

Children and Young Peoples' Plan 2023-2026




Bracknell
Forest
Council

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Foreword

Welcome to the Children & Young People’s Plan for Bracknell Forest. The plan is overseen by the Children & Young People’s Partnership Board – and is all about how we will work together to improve outcomes for children and young people in the area.

Bracknell Forest is a great place to grow up. The borough is relatively prosperous, green and safe – which is why we call it a “borough of choice”. We have also had a track-record of providing successful services for children locally. In the past five years we have seen rapidly improving schools, our children’s services have been rated as Outstanding and we have developed a new Town Centre Youth Hub within our award winning town centre. These achievements help us to feel confident that we can achieve more in the future. We recognise however that we have much more to do, and we cannot assume that services will continue to improve without concerted hard work and focus. We know that some services are not supporting children as we would like them to and we have identified priorities for improvement within this plan.

The Partnership Board is jointly Chaired the Local Authority and Health and is made up of members from a range of local organisations that exist to support the community. We each have a wide range of challenges, cross-cutting themes and priorities but this plan is our story about the way that we will join up to focus on some of the things that we think are most important. In this document we are setting up the areas that we understand we need to do more to improve, the way we are going to work together to do this, actions we are committed to and the things that we will measure so that we can see if we succeed. This is a multi-agency partnership, and the plan articulates the things we have agreed in various forums that have been coproduced.



Nicola Airey

Director of Commissioning and Assurance,
Place Convenor Bracknell Forest
Joint Chair Bracknell Forest
Children Young Peoples Board



Grainne Siggins

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Co-Chair South East ADASS Regional Branch
Joint Chair Bracknell Forest Children Young Peoples Board



We want to support all children in Bracknell Forest to realise their potential. Bracknell Forest is a great place for children to grow up and to thrive. By working together we want to ensure that children have access to the support that they need at each stage of their lives, and that no child is held back because we were not there when they needed us.

As we said in 2018, it is our intention to work together as partners, combining our skills, expertise and resources to support children, young people and families. Every member of the Children & Young People's Partnership will commit to the delivery of this strategy and help children to have the best possible opportunities we can provide.

As we write this plan in 2023 we recognise that all members of our community are facing challenges and uncertainty. We recognise that this makes it all the more important that we use our resources and our efforts to ensure that we are effective in everything that we do. To achieve this the following will be cornerstones of our approach:



- We will engage with children and families in decisions, ensuring that their voices are heard and listened to
- We will place children and families at the heart of our thinking and ensure we always make decisions in their best interests.
- We will focus on the things that will have the biggest impact on children and young peoples lives.
- We will use shared intelligence and information to understand our progress and to target our resources to where they are needed most.
- We will continually develop and transform local services that children, young people and their families need, and ensure that they are able to access them at the right time and right place.

Introduction



About this plan

This is our plan to improve outcomes for Children and Young People in Bracknell Forest. The plan explains the areas that local partners consider to be priorities and explains the work that we will do to meet them. The plan represents a commitment from local agencies to work together in a concerted and joined up way to make changes that matter. This page gives an overview of the way the plan is organised and describes this partnership.

This plan has four sections:

- 1. Introduction** - describes the ambition of the plan, how it is intended to work, and where it fits into work within the borough
- 2. About Bracknell Forest** – describes the population and wellbeing of the area in more detail
- 3. Our Core Priorities** – explains the focus of the plan, the things we want to change and how we intend to do it
- 4. Action & Delivery Plan** – outlines the work we intend to do and our approach to delivering the plan

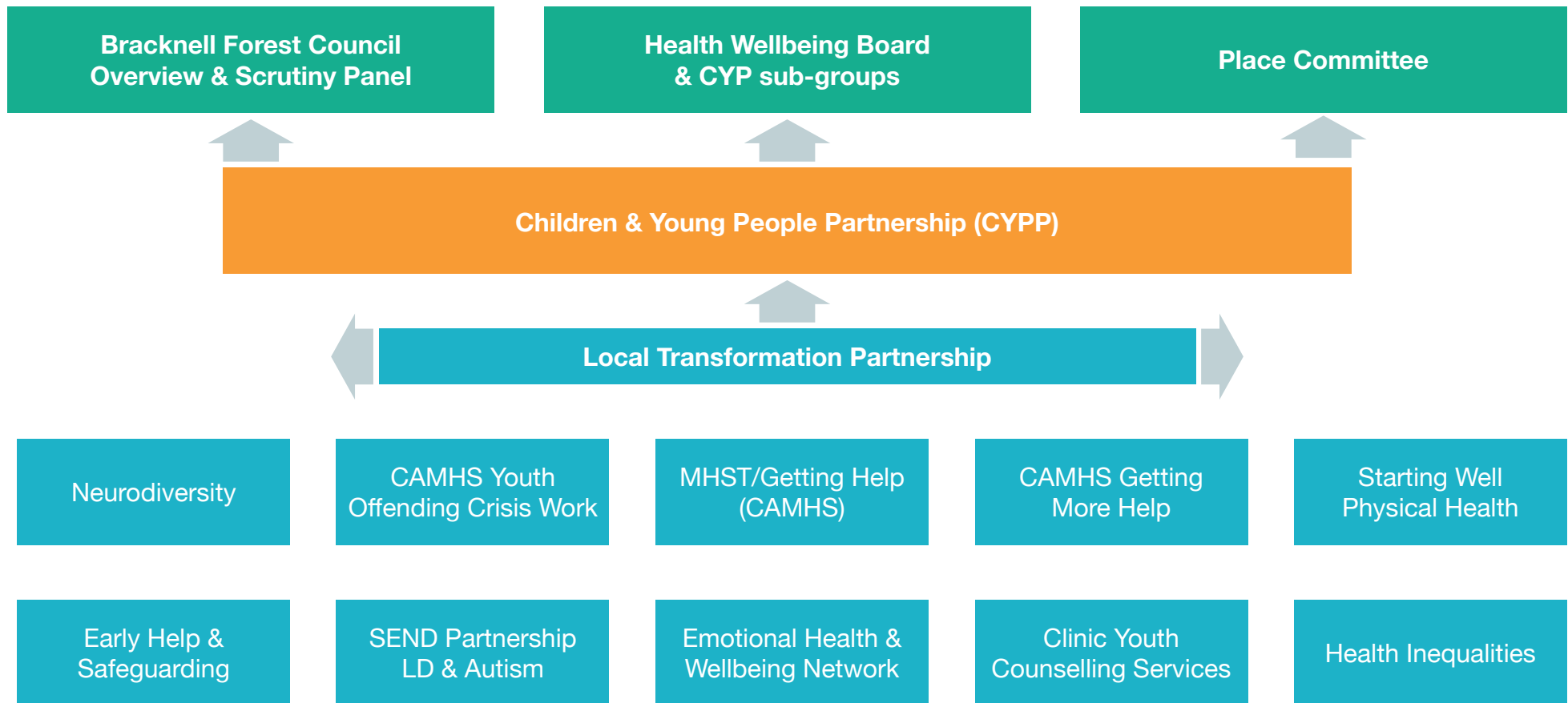
The members of the Children & Young People's Partnership Board represent a range of services and partners including education, voluntary sector, health services, children's social care and others. Their Membership includes the Lead Member for Children & Young People. The group enables local agencies to collaborate, working together to meet the needs of local children.

This Plan has been designed so that everyone will be able to judge whether or not it has been delivered successfully. The plan includes a number of priorities, as well as indicators of success that will be used to measure whether children have benefited from our work. The Board will receive regular updates about implementation of the strategy which will include a dashboard to display progress and progress in completing actions.

How this plan fits in within Bracknell Forest

Local agencies work together in a wide range of forums and services that consider different needs and services.

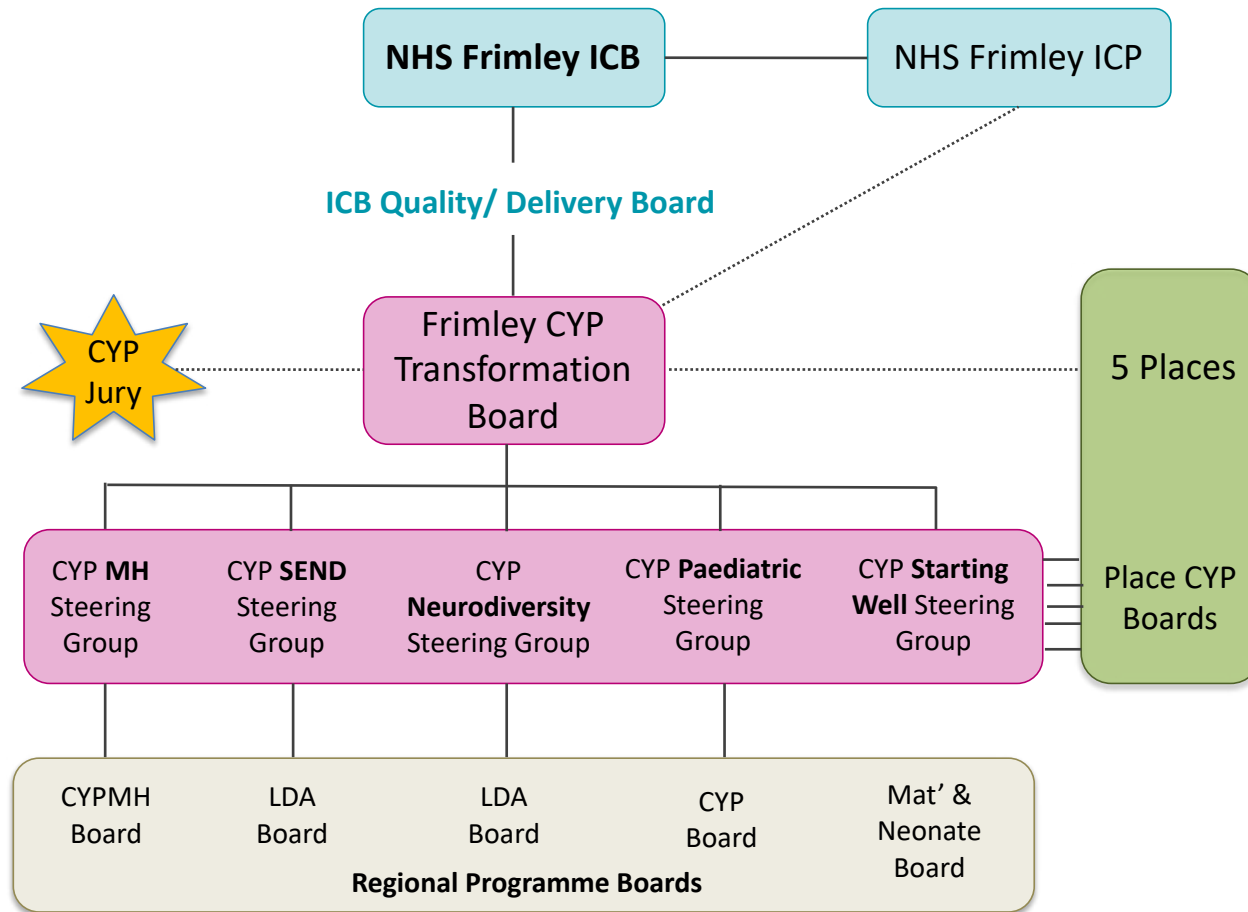
This plan sets out the work that the CYP Partnership will prioritise as we collaborate together. Our focus is on particular areas in which we can add value collectively, and that are particularly important to our residents and our partners.



CYP Portfolio Governance

NHS Frimley- Bracknell Forest is one of the 5 Places

The governance that will support and give assurance on the delivery of the CYP portfolio. Bracknell Forest is part of NHS Frimley Integrated Care Board (ICB) as one of the 5 Places, the statutory NHS organisation responsible for planning and delivering health and care services. At ICB level, governance of the Children and Young People’s Portfolio as shown below.



CYP Jury
A youth friendly space offering proactive input and reactive feedback to the CYP Board.
2 CYP per place, representation across characteristics.

The CNO is the ICB board member lead for CYP.

CYP Transformation Board membership drawn from partners across ICS. Will oversee delivery of portfolio and act as a creative space where collaboration flourishes.

The maternity and neonatal programme reports directly to the LMNS Board, which reports to ICB.

How this plan fits in within Bracknell Forest

Key Strategic Documents

Bracknell Forest Council Plan: This is the key strategic document of the Council and sets out key themes and priorities. The plan includes Education and Skills, Caring for you and your family and Communities as key themes. A new plan is being developed during 2023.

Bracknell Forest Health and Wellbeing Strategy 2022- 2026: this is a joint plan that sets the priorities for improvement based on our current understanding of the health and wellbeing profile of the population. In addition to findings from our Joint Strategic Needs Assessment (JSNA), it considers insight from practitioners, service users and residents. The strategy sets out the actions that local partners will take to achieve improvements and reduce health inequalities.

Frimley ICS 5-year Plan 2020 – 2025 “Creating Healthier Communities”: Outlines six Strategic Ambitions that will establish the golden thread throughout the work of the Frimley system. The focus of the strategy is about how the system will work with communities rather than doing to.

Frimley ICB Children & Young People Portfolio Strategy: Outlines a Call to Action to improve the health and wellbeing of children and young people with a focus on transforming children’s care. System leaders across the ICS have agreed priorities for improvement for 2022-24 children and young people’s services delivering transformation to services. The NHS framework for delivering this is the Core20Plus 5 Framework (see next page).

In addition to these overarching documents are a range of service and needs specific strategies that set out the way that local partners will deliver improvement. These include core priorities such as **SEND Improvement** (in draft), **Early Help and Children & Young People’s Mental Health**



This plan sits alongside a range of existing, and developing, plans and strategies that are all seeking to deliver improvements to children and families in the borough. These range from broad strategies outlining the priorities of organisations with a large geographical footprint to bespoke local plans that focus on a single outcome.

In this context, we have developed this plan to be clear and specific about the outcomes that we want to impact upon through the work of the Children and Young People’s Partnership.

The Core20plus5 approach is designed to support integrated Care Systems to drive collective targeted action in healthcare inequalities improvement

Core20

The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

PLUS

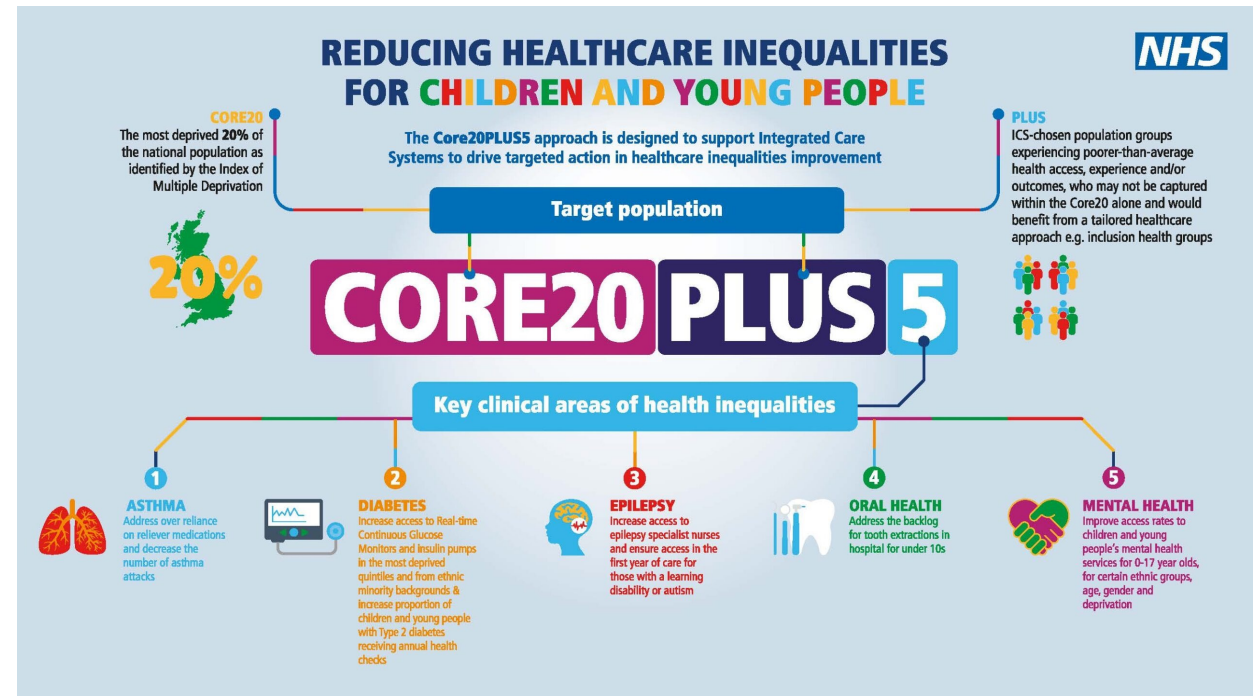
PLUS population groups should be identified at a local level. Populations we would expect to see identified are ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, known as inclusion health groups and coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence).

Inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

5

There are five clinical areas of focus which require accelerated improvement. Governance for these five focus areas sits with national programmes; national and regional teams coordinate activity across local systems to achieve national aims.

- **Asthma:** Address over reliance on reliever medications and decrease the number of asthma attacks.
- **Diabetes:** Increase access to real-time continuous glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of children and young people with Type 2 diabetes receiving annual health checks.



- **Epilepsy:** Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
Oral health: Address the backlog for tooth extractions in hospital for the under 10s.
- **Oral health:** Address the backlog for tooth extractions in hospital for the under 10s.
- **Mental health:** Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

Source: NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities



About Bracknell Forest



Population



Bracknell Forest's 2021 population estimate was **124,607**, with **24.2%** of residents being children and young people. **77.8%** of the population was White British.

Our **0 to 19** population will see the largest decrease in Berkshire East over the next **10 years**.

The borough has a significantly lower proportion of children and young people from a non-White British background compared to the rest of Berkshire East and England. The proportion of school-children who do not have English as a first language is also significantly lower.

The proportion of births from mothers who were born outside of the UK is increasing at a faster pace in Bracknell Forest than the rest of Berkshire East.

Deprivation



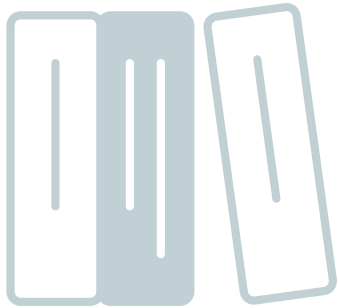
Bracknell Forest ranked **284th out of 317** English LAs on the Index of Multiple Deprivation 2019

There are no children aged **0 to 15** year olds that live in the most deprived **20%** of neighbourhoods nationally.

However, in 2019, **8.9%** of CYP aged **0-15** were affected by income deprivation in Bracknell Forest. This was lower than the national average of **17.1%**, but there was variation up to **21.0%** in Great Hollands South, with Wildridings and Central wards having similar levels of deprivation.

Deprivation has been increasing, such that the percentage of school pupils eligible for FSM increased from **8.1%** in 2012 to **12.5%** in 2023.

Education



Bracknell Forest has **29** state-funded primary schools and **7** state-funded secondary schools. As of 2023 **100%** of these are rated good or outstanding.

In 2022 **68%** of children achieved a **9-4** pass in English and Maths compared to **64%** nationally. The score for similar local authorities however was **73%**.

In January 2023 **14.2%** of primary school students and **16.3%** of secondary school students were identified as having a special educational need or an Education Health and Care Plan.

In January 2023 **14.6%** of pupils spoke English as an Additional Language (EAL), up from **9.0%** in 2012.

In March 2023 **5.1%** of **16/17** year olds was NEET or Unknown which was an increase compared to the year before. For Care Leavers this percentage was **43.1%**.

Health



Under 18 hospital admissions for mental health conditions in 2021/22 was **71.9** per **100,00** population, compared to the South-East rate of **116.2**.

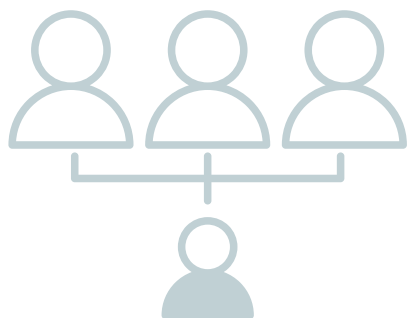
Between June 2021 and May 2022 **878** children we referred to CAMHS and **497** to Neurodiversity services.

In 2022 **21%** of children we considered overweight or obese in reception year and **32%** in Year 6. This compared to **22%** and **38%** respectively.

There were **67.2** Emergency Hospital admissions due to injury per **10,000** children in 2022. This compared to **84.3** for England. The alcohol related admission rate for children was **23.4** compared to **29.3** for England.

The Under **18** Conception Rates per **1000** Girls was **6.4** in Bracknell Forest in 2021 compared to **13.1** nationally.

Care Leavers



There are currently **237** care leavers in Bracknell Forest, and increase of **52** since 2021. Of these, 137 are currently receiving services. The number of care leavers in the borough is expected to continue to rise in the coming years.

Care leavers face many challenges as they transition into adulthood, they have often experienced trauma, they

are lacking support networks and don't have the financial resources of other young people.

Care leavers face specific challenges in relation to gaining full independence as adults. Nationally care leavers are considerably more likely to struggle to find inappropriate housing and secure education, training and employment than other young people. In March 2023, **14%** of **19-21** year old care leavers in Bracknell Forest were not in suitable accommodation and **43%** were not in education, employment or training.

Over the last three years, the Covid-19 pandemic, cost-of-living crisis, and staff shortages and ever-increasing budget constraints in local government have placed enormous pressure on care leavers and severely restricted the support available to them, leaving these young people increasingly struggling to cope, not only with the pressures of accommodation and finances, but also with loneliness and poor mental health. According to the National Youth Advocacy Service, up to 86% of care leavers will experience anxiety and loneliness, with 61% being diagnosed with depression or other mental health conditions. A 2022 Ofsted survey of children in care and care leavers found that more than a third of care leavers felt they left too early, over a quarter did not meet their personal adviser until they were 18 or older, around a quarter reported they were not at all involved in

SEND



There are **29** state funded primary schools, **6** state funded secondary schools and one all-through school in Bracknell Forest

13% of primary and **14.9%** of secondary school children were identified as having either Special Educational Needs requiring SEN Support or an Educational Health

and Care Plan (EHCP) in January 2023.

In January 2023, **31.1%** of the Bracknell children who are looked after had an EHCP, **10.1%** of those with a child protection plan had an EHCP, and **13.6%** of those with a child in need plan also had an EHCP.

The number of EHCPs in Bracknell Forest has increased and is just above the Local Authority average in England, in terms of percentage of residents. The number of plans has increased by an average of **13.5%** in each of the years since 2020.

developing plans about their future, and only around a third had a say in the location they'd like to live in and only a fifth in the type of accommodation. Furthermore, according to Home for Good, care leavers account for 25% of both the homeless and adult prison populations. Of those aged 19-21, 41% were not in education, employment or training (NEET), more than three times higher than the figure for all young people of that age.

Our learning from engagement OxWell Student Survey 2021

The OxWell Student Survey measures the wellbeing (health and happiness) of children and young people aged 9–18 years old. The survey is a collaboration between young people, schools, the NHS, and the OxWell Study Team at the University of Oxford's Department of Psychiatry. The questions in the survey address a range of issues relevant to wellbeing, including questions about lifestyle and school life. Factors assessed in the survey include mental wellbeing, anxiety, indicators of vulnerability, sleep patterns, online safety, protective factors such as exercise and healthy eating, and attitudes to accessing mental health support. Designed for pupils in years 5–13; there are three age-matched versions (one for years 5–7, one for years 8–11 and one for years 12–13/FE). The versions differ slightly and are age appropriate, as approved by the University of Oxford Research Ethics Committee. OxWell Student Survey collected data from February - March 2023 over 43,734 students from 175 schools and 10 FE Colleges in four English counties participated, offering localised knowledge about the experiences of young people.;



Local information for Bracknell Forest from 2023

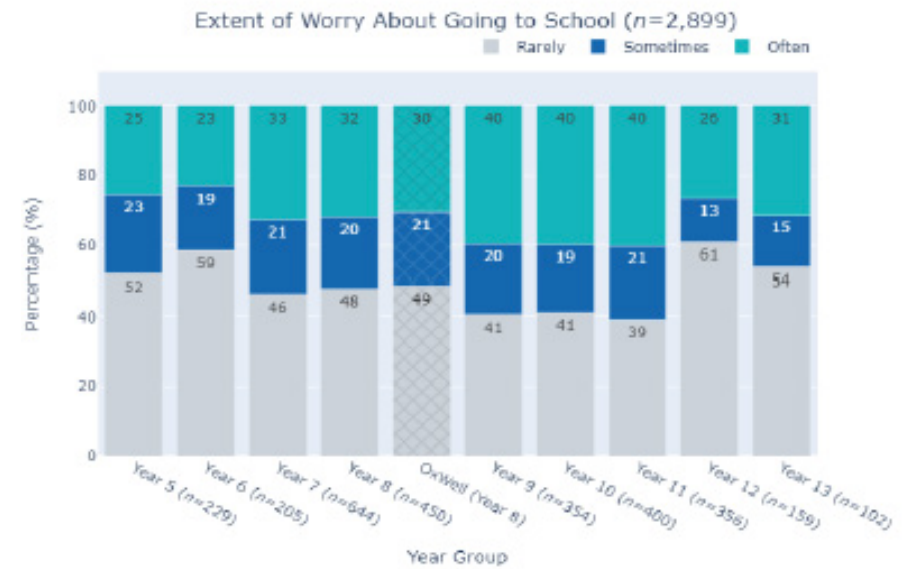
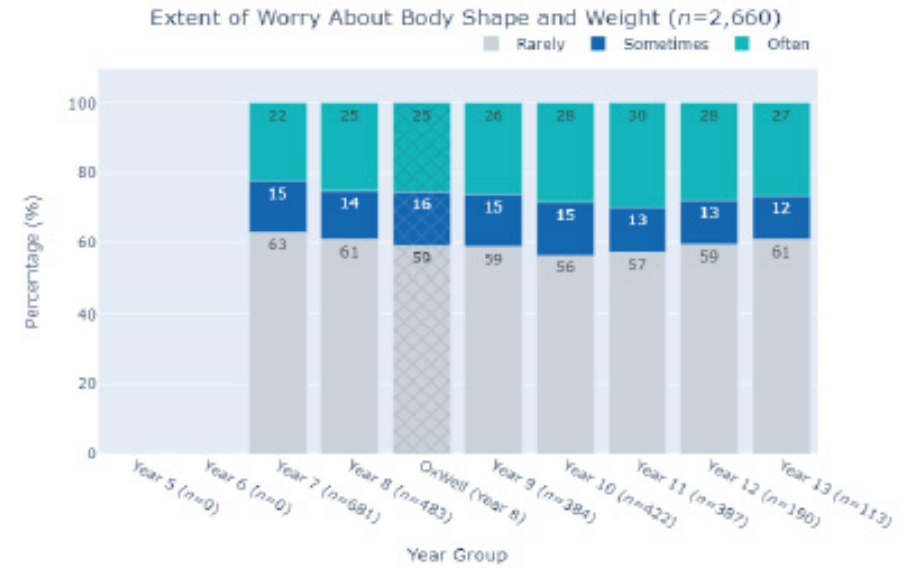
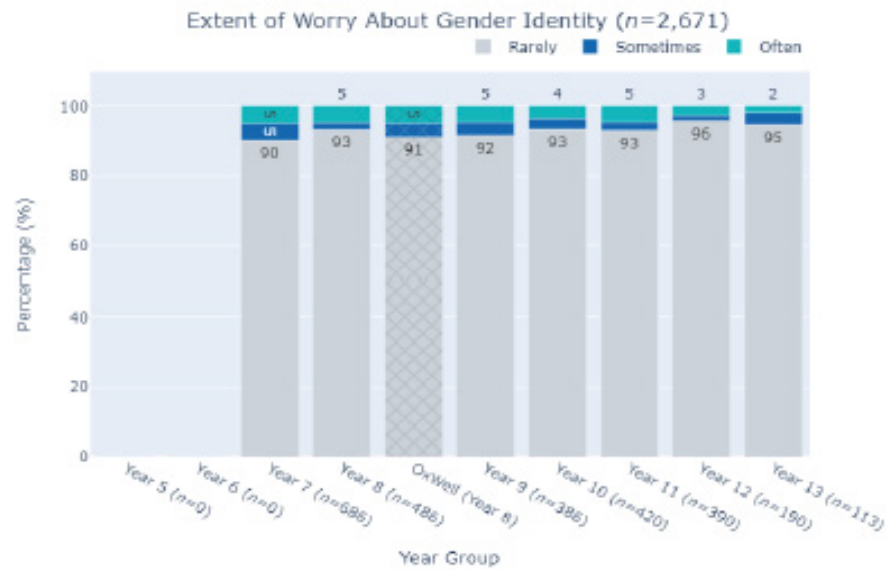
OxWell 2023 Student Survey provides results for Bracknell Forest, from which 3,205 students in years 5 to 13 took part from 6 primary schools, 4 secondary schools and 1 Further Education college.

The OxWell Student Survey asks students a substantial number of questions, covering a range of factors that are important to understand their wellbeing, school/college experience, mental health, and experiences of accessing mental health support. There are also questions about the current cost of living crisis, worries about body shape and weight, social media exposures, maltreatment and self-harm. The survey provides an important insight into what students themselves are experiencing and also what help they might want. The data are collected without any identifiable information (such as name or date of birth) to try and encourage students to be as accurate as possible in their responses.

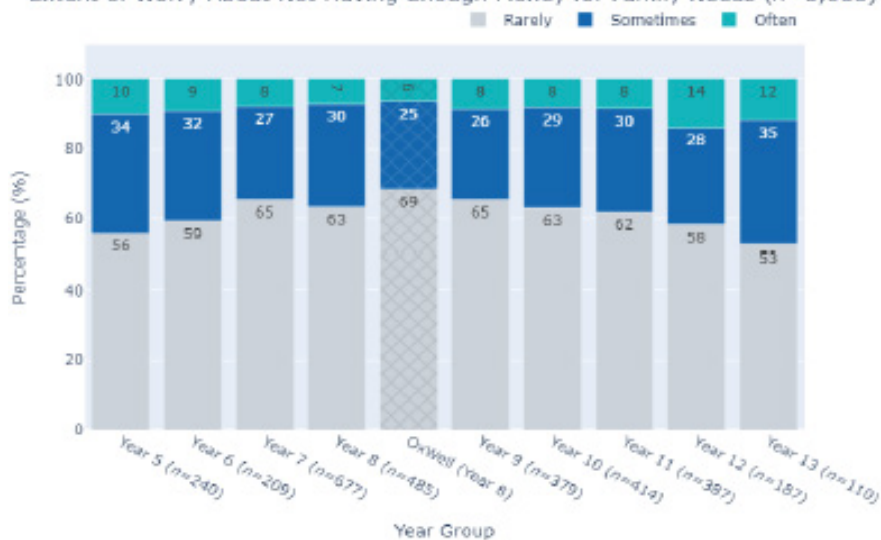
Current Student Concerns

It is important to understand some of the worries that adolescents are currently experiencing, as many of these can play a role in mental health problems. For example, worries about the environment - or what is being referred to as 'eco-anxiety' - is of increasing concern, especially for our school/college-aged population as the impact of climate change becomes apparent. This is also the first year that OxWell has asked about worries regarding gender identity. We hope the data can start to fill gaps in our knowledge - especially when we examine the later data around what services and support are most acceptable.

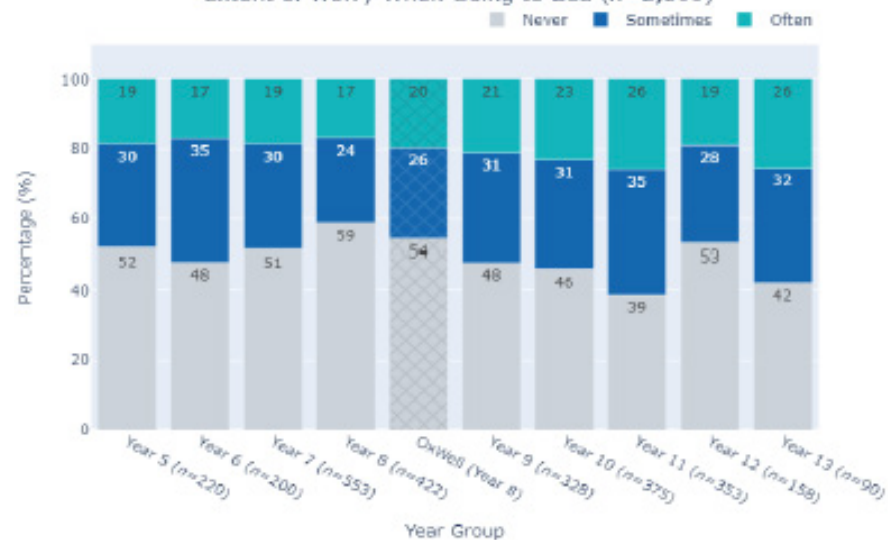
Proportion of Students Worried About Different Issues



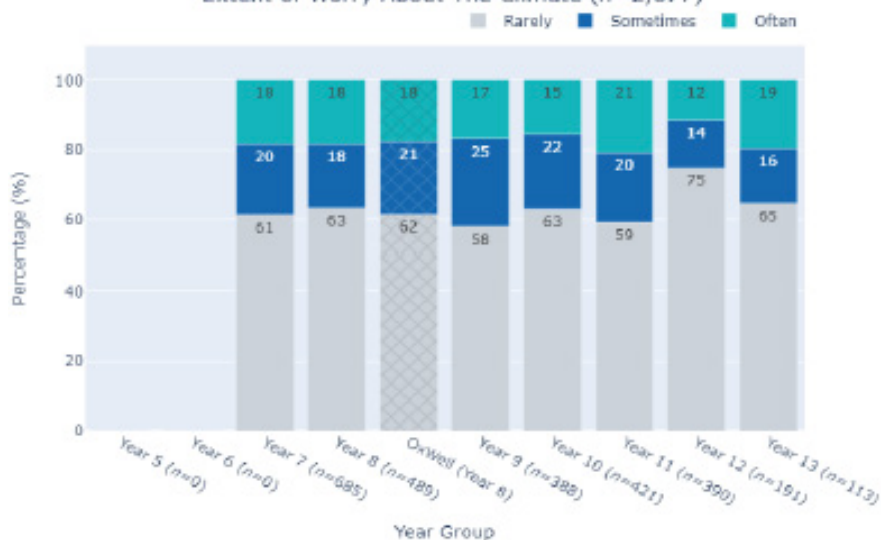
Extent of Worry About Not Having Enough Money for Family Needs (n=3,088)



Extent of Worry When Going to Bed (n=2,699)



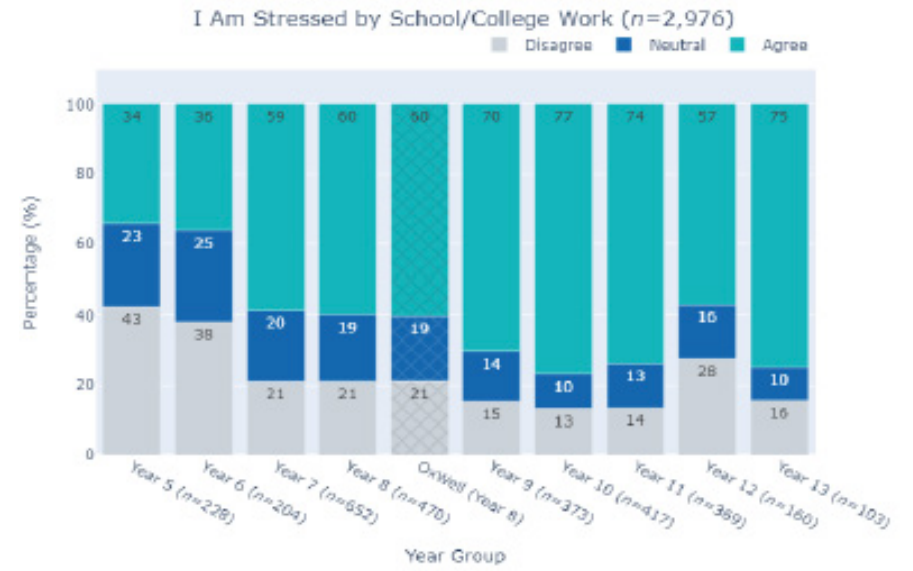
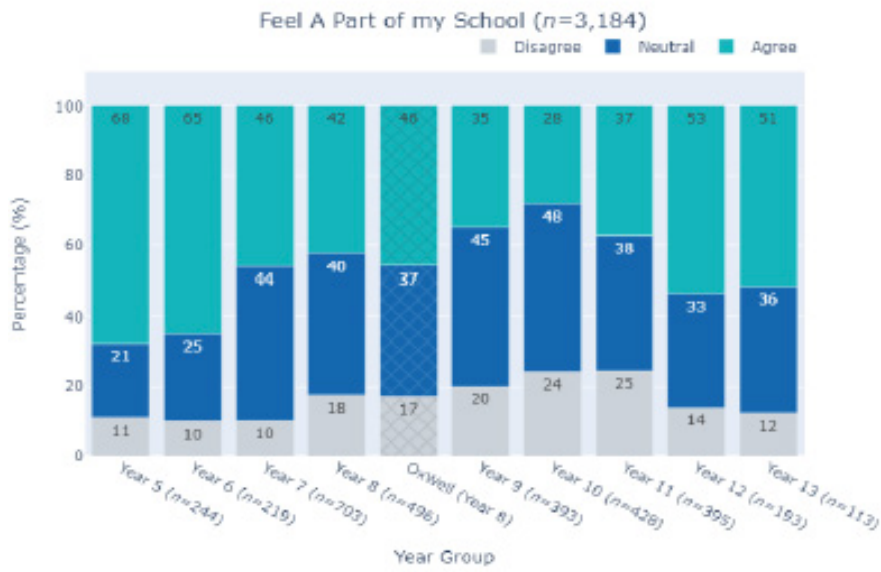
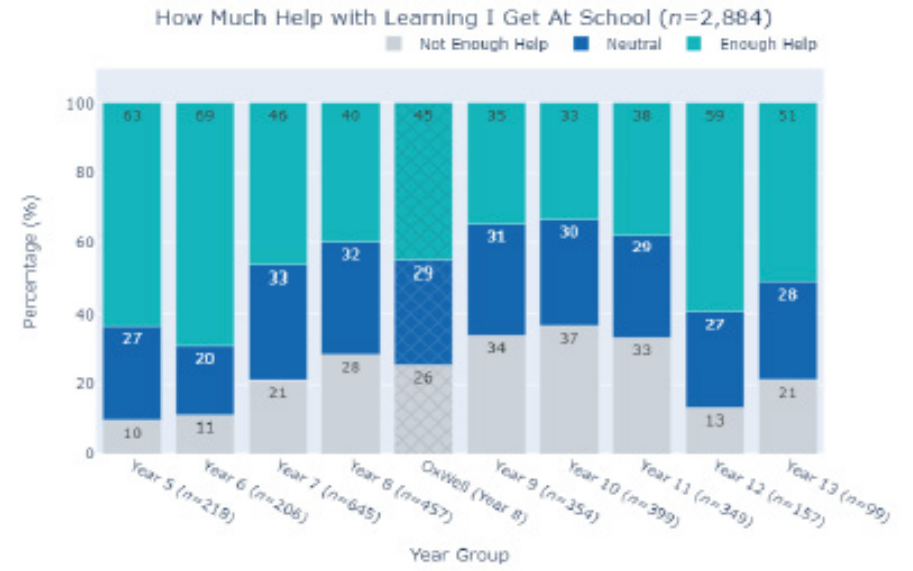
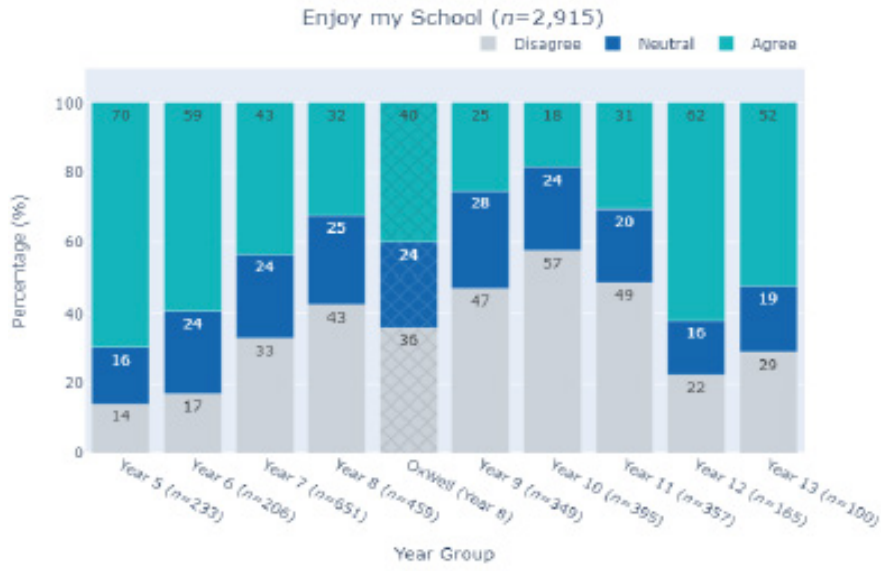
Extent of Worry About The Climate (n=2,677)

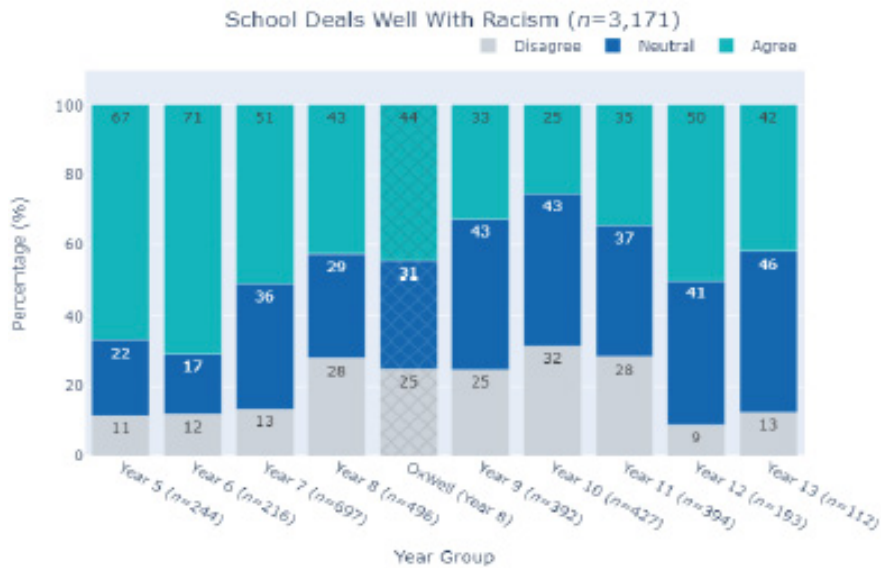


School/College Experience

Students were asked a range of questions about their school/college experience, including learning support received, time absent, detention, and exclusions- the details of these responses will be available on LodeSeeker. Many schools/colleges find these questions helpful - from understanding patterns of behaviour in year groups to reports to governors, parents and even OFSTED. The students were asked if they enjoy their school/college, and whether they felt like they were part of their school/college. There are some indications that feeling a sense of 'belonging' is important for overall mental health. Of note, 11% of students in the area reported that they felt unsafe at school/college.

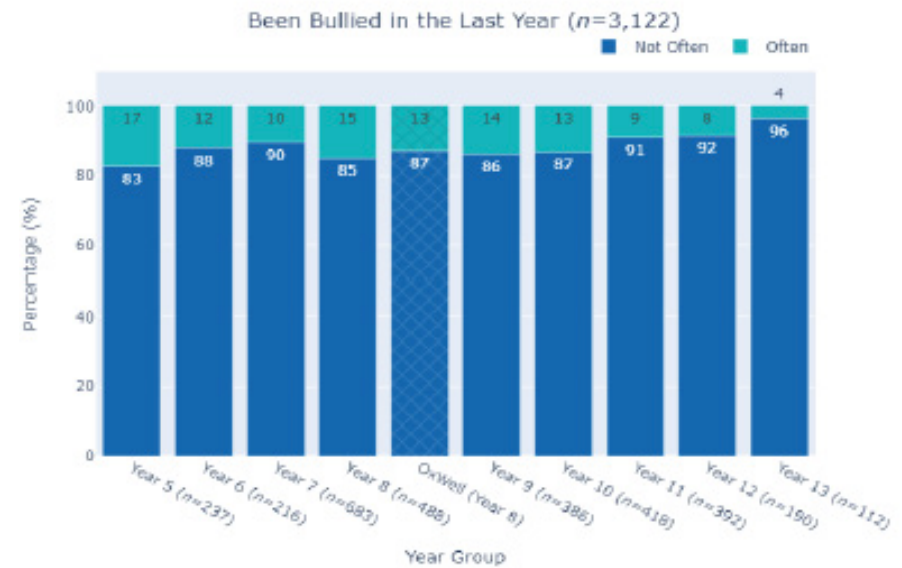
Student Responses to Each School/College Experience Issue





directly on LodeSeeker to ensure that the identity of respondents is protected.

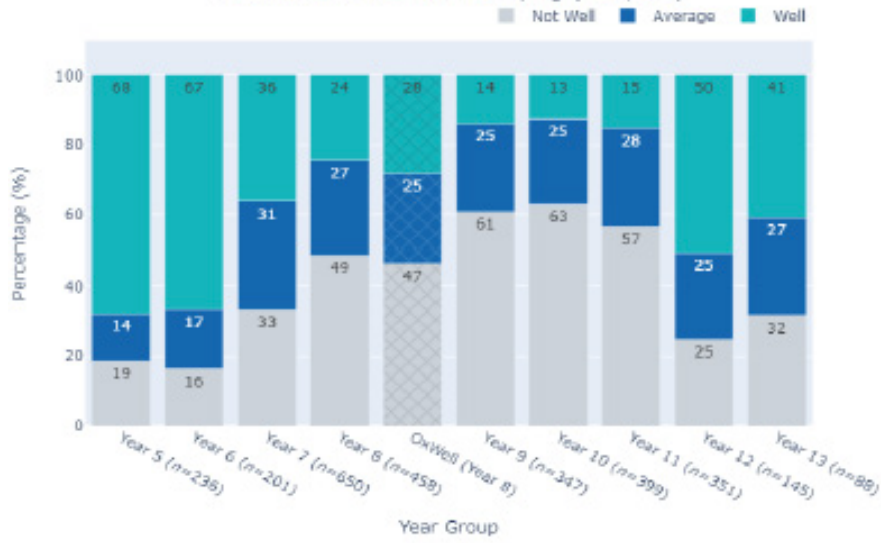
Proportion of Students' Responses to Bullying, Aggression, and Abuse Issues



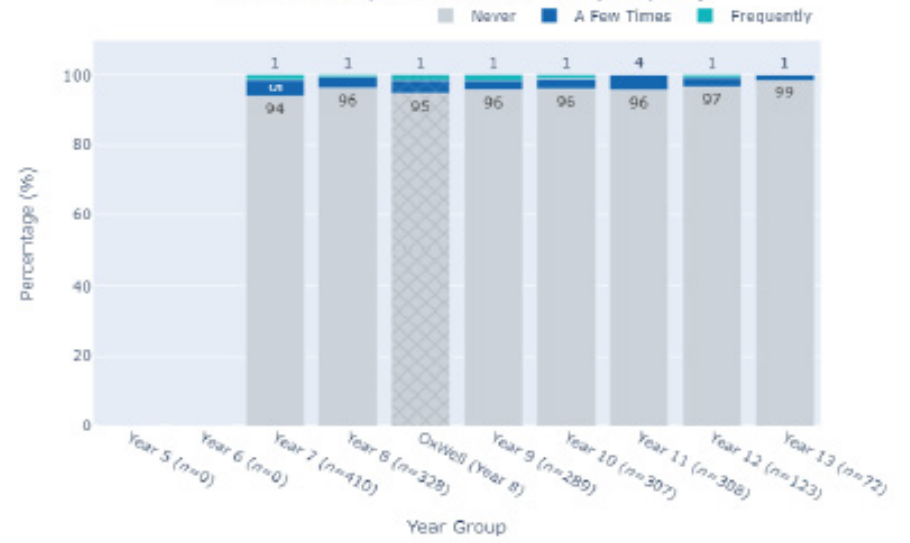
Bullying, Aggression, and Abuse (at school/college and at home)

The OxWell survey asks about a number of areas that cover exposure to difficult and potentially traumatic events. We ask about peer victimization, abuse and bullying, but also about aggression either directed towards them or that they have directed towards others. Bullying has been demonstrated in a number of longitudinal studies to impact on short and longer-term mental health. As bullying often takes place either in school/college or by individuals known from school/college, it is a particularly important area to try and address for student mental health. OxWell also asks about experiences in homes, for example by asking about maltreatment (physical, sexual and emotional abuse, witnessing parental violence and neglect). We report in Table 1 on the number who feel unsafe at home. The more detailed results are available from LodeSeeker and also directly from the OxWell research team, as any response option that has less than 10 respondents cannot be examined

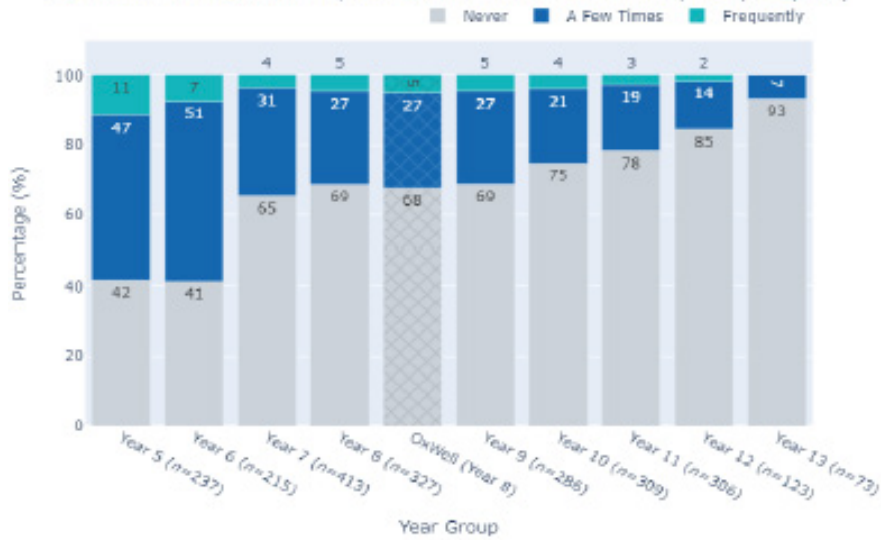
School Deals Well With Bullying (n=2,875)



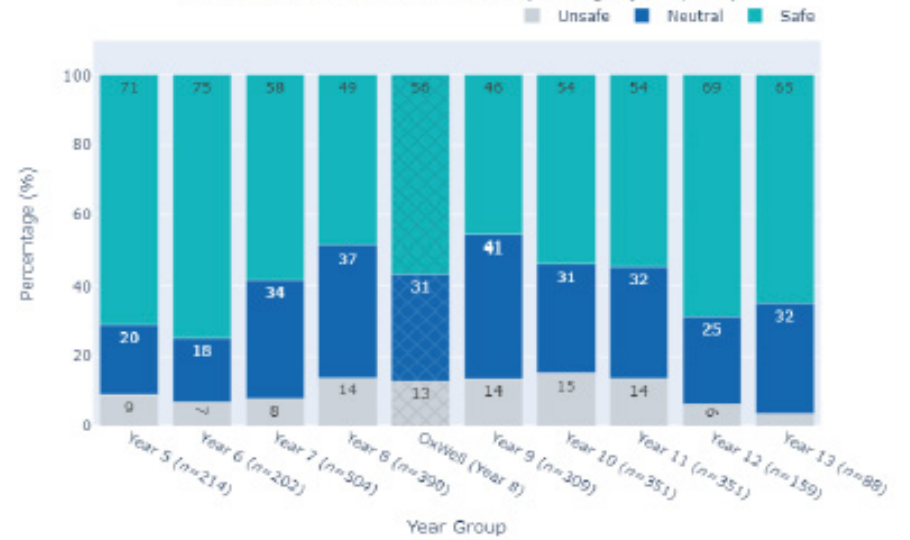
Carried a Weapon in the Last Year (n=1,837)



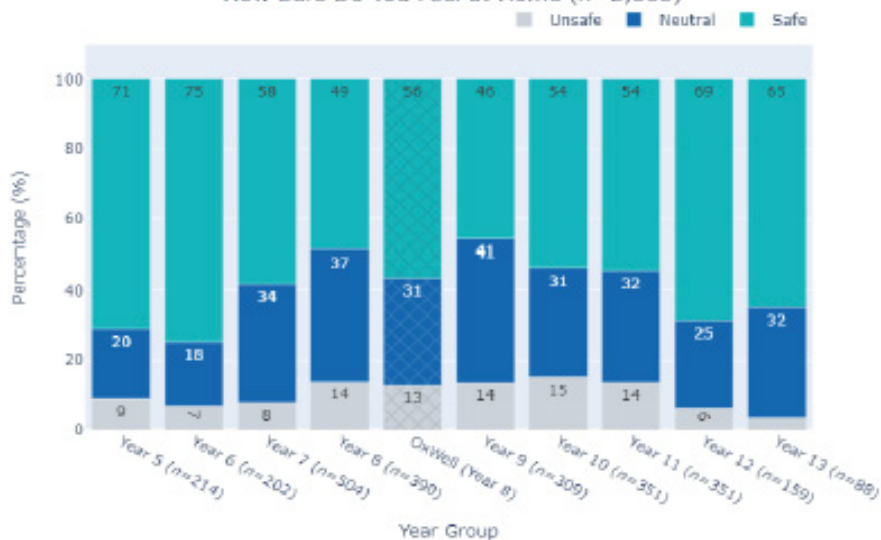
Someone From School Hit, Kicked or Punched You on Purpose (n=2,289)



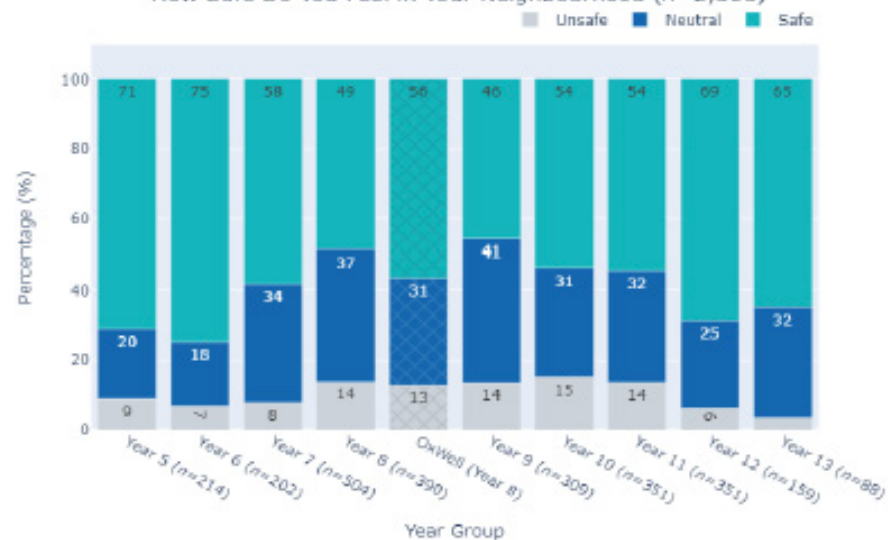
How Safe Do You Feel at School/College (n=2,568)



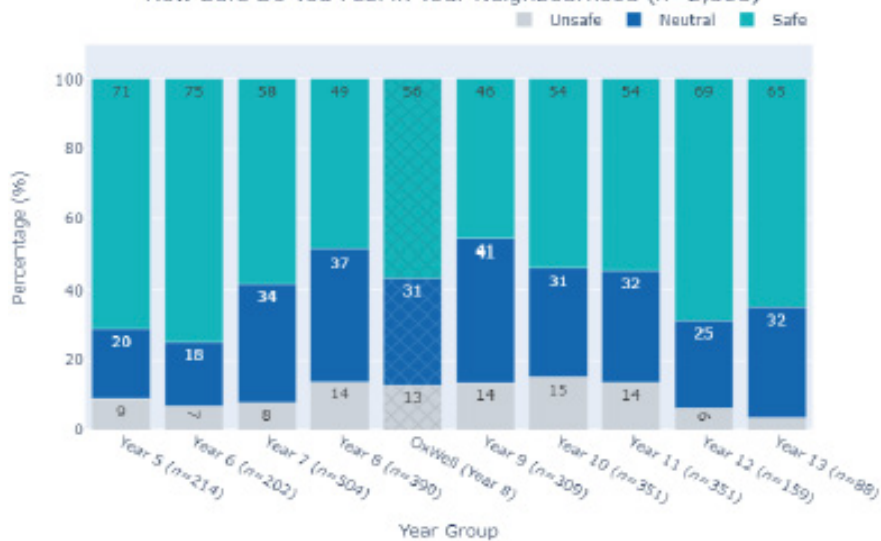
How Safe Do You Feel at Home (n=2,568)



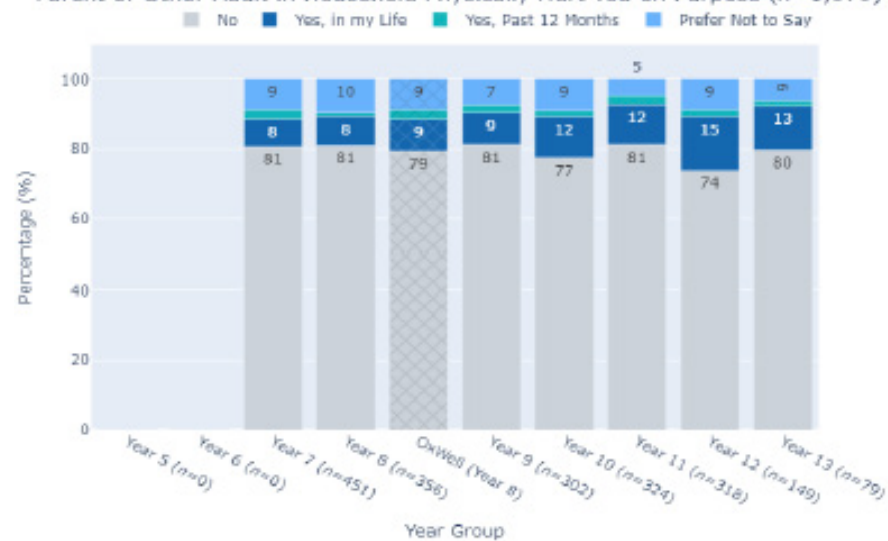
How Safe Do You Feel in Your Neighbourhood (n=2,568)



How Safe Do You Feel in Your Neighbourhood (n=2,568)



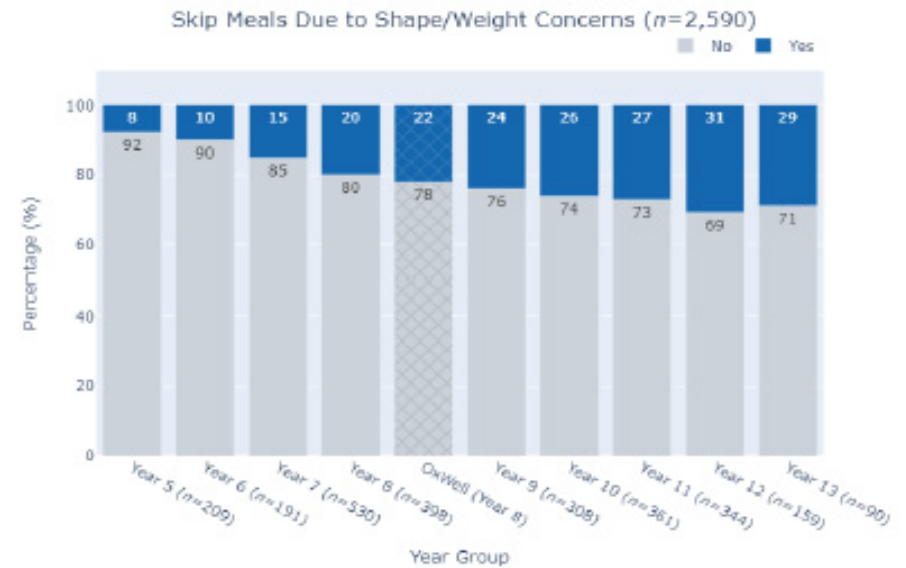
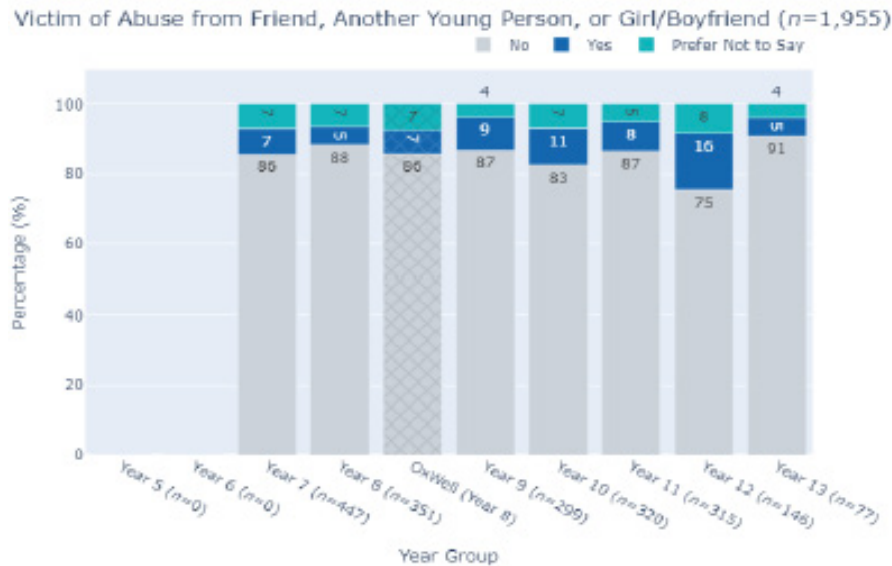
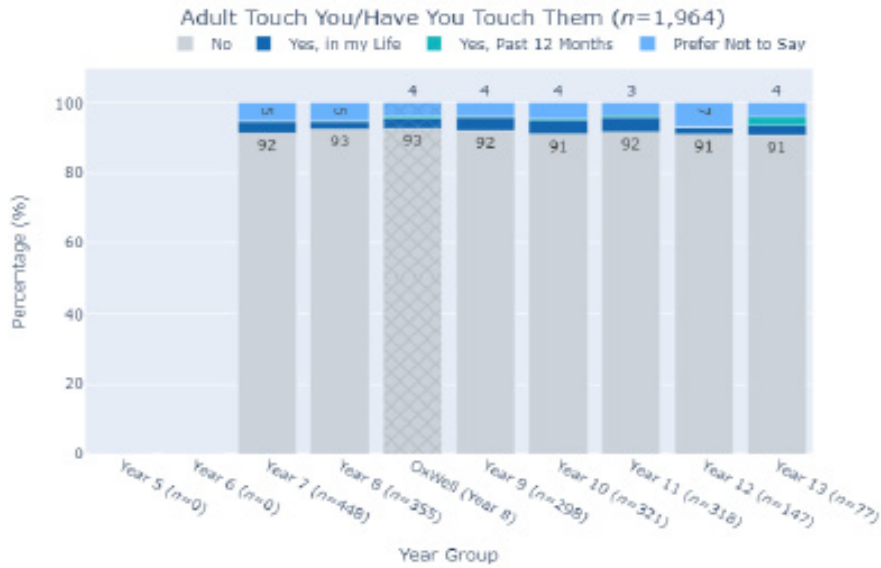
Parent or Other Adult in Household Physically Hurt You on Purpose (n=1,979)



Eating

Some schools/colleges have observed a high number of shape and weight concerns in their students, this is reflected in higher referrals to child and adolescent mental health services (CAMHS), especially during and following the pandemic. OxWell asks about restricted eating and weight loss; additional questions that can be accessed from LodeSeeker include whether they thought they were fat even when others thought they were thin, and beliefs around shame and blame regarding eating too much. OxWell also asks if their concerns about eating interfere with their life.

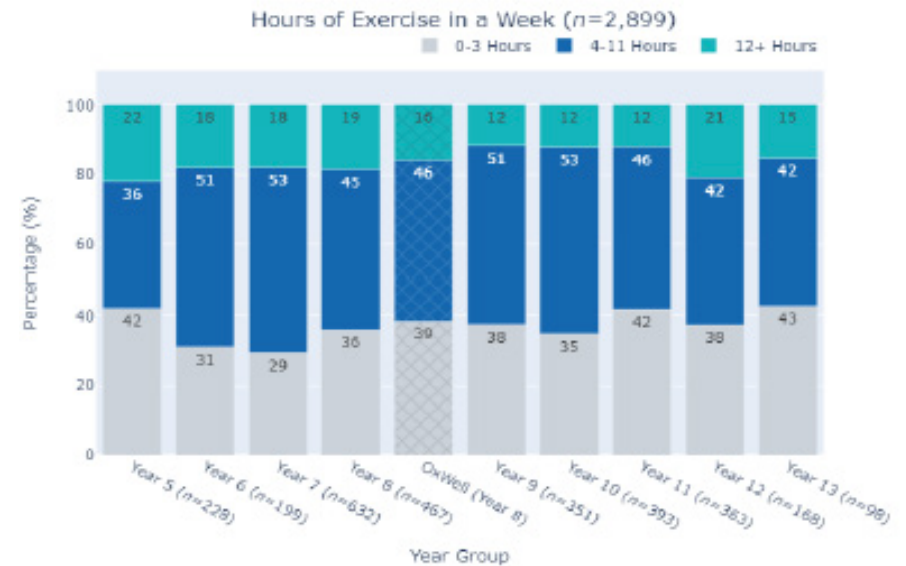
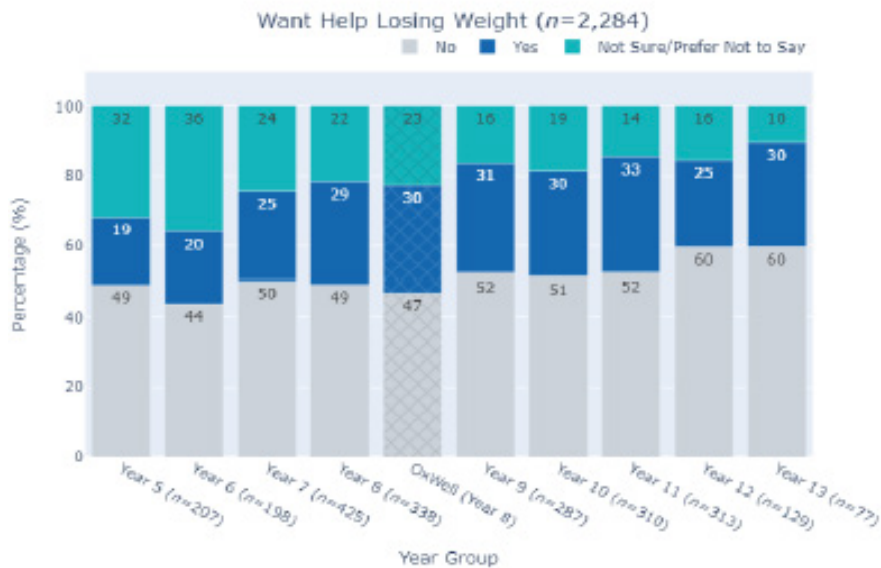
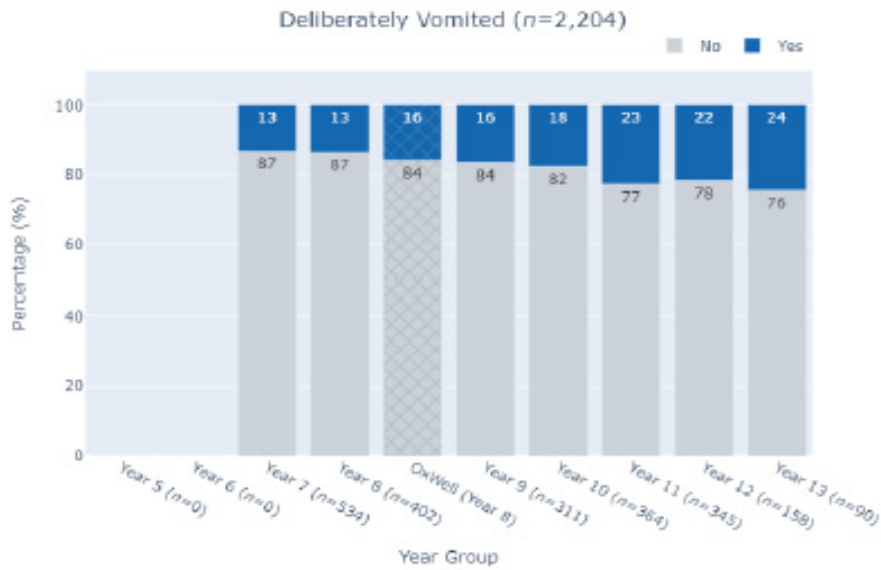
Student Responses to Eating and Diet Questions

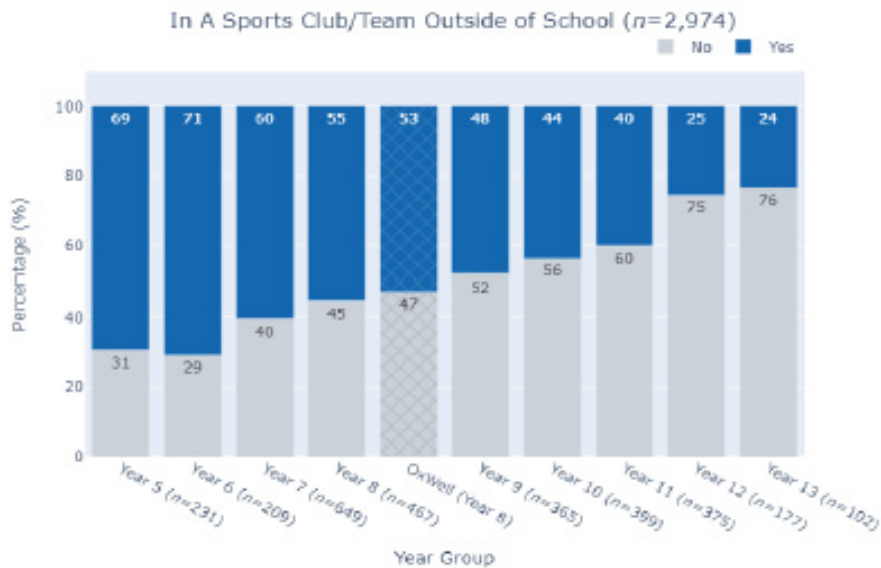
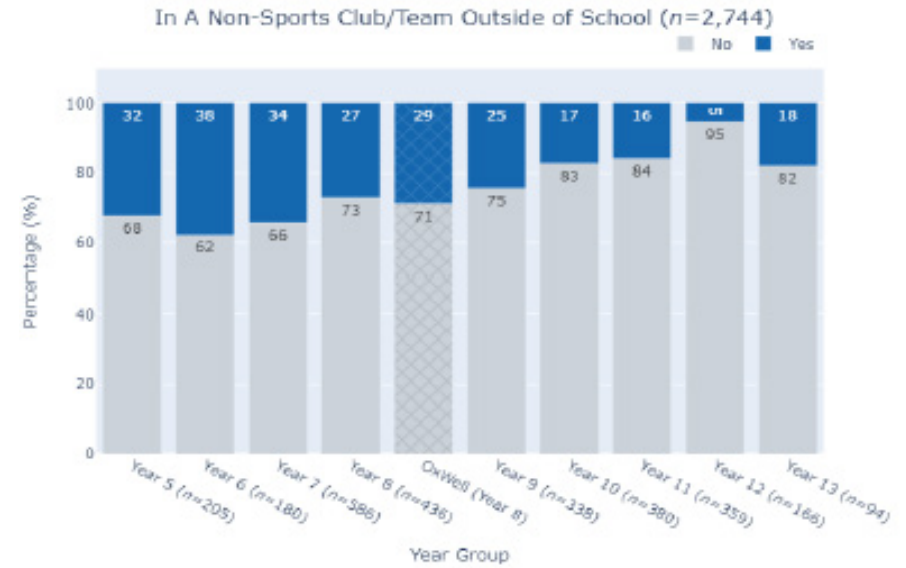
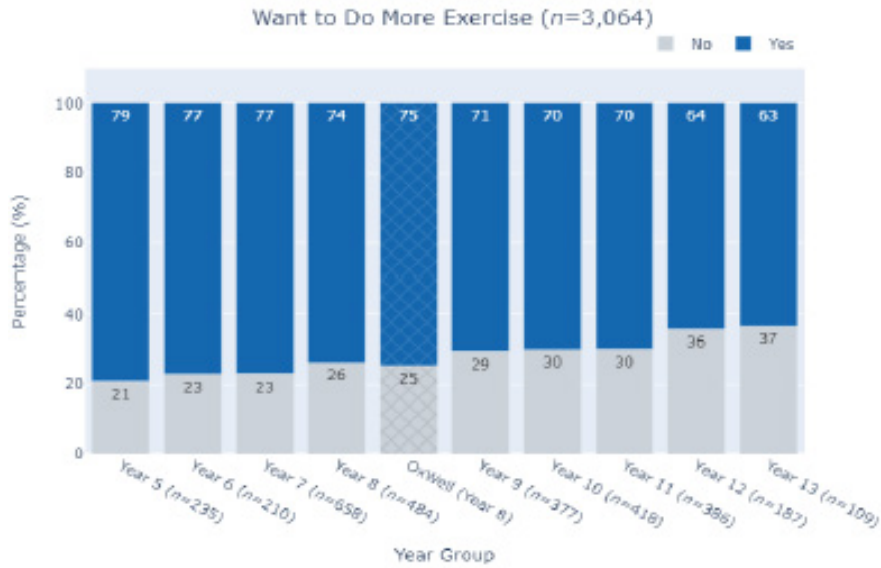


Levels of Physical Activity

Maintaining a balance with school/college and other developmental goals, including physical activity, is an important part of the lives of many children. We ask how often they engage in physical activity inside and outside school/college, if they would like to do more physical activity, if they enjoy these activities, and we also ask how they travel to school/college. Many studies have demonstrated the relationship between levels of activity and physical and mental health making this an important area to encourage for students.

Student Responses to Physical Activity Questions

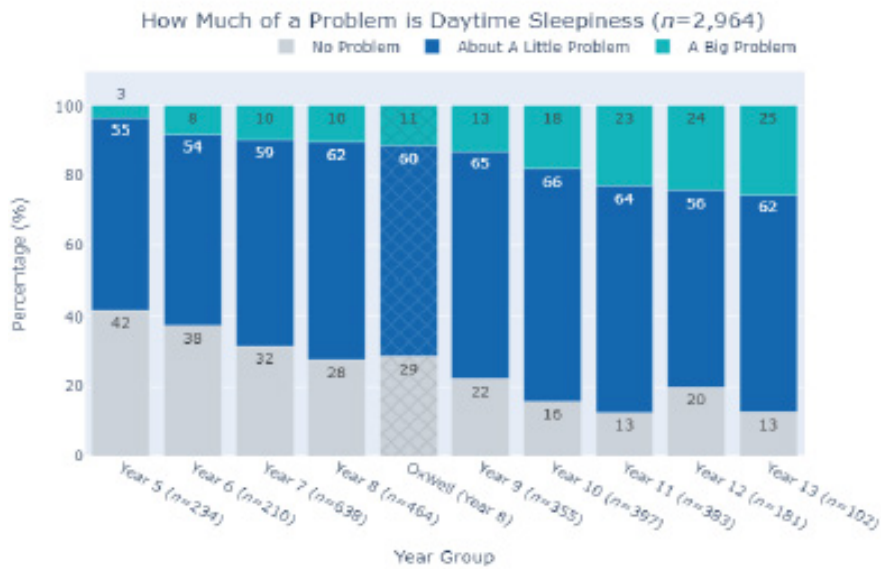
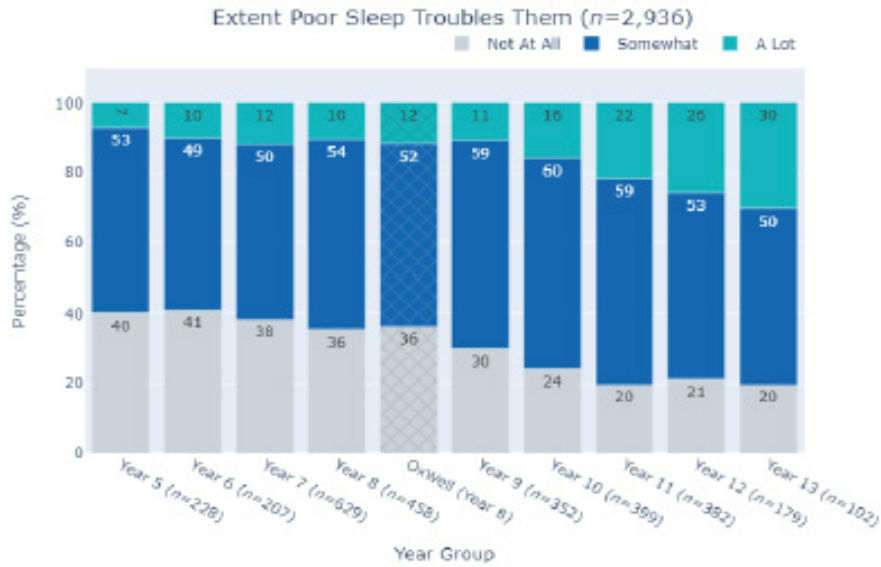




Sleep

Students were asked a range of questions about their sleep habits, including the time they go to bed and the time they wake up on school/college days and weekends and also if they take daytime naps. These questions are important as we know that sleep patterns are related to mental health and well-being; sleep is affected in many mental illnesses as well as poor sleep impacting on a range of other activities. Here, we present results about the quality of their sleep, alongside findings around daytime sleepiness.

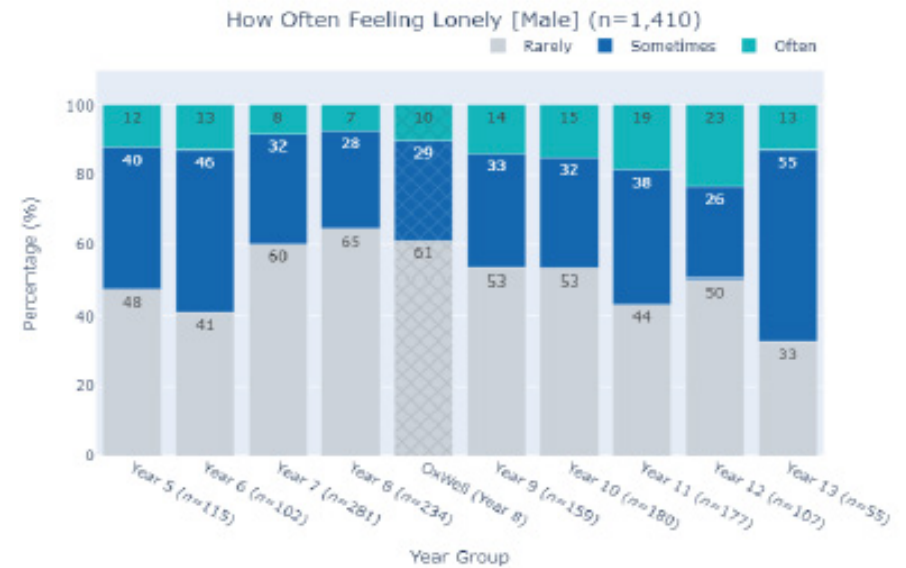
Student Responses to Sleep Questions

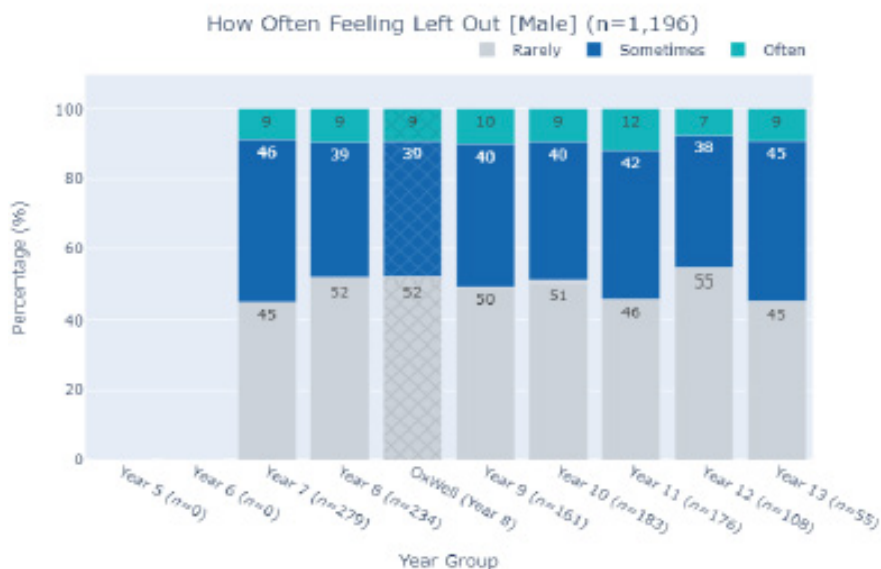
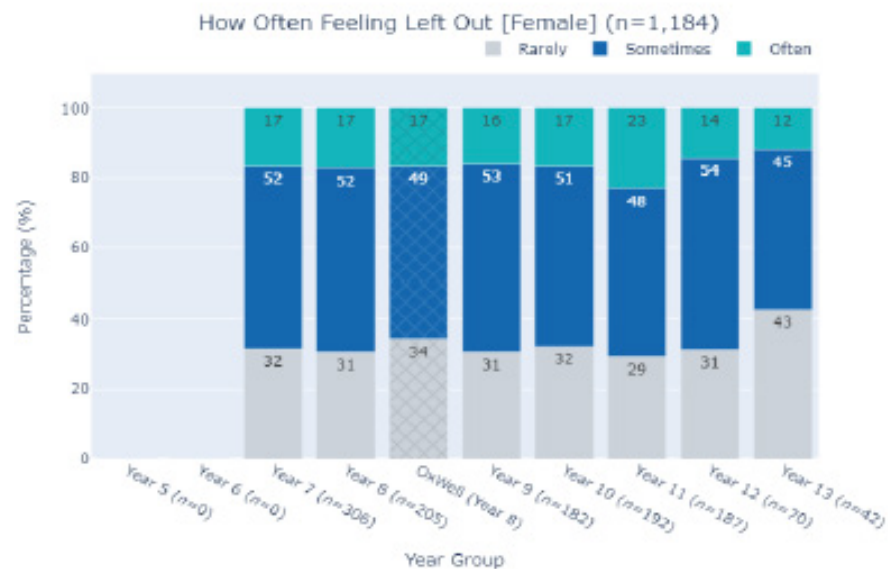
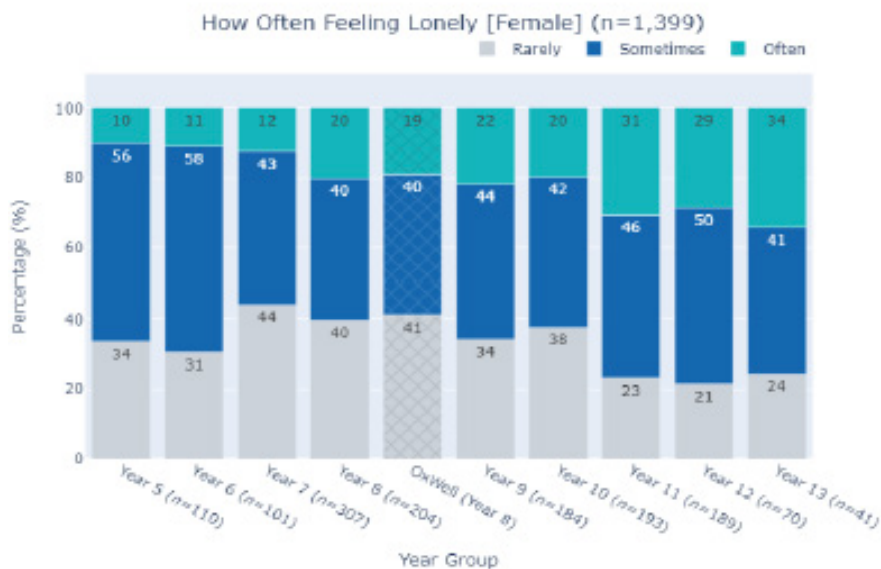


Loneliness & Friendships

Loneliness is an indicator of a number of poor mental health outcomes. It might be that isolation and bullying precipitate a mental health problem or it might be that if you have depression you are less likely to seek out your friends, which can exacerbate low mood. It is however an area that schools/colleges can play an essential role by helping students remain involved and included in activities that can help build their relationships and authentic friendships, as well as enhance their self-esteem. Previous OxWell findings have shown how following self-harm, most students turn to their friends for support.

Student Responses to Loneliness & Friendships Questions





Mental Health & Self-Harm

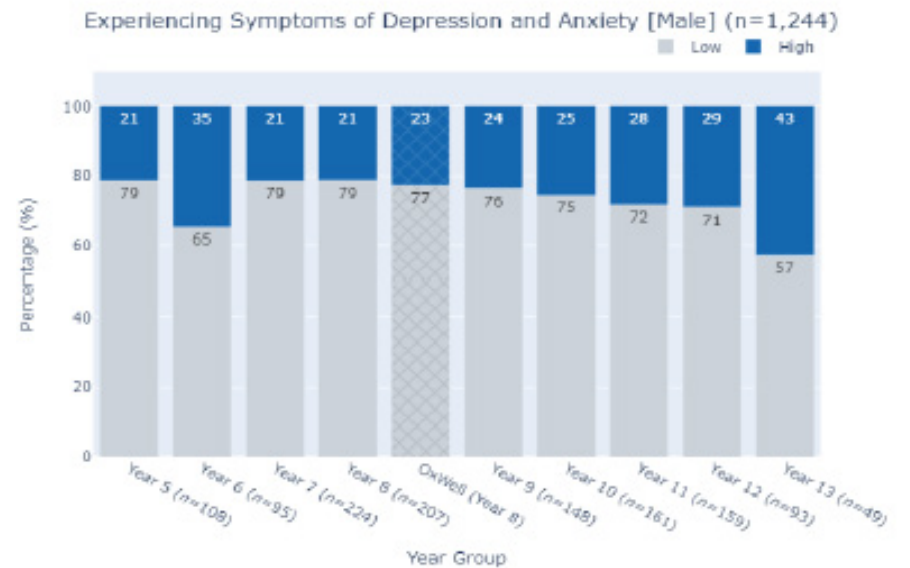
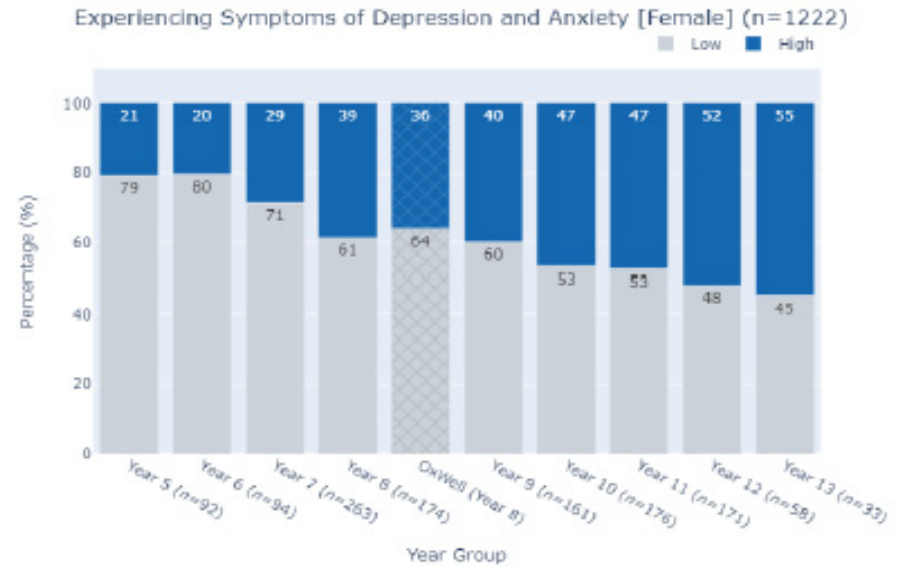
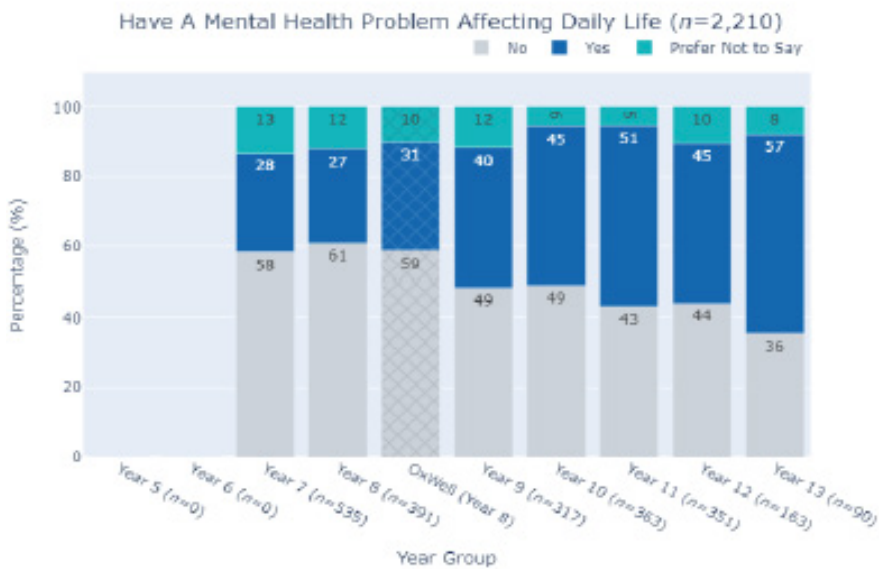
As this is primarily a mental health and well-being survey, there are a number of questions on well-being; anxiety and depression; eating disorders; and paranoid thoughts. We report here on a depression and anxiety scale (RCADS-11) as well as on self-harm exposures. We then report on how accessible students find mental health services and support.

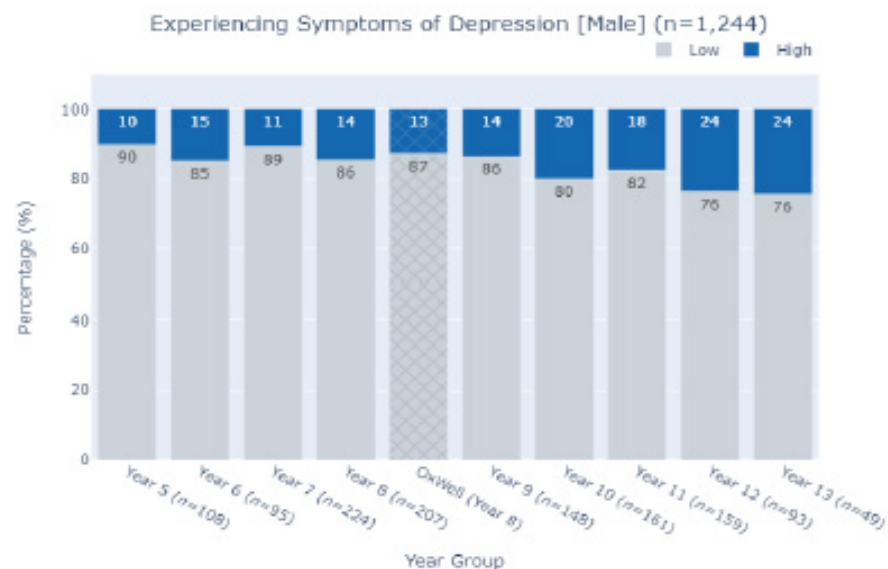
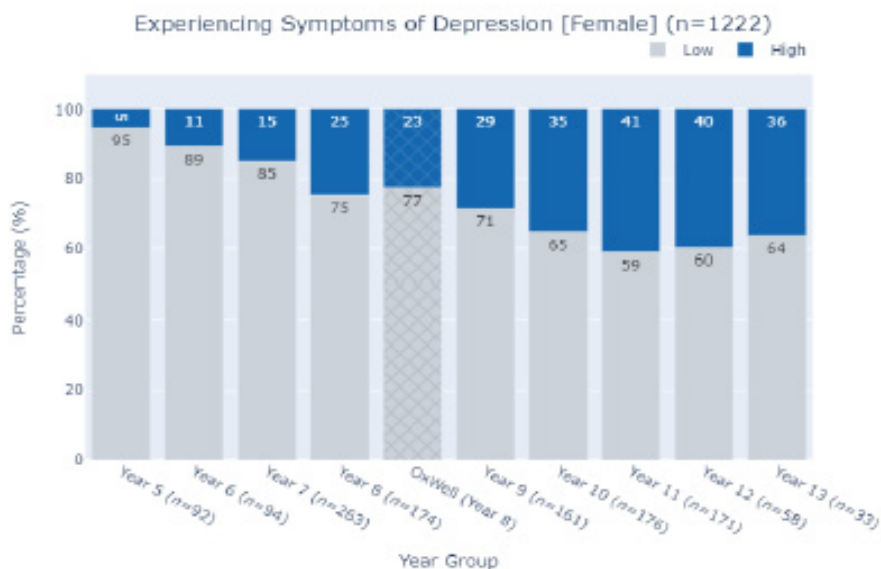
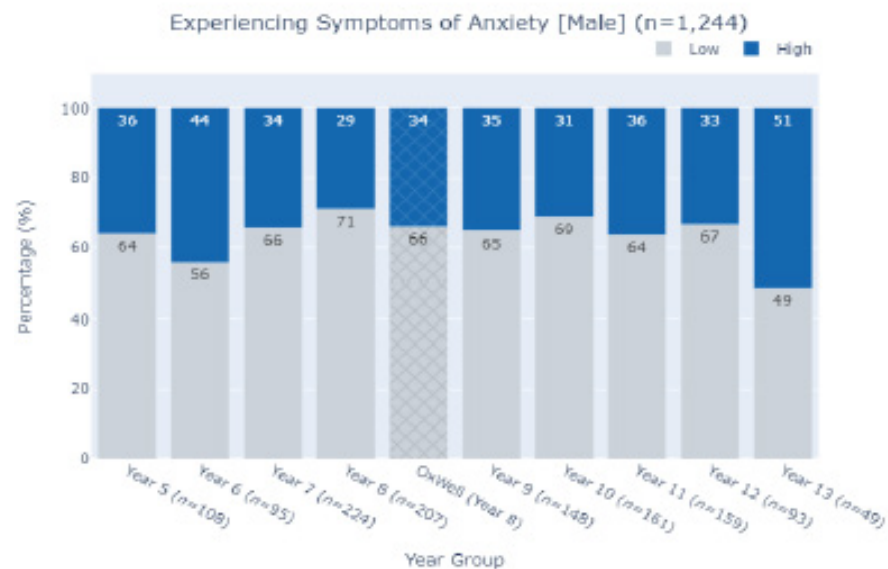
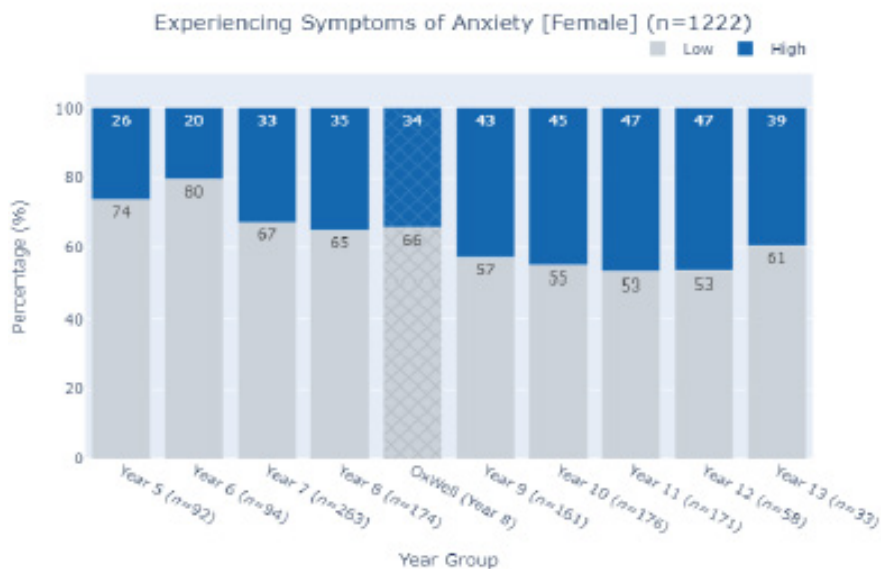
The RCADS-11 provides information on the likelihood of a student falling in the range for a clinical anxiety or depressive disorder. Results are presented separately for males and females (as this is how the measure has been developed - with no separate measure for those not identifying as either male/female). Across many surveys it has been observed that females often score more poorly than males and that these scores get worse as students get older. We present the total findings first (both anxiety and depression combined), and then separate anxiety and

depression - although many have a combination of symptoms.

Please note, that in LodeSeeker there are a number of questions that are of particular relevance to how mental health support and services can be better understood. We ask about the types of service they have accessed: structured (CAMHS, social care, primary care, private provision, charities, online); school (counsellors, EMHPs, nurses, other adults) and family/friends. We also ask if they found the support they received helpful and about the barriers to accessing further care.

Student Responses to Mental Health, Self-Harm, and Mental Health Services Questions



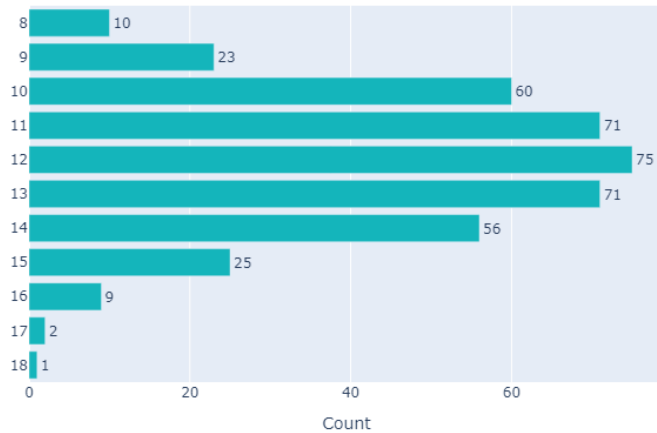


For the whole area, 545 reported (21%) that they had self-harmed in the last month. Please note this response does not give an indication of severity.

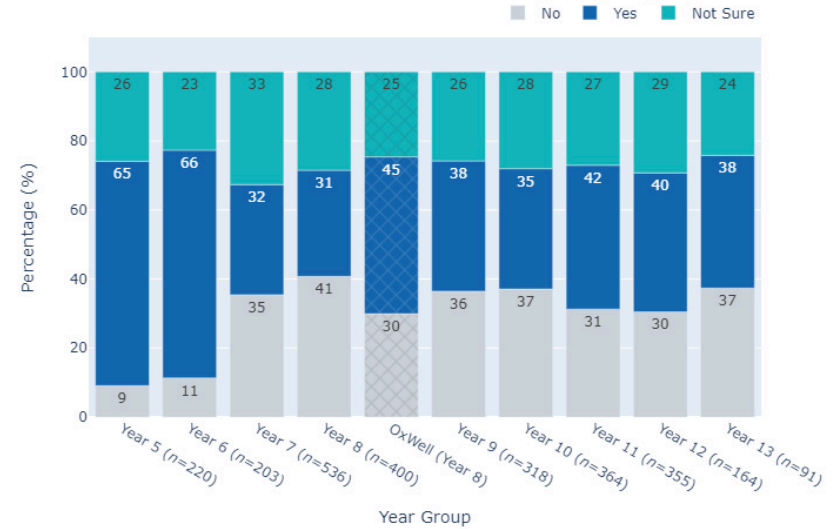
This year we have also added new questions on self-harm to be answered by those in years 5 and 6, and then for those in secondary school we asked how old they were when they first self-harmed.

We asked about how accessible support for mental health problems is for students and we have previously observed variation in responses to this question both within and between schools/colleges.

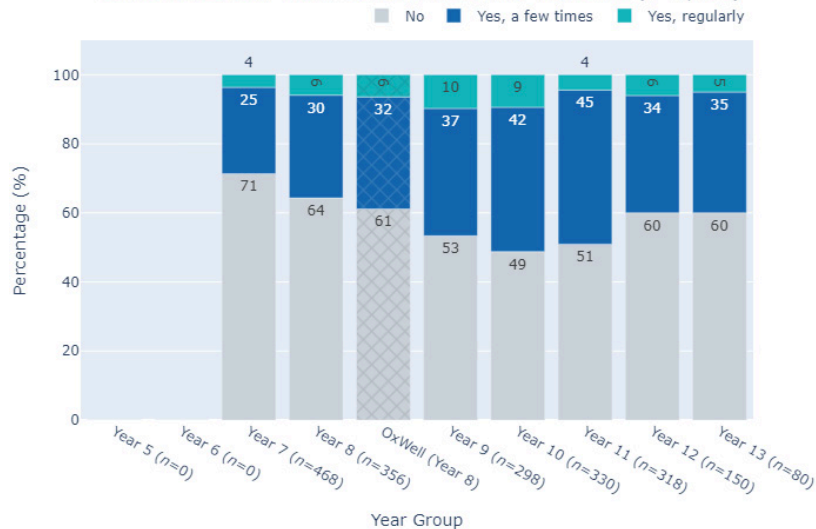
Age when First Self-Harmed (n=431)



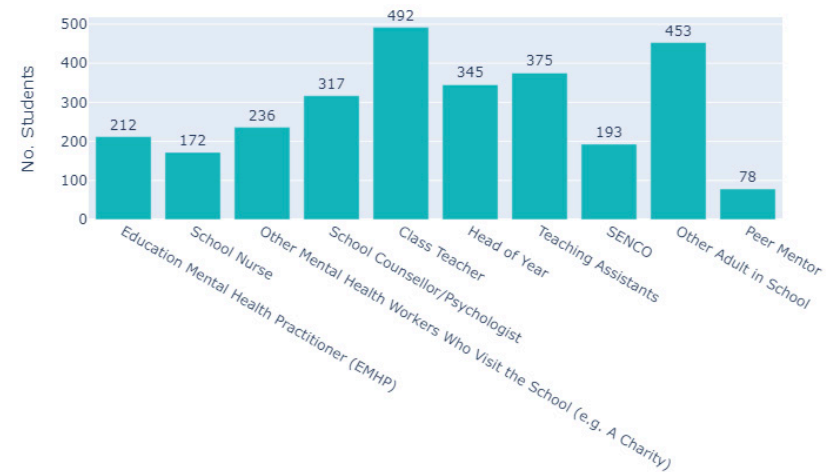
Know Who Provides Mental Health Support (n=2,651)



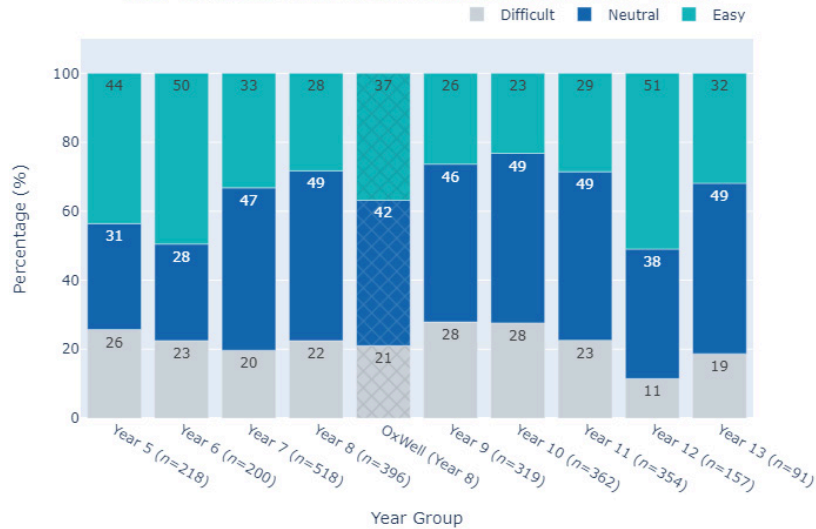
Come Across Self-Harm Content on Online Platforms (n=2,000)



Who Provides Mental Health Support

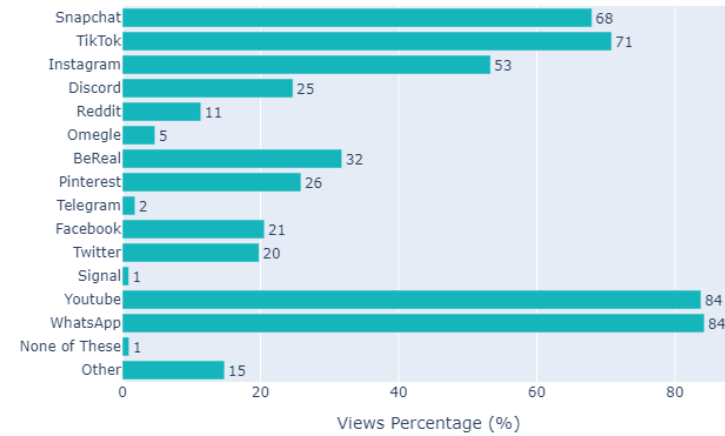


Easy to Access Mental Health Support at School (n=2,615)



Student Responses to Online Behaviours Questions

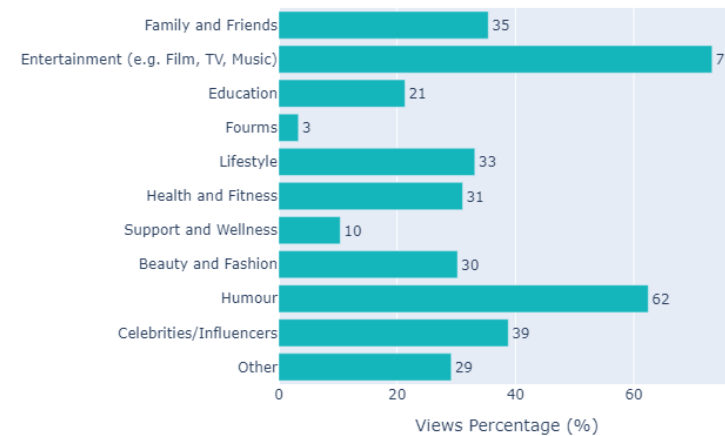
Online Platforms Accessed in Last 24 Hours (n=2,077)



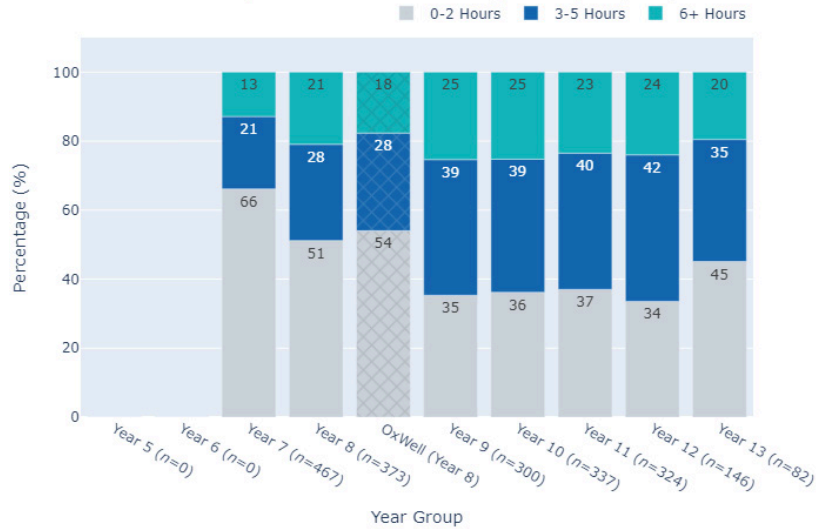
Online Behaviours

It is increasingly apparent that young people are moving in both virtual and in-person social environments and so we have asked questions in OxWell to better understand what they are doing and their relationships. Questions asked include how many hours they spend gaming and on social media, as well as further information about whom they might interact with online and which platforms they have been on in the last 24 hours. We also ask about levels of parental monitoring and if they have met up with people they have first met online, and some of the details of those meetings. Previous OxWell findings have shown that those students gaming for the longest time did not necessarily have negative mental health outcomes, but some at-risk groups were identified - such as girls gaming on their phones.

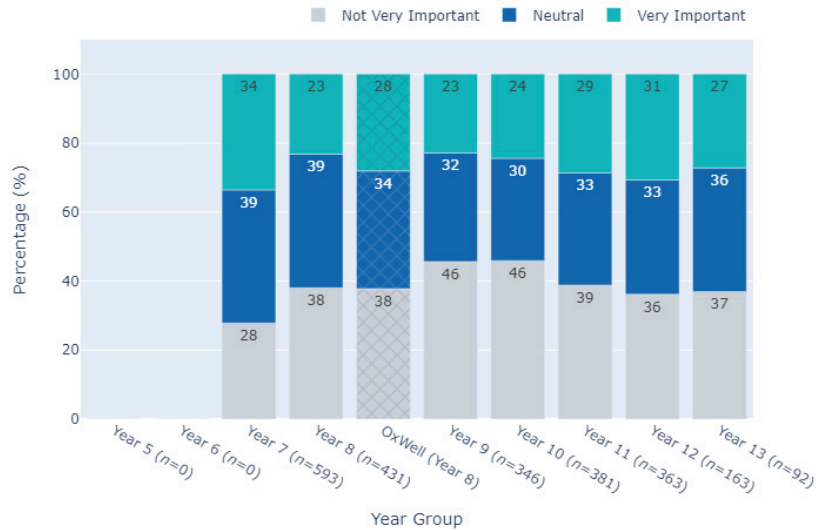
Social Media Content Accessed in the Last 24 Hours (n=1,983)



Hours Spent on Social Networking Sites (n=2,029)



Importance of Meeting a Friend Face to Face When Most Distressed (n=2,369)

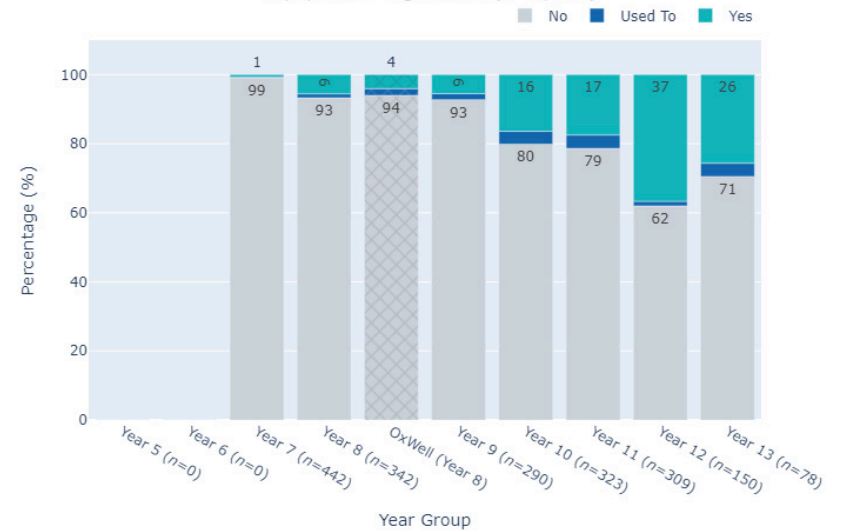


Substance Use

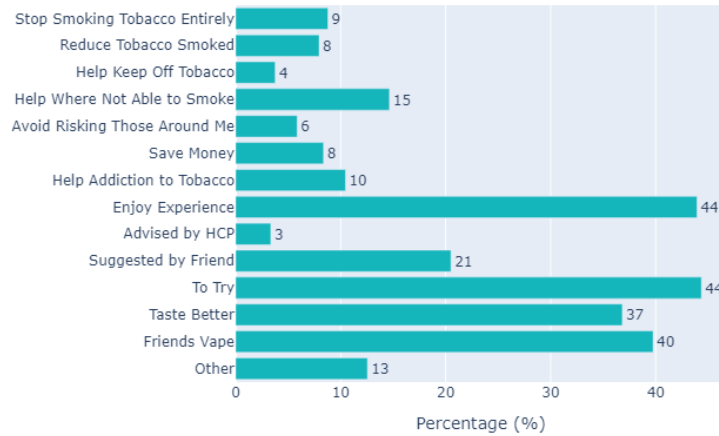
Alcohol consumption and drug use are known to coincide with, and exacerbate, mental health problems. For this reason, we ask a range of questions related to the prevalence of these behaviours and the reasons behind them, how they access vaping products and alcohol, how frequently and how much they drink (if they do), and if and what drugs they might have been offered and taken.

Student Responses to Substance Use Questions

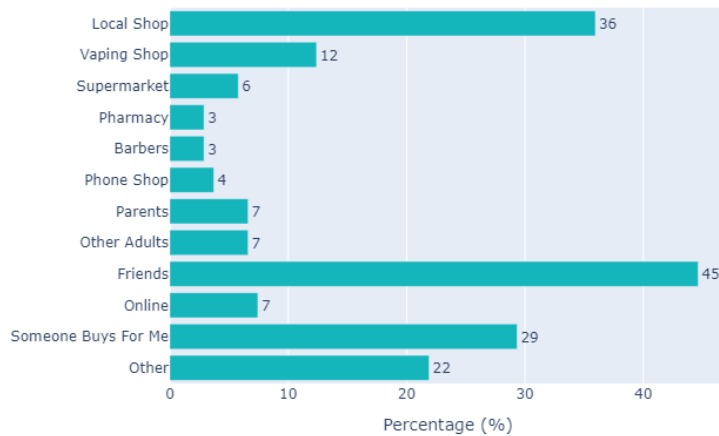
Vape/Use E-Cigarettes (n=1,934)



Reasons for Currently Vaping (n=239)



Usual Sources for Vape Products (n=242)



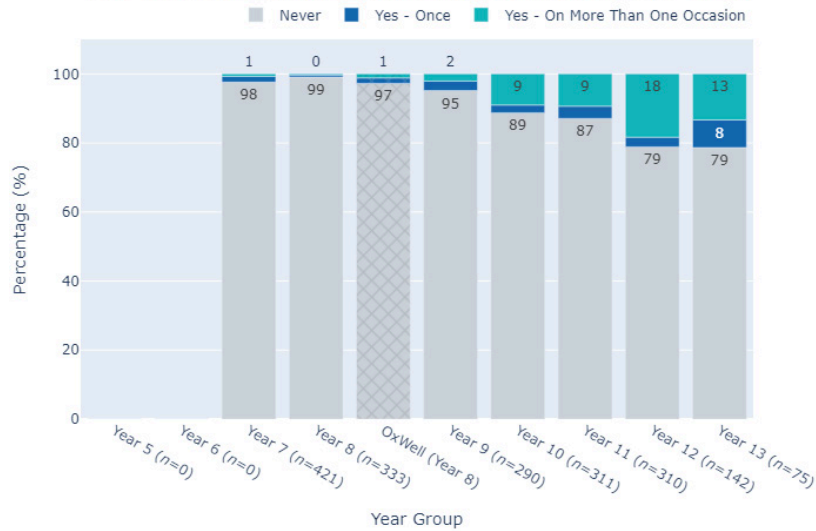
Past Month, Days Had at Least One Alcoholic Drink (n=1,866)



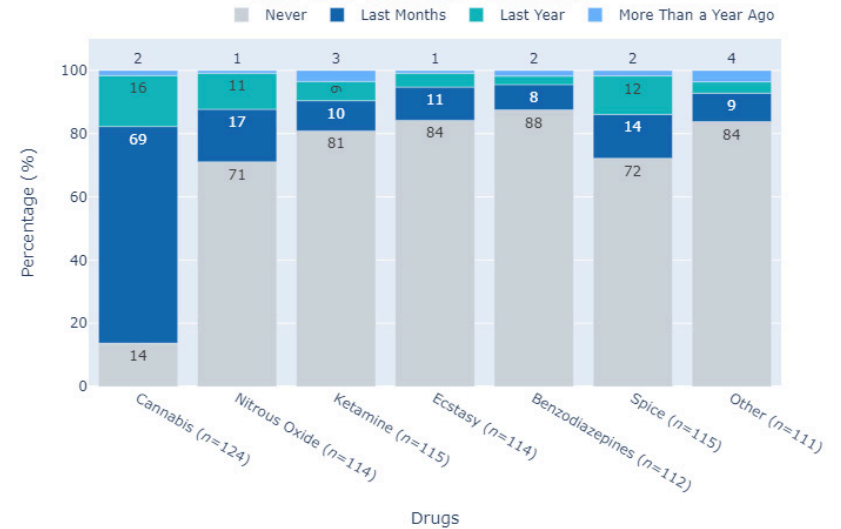
Past Month, Days Had Four or More Alcoholic Drinks (n=1,854)



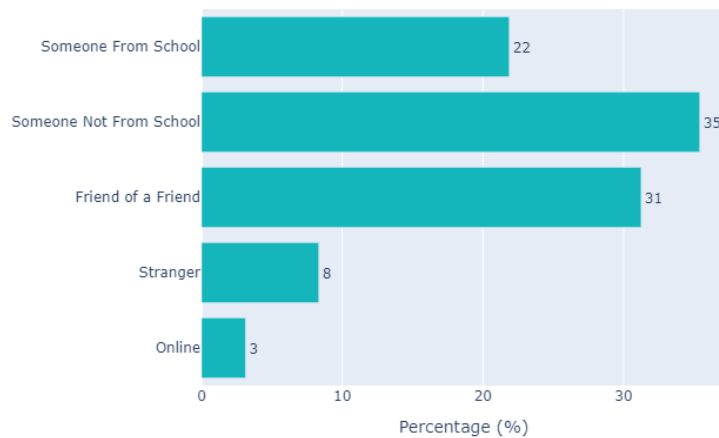
Past Year, Taken Something to get High/Self-Medicated (n=1,882)



Last Time Used/Took These Drugs



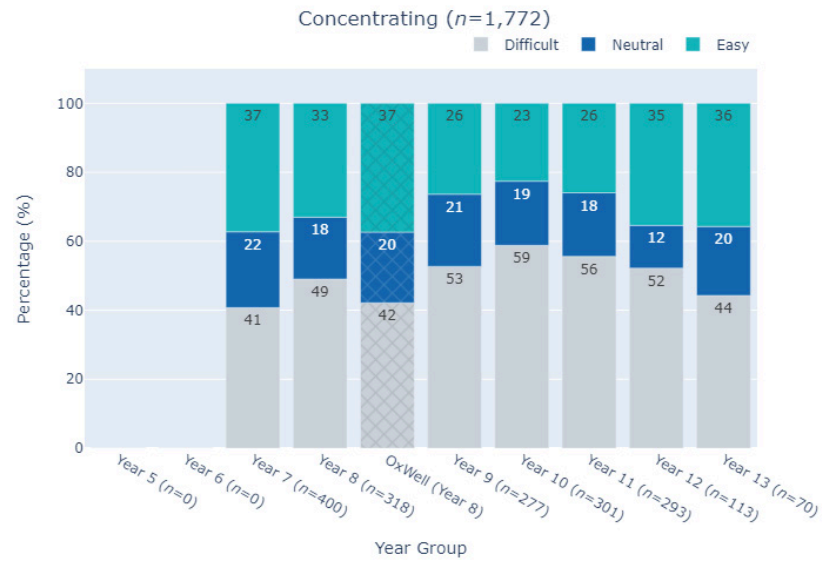
Sources of First Drugs (n=96)



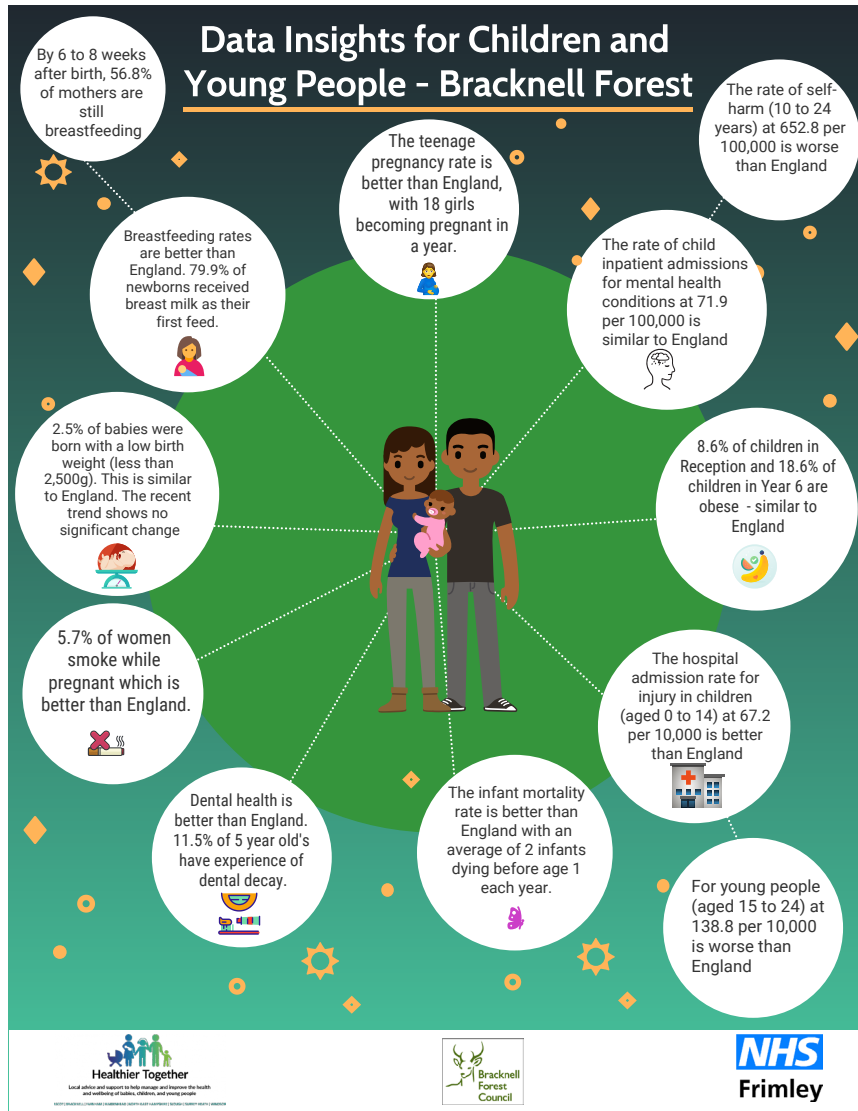
Cognition

Cognitive processes such as thinking, concentrating, and making decisions can have an impact on mental health outcomes and are asked about in the survey. Asking about how well students are concentrating can help to better understand their needs.

Student Concentration



Overall, comparing local indicators with England averages, the health and wellbeing of children in Bracknell Forest is better than England.



- The infant mortality rate is better than England with an average of 2 infants dying before age 1 each year. Recently there have been 2 child deaths (1 to 17 year olds) each year on average.
- The teenage pregnancy rate is better than England, with 18 girls becoming pregnant in a year.
- 5.7% of women smoke while pregnant which is better than England.
- Breastfeeding rates are better than England. 79.9% of newborns received breast milk as their first feed. By 6 to 8 weeks after birth, 56.8% of mothers are still breastfeeding.
- The MMR immunisation level meets recommended coverage (95%). By age 2, 95.1% of children have had one dose.
- Dental health is better than England. 11.5% of 5 year olds have experience of dental decay.
- 8.6% of children in Reception and 18.6% of children in Year 6 are obese similar to England amber in EB
- The rate of child inpatient admissions for mental health conditions at 71.9 per 100,000 is similar to England. The rate of self-harm (10 to 24 years) at 652.8 per 100,000 is worse than England.
- 2.5% of babies were born with a low birth weight (less than 2,500g). This is similar to England. The recent trend shows no significant change.
- The hospital admission rate for injury in children (aged 0 to 14) at 67.2 per 10,000 is better than England, and for young people (aged 15 to 24) at 138.8 per 10,000 is worse than England.(Source Child Health Profiles (phe.org.uk)

Our Priorities



Our framework for delivering improvements

We know that delivering changes that will improve outcomes for children and young people in the borough is hard. All of the partner organisations have a wide range of competing priorities and pressures, and limited resources to achieve them. Recognising this, we have focused this plan on the **outcomes that we collectively believe are most important** in Bracknell Forest, **and the ways of working that will deliver them.**

Priority Outcomes

These are the priority areas that are the focus of this plan. These are things that are very important to residents of the borough and to us, and that we believe we can improve through the way that we work together.

By selecting these areas we are committing that the partnership will align our work and give them additional focus during the duration of the plan. We plan to make a measurable and sustainable impact on children and young peoples lives in the borough.

Delivered
Through



How we will work together

The way that we work will be fundamental to delivering change. We have agreed a number of “enablers” that will be a golden thread through the work that we do.

These will ensure that we are rigorous, transparent and effective in our efforts. We are committed to working in partnership, including with local children and young people, and in doing so will increase our chances of success.

In the following slides we these priority outcomes and enablers. These set out the way we are thinking about each of these challenges and the key approaches that we intend to take to deliver change for local children.

Priority Outcomes

We are focusing on a small number of priority areas. These are outcomes that we believe local partners can have a significant impact if we work together effectively. They are also areas that we have collectively agreed need improvement and that will have a significant impact on local children and young people.

Tackling Health Inequalities: We are committed to drive positive change by reducing health inequalities and improving the health of Children and Young People who live, work and study in the borough. Reduce the differences in health between different groups of people. Support individuals at high risk of bad health outcomes to live healthy lives. The NHS Long Term Plan referenced an ambition that Health would focus on all children aged 0-25 to ensure a strong start in life and the resulting of CYP Transformation Programme has been prioritising improvements in childhood immunisation, long-term conditions, mental health, weight management. The Core20plus5 NHS framework outlines five key areas of Health Inequalities which are Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.

Stronger Support for Emotional Wellbeing and Mental Health: Children and young people are in greater need of support to their emotional wellbeing than ever before. We know that services are stretched and children are not always getting the support that they need. This is particularly challenging following the pandemic. We will work together to focus on the way that services can join together to meet the needs of children in the most effective way at all stages of their lives.

Improved life chances for Care Leavers: The support that we can provide to children who have experienced being in care is particularly important to us and to them. We know that the support we provide to care leavers can be life changing and can help them to make their way successfully in life. Working together we will ensure that we deliver outstanding support to care leavers and that we will consider their needs and their wishes in the way that we design services to support them.

Improving Services for Special Educational Needs & Disabilities: We are committed to improving local services for children with special educational needs and disabilities. We will build on progress we have made to continue to develop and enhance our support for local children to give them the best possible experiences and opportunities for the future.

Being Ambitious about Education for Employment: Supporting every child to achieve their potential throughout their education and as the transition into adulthood has been a key aspiration for the borough. It is at the heart of aim to be a “Borough of Opportunity”. Through our partnership working we will continue to strive for greater progress and to ensure that no child is left behind.

Improve Children and Young Peoples lives with good health and happiness.

We are committed to drive positive change by reducing health inequalities and improving the health of Children and Young People who live, work and study in the borough. Reduce the differences in health between different groups of people. Support individuals at high risk of bad health outcomes to

live healthy lives

The NHS Long Term Plan referenced an ambition to ensure a strong start in life for children and young people, and the resulting CYP Transformation Programme has been prioritising improvements in childhood immunisation, long-term conditions, mental health, weight management and many more, our paediatric networks are working to ensure children and young people are able to access high quality services locally.

How we will work together

Through the following enablers we intend to provide consistency and focus to our work to achieve outcomes. These are commitments to ways of working that will run through all of our work. Each of these enablers will apply in a cross-cutting way to the work of the partnership, and will also specifically relate to each of the priority outcomes (as set out in the following pages).

Collaborative partnerships and service integration: Bringing together partners to work in a seamless and joined up way is our commitment to putting children and families at the heart of our services. Helping local children is everyone's business and should not be limited to the extents of any single organisation. By **working collaboratively to create shared approaches** to our workforce, service pathways and locations.

Listening and co-production with children and families: We aim to strengthen our approach to co-production, so that the voices of children and young people are at the heart of the decisions that we make about the way that we support them. We intend to make this a golden thread that runs through all our work, as a core value and evident in all of our actions. We will use **engagement and co-production** in relation to each priority outcomes to involve children and young people in evaluating the impact of services and in designing new ways of working.

Transformation and joint commissioning: We will work together to ensure that the services across the system are aligned and coordinated. Where we commission services we will ensure sure that they reflect the needs of local children and that they are aligned to the priorities of the partners and work alongside other services. We will prioritise develop **priority actions** and transformation of services that will have the biggest impact on outcomes.

Systematic use of data and insight to support decisions: As individual agencies whether delivering or commissioning support to children we have a range of sources of data. We have improved the way that we use this data to understand performance of services and their impact on children. In delivering this plan we will enhance this further by regularly discussing **key indicators of success** for each outcome and using in-depth analysis to help us to plan and deliver improvements.

Priority 1-Outcome: Tackling Health Inequalities

Why this is a priority: Health Inequalities are ultimately about differences in the status of Children and Young People’s health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have, to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in health status, for example, life expectancy, access to care, availability of given services, quality and experience of care, levels of patient satisfaction, behavioural risks to health such as smoking rates and wider determinants of health and quality of housing. We are committed to reducing these inequalities by working with partners and data sources to have a clear understanding and required action to improve access and services as per Core20Plus5 Framework and JSNA for Bracknell Forest.

Working collaboratively to create shared approaches:	Priority Actions:	Engagement and co-production:	Key Indicators of Success:
<p>The Frimley Children and Young Peoples Strategy</p> <p>NHS Core20Plus5 Framework NHS Long Term Plan</p> <p>Frimley ICS Children Young People Urgent Care Oversight Group.</p> <p>Local Transformation Plan</p> <p>Child Health Information Service (CHIS)</p> <p>Health and Wellbeing Strategy P1, P2 and P4 and JSNA data.</p>	<ul style="list-style-type: none"> Strengthening the clinical areas identified in CORE20plus5, Asthma, Diabetes, Epilepsy, Mental Health & Oral Health and defining plus groups. Improve school readiness for Reception and KS1 Delivering improved outcomes for Childhood Obesity and Childhood Immunisations Deep dive into UEC Admissions Improving the delivery of health visiting and school nursing offer and increase awareness Childhood Immunisations and Breastfeeding. Establish a whole-school approach to health in Bracknell Forest 	<ul style="list-style-type: none"> Continue the Young Health Champions programme in Bracknell Forest and involve them in co-production and peer support Insights and intelligence from GPs/PCNs Deep Dives on data Co-production and peer support from Frimley Health Youth Board. 	<ul style="list-style-type: none"> Improve attendance of pupils with respiratory conditions and reduce hospital admissions (National bundle of Care targets) Develop innovative solutions to support those with unhealthy weights to achieve and maintain health weights. Increase in offer and uptake in weight management in target populations (HWBS) Improved rate of uptake in childhood immunisation for 0–5-year-olds with a particular focus on increasing uptake in those communities where take up is currently lowest. Increased rates of breastfeeding at birth and 6–8 weeks with a particular focus on increasing rates in those communities where breastfeeding rates are currently lowest. School readiness data HNA

Priority 2- Outcome: Stronger Support for Emotional Wellbeing & Mental Health

Why this is a priority: We recognise that children who need help and support with the emotional wellbeing are waiting too long for support, Whilst others are not able to access help that they need. Mental health problems are affecting many more children than ever before and we know that improving the help and support they receive can have a life changing impact. By making this a priority we intend to ensure that the right person is available at the right place and the right time to provide support to a child, young person or their family using the Thrive Framework an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families and mental health needs are defined by children, young people and their families, alongside professionals, through shared decision making.

Working collaboratively to create shared approaches:	Priority Actions:	Engagement and co-production:	Key Indicators of Success:
<p>The Frimley Local Transformation Plan group oversees delivery of an ambitious strategy and action plan. CAMHS Getting Help and Getting More Help Services attend LTP.</p> <p>In Bracknell Forest, the Emotional Health and Wellbeing Network to oversees and coordinate local activity. Co-Chaired by CAMHS Getting Help and Early Help</p> <p>Our Early Help strategy is in place to create a shared approach to meeting needs across the children’s workforce.</p>	<ul style="list-style-type: none"> • Delivering improved Crisis Support (Thrive Framework) • Strengthening transition arrangements for children with mental health problems • Expanding the reach of schools based Mental Health Support Teams 	<ul style="list-style-type: none"> • Continue the Young Health Champions programme in Bracknell Forest and involve them in co-production and peer support • Engaging with SILSIP (Children in Care Council) and Care Leavers Council to co-produce support for care experiences young people • Development of a Co-Production Network to support peer-engagement • CAMHS will continue to gather feedback on experiences of services 	<ul style="list-style-type: none"> • % of service users showing a reliable improvement (ROMs) • Reducing waiting times for CAMHS services • Indicators on happiness and wellbeing from the ONS survey and the local survey on mental health and wellbeing of school children in Years 5-13 conducted by Oxford University (OxWell Survey) • Reduce admissions for mental health conditions for children and young people aged 10 to 19

Priority 3- Outcome: Improved life chances for Care Leavers

Why this is a priority: Care experienced young people face a range of obstacles to achieving success in their lives. In Bracknell Forest we recognise the important role that we have in helping to remove these obstacles and supporting care leavers to achieve their ambitions. We know that we can do more however to improve opportunities for care leavers to access education, training and employment and to improve the local offer of support available to them.

Working collaboratively to create shared approaches:	Priority Actions:	Engagement and co-production:	Key Indicators of Success:
<p>The Corporate Parenting Advisory Panel includes local partners ensuring that we support children in care and care leavers.</p> <p>Working together with local partners we will further develop the local offer in order to support the health, safety, accommodation and employment of care leavers as they move into adulthood.</p>	<ul style="list-style-type: none"> • Enhance support for care leavers to access and succeed in higher education • Increase employment opportunities open to care leavers and their readiness to take them up • Improve mental health support offer for children in care and care leavers • Ensure that pathway planning is fully effective in supporting care leavers to achieve their potential 	<ul style="list-style-type: none"> • Further develop the Care Leavers council and ensure that local partners contribute to their meetings • Increase the range of care leavers who are involved in activities and peer support • Increase co-production and the impact of care leavers on service design 	<ul style="list-style-type: none"> • Increase the % of care leavers in education, training or employment • Increase the number of care leavers who attend University • Increase the number of care leavers who are employed through apprenticeships

Priority 4- Outcome: Improving Services for Special Educational Needs & Disabilities (SEND)

Why this is a priority: Support to children with SEND has not been good enough in Bracknell Forest. A joint inspection by the CQC and Ofsted in late identified nine areas of significant weakness, and this meant that children were not receiving the right support in a timely way to meet their needs. Local partners are working together to address these failings and to ensure that in the future Bracknell Forest will be an excellent place for children with SEND to receive the support needed to succeed in education.

Working collaboratively to create shared approaches:	Priority Actions:	Engagement and co-production:	Key Indicators of Success:
<p>Local partners are working closely together to oversee and coordinate service improvement.</p> <p>A SEND Improvement Board is working together to deliver a Written Statement of Action that outlines how service improvement will take place.</p>	<ul style="list-style-type: none"> • Developing and delivering a clear, co-produced SEND Strategy • Delivering effective therapeutic support to children with SEND • Improve transition arrangements to support young people into adulthood • Developing the Local Offer to ensure advice, support and social care is available • Establish a Strategy for Alternative Provision. 	<ul style="list-style-type: none"> • Embedding co-production as a business-as-usual process within SEND services • Engaging parent carers at a strategic level in service design and delivery • Development & delivery of a Communication and Engagement charter 	<ul style="list-style-type: none"> • % EHCPs completed within statutory timescales • Reducing the number of complaints about SEND support • Reducing waiting times for accessing therapeutic support • Decreasing the % of children who are educated out of borough • Reducing fixed term exclusions for children with SEND

Priority 5- Outcome: Improving education outcomes for all pupils, including disadvantaged or vulnerable pupils, and those with SEND

Why this is a priority: Effective education is at the heart of the support that the borough can provide to every child. This means that we need to work together to meet the needs of all children, regardless of the challenges they face to succeed in education and to be ready to access employment. We are committed to ensuring equitable and improved education outcomes for all pupils. Through inclusive programmes and collaborative partnerships, we strive to unlock the full potential of every child and ensure that the gaps between disadvantaged and vulnerable pupils, or those with SEND, and their peers are significantly narrowed.

Working collaboratively to create shared approaches:	Priority Actions:	Engagement and co-production:	Key Indicators of Success:
<p>Joint working across the People Directorate to deliver the Learning Improvement Strategy.</p>	<ul style="list-style-type: none"> Ensuring sufficiency of quality early years places for 0-5 years old Supporting effective transitions into and out of all key stages Creating an inclusive culture in schools and settings in which disadvantaged pupils and those with SEND thrive Ensuring the curriculum is matched to pupil need, including through a strong focus on reading Promoting equality, diversity and inclusion in schools 	<ul style="list-style-type: none"> Engagement of key stakeholders in the development of the new Learning Improvement Strategy, including Headteachers, governors and across LA teams 	<ul style="list-style-type: none"> Improved attainment for disadvantaged pupils or those with SEND at all statutory assessment points EYFS to KS5. Narrowed gap between disadvantaged pupils and their peers at all statutory assessment points EYFS to KS5. Narrowed gap in suspensions and exclusions between disadvantaged pupils or those with SEND and their peers. Narrowed gap in absence and persistent absence between disadvantaged pupils or those with SEND and their peers. 97% of schools continue to be judged good+ by Ofsted and reports reflect the inclusive culture and effective provision for disadvantaged pupils and those with SEND. Reports of incidence of discrimination are rare and are tackled decisively. Participation in school sport and physical activity continues to be high

How We Developed The Plan



How we developed the Plan

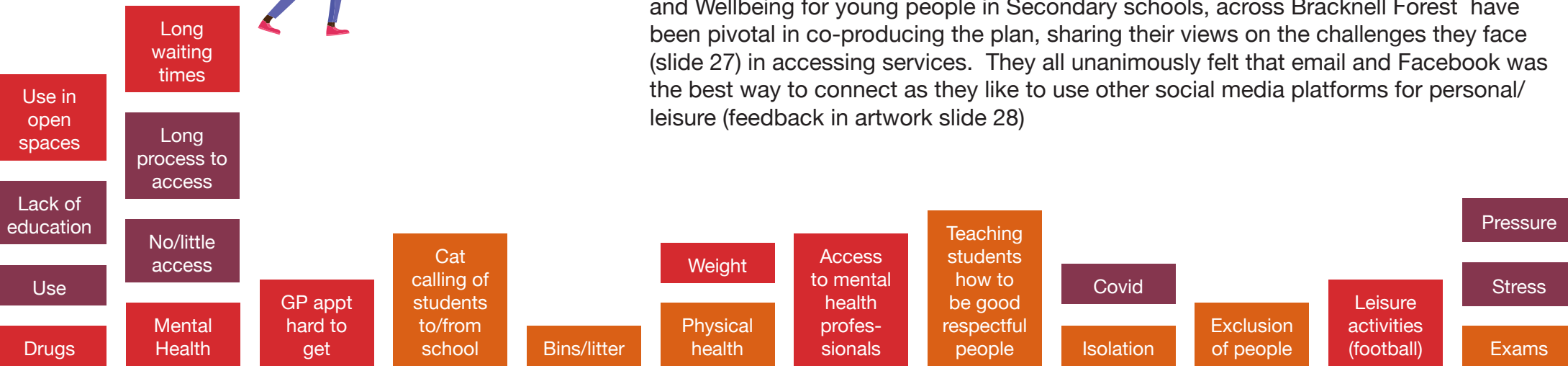
A refresh of Children and Young People’s Plan has been a collaborative effort. We have consulted with our many dedicated partners, parents/carers and children and young people to learn as much as possible about the needs of our children and young people, how well our services are currently meeting those needs and what system-wide changes are required to deliver the best possible support.



Children and Young People’s Partnership Board and Co-production

Children and Young People’s Partnership is a long-standing partnership to bring together agencies sharing responsibility for the successful delivery of outcomes and services for children across Bracknell Forest. The partnership includes representatives from the Council, NHS and community organisations and other partners which enables strategic decision making across Children Young Peoples agenda. It has supported the development of this Children and Young People’s Plan and while actively engaging with all user groups /networks to ensure their voices are heard to co-produce the plan.

Bracknell Forest Health Champions is a peer education group to promote Health and Wellbeing for young people in Secondary schools, across Bracknell Forest have been pivotal in co-producing the plan, sharing their views on the challenges they face (slide 27) in accessing services. They all unanimously felt that email and Facebook was the best way to connect as they like to use other social media platforms for personal/leisure (feedback in artwork slide 28)



Challenges



Appendix



THRIVE Framework for System Change – 5 groups



Abbreviations

- BFC** - Bracknell Forest Council
- CAMHS** – Child and adolescent mental health services
- CIC** – Children in care
- CNO** – Chief Nursing Officer
- CYP** – Children and young people
- EHCP** – Education, health and care plan
- EBSA** – Emotionally based school avoidance
- FE** – Further education
- ICB** – Integrated Care Board
- ICP** – Integrated Care Partnership
- ICS** – Integrated Care System
- LA** – Local authorities
- LDA** – Learning disability and autism
- MHSTs** – Mental Health Support Teams in Schools
- NEET** – Not in employment, education or training
- NHS Frimley** – Frimley Health and Care Integrated Care System
- PEP** – Personal Education Plan
- PPEP Training** – Psychological perspectives in education and Primary Care
- SDQ** – Strengths and difficulties questionnaire
- SEMH** – Social, educational and mental health
- SENCo** – Special educational needs coordinator
- SEND** – Special educational needs and disabilities

Terminology

Place – in the context of BFC, ‘place’ refers to the borough, or local authority

System – the local ‘system’ encompasses all the groups/ organisations working in partnership to deliver the best possible outcomes for children and young people (including the local authority, health, education, the voluntary sector and parent/ carer or youth voice groups)

Any references to “**children**” or “**young people**” should be taken to mean any young person aged 0–18 for social care and the majority of children’s services and up to age 19 for our youth service.

We provide statutory support to care leavers up to the age of 21 and up to the age of 25 for those who want the support to continue. Support for young people who have special educational needs and disabilities is available up to the age of 25.

The NHS Long Term Plan has an ambition to selectively moving to a ‘0-25 years’ service will improve children’s experience of care, outcomes and continuity of care

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