We know how long they wait will impact a child or young person's experience of our service. And it can mean their difficulties get worse in the meantime.

That's why we are committed to further improve our wait times for all elements of support and this will remain a key priority for us in 2022/23.



In addition to our two therapy rooms at our service hubs in Newcastle under Lyme Children's Centre and Hawkesyard Estate in Rugeley, we have increased access to a number of spaces across the county where we can see children and young people closer to home. This includes schools, Chasewater Innovation Centre, Cannock Library, Perton Civic Centre and several others. These additional places make sure children, young people and their families can access our support at a place local to them that they feel comfortable.



Tom's* story

Tom is 15. He worried about lots of things. He had low self-esteem and worries about what other people thought about him.

This poor self-esteem and worry were impacting his mood and he was feeling very low with thoughts of self-harm. He often missed school days.

Over six sessions Tom learned about managing his 'inner critic' and how our thoughts affect our feelings and behaviour.

Together, Tom and his practitioner made a safety plan around the self-harm, and practiced some coping skills such as mindfulness and breathing exercises.

By the end of the sessions Tom was feeling much more positive and had no further thoughts of self-harm. He was engaging more in his hobbies and interests again, and school attendance had improved.

"I worked on my inner voice and how to manage that when I had bad thoughts. It helped with how I think about myself and how I act towards myself."

* This story has been anonymised.

Risk Management

This element of our work is closely related to the direct work, and includes children and young people who have more complex presentations.

It is mainly delivered by our clinical team of psychologists and lead mental health professionals employed through our partner Black Country Health Care NHS Foundation Trust.

This year we have sadly seen many more referrals for children and young people reporting self-harm and suicide ideation. Self-harming behaviours such as cutting or scratching have been prevalent, but also overdose of medication or restricted eating patterns. In some cases, this is more about wanting the overwhelming feelings to stop rather than to injure themselves or end their life.

However, where this risk is unassessed or unmanaged, we are working collaboratively with the North Staffordshire all-age access hub and South Staffordshire Single Point of Access to make sure appropriate risk assessment and crisis support takes place. Additionally, we have clear processes to step up to specialist CAMH's Services where risk escalates or complexity increases during intervention.

We recognise this increasing complexity and risk in children and young people's emotional wellbeing nationally, and are committed to our role to improve this in Staffordshire.

Number of children and young people who received Risk Support



In 2021/22

361

(96% of annual service level target)

In 2022/23

921

(245.6 of annual service level target)

Our Prevention and Early Intervention work is crucially important in providing skills and techniques to manage difficulties early and prevent these from escalating later.

This increase in complexity and risk has placed bigger demand on our team and capacity of our service. Where risk is identified an additional 'safe and well' call is made, and a Risk Management plan agreed. Our team are sensitive to the child, young person and family needs when experiencing these difficulties and time is taken to listen and support in a way that is helpful to them.

This includes identifying with them when crisis support is needed and making sure they know where to get appropriate help.

This year our clinical team have led on training and development of the staff team so that they can complete appropriate risk assessments and Risk Management plans where low-level risk is identified. These plans, drawn up in conjunction with the young person, identifies what the concerns or risks are and what strategies and steps have been agreed to manage these risks. Every child or young person and their carer receive a Risk Management plan alongside their support from us.

Our **Coping Skills workshop** is a three-session intervention that looks at understanding why we experience big feelings and respond to these with unhelpful coping strategies. It looks to understand the pros and cons of using unhelpful coping strategies to validate the reasons behind things like self-harm, but then also to recognise the long-term benefits of developing new coping skills.



The workshop then shares information about new coping skills to help young people get 'below the thinking line' where they can make more helpful decisions. The goal of these workshops is to help young people to develop healthy coping strategies to manage their big emotions.

Risk and complex cases are also subject to close case management supervision by a manager, and all staff receive regular case management and clinical supervision. In addition, our clinical team provide a duty roster so that staff can access support and guidance around risk and complex cases at any time during working hours.

“Your staff are extremely focused and genuinely cared about my child's welfare. For my child to go 30 days without self-harming has a great deal to do with your help.”

– Parent

Did Not Attend (DNAs) & cancelations

Engaging children and young people is key to our work.

We work hard to make sure appointments are agreed with children, young people and their family in advance and where the appointment is in-person, it's in a location that is suitable for them.

This may be their school, one of our therapy rooms or a borrowed community space such as a private room at Chasewater Innovation Centre, library or other similar venue. We send email and text reminders and make sure all children, young people and their family have a copy of our commitment promise and non-attendance policy.

DNA rates have been higher for children and young people aged 11-15 years old attending virtual sessions, with much lower rates for children and young people aged five-10, and 16+ years old.

We think this probably aligns with appropriate developmental stages:

- Children under 10 will be brought to sessions by a parent or carer, and reasons for not attending range from parents having to work, not having transport or being in hospital.
- Young people aged 16 years or older may be taking responsibility for their wellbeing. Reasons for not attending were around things like work experience, exams or being unwell.
- 11-15 year olds are in a middle phase, where they may be considered too old to be brought to sessions, but don't yet have the personal responsibility to attend themselves. So reasons for not attending in this group were around forgetting or choosing to do something else.



We also saw some recurrent themes across all DNA's, around technical difficulties for the virtual sessions, anxiousness about the group setting, and wanting one-to-one sessions.

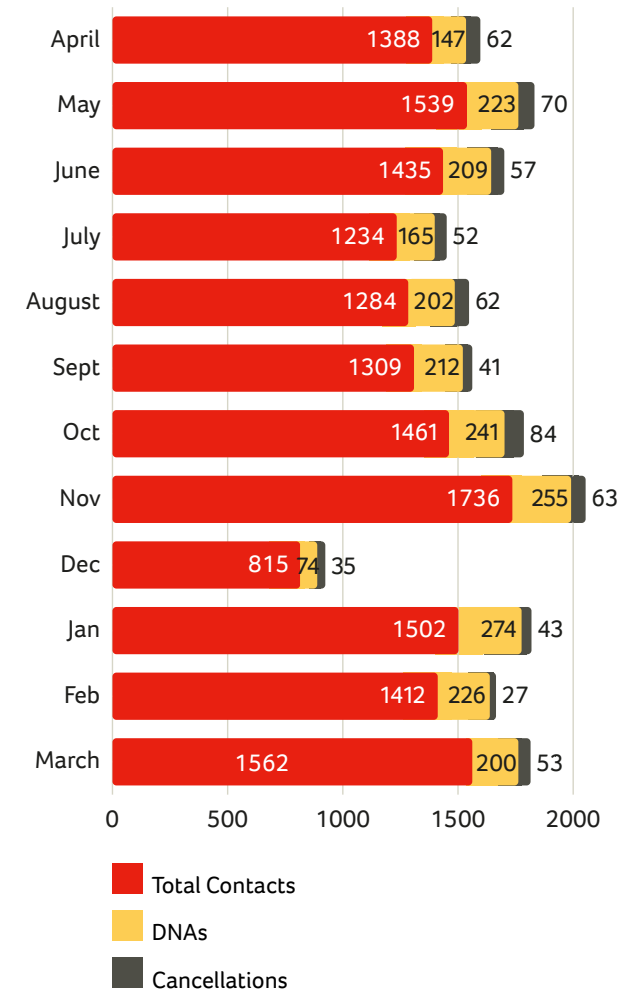
We have looked at and improved the technical support we give about how to join the virtual sessions and are looking to continue to increase the number of in-person groups and one-to-one sessions. We continue to offer choice about support while managing expectations and wait times. We continue to look for ways to increase the attendance of attendees aged 11-15 years old.

This year our overall non-attendance rate is

14.56%

which is higher than we would like (5.6% in 2021/22).

Did Not Attend and Cancelations





A key component of our digital offer is our partnership with **Silver Cloud**, who are a National Institute for Health Care and Excellence (NICE) approved online mental health provider. They help us meet the emotional health and wellbeing needs of children and young people in Staffordshire.

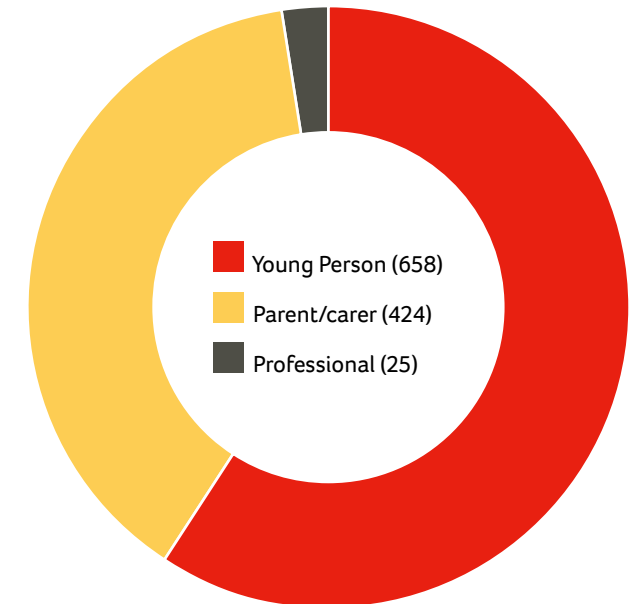
Through a range of clinically proven online therapeutic self-help programmes, children and young people aged over 13 years old and their carers are able to develop skills and coping strategies to support their emotional health and wellbeing needs.



Addressing issues such as low level anxiety, low mood, body image, stress and depression. Programmes consist of six to seven self-led modules based on CBT. This is an effective way of learning about thoughts, feelings and behaviours and how they influence each other. Children and young people can choose either an open access which is entirely independent, or a supported access in which they have an online check-in with a practitioner at regular intervals. Find out more about Silver Cloud at actionforchildren.silvercloudhealth.com/signup.

In our first contract year, we experienced some significant challenges gaining children and young people's engagement in Silver Cloud with factors related to their service expectation, waiting times and complexity of their needs.

Total accounts activated by client type



In our second contract year we focused on addressing these challenges and started to make progress, **increasing engagement from 5% to 41%**. This year we have continued to focus our attention on this element of our work and despite our annual service level target increasing, we have **further increased engagement to 68%** of this higher target.

The two parent programmes '**Supporting an anxious child**' and '**Supporting an anxious teen**' have been well received by parent/carers who have found these modules helpful in understanding their child's difficulties and we have seen increasing engagement from parent/carers for these programmes.

Listening to feedback from children, young people and their family about how and when they use the Silver Cloud programmes has been significant to increasing engagement. It has shaped the way we have integrated this support into our service pathways.

Silver Cloud programmes are now offered to children, young people and their family to access at any point of their care journey with us. This might be while waiting for their one-to-one support to start, during their intervention as a homework/ practice tool or as a resource to access for continued support following the end of their intervention with us.

Integrating Silver Cloud into our pathways means that **90% of users agree or strongly agree that the modules were helpful and supported them to make progress to their goals.**



“I have felt this module has been very eye opening and has given me great realisation into how I think I manage my child’s anxiety and behaviour compared to how I actually handle it.”

– Parent on supporting an anxious child module

“I found it helpful to find out that palm sweating, increased heart rate and nausea wasn't because I was sick, it was down to anxiety.”

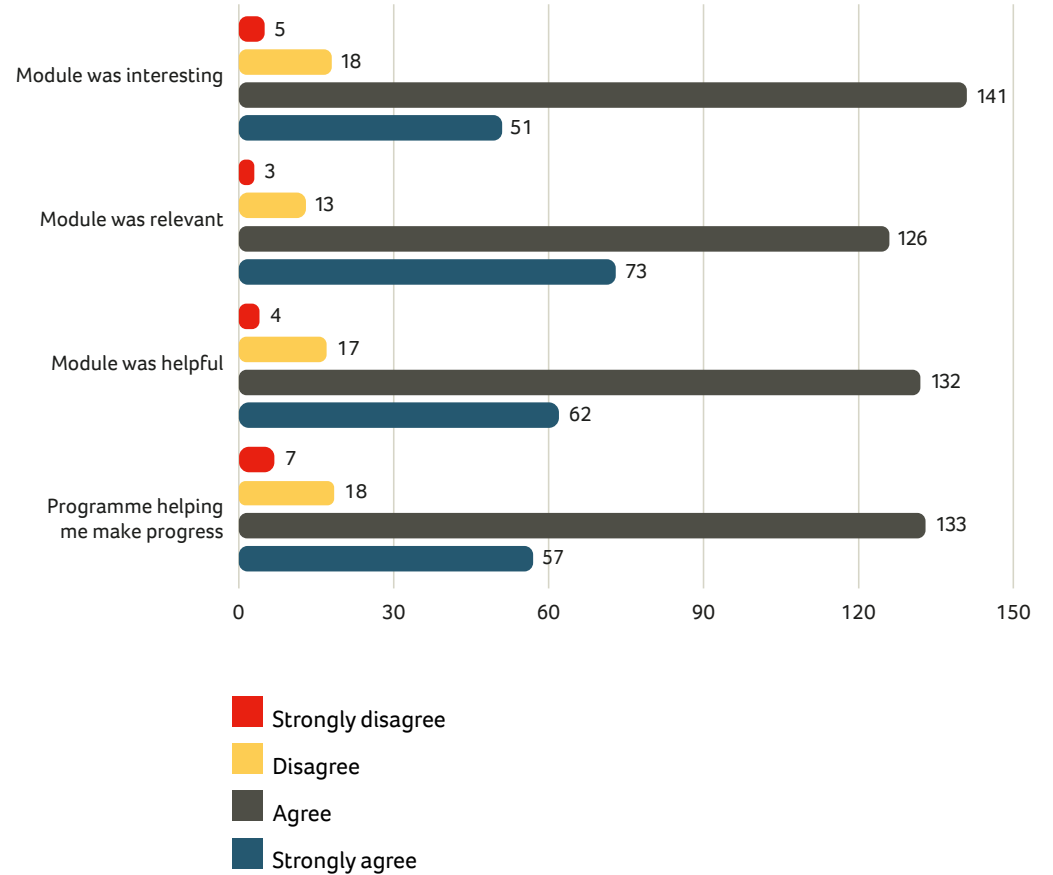
– Young person on Space from Anxiety

Another aspect of our digital offer has been the development of our **website** to include information advice and guidance.

We have developed a range of video resources and information advice and guidance that can be accessed directly from our website. This includes video demonstrations as well as tips and techniques under separate sections for children and young people, parent carers and professionals.

This enhancement to our service website provides easily accessible information and support for difficulties such as low mood, anger, worry and self-harm.

User satisfaction



Silver Cloud online mental health and wellbeing support for young people and their families

Space from anxiety

This online self-guided programme provides education and tools for young people aged 15+ to understand and manage their anxiety.

It uses Cognitive Behavioural Therapy (CBT) which is an effective way to reduce anxiety symptoms.

Through the course young people can:

- Learn about CBT.
- Understand how anxiety affects them and use CBT to help manage symptoms.
- Learn about emotions and what impacts them.
- Break down fears into small steps in order to face them.
- Understand how thoughts affect how they feel and become aware of any negative thinking patterns.
- Learn how to generate more balanced thoughts and tackle negative thinking.
- See the role that worry plays in anxiety and learn to manage worry.

Supporting an anxious teen

This self-guided programme is for parents, carers and teachers of young people experiencing anxiety.

Parents, carers and teachers can expect the course to:

- Empower you to recognise and focus on how to help a young person with anxiety.
- Learn how to respond more positively when your child is experiencing anxiety.
- Learn how to use key CBT skills to help your child make changes which reduce their anxiety.
- Learn how to facilitate positive communication channels between parent and child.
- Learn how the use of externalisation unites you and your child against the common enemy of anxiety.
- Facilitate recognition of the importance of teenagers facing their fears rather than avoiding them.
- Supporting you in ongoing anxiety management planning.
- Enhance understanding of the importance of self-esteem and resilience in staying health.



Additional programmes available

- Space for positive body image
- Space for resilience
- Space from depression
- Space from low mood
- Space from stress
- Supporting and anxious child



To access any of these programmes simply follow this [link](#).

Staffordshire Emotional Health and Wellbeing Service ([actionforchildren.org.uk](https://www.actionforchildren.org.uk))

Telephone 01782 977877

Email Staffordshire-ewb.actionforchildren.org.uk

Prevention and Early Intervention

Engaging children and young people is key to our work.

This year, we have made great progress in our Prevention and Early Intervention work achieving 108% of our annual service level target – up from 59% in 2021/22.

We see this element of work as crucial in tackling issues early and preventing escalation to more serious conditions. As schools recover from the impact of the Covid lockdown closures, our continued collaboration with them has been key to this element of our service offer and support to build the emotional resilience of their children.

We currently focus this area of our work on those schools not yet supported by a Mental Health in Schools Team (MHST) however as part of our commitment to Staffordshire's vision for whole system change we have worked closely with the MHST, collaborating with them to understand emerging needs and increase capacity where needed. An example of this was to share of our exam stress workshop and provide capacity for Direct Support to children and young people at times of limited staff capacity.

We have provided a range of support depending on the needs identified by schools. This has included sessions to help facilitate improved relationships and understanding of children and young people's behaviour through sessions on teenage brain development, anxiety, autism and neurodiversity, and emotionally-based school avoidance, all delivered to groups of staff and parents/carers as part of a whole school approach.

We have worked directly with children and young people with whole class sessions on issues such as understanding and managing our emotions, positive mental health and wellbeing, and managing exam stress. Over the coming year we will be further expanding this offer through the delivery of **The Decider Skills**.

The Decider Skills

The Decider Skills use Cognitive Behaviour Therapy (CBT) to teach children, young people and adults the skills to recognise their own thoughts, feelings and behaviours, enabling them to monitor and manage their own emotions and mental health.

Complex psychological theory has been distilled into highly effective, evidence based skills for individuals and organisations.



This year we have supported the work of 16 primary schools, seven high schools, five community/youth clubs, and one children's home.

"I have learnt today that my thoughts affect how I act"

– Child/young person attending the Wellbeing Day

Included in this element of our work are the Community Wellbeing days. This year we have hosted two wellbeing days across Staffordshire.



These days held during the school holidays are fun community events aimed at getting whole families involved in building positive mental health and wellbeing.

Children, young people and families are encouraged to get crafty with a range of resources to build their own personalised mental health toolkit.



"We have had a great day making things to help us feel better."

– Young person at our Wellbeing Day

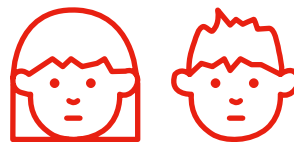
"My child is so please with their wellbeing kit – we will definitely be using it."

– Parent at our Wellbeing Day

We reached

4,880

children, young people and families through our prevention and early intervention work this year – **108% of service target and up from 2691 (59%) in 2021/22.**



Care box ideas

I think better to feel better

- Glasses
- Dream catchers
- Positivity key
- Rings



I can relax and soothe myself

- 54321
- Bracelets
- Play lists
- Stress balls



I can recognise and manage emotions

- Emoji sticks
- Red Green Amber fans
- Emotion wheel



I am calm and in control

- Calm down jars
- Bubbling blowing
- Chatterboxes



Outcomes for children and young people

Improving outcomes for children and young people is at the centre of what we do.

Listening to what they tell us about the difference our work makes helps us to improve our service and ensure children and young people make progress towards their goals.

At the start of our support, the child or young person are encouraged to identify a personal outcome goal for their therapy. With the support of their practitioner, they make this goal realistic and measurable. For example, managing a sleep over at a friend's house without becoming overwhelmed, or managing worry and avoiding panic. The child or young person will score themselves at a minimum of two points during their therapy. This paired Goal Based Outcomes approach is an evidenced-based method of measuring how far a child or young person feels they have moved in their journey to better emotional health and wellbeing.

Some of the positive feedback we received:

"I have learned some coping strategies to help with my anxiety."

"I felt happy again after the sessions."

"I have learned some good ways of helping me to calm down when I feel angry."

"It helped me speak about how I feel instead of keeping it all in."

We have also learned where we can improve our service from feedback. **83% of children and young people said they had found the service helpful**, however only **74% said they felt the type of support had been helpful.**



Some children and young people fed back to us that after attending a group workshop they had realised one-to-one or in-person sessions would have better met their needs, while others wanted a longer term or more specific intervention for their difficulty.

99%

of children and young people who accessed one-to-one support through our direct work report progress to their goals.



82%

of parent carers felt that their child's emotional health and wellbeing had improved as a result of our support.



Some of the constructive feedback we received:

"I think I would like to have sessions on my own."

"I didn't like it being on a computer."

"I wanted to carry on, I liked having my practitioner to speak to."

"I wanted more time and more sessions about me and my problems."

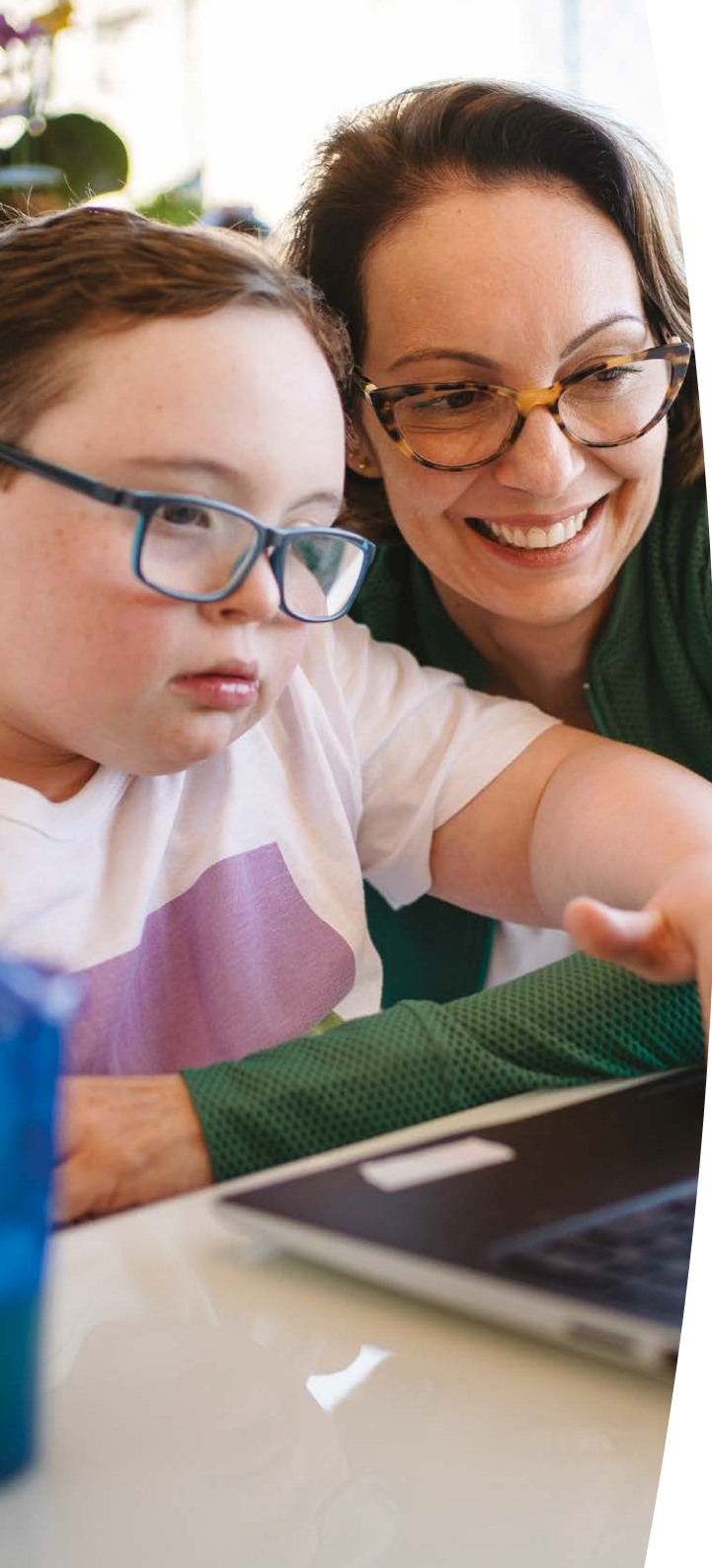
We have listened to this feedback and worked hard over this year to increase the available in-person and one-to-one appointments available.



Where appropriate, we offer additional sessions and flexibility.

We have developed our pathways and interventions to offer a range of support for more specific difficulties such as the **Coping Cats program**, **Timid to Tiger** and **Worry Management**.

We will continue to address this need in the coming year, while being mindful to balance the support we can offer with the resource we have to manage wait times for the service.



Working with parents and carers is an important and often crucial aspect of our work with children and young people. As part of our initial duty/assessment call, we will discuss the referral with the parent as well as the child or young person to gain more information and understanding.

Depending on the age, needs and wishes of the child or young person, the parent/carer may be involved in the support. An example of this could be joining a session with a child or young person or the practitioner sharing feedback with the parent/carer after. This can help the parent/carer understand the intervention and to assist the child or young person to apply the strategies and tools learned between sessions.

Working closely with parents in the support for their child often allows us to support the parent as well.

We frequently see parents/carers desperate for help for their child or young person and struggling to understand their child's difficulties. The child or young person's difficulties can impact the whole family causing stress and worry.

**“
The practitioner was really great and helped us to understand how our child was feeling which improved our relationship and made us all happier.**

– Parent

”

**“
The practitioner kept me as a parent updated without breaking my daughters confidentiality. This support was very much appreciated.**

– Parent

”

83%

of parents/carers tell us they felt suitably involved throughout their child's support from Action for Children.



76%

felt we had supported them as a parent/carer throughout.



87%

said they felt Action for Children communicated effectively with them throughout their child's time with the service.



78%

parent/carers felt we valued their input as a parent/carer.



Whole System Change and Community Engagement

Working within The Thrive Framework (Wolpert et al, 2014) we were committed to understand the need that drives the presentation to our services. And we advocated for the right support that makes the difference for the child or young person.

We have strengthened our cross-agency work, building positive relationships with other agencies within Staffordshire, including family support services Family Action and Malachi.

In South Staffordshire, the Children and Families Single Point of Access (CAFSPA) is now live. We have been and will continue to work collaboratively with 0-19 and the CAMHS team to make sure young people and their parents or carers have access to the most appropriate service through one point of access.

We have been in operational and strategic groups throughout the year and now have a physical presence in the CAFSPA on two days per week alongside weekly clinical meetings to discuss more complex referrals. This has improved communication, mitigated risk and improved the journey for the children and young people.

We are also involved in multi-agency meetings within the East Staffordshire Primary Care Network with the aim of more effectively targeting services across the area, building relationships with other stakeholders, including CAMHS, Mental Health School Teams and family support providers and gaining an understanding of what services are available whilst identifying need and how best to target support.

Working through this network we were able to deliver 300 wellbeing kits to children and young people, including a mental health journal, age appropriate wellbeing story book, mindfulness activities and other self-care resources.



We continue to collaborate with Education and other agencies to define the emerging needs of children and young people in this area and work to make sure our offer is responsive and inclusive.

We have also delivered workshops to other professionals across the region to raise our profile and knowledge of our service including Community Paediatrics, Family Practitioner Service (Early Help) and Family Support Services. This has allowed us to gain valuable insight into their criteria for referral, communicate ours and enable us to define clear pathways between services.

In the north of the county, we continue to work closely with the all age single point of access hub at the Harplands hospital and as children and young people's mental health triage transitions to the team at Dragon Square. Working with these teams ensures that children and young people referrals into the system reach the right service and support as quickly as possible.

We have established processes to discuss a child or young person's support and step up or step down to specialist CAMHS where necessary, preventing a request for support going back through to triage and referral again.

Underpinning this whole system change and community engagement is our membership of the ICS Children and Young Peoples mental health System Improvement Board. This brings together representatives from health, social care, education and the voluntary sector, commissioners and providers, to collaborate to improve the capacity and quality of our services, helping us meet the needs of local children and young people and their families.

One element of this work focuses on the capacity and demand across the system. This year we have worked hard to build capacity across the system through our staff recruitment and development. We have again facilitated two trainee IAPT children's wellbeing practitioner roles as well as providing several student placements at BTEC, undergraduate and Doctorate level within our service. While this has required resource from our team to support these placements it has also been beneficial to the service as each student has brought a fresh enthusiasm and professional curiosity that has contributed to our ongoing service improvement.

Action for Children campaigns and advises government on a range of national issues affecting children and families. Recently this has involved working closely with the Department for Education and Independent Review of Children's Social Care, and leading the sector in organising a Day of Action in which 100+ care-experienced young people to come to Westminster, meet with politicians and advocate for the issues that most matter to them. We also work on child poverty, designing new campaign backed our research.

You can find out more about our policy work at <https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/>

Parent Talk

Parent Talk is our online service providing accessible and trustworthy advice, support, and reassurance for parents and carers of children aged 0-19, and up to 25 for those with special educational needs or a disability.

Topics include mental health, behaviour, development, special educational needs and disabilities, relationships, education, sleep and nutrition.

Parents and carers can also access one-to-one advice from experienced parent coaches via our chat facility, which is available five days a week including some evenings. The service is mobile-first in design, co-produced with parents and designed to be as accessible as possible.

Feedback from parents tells us that Parent Talk makes a difference.

- **95%** of parents who used the one-to-one online chat rated the service as 'good' or 'amazing'
- **81%** of parents reported that their situation improved since receiving one-to-one support

Between April 2022 and March 2023 there were

539,842

visitors to Parent Talk and **6,869** conversations with our parent coaches.



Concerns about a child's mental health was the main issue for 50% of parents who spoke to our parent coaches. **The fastest rising issue were worries about special educational needs and disability with a 140% year on year increase. (20/21 compared to 21/22).** Articles about SEND were also the most viewed at 130,000.

Action for Children continues to develop and invest in Parent Talk to better reflect parent's needs and make it accessible to the widest group of parents through new articles and advice and new translation widget.

Investment will also enable us to use Parent Talk more creatively to host new locally commissioned digital and virtual services integrating local information with UK-wide content.

Summary

We are proud to share and celebrate our successes.

Our hardworking, committed and passionate team have helped us grow our direct and Prevention and Early Intervention work.

They've increased engagement of our digital offer. And they've helped us reduce wait times in some areas. The responsive needs-led development of our service pathways and interventions means that **we continue to provide a robust emotional health and wellbeing offer to children, young people and their families across Staffordshire.**



We know there is still much more to do, both directly in our work with children, young people and families but also the wider systems in which they live.

With the continuing support of our commissioners and our partners, Black Country Healthcare NHS Foundation Trust and Silver Cloud, we will remain focused to achieve our identified priorities for the coming year.

“

Thank you for the help. I thought it was impossible to become motivated. But you've motivated me today. I felt extremely comfortable talking to you. You spoke to me on a level and didn't judge me, so thank you.

– Young person

”



In the coming year we have also identified the following priorities for development:



To review and develop our whole service offer for care-experienced children and young people, from the intervention and support we can offer to recruitment of our workforce.



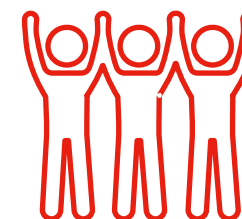
To develop our Prevention and Early intervention work to reach more community groups, improving our offer to include The Decider Skills.



To continue to manage wait times, and tackling one-to-one and in person support.



And to improve engagement of children and young people reducing the non-attendance rate for sessions.



Appendix

Key Performance Indicators

Action for Children Staffordshire CYP Emotional Health and Wellbeing service KPI reporting. Year 3: 2022/23

Measure	Target	Information Required	Previous financial year's outturn	Quarter 1 (Apr-Jun 22)	Quarter 2 (Jul-Sept 22)	Quarter 3 (Oct-Dec 22)	Quarter 4 (Jan-Mar 23)	2022/23 YTD
% of CYP receiving an Initial Assessment (screening) from referral within 10 working days (only required with digital interventions)	90%	The number of CYP that received an initial assessment (screening) waiting 10 working days (only required for digital interventions)	44	19	44	203	347	613
		The total number of CYP that requested digital interventions and/or were referred for digital interventions that should have received an initial assessment (screening) within 10 working days	86	41	76	286	475	878
		%	49.4%	46.3%	57.9%	71%	73.1%	69.8%
% of CYP receiving an initial assessment (screening) where clinical guidance has taken place to assist in determining appropriate intervention within 10 working days (only required for digital interventions)	90%	% of CYP receiving an initial assessment (screening) where clinical guidance has taken place to assist in determining appropriate intervention within 10 working days (only required for digital interventions)	44	19	44	203	347	613
		The total number of CYP that should have received an initial assessment (screening) within 10 working days (only required for digital interventions)	89	41	76	286	475	878
		%	49.4%	46.3%	57.9%	71%	73.1%	69.8%
% of users receiving digital interventions from initial assessments within 20 working days once the users have been advised of the intervention and agreed (only required for digital interventions)	80%	The number of users that received digital interventions within 20 working days following initial assessments once the users have been advised of the intervention and agreed (only required for digital interventions)	65	31	72	286	463	852
		The total number of users that should have received digital interventions within 20 working days from initial assessment	89	41	76	286	475	878
		%	73%	75.6%	94.7%	100%	97.5%	97%
% of users accessing digital interventions that report satisfaction (The provider to be able to report in the narrative report the findings against the Vulnerable groups detailed in section 7 of the Service Specification)	80%	The total number of users accessing digital interventions and report satisfaction	209	42	38	215	50	345
		The total number of users that accessed digital interventions that reported their feedback	234	46	45	234	53	378
		%	89.3%	91.3%	84.4%	91.3%	94.3%	91.3%

Measure	Target	Information Required	Previous financial year's outturn	Quarter 1 (Apr-Jun 22)	Quarter 2 (Jul-Sept 22)	Quarter 3 (Oct-Dec 22)	Quarter 4 (Jan-Mar 23)	2022/23 YTD
% of users that have accessed the digital interventions and report achievement of their goals (as measured via a Goal Based Outcomes tool/equivalent evidence-based outcomes measure) at planned exit of the service	80%	The total number of users accessing digital interventions and report achievement of their goals	202	39	38	211	49	337
		The total number of users that accessed digital interventions that reported feedback in relation to their original goals	234	46	45	234	53	378
		%	86.3%	84.8%	84.4%	90.2%	92.5%	89.2%
% of CYP receiving an initial assessment (screening) from referral within 10 working days (only required for Direct Support and Risk Management)	80%	The number of CYP receiving an initial assessment (screening) from referral within 10 working days (for Direct Support and Risk Management)	378	266	329	503	594	1,692
		The total number of CYP that requested and/or were referred for an initial assessment (screening) and that should have been seen within 10 working days from referral (for Direct Support and Risk Management)	1859	556	629	738	801	2,724
		%	20.3%	47.8%	52.3%	68.2%	74.2%	62.1%
% of users receiving intervention from initial assessment once the users have been advised of the intervention and agreed within 20 working days (only required for Direct Support and Risk Management)		Number of users that received intervention within 20 working days from initial assessment once the users have been advised of the intervention and agreed (only required for Direct Support and Risk Management)	1223	384	277	503	588	1,752
		Total number of users that should have received an intervention within 20 working days from initial assessment (only required for Direct Support and Risk Management)	1859	556	455	589	670	2,270
		%	65.8%	69.1%	60.9%	85.4%	87.8%	77.2%
% of users that have accessed Direct Support and report achievement of their goals (as measured via a Goal Based Outcomes tool) at planned exit of the service.	80%	Number of users reporting achievement of their goals that have access Direct Support	1320	336	341	387	393	1,457
		Total number of users that have accessed Direct Support and that reported feedback in relation to their original goals	1338	341	343	393	395	1,472
		%	98.7%	98.5%	99.4%	98.5%	99.5%	99%

Measure	Target	Information Required	Previous financial year's outturn	Quarter 1 (Apr-Jun 22)	Quarter 2 (Jul-Sept 22)	Quarter 3 (Oct-Dec 22)	Quarter 4 (Jan-Mar 23)	2022/23 YTD
% of users that have accessed Risk Management and report achievement of their goals (as measured via a Goal Based Outcomes tool) at planned exit of the service.	80%	Number of users reporting achievement of their goals that have accessed Risk Management	82	42	17	87	84	230
		Total number of users that have accessed Risk Management and that reported feedback in relation to their original goals	82	42	17	88	85	232
		%	100%	100%	100%	98.9%	98.8%	99.1%
% of vulnerable children (SCC, LAC, Out of County LAC, Care Leavers, Offenders, EHCP, SEND, CPP, CIN) that have accessed Direct Support and report achievement of their goals (as measured via a Goal Based Outcomes tool) at planned exit of the service.	80%	Number of vulnerable children reporting achievement of their goals that have accessed Direct Support	180	42	63	29	11	145
		Total number of vulnerable children that have accessed Direct Support and that reported feedback in relation to their original goals	187	44	63	29	11	147
		%	96.3%	95.5%	100%	100%	100%	98.6%
% of vulnerable children (SCC, LAC, Out of County LAC, Care Leavers, Offenders, EHCP, SEND, CPP, CIN) that have accessed Risk Management and report achievement of their goals (as measured via a Goal Based Outcomes tool) at planned exit of the service.	80%	Number of vulnerable children reporting achievement of their goals that have accessed Risk Management	7	1	2	5	2	10
		Total number of vulnerable children that have accessed Risk Management and that reported feedback in relation to their original goals	7	1	2	5	2	10
		%	100%	100%	100%	100%	100%	
% of adults/families who were engaged in Direct Support or digital to support their CYP and who report increased confidence to be able to support their CYP's needs at planned exit from service (to include online parenting)	80%	Number of adults/families who were engaged in direct support or digital that report increased confidence to support CYP's needs at planned exit from service	225	31	17	19	19	86
		Total number of adults/families that were engaged in Direct Support or digital who reported their feedback	225	31	17	19	19	86
		%	100%	100%	100%	100%	100%	100%

Measure	Target	Information Required	Previous financial year's outturn	Quarter 1 (Apr-Jun 22)	Quarter 2 (Jul-Sept 22)	Quarter 3 (Oct-Dec 22)	Quarter 4 (Jan-Mar 23)	2022/23 YTD
% of complaints investigated and concluded within 20 working days (additional reporting requirements: information to be provided regarding any common themes of complaints in relation to the digital offer, any common themes of complaints in relation to the direct, indirect and structured interventions and what actions the provider has taken as a result of the complaints.)	95%	Number of complaints concluded within 20 working days	0	-	-	-	1	1
		Number of complaints received and that should have been investigated and concluded within 20 working days	0	-	-	-	1	1
	%	-	-	-	-	100%	100%	

Notes



Action for Children

**Staffordshire Emotional Health
and Wellbeing Service**

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Rugeley
Staffordshire
WS15 1PU

Telephone **01782 977877**

Email **staffordshireEWB@actionforchildren.org.uk**