Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS

Bristol, North Somerset and South Gloucestershire Vanguard Project

Interim Evaluation Report

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Table of Contents

Glossary of Terms

ACEs	Adverse Childhood Experiences
ACT	Acceptance and Commitment Therapy
ASD	Autism Spectrum Disorder
BDP	Bristol Drugs Project
BNSSG	Bristol, North Somerset and South Gloucestershire
CAMHS	Child and Adolescent Mental Health Services
CABS	Child Affected by Substances
CASTER	Child and Adolescence Screener for Traumatic Exposure and Response
CBT	Cognitive Behavioural Therapy
CRISSP	Coaching for Resilience in Secondary Schools Project
CYP	Children and Young People
DNA-V Framework	Discover, Noticer, Advisor, Values Framework
EBSA	Emotional-Based School Avoidance
ECM	Enhanced Case Management
EIT	Enable Inclusion Team
FCAMHS	Forensic Child and Adolescent Mental Health Services
FIC	The Framework for Integrated Care
FPE	Fixed Period Exclusion
HEAL	Helping Empower Adolescence Lives
HYPE	Barnardo's Lived Experience Advisory Board
ICB	Integrated Care Board
LAC	Looked After Children
L&D	Liaison and Diversion
PEX	Permanent Exclusion
PSHE	Personal, Social, Health and Economic
PTSD	Post-Traumatic Stress Disorder
SALT	Speech and Language Therapy
SAS	Substance Advice Service
SEND	Special Educational Needs and Disabilities
SOTICS	Safer Options Trauma Informed Consultation Service
TIP	Therapeutic Interventions for Peace

Trauma-Aware	Describes an organisation or team with a basic understanding of trauma and adversity and its prevalence, including how it can impact on people (including staff)
Trauma-Sensitive	Describes an organisation or team that has started to explore how to apply a trauma-informed approach and the implications of this on current ways of working
Trauma-Informed	Describes an organisation or team that is responding to the impacts of trauma, and is offering support around this
Trauma-Responsive	Describes an organisation or team where a trauma-informed approach is the norm and no longer dependent on trauma-informed leaders/champions/ambassadors. Impact of changes made have been monitored and evaluated
TISM	Trauma-informed Systems Manager
UWE	University of the West of England, Bristol
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scales
YOT	Youth Offending Team
YVS	Young Victims Service

Executive Summary

- The Framework for Integrated Care (FIC) recognises that children and young people experiencing multiple disadvantage often present with complex needs, and often struggle to access services, and make progress. In addition, services often collectively struggle to meet the needs of this cohort.

- In response to these challenges the FIC sought to enable a more collaborative system that is responsive to complex needs, and is tailored for the specific needs of populations. They sought to achieve this through the funding of twelve national 'Vanguard' sites.

- In October 2020 the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System were invited to serve as the Vanguard site for the Southwest of England. After a launch event in early 2021 a working group made up of partners from across youth services in the region identified three cohorts of complex needs children and young people (CYP) were identified who it was believed could potentially benefit from the Vanguard project. These included:

    - Children excluded from School
    - Children in Care
    - Children with a SEND need

- With the assistance of experts by experience seven projects (pathways) were selected for funding in the BNSSG Vanguard Project:

    - Avon & Somerset Youth Liaison and Diversion team.
    - Avon & Somerset Youth Victims Service.
    - Bristol Barnardo's (HEAL project).
    - BNSSG and BANES Youth Offending Team (Enhanced Case Management).
    - Drugs Inclusion Partnership.
    - Enable Trust (Enable Inclusion Team).
    - NHS CAMHS (SOTICS Enhanced Case Management).

- The BNSSG Trauma Informed System programme moved from a pathway to become one of three Vanguard project enablers, which also includes Barnardo's HYPE Group and Forensic CAMHS.

- A team from the University of the West of England were commissioned to act as the evaluation partner for the BNSSG Vanguard. The UWE evaluation commenced in

January 2023, with monthly meetings with a view to gaining an understanding of the landscape of BNSSG and the Vanguard implementation; the NHS national dataset (quantitative data); and the potential capture of qualitative data to add depth to the evaluation.

- The local evaluation complements the overall national evaluation of the Vanguard projects and is concerned with four overarching areas of enquiry, namely:
    - **Area of Enquiry 1:** What are the aims, objectives and process of each Vanguard pathway, and to what extent are aims and objectives met?
    - **Area of Enquiry 2:** Does the practice within each Vanguard reflect the principles of the Framework for Integrated Care?
    - **Area of Enquiry 3:** What are the outcomes for each Vanguard pathway?
    - **Area of Enquiry 4:** What is the cost-benefit of each Vanguard pathway?

- A mixed methods approach to each area of enquiry has resulted in meetings and interviews with stakeholders, development of a survey, development and evaluation of participatory workshops, and quantitative data analysis.

Evaluation Findings:

- In relation to Area of Enquiry 1 (aims, objectives and process), the evaluation team have found the aims of each pathway to be clearly identifiable and coherent. However, there is variation in the extent to which pathways are drawing on explicit models to inform process and practice.

- In relation to Area of Enquiry 2 (Reflecting the Principles of the Framework of Integrated Care) the evaluation team found multiple examples of pathways effectively reflecting framework principles. Embedding of principles was much clearer in some pathways than others, but there was also evidence of the collective value of pathways to one another in developing practice across the SouthWest Vanguard. Findings in relation to Principles are presented below and organised by framework principles:

Principle: Every Interaction Matters: There is a focus first on building and supporting positive, collaborative relationships

- We found evidence of collaborative relationships forged between Vanguard pathways in support of young people. This included BDP working collaboratively with Safer Options Trauma Informed Consultancy Team (SOTICS), to discuss CYP being assessed by BDP for the New Leaf Rapid programme of support. SOTICS were

able to support BDP in shared learning of the SOTICS trauma-informed formulation-plan model. This support has been offered by SOTICS to the Vanguard pathways for one-to-one support for CYP with complex, or multiple, traumas and needs.

- Evidence of collaboration between Vanguard Pathways and the community was also found. An example of this includes the collaborative approach adopted by pathways in reaching out to local schools. Examples include the offer of trauma-informed training for schools offered by BDP, and the work of HEAL engaging schools around consent forms to expedite referral and reduce unnecessary barriers to access.

- A number of pathways also worked collaboratively with Barnardo's lived experience group (HYPE). Examples of this work include the animated video created by ECM, and the collaborative work between BDP and HYPE in shaping the BDP assessment process to make it more trauma-informed. The research team also found evidence of collaborative relationships developed between practitioners and young people accessing their service. This is reflected in the feedback received from practitioners who received training from the Enable Inclusion Team.

Principle: CYP and the relationships they experience are at the centre of all the care they receive through genuine co-production

- It is evident that since the last interim report, the co-production activities have increased significantly for some pathways. This includes youth participation in recruitment processes (e.g. BDP). We also found evidence of the development of new formalised co-production groups e.g. the Reframe Group set up by North Somerset SAS. There is some evidence of the impact of these activities having the potential to impact wider policy e.g. Reframe delivering a presentation at a Children's Services conference.

- The aforementioned work with HYPE has also facilitated co-production, including the review and amendments to service communications (e.g. leaflets for young people and parents/carers). Examples include SOTICS consent forms and information leaflets, and YL&D feedback forms.

Principle: Those spending most time with young people are the primary facilitators of change

- There is evidence of many pathways contributing to the principle that those spending most time with young people are facilitators of change. This is nicely

illustrated by the partnerships forged with schools. However, the CRISSP programme offered by the Enable Inclusion Team is an example of activity explicitly focusing on upskilling staff within schools to support students. The CRISSP programme has trained in excess of eighty staff in schools, and continues to support them in delivering support for young people within their schools. The research team are working with EIT to further evaluate the implementation of this.

Principle: All behaviour is understandable in context; there is a focus on developing an understanding of each CYP's behaviours and needs, based on their story (formulation)

- The research team found evidence of a range of child-centred work focused on developing an understanding of the individual child within pathways e.g. SOTICS Case Study 1 and ECM Case Study 1. It was interesting to note the noted value in sharing the approach adopted by SOTCS of sharing the formulation with the child. Many of the case studies presented illustrate the formulation approach adopted by the Vanguard pathways, and the case study of Christopher (an EIT client) illustrates the child-centred focus and value of a formulation approach. We also found evidence of multi-agency case formulation to understand what has happened to a child. ECM illustrates an effective approach and is notable for the value offered by mapping and creating a timeline of events in the life of the child.

- Case formulation across the Vanguard and BNSSG communities has continued to develop. This has, in part, been assisted by the SOTICS team who have supported other pathways with their case-formulation approach. This has included delivering training on developmental mapping and the formulation process with a view of increasing trauma-informed approaches to service delivery. SOTICS have delivered four half day training sessions for Barnardo's, Be Safe, Bristol Drugs Project, Young Victims Service, and those involved in the Vanguard Collaborative.

- The FCAMHS enabler role also includes monthly reflective practice spaces for the Vanguard pathways, aimed to support reflection and case formulation that also enables discussion about barriers including systematic challenges to implementing the Framework for Integrated Care (Community). The evaluation team undertook survey and interview evaluations of the trauma-informed support and reflective practice offered by FCAMHS, finding that these sessions were received very positively by the Vanguard pathways.

Principle: There is a commitment by all to build and sustain trauma-informed organisations

- There is good evidence of all pathways engaging in the development of their trauma-informed practice. The FCAMHS training workshops were very effective in bringing together the pathways to share good practice. Furthermore, every pathway has now produced an action plan for how they intend to move toward a more trauma-informed practice.

- There is evidence of the pathways moving towards increasingly trauma-informed practice (T-iP) within their organisations. However, reflecting the strong theme of collaboration highlighted above, the pathways have also been active in supporting one another (and partners external to Vanguard) in their development of T-iP. Examples of this include ECMs offer of a seven session trauma-informed training package across the four locality areas for YJS. In North Somerset, ECM have trained volunteers and Referral Order panel members, as well as trauma-informed practice for all new staff.

- In terms of intra-pathway building of trauma-informed practice, we found evidence of increases in supervision and reflective practice e.g. BDP Managers receiving clinical supervision and keyworkers and case holders receive reflective practice once a month from an outside agency. This also translates to practice with young people as illustrated by BDPs shift of focus to enabling contact with young people in the community who are at risk of exploitation. A further example of how this translates to practice with young people is the YL&D creation of an opt-in letter for CYP and curation of a trauma-informed statement to be read/completed with CYP during the first session. This work was undertaken in collaboration with HYPE, who were consulted on these developments.

- Further examples of trauma-informed practice include the introduction of additional support for staff e.g. introducing staff check-ins online (SAS). It was interesting to note the introduction of check-ins specifically to support staff when working from home to reduce staff isolation and pressure, and to enable a safe environment to decompress. This very closely aligned with a discussion point during the Vanguard Pathway forum discussions in 2023. NS SAS have also engaged with the wider North Somerset Council's well-being support service to ensure an understanding of the offer of support for staff, to give another avenue of support outside of the NS SAS team.

- In relation to Area of Enquiry 3 (Outcomes): As of 15^{1h} January 2025, the Vanguard pathways had received 1293 referrals, of which 976 (75%) were accepted. 722 clients had been discharged.

- The majority of accepted referrals (n=553) were found to not have a recorded ethnicity in the national dataset return. This was raised by the evaluation team at the Vanguard event in December 2024 and remains a matter of concern in terms of the ability to discern any potential biases or inequalities in referral, acceptance, or ultimate outcome. The research team recommend a push across the Vanguard South West pathways to improve the quality of demographic data submitted – particularly in relation to ethnicity.

- There were significant increases in referrals, assessments, client contacts and discharges during 2024. There was also a decrease in time taken from referral to assessment. However, the proportion of discharges where the reason for discharge was not recorded, or was not known, was in excess of 30%. The quality of reporting during 2025 will be very important in order for the evaluation to be able to draw conclusions concerning the outcome of the Vanguard programme.

- During 2025 it will be crucial for pathways to continue to ensure high quality and timely data submission, but also engage in: i) collection of feedback from CYP clients; and ii) sustainability planning

- Differing mobilisation dates have resulted in challenges to data collection and therefore quantitative analysis and comparison of data is limited. In response to concerns from the evaluation team regarding the inability of some pathways to track the progress of CYP clients, they have recommended the use of a measure of behavioural and emotional difficulties.

- The evaluation team have found very positive qualitative data, and feedback from referrers, teachers and parents which suggest that stakeholders recognise the benefit of pathways.

- During 2024 a number of partnerships have been developed to facilitate a social prescribing offer. At present referrals are being sought from pathways and Bristol Children's hospital to provide a tailored social prescribing offer for twenty young people. Although referrals have been slow to materialise, there are currently five being processed.

- The evaluation team have found evidence of the growth of a network of practice and collaborative working within the Vanguard project. The team also recommend that pathways be assisted to consider sustainability and legacy, and how to maintain relationships going forward. If appropriate, it may be useful for pathways to develop formal plans relating to these issues.

Interim Recommendations & Reflective Questions

Recommendations	Reflective Questions
Evidence-based Practice When pathways review their own use of Vanguard funding, the evaluation team recommends that they reflect on the extent to which any models of practice underlying their work are still appropriate. This includes protocols and processes around referral, assessment/formulation, and models of practice when working with clients. What is the fidelity of the current practice relative to the ideal (or that which was set out originally)?	Does the original model, and planned aims and objectives of the work, still align to the nature of the current work? If not, in what ways has the service offer adjusted? What are the implications of this? If not, is this due to a difference in the nature of the clients and their presentation, or other systemic parameters? What can be learned from our organisation's response to changing demands? How might this learning inform approaches to future work?
Evidence-based Practice The evaluation team recommend that pathways review their current use of internal evaluation and monitoring processes.	Within our organisation/pathway, how do we collect data to monitor client behavioural change, psychosocial change? Are there gaps in our understanding of clients? Are there gaps in our ability to measure our impact? Do we believe we have an impact that is not currently measurable? Are there inherent problems with any current monitoring measures? Are they difficult to use / fit for purpose? How might we gain advice to better measure out impact or overcome any challenges?

EDI – Data quality Related to the above, the evaluation team recommend that pathways review their current use of internal evaluation and monitoring processes with a view to specifically exploring the accessibility of their service to young people from a range of demographic groups and backgrounds.	Within our organisation/pathway, how do we collect data to monitor accessibility and equality? Are there gaps in our understanding of the backgrounds of our clients? How would we know if our service was less accessible for young people from specific groups?
System Change Pathways are invited to reflect on the interconnections forged as part of the Vanguard project. Specifically, there will be value in reflecting on what factors facilitated beneficial inter-connections, and what learning opportunities are available from this.	How have inter-organisational links been developed and what benefits have been realised as a result? If appropriate, how will the inter-organisational links between partners and teams be: i) continued? And ii) strengthened so that they can be best capitalised on for the benefit of CYP clients after the end of Vanguard funding?
System Change Individual staff are invited to reflect on the intra- and inter-organisational relationships forged personally for them as part of the Vanguard project.	Have newly formed connections and relationships between individuals facilitated new ways of working? To what extent are any new ways of working translatable to future work?
System Change & Capacity Building Legacy The evaluation team recommends that all pathways be provided with	What have we come to understand about the contextual risk factors underlying poor outcomes for our clients?

collective time and space before the end of the project to reflect on their view of the contextual nature of client issues, and the opportunities for earlier intervention in the system.	What are likely to be the most impactful upstream interventions that could be offered to out clients? What are the obstacles to earlier or more integrated intervention that would have a tangible impact for our clients?
System Change & Capacity Building Legacy Pathways are invited to reflect on the extent to which they have been able to offer support and capacity for others in the system who are engaging young people.	Has your organisation/ pathway already engaged in active outreach to other teams working closely with young people? e.g. schools Are there teams that the pathway feels it could support or upskill to build capacity in the system amongst those engaging most directly with their client group (e.g. health, criminal justice)? What would facilitate contact and effective outreach to other teams/sectors.
Young People's Voice – Co-production The evaluation team recommends that all pathways continue to explore methods for ensuring that the CYP voice can assist in the development/evolution of any ongoing/future work.	To what extent have current ways of working linked to Vanguard been informed by young people and experts by experience? What has worked well in co-production? What is the available learning? What are the perceived challenges to co-production within my organisation? How might these be overcome?
Young People's Voice - Feedback The evaluation team recommends that all pathways continue to	

explore and develop methods for capturing young person feedback. It is essential that by the end of the Vanguard, there is some data gathered from clients on their experience of the pathway.	What are the formal mechanisms of capturing the experience of young people working with our team/service? How have we used client experience feedback to evolve the service offer? What are the perceived challenges to gathering this kind of data within my organisation/pathway? How might these challenges be overcome?
Trauma Informed Practice The evaluation team recommends that the pathways consider the extension of their trauma-informed practice (T-iP) ladders to consider some post-Vanguard goals.	To what extent has progress been made on the original T-iP goals? Where are there opportunities to meet existing goals in the next 6 months? What barriers have been experienced, and how might they be overcome? What is the next step for the continuing development of T-iP for each pathway?
Trauma Informed Practice Pathways are invited to reflect on the aspects of T-iP that specifically relate to supporting their own staff.	What data does the pathway/organisation use to monitor staff wellbeing? Does the team make use of reflective practice, and how is it embedded to ensure sustainability and utility? What obstacles are there to effective reflective practice/staff support, and how might they be overcome in the next 6-12 months?

1. Introduction and Context

The current report is the second of two interim reports evaluating the BNSSG Vanguard Programme. The first of these reports provided an overview of the initial implementation and processes involved in the developmental stages of each Vanguard pathway. The current report builds on the first report to include an update on the numbers of referrals and clients engaged by each pathway, as well as some preliminary outcome data and cost-benefit analysis. These outcome data include both qualitative feedback, and quantitative outcomes data.

1.1 Overview of BNSSG & Framework for Integrated Care

In response to the **NHS Long Term Plan (2019)**, the **NHS Framework for Integrated Care [Community] (2022)** was developed to improve outcomes and reduce health inequalities, including for children and young people (CYP). More specifically, there is a cohort of CYP who are particularly vulnerable, and who experience some of the highest levels of health inequality in society due to their 'complex needs', which are often:

- **Multiple** (i.e. not just in one domain, such as mental and physical health)
- **Persistent** (i.e. Special Educational Need [SEND] or Social, Emotional & Mental Health difficulties [SEMH]);
- **Severe** (i.e. not responding to standard interventions);
- **Framed by family and social contexts** (i.e. early family disruption, loss, inequality, prevalence of Adverse Childhood Experiences).

The Framework for Integrated Care recognises that children and young people with complex needs often struggle to access services and make progress; and services often collectively struggle to meet the needs of this cohort. This may be because: the range of professionals needed to work with multiple needs can lead to inconsistency and a lack of ability to work

holistically; the interventions offered are often single modality driven and do not address the wider systemic context; and there may be a lack of expertise or resource to respond to the complexity, and work in trauma-informed ways. With this in mind, the aim of the framework is to enable a collaborative system that is trauma-informed and responsive to complex needs. This includes a number of specific objectives:

Table 1.1: Six Objectives of the Framework for Integrated Care

Improving children and young people's (CYP) wellbeing. i.e. CYP displaying direct improvement in their MH, emotional regulation and well-being; Previously unmet emotional and behavioural need in this group of CYP is now met
A reduction in high-risk behaviours for CYP i.e. Reduced frequency and severity of identified behaviours that indicate the potential for harm (to self, others or from others)
Reduced mental health concerns for CYP i.e. Improved resilience and reduced anxiety of children and young people staff, family members and carers
Organisations to be more trauma informed i.e. Increased awareness of the impact of trauma at an individual, organisational and community level
Improved purpose and occupation for CYP. i.e. reduction in permanent exclusions; CYP supported by staff to re-enter/remain in mainstream education where appropriate (or local specialist provision for children with SEND where previously indicated), and enjoy and achieve through positive learning experiences
Improved stability of home for CYP i.e. reduced number of CYP being moved on a regular basis; Reduced admission to Tier 4 provision; Reduction in unnecessary/inappropriate out of area placements

The delivery of this framework is facilitated by geographically delineated Integrated Care Systems (ICSs) with devolved planning and commissioning powers. The Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System is one of forty-two in England. It serves a population of approximately 1 million people, and is comprised of 10 partner organisations.

Fig. 2.1: Overview of BNSSG

The BNSSG Integrated Care System (also known as the 'Healthier Together Partnership')

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bristol City Council
- Bristol, North Somerset, South Gloucestershire Integrated Care Board
- North Bristol NHS Trust
- North Somerset Council
- One Care
- Sirona care & health
- South Gloucestershire Council
- South Western Ambulance Service NHS Foundation Trust
- University Hospitals Bristol and Weston NHS Foundation Trust

The BNSSG ICS is focused on systematic change toward trauma-informed approaches across agencies, with the **BNSSG Integrated Care System Strategy (2024)** outlining a focus on health and wellbeing across the BNSSG localities and partnerships to "include embedded a trauma informed approach throughout all stages of life" (pp. 14), with a key priority of supporting CYP who are beginning life in severe financial hardship; CYP who live with anxiety or depression or risk factors for poor mental health; and supporting CYP experiencing trauma, excluded from schools, in care or care leavers (pp. 16).

1.2 Overview of BNSSG Vanguard

In October 2020, the Clinical Commissioning Group for BNSSG were invited to be the 'Vanguard' site for the Southwest of England. The aim of the Vanguard is to facilitate closer

collaboration between local partners to deliver focused provision that is tailored for the specific needs of the local population. BNSSG was one of twelve Vanguard sites and was selected to deliver the Southwest Vanguard due to the high levels of need within the regional footprint area. High levels of deprivation and children in families who are experiencing deprivation are more likely to experience adverse childhood experiences (ACE) and exposure to trauma, through coping mechanisms such as alcohol consumption and substance use (Reeves, Kenward & Harrison, 2022). The English Indices of Deprivation statistics identifies multiple areas in the Bristol City area and the wider BNSSG with high levels of deprivation across the 7 measured domains: income, employment, education, health (physical and mental), crime, barriers to housing and services, and living environment (Ministry of Housing, Communities & Local Government, 2019). The BNSSG Vanguard provides opportunity for early intervention and support for children and young people who may be experiencing high levels of deprivation and trauma in the local community. Specifically, the regional public health data show:

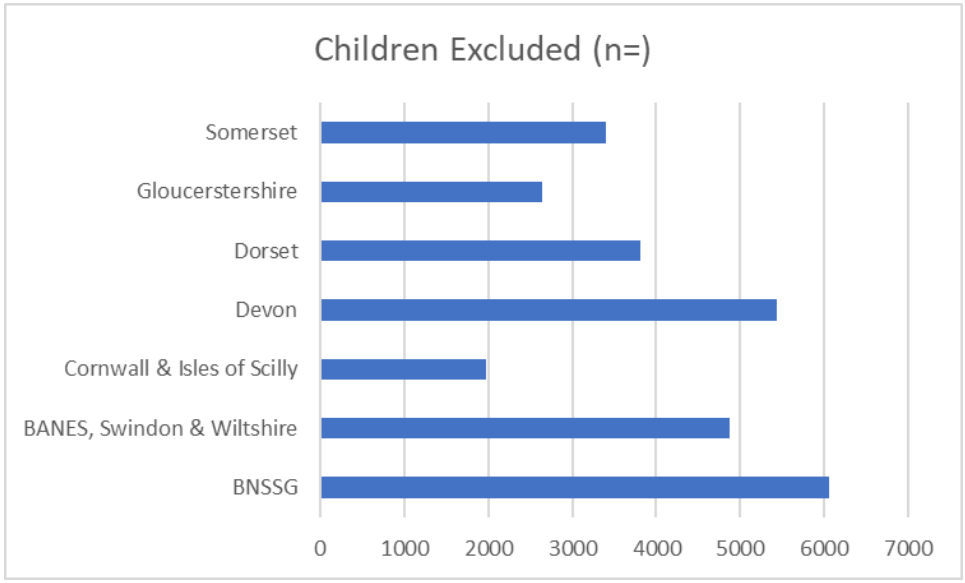
- High regional rates of children and young people with ACEs (Adverse Childhood Experiences). See Table 2 and Figures 2 & 3 below.
- High regional rates of school exclusion which are higher than the national average
- The highest number of children and young people in the Troubled Families Programme for the region.

Table 1.2. Annual Numbers of Children Experiencing Adverse Childhood Experiences by Southwest Integrated Care System

	Indicator	Bath and North East Somerset, Swindon and Wiltshire	Bristol, North Somerset and South Gloucestershire	Cornwall and the Isles of Scilly	Devon	Dorset	Gloucestershire	Somerset
ACE indicators	15 year olds who were bullied in the past couple of months	108,140	111,509	61,550	131,494	82,372	72,519	64,069
	Children in need due to abuse or neglect	3,038	2,894	1,123	3,852	1,567	2,880	2,186
	Children in need due to family stress or dysfunction or absent parenting	1,214	2,410	674	1,000	2,113	784	402
	Sum of Children in need due to parent disability or illness	115	143	234	326	95	28	173
	Children subject to a child protection plan with initial category of neglect	391	298	239	582	320	137	282
	Children who started to be looked after due to abuse or neglect	277	295	103	354	164	240	186
	Children who started to be looked after due to family stress or dysfunction or absent parenting	126	186	64	143	200	80	28
	Parents in alcohol treatment	227	136	197	444	208	77	38
	Parents in drug treatment	164	351	114	257	180	100	73
	Parents in alcohol treatment	227	136	197	444	208	77	38
	Parents in drug treatment	164	351	114	257	180	100	73

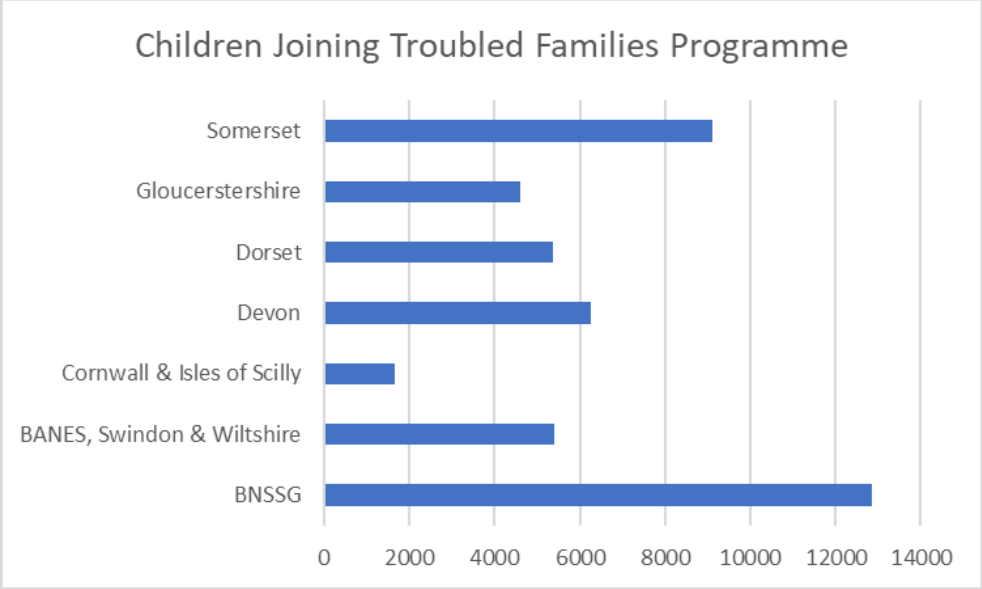
Source: South West Health and Justice CYP Vanguard Implementation Plan 2021

Fig. 1.2. Annual Numbers of Children Excluded by Southwest Integrated Care System



Source: South West Health and Justice CYP Vanguard Implementation Plan 2021

Fig. 1.3. Annual Numbers of Children Joining the Troubled Families Programme by Southwest Integrated Care System

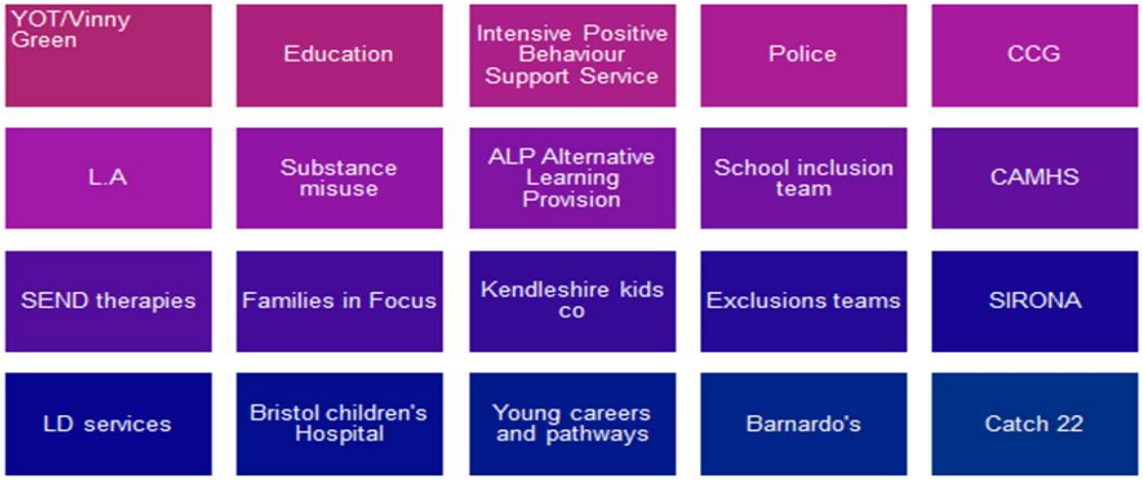


Source: Southwest Health and Justice CYP Vanguard Implementation Plan 2021

1.2.1. BNSSG Vanguard Identified Cohorts & Pathways

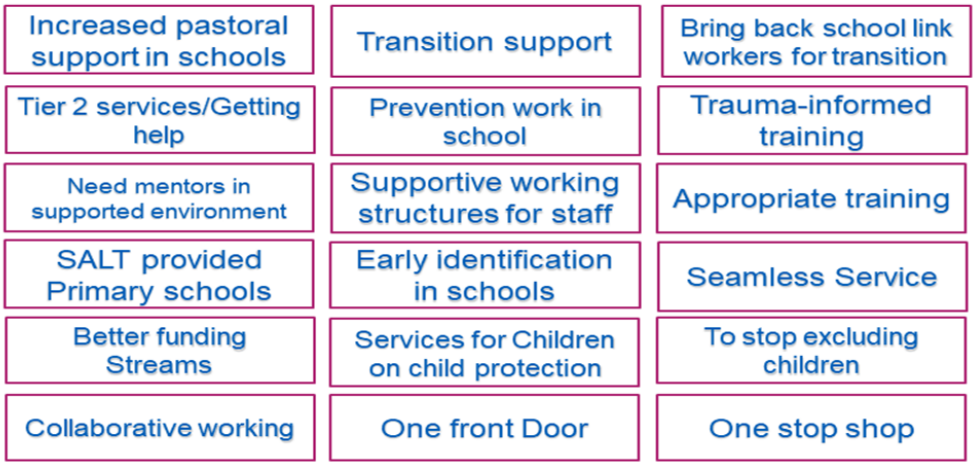
At the beginning of 2021 a launch event was held with representation from the 3 local authorities (Bristol, North Somerset and South Gloucestershire), Sirona Care & Health, Avon & Wiltshire Mental Health Partnership, Youth Offending Teams, Police & Crime Commissioners and third sector organisations. A working group was subsequently formed with the aim of bringing together different systems and partners and identifying the cohorts of CYP and services that the Vanguard should focus on. This working group carried out an initial scoping exercise to understand the current service landscape and key stakeholders (see Figure 1.4 below).

Fig. 1.4: BNSSG Child and Young Person Service Provision Stakeholders



The group who engaged in the scoping exercise identified a range of challenges for CYP with complex needs and identified a number of gaps in service provision within Bristol, North Somerset and South Gloucestershire. These identified gaps informed the approach to the BNSSG Vanguard project (see Figure 1.5 below).

Fig. 1.5: BNSSG Child and Young Person Service Gaps Identified by the Scoping Exercise



The Framework for Integrated Care recognises that CYP with 'complex' (unmet) needs often struggle to access services and make progress; and services often collectively struggle to meet the needs of this cohort. It is acknowledged that this may be because: the range of professionals needed to work with multiple needs can lead to inconsistency and a lack of ability to work holistically; the interventions offered are often single modality driven and do not address the wider systemic context; and there may be a lack of expertise or resource to respond to the complexity, and work in collaborative and trauma-informed ways. The BNSSG Vanguard seeks to address these issues and, in response to the challenges and gaps identified in the scoping exercise, three cohorts of complex needs CYP who it was believed could potentially benefit from the Vanguard project were identified. These included:

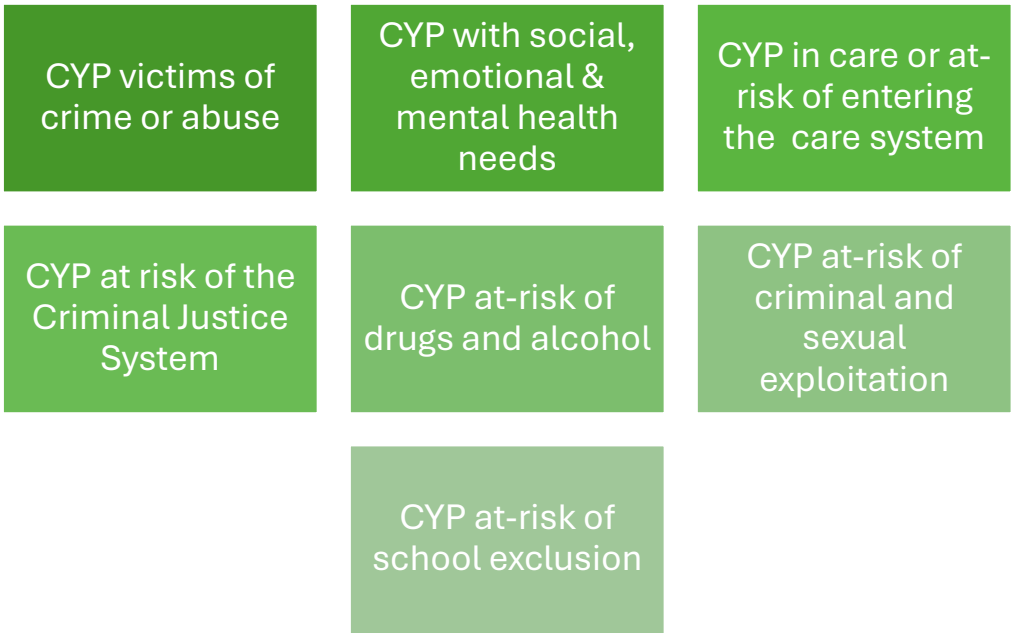
Children excluded from School. This includes those not attending school, or children at risk of exclusion, Fixed Period Exclusion (FPE) and Permanent Exclusion (PEX).

Children in Care. This can also include children in need or those with a child protection plan. It should be noted that terminology varies across health and social care settings; this cohort can also be known as Looked after Children (LAC) and Children Looked After (CLA).

Children with a SEND need. This covers all those CYP with special educational needs and disabilities. The scoping specifically highlighted the gaps in Speech and Language, with particular importance being place on SALT provisions in schools, YOT (Youth Offending Team) and Children in Care. The other group identified with SEND were CYP with Autism Spectrum Disorder (ASD) who don't have a mental health or learning disability.

The voice of children and young people is central to the Vanguard. Experts by experience were included within the scoping exercise through the involvement of a number of local participation groups, including: CYP Ambassador Group South Gloucestershire; SEND Parent and Carers forum; Bristol shadow board Children in Care. Furthermore, Barnardo's HYPE were appointed as the Lived Experienced Advisory Group. Their feedback contributed to the final decision on the specific cohorts that should be progressed as part of the Southwest Vanguard (see Figure 1.6).

Fig. 1.6. Targeted cohorts of BNSSG Vanguard



Having identified the challenges and gaps in service, and the client cohorts, service providers were invited to submit expressions of interest for projects aligned to the identified needs of CYP with complex needs from the identified cohorts. Each proposed project was scored and evaluated to ensure that it met the aims of the Framework for Integrated Care and to ensure that it aligned with feedback from the extensive scoping work that was undertaken. Lived Experience Group Advisors also provided comments on projects as part of this process. Seven projects, or pathways, were selected by the working group to become pathways involved in the BNSSG Vanguard (see Table 1.3).

Table 1.3 BNSSG Vanguard Pathways

BNSSG Vanguard Pathways of Support
Avon & Somerset Youth Liaison and Diversion team
Avon & Somerset Young Victims Service
Bristol Barnardo's – HEAL project
Bristol, North Somerset, South Gloucestershire and BANES - Youth Justice Team (Enhanced Case Management)
Drugs Inclusion Partnership - Bristol Drugs Project; North Somerset Substance Advice Service; South Gloucestershire's Young Peoples Drug and Alcohol Support
Enable Trust - Enable Inclusion team
NHS CAMHS - SOTICS Enhanced Case Management

1.2.2 BNSSG Vanguard Governance and Project Enablers

The Vanguard project is supported by a number of project enablers, supporting the Vanguard project overall or providing specialist support and insight, such as the recent addition of the social prescribing offer.

NHS
Bristol, North Somerset
and South Gloucestershire

Children and Young People Vanguard Project Lead (ICB) – Emma Morgan

The BNSSG Vanguard is led by project lead, Emma Morgan. The project lead is responsible for leading and coordinating the implementation of CYP Framework for Integrated Care (Community) and objectives to provide additional support to the most vulnerable children and young people with complex needs in BNSSG to thrive.

BNSSG Vanguard Governance Group

The BNSSG Vanguard Governance Group supports the BNSSG Vanguard lead and Systems Manager to ensure transparent decision making and project governance for the lifecycle of the BNSSG Vanguard, for optimum project success and transparency.

BNSSG Trauma-Informed Systems Programme – Hazel Renouf & Daisy Swancott

The role of the Trauma-Informed Systems programme is embedded into the BNSSG Integrated Care Board, intended to support the promotion, development and embedding of trauma-informed practice and trauma-informed systems change across BNSSG. The programme comprises Hazel Renouf, trauma-informed systems manager and Daisy Swancott, senior project support officer. A dedicated chapter providing an overview of the work of the Trauma-informed Systems Programme can be found in Chapter 11 of this report.

Barnardo's (Bristol) Lived Experience Advisory Groups

– HYPE & Black and Brown Minds Matter

Barnardo's (Bristol) are supporting the Vanguard project through the lifecycle, providing lived experience expertise and training, and helping to shape the Vanguard through a co-production approach that incorporates the CYP voice.

Both the Lived Experience Advisory groups, HYPE and Black and Brown Lives Matter, are supported by Anthony Hill (Children's Services Manager). Anthony and the HYPE team initially supported the co-production, initial tendering and bidding alongside the ICB. In

addition, HYPE have delivered "*Trust - Understanding – Consistency Tips for Trauma Informed Practice*" training to all the Vanguard pathways. This training focused on how the pathways deliver the ICB Framework for Integrated Care through a trauma-informed lens and sharing their lived experience of services in BNSSG. The training aims are:

- To inspire trauma-informed practice;
- To share tips and explain why the words trust, understanding and consistency are so important in young people's lives;
- To encourage participants to reflect on their strengths and their organisations strengths.

HYPE are also working closely with Vanguard pathways to learn and find opportunities on how to improve service delivery and support of each pathways' trauma-informed action plans, e.g. capturing feedback from CYP or designing trauma-informed and CYP-friendly leaflets to explain the service and introduce those who may be working with CYP, in an appropriate format. HYPE have specifically worked collaboratively with Barnardo's HEAL, ECM, Enable Inclusion Team, Drugs Inclusion Partnership and the Youth Liaison and Diversion Team. HYPE are also working with the Barnardo's HEAL and the Enable Inclusion Team to recruit further CYP voice from those involved in youth voice projects in the area.

The aim of the Black and Brown Lives Matter group is to hold a safe space for Black & Brown young people to support each other and share their views and experience. The group meet regularly with NHS managers to reduce health inequality in young people's mental health services. The Black and Brown Lives Matter group is also supporting the Vanguard and wider trauma-informed systems programme work with Hazel Renouf.

Forensic CAMHS (FCAMHS) – Dr Andrew Newman

Forensic CAMHS (FCAMHS) are supporting the Vanguard project by providing trauma training to the 7 pathways, alongside Barnardo's HYPE training, to increase the knowledge of trauma-informed approaches and practices. In collaboration with Dr Andrew Newman, Hazel Renouf, a young person with lived experience from Barnardo's (HYPE) and Dr Emily Garner, this training includes developing knowledge of all types of trauma including practitioners' vicarious trauma; and supporting pathways to develop their practice through the production of trauma-informed action plans.

The FCAMHS offer also includes monthly reflective practice spaces for the Vanguard pathways, aimed to support reflection and case formulation that also enables discussion barriers including systematic challenges to implementing the Framework for Integrated Care (Community). The evaluation team undertook survey and interview evaluations of the trauma-informed support and reflective practice offered by FCAMHS, finding that these sessions were received very positively by the Vanguard pathways.

FCAMHS have also expanded their offer to include Post Incident Psychological (PIP) Support Sessions. This expansion in offer has come as a direct response to the need for extra support if and when critical incidents occur which impact the community locally (e.g. significant violence involving CYPs locally).

In November 2024 FCAMHS ran the 'BNSSG Framework for Integrated Care Vanguard Celebration Day'. This event brought together the Vanguard network to celebrate the progress since the launch of the project and to highlight good news and progression of each pathways' trauma-informed action planning.

Dr Newman continues to offer clinical support to the Children and Young People Vanguard Project Manager, Emma Morgan, through monthly supervision sessions along with offering clinical leadership to the BNSSG FIC Vanguard.

1.2.3 BNSSG Vanguard Social Prescribing

Wesport (Project Management for Social Prescribing) – Lisa Wood

In 2024 the BNSSG Vanguard introduced a social prescribing offer for the Vanguard pathways. Currently, 12 social prescribing referrals are available across the 7 Vanguard pathways and these are available to support CYP clients over 20 weeks with an experienced Link worker to guide them. The bespoke social prescribing model is designed for CYPs, offering tailored one to one support and engagement with nature, culture and physical activities. Every CYP offered social prescribing will have the opportunity to engage in unique and tailored services to suit their interests, needs and experiences.

Wesport are project managing the delivery of the social prescribing offer to the Vanguard pathways, and they hold all CYP referred cases within Bristol. Since the social prescribing offer, Wesport have engaged with the Vanguard forums and also attended FCAMHS reflective spaces to embed themselves in the project.

Southmead Development Trust (Social Prescribing Specialist and Referral Management) – Vicky Wood

Southmead Development Trust will oversee all of the referrals from Vanguard pathways across BNSSG and have offered tailored support to pathways to ensure all referrals are appropriate and safe for CYP, including online drop-in sessions to discuss referral pathways, suitability of referrals and scope for work.

Southmead Development Trust will hold CYP referred cases within South Gloucestershire. North Somerset Council will hold referrals for CYP referred cases within North Somerset, the team is embedded within the Youth Justice Team.

Sirona Care & Health and University of the West of England Centre for Public Health & Wellbeing (Cost Analysis for Social Prescribing) – Steve Spiers and Dr Hamed Zandian

Sirona Care & Health, a partner of the ICB (or Healthier Together Partnership), will be supporting the Vanguard project by undertaking a cost-benefit analysis of the social prescribing offer in collaboration with Dr Hamed Zandian (Senior Research Fellow in Health Economics) from University of the West of England (UWE), Bristol.

At present, there is limited research on CYP outcomes for social prescribing nor evaluations of social prescribing at youth level. To ensure evaluation of the social prescribing offer to the BNSSG Vanguard, CYP outcomes will be measured using the Strengths and Difficulties Questionnaire (SDQ) **(Goodman, 1997; Goodman & Goodman, 2009)** pre-intervention and post-intervention

Promotion of the social prescribing offer continues and, to date, five suitable referrals have been received to date:

Local Authority area (BNSSG)	Number of referrals
Bristol	3
North Somerset	1
South Gloucestershire	1

2. Evaluation Overview: Areas of Enquiry & Methodology

2.1 Evaluation Framework

The University of the West of England research team (Dr Chris Pawson, Prof. Kieran McCartan, Ella Rees) team were commissioned to act as the independent evaluation partner for the BNSSG Vanguard. The local evaluation complements the overall national evaluation of the Vanguard projects and is concerned with four over-arching areas of enquiry, namely:

Area of Enquiry 1: What are the aims, objectives and process of each Vanguard pathway, and to what extent are aims and objectives met?

Area of Enquiry 2: Does the practice within each Vanguard reflect the principles of the Framework for Integrated Care? (see Figure 2.1)

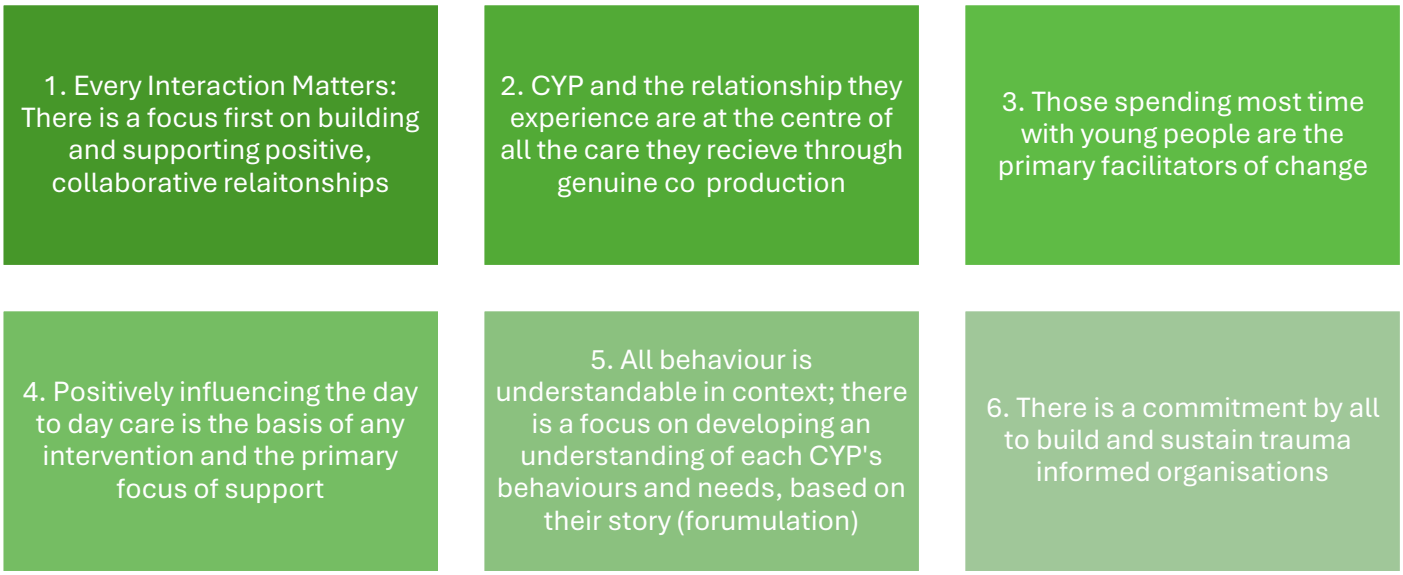
Area of Enquiry 3: What are the outcomes for each Vanguard pathway?

Area of Enquiry 4: What is the cost-benefit of the social prescribing offer and each Vanguard pathway?

For each over-arching area of enquiry, there are a number of specific questions mapped against the area of enquiry within the evaluation framework (see Figure 2.2).

The evaluation adopts a multi-method approach to exploring these areas of enquiry, including surveys; qualitative interviews and case studies to analyse the process and impact of the Vanguard within the BNSSG and for each pathway involved. The evaluation team are working collaboratively with the BNSSG ICS to frame the data collection and work alongside the pathways to aid the trauma-informed system strived for as part of the project in practice, policy and evidence base.

Fig. 2.1. The Six Principles of the Framework for Integrated Care

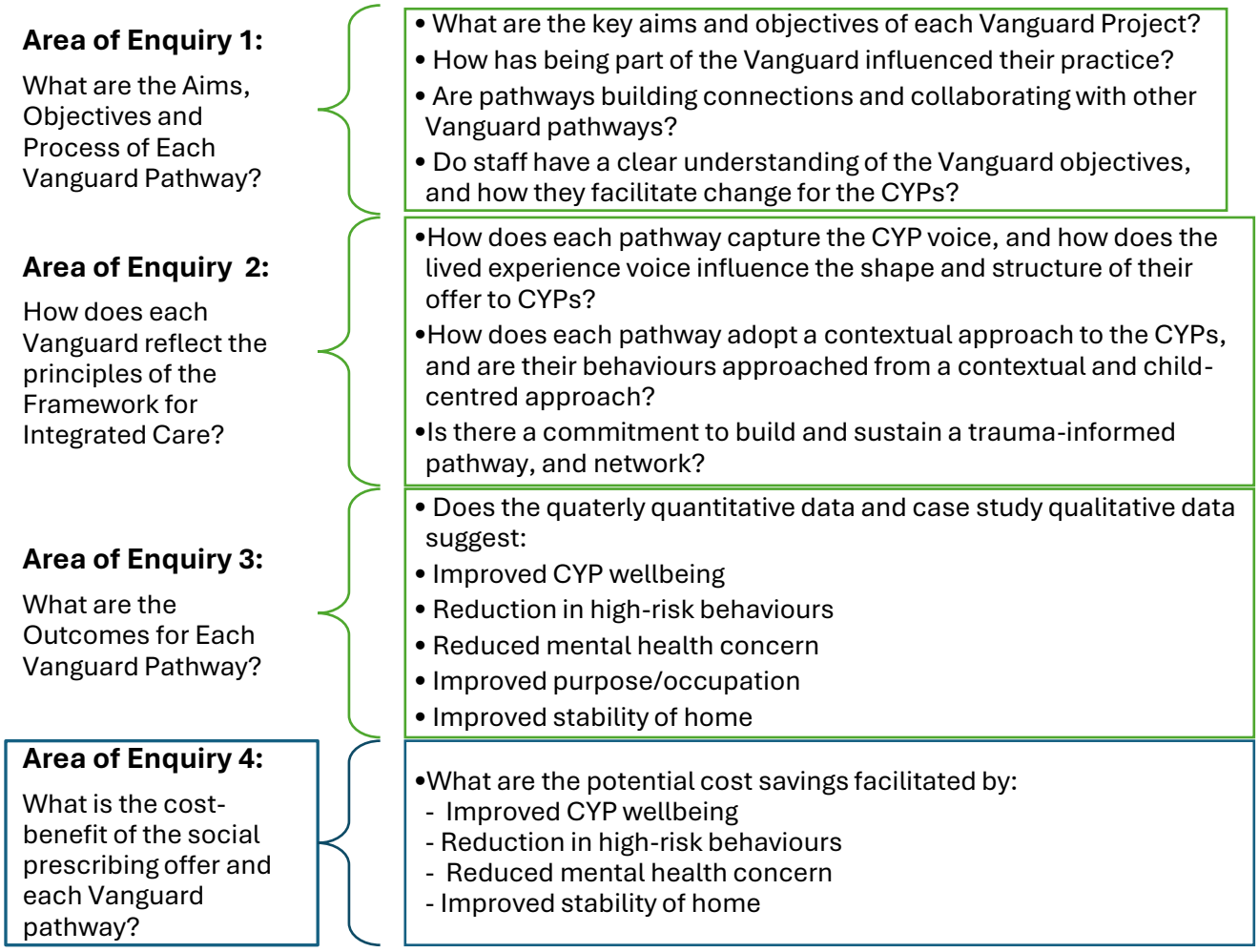


2.2 Methodology of evaluation

2.2.1 Area of Enquiry 1 – Aims, Objectives & Process

The research team have held meetings with each pathway to capture key information about their aims and objectives, and to identify ways in which they are already collecting data and working together in collaboration with other pathways, across the lifespan of the Vanguard project. The research team has been focused on connecting with each pathway, as part of relationship building as an evaluator partner, and to add to the knowledge exchange within the partnership. This has included meetings with Vanguard staff to support pathways throughout 2024 in the data capture, as well as gathering further qualitative data and case studies to provide further depth and narrative beyond the national Vanguard dataset.

Fig.2.2: BNSSG Evaluation Framework



2.2.2 Area of Enquiry 2 – Reflecting the Principles of the Framework for Integrated Care

Since the first interim report the research team has continued to maintain contact with each pathway through 2024 to collate some more in-depth data in order to: i) collaboratively consider their data capture and reporting practices; and ii) understand each pathway's engagement with key programme principles. This has included meeting with pathways to consider their progress on: trauma-informed practice; capturing CYP feedback; and building sustainability plans past the Vanguard project.

In response to meetings with the pathways, the research team have also developed an online survey to enable pathways to report their progress in capturing and integrating CYP voice in the evolution of their practice and programmes. This survey also sought to capture pathways' reflections on post-Vanguard activity and sustainability.

2.2.3 Area of Enquiry 3 – Outcomes

Each pathway has been reporting quarterly using the NHS national dataset for the Vanguard project. The dataset requires pathways to report on the referral origin for each CYP, CYP demographics, accommodation status, education status, employment status, social care status, criminal justice involvement, suspected and known traumas, and suspected mental health concerns, neurodiversity and disabilities, substance misuse and safeguarding needs. This is completed for each CYP when they are referred into the pathways, and then quarterly until their support/intervention from the pathway has been completed.

Practitioner-rated improvements are logged, as well as pathway practitioners' actions. This includes: the completion of psychologically informed formulation plans; any co-production care plans completed with other professionals / service providers; a record of CYP advocates and parent and carer advice, as well as onward referrals. For a full list of data submitted to the national dataset please see Table 2.1 below.

Table 2.1. Overview of Framework for Integrated Care (Community) Dataset

Referral Details
Organisation identifier
Anonymised case ID
Date of referral
Source of referral
Referral status (accepted or rejected including rejection reason)
Demographic Details for CYP
Age
Ethnicity
Gender identity
Gender identity the same as sex registered at birth
Religion or belief
Sexual orientation

Pregnancy or maternity status
Assessment Details
Date of initial assessment
Accommodation status
Local authority of CYP
Integrated care board of CYP
Education status
GP registration
Looked after child / child in care status
Child protection plan status
Current or previous contact with the Police
Current or previous contact with Youth Offending Team
Suspected experiences of trauma's
Known experiences of trauma's
Needs
Suspected disability, mental health or neurodevelopmental conditions
Substance misuse needs
Safeguarding Needs and Discharges
Safeguarding needs
Psychologically-informed formulation completed
Formulation-based care plan (including co-production and shared plans)
Assigned Young Person's advocate
Advice and consultation (child/young person)
Advice and consultation (parent/carers)
Advice and consultation (professionals)
Relational/safety interventions (child/young person)
Relational/safety interventions (parent/carers)
Specific direct therapy interventions (child/young person)
Specific direct therapy interventions (parent/carers)
Onward referrals (child/young person)
Onward referrals (parent/carers)
Onward referrals (professionals)
Other interventions used
Assessment tool in use
Assessment tool improvement
Assessment tool goals met
Improved mental health and well being
Improved accommodation status
Improved education status
High risk behaviour frequency
High risk behaviour severity
Reduction in offending behaviour

Number of face-to-face contacts made during support and intervention
Number of non-face-to-face contacts made during support and intervention
Date of transition or discharge out of vanguard
Reason for transition or discharge
Is the CYP involved with the criminal justice system?
Is the CYP Involved in high risk/anti-social behaviour/criminal activity
Is the young person reported as 'Absent'
Is the young person affected by domestic abuse
Is the young person affected by bullying
Current CAMHS status
Suspected undiagnosed Speech & Language difficulties

Following concerns raised by the evaluation team that the national dataset was insufficient to ensure a robust evaluation of progress on all BNSSG Vanguard programme objectives, the team sought to encourage additional quantitative data collection by pathways. The team explored with each pathway what current internal monitoring data might be suitable, and where there was an absence of data, they recommended the inclusion of the Strengths and Difficulties questionnaire (SDQ) (Goodman, 1997; Goodman & Goodman, 2009). The evaluation team has since worked alongside each pathway to ensure an appropriate measure for CYP wellbeing can be implemented, including the SDQ and / or additional internal measures. The measures implemented by each pathway are listed below (see table 2.2).

Table 2.2. BNSSG Vanguard Pathway measures for CYP wellbeing

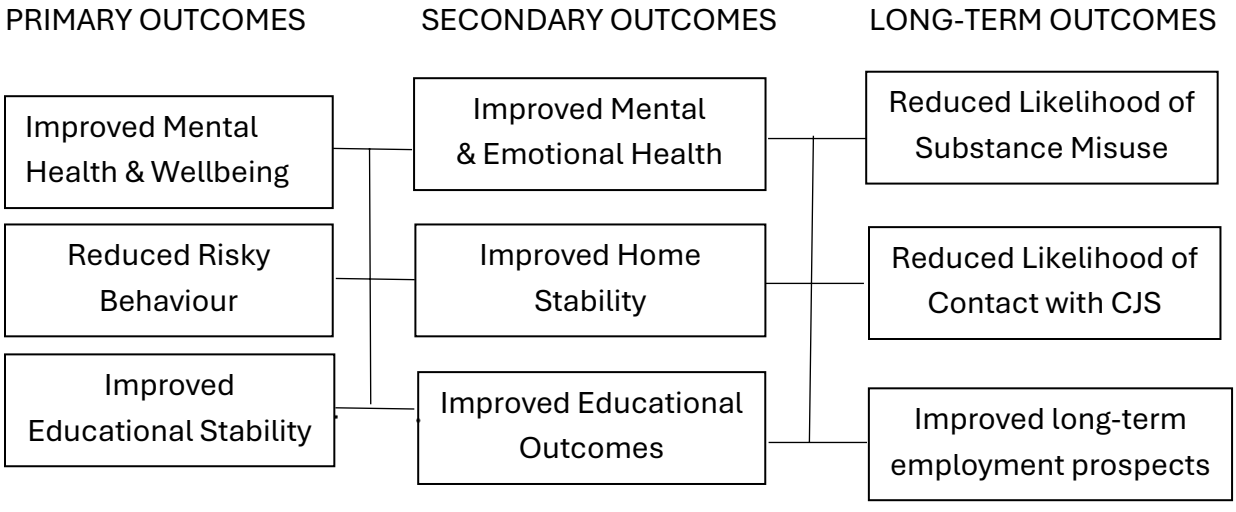
Vanguard pathway	Measure of CYP wellbeing
Avon & Somerset Youth Liaison and Diversion team	Strengths and Difficulties questionnaire **(Goodman, 1997; Goodman & Goodman, 2009)** (see section)
Avon & Somerset Young Victims Service	Own internal measure (see section)
Bristol Barnardo's – HEAL project	Own internal measure (see section)
Bristol, North Somerset, South Gloucestershire and BANES - Youth Justice Team (Enhanced Case Management)	Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) **(Child Outcomes Research Consortium, 2024)** (see section)

Drugs Inclusion Partnership - Bristol Drugs Project	Own internal measure (see section)
Drugs Inclusion Partnership North Somerset Substance Advice Service	Own internal measure and closing summaries from CYP (see section)
Drugs Inclusion Partnership South Gloucestershire's Young Peoples Drug and Alcohol Support	Own internal measure (see section)
Enable Trust - Enable Inclusion team	Strengths and Difficulties questionnaire **(Goodman, 1997; Goodman & Goodman, 2009)** (see section)
NHS CAMHS - SOTICS Enhanced Case Management	Own internal measures (see section)

2.2.4 Area of Enquiry 4 – Cost-Benefit Analysis

Wherever sufficient data was available, a cost-benefit analysis has been conducted for each of the individual BNSSG Vanguard pathways. Using the objectives of the Framework for Integrated Care (see Table 1.1) and aims and objectives of the individual pathways, an impact map was developed (see figure 2.3).

Fig. 2.3. BNSSG Vanguard Impact Map



The economic model used to calculate the cost benefit sought to: 1) monetise each outcome; 2) quantify the extent to which the data suggested any outcomes were met, and

3) calculate the number of referred CYP who received an intervention for each service. This was calculated as the number of CYP receiving an intervention with at least one complete quarterly data return during 2023/24 (between Apr'23 and March '24). This approach assists in identifying the potential savings per annum per CYP if Vanguard funding results in reducing outcomes such as antisocial behaviour, convictions and school exclusions. In order to monetise the outcomes, stablished annual costs have been taken from a number of sources (see Table 2.3).

Table 2.3. Calculated per annum Costs for Outcomes Associated with Vanguard Impact Map

Outcomes	Cost (per annum)	Source
Child in Need Plan	3,730	Greater Manchester Combined Authority (GMCA) Unit Cost Database
Antisocial Behaviour Incident	780	GMCA
Youth Offending (first time entrance) cost (per CYP)	4,151	GMCA
Conviction (fine & sentence)	5,902	NEF Action for Children (2009) Family Intervention Team 5+ Project
Permanent School Exclusion	13,230 20,110	GMCA Pawson (2009)
Pupil Referral Unit Alternative Education Provision cost (per CYP)	24,000 22,800	Troubled Families median costing Department of Education's report of alternative provision market analysis (DoE, 2018).
Problematic Drug Use	16,500	NEF Action for Children (2009) Family Intervention Team 5+ Project
CYP Mental Health Community Unit cost CYP Mental Health Services	2,018 312	GMCA GMCA
Hospital Inpatient Admission (per episode) MH Inpatient Admission (per episode)	3,030 255,865	GMCA GMCA

Table 2.4 Costs of Vanguard pathways

Vanguard pathway	Total Vanguard cost (per annum)
Drug Inclusion Partnership: Bristol Drugs Project	£28,235.50
Drug Inclusion Partnership: Avon & Somerset Substance Advice Service	£28,235.50
Drug Inclusion Partnership: South Gloucestershire Young People's Drug and Alcohol Support	£28,235.50
Enable Inclusion Trust	£207,186 (2022) £155,390 (2023)
SOTICS	£97,720
Bristol, North Somerset, South Gloucestershire & BANES Youth Justice Services - Enhanced Case Management	£166, 231 (Vanguard funded 25% = £41,557) per annum
Young Victims Service	£158,205
Youth L&D	£75,000 (£150,000 for 2 years)
HEAL Barnardo's	£111,787

It is important to note that at each stage of the analysis the most conservative estimates have been included in the cost-benefit calculations. Only the most conservative monetised outcome value, and most conservative estimate of numbers of CYP benefitting, has been used. Furthermore, and to ensure a parsimonious analysis, an additional attribution rate has been applied. i.e. any beneficial outcomes are not solely assumed to be due to the intervention. A parsimonious 50% attribution has been applied in the cost-benefit analysis. It is important to note that the aims and objectives of pathways, and the impact map, indicate there are likely to be positive outcomes associated with amelioration of mental health and substance use. However, due to the limitations of the national dataset at the point of data sampling, these outcomes are not factored into the cost-benefit calculation due to a lack of reliable indicator of positive outcomes. Mental health and substance use outcomes are not included unless data was available from individual pathways own monitoring data pertaining to these outcomes. The evaluation team expect

the full datasets for the entirety of the project to present a very different picture concerning cost savings, particularly when these are calculated on a per CYP basis. With that in mind, the evaluation team recommend that the interim cost-benefit analysis should be interpreted with caution, and with a clear picture of what the projected saving represents given the different pathway aims, outcome metrics, and timescales of commencement and delivery for each pathway.

3. Overview of Collective Activity Across All Pathways

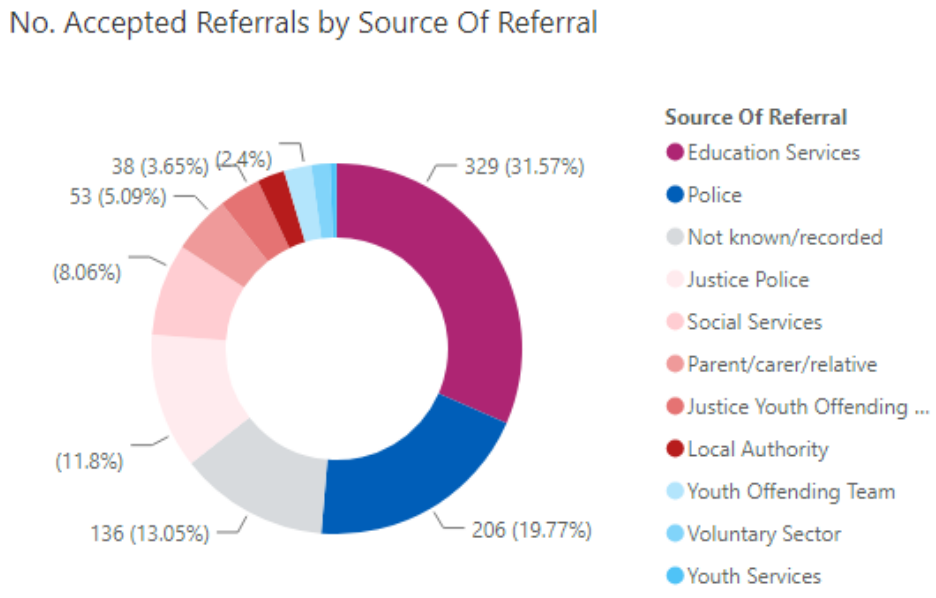
3.1 Overview of the Collective Vanguard Pathway Referrals, Contacts and Discharges

The national dataset requires pathways to report on their CYPs quarterly throughout the life cycle of the BNSSG Vanguard (April 2022 – present). The dataset covers referral details, demographic data for CYP, assessment details and outcomes including psychologically-informed formulations, advice and consultations and onward referrals (see Table 5).

3.1.1 Referrals

As of 15th January 2025, the BNSSG Vanguard pathways had collectively received 1,293 total referrals. 976 of these referrals had been accepted and 249 total referrals rejected or deemed inappropriate. The majority of referrals are received from Education Services (32%) or the Police (19%). A number of accepted referrals did not have a recorded referral pathway, so it is unclear at this time where these referrals have originated (129 referrals). For a full breakdown of sources of referral, please see Figure 3.1.

Fig. 3.1. Sources of referral for all pathways collectively



In terms of demographics for accepted referrals, there is a higher number of male CYP referrals than female CYP referrals, with 13.2% of those accepted being a white male, aged 15 years old. The number of CYP who do not identify as male nor female is not available at this time. The majority of referrals were white (492 referrals), with a smaller recorded number of Black (31 referrals), Asian (10 referrals) and mixed ethnicity (61 referrals) CYP. However, a majority of accepted referrals (553 referrals) did not have a recorded ethnicity, and it is therefore difficult to establish the overall demographics of the ethnicity of children seen under the BNSSG Vanguard.

3.1.2 Assessment and Contacts

By September 2024 the Vanguard pathways had conducted nearly 500 CYP assessments. This represented a 263% increase in the twelve months since September 2023. Furthermore, during this time period the lead in time from referral to assessment was reduced from 7.87 to 5.79 days. This twelve month period also saw a ten-fold increase in the number of contacts made by pathways with clients, rising to more than 3500 total contacts with CYPs since the BNSSG Vanguard programme began.

3.1.3 Clients Discharged

By September 2024, Vanguard pathways had also discharged 722 CYP clients. 30% of these were discharged due to conclusion of the pathway involvement, compared to 20% of clients who withdrew. There were a significant proportion of discharges where the reason for discharge was not recorded, or ‘not known’ (38%).

Bristol, North Somerset & South Gloucestershire (BNSSG) Vanguard Project

Section 2

Evaluation of Individual Vanguard Pathways

4. Drugs Inclusion Partnership

The Drugs Inclusion Partnership is comprised of three organisations across three localities:

1. Bristol Drugs Project (Bristol)
2. Substance Advice Service (North Somerset)
3. Young Peoples Drug and Alcohol Service (South Gloucestershire)

This partnership aims to support children across the three localities at risk of exclusion from education due their own substance use or due to behaviours as a result of being a Child Affected by Substances (CABS), e.g., familial substance misuse in the home.

4.1. Bristol Drugs Project

4.1.1 Aims, Objectives & Processes

The BDP strand of the pathway consists of a 6-week intervention offered by BDP aimed specifically at a reduction of drug use and improved school attendance under the New Leaf Rapid stream. New Leaf Rapid emphasises the importance of rapid responses to engaging with CYP at-risk of school exclusion because of a drug-related incident or family situation. Aims of work with those engaged in substance use include:

- Reduced use,
- Reduced harm,
- Increased knowledge of skills,
- Exploration of motivation behind substance use,
- Exploration of personal impact of substance use,
- Relapse prevention tools,
- Development and maintenance of positive relationships,
- Making healthier lifestyle choices with positive activities.

This pathway also works with CYP affected by substance use (CABS). Aims of the work with these CYP include:

- Reduced harm from substance use,
- Understanding of the nature of problematic use and dependency,

- Building resilience,
- Understanding mental health and impact on behaviours,
- Safety plans for crisis',
- Exploration of impact of parental substance use,
- Improvement of structure and routines,
- Development and maintenance of positive relationships,
- Making healthier lifestyle choices with positive activities.

Finally, workshops within schools are offered with the aim of:

- Improvement of knowledge of risk and harm reduction relating to substance use,
- Gaining tools required to reduce and stop substance use.

BDP engaged with young people across Bristol, using these focused interventions and workshops. Practitioners use tools to engage with CYP such as a board game (Dealer or No Dealer) commissioned by local police that focuses on cannabis use and child criminal exploitation (CCE); and Breaking Free, an app focused on recovery support, managing triggers and unsafe spaces / people and specific goal setting. These interventions alongside positive relationship building with New Leaf Rapid workers has resulted in positive outcomes for CYP engaged with the work.

4.1.2 Progress & Collaborations

Through this year of the Vanguard funding, BDP have engaged with the Barnardo's lived experience group, HYPE, in developing a new trauma-informed assessment form. The new assessment process includes details of other support agencies that may be involved with CYP; a detailed assessment on drug and alcohol use; and a mood assessment to assess a starting base for CYP wellbeing and identifying their support system. This assessment is a goal-based assessment, completed with each CYP. This assessment is complimented by a secondary, mid-way point assessment where questions relating back to the agreed upon goals of each CYP are reflected back to establish progress and any goal changes.

The final assessment completed with CYP is an exercise to conclude the support provided to reduce alcohol and drug use; reflections on what goals have been achieved; evidence of

change; and a section for each CYP voice to capture how each CYP has felt supported, what has helped, examples of what has made a difference and any further worries or concerns they may have.

BDP have also worked collaboratively with Safer Options Trauma Informed Consultancy Team (SOTICS), to discuss CYP being assessed by BDP for the New Leaf Rapid programme of support. SOTICS were able to support BDP in shared learning of the SOTICS trauma-informed formulation-plan model. This support has been offered by SOTICS to the Vanguard pathways for one-to-one support for CYP with complex, or multiple, traumas and needs.

BDP have also focused on their trauma-informed approaches and collecting data to build an effective evidence base for the intervention. BDP randomly selected x10 CYP Vanguard closed cases and contacted professionals and other organisations (such as Education Inclusion managers) still involved with CYP to build on the picture of where each CYP is at in their journey. Out of the 10 randomly selected CYP cases, 9/10 have remained in their educational setting, with 1/10 moving to a more appropriate educational setting for their needs. Out of the 10 CYP, there were no more reported drug or alcohol related exclusions, all 10 had a reduction in overall exclusion rates and approximately 50% had no further exclusions at all. Finally, 50% of the CYP have completely stopped using any substances with the final 50% reporting a reduction in drug or alcohol use. These more longitudinal findings demonstrate the effective outcomes of the New Leaf Rapid interventions and meeting harm reduction needs.

4.1.3 Trauma-Informed Progress

BDP, as part of the Drugs Inclusion Partnership previously identified themselves as trauma-sensitive. The team now identifies as trauma-informed and feel they have embedded reflective practice with other organisations and there is a shift in the way of working, e.g., focusing on CYP voice and feedback to shape the service. BDP have focused on developing the trauma-informed approaches over the last year with an updated trauma-informed action ladder (see below).

Drugs Inclusion Partnership – Bristol Drugs Project Trauma-Informed Action Plan		
Broad Action in Pursuit of TiP	Specific Actions	Updates November 2024
Staff wellbeing and check-ins	• Do more checking-in on colleagues using the WhatsApp group again • Wellbeing hours – being allowed 2 hours per month for yourself and encouraging staff to take this • Trauma-informed support for case holders / managers	Staff and wellbeing check ins – now have a WhatsApp work group where staff are able to check in with other members of staff, this is being used daily. BDP have spoken to our UNISON rep regarding wellbeing hours to make sure this is on the agenda. We now have our team meetings outside of the office away from our computers and work etc. Managers receive clinical supervision and keyworkers and case holders receive reflective practice once a month from an outside agency. We have had bespoke trauma training from the victim support team, specifically around homicide and how best to support ourselves and our young people.
CYP resources	• Team to purchase and use talking pieces / sensory items / games and creative approaches when working with CYP to ensure accessibility and T-I	BDP now have 2 new Drug Boxes which we are able to take into schools and use. BDP keyworker has collated all our online resources into one folder and a citywide service guide, we have enquired about a budget to spend on physical resources such as fidget spinners, mindfulness colouring books and Uno cards, each member of the team will have access to these.
Reflective practice	• Ensure time is given for reflections after meetings	BDP already receive reflective practice, once a month from an outside agency who specialize in

	• Reflect on clarity of service provision • Making time to get together for reflective practice e.g. in team meetings	working with children and young people (NAOS). This is currently under review to see if BDP can improve the sessions, may return to face to face. BDP also have free access to Health Assurance and are able to access free outside counselling. BDP now have the offer of clinical supervision from Ian Vincent who works in the Young Peoples Specialist Substance Misuse Team, who work alongside Doctors and CAMHS. They will be able to offer BDP consultation on some of the more complex young people on the caseload. BDP has also engaged with reflective practice offered within the BNSSG Vanguard by FCAMHS.
Feedback	• Add feedback link into email signatures for staff to increase accessibility • QR codes to feedback (BDP) • Feedback actions to other professionals involved with CYP "you said … we did …"	The QR feedback link idea has been sent to the BDP digital team to explore this further. This will be for all of BDP youth, with the team finalising the questions in the next coming weeks. Questions ideas such as, 'where would you like to be seen?', 'would you recommend to a friend?' etc. Ongoing multi agency work already happening in regards to gathering feedback with partners, this consists of closing conversations and completing a 'review and outcomes' form asking for input from external agencies and each young person. In addition to the review and outcomes form, BDP complete at the end of the intervention. BDP

		will now be doing a mid-point review in the middle of the intervention. BDP will ask 3 questions, going back to the 3 goals set at the assessment to check they are on track or if they need to be changed, ask if they feel it has been helpful and supportive so far, and ask if there is anything that is not working or could be changed. BDP can then act on this before the end of the intervention. BDP will then ask these questions again at the end of the intervention. BDP will collate all the findings from these questions in an easy to access folder (not on the EYES system where current forms are saved). This will be more accessible for reports and BDP will, as a team, regularly go through this to see if there are any common themes coming up for young people.
Supporting schools	• Trauma-informed training for partner schools	This is ongoing action for BDP. BDP are focused on supporting schools in the local community, but are struggling with barriers outside of their control regards engagement. Some schools in the area are engaged with trauma-informed training.
Parent involvement	• Opportunities for parents to share concerns and to build trust with service & school	BDP already involve parents, if appropriate. This is done on an individual basis, always encouraging parents to be informed. BDP have updated their confidentiality and consent forms and updated the referral process, making it easier for parents to refer in.

CYP co-production	• Youth participation in recruitment process – lived experiences group within BDP • Meaningful engagement with youth lived experience to shape services and in speech & language therapist recruitment	This is ongoing action for BDP. Although BDP don't have youth participation in the recruitment process, they do encourage young people to be part of the 'youth parliament'. BDP have a new assessment process having teamed up with the lived experience group at Barnardo's (HYPE) to go through current process and make it more trauma-informed. This is now live. BDP have attended the training by the Barnardo's lived experience team.
Assertive outreach	• Working with CYP outside of traumatising environments e.g., school • Need to overcome barrier of seeking parental consent • Creating safe spaces to meet CYP	BDP already work with young people outside of school. BDP offer to meet young people where they feel safe and have a budget to offer to take them out for food and other activities. BDP can also offer to take a young person off-site if they are at school and finding it a stressful environment. At BDP if the young person is over 13 years old, they do not need parental consent. BDP are currently reviewing the risk assessments for the most vulnerable young people who BDP see outside of school, where there may be CCE involvement, to keep the work and the young people safe.
Amendment to risk assessments	• DIP to work together on trauma-informed risk assessments relating to substance use	This is happening at the BDP level, but this is an ongoing action across the Drug Inclusion Partnership. Key focus for BDP would be seeing young people in the community

		who do not feel safe in the community, where CCE has been highlighted and they are not in school.
Accessible information for CYP	• Creating visual examples of the work each organisation does • Allow CYP to know what to expect • Video format • Case study example "we help Alex …"	This is an ongoing action for the Drug Inclusion Partnership. When looking further into the video concept, issues around confidentiality of BDP young people as it is a confidential service etc. Would perhaps need to get actors, needs a project lead and there have had a number of staff changes within the different strands of DIP that needs to be managed.

4.1.4 Sustainability plans

Ongoing sustainability plans beyond the Vanguard funding are in place. Bristol Drugs Project have been successfully recommissioned and will be combined with Turning Point to offer person-centred support across the city, including drug and alcohol support.

4.1.5 BDP Outcomes

In terms of the specific services within the Drug Inclusion Partnership, there is sufficient available data to analyse BDP separately. As of January 2025 (10/01/25), BDP has received 185 total referrals, with 15 total referrals rejected. A majority of these referrals were for 1-2-1 support for CYP substance misuse but does include school-based workshops for young people who are at risk of potential substance use.

BDP referrals mostly came from Safer Options (27.53%) or directly from education providers (21.73%), with a smaller number of referrals from social services, Youth Justice teams, local authority and the voluntary sector. It is unknown where 21.73% of the total

referrals have come from, due to reporting issues with the national dataset e.g., having a "other" field and not a write-in option to include specific referrers. In terms of breakdown of referrals by ethnicity and gender, the majority of referrals received were White British and male. In terms of the assessment needs of CYP seen, the highest recorded needs were low mood or depression, anxiety or worry, and attentional, concentration and/or hyperactivity difficulties. This is consistent with the possibility that a number of unmet needs for CYP exist in the community and that this group may be using drugs and/or alcohol as a coping mechanism.

Alongside the NHS national dataset reporting for each CYP supported by BDP in the Vanguard, BDP have an internal reporting to capture CYP outcomes. The internal reporting consists of the main or primary substance of concern for CYP, frequency of substance misuse, tools used to engage CYP e.g., Dealer Or No Dealer board game and Breaking Free Online recovery app, onward referrals and CYP education status at the end of intervention. BDP also report on 10 outcome measures (see table 4.1). The outcome data from these internally deployed measures will be included in the final Vanguard evaluation report.

Table 4.1 BDP Internal Outcome Measures

Outcome 1	Cessation of substance use
Outcome 2	Reduction in substance use
Outcome 3	Reduced harm from substance use
Outcome 4	Acquired new skills and knowledge
Outcome 5	Understood rights and choices available
Outcome 6	Improved confidence and self-esteem
Outcome 7	Improved communication skills
Outcome 8	Able to make healthier lifestyle choices
Outcome 9	Chose not to engage in risky anti-social or criminal behaviour
Outcome 10	Develop and maintain relationships

The BDP team have collated various evidence to support the positive outcomes alongside the NHS dataset including case studies including short term and long-term impacts for CYP and internal outcome measures. The below case studies demonstrate the nature of referrals, interventions and outcomes for the BDP 6-week interventions.

4.1.6 New Leaf BDP Cost-benefit Analysis

In order to enable the cost-benefit analysis, a sample of referrals during the period from Quarter 1 to Quarter 4 in 2023-24 were followed up. This sample was derived from those participants with at least one complete data return during the Q1 to Q4 2023-24 time period. Of the 72 referrals in the sample, 46 were male and 26 were female. One of these CYPs was in care, and a further 6 had (or were awaiting) a Child Protection or Child in Need plan.

There was accommodation data available for 39 of these CYP, and of those, 33 remained living with their parents during the intervention, 3 remained living with family members, and 1 remained living in supported accommodation. Therefore, 100% remained in their current living arrangement. Sixteen CYP (22%) were reported to have improved the stability of their accommodation during the intervention period. A number of participants working with the BDP New Leaf were reported to have experienced improved mental health and wellbeing (22%).

Seventy-two CYP referrals received an intervention from BDP new leaf at a cost of £392.15 per accepted child per annum. Twenty of the sample (28%) were reported to have either decreased their offending, or the frequency or severity of their risk taking behaviour during the intervention.

If all referrals (n=72) were engaged in….	
- a recorded antisocial behaviour incident the cost would amount to: £56,160 (72 x 780)	…but if the intervention resulted in a 28% reduction in antisocial behaviour incidents, **the saving would be: £15,724**

- a recorded youth offending incident the cost would amount to: £298,872 (72 x 4151).	…but if the intervention resulted in a 28% reduction in youth offending incidents, **the saving would be: £83,684**
- a conviction the cost would amount to: £424,944 (72 x 5902).	…but if the intervention resulted in a 28% reduction in convictions, **the saving would be: £118,984**

Thirty-six of the sample (50%) were reported to have improved the stability of their education status during the intervention.

If all referrals (n=72)….	
- were permanently excluded the cost would amount to: £952,560 (72 x 13,230)	…but if the intervention resulted in a 50% reduction in permanent exclusions, **the saving would be: £476,280**
- required alternative provision the cost would amount to: £1,641,600 (72 x 22,800)	…but if the intervention resulted in a 50% reduction in alternative provision, **the saving would be: £830,800**

A more parsimonious approach to the cost-benefit analysis recognises that, although the entire sample is considered at-risk of negative outcomes, it is likely that only a sub-sample will actually have CJS contact or have their long-term prospects impacted due to exclusion. With that in mind, the analysis tracked only those CYP clients who had already confirmed current or previous contact with the police or Youth Offending Team, or had already been excluded or were missing from school.

Twenty-two CYP in the sample had current or previous contact with the police or Youth Offending Team. Of those with previous CJS contact, fifteen (68%) were reported to have decreased their offending, or the frequency or severity of their risk taking behaviour.

If twenty-two referrals were engaged in:

- a recorded antisocial behaviour incident the cost would amount to: £17,160 (22 x 780)	…but if the intervention resulted in a 68% reduction in antisocial behaviour incidents, the saving would be: £11,668
- a recorded youth offending incident the cost would amount to: £91,322 (22 x 4151)	…but if the intervention resulted in a 68% reduction in youth offending incidents, the saving would be: £62,099
- a conviction the cost would amount to: £129,844 (22 x 5902)	…but if the intervention resulted in a 68% reduction in convictions, the saving would be: £88,294

Fifty-two CYP in the sample ere either already excluded (Fixed-term of PEX) or were either recorded as missing school or in alternative provision. Of those fifty-two, thirty-five (67%) were reported to have improved their educational stability.

If fifty-two referrals….	
- were permanently excluded the cost would amount to: £687,960 (52 x 13,230)	…but if the intervention resulted in a 67% reduction in permanent exclusions, the saving would be: £460, 933
- required alternative provision the cost would amount to: £1,185,600 (52 x 22,800)	**…**but if the intervention resulted in a 67% reduction in alternative provision, the saving would be: £794,352

Finally BDP data showed that 50% of randomly selected cases completely ceased their use of substances. Twenty-two of the sampled BDP clients completed their workshops and were discharged from the programme during the sample period. Therefore, at a conservative estimate, if 50% of these CYP avoid incurring the £16,500 per annum cost of problematic drug use, this represents a saving of (11 x 16,500 = £181,500).

Cost-benefit analyses will frequently reduce the saving by 50% (attribution rate) to acknowledge the potential for other factors to contribute to the outcomes. Therefore, a more conservative assessment of cost-benefit may be as follows:

Outcome	Cost saving	
Reduced Antisocial Behaviour	11, 668 /2 =	£5834
Reduced Youth Offending	£62, 099 /2 =	£31,049
Reduced Convictions	£88, 294 /2 =	£44,147
Reduced permanent exclusions	£460, 933 /2 =	£230,467
Reduced requirement for alternative provision	£794,352 /2 =	£397,176
Reduced problematic drug use	£181,500 / 2 =	£90,750
Potential Total Cost Saving: £799,423		

The potential for the Drug Inclusion Partnership interventions to divert young people away from temporary and permanent exclusions is illustrated in the case studies provided below.

4.2 Substance Advice Service (SAS) North Somerset

4.2.1 Aims, Objectives & Processes

The SAS Engage programme is the Drugs Inclusion Partnership offer within North Somerset, adopting a similar approach as BDP. Children are referred to the SAS, triaged and allocated to a drugs worker within 5 working days, during weekly allocation meetings. All children undergo full assessment including a drugs assessment to address unmet need, promote positive outcomes and to safeguard children. An intervention plan is co-created with the child to determine the activities and actions of the intervention and to ensure the safety of the child and others. The drugs assessment will determine where there is a need and/or willingness to engage in a tier 3 structured intervention such as treatment services to reduce or stop substance use. Further work around drugs education and harm reduction work will also be considered.

The SAS Engage work focuses on engagement with children and providing opportunities for development of pro-social identity with the aim of promoting engagement in education (formal or informal). Children working on SAS Engage programmes are using a range of

substances, predominantly cannabis, nicotine and alcohol but also ketamine, cocaine, mushrooms, MDMA and Nos.

Drugs workers engage with children to support around emotional health and wellbeing and opportunities to promote self esteem, advocacy support to children and parents/carers in schools/education and support to access positive activities, for example, all children on SAS Engage programmes are offered free gym trial passes.

4.2.3 Progress & Collaborations

SAS Engage has developed a strengths-based assessment, providing a child-first approach and intervention of support for children at high-risk of exclusion due to their own or familial substance misuse. This strengths-based approach focuses on building each children's pro-social identities, building skills and interests and positive relationships around them. Drugs workers advocate for children around the understanding that their substance use is symptomatic, not the cause of bigger issues.

The SAS Engage team have also engaged with the Barnardo's lived experience group, HYPE, who delivered training to SAS staff on children's rights, participation and trauma-informed practice to support service delivery. Drugs workers complete a closure summary with children when completing their intervention to record the child's voice.

4.2.4 Trauma-Informed Progress

NS SAS developed the trauma-informed action plan (see below) in collaboration with Bristol Drugs Project as part of the Drugs Inclusion Partnership. The team identified themselves as trauma-informed, having previously identified as trauma-sensitive and moving towards trauma-responsive. NS SAS have embedded actions such as staff check-ins online (Microsoft Teams) to allow space for staff to ask questions, reflect and check-in with one another when working from home to reduce staff isolation and pressure, and to enable a safe environment to decompress. NS SAS have also engaged with the wider North Somerset Council's well-being support service to ensure an understanding of the offer of support for staff, to give another avenue of support outside of the NS SAS team.

The NS SAS team have a new head of service within North Somerset Youth Justice Services which has included some changes in the way services are run, including the introduction of a co-production group for CYP (Reframe group) which includes a core group of children who attend and share their lived experience input and influence wider YJS policy. They have recently delivered a presentation at a Children's Services conference to share their experiences and insights into better practice. The Reframe group will also be involved in policy production, recruitment and additional and relevant developments in the service, which is a positive development across North Somerset services moving toward being more trauma-informed and embedding lived experience and children's voice.

NS SAS are also focused on developing the service through gathering feedback from children who have been supported, to identify strengths and any improvements that could be made to the service to improve outcomes for children. NS SAS is focused on ensuring accessible information for their service for children, parents and carers, and professionals.

Drugs Inclusion Partnership – NS SAS Trauma Informed Action Plan		
Broad Action in Pursuit of TiP	Specific Actions	Updates November 2024
Staff wellbeing and check-ins	• Do more checking-in on colleagues using the WhatsApp group again • Wellbeing hours – being allowed 2 hours per month for yourself and encouraging staff to take this • Trauma-informed support for case holders / managers	NS SAS now have a Microsoft Teams group where staff are able to check in with each other. It is an opportunity for staff to share any questions, ideas, thoughts and often prompts quick responses. It is now being used daily. Our wellbeing team have now attended a SAS meeting to inform staff about the wellbeing offer from NSC council including information about counselling support, various support groups such as the menopause café, yoga sessions, reflexology session and other support. All staff have monthly supervision with their line manager. The team

		have weekly meetings to discuss all new referrals, current work and other agenda items.
CYP resources	• Team to purchase and use talking pieces / sensory items / games and creative approaches when working with CYP to ensure accessibility and T-I	NS SAS now have a new Drugs Box funded by ICB which they are able to use with children, parents and professionals; it is being used regularly and taken into schools and other youth provisions. NS SAS have an online folder of resources, this has been reviewed this year with new online folders that are easier to navigate and utilize.
Reflective practice	• Ensure time is given for reflections after meetings • Reflect on clarity of service provision • Making time to get together for reflective practice e.g. in team meetings	NS SAS have implemented a new assessment tool across YJS, this assessment has a more reflective style. All staff have free access to Health Assurance and able to access counselling NS SAS has also engaged with reflective practice offered within the BNSSG Vanguard by FCAMHS.
Feedback	• Add feedback link into email signatures for staff to increase accessibility • QR codes to feedback (BDP) • Feedback actions to other professionals involved with CYP “you said … we did …”	NS SAS introduced a new feedback questionnaire at the end of last year -unfortunately this has been problematic, and NS SAS are now reviewing feedback mechanisms across the service around how we obtain feedback. All staff completed closure summary questionnaire with children to include gaining their views about the work that they have completed on the SAS Engage programme. A new assessment includes a questionnaire for children and

		parents and carers.
Supporting schools	• Trauma-informed training for partner schools	This is ongoing action for NS SAS. All schools have had an offer of trauma informed training over this academic year.
Parent involvement	• Opportunities for parents to share concerns and to build trust with service & school	NS SAS already involve parents, if appropriate. This is done on an individual basis, always encourage parents to be in the loop. We are reviewing the offer for support for parents/carers to include referral for parenting groups and a localised offer.
CYP co-production	• Youth participation in recruitment process – lived experiences group within BDP • Meaningful engagement with youth lived experience to shape services and in speech & language therapist recruitment	NS SAS have a new co-production group within the wider North Somerset youth justice service. There are a core group of children attending the group who have been involved in wider work including sharing their views at a recent children's services conference. Members of this group have worked with SAS previously. New policies, recruitment and additional developments will be presented to the group for views and input. Their views are currently being sought on a new logo for North Somerset Youth Justice Service.
Assertive outreach	• Working with CYP outside of traumatising environments e.g., school • Need to overcome barrier of seeking parental consent • Creating safe spaces to meet CYP	NS SAS continue to work with children wherever they feel most comfortable to meet including at home in cafes, schools or in the wider community. NS SAS are in the process of

		setting up a new breakfast club to ensure all children have access food, for children to be involved in the running of the club. NS SAS are also building additional links with other safe spaces in our community including working closely with a local community interest company who run a pizza cafe and gym.
Amendment to risk assessments	• DIP to work together on trauma-informed risk assessments relating to substance use	This is an ongoing action across the Drug Inclusion Partnership.
Accessible information for CYP	• Creating visual examples of the work each organisation does • Allow CYP to know what to expect • Video format • Case study example "we help Alex …"	This is an ongoing action for the Drug Inclusion Partnership. NS SAS are able to provide translation services where required. NS SAS need to review our marketing materials for children families/ carers and professionals.

4.2.5 Sustainability plans

Discussions held with wider drug inclusion partnership partners about continuing a quarterly meeting to share good practice and information sharing.

Existing wider SAS team will continue to work with children at high risk of exclusion due to their or parental substance use, where possible. Further work is needed to ensure additional funding to maintain the level of service offered. There has been an increase in referrals for children affected by familial substance use and SAS are keen to research the possibility of setting up a support group for this cohort of children.

4.2.6 SAS Cost-benefit Analysis

In order to enable the cost-benefit analysis, a sample of referrals during the period from Quarter 1 to Quarter 4 in 2023-24 were followed up. This sample was derived from those participants with at least one complete data return during the Q1 to Q4 2023-24 time

period. Of the 26 referrals in the sample, 15 were male and 11 were female. Seven of these children had (or were awaiting) a Child Protection or Child in Need plan.

Two children (8%) were reported to have improved the stability of their accommodation during the intervention period. A number of participants working with the SAS were reported to have experienced improved mental health and wellbeing (36%).

Twenty-six children referrals received an intervention from SAS at a cost of £1085.15 per accepted child per annum. Eight of the sample (31%) were reported to have either decreased their offending, or the frequency or severity of their risk taking behaviour during the intervention.

If all referrals (n=26) were engaged in....	
- a recorded antisocial behaviour incident the cost would amount to: £20,280 (26 x 780)	...but if the intervention resulted in a 31% reduction in antisocial behaviour incidents, **the saving would be: £6,287**
- a recorded youth offending incident the cost would amount to: £107,926 (26 x 4151).	...but if the intervention resulted in a 31% reduction in youth offending incidents, **the saving would be: £33,457**
- a conviction the cost would amount to: £153,452 (26 x 5902).	...but if the intervention resulted in a 31% reduction in convictions, **the saving would be: £47,570**

Six of the sample (23%) were reported to have improved the stability of their education status during the intervention.

If all referrals (n=26)....	
- were permanently excluded the cost would amount to: £343,980 (26 x 13,230)	...but if the intervention resulted in a 23% reduction in permanent exclusions, **the saving would be: £79,115**

- required alternative provision the cost would amount to: £592,800 (26 x 22,800)	...but if the intervention resulted in a 23% reduction in alternative provision, **the saving would be: £136,344**

A more parsimonious approach to the cost-benefit analysis recognises that, although the entire sample is consider at-risk of negative outcomes, it is likely that only a sub-sample will actually have CJS contact or have their long-term prospects impacted due to exclusion. With that in mind, the analysis tracked only those child clients who had already confirmed current or previous contact with the police or Youth Justice Service, or had already been excluded or were missing from school.

Sixteen children in the sample had current or previous contact with the police or Youth Justice Service. Of those with previous CJS contact, eight (50%) were reported to have decreased their offending, or the frequency or severity of their risk-taking behaviour.

If sixteen referrals were engaged in....	
- a recorded antisocial behaviour incident the cost would amount to: £12,480 (16 x 780)	...but if the intervention resulted in a 50% reduction in antisocial behaviour incidents, **the saving would be: £6,240**
- a recorded youth offending incident the cost would amount to: £66,416 (16 x 4151)	...but if the intervention resulted in a 50% reduction in youth offending incidents, **the saving would be: £33,208**
- a conviction the cost would amount to: £94,432 (16 x 5902)	...but if the intervention resulted in a 50% reduction in convictions, **the saving would be: £47,216**

Fourteen children in the sample ere either already excluded (fixed-term of PEX) or were either recorded as missing school or in alternative provision. Of those fourteen, four (28%) were reported to have improved their educational stability.

If fourteen referrals....	
- were permanently excluded the cost would amount to: £185,220 (14 x 13,230)	...but if the intervention resulted in a 28% reduction in permanent exclusions, **the saving would be: £51,861**

- required alternative provision the cost would amount to: £319,200 (14 x 22,800)	**…**but if the intervention resulted in a 28% reduction in alternative provision, **the saving would be: £89,376**

Cost-benefit analyses will frequently reduce the saving by 50% (attribution rate) to acknowledge the potential for other factors to contribute to the outcomes. Therefore, a more conservative assessment of cost-benefit may be as follows:

Outcome	**Cost saving**	
Reduced Antisocial Behaviour	6,240 /2 =	£3170
Reduced Youth Offending	£33,208 /2 =	£16,604
Reduced Convictions	£47,216 /2 =	£23,608
Reduced permanent exclusions	£51,861 /2 =	£25,931
Reduced requirement for alternative provision	£89,376 /2 =	£44,688
Potential Total Cost Saving: £114,001		

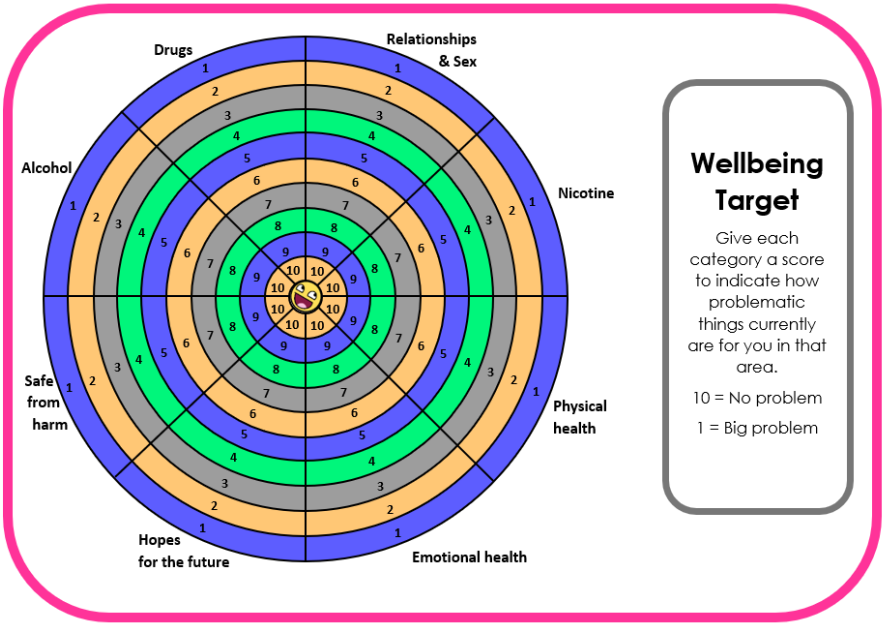
4.3 Young Peoples Drug and Alcohol Service (South Gloucestershire)

4.3.1 Aims, Objectives & Processes

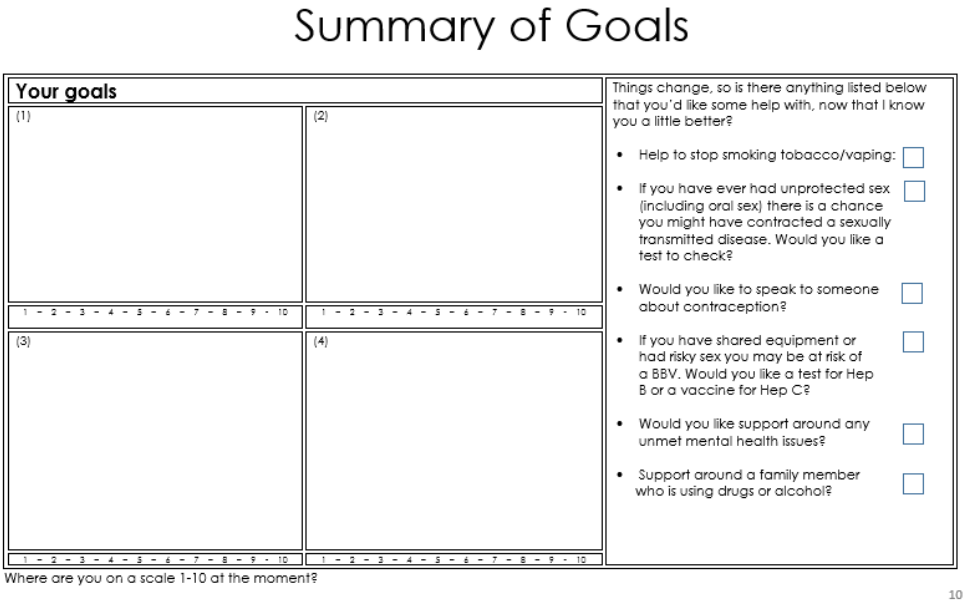
South Gloucestershire has adopted the same approach as BDP and North Somerset SAS in order to approach interventions with at-risk CYP with a trauma-informed approach, as part of the Drug Inclusion Partnership in the BNSSG Vanguard.

The Young People's Drug and Alcohol Service has experienced barriers with recruitment which has resulted in a delayed start as part of the Vanguard project. This said, recruitment has now been successful and support workers are in role to support CYP with individual one-to-one sessions and school sessions across the county.

The Young People's Drug and Alcohol Service provides support for young people, such as: someone to talk to, advice and information on reducing harm, and on-going sessions (up to 8 sessions) to explore issues that feel difficult. The service will complete an assessment with CYP to gain consent as well as to establish the needs of CYP e.g., health, accommodation/homelessness risk and establishing drug and alcohol usage. The assessment also includes a wellbeing target to allow for CYP to identify on a scale of 1-10 how problematic (or not) across 8 different domains: physical health, emotional health, hopes for the future, safe from harm, alcohol, drugs, nicotine, relationships & sex.



The assessment process also focuses on establishing goals across personal life and school/education life for CYP, asking them what they think is going well, what they may have some worries about, and what needs to happen. This allows for goals to be identified by each CYP in a supported nature, to ensure effect intervention support but also including each CYP in the design of their support based on each individual's needs. Set goals will be referred back to and reviewed during the intervention support.



The YPDAS team uses the 'Engage Project' workbook to guide sessions, establish goals, establish a timeline and for a space for keyworkers to reflect on how each session went according to aims, content and reflecting on CYP engagement. This workbook also provides space for feedback to be kept according to each CYP case, including feedback from CYP, parents/carers and families as well as school and other involved professionals.

4.3.2 Progress & Collaborations

The YPDAS team have faced delays in going live for the Vanguard project due to recruitment issues. Due to this, South Gloucestershire Council authorised an increase in working hours for the part-time employees (including the Outreach and Engagement

worker) within YPDAS, to allow for the Vanguard work to be split amongst staff. The Outreach and Engagement worker (OEW) is managing the main workload of the Vanguard cases as well as engaging in community work at youth centres to engage CYP using detached youth work, the purpose of which is to engage with young people 'where they are at' (such as in the community) compared to more traditional or institutional settings. The OEW has also been engaging with local schools/education providers to raise awareness for the referral pathway into the service, which has so far been positively received and connections are building.

The team has also been working on developing the paperwork involved in the referral process for CYP, such as the screening tools, assessment paperwork and information leaflets. The team reports that staff are feeling well placed and prepared to continue taking on referrals into the service.

4.3.3 Sustainability plans

The YPDAS team are in discussions with South Gloucestershire Council around the ongoing remit of work offered, with a hopeful expansion of adding in education work to the Outreach and Engagement Worker (OEW) role. Ongoing sustainability plans beyond the Vanguard funding are in discussion.

4.3.4 YPDAS Outcomes

The YPDAS team have accepted 2 referrals for CYP with a drug and/or alcohol need. Work has recently commenced so at this time there are no outcomes to report on. Full reporting is expected in the final version of this report.

4.4 Drug Inclusion Partnership Case Studies and Feedback

BDP Case Study One –

Substance use
6 sessions completed 1:1. In mainstream education.
Reason for referral
Young person was found with a cannabis joint on him at school. The school followed the Drugs in School pathway. This meant the young person had a fixed term suspension, at 5 days, but diverted a permanent exclusion. When the young person returned to school they had an assessment with staff, a BDP worker, and an Educational Inclusion Manager from Safer options. The incident was discussed, and the young person consented for sessions with a BDP worker. This has now diverted a permanent exclusion, and the young person has kept their place in mainstream education.
Intervention
The young person reported minimal cannabis use, using when with friends and would describe it as opportunistic. However, noted that his cannabis use would go up when feeling stressed and this would be the only time when he would feel like he 'wants it'. Throughout the intervention the young person only reported to have smoked on 2 occasions, half term and the Christmas break and he had not supplied it. He reported he had only just started smoking that summer but noted the occasions had gone up prior to the incident in school. Reported 9/10 days out of the last month (September) before the incident. Getting caught at school provided an intervention and an opportunity for the young person to learn more about substance use and learn tools to reduce their substance use and the harm it causes. Whilst exploring the young person's motivation and the days on which they felt like they 'wanted' cannabis it became apparent that home life would often be stressful. Although the young person did not have a social worker, their older sibling did, and they were affected by the behaviour of others in the house. We explored support networks and how to stay safe in a crisis. We looked at the young person's goals and values and the positives they have in their life. We explored their love for sport and music and discussed plans that they could use when they start feeling stressed or overwhelmed involving music, sports and certain friends. I would often debrief with the pastoral lead at the school, who the young person had a good relationship with, if the young person had disclosed anything in the sessions. We explored their triggers and looked more in-depth at tolerance, the long-term impact of cannabis use and their personal long term goals and how to get there.
Outcomes achieved
Reduction in cannabis use, only used twice over the intervention and reported only a small amount. Retained his place in mainstream education. The intervention happened at a time when their cannabis use had started to increase from minimal use to recreational use and where the young person had felt it was OK to bring it into school. They had started a new learnt behaviour of using cannabis when feeling stressed, bored or angry. This intervention explored this at a time where their cannabis use had started to increase. It gave the young person an environment to discuss safely what was going on

at home and outside of school and the impact this was having on them. The young person was able to explore the link between this and his cannabis use and learn new skills around managing difficult emotions. Because the school followed the drugs in school pathway the young person felt supported, they were able to access support around their cannabis at a time where their use had started to increase. They were able to explore this in a confidential space and explore how it was impacted by other areas of their life. This young person stated at the end of the intervention that 'the thing they have taken away the most is around how using a small amount can develop into dependence and the warning signs of addiction'.

BDP Case Study Two –

Reason for referral
Young person was suspected to be carrying cannabis whilst on the school site due to a strong smell. School staff believe it was disposed of in the toilet. School contacted Safer Options and were advised to refer directly into the New Leaf Rapid project. The young person did not require a Drugs in School assessment as no cannabis was found. School offered an intervention to the young person around his personal cannabis use. The young person did not receive a suspension.
Intervention
Young person was seen between 20th November 2023 and 19th Feb 2023. At time of intervention stated he had stopped smoking, due to the incident at school, wanted support in remaining cannabis free as they felt they were likely to start again. Previous daily cannabis use and described themselves as between 'recreationally dependent' and 'dependent' when exploring where they were on the Pathway to Dependence exercise. Shortly after the start of the intervention he stated he was back to smoking 2-3 days a week and we worked on this going forward. We were able to explore his motivation for use and motivation for stopping, this drew on his personal values and aspirations. Became clear his focus on improving his fitness and health, put in a referral to Empire Fighting Chance. He started to engage with this and started attending additional sessions with the aim of getting into amateur boxing. This provided stability for him and a focus on his physical health, we were able to explore the impact of his cannabis use on his life and look at more positive ways of negotiating more challenging emotions. He reduced his cannabis use and at the end of the intervention was smoking 1-2 days a week only on weekends and waiting until 6pm. He accepted a referral on for further support around his cannabis use and began a 12-week intervention by a BDP worker.
Outcomes achieved
The young person maintained their mainstream education place and made positive changes to their cannabis use. They acquired new skills and tools around substance use and encouraged into more positive activities outside of school. During the intervention the young person disclosed they may be being groomed. This was addressed within the

session and the worker was able to deliver a targeted intervention around this and CCE in general. The information was passed onto Safer Options, school and the police and discussed at a multi-agency level. The young person has since stated that he is not engaging in that high-risk behaviour anymore and continues to engage in Empire Fighting chance and the positive influences in his life. The young person was able to talk about his home life, which at times can be stressful, he has been encouraged to discuss this further with school if he feels it is affecting his behaviour. He has since started an intervention around anger and is doing well in his lessons. Reports days where he's does not get sent out of any lessons and has no after school detentions. His relationship with key members or staff at school has improved.

Case studies into long term impact of the 6-week intervention –

The BDP team have explored the longer-term impacts of the interventions from x10 randomised client IDs to explore the further outcomes including professionals and education provision updates to provide snapshots including some feedback directly from CYP or schools.

Long-term Case Study One	
Referral route:	Drugs in school pathway. Young person was found with a cannabis joint on him at school. Following a Drugs in School assessment, the young person consented to a BDP intervention.
Date of intervention:	12th October 2022 – 18th January 2023. 6 sessions completed 1:1. Education provider: Mainstream School at time of intervention. Is now 17yrs and has a place at SGS College (South Gloucestershire and Stroud College). Remained in mainstream until college offer.
Outcomes of intervention and referral on:	Remained in mainstream education and kept his place. Stopped problematic substance use, cannabis. Better communication with support staff at school and has opened up more about what is going on at home.
Exclusions:	2 previous exclusions for persistent disruptive behaviour, 1 for physical assault against a pupil, last exclusion 15th September 2022 – 22nd September 2022,

	the incident at school where cannabis was found. No further exclusions after BDP intervention.
Attendance:	As young person over 17 and at post 16 provision this is not available but has been offered a place at SGS college.
Further info via Safer Options:	No further information from Safer Options, has not been raised as a concern.

Long-term Case Study Two	
Referral route:	School referred in after being advised by Safer Options. Smoking cannabis daily, CCE concerns and attendance dropping. Worries about exclusion – admitted linking up with students who are dealing cannabis. Concerns over other drugs such as MDMA and cocaine.
Date of intervention:	3rd August 2022 – 22nd November 2022.
Education provider:	Mainstream school at time of referral, fixed term suspension, moved to an ALP.
Outcomes of intervention and referral on:	YP moved to an ALP before the intervention started. Now has been offered a place at Access Creative College after finishing year 11 at an ALP. Large reduction in cannabis use, from heavy daily use, to using around once a week minimal use, only with friends and not on own. Not using any other substances.
Exclusions:	Numerous exclusions for 'persistent or general disruptive behaviour' at mainstream school from January 2022 – September 2022, ending in a suspension related to drugs and alcohol September 2022 which prompted the intervention from Bristol Drugs Project. Then started at ALP. 2 suspensions whilst on roll March 2023 and April 2023, for 'disruptive behaviour' and 'threats to an adult'.
Attendance:	As young person over 17 and at post 16 provision this is not available.
Further info via Safer Options:	No incidents reported to the police in the last year.

Direct feedback from CYP:	"*Feels like it has been beneficial. I don't think about it the same anymore, makes me think why am I doing this on my own, feels depressing, so I don't do it anymore*".

Long-term Case Study Three	
Referral route:	Referral in direct from school, for an intervention for a Child Affected By Substances. YP had witnessed parent's partner pass away from an overdose. This was impacting on his mood and general behaviour in school. Had 2 suspensions before the referral for 'disruptive behaviour'. Concerns he is at risk of exclusion due to his behaviour which can be seen as a trauma response to what he has witnessed.
Date of intervention:	29th November 2022 to 28th Feb 2023.
Education provider:	Mainstream school.
Outcomes of intervention and referral on:	Kept place in mainstream, declined a referral on. Young person stated they felt more confident talking to members of staff regarding anything going on at home. Reduced his vaping.
Exclusions:	2 following the intervention, not drug and alcohol related. No suspensions this academic year.
Attendance:	65%
Further info via Safer Options:	Not known to Safer Options – no current concerns.

Long-term Case Study Four	
Referral route:	Drugs in School Pathway, young person brought in a cannabis joint to school and smoked it on school premises.
Date of intervention:	6th November 2023 – 20th June 2024.
Education provider:	Mainstream school, reset of 6 weeks at ALP – returning to mainstream after Easter break.
Outcomes of intervention and referral on:	Cut down cannabis use, has accepted a referral on to the Young Peoples Specialist

	Substance Misuse Team to continue work around substances with an element of CAMHS to support mental health. Has returned to mainstream and now back on a full-time timetable.
Exclusions:	5 suspensions before the BDP intervention, 1 suspension for 1 day since the BDP intervention 31st Jan 2024.
Attendance:	29%
Further info via Safer Options:	Has had a number of missing episodes and is now open to a Child Protection plan. When in school is engaging and school have no issues with behaviour.
Direct feedback from School:	"*I would like to say a big thank you for all your work with CYP as at this time – CYP found it difficult to trust staff and have that positive relationship so that we were able to keep her safe. That was something you were able to provide and although the disclosures made to yourself were followed up - it allowed us to do this but keep you in the role of the main person CYP confided to when she was involved in situations which could have caused her harm and be unsafe. Without this I do believe we would not have the relationship with CYP we have today which is so much better than previous when she wouldn't say anything and often walk away. Now she teases us with info but does respond to us and also often very honest most of the time – she will advise she won't tell us some stuff but gives us enough info we can alert other agencies. This has been a good bit of multi-agency working which from your work has allowed school to have a more positive relationship with CYP*".

The BDP team have also received some positive, direct feedback from an Education Inclusion Manager on the impact of the New Leaf Rapid programme:

"New Leaf Rapid, and the work of Belle and Hazel, has been an invaluable piece of intervention that has enabled us to implement new early intervention pathways with Bristol schools. The Drugs in Schools pathway, for which New Leaf Rapid is an essential partner, has enabled young people across the city to avoid exclusion and receive immediate harm reduction intervention for incidents in which they have been found in possession of cannabis at school. Previously, an incident of this sort would have often resulted in a permanent exclusion which could have left the child without the option of drugs intervention. Over the course of this academic year, we have made significant strides towards making sustainable change to that state of affairs. Now, children and young people who have made a mistake are not unreasonably punished, are given the chance to move on positively in their current school setting and are supported to manage any harmful behaviours and attitudes around their drug use. Schools trust the pathway and this is in no small part due to the fast and professional intervention that is offered by New Leaf Rapid" (Education Inclusion Manager)

The NS SAS team have also collated data alongside the national NHS dataset to evidence the positive outcomes and work of the team (see figures below).

Drug Inclusion Partnership Case Studies and Feedback

NS SAS Case Study One –

NS SAS Case Study One	
Context	Ben, year 9 (aged 13-14 years old). Drugs worker previously worked with Ben's brother.
Concerns	Ben is on a CP plan and CSC had started care proceedings as his mum was involved in a domestically violet relationship. Ben was witnessing this. His mum's partner was suppling drugs to Ben in exchange for completing domestic tasks such as hoovering. Non-attender at school, his mum has been fined for not ensuring regular school attendance.

	Having worked with Ben's brother I met with Ben and his mum in the school reception, his mum was walking him into school daily to ensure his attendance. We were able to offer a programme of SAS Engage support. Ben agreed with the support and to meet with me in school to support his attendance as he had missed about a year of education.
Work	We began to meet on a regular basis with his learning mentor present as they had an existing strong relationship. • Completed a full health assessment to identify strengths, needs and risks. • Work on cannabis education and harm reduction strategies; Ben was smoking cannabis to manage his anxiety around school attendance.
Outcomes to date	• Ben is now attending school every day. • He is no longer at risk of being taken into care. • His mum has improved mental health and is now taking positive steps for herself, she has applied for a college course. • Ben has agreed to referral for SALT assessment, CAMHS and is beginning to engage with work around his post 16 plans and looking at college options. • He is keen to be involved in the Vanguard funded positive activities programme over the summer holidays

NS SAS Case Study Two	
Dates of intervention	August 2023 – September 2024 (x18 sessions)
Referrer	Youth worker (YMCA)
Age of young person	15 years old
Summary of Issue leading to referral	Referrer identified concerns around criminal exploitation, Family Substance Misuse, Parental neglect, PEX due to possession of class B substance.
SOS Health Assessment, e.g., what are we worried about? What is working well? What needs to happen?	• Family substance misuse • Suspected family criminal exploitation • Parental neglect lack of boundaries and structure • PEX due to class B substance found in YP's pencil case which the YP denied. • Difficult relationship with Dad What is working well: Engagement with SAS and school. Communication between child and parents. YP has a close relationship with Mum. What needs to happen: • Substance misuse harm reduction and education. • Motivational interviewing to challenge behaviours and views. • Psycho/social intervention to manage emotions. • Support to link with tier 2 mental health services. • Liaise with school to put in appropriate support for YP to re-regulate.

What support was offered by EDP? E.g., managing feelings, psychosocial interventions, drugs ed, harm minimalization, etc.	• Psychosocial intervention. • Criminal exploitation awareness. • Drug education, drug harm reduction. • Managing emotions, consequential thinking and healthy relationships. • Advocacy for client with school to access further support with education. • Family support.
Complications or barriers experienced	Unrecognised neglect in the family home due to lack of structure and maintaining good hygiene.
What other agencies did you engage/liaise with?	• Mainstream school and Voyage learning campus • Social care • YMCA
Outcomes	The YP has a deeper understanding of the impact of substance misuse on the body. The YP stated that they were now more informed following the intervention and felt they now had a clearer picture of the negative impact of substance misuse on the human body particularly in relation to the human brain. Additionally, the YP stated that they felt they were able to better manage their emotions with the understanding that we can not be in control of the thoughts and actions of others. The YP also engaged with the positive activities programme which involved team building leisure activities.
Learning and reflections for SAS	Feedback score – successful completion of SAS intervention, YP engaged with the programme of activities and made clear progress towards the planned outcomes based on concerned identified on referral.

Client feedback	During the exit meeting the YP thanked the SAS worker for all the support.

NS SAS Case Study Three	
Dates of intervention	October 2023 – August 2024 (x20 sessions)
Referrer	Self-referral
Age of young person	16 years old
Summary of Issue leading to referral	Jon had been PEXd from school having brought cannabis into school, he had also been in trouble with the police and received a youth alcohol drugs diversion from the police. Jon completed his YADD and recognised the impact substances were having on his life and asked for additional voluntary support from SAS.
SOS Health Assessment, e.g., what are we worried about? What is working well? What needs to happen?	What are we worried about? • Poly-substance use and the mixing of substances. • School exclusion, currently NEET. • Concerns about funding of substances. • Starting to get in trouble with the police. • Mental health concerns, struggling with low moods and anxiety. • Possible ADHD, awaiting assessment What is going well? • Has already reduced some substances. • Wants to stop others. • Has an interview with a new secondary school and is keen to re-engage with education

What support was offered by EDP? E.g., managing feelings, psychosocial interventions, drugs ed, harm minimalization, etc.	Drugs education and harm reduction work focussing on the substances used and intending to be used. Harm reduction work focussed on mixing substances. Liaising with schools and family to support transition into new school. Explored options post 16 and employment opportunities. Signposting to mental health support including Kooth and OTR as well as discussing methods of managing low moods and anxiety. Explored the legal implications of substance use, the risks of county lines and supplying.
Complications or barriers experienced	There were a number of sessions missed when Jon was not in school. Isolated where he lives and little else to do.
What other agencies did you engage/liaise with?	• Police • Schools • Family • Post-16 team
Outcomes	Jon had initially stopped all other substances and reduced his cannabis use. He had started attending a local gym and was looking for work. There was a relapse during one of the school holidays which unfortunately led to some police involvement although this was not related to substances, no further action was taken by the police. This had an impact on his mental health and his cannabis use increased, although remained off other substances. Jon was able to complete his GCSEs, attended interviews at college and a local 6th Form. Post-16 team offered support

	around college / sixth form options dependent on GCSE results.
Learning and reflections for SAS	Jon engaged well with SAS and wanted to make positive changes. He was able to reduce his cannabis use and stop other substances.
Client feedback	Jon reported that he enjoyed the sessions with SAS and found them useful.

NS SAS Case Study Four	
Dates of intervention	November 2023 – September 2024 (x7 sessions, x3 positive activity sessions)
Referrer	School
Age of young person	14 years old
Summary of Issue leading to referral	Sara was finding it difficult to engage in school and was getting into a lot of trouble when she was there which resulted in numerous fixed term exclusions. Most of her family use substances, including parents, grandparents and aunts/uncles. Dad also used to deal and had got caught up with a group of people who were threatening the home and family.
SOS Health Assessment, e.g., what are we worried about? What is working well? What needs to happen?	What are we worried about? • Substance use within the home and wider family + the attitudes around this. • Drug dealing and criminal activity within the home. • Attendance and engagement in school. • Vaping. • Low confidence and self-esteem. • Possible ADHD.

	What is going well? • Isn't using substances herself • Engages well with professionals
What support was offered by EDP? E.g., managing feelings, psychosocial interventions, drugs ed, harm minimalization, etc.	Drugs education. Referral into the family wellbeing service for support for whole family. Liaising with school and home around suitable placements. Offered diversionary and positive activities during the summer holidays.
Complications or barriers experienced	Sara missed a lot of school due to exclusions so there were a lot of missed appointments. The family also moved home at the start of the intervention which I was not aware of.
What other agencies did you engage/liaise with?	• School • Junction 21 mentoring service • Family wellbeing service • Social care
Outcomes	Sara engaged really well in sessions. We explored various substances so that she would have more of an understanding of the effects and the risks involved. During our time together Sara also attended an alternative education placement which really suited her and she was able to engage with education there. She will now be doing a split placement between mainstream and the alternative placement. Sara had her ADHD assessment and has been prescribed medication which seems to be helping her manage her

	behaviours, we also discussed other coping strategies. A referral to the family well being service was made as the family were struggling with money, being in a new area and managing the behaviour of the older children. Sara also attended the positive activities over the summer (Bowling, Raft building/assault course and Paddle boarding). This helped Sara develop her confidence and self esteem as well as developing some pro-social friendships. Sara engaged really well with this and she has remained in contact with some of the other young people.
Learning and reflections for SAS	Sara engaged really well, however due to missing a number of sessions it felt like the consistency wasn't there and some information was not delivered. Additional support could have been offered to the family to help them engage with the family well being service. Sara would be an ideal young person to attend a girls group to continue exploring her confidence, self esteem and identity away from substance use. She is however engaging with a mentor from Junction 21.
Client feedback	Sara said that she really enjoyed the positive activities, she feels like she learnt some new skills and made new friends. She has overcome some fears (heights and water) and as a result feels more confident.

5. Enable Inclusion Team

5.1 Aims, Objectives and Process

The Enable Inclusion Team (EIT) is an outcome-based psychological outreach service that provides psychological support to children and young people (CYP) who are, or may become, at risk of exclusion from mainstream educational settings. The EIT remit was originally South Gloucestershire for 2022/23 and 2023/24 academic years, with an expansion into regional level (Bristol, North Somerset and South Gloucestershire) for 2024/25 due to the extension of BNSSG Vanguard funding. EIT have also expanded the offer of support beyond CYP at risk of exclusion, to include CYP who are presenting as 'emotionally-based school avoidant' (EBSA) and are experiencing challenges in attending school due to negative feelings such as anxiety.

The aim of the EIT is to promote positive, meaningful, inclusive educational experiences in mainstream education in line with the SEND Code of Practice (Department of Education, 2015) and the recent SEND Green Paper (Department of Education, 2022). To achieve this purpose, EIT works holistically with CYP using contextual psychological science - especially DNA-V Model of Psychological Flexibility and ACT Model (DNA-V International, 2024) - create a home and school context that supports them to move towards their personal, social and educational values and goals. As CYP at different phases of education are at different stages of development, and as secondary phase settings and primary phase settings typically differ in significant ways, the models and methodology used differ across phases. However, throughout each support process, EIT aims to bring contextual behavioural science (CBS) to where the CYP is at and work wherever they can be most helpful to the CYP, in order to help them grow, thrive and engage. For example, practice with young children tends to focus on their social network and growing this to support CYP, whereas practice with adolescence tends to focus on a person-centred approach for each. The CBS approach suggests that individuals learn behaviours through their environment across time, with environments often being beyond our control, positioning CYP as products of the context they are in and did not choose that deserve understanding and

compassion and therefore the EIT approach can be seen to using a framework that identifies and understands the impacts of trauma in service provision and delivery.

Beyond the national dataset return, EIT uses a number of internal measures to monitor outcomes. These include:

- Permanent exclusion status for CYP – has the CYP been permanently excluded from mainstream school?
- Permanent exclusion risk - How likely is it that the CYP will be permanently excluded, on a scale of 1 -10?
- School attendance and Suspension Data.
- The Strengths and Difficulties Questionnaire (SDQ; as well as a Total Difficulties score which can be seen as a proxy measure of wellbeing).
- The SDQ Prosocial subscale (as a proxy measure of positive behaviour).

5.2 Progress & Collaborations

The EIT team has expanded since the last interim report and therefore the team has a higher capacity as well as expanding the remit offer of work, including increases staffing levels from 5 members to 9 members in September 2024. EIT have expanded their offer of support into a training, supervision and support programme: Coaching for Resilience in Secondary Schools Project (CRISSP). CRISSP is aimed at supporting the implementation of trauma-informed, evidence-based, person-centred practice within secondary schools. EIT ran a successful pilot of the CRISSP programme in South Gloucestershire across 4 secondary schools and this offer has now expanded across BNSSG to include 13 total secondary schools.

The CRISSP project has included a two-day training (July and September 2024) for pastoral staff from secondary schools across BNSSG for embedding the DNA-V model into schools and supporting CYP. The CRISSP programme also includes monthly, group-based coaching support for staff as well as weekly drop-in sessions provided by EIT staff to ensure support and guidance for embedding the model. The final BNSSG Vanguard evaluation report will include full details of the CRISSP project and outcomes but positive feedback from school staff has been included within this chapter (see figure 5.10, 5.11 and

5.12 for more details) to give insight into the implementation of the CRISSP project and highlight successes thus far.

EIT have also embedded the use of the Strengths & Difficulties questionnaire (Goodman, 1997; Goodman & Goodman, 2009) for CYP, as reported by parents/carers, teachers, pastoral staff, etc. This gives a beneficial pre-intervention and post-intervention measure for CYP supported by EIT and allows for the practitioners to identify an increase in CYP wellbeing. EIT also includes 3-month follow-up data to gain further insight into the continued wellbeing of each CYP seen and supported. EIT are also currently incorporating exit interviews into service provision, which are to be completed with parents, schools / education providers, practitioners and CYP (where appropriate). This data will provide EIT with further insight into the impact and outcomes following completed interventions, to shape service delivery and to build on the evidence-base of the service. This is expected to be reported in the final Vanguard report.

EIT are also focused on gathering more robust, person-centred ideographic data, for example, what matters most to each CYP, to support the intervention and ensuring that each CYP's individual interests and experiences are being addressed. Some of this data is illustrated in the case studies below.

5.3 Trauma-Informed Progress

EIT previously identified themselves as trauma-sensitive. The team now identifies as trauma-informed as they feel they are focused on embedding trauma-informed practice and hearing CYP voice as well as parent/carer feedback and education providers. EIT are focused on embedding trauma-informed practice across the work they do, including with the adults involved (parents/carers, teachers, pastoral staff, etc.) and being mindful of vicarious trauma for those involved. This also includes being mindful of the positioning of the EIT intervention, e.g., a graduated response, and therefore EIT practitioners are aware that CYP may have had to tell their story many times to other professionals before reaching EIT support so have ensured information gathering before meeting with CYP is as thorough as possible, to avoid having to ask CYP to re-tell their story and relive trauma.

5.4 Sustainability plans

EIT currently features in proposals for funded services by South Gloucestershire next year though funding availability is unknown at this time. Continued funding through Bristol City Council has also not been established at this time, though the service lead has fortnightly conversations with representatives from the Council and it is understood that there is a wish to continue with the current funding arrangement. This is provided that overall, the work of EIT in the Bristol area continues to prove effective and useful for children, young people, families and schools. The service lead is also liaising with education leaders in North Somerset Council regarding LA commissioning for the coming cycle. As supporting CYP presenting as Emotionally-Based School Avoidant (EBSA) is a strong priority for this year, the team have proposed that their intervention work, though such an additional commission, could help the LA bring this priority area into focus.

EIT continue to await a date to meet with the DfE's National Policy Team for Educational Reform and are also in the process of negotiating a meeting with service leads for MHSTs and PMHSs to hopefully explore commissioning and sustainability plans.

The team have also submitted an Impact and Risk Assessment to the BNSSG ICB, as a service vulnerable to not being refunded. They await the outcome is these discussions.

5.5 EIT Overall Outcomes

As of January (10/01/25), EIT had received 43 referrals. The majority of referrals came directly from education providers as an avenue of support keeping CYP in mainstream school and avoiding exclusion and alternative provisions. The majority of referrals (38/43) were within the South Gloucestershire local authority, with 2 from North Somerset and 3 from Bristol. Thirty-one of those forty-three CYP are receiving, or have received, intensive support (roughly once a week for a 6-month period). In terms of demographic breakdown of the EIT referrals, the majority of referrals have been for White British, male children with an average age of 11 years old.

EIT has specific referral pathways in place dependent on CYP locality. For South Gloucestershire, CYP can be referred if they are first referred to the High Risk Group (HRG)

panel, a joint local authority and school multi-agency approach which aims to reduce the need for permanent exclusions for CYP. For Bristol, CYP can be referred by schools following consultation with Bristol Inclusion Surgeries, held for both primary and secondary schools and run by the IncludEd team for early multi-agency support to prevent escalation. For North Somerset, schools can refer CYP to EIT following consultation with the North Somerset LA Inclusion panel or via a direct agreement with the Head of Inclusion Services.

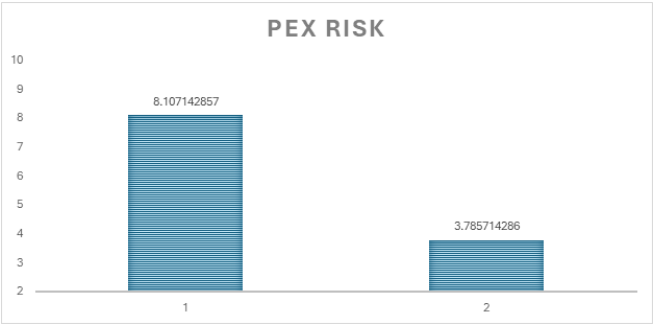
In terms of education status for CYP during assessment with the EIT team, the majority of CYP referrals were in mainstream education with one CYP within a pupil referral unit. In terms of discharges from the service, 31/43 CYP were receiving or had received intensive support (roughly once a week for a 6-month period). Of the 31 CYP, 11 are still receiving active intervention. Therefore, post-intervention data has yet to be collected.

The following monitoring and outcome data has been collected internally by the EIT team.

5.5.1 Permanent Exclusion Status and Risk

92.7% of the CYPs EIT have worked with (or are currently working with) have not been permanently excluded (PEx). The PEx risk score reduced by over 50% from a pre-intervention score of 8.11 to a post-intervention score of 3.79. Furthermore, one hundred per cent of the 14 CYPs EIT hold this data for either maintained or reduced their risk of permanent exclusion.

Figure 5.1 Permanent Exclusion Risk Scores Pre- and Post-intervention



5.5.2 SDQ data

EIT have focused on gaining more insight into CYP experiences of the intervention, including embedding the Strengths and Difficulties questionnaire (Goodman, 1997; Goodman & Goodman, 2009) questionnaire as a pre-intervention and post-intervention measure of CYP wellbeing.

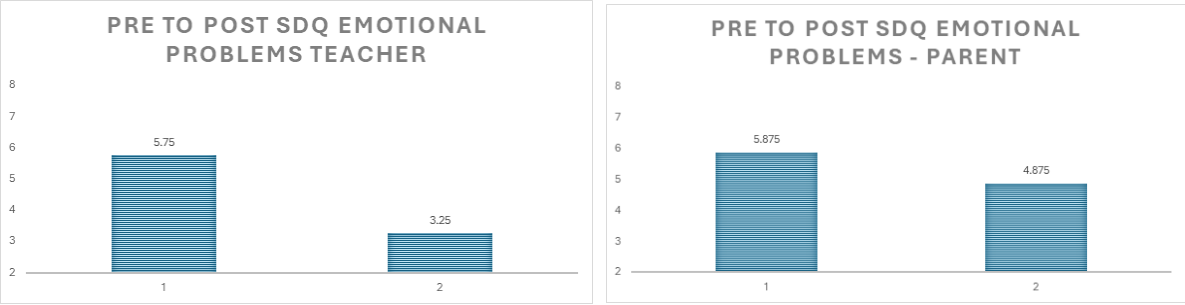
EIT have embedded the various subscales of SDQ into their feedback practices, such as the emotional problems score; conduct problem scores; hyperactivity problems score; peer problems score; pro-social behaviours score and attendance scores to give a well-rounded insight into the progressions of CYP. EIT asked both parents/carers and teachers to report on CYP wellbeing using the SDQ and therefore have insights from both as to how CYP has developed through the intervention.

Emotional Problems Score (SDQ)

Teacher insights: On average, the CYPs moved from the *High* to the *Close to Average* categories, and 7 of the 8 CYPs either maintained or reduced their emotional problems.

Parent insights: On average, CYPs moved from the *High* to the *Slightly Raised* categories, and 6 of the 8 CYPs either maintained or reduced their emotional problems.

Figure 5.2 SDQ Emotional Problems Scores Pre- and Post-intervention

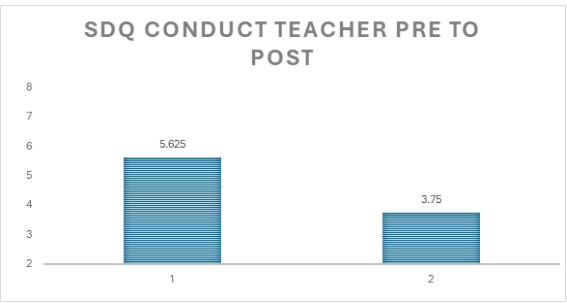


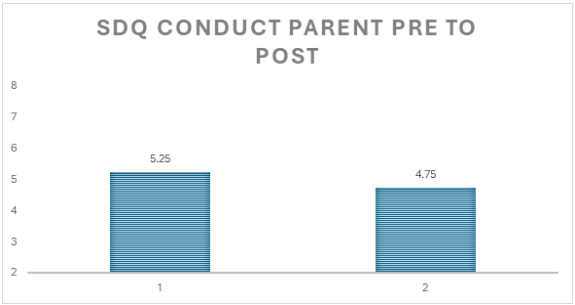
Conduct Problems Score (SDQ)

Teacher insights: On average, the CYPs moved from the *Very High* to the *Slightly Raised* categories, and 7 of the 8 CYPs either maintained or reduced their conduct problems.

Parent insights: On average, CYPs remained in the *High* category, and 6 of the 8 CYPs either maintained or reduced their conduct problems.

Figure 5.3 SDQ Conduct Scores Pre- and Post-intervention



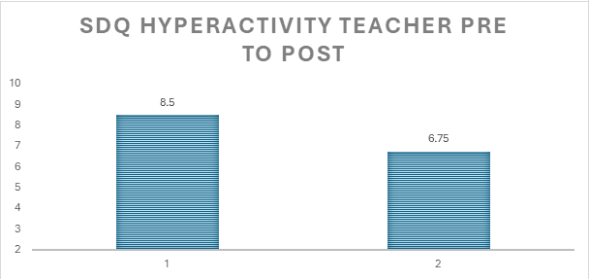


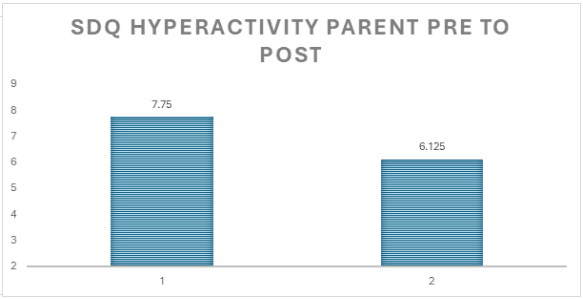
Hyperactivity Problems Score (SDQ)

Teacher insights: On average, the CYPs moved from the *High* to the *Slightly Raised* categories, and 7 of the 8 CYPs either maintained or reduced their hyperactivity problems.

Parent insights: On average, CYPs stayed in the *Slightly Raised* category, and 7 of the 8 CYPs either maintained or reduced their hyperactivity problems.

Figure 5.4 SDQ Hyperactivity Scores Pre- and Post-intervention



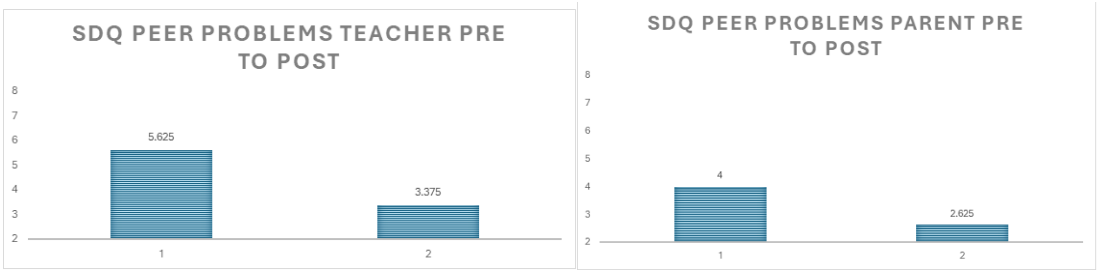


Peer Problems Score (SDQ)

Teacher insights: On average, the CYPs moved from the *High* to the *Slightly Raised* categories, and 6 of the 8 CYPs either maintained or reduced their peer problems.

Parent insights: On average, the CYPs moved from the *High* to the *Close to Average* categories, and 6 of the 8 CYPs either maintained or reduced their peer problems.

Figure 5.5 SDQ Peer Problems Scores Pre- and Post-intervention

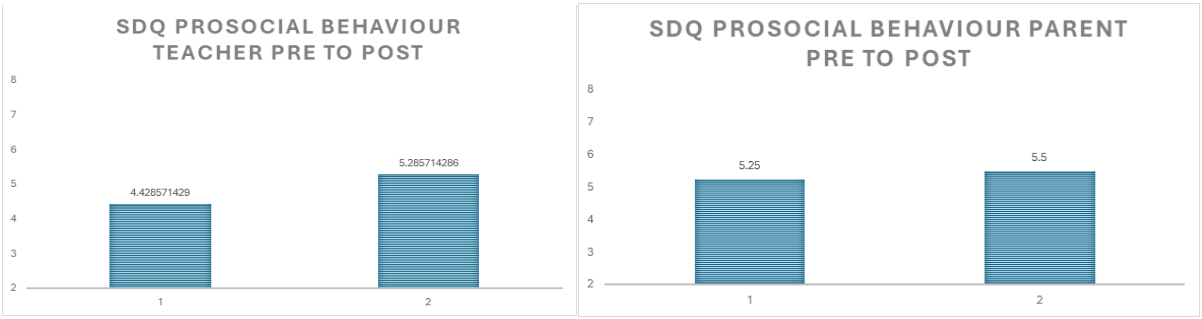


Pro-Social Behaviours Score (SDQ)

Teacher insights: On average, the CYPs moved from the *High* to the *Slightly Raised* categories, and 6 of the 7 CYPs either maintained or improved their pro-social behaviour.

Parent insights: On average, the CYPs remained in the *Very High* category, and 6 of the 8 CYPs either maintained or improved their pro-social behaviour.

Figure 5.6 SDQ Prosocial Behaviour Scores Pre- and Post-intervention

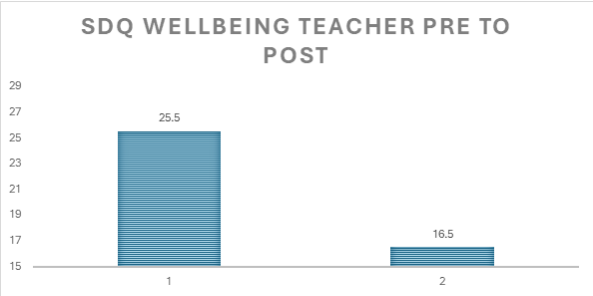


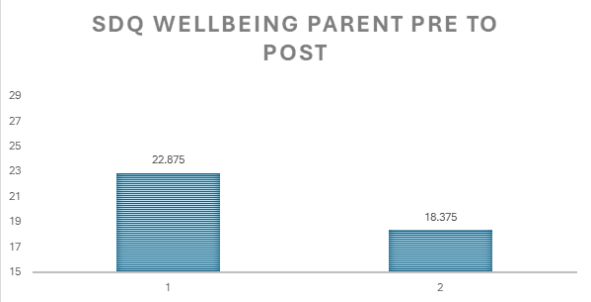
Total Difficulties Score (SDQ) – an overview of CYP wellbeing

Teacher insights: Wellbeing moves from the Very High to the High categories, and 7 of the 8 CYPs either maintained or reduced their overall difficulties.

Parent insights: Wellbeing moves from the Very High to the High categories, and 6 of the 8 CYPs either maintained or reduced their overall difficulties.

Figure 5.7 SDQ Total (Wellbeing) Scores Pre- and Post-intervention

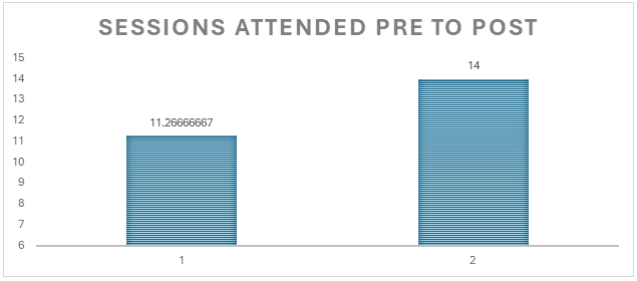




The above SDQ data indicates a positive impact on CYP overall wellbeing as well as improvements in reported pro-social behaviours, reduced issues with peers for CYP, reduced hyperactivity (e.g., in school and at home), reduced emotional problems and reduced issues with conduct (e.g., in school).

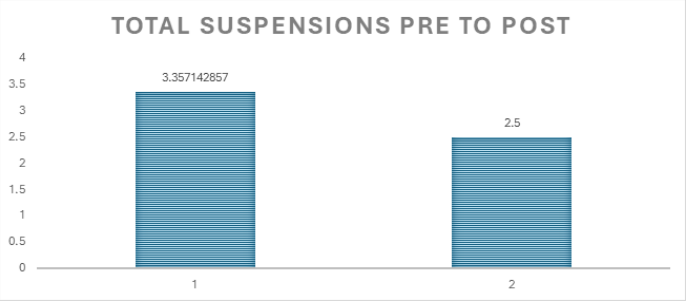
EIT have also gathered attendance data for CYP attending school as well as suspension data. The average number of sessions attended increased from 11.2 to 14, and 13 out of the 17 CYPs maintained or increased their attendance across the timepoints.

Figure 5.8 School Sessions Attended Pre- and Post-intervention



Suspensions were calculated the from total number of suspensions in the 6 weeks prior to the timepoint. The number of suspensions dropped from 3.35 to 2.5, and 12 out of the 15 CYPs maintained or reduced their number of suspensions. EIT note that one anomaly exists in the data (a post-intervention score of 21 suspensions), which significantly impacts the mean.

Figure 5.9 Total School Suspensions Pre- and Post-intervention

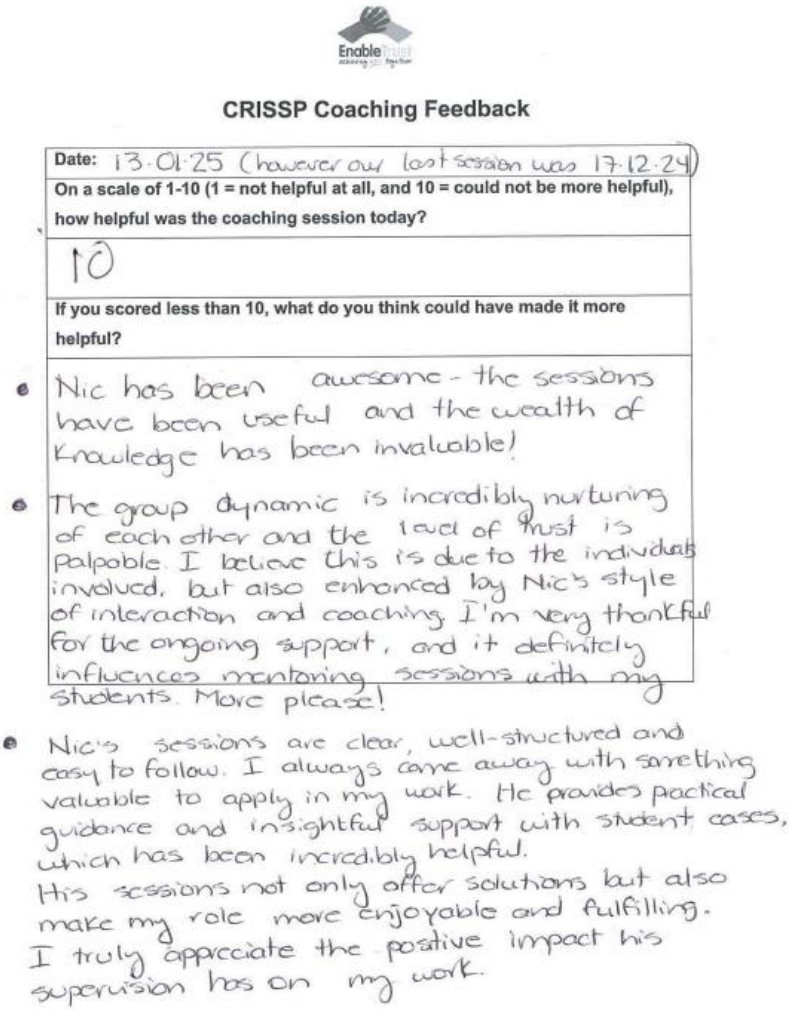


The EIT team have reflected on ideographic goals and feel interviews may become a more useful data source in establishing the usefulness of an intervention, relative to CYP wellbeing. For example, EIT may find an increase in CYP wellbeing where a child is not in school (due to emotionally-based school avoidance) and may find that wellbeing measures drop as the child returns into class and therefore establishing the overall improvements in CYP wellbeing may require more of a longitudinal approach once CYP has returned and embedded back into education.

EIT have also collated some feedback from the CRISSP training, See figure 5.10, 11, 12 below for an example ~~overview~~ on the positive impact of the training and implementing mentoring and supervision across schools in BNSSG.

Fig. 5.10 EIT CRISSP training feedback

CRISSP training feedback
"*Nic has been awesome-the sessions have been useful, and the wealth of knowledge has been invaluable! The group dynamic is incredibly nurturing of each other and the level of trust is palpable, I believe this is due to the individuals involved, but also enhanced by Nic's style of interaction and coaching. I am very thankful for the ongoing support and it definitely influences mentoring sessions with my students. More please*!"
"*Nic's sessions are clear, well-structured and easy to follow. I always come away with something valuable to apply in my work. He provides practical guidance and insightful support with student cases which has been incredibly helpful. His sessions not only offer solutions but also make my role more enjoyable and fulfilling. I truly appreciate the positive impact his supervision has on my work*."



CRISSP Coaching Feedback

Date: 13.01.25 (however our last session was 17.12.24)

On a scale of 1-10 (1 = not helpful at all, and 10 = could not be more helpful), how helpful was the coaching session today?

10

If you scored less than 10, what do you think could have made it more helpful?

- Nic has been awesome - the sessions have been useful and the wealth of knowledge has been invaluable!
- The group dynamic is incredibly nurturing of each other and the level of trust is palpable. I believe this is due to the individuals involved, but also enhanced by Nic's style of interaction and coaching. I'm very thankful for the ongoing support, and it definitely influences mentoring sessions with my students. More please!
- Nic's sessions are clear, well-structured and easy to follow. I always come away with something valuable to apply in my work. He provides practical guidance and insightful support with student cases, which has been incredibly helpful. His sessions not only offer solutions but also make my role more enjoyable and fulfilling. I truly appreciate the positive impact his supervision has on my work.

Figure 5.11 EIT CRISSP training feedback (trainer one)

Date of training	Scores (out of 10)	Comments
Nov 20th 2024	8	"*I think communication from de school in regard to meeting was not great. Not the fault on Patricia!*"
	6	"*Sharing of resources, hard copies to be given.*"
	9	"*Once we have resources to be a 10. All info helpful.*"
	9	"*Just waiting for resources. We have been given opportunity for dop ins. All information was helpful. I have a better understanding of the model.*"

Dec 18th 2024	9	"*- Brilliant session, now have all the resources.* *-still unsure how to keep it every week with my job and the students attendance.* *-Enjoyed talking about a case study to get a more insight into how the sessions work.*"
	9	"*-Was helpful hearing others experiences and what has been going well.* *- More visual resources such as case studies.*"
	10	"*-Today was really helpful to put DNAV into our case studies / students.* *-Put mind at rest that I don't need to follow structure -which I was worried about.* *-Helped unpick our student needs.*"
	No score: Coach left earlier. Called due to safeguarding incident.	"*Coach brought case to discuss in supervision.*"
Jan 22nd 2025	10	"*Great session, so helpful at unpicking students needs.*"
	10	"*Really helped to understand more in depth about what I had already done with my student and more resources provided.*"
	10	"*Really helpful discussing students and discussing strategies for effective communication in regards to meetings.*"

Figure 5.12 EIT CRISSP training feedback (trainer two)

Dates	Score	Comments provided (if any)
Jan 22nd 2025	10	
	10	
	10	"*Great session.*"
	10	"*Thankyou!*"

	10	"*Outstanding, very insightful!*"
	10	"*Really good to reinforce practice and a really good flow!*"

5.6 Cost-Benefit Analysis

In order to enable the cost-benefit analysis, a sample of referrals during the period from Quarter 1 to Quarter 4 in 2023-24 were followed up (n=22)[1].

This sample was derived from those participants accepted, assessed, and with at least two complete data set returns between Q1 and Q4 2023-24. Of the twenty-two referrals in the sample, 17 were male and 5 were female. None of these CYPs were in care, and 1 had (or was awaiting) a Child Protection or Child in Need plan. Five had current or previous contact with the police and two had current or previous contact with the Youth Offending Team.

There was accommodation data available for all of these CYP, and 21 of 22 remained living with their parents during the intervention. Therefore, 95% remained in their current living arrangement, and 6/22 (27%) were reported to have improved the stability of their accommodation during the intervention period. Although four CYP were permanently excluded during the 12 month period (3 from mainstream and 1 from a PRU) with a further CYP exiting mainstream to a PRU, seventeen of the twenty-two CYP (77%) remained in their initial education setting. Furthermore, seven of the sample (32%) were reported to have improved the stability of their education status during the intervention period. Finally, a number of participants working with the Enable Inclusion Trust service were reported to have experienced improved mental health and wellbeing (36%); and a number of clients

[1] NB: There were more than twenty-two CYP accepted and in receipt of an intervention during the time period. However, this figure reflects the number of CYP with two complete data returns during this period, and is a conservative figure to enable a parsimonious cost-benefit analysis. The significant increase in caseload for this pathway since the sample period means that the team believe the total savings to be a conservative estimate of savings and expect this amount to increase significantly during the next cost-benefit analysis.

were also assessed to have reduced the frequency (36%) and severity (54%) of high risk behaviours.

Twelve of the sample (55%) were reported to have either decreased their offending, or the frequency or severity of their risk-taking behaviour during the intervention.

If all referrals (n=22) were engaged in….	
- a recorded antisocial behaviour incident the cost would amount to: £17,160 (22 x 780)	…but if the intervention resulted in a 55% reduction in antisocial behaviour incidents, **the saving would be: £9, 438**
- a recorded youth offending incident the cost would amount to: £91,322 (22 x 4151).	…but if the intervention resulted in a 55% reduction in youth offending incidents, **the saving would be: £50, 227**
- a conviction the cost would amount to: £129,844 (22 x 5902).	…but if the intervention resulted in a 55% reduction in convictions, **the saving would be: £71, 414**

Seven of the sample (32%) were reported to have improved the stability of their education status during the intervention.

If all referrals (n=22)….	
- were permanently excluded the cost would amount to: £291,060 (22 x 13,230)	…but if the intervention resulted in a 32% reduction in permanent exclusions, **the saving would be: £93,139**
- required alternative provision the cost would amount to: £501,600 (22 x 22,800)	…but if the intervention resulted in a 32% reduction in alternative provision, **the saving would be: £160,512**

A more parsimonious approach to the cost-benefit analysis recognises that, although the entire sample is considered at-risk of negative outcomes, it is likely that only a sub-sample

will actually have CJS contact or have their long-term prospects impacted due to exclusion. With that in mind, the analysis tracked only those CYP clients who had already confirmed current or previous contact with the police or Youth Offending Team, or had already been excluded or were missing from school.

Five CYP in the sample had current or previous contact with the police or Youth Offending Team. Of those with previous CJS contact, four (80%) were reported to have decreased their offending, or the frequency or severity of their risk-taking behaviour.

If five referrals were engaged in….	
- a recorded antisocial behaviour incident the cost would amount to: £3,900 (5 x 780)	…but if the intervention resulted in a 80% reduction in antisocial behaviour incidents, **the saving would be: £3,120**
- a recorded youth offending incident the cost would amount to: £20,755 (5 x 4151)	…but if the intervention resulted in a 80% reduction in youth offending incidents, **the saving would be: £16, 604**
- a conviction the cost would amount to: £29,510 (5 x 5902)	…but if the intervention resulted in a 80% reduction in convictions, **the saving would be: £23, 608**

Five CYP in the sample were either already excluded (Fixed-term of PEX) or were either recorded as missing school or in alternative provision. Of those five, one (20%) were reported to have improved their educational stability.

If five referrals….	
- were permanently excluded the cost would amount to: £66,150 (5 x 13,230)	…but if the intervention resulted in a 20% reduction in permanent exclusions, **the saving would be: £13, 230**
- required alternative provision the cost would amount to: £114,000 (5 x 22,800)	**…**but if the intervention resulted in a 20% reduction in alternative provision, **the saving would be: £22,800**

A Specific objective of EIT is the improvement of CYP mental health. The SDQ measures, indicated that 6 of the 8 CYP (75%) maintained or improved their overall difficulties score. If 75% of the sample (n=16) did not require CYP community health care, this would represent a potential saving of £32,288 (16 x £2,018).

Cost-benefit analyses will frequently reduce the saving by 50% (attribution rate) to acknowledge the potential for other factors to contribute to the outcomes. Therefore, a more conservative assessment of cost-benefit may be as follows:

Outcome	**Cost saving**	
Reduced Antisocial Behaviour	3,120 /2 =	£1560
Reduced Youth Offending	£16,604 /2 =	£8,302
Reduced Convictions	£23,608 /2 =	£11,804
Reduced Permanent Exclusions	£13,230 /2 =	£6,615
Reduced requirement for alternative provision	£22,800 /2 =	£11,400
Reduced Community Mental Health	£32,288 / 2 =	£16,144
Potential Total Cost Saving: £55,825		

The Enable Inclusion Team collect fine-grain data that allows for a more detailed analysis of the outcomes for clients. Final reporting will provide cost-benefit analysis using both national and internally collected data.

5.7 EIT Case Studies & Feedback

The following case studies of EIT clients illustrates the intervention and demonstrate the effectiveness of implementing the DNA-V model as a pragmatic, values-based, person-centred, intervention-oriented, evidence-informed model. The first case study demonstrates the contextual background of an EIT referral as well as insight into case conceptualisation and how CYP can be co-constructed to produce effective outcomes:

EIT Case Study - Christopher	
Background and contextual information	Male, aged 7 years old. At the time of referral, Christopher had been permanently excluded from his previous primary school following multiple reported incidents of unsafe behaviour towards other students and members of school staff. Christopher had been attending his new primary school for approximately five weeks on a part-time timetable, consisting mainly of half day morning sessions, having spent time on a short-term placement at a specialist Pupil Referral Unit (PRU) between his permanent exclusion and starting at his new school setting. He was referred by his new school for EIT support, via pre-agreed Local Authority systems and processes. Christopher had been excluded for 14 days during the previous academic year. Parents reported that at his previous school, Christopher presented with challenging physicalising behaviours. He would sometimes hit and kick adults and other students and would sometimes spit and swear, run around the school environment and climb walls and furniture, often placing himself into physically unsafe situations. Unsafe behaviour had also been reported in numerous other sources of data. For example, parents indicated struggling to manage safety in the home and that Christopher had engaged in physically unsafe behaviour directed at both parents and an older sibling. There had been numerous incidents reported of conflict between Christopher and his team-mates at football training, with Christopher having been reported as being the instigator of physical aggression towards other young people, swearing, using inappropriate language, not staying safe physically when distressed". Other important information included that when in a previous school setting, Christopher would often present with unsafe behaviour in the home that seemed to function to avoid going into school. In his new setting, Christopher had begun to build a positive relationship with his class teacher. However, he continued to struggle to initiate and remain focused on class-based learning tasks without considerable additional adult prompting and reinforcement-based support. Sustained attention to task over time in class was clearly difficult for Christopher. In class, Christopher would often move around and fidget a lot, seemingly finding the process somewhat aversive and hard to cope with. Christopher tended to find it hard to tolerate challenges, both in and outside of the classroom, and often appeared to experience a fear of failure. For example, if Christopher felt he did not play well during a football game or training, he would often engage in challenging and unsafe behaviour following this. Christopher also presented with a narrow repertoire of

	social behaviours, seemingly fearful of social rejection and avoidant of social behaviours that might lead to this. Consequently, Christopher was somewhat socially isolated at school and engaged in limited social interaction with classmates in the classroom and playground. Christopher presented as wary of his classmates, and vice a versa.
Case conceptualisation	Following initial gathering of contextual information, a case conceptualisation was undertaken. The team hypothesised that some of Christopher's difficulties with impulsivity, hyperactivity and social interaction were likely linked to a profile of additional needs that in the past had not always been well met. The team also hypothesised that some of the concerning and unsafe behaviours with which Christopher was presenting functioned to avoid educational demands (e.g. physicalising behaviours presenting at home just before the school run and some behaviours in-class). These behaviours seemed to be accompanied by aversive emotions such as fear, anxiety and worry and also were likely under the control of internalised, previously-learned verbal rules, such as *'I'm not good enough', 'I can't do this'*. any of the harder-to-manage behaviours Christopher was presenting with he had learned in these contexts and over time they had become effective for avoiding unwanted educational (and other) requests from adults. As such, we hypothesised that effective intervention in this context might include attempting to interrupt the link between challenging behaviours and desirable consequences for Christopher supporting the adults around Christopher to adapt the types and levels of demand being placed upon him to make them more manageable; positively reinforcing behaviours in those contexts. The team also developed a working hypothesis about the function of some of Christopher's unsafe and challenging behaviour in more social contexts with peers. For example, in unstructured times when playing games like football, Christopher would often avoid social contact or would, when he was engaged in group play, become distressed, upset and/or angry which functionally speaking, likely masked more tender and aversive emotions underneath, such as sadness, disappointment and a sense of failure. EIT considered the contextual information and considered that a successful intervention could include developing his ability to notice, name and describe difficult emotions (i.e. *Noticer skills*, within the DNA-V model) to create contexts for small, positive, social risk-taking behaviours to occur and to be reinforced (i.e. *Flexible Social View skills* in the DNA-V model); and to help Christopher track the effects of these new social behaviours on himself and on the world

	around him (i.e. *Discoverer skills* within the DNA-V model). DNA-V, as a developmentally sensitive adaptation of ACT, was deemed an appropriate model for formulation and intervention
Co-constructed outcomes agreed	• For Christopher to be attending school on a full-time timetable. • For Christopher to not be suspended or permanently excluded during EIT intervention. • To reduce behaviours considered likely to put Christopher at risk of school exclusion. These behaviours included: - Physically unsafe behaviour directed at school staff and other young people, which in the past may have included instances of hitting, biting or kicking - Aggressive and inappropriate use of language (in accordance with the school's behaviour policy) - Fleeing, climbing and running behaviours during learning times. • For Christopher to be displaying more positive alternative behaviours, such as: - Using language to name and describe his experience of frustration or uncertainty. - Displaying prosocial and cooperative behaviour with peers, family members and school staff. - If feeling overwhelmed in a joint learning or sporting context, taking a time out in a pre-agreed safe space.
Measures and data collection	• Weekly data provided by the school in relation to: - Number of sessions (two sessions per day) attended each day. - Number of suspensions or exclusions. - Attendance data for the weeks prior to, during and following EIT intervention. • Pre and post intervention wellbeing data, provided by parents: - Parent-rated Strengths & Difficulties Questionnaire (Goodman, 1997).
Intervention overview	Intervention support was provided for Christopher for approximately ten weeks in total and consisted of two main strands. Strand 1 - was comprised of regular coaching using the Acceptance and Commitment Coaching Model by Hill and Oliver (2018) in the home with parents, delivered by the psychologist leading on the case. Foci within this strand included developing positive, values-consistent high quality relationships between Christopher and his parents and on effective behaviour management strategies in the home. Strand 2 - consisted of regular coaching and consultative support for key school staff, focused on developing warm and positive adult-child interactions and effective behaviour management approaches in relation to the pre-agreed intervention outcomes. Observations were also carried out to help shape up effective school staff

<table>
<tr><td></td><td>interactions with Christopher in context, including cuing for and reinforcing cooperative behaviour.</td></tr>
<tr><td>Intervention outcomes</td><td>During the approximately ten calendar weeks of EIT intervention and support, Christopher's attendance at school increased from five sessions per week at baseline (50% attendance) to between eight and ten sessions per week (80-100% attendance). Monitoring of this continued for nine weeks after active intervention. Of these, seven weeks saw 100% attendance (ten full sessions each week) and attendance did not drop below 80% in any given week.

Parent-rated SDQ scores for Christopher from pre to post EIT intervention support suggested a positive change, as measured through the aggregated sub-scales of emotional symptoms, conduct problems, hyperactivity/inattention and peer relationship problems on the questionnaire (see Figure Two, below). Overall score improvements were mainly attributed to positive shifts on both the Emotional Symptoms and the Hyperactivity/Inattention sub-scales:
<table>
<tr><th>Date</th><th>Emotional symptoms (ES)</th><th>Conduct problem (CP)</th><th>Hyper activity/inattention (HI)</th><th>Peer relationship problems (PBP)</th><th>Prosocial behaviour (PB)</th></tr>
<tr><td>15/03/2023</td><td>2</td><td>2</td><td>9</td><td>0</td><td>10</td></tr>
<tr><td>30/05/2023</td><td>0</td><td>3</td><td>7</td><td>0</td><td>9</td></tr>
</table>

At the end of the intervention period, parents reported that Christopher was participating in more family activities. They also suggested that he often came home from school and talked about some of the positive things he had done with his friends, and he had recently, for the first time, had a friend come over to the family house for a playdate. Parents reflected that Christopher now seemed to be a valued member of the classroom and school community. They also reported that they felt more confidence and direction when making decisions about parenting Christopher and his brother and that they felt like they were more on the same page, in terms of how they were parenting their children.

School staff reported an absence of fleeing, climbing and (inappropriate) running behaviour at school; a reduction in inappropriate use of language and an absence of unsafe or aggressive behaviours directed towards school staff or young people.</td></tr>
</table>

	They also offered confirmation that Christopher had made friends at school and was participating in more prosocial and cooperative behaviours with peers.

EIT have also been able to gather feedback from teachers, pastoral staff, parents/carers. This includes insight into the impact of the work and implementing the DNA-V model from parents, school staff data and SENCo/SENDCos. Below is some of the evidence of the effective intervention with CYP:

EIT Feedback	Date	From who (CYP)
"EIT has been a speedy response to a tricky situation. We were all listened to and actions and advice put in place immediately. Relationships have been built quickly, I am amazed at the level of trust we all have in just a few sessions. The support has been outstanding- responding to emails quickly and the realistic demands of school are taken into consideration to ensure this is manageable." "Huge improvements were made with relationships with key adults who supported him- the support from yourselves enabled these relationships to be built with a strong focus on boundaries and how to construct the conversations that needed to happen."	Apr/23 July/23	Head Teacher
"We're finding it really useful/thorough/very hands on. It's also good that you have links with key people involved within the LA etc and knowledge/experience of the schools, this has proved very helpful."	Apr/23	Parent
"Since you have been working with us, myself, my family and [CYP NAME] have been helped greatly. We feel that we are being supported to give [CYP NAME] the care he needs in an age-appropriate way. We are happy and relieved to have you and your team in our lives." "We feel privileged to have had such fantastic help and understanding. The difference in [Child-A] today is clear to see and is in no small part thanks to you! We will be forever grateful	Apr/23 July/23	Parents

for everything you have done for [Child-A] and all of our family… You are AWESOME!"		
1. The first day of training introduced me to ACT and I was immediately hooked! X provided fantastic resources to support [the] presentation. I return to this material again and again to remind myself of all the information. The style of experiential learning was incredibly helpful and challenging! The second day we were introduced to DNA-V. It really is exactly what I hoped it would be, kernels that are relevant to the young people I work with and examples of questions. More experiential learning throughout the day helped embed this natural progression from ACT for teenagers. I went away from the two days excited about sharing everything I had learned with as many colleagues as possible! I began sourcing resources to use in my role as a Student Support Worker in a Secondary school setting. X provided two further days of supervision in our setting, which gave us the opportunity to practice kernels, as well as discuss specific case studies. This was particularly helpful, being new to the model, to use our time wisely with individuals. I am hopeful that these sessions will continue going forwards. I am very aware that it is in the process of working with my young people that this model will come alive. 2. Thank you so much for taking the time to train us on DNA-V & ACT. I am trying to include this practice in all the things I do in work, with my students and on a personal level (family and friends) This has been a tremendous help with my students as I already have 2 students that were in PRU establishments and they have settled at Castle. I believe I could use this for any student under any situation. Thank you and looking forward to our next supervision 3. The training has been really helpful, I've found the Game of life and cards that you gave us really useful ways to get to know students. In our last session we had the opportunity to discuss students we are concerned about, I found this particularly helpful. The only issue for me is the time we have with students is so limited and often	May/23	Pastoral staff members

interrupted, which can make it difficult to use these tools. But definitely lots of little things that are helpful.		
"Thought you might like an update on RG's transition to secondary school. He has, this week, started on a full timetable which is going well. The feedback from his tutor and teachers is very positive. During term 1 there have been no incidences of the behaviour previously experienced at Primary School. Early days but so far so good and thanks again for all your help."	Nov / 23	Parent
"[CYP] is doing very well at school, and we are pleased to find that his EHCP is in progress. Thank you for your hard work and amazing support. Good luck with your research/evaluation, we are more than happy to help you and your team."	Nov / 23	Parent
"[CYP] said how great it is to get this level of intensive supervision to get off the ground with her DNA-V practice and gave some fab examples of Noticer work she'd been doing, like a Feelings Tree or something like that, and various other little gems."	Nov / 23	Pastoral staff
"I only have positive things to say. X feels supported (which is a good thing) despite not always being forthcoming in the sessions he feels that someone has his back - which is a very positive change as his trust of adults in general is always very low. From a parent's point of view, it's good to see the changes in his attitude and general mood and confidence. It's difficult to know sometimes if we (as parents) are making the right decisions regarding our children (especially during difficult times) we are often ruled by our emotions so an objective point of view from someone who also has their best interests in mind is very helpful. I do not believe X would be in the position he is today and still in mainstream education without your support and speaking on his behalf when dealing with school etc."	Oct-Dec/23	Parent
"We really do appreciate all your support; your work goes above and beyond what we expected by a long way. To have such intensive support, visiting every morning before school, supporting the parent to get her child to school and then working with us at school has proved to be a success for a family who were in crisis. The parent feels more confident to deal with extreme behaviour, the child has begun to be able to access school once more and the 'Team around the Child' approach ensures we are working together towards the same goal. We are reassured that they will have their hand held just long enough to be able to be independent and confident once again. During our	Oct-Dec/23	SENCo

recent Ofsted inspection, the HMI was astounded by the level of support you were able to give to this family and child experiencing EBSA, they had not seen this level of support before."		
"I feel some progression has been made. I feel a bit calmer in myself in how I deal with situations with X [child] and Y [child's brother]. I think about things a lot more and take a different approach. I think X's going to school has been dramatically better. I also think that Z [child's mother] is doing well in doing that, but my concern is what's it going to be like when you guys leave."	Oct-Dec/23	Parent
"We were so glad when we found out EIT were getting involved with our sons care and we must say from the very start our expectation was exceeded by the support and care we were given by both Duncan and Ben. They made us feel at ease the whole time and were a huge value to have with all the meetings we had to attend and the work they put into helping our son was exceptional- he certainly wouldn't have lasted half the time at his new school setting as he did if Duncan and Ben were not involved. We will forever be grateful to them for not only their psychological help for our son but for their emotional help and expertise knowledge of everything."	12/01/24	Parents
"… I saw an old friend of ours last weekend - CF (latterly of Winterbourne and Downend). I was taking another young person to Kendleshire Kids golf mentoring. He is a fine young man and took the newbie under his wing beautifully. I have high hopes for him even thought our learning system doesn't suit him sadly. The group had finished eating and were moving towards their first activity. Dawn asked the lads to take Jamie along with them. Corey immediately said, 'Come on little man' and gathered him up, placing him in front of him in the line to walk to the golf simulators. (I felt very proud too!)"	23/01/24	A senior member of staff
1. The support has been outstanding, not just from a delivery perspective but by also simply giving us a tangible time to reflect on current practice. You've been very accommodating of our needs whilst underpinning the discussion with the learning. I imagine in some ways to subtly model how we can integrate it to our own practice. 2. As a novice in the student support space prior to attending these sessions it's really shaped how I see the		Pastoral Team

collaborative work of practitioner and student and given me greater confidence in my methodology. It's kept me present and engaged, I've learnt broadly how the model works with the supervision sessions adding a more granular experiential understanding and nuance to its applications. 3. This work I think has reframed communication for a lot of the students I support, they often feel as if they are not able to articulate their thoughts but by me providing the manoeuvrability for them with the framework, they are often surprised at how well they have been able to express themselves. It's shifting barriers and stopping stagnation for them, it keeps each session feeling fresh and enables pivoting to respond to what is present in the room, without feeling jarring or 'unproductive'. It enables a more holistic, supportive approach that promotes growth across all facets of their growth opposed to being targeted on 'fixing' or 'challenging' their perspectives. 4. Keep up the great work, keep bringing schools into the fold and building that evidence base, up and down the country these concerns are being pulled more and more into view around student Social, Emotional wellbeing and having liaise with other schools who have integrated this/or similar work it is evident it's having a wider more positive impact on communication across their entire school culture from students, to peers, to parents.		
I am writing to share some feedback with you regarding the work of the Enable Inclusion Team at my schools – Iron Acton Primary and Hawkesbury Primary. Your team has been working with 3 children across my two schools and the impact of this work so far has been transformational. I have no doubt at all that, without the high level of intensive support provided by yourself, Sophie and Ben, all three children would have been permanently excluded from my schools due to exceptionally challenging, unsafe and disruptive behaviour. My own team has worked tirelessly and with great perseverance up until and since the point EIT became involved, but it was at that point and with a new perspective and	01/03/24	Headteacher

different level of expertise, that we began to adapt our approaches and see the positive impact of these changes. The long term and intensive approach taken by the team is one of the key ingredients for ensuring that it works, particularly when my schools have very limited capacity. Through high quality training provided by Sophie for example focusing on the DNA-V approach and resources as well as effective coaching, my staff have been upskilled and increasingly well equipped to support those children with some of the most challenging needs we have experienced at our school. The impact is clear – you have supported my team in a sustainable way, to reduce the risk of permanent exclusion. You have equipped staff, parents and children with the skills they need to manage some challenging behaviours more effectively. This helps me to feel more optimistic about the future for these children.		
Thank you so much for the advice, you and your team are amazing at teaching us, supporting us and helping others. I have talked to Ben about this student, and he kindly sent me valuable information regarding Social Dominance. Ben also helped me to do the conceptualization worksheet and I have done value cards with him which has been very helpful.		Emotional Literacy Support Assistant (ELSA)
"Thank you for all you and your team have done in supporting Joe and the team around him to get to this point; I don't like to think what the outcome would've been if we hadn't had your support. It has been a bumpy journey but it feels like we are emerging on the other side now. What you offer is an amazing package which schools just can't do so a huge thank you."	27/03/24	SENDCo
"Firstly, thank you to Duncan and Ben for all the effort put into us to help [CYP]. He's in a much better place than he was, and from Ben getting me to contact Leo which, in itself, makes [CYP] a much happier boy! Joe listening to what's being said in his	02/04/2024	Parent

head works massively with him too! Him noticing that sometimes the voice is not right. The plan is great for T5 and T6. I think if we go how we have with all of us, [CYP] will complete his time at [school] with more social inclusion and a longer school day."		
"This academic year we as a school have taken part in the pilot scheme for the CRISSP project and the introduction of using the DNA-V model within our setting. The initial training, and then regular supervision and support offered by Duncan and his team has been outstanding. Now that we have a full understanding of its potential impact for our community we have embraced it as a tool to support our young people and help them understand their choices and values and begin the work of addressing their behaviour concerns. It has been used not only to support some of our most high profile students, but also has been effectively used to support those students who, although not being regularly suspended, are regularly being removed from lessons. We are beginning to see a really positive impact in terms of reduction in removal numbers for these individuals. A key part of its effectiveness is the regular supervision and further training opportunities provided for the staff using it on site. This regular contact is, in our view essential to its successful and continued implementation. Likewise we have also had some really positive experiences with the more enhanced support for individual students after discussions at the High Risk Group. As a school we are also delighted that further funding has potentially been agreed to continue the support into the next academic year, and are hopeful that more of our staff will have the opportunity to be trained in how to use it effectively."	04/04/024	Assist Headteacher

6. Safer Options Trauma Informed Consultation Service (SOTICS)

6.1 Aims, Objectives and Process

The Safer Options Trauma Informed Consultation Service (SOTICS) offers a psychology informed formulation and consultation process to support trauma recovery and case management for children and young people with complex needs. The process involves working with the professional network around a child to understand what has happened to them and how they can best be supported in a trauma informed way.

SOTICS has been influenced by the Enhanced Case Management (ECM) model which has been used for service delivery across a number of sectors, including Youth Justice. ECM uses multi-agency case formulation to understand what has happened to a child, including mapping and creating a timeline of events. This helps to understand the impacts on the CYP behaviour, emotional regulation, wellbeing and developmental needs (Glendinning, Ramos Rodriguez, Newbury & Wilmot, 2021). This approach is underpinned by the trauma-recovery model (Skuse & Matthew, 2018) and ensures a supportive, person-centred approach for the professional network working with the CYP to draw on their strengths and not focus on negatives or punitive reactions to behaviours. This builds beyond traditional assessments that CYP may experience typically, and the ECM model draws on historical information to bring to light developmental causes which have given rise to current CYP needs.

Whilst the SOTICS does not work directly with CYP to provide support, this service encourages trauma-informed best practice to the network around CYP with the informed consent of CYP and/or parents/carers for this involvement. SOTICS supports CYP outside of Youth Justice or who do not meet the criteria for a Youth Justice Enhanced Case Management (ECM) response but where there are concerns of serious youth violence, sexual exploitation or criminal exploitation.

The SOTICS approach aims to support the network of the CYP to ensure effective and appropriate support across this network, for the best outcomes possible for CYP through multi-agency working.

The SOTICS process is initially based on a detailed referral form, where information related to trauma and complex needs will be indicated, including significant events. Once the referral is accepted, background information including previous reports and assessments is requested. Following this, a formulation meeting offers the space for the network to come together and bring more insight from their professional experiences with CYP and to further map significant events, with the entire process underpinned by the Trauma-Recovery Model **(Skuse & Matthew, 2018)**. This process aids all involved in the network to thoroughly understand the CYP, the experiences they may have had and unpick the impact of these events on CYP behaviour, emotional and mental wellbeing. SOTICS will then consolidate the formulation care plans and share this with the network, including conclusions, recommendations and actions for the network. This ensures focused actions for positive outcomes for CYP with managed boundaries and expectations across the professional network. Review meetings are held every 2 to 3 months depending on the needs of the network.

6.2 Progress & Collaborations

The SOTICS team have supported pathways in the Vanguard with a case-formulation approach for networks around CYP across the BNSSG community. This has included delivering training on developmental mapping and the formulation process with a view of increasing trauma-informed approaches to service delivery. SOTICS have delivered four half day training sessions for Barnardo's, Be Safe, Bristol Drugs Project Young Victims Service, and those involved in the Vanguard Collaborative. Feedback from training sessions has been positive, for example: "*the training we received was informative and useful", "SOTICS have helped us really think more broadly"*, and *"the training helped us to*

consider the life journeys young people on our caseloads, to see the wider picture, and to consider where we can make changes".

SOTICS have also developed feedback forms to capture insight from professionals involved in the formulation and review process. This has allowed reflection and development on the delivery of the service. Additionally, SOTICS have developed an end-of-service feedback form to be completed by professionals in relation to CYP outcomes, linked to the Framework for Integrated Care (Community) outcomes.

SOTICS have engaged with the UWE evaluation team in sharing anecdotal feedback received from professionals (e.g., NHS, education, third-sector providers) throughout the process. Some of this feedback has provided a snapshot of the longer-term impacts of the SOTICS work, such as positive outcomes and relationships developed from onward referrals: "*young person making good use of support from Victim Support worker and now feels ready for referral into therapy service*".

6.3 Trauma-Informed Progress

The SOTICS team previously identified themselves as trauma-sensitive but now identify as trauma-informed. SOTICS have made progress from November 2023 with the trauma-informed action ladder, such as engaging with the Barnardo's HYPE team for support in reviewing the CYP consent form and information leaflet to ensure it is accessible, through co-production with the lived experience group. This has also included ensuring electronic versions of information leaflets and communications are available to remove barriers and improve access to information for CYP, parents/carers and professional networks. This year SOTICS have also reviewed their internal referral system to ensure appropriate and adequate referral pathways are in place.

The SOTICS team have an ongoing focus on ensuring an effective evidence base can be built, by working on developing a collection of feedback and recording 'good news' examples to ensure the positive feedback from professional networks is captured. This in turn will help develop the service and give opportunity to future funding opportunities supported with a good evidence base. As part of this, the SOTICS team will focus on

reviewing current feedback forms and consider how to obtain more constructive feedback to implement changes, where relevant and appropriate, to improve the service and practice approaches.

The team have also engaged with reflective practice within the Vanguard through the sessions offered by FCAMHS but have also embedded reflective practice into the service delivery. SOTICS now use reflective practice within monthly team meetings to ensure effective supervision and case management as well as improving staff support by aiming to reduce vicarious trauma risks.

SOTICS Trauma Informed Action Plan		
Broad Action in Pursuit of TiP	Specific Actions	Update November 2024
Review CYP consent form	• SOTICS to review current CYP consent form, 'choice' form and parent/carer consent form • Review language to ensure information / service is presented clearly and accessibly • Review including 'questions / concerns / options' section	Form reviewed and updated. Barnardo's Hype gave feedback for co-production. Completed Jan 2024
Review SOTICS leaflet	• SOTICS to review current information leaflet to ensure a clear audience (e.g. CYP) and focused explanation of work	Form reviewed and updated. Jan 2024
Explore extra funding support for Vanguard with ICB	• Explore further funding opportunities for resources as part of Vanguard	Completed. Extra funding utilised.
Review of referral pathways	• SOTICS to review internal referral system	Reviewed and updated.
Improved accessibility of information	• Explore electronic versions of leaflets and communications rather than paper copies to remove barriers and improve access to	Leaflets shared electronically or paper versions.

	information for CYP and professional networks	
Reflective practices	• SOTICS to explore reflective spaces for professionals to aid supervision for case management and support for staff (reducing vicarious trauma risks) • Monthly team meetings to be included into working practices to ensure ½ hour for reflection and discussion of any challenges • Reflective focus on the impact on SOTICS staff	Monthly team meetings and reflective practice implemented from January 2024.
Local Authority systems	• SOTICS to engage with local authority systems to ensure effective support and collaboration between partners	Ongoing steering group meetings and links with relevant partners.
Research and Evaluation	• SOTICS to focus on building evidence base of effective case formulation working and effective outcomes for CYP and professional network	Ongoing collection of feedback and recording good news examples.
Professional and CYP feedback	• SOTICS to review current feedback form and consider how they can get more constructive feedback to implement changes (if relevant) to practice and approaches • SOTICS to include link / QR code in email signatures to reviewed feedback form to increase accessibility	Feedback form reviewed and implemented from March 2024.
Review of language	• Redevelopment of SOTICS thinking around word injury and language use to ensure effective service delivery	Reviewed in Team meetings and reflective practice.

Streamline mapping process	• SOTICS to pre-populate timeline from reports / health systems data to streamline process of mapping CYP timeline of significant events	Ongoing.
Development of thinking toward social and cultural impacts (?)	• To develop how to think about social / cultural impacts	Reviewed in team meetings and reflective practice.
Sustainability?	• Time and resources (no further detail added) • Move toward being the best version of SOTICS that is close to influence the wider system working with trauma	Working with LA, CAMHS and Barnardo's to think about sustainability.

6.4 Sustainability plans

As SOTICS is a new pilot project funded through the Vanguard, the team have thought about how to use the final year of funding and what might happen next. During the final year of funding, SOTICS have adjusted the model delivery to support a safe exit of service in October 2024 and aim to embed the learning into wider system partners and professionals. From 1st October 2025, the adjusted delivery model for SOTICS is as follows:

1. Specialist Support for young people with complex needs network:

    - Accept and support the network of 8 new young people referrals with consultation, formulation and case management between October 2024 and March 2025 and ensure a safe sustainability plan is in place by September 2025.
    - Conclude and provide a safe sustainable plan for the 15 young people which the service is currently supporting the network with.
    - Offer a condensed 1 off consultation and follow up recommendation report to 10 young people's networks between October 2024 and September 2025.

2. Upskill the system utilising the learning and skills obtained whilst the SOTICS provision has been in place:

    - Provide trauma-informed training, psychologically informed practice, and SOTICS Principles (attachment, child development, and neuro-sequential interventions) to 75 professionals per year.
    - Between March 2025 and September 2025 upskill BACE (Barnardo's Against Child Exploitation) workforce and multi-agency network who are working with children and young people with the following criteria with SOTICS principles and learning.
        - At risk of or known to have been experienced exploitation
        - Have experienced trauma/ACEs
        - Where there is an added layer of complexity or where the network around the child feel 'stuck'.

This approach provides greater time to collect and analyse service impact as well as allowing for the safe ending of all existing and future consultation, formulation and case management provision. This approach seeks to spread the learning from the SOTICS service by increasing the amount of time and resource utilised to upskill and training to system partners and professionals. This approach provides greater time to continue strategic discussions on potential future funding sources and sustainability for the provision.

6.5 SOTICS Outcomes

As of January (10/01/25), the SOTICS team have received and accepted 25 referrals. No referrals have been rejected, reflecting the suitability of referrals to the SOTICS team. The majority of these referrals have come directly from social workers and Barnardo's exploitation workers.

Of the twenty-five referrals, SOTICS have received 12 referrals for females, 12 referrals for males and 1 referral with an unrecorded gender. The majority of referrals were for White British CYP, however there are a number of referrals recorded for Black British, Caribbean, or African; Mixed or Multiple ethnicity; and Asian or Asian British. In terms of the assessment needs of CYP seen, the highest recorded needs were compulsive thoughts or worries; anxiety or worry; attachment difficulties; and attentional, concentration and/or hyperactivity difficulties.

SOTICS have also implemented an internal measure of evaluation, gathering information through the professional network around each CYP. SOTICS are requesting professionals' feedback on the formulation and review process as well as developing an end of service evaluation form which matches the NHS national dataset outcomes. Feedback is gathed from the professional network every 3-months to review CYP outcomes as well as following each new formulation meeting. SOTCS have curated this feedback to be completely anonymous with each end of case review is to be linked each CYP but SOTICS cannot identify what professional gave the feedback (to allow for honest appraisal).

The SOTICS team have collated evidence on the positive impacts of the consultation process, see tables 6.1 and 6.2 below.

6.6 SOTICS Cost-Benefit Analysis

In order to enable the cost-benefit analysis, a sample of referrals during the period from Quarter 1 to Quarter 4 in 2023-24 were followed up (n=16). This sample was derived from those participants assessed between Q1 and Q4 2023-24, and with at least two complete data set returns. Sixteen CYP referrals received an intervention from SOTICS at a cost of £6108 per accepted child per annum.

Of the sixteen referrals in the sample, 8 were male, 7 were female and 1 identified as non-binary. Five of the sample of CYPs were in care, and 2 had previously been looked after children. 5 had a current Child Protection Plan and 5 had previously had a plan.

There was accommodation data available for all of these CYP, and 9 of 16 remained living with their parents during the intervention. Two CYP were living with other family members,

two with foster carers, and three in supported accommodation. Four CYP were assessed to have had an improvement in the stability of their accommodation over the course of the intervention.

Twelve of the sixteen had current or previous contact with the police or the Youth Offending Team. Over the course of the selected twelve-month time period, seven CYP (44%) were assessed to have reduced either the frequency and/or severity of high risk behaviours, or reduced offending behaviour.

If all referrals (n=16) were engaged in....	
- a recorded antisocial behaviour incident the cost would amount to: £12,480 (16 x 780)	...but if the intervention resulted in a 44% reduction in antisocial behaviour incidents, **the saving would be: £5,941**
- a recorded youth offending incident the cost would amount to: £66,416 (16 x 4151).	...but if the intervention resulted in a 44% reduction in youth offending incidents, **the saving would be: £29,223**
- a conviction the cost would amount to: £94,432 (16 x 5902).	...but if the intervention resulted in a 44% reduction in convictions, **the saving would be: £41,550**

Four (25%) CYP working with SOTICS were reported to have improved the stability of their education status during the intervention period.

If all referrals (n=16)....	
- were permanently excluded the cost would amount to: £211,200 (16 x 13,230)	...but if the intervention resulted in a 25% reduction in permanent exclusions, **the saving would be: £52,800**
- required alternative provision the cost would amount to: £364,800 (16 x 22,800)	...but if the intervention resulted in a 25% reduction in alternative provision, **the saving would be: £91,200**

A more parsimonious approach to the cost-benefit analysis recognises that, although the entire sample is consider at-risk of negative outcomes, it is likely that only a sub-sample will actually have CJS contact or have their long-term prospects impacted due to exclusion. With that in mind, the analysis tracked only those CYP clients who had already confirmed current or previous contact with the police or Youth Offending Team, or had already been excluded or were missing from school.

Twelve CYP in the sample had current or previous contact with the police or Youth Offending Team. Of those with previous CJS contact, six (50%) were reported to have decreased their offending, or the frequency or severity of their risk taking behaviour.

If twelve referrals were engaged in….	
- a recorded antisocial behaviour incident the cost would amount to: £9,360 (12 x 780)	…but if the intervention resulted in a 50% reduction in antisocial behaviour incidents, **the saving would be: £4,680**
- a recorded youth offending incident the cost would amount to: £49,812 (12 x 4151)	…but if the intervention resulted in a 50% reduction in youth offending incidents, **the saving would be: £24,906**
- a conviction the cost would amount to: £70,824 (12 x 5902)	…but if the intervention resulted in a 50% reduction in convictions, **the saving would be: £35,412**

One of the CYP in the sample was already subject to a fixed term exclusion. However, this CYP was reported to have improved their educational stability over the course of the intervention. For every permanent exclusion saved the cost amounts to: £13,230, and for every prevention of a requirement for alternative provision, there is a saving of £22,800. Finally, a Specific objective of SOTICS is the improvement of CYP mental health. Seven of the cohort (44%) were reported to have experienced improved mental health and wellbeing. If seven of the cohort did not require CYP community health care, this would represent a potential saving of £14,126 (7 x £2,018).

Cost-benefit analyses will frequently reduce the saving by 50% (attribution rate) to acknowledge the potential for other factors to contribute to the outcomes. Therefore, a more conservative assessment of cost-benefit may be as follows:

Outcome	**Cost saving**	
Reduced Antisocial Behaviour	4,680 /2 =	£2340
Reduced Youth Offending	£24,906 /2 =	£12,453
Reduced Convictions	£35,412 /2 =	£17,706
Reduced permanent exclusions	£13,230 /2 =	£6,615
Reduced requirement for alternative provision	£22,800 /2 =	£11,400
Reduced Community Mental Health	£14,126 / 2 =	£7,063
	Potential Total Cost Saving:	£57,577

6.7 SOTICS Case Study and Feedback

Table 6.1 SOTICS Case Study

SOTICS Case Study 1	
Background	• Out of education, living with parents, violence and aggression in the home, self-harm, restricted eating, and substance misuse. Exploited sexually (initially online) which led to more than one incident of going missing for several days. • High school raised various concerns over a two year period, including worries about her vulnerability, lack of friends, self-harm, physical presentation, and the family's ability to cope. • Revolving door of referrals to services, non-engagement, and closure. • Five ACEs (possibly six). • Previous CAMHS referrals but minimal engagement. • Had an existing mentor who made the referral to SOTICS, in the hope that services would remain involved and offer longer term support.
Intervention	• Network surrounding the child brought together to discuss her experiences and create a formulation to help understand her needs. Limited information available regarding her childhood however. • Recommendations made about how best to support her and her parents.

	• A Social Worker carried out an assessment, and a family worker was brought into the network primarily to support her parents (health and financial concerns). • A referral was made for a mental health assessment to be carried out. Following this some short-term work was carried out to help her understand her situation. • A referral was made to hospital education to help her to create a routine. This began with creative lessons one on one in the home or community and gradually increased to include core subjects. She started attending the site and socialising with peers after her lesson. • Some reluctance in the network to concentrate on relationship building when there were so many risks and they felt pressure to do something about them. They were supported with their feelings around this, and offered a space for reflection.
Outcomes	• Family relationships have improved, violence in the home has decreased, although the family still have many challenges. • She has found creative ways to express herself and has started to think about goals for her future. There is improved emotional regulation. • There have been no further concerns relating to CSE or self-harm. She is now in a relationship with a local same age peer. • Following a period of relative stability she began direct intervention with CAMHS, supported by her mentor and her mother. • Development of trauma informed practice for professionals and increased confidence in working in this way, even when the risks appear to be high.

The SOTICS team have also been able to gather a multitude of feedback from professionals as well as parents/carers. This feedback is shared during monthly staff meetings to reflect on cases and this feedback has been consolidated below:

Table 6.2 SOTICS Feedback

Feedback source	Feedback
Third-sector organisation	We were thanked for giving them space to think and reflect, and for hearing and validating their concerns. The network stayed involved when they were being encouraged to close, and disclosures have now been made and the children removed from a long term abusive situation.

Social care	At the end of a review meeting the social worker said that she would like to have access to the SOTICS process for all the young people on her case load.
Social care	Young person is now settled in residential placement and ready to return to mainstream education.
Youth Justice team	Young person has sat exams and finished school, attended his prom which he enjoyed. Landscaping with a friend which might lead to a full-time job and further qualifications.
School/education provider	Positive end of year reports shared for young person.
Third-sector organisation	Young person engaging in support sessions with victim support worker. Worker stated that the meetings had been very helpful for her work with the young person.
Third-sector organisation	BACE worker has commented that the child friendly formulation was shared with the young person, which whilst containing difficult information it was helpful for the young person to feel that someone understood her history.
Social care	Although things continue to be tricky for this YP, lots of professionals are attending the meetings and wanting to think about his situation in a trauma informed way.
NHS	Young person has started therapy with CAMHS.
School/education provider	Young person who has been out of education for a long time has now got a place at an alternative learning provision and this has started well.
School/education provider	College supporting young person to attend college by helping with bus timetables and phone use at college, and providing pastoral support.
Third-sector organisation	Young person making good use of support from Victim Support worker and now feels ready for referral into therapy service.
Social care	Young person now closed to SOTICS has gone on to have a baby and parenting is going well. He has also got a part-time job.
Professional involved in case formulation	"*I just wanted to say how I found the SOTIC review meeting really helpful and so valuable, it really allows time to give real thought and meaning with supporting YP and family and to help professionals gain better understanding of YP and how best to meet his needs*."
Professional involved in case formulation	"*Hearing the background about the YP and family was really helpful as they had knowledge and information that I did not know*."

7. Bristol, North Somerset, South Gloucestershire & BaNES Youth Justice Services - Enhanced Case Management (ECM)

7.1 Aims, Objectives and Process

Similarly to the SOTICS team, Youth Justice Services (YJS) in Bristol, North Somerset, South Gloucestershire and BaNES have adopted the Enhanced Case Management (ECM) model, providing multi-agency case formulation and intervention planning in a psychology-led approach, to enable youth justice practitioners to support children involved in the youth justice system who have a history of trauma. ECM supports the network of professionals around the child to understand the impact of trauma on their current presentation and behaviour and to consider how best to support the child going forward. There is evidence of effective outcomes of the ECM model across the UK (Glendinning, Ramos Rodriguez, Newbury & Wilmot, 2021; Opinion Research Services, 2023).

Referrals to ECM are made by YJS Case Managers for children who are working with YJS on a court order or out-of-court disposal order and who have a history of trauma. Those on an order of six months or more are offered full formulation in which the professional network meet to develop a timeline of the child's life, focusing on experiences of trauma, and a formulation report is written by an ECM Psychologist with reference to the Trauma-Recovery Model [TRM] (Skuse & Matthew, 2018)), to provide hypotheses about the impact of trauma and related recommendations. Regular multi-agency review meetings are held to get the network together and consider the child's situation and plan. In addition, regular supervision is offered to the YJS Case Manager (and on occasion jointly with the child's Social Worker) by the ECM Psychologist to consider the ECM recommendations as well as the impact of the trauma-informed work. For children on shorter or less intensive orders, ECM consultation is offered; here the network meet to consider the impact of trauma and the TRM with a more specific focus rather than using an in-depth timeline, although reviews and supervision are also an option. ECM is an indirect, consultative model but the

voice of the child and their parent/carer is included where possible. Children often remain open to ECM for the duration of their Court Order and therefore their contact with YJS, but endings also occur when a child turns 18 and support is offered for transition planning into adult services, or sooner if positive progress is made and ECM support is no longer required. At the end of the ECM process a final reflection session is offered to consider the progress made and to reflect on the things that helped to facilitate this, as well as supporting transition planning e.g., children moving into adult services.

ECM also offers regular reflective staff support sessions to YJS staff in recognition of the impact of working with children who have experienced significant trauma.

Following Vanguard Framework for Integrated Care funding, Forensic CAMHS have been providing the psychological input for ECM; three Clinical Psychologists, an Assistant Psychologist and an Administrator, who work alongside two ECM Senior Practitioners embedded within YJS.

7.2 Progress & Collaborations

ECM have used additional funding from the Vanguard, with input from the Barnardo's HYPE team, to create an animated video for children that explains the ECM process in an accessible and appropriate format. This action came from the FCAMHS workshop in November 2023, where it was agreed that presenting information about the service in a different format to the traditional leaflet could help children engage with the process.

The team wanted to ensure that informed consent was obtained from children, with an awareness that the prior information sheet may have been overwhelming and confusing. The animated video gives a broad overview of the ECM model, the potential benefits for the child and what is involved (e.g., reassurance that the child does not need to do anything; ECM will work with their professional network).This video has been used for recent referrals and the impact has been really positive, with informed consent obtained by all CHILD who have viewed the video with Youth Justice managers.

In regards to training, ECM have offered a range of sessions to various audiences. This include a seven session trauma-informed training package across the four locality areas

for YJS, with a second run currently underway. In North Somerset, ECM have trained volunteers and Referral Order panel members to ensure a high level of understand around trauma-informed approaches for this group, introduction sessions regarding ECM and trauma-informed practice for all new starters in YJS, and one-off sessions on Vicarious Trauma and the benefits of play. The team have also presented at conferences and events to share the ECM model and trauma-informed approach. In terms of onboarding new staff, ECM deliver an introduction to ECM and trauma-informed practice to all new staff as part of their introduction.

The ECM team recognise the importance of staff wellbeing and support when using a trauma-informed approach to the work. As such, the team offer monthly reflective staff support sessions to YJS Case Managers in South Gloucestershire and North Somerset, and there is a plan to establish this provision in Bristol and BaNES. In addition, ECM psychologists also offer bi-monthly reflective staff support sessions for YJS Managers and have provided Post-Incident Psychological Support (PIPS) sessions to YJS staff following serious incidents in the local area. The provision around staff support ensures staff involved in the ECM process have access to space for reflection with the aim of promoting staff wellbeing, reducing the risk of vicarious trauma and ensuring effective service delivery.

The team are also developing the reach of the service, holding Equality Diversity and Inclusion (EDI) meetings which have introduced of the use of the Social Graces model in formulation and consultation meetings when considering the elements that make up a child's identity. Alongside this, the team have reviewed articles and research (e.g., Healing hidden wounds of racial trauma (Hardy, 2013)) and have planned how to incorporate thinking about racial trauma and disproportionality into ECM recommendations.

The team have also been engaged with inspections of YJS; during the Bristol pilot inspection in September 2024. The ECM team were highlighted as a valuable addition to YJS provision resulting in improved outcomes for children, strengthened assessment and planning activities. The inspectors praised the robust evaluation of ECM activities and

commented that the approach was observed within work with children not directly supported by ECM, evidencing its reach across the system. BaNES YJS was inspected in October 2024, positive feedback was received about ECM with further details available when the Her Majesty's Inspectorate of Prisons (HMIP) report is published.

7.3 Trauma-Informed Progress

Alongside this evidence base, the team have focused on the trauma-informed action plan, curated in the FCAMHS trauma-informed workshop in 2023. The team have made significant progress in the last year, including working collaboratively with the Barnardo's lived experience group (HYPE) to create the animated video outlined above.

Enhanced Case Management (ECM) Trauma-Informed Action Plan		
Broad Action in Pursuit of TiP	Specific Actions	Update November 2024
Improved accessibility of information for CHILD	• ECM to review current information sheets and consent forms for CHILD to ensure accessible versions to address speech & language needs	**Completed – leaflet and consent form updated October 2023 with input from a Speech and Language Therapist.**
Feedback	• ECM to share and respond to feedback at Ops group	**Ongoing – feedback is collected via online form. Feedback is provided to ECM Ops group (6 weekly meetings).**
Reduced remote working	• ECM team to increase office days to reduce isolation	**Ongoing – this remains a challenge but there are regular ECM development**

		days scheduled and weekly team meetings.
Increased channels of communication and support for team	• ECM to include a Microsoft Teams chat for group support and check-ins across the team	**Unable to set up Teams group cross organisation, we have not yet found a solution to this.**
Access to information for CHILD	• ECM to review how their information is getting to CHILD e.g., are they seeing ECM leaflet or information sheet? • Exploration of barriers and how to overcome these e.g., use of video	**An animation video was commissioned to explain the service in an accessible format. Now is use with positive feedback received.**
Reflective practice	• ECM team to embed reflective practice for team members	**Reflective staff support sessions being established in all four YJS teams. Plans in place for reflective practice for ECM team.**
Shared T-I knowledge within professional networks	• ECM to share knowledge gained from FCAMHS training • Suggest to all new professionals involved with CHILD to send an "about me" to them before meeting to reduce anxieties	**Ongoing sharing of training.** **Introductory videos have been suggested to new professionals within ECM meetings.**

Staff wellbeing	• Encouraging managers to access and attend support sessions • To avoid back-to-back meetings to allow time to digest CHILD trauma discussed • Adhoc support – virtual office break • Providing support to the (CHILD) worker if they are struggling: co-working; additional supervision offers; 'shared responsibility'	**Bi-monthly manager support sessions are being offered for operational managers across the four areas.** **Ongoing challenges with managing diaries to ensure breaks between meetings.** **Ongoing discussions about additional offer of ECM input.**
Supporting schools and the community	• Invite school representation to ECM network meetings.	**Schools are routinely invited with good take up recently.**
Support parents/carers of CHILD	• Consider how to support parents to process their own trauma so that they can better meet the needs of their children • Engaging adult support services for parents/carers to address needs (intergenerational trauma) • Supporting parents/carers to better explain service and	**Ongoing – work with Social Care undertaken on a case-by-case basis to support parents along with YJS caseworker.**

	process to obtain CHILD informed consent	
CHILD voice and consent	• Does the child get the change to ask questions about consent and confidentiality? • Supporting parents/carers to better explain service and process to obtain CHILD informed consent • Enabling a child to be involved in the ECM process creatively	**Consent progress now set, video helping with informed consent. Child voice document also helpful in obtaining input directly from the child.**
Strategic Leadership buy-in	• Strategic leadership commitment to ECM	**ECM part of this rather than solely responsible. ECM is represented in different meetings and discussions.**
T-I systems	• ECM to continue contributing to the development of trauma-informed approaches within the Framework of Integrated Care and more broadly across agencies.	**CM and OE attending T-I steering group in Bristol and North Somerset.**

7.4 Sustainability plans

ECM has had sustainability in mind from the start of the project due to the Vanguard only funding 25% of the service, with the following 75% of funding coming from Youth Justice Services so any reliance on ongoing BNSSG FIC Vanguard funding has been limited from the start. The team are having conversations about ongoing funding from the YJS and

considering additional avenues of funding to support the YJS contribution, including a focus on finances as well as staffing and retaining staff. However, sustainability is not just about finances, recruitment is also important for sustainability. For ECM, retention is perhaps one of the most important aspects of sustainability, small services such as ECM are reliant on staff retention as so much is owed to the expertise, skills, and knowledge of practitioners that they have been developing over years. All the ECM staff are offered regular clinical supervision, and are setting up monthly reflective spaces to further support them in the challenging work they do. Sustainability of the ECM programme is dependent on commitment, Forensic CAMHS and the Youth Justice Services, all of which see the massive impact ECM has on the lives of some of the most vulnerable and traumatised children in our communities. We are confident in the sustainability of ECM.

If sustainability plans are not progressed, the ECM team will have to stop taking new referrals for formulation from April 2025 as a minimum of six-months is required for new referrals, although consultation referrals will continue to be accepted. Sustainability discussions are therefore needed to start as soon as possible to provide continuity of the offer if the project is to be ongoing.

7.5 YJS ECM Outcomes

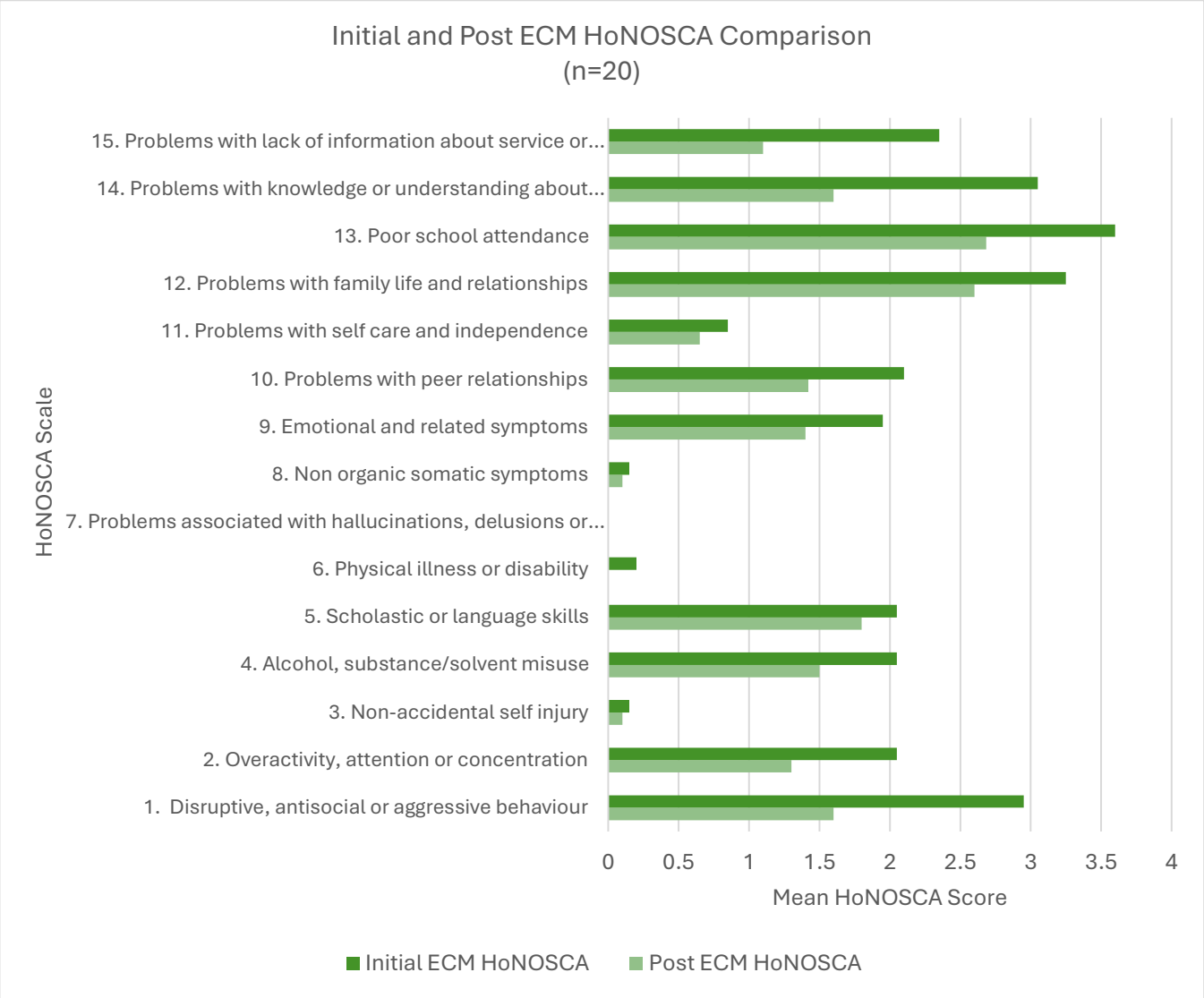
As of January 2025 (10/01/2025), ECM have received 58 total referrals, of which 53 were accepted. Non-accepted referrals are signposted on to more appropriate services. All referrals to ECM come directly from YJS as per the service referral requirements. In terms of Local Authority from where these referrals have originated, the majority were from Bristol (26/53) followed by North Somerset (15/53), South Gloucestershire (10/53) and Bath & North-East Somerset (BaNES) with 7/53.

The majority of ECM referrals have been for White British male children with an average age of 15 years old. In terms of the assessment needs of CHILD accepted to the pathway, the highest recorded needs were compulsive thoughts or worries; anxiety or worry; attachment difficulties; and attentional, concentration and hyperactivity difficulties.

ECM have implemented a pre-intervention and post-intervention measure for CHILD wellbeing: the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA), focuses on general health and social functioning. The measure is a 15-item questionnaire, to be completed by practitioners working most closely with CHILD, to indicate the severity of each problem, on a scale of 0-4. The HoNOSCA measure is used after each new formulation or consultation meeting, and repeated when then child is closed to ECM.

The team have completed 34 initial HoNOSCA and a further 20 follow-ups to compare wellbeing of the child pre-intervention and post-intervention. The HoNOSCA data (see Fig. 7.1 below) evidences an improvement in outcomes for children as reported by the ECM staff involved. This data shows how effective the ECM process can be for supporting CHILD within the YJS with this model.

Figure 7.1. ECM Pre- and Post-Intervention HoNOSCA Scores



7.6 Cost-Benefit Analysis

In order to enable the cost-benefit analysis, a sample of referrals during the period from Quarter 1 to Quarter 4 in 2023-24 were followed up (n=20). This sample was derived from those participants assessed between Q1 and Q4 2023-24, and with at least two complete data set returns. Twenty CHILD referrals received an intervention from ECM at a cost of £2078 per accepted child per annum.

Of the twenty referrals in the sample, 16 were male and 4 were female. Five of the sample of children were in care, and seven had a previous or current Child Protection Plan. There was accommodation data available for all of these children, and 14 remained living with their parents during the intervention. Five children were living in local authority or supported accommodation, and one was in emergency temporary accommodation. All children had previous or current contact with both the police and YJS.

Over the course of the selected twelve month time period, fifteen children (75%) were assessed to have reduced either the frequency and/or severity of high risk behaviours, or reduced offending behaviour.

If all referrals were engaged in....	
- a recorded antisocial behaviour incident the cost would amount to: £15,600 (20 x 780)	...but if the intervention resulted in a 75% reduction in antisocial behaviour incidents, **the saving would be: £11,700**
- a recorded youth offending incident the cost would amount to: £83,020 (20 x 4151)	...but if the intervention resulted in a 75% reduction in youth offending incidents, **the saving would be: £62,265**
- a conviction the cost would amount to: £118,040 (20 x 5902)	...but if the intervention resulted in a 75% reduction in convictions, **the saving would be: £88,530**

Seven CHILD working with ECM (35%) were reported to have improved the stability of their education status during the intervention period.

If all referrals (n=20)....	
- were permanently excluded the cost would amount to: £264,600 (20 x 13,230)	...but if the intervention resulted in a 35% reduction in permanent exclusions, **the saving would be: £92,610**
- required alternative provision the cost would amount to: £456,000 (20 x 22,800)	...but if the intervention resulted in a 35% reduction in alternative provision, **the saving would be: £159,600**

A more parsimonious approach to the cost-benefit analysis recognises that, although the entire sample is consideried at-risk of negative outcomes, it is likely that only a sub-sample will have their long-term prospects impacted due to exclusion. With that in mind, the analysis tracked only the seven CHILD clients who had already been excluded or were missing from school. Three of these CHILD (43%) were assessed to have improved educational stability during the intervention

If seven referrals….	
- were permanently excluded the cost would amount to: £92,610 (7 x 13,230)	…but if the intervention resulted in a 43% reduction in permanent exclusions, **the saving would be: £39,822**
- required alternative provision the cost would amount to: £159,600 (7 x 22,800)	…but if the intervention resulted in a 43% reduction in alternative provision, **the saving would be: £68,628**

Finally, a specific objective of ECM is the improvement of CHILD mental health. Nine of the cohort (45%) were reported to have experienced improved mental health and wellbeing. If nine of the cohort did not require CHILD community health care, this would represent a potential saving of £18,162 (9 x £2,018).

Cost-benefit analyses will frequently reduce the saving by 50% (attribution rate) to acknowledge the potential for other factors to contribute to the outcomes. Therefore, a more conservative assessment of cost-benefit may be as follows:

Outcome	**Cost saving**	
Reduced Antisocial Behaviour	11,700 /2 =	£5850
Reduced Youth Offending	£62,265 /2 =	£31,133
Reduced Convictions	£88,530 /2 =	£44,265
Reduced permanent exclusions	£39,822 /2 =	£19,911
Reduced requirement for alternative provision	£68,628 /2 =	£34,314

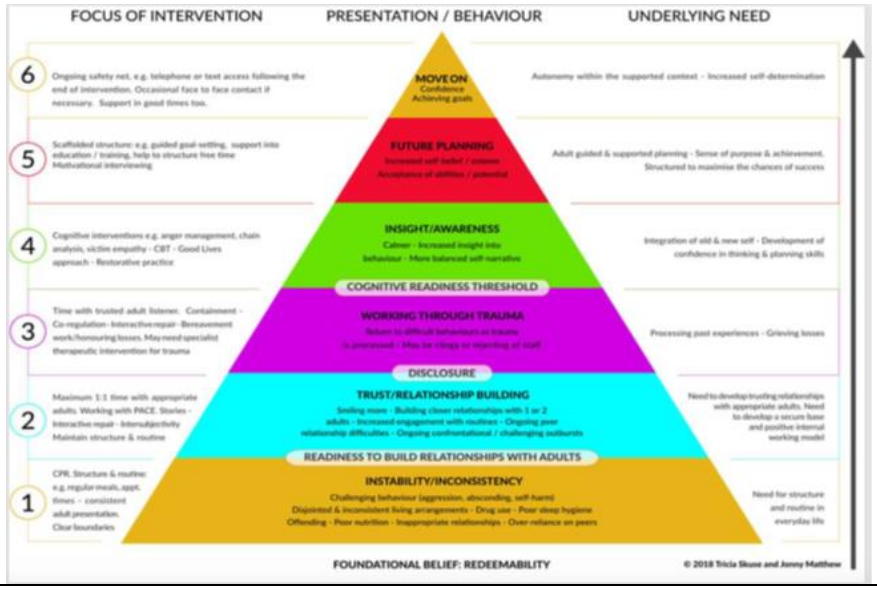
Reduced Community Mental Health	£18,162 / 2 =	£7,063
	Potential Total Cost Saving: £142,536	

7.7 Case Study and Feedback

The ECM team have also collated multiple case studies to demonstrate the impact and positive outcomes for CHILD and professionals involved in the process:

ECM Case Study One	
Background What were the challenges for this child or young person (these may include health and social issues, family environment, experience of adverse childhood experiences / trauma etc.)?	**Background information/early life experiences:** • CP plan from birth due to violence in the home. • Both parents have an offending history including violent offences. • Taken into local authority care in later childhood due to neglect, physical, emotional and sexual abuse perpetrated by father. • Multiple different foster placements and frequent transitions. • Longest foster placement provided stability, warmth and love but ended suddenly. • Vulnerable to exploitation as a result of past trauma and was recruited into county lines with regular missing episodes. • At point of referral there was an escalation of offending, drug use and risky behaviours.
Referral What was the reason for referral and what was the referral route for this child or young person?	This child was referred to ECM by their YJS Manager due to the following concerns: • Significant trauma and complexities. • Increasing offending behaviour. • Not engaged in education. • Had been assaulted and intel suggesting they had assaulted others. • Not staying at care placement; frequently reported missing. • Ongoing concerning contact with biological parents who continued to coerce, manipulate and threaten.

	• Concerns about violence in own relationship. • Regular drug and alcohol use.
Assessment What did you identify through the initial assessment? What assessment tools or measures were used? Please include a formulation of the child or young person's situation.	**The formulation developed 3 main hypotheses:** 1. Their significant developmental trauma is likely to have impacted on the development of their brain, specifically related to how they perceive and respond to threat. They may now be primed to detect threat, be hypervigilant and alert, and have a lower threshold for perceiving a situation as threatening. This may result in heightened anxiety and fight/flight response. 2. They are likely to have had disrupted development of their attachment and internal working models. Given their experiences, they may find it difficult to trust and depend upon adults to meet their needs, and may have low self-esteem and a negative self-view. 3. They may continue to be vulnerable to exploitation due to difficulties with their identity and feelings of disconnection from others.

	The Trauma Recovery Model was used to assess the child at initial assessment. Those present at the meeting agreed that they fitted best within **Level Two**; they appeared to be smiling more and building relationships with the professionals supporting them. They presented with a lot of awareness and insight into their behaviours and how their experiences may be affecting them. The behaviours seen at Level Two of the model suggest that there was a need for a secure base and to start developing a positive internal working model. However, we also discussed that they were likely to have a continued need for Level One interventions that seek to provide basic structure and routine. 
Intervention Please describe the key intervention(s) that took place? Was a formulation carried out? Information may include: • What was done • Who were the key professionals involved	**Recommendations:** Based upon the information shared and the understanding developed during the formulation meeting, the following suggestions were made for the network working with the child which included Youth Justice, Social Care, Residential Placement Staff, Mentoring Services, Education and Police: • Application of the principles of **Consistency, Predictability, Reliability (CPR):** meeting at the same time, day and place each week. • Using the principles of **Playfulness, Acceptance, Curiosity and Empathy (PACE)** to help foster trust in relationships and be less hypervigilant in interactions, freeing them up to engage. • As **much attuned 1:1 time with adults as possible** to give them the experience of being the focus of positive adult attention. This

• Did the child/young person feel involved in their intervention and care plan	will help them to develop positive internal working models of the self and others, and increase self-esteem. • The use of **inter-subjectivity**; shared time, shared goals and shared attention to further develop existing relationships with professionals. • **Working alongside, rather than opposite**, to feel less threatening or confrontational, and therefore allow for more difficult conversations and disclosures. • **Opportunities to develop emotional awareness:** making curious statements about their emotional experience to help them to better understand what they are experiencing and have a sense of being understood by others. • Opportunities to **strengthen their pro-social, positive identity** to help them to become less vulnerable to exploitation and to the pull of negative influences (e.g., building on their talent in writing lyrics and playing sport). • They had often used drugs as a means of coping with stress and would benefit from engaging in **support around drug use.** • **Regular ECM review meetings to be arranged with the network** • **Regular supervision sessions** for YJS Case Manager with the ECM Psychologist.
Outcomes What were the positive/negative outcomes that came from the child or young person's journey? Was the child or young person discharged, still receiving support, or were they referred elsewhere?	**Positive Outcomes:** • They really valued the good role models in their network. • They were able to seek advice and support from staff and build trusting relationships. • They saw a positive future for themselves. • They loved their placement and workers and felt a sense of belonging there. • They had experiences of feeling cared for, welcomed and loved. • They had accepted that their parents let them down a lot and had let go of a lot of the expectations around that relationship. • They had finished their exams and were looking to start an apprenticeship.

	• They had matured a lot and were able to have important conversations about the future. • They were really motivated and talented. • They had navigated a lot of ups and downs really successfully. • Significant reduction in concerns around offending. At the start they were missing constantly and there were very significant concerns around their safety and risk of harm. At the end of ECM, they were much more stable and staying at the placement regularly. • They demonstrated a real respect for boundaries, sticking to the rules at the placement and making an effort to be respectful. • They were looking after their physical self more, exercising more and trying to find healthy outlets. They were trying to replace bad decisions with good healthy habits, suggesting that their self value and worth had improved. • They felt safe and secure enough to start to work towards future goals and to work through some of their past trauma. • They had made the most of opportunities - making music, joining a sports club. • They had managed to reduce their substance use. • There were fewer concerns about their peer group, and they seemed to be making better decisions. • They were back in contact with previous foster carer. • They had made brilliant progress with the wonderful support of their professional network, and were a real inspiration to all working with them.
Evaluation What evidence is there that the service has made a difference to the child or young person and their parents or carers? You may wish to include:	**Trauma Recovery Model (TRM) journey:** At the end of ECM, the child was assessed as fitting between Levels 4 and 5 on the TRM. They were reflecting on themselves and their situation, planning for their own future and developing confidence in their own abilities and skills. They had a much more positive sense of self-identity and self-worth.

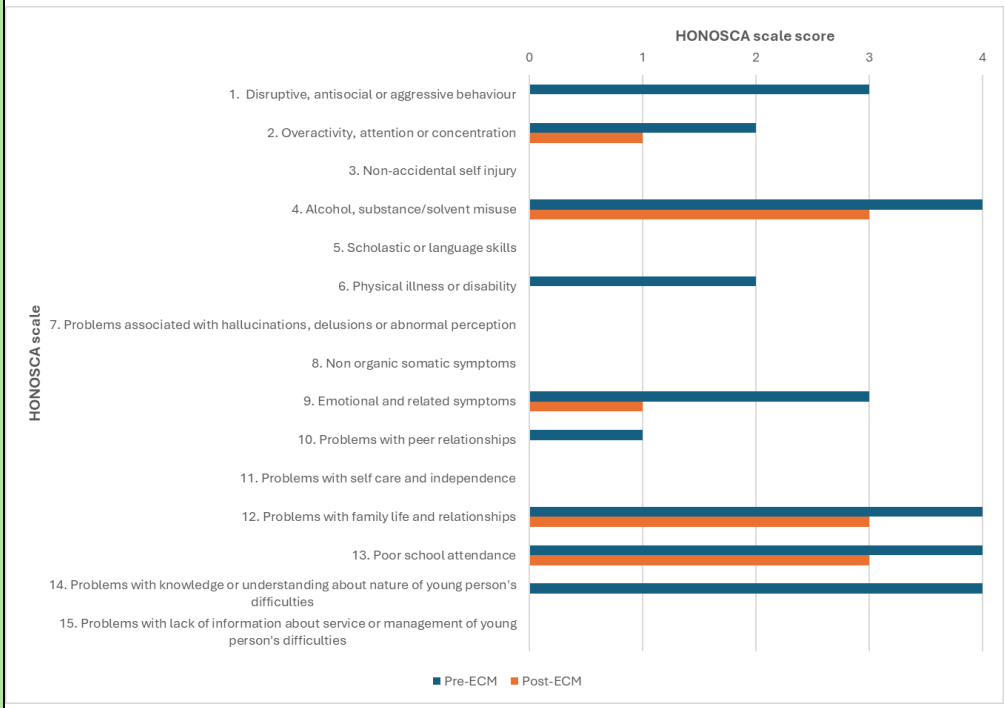
- Evidence of the impact of the intervention (qualitative / quantitative data)
- Individuals that have benefited
- Details of changes (short term / long term) including child's behaviour.
- Details of the benefits realised (Please attach any additional information you feel is relevant)
- How did you address any challenges?

	1	2	3	4	5	6	7
Formulation		X					
Review 1	X						
Review 2	X						
Review 3		X					
Review 4			X				
End of ECM					X		

HONOSCA score:

The HoNOSCA is a recently developed measure of outcome for use in child and adolescent mental health services focusing on general health and social functioning. The measure is a 15-item questionnaire, to be completed by practitioners, to indicate the severity of each problem, on a scale of 0-4.

- Pre-ECM the child's overall HONOSCA score was 27.
- Post-ECM the child's overall HONOSCA score was 16.



Learning

Is there any learning that can be used to improve the children

- That they could say yes to things to please workers and then feel overwhelmed. Learned to give them more time to think and if they did change their mind, support them with that whilst providing reassurance about their progress.

and young person's journey?	• Evidence of the power of positive relationships to support trauma recovery. • Positive feedback has really helped to change their internal working model. • To always keep hope that things can get better. • In the face of significant adversity, the child was willing to trust others and give new relationships a chance.

ECM Case Study Two	
Background What were the challenges for this child or young person (these may include health and social issues, family environment, experience of adverse childhood experiences / trauma etc.)?	**Background information/early life experiences:** • Significant disruption in early care-giver relationships • Concerns about drug dealing in the home • Domestic violence in the home • Physical and emotional abuse and neglect • Reported sexual assault by another child • Witnessed and took part in serious violence with mother • Multiple referrals and concerns to Social Care, often concluded NFA • First offence age 12 • Subsequent offending resulted in Youth Justice Service (YJS) contact • Sibling in the home also heavily involved in crime • Ongoing difficult, abusive relationship with mother, often violent
Referral What was the reason for referral and what was the referral route for this child or young person?	This child was referred by their YJS case manager due to the following concerns: • Risk of family breakdown due to normalised physical and verbal aggressive behaviour in the home. • Family's reputation of violence within the community and engagement in criminal activity. • Risk of being further drawn into offending and exploitation.

	• Open to Social Care but services struggling to engage with the family. • Child currently excluded from school after assaulting a teacher.
Assessment What did you identify through the initial assessment? What assessment tools or measures were used? Please include a formulation of the child or young person's situation.	**The formulation developed 3 main hypotheses:** 1. The child's experiences of significant developmental trauma are likely to have impacted on the development of parts of the brain associated with perception of danger and threat. They might now be hypervigilant and hypersensitive to threat, and perceive the world as a place full of danger. They may be highly anxious and interact with the world accordingly. 1. The child may have developed a negative internal working model of others (as threatening, unreliable and unpredictable) and their self (as in some way inadequate or deserving of abuse). Coupled with high anxiety, they may have developed strategies to manage, such as keeping others at a distance through aggression and violence and pushing people away. 2. Their relational experiences are likely to have resulted in an insecure attachment style. They might struggle to trust other people or to believe that they are able to meet their needs. However, they are likely to continue to seek out love and warmth and might be left in a difficult position of wanting trusting, safe relationships whilst also rejecting them as a means of protecting themself. In other situations, they may become overbearing within relationships whilst they try to keep the other close. This can have particular challenges for professional relationships and clear, consistent boundaries will be important. The Trauma Recovery Model was used to assess the child at initial assessment. Those present at the meeting agreed that they fitted best **between levels one and two**; they presented with challenging behaviours indicative of level one (e.g., aggression, offending, over-reliance on peers) but had also demonstrated the ability to build a close relationship with their YJS worker and engage with routines (indicating aspects of level two). The behaviours identified at these levels suggested that they had a need for structure and routine and to develop a secure base and positive internal working models.

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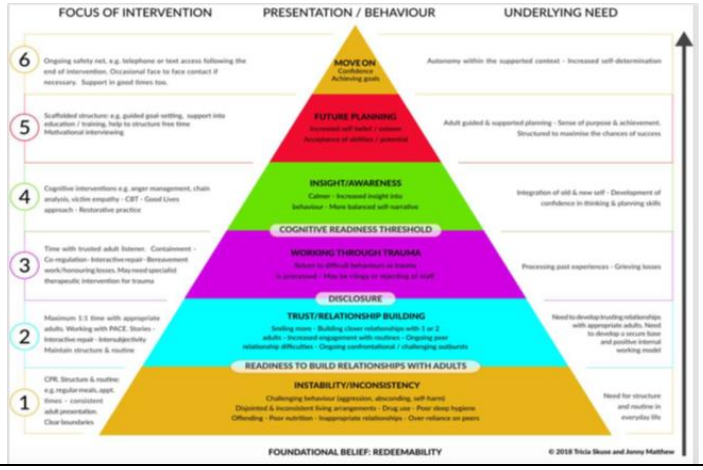
<tr><td></td><td> 
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<tr><td>Intervention

Please describe the key intervention(s) that took place? Was a formulation carried out? Information may include:

• What was done
• Who were the key professionals involved
• Did the child/young person feel involved in their intervention and care plan</td><td>Recommendations:

Based upon the information shared and the understanding developed during the formulation meeting, the following suggestions were made for the network working with the child which included YJS, Social Care, Mentoring Services, Education Inclusion, School and Police:

1. Application of the principles of Consistency, Predictability, Reliability (CPR); meeting them at the same time, day and place each week

2. Very clear boundaries to help them feel safe and foster relationships with professionals.

3. Using the principles of Playfulness, Acceptance, Curiosity and Empathy (PACE).

4. As much attuned 1:1 time with adults as possible to give them the experience of being the focus of positive adult attention.

5. The use of inter-subjectivity; shared time, shared goals and shared attention to further develop existing relationships with professionals.

6. Working alongside, rather than opposite, to feel less threatening or confrontational, and therefore allow for more difficult conversations and disclosures.

7. Some psychoeducation might be helpful to begin to understand the links between their experiences of trauma and their difficulties.

8. Praise and positive reinforcement of their efforts, engagement and successes to help to improve their self-esteem and build on their desire around avoiding further offending.</td></tr>
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	9. **Exploration of alternative education options** and mentoring opportunities. 10. Services to continue to try and **build relationships and trust with mum** helping to change the narrative in the family about how helpful services can be. 11. **Consider applying for an EHCP** to support in identifying appropriate education based on their social, emotional and mental health needs. 12. **Regular ECM review meetings with the network** 13. **Regular (monthly initially) supervision sessions** for YJS caseworker with the ECM Psychologist.
Outcomes What were the positive/negative outcomes that came from the child or young person's journey? Was the child or young person discharged, still receiving support, or were they referred elsewhere?	**Positive Outcomes:** • The child did complete their order and engaged really well. They worked with YJS for a whole year. It took a month to get them to attend weekly, but since then their attendance has been great. • They haven't got back into full time education but attended their GCSE exams independently and retained links with their school and are keen to explore college options. • They engaged with three different mentors and remain open to the service. • Their own opinion of professionals changed as this was very negative in the start and they are now willing to meet with agencies voluntarily. • YJS worker was able to build relationships with the family. Mum had a positive experience of agency support and was able to see that YJS were there to help them. • They are able to confide in workers and reach out at times of difficulty • They felt cared for and supported. They soaked up the positive attention they were given by their YJS worker. • They were able to thrive with positive interactions. • Anchor points have been really helpful for them, even when everything else remains inconsistent. • The child was able to recognise that home was not always a positive place for them.

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- No further criminal charges.

Challenges:

- Barriers remained with Social Care. There was still a lot of fear around some agencies.
- Risk of family breakdown remained although Social Care were seeking a placement which the child was open to.
- Drugs and weapons at the house led to the child being arrested.

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Evaluation

What evidence is there that the service has made a difference to the child or young person and their parents or carers?

You may wish to include:

- Evidence of the impact of the intervention (qualitative / quantitative data)
- Individuals that have benefited
- Details of changes (short term / long term) including child's behaviour.
- Details of the benefits realised (Please

</td><td>

Trauma recovery model journey:

By the end of ECM, the child had moved up to Level 2. They continued to be held back by their inconsistent family relationships and living arrangements and recently had been arrested due to family issues. It remained hard for them to work through the trauma when they were still living within it. However, they were building positive relationships outside of the home. They engaged really well with YJS and thrived under their worker's care and attention. They had increased awareness and insight into their situation and had ambitions for their future.

	1	2	3	4	5	6	7
Formulation		X					
Review		X					
Review 2			X				
Review 3			X				
End of ECM			X				

HONOSCA scale score:

The HoNOSCA is a recently developed measure of outcome for use in child and adolescent mental health services focusing on general health and social functioning. The measure is a 15-item questionnaire, to be completed by practitioners, to indicate the severity of each problem, on a scale of 0-4.

- Pre-ECM the child's overall HONOSCA score was 25.
- Post-ECM the child's overall HONOSCA score was 17.

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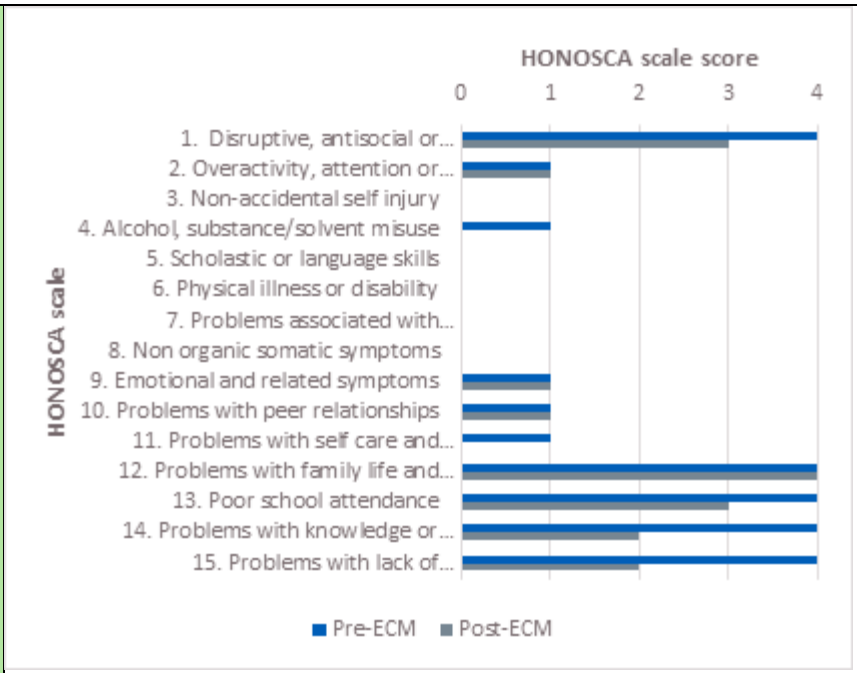
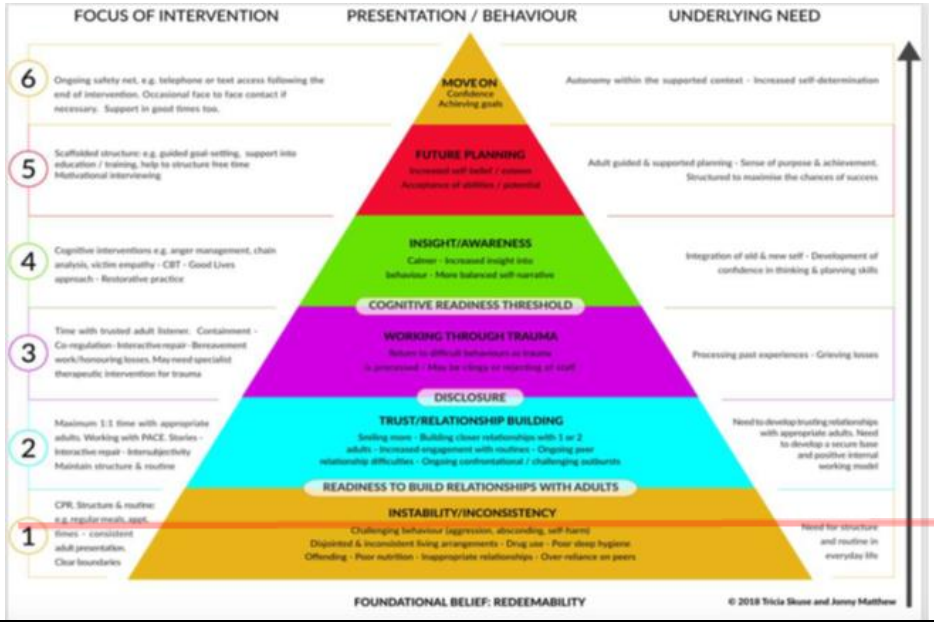
attach any additional information you feel is relevant) • How did you address any challenges? ?	
Learning Is there any learning that can be used to improve the children and young person's journey?	• The benefit that positive, caring relationships outside of the home can have on a child. • The loss of ongoing support and having someone safe to confide in once statutory YJS involvement ended was a concern. • The family had been let down by services over many years which had made it difficult for them to accept support. As a result of patient, consistent engagement with the YJS worker this had begun to change which they can hopefully take with them into the future.

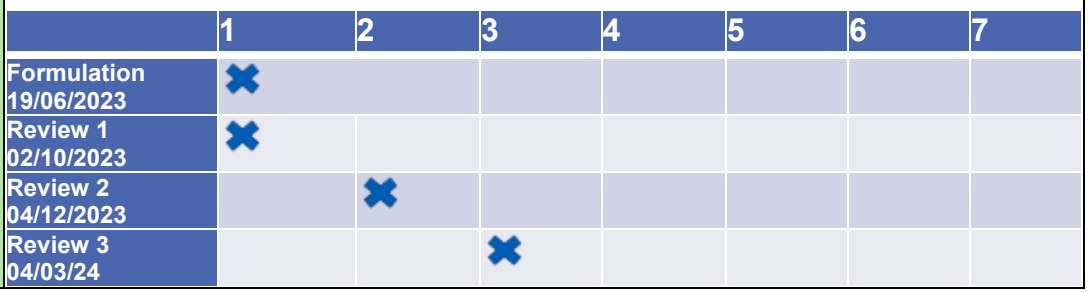
ECM Case Study Three	
Background What were the challenges for this child or young person (these may include health and social issues, family environment, experience of adverse childhood	• 13-year-old white British boy living with his mother and younger siblings. • Social communication difficulties noticed at primary school and experience of bullying. • Aged 10, his grandfather with whom he was very close died in the context of several other bereavements. • Secondary school transition difficulties characterised by problematic behaviour in school, multiple managed moves and he was Permanently excluded aged 11.

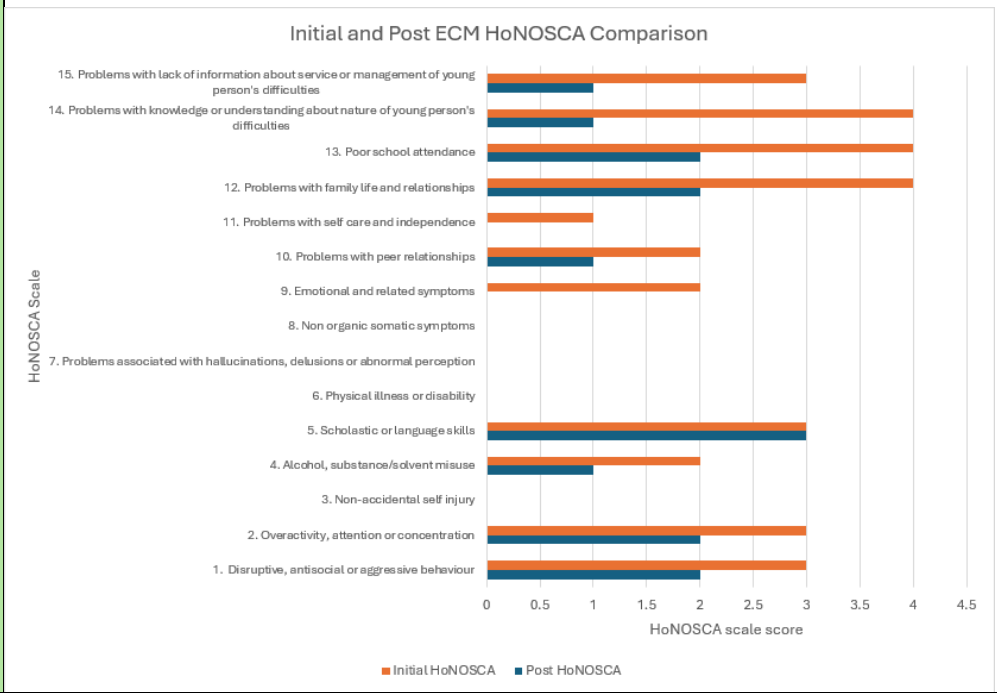
experiences / trauma etc.)	• Biological father absent and with negative reputation and description from his family including drug use, criminality, made contact when he was 12 and re-established relationship which caused some concern. • Undergoing assessment for ASD and ADHD • Emotionally abusive dynamic with his parents observed.
Referral What was the reason for referral and what was the referral route for this child or young person?	This child was referred to ECM by their Youth Justice Service Case Manager due to the following concerns: • Significant trauma and complexities including emotional and verbal abuse and neglect • Increasing offending and ASB behaviour. • Concerns about exploitation • Missing episodes increasing • Friendship group problematic and anti-social • Inconsistent relationship with his father and doubts over paternity for much of childhood • Reduced engaged in education • Inconsistent parental supervision • Substance use • Concerns about his emotional and mental health
Assessment What did you identify through the initial assessment? What assessment tools or measures were used? Please include a formulation of the child or young person's situation.	**The formulation developed 4 main hypotheses:** 1. Social communication difficulties and possible traits of autism may have resulted in social isolation when he has struggled to make friends. Peers with similar difficulties who are involved in antisocial behaviour are more likely to accept him and therefore derived a sense of connection and belonging through this behaviour. 2. Potential difficulties with fitting in associated with autism, the significant loss may have contributed to him seeking contact with his father and his family, who have a history of offending. 3. Early and continued trauma through experiences of emotional abuse and neglect from his parents, may have taught him that adults are not safe and cannot be relied upon, and resulted in his developing strategies to seek safety himself (e.g., through being intimidating, feeling powerful and in control, building a network of peers).

	4. Education difficulties, disruption and absence has reduced his opportunities to access support, routine and contact with safe adults whilst exacerbating his educational capacity causing him to feel a sense of failing or not being good enough at school. Antisocial and offending behaviour may provide a sense of success and reinforcement through his connection with peers. **Developmental mapping considered 4 domains:** Physical: his appearance suggests that he is older than his chronological age. Thinking and reasoning: No specific learning difficulties are identified, however missed education is likely to widen the gap between him and his peers' attainments and make it difficult for him to engage. Social: Social communication and traits of autism are likely to impact on his ability to make and maintain friendships and he may seek connection with more accepting peers who may display similar challenges. Emotional: significant difficulties relating to emotional literacy and regulation were identified aged 11 which may reflect attachment difficulties and a lack of opportunity to experience emotional validation and being attuned to develop these skills. **The Trauma Recovery Model** was used to assess the child at initial assessment. Those present at the meeting agreed that he currently sits between **levels one and two**; although he is beginning to establish a connection with his YJS worker through their regular appointments and has consistently attended his sports club and might derive some positive feedback from there, he also frequently exhibits behaviours consistent with level one. These include drug and alcohol use, instability at home, lack of any routine including sleep and some inappropriate relationships.

	The behaviours seen at Level Two of the model suggest that there was a need for a secure base and to start developing a positive internal working model. However, we also discussed that they were likely to have a continued need for Level One interventions that seek to provide basic structure and routine. 
Intervention Please describe the key intervention(s) that took place? Was a formulation carried out? Information may include: • What was done • Who were the key professionals involved • Did the child/young person feel involved in their intervention	**Recommendations:** Based upon the information shared and the understanding developed during the formulation meeting, the following suggestions were made for the network working with the child which included Youth Justice, Social Care, Speech and Language Therapist, Education and Police and later Mentoring Services: • Application of the principles of **Consistency, Predictability, Reliability (CPR)** and using **Anchor Points within sessions.** Working in this way over time can allow for young people to consolidate trust that is developing within the relationship and demonstrate that the professional is reliable and dependable. • The **PACE (Playfulness, Acceptance, Curiosity and Empathy) approach** can be used in any type of session and will help foster trust in relationships with professionals. • Providing as much **attuned 1:1 time with adults** as possible. This can be achieved through inter-subjectivity, shared time, shared goals and shared attention. Identified interests can guide the activities chosen and might be as simple as playing a game he enjoys within sessions. • **Working alongside, rather than opposite**, can feel less threatening or confrontational, and therefore allow for more difficult conversations and disclosures. (e.g., car journeys, a walk, sitting next to each other

and care plan	with an activity). These situations can also offer **opportunities for developing emotional awareness** through discussion of what's going on, making guesses about how he might be feeling etc. • **Praise and positive reinforcement** – helping gain experience of success and achievement through small steps with professionals. This might be verbal or written (e.g., noting important interactions/actions on a postcard or even certificate) • An **Autism assessment is a priority** and is ongoing – the assessing psychologist was waiting for EHCP and education provision to be established for new school year. • Look for opportunities to **develop pro-social identity** through engaging in prosocial activities and with prosocial peers. Consideration of how to re-establish his connection with a sports team might help to widen his network. Engaging a reliable family member to support this. • Explore option of a mentor once EHCP is finalised. • Education to approach the Violence Reduction Unit to explore options for funding of some activities over the school summer holidays. • There were significant concerns shared about the relationship with his biological father. Urgent actions for social care to safeguard his partner and all children. • YJS to follow-up on previous requests for a fire-setting intervention and consider a formal assessment of risk of fire-setting. • YJS will explore options for bereavement counselling previously asked for by the child which will also demonstrate to him that he has been heard.
Outcomes What were the positive/negative outcomes that came from the child or young person's journey? Was the child or young person discharged, still receiving support, or were they referred elsewhere?	**Positive Outcomes:** • 12-month Referral Order successfully. Completed his Reparation hours by doing extra sessions and was keen to get them done before his order ended. • Valued his YJS workers support and gave them a picture that he had drawn to say thank you for their help during the final panel meeting which referenced a Reparation activity. Able to verbalise that he likes his mentor and education staff. • Responding well to the structure of school and mentoring sessions. Developing strong relationships with staff who provided a secure base through consistency, predictability, reliability and perseverance.

	• Educational engagement from part to full time provision and attainment; he completed catch up work from disrupted education. He progressed in English, maths and handwriting. • Demonstrating a commitment to his education; consistent attendance and engagement, travelling independently despite potential for local authority provided taxi and taking work home when unable to attend. • Excited about starting a vocational placement, in which he thrived and subsequently asked for more hours to gain a better qualification. • Talking about his future whereby he would previously shutdown any reference to it. Planning a career and realistically how to get there. • Enjoying the stability in his housing and expressing pride in his new home which he helped to improve through decorating etc. • Demonstrating a self-awareness regarding some of his difficulties and planning to overcome them. • Issues with medication have ceased and he is using it consistently. • He is not taking part in ASB and some evidence of him removing himself from the scene when others are involved. He is proud of this and himself. • Recognised that his anti-social friends are not good for him, actively seeks to avoid them and able to reflect resulting in much fewer concerns about peer groups. • Able to get on with a police officer despite previous distrust in the service suggesting a more balanced relational template and willingness to access services.
Evaluation What evidence is there that the service has made a difference to the child or young person and their parents or carers? You may wish to include: • Evidence of the impact of	At the end of ECM, the child was assessed as being securely in Level 5 on the TRM. They were able to reflect on themselves, their past behaviour and their peer group. They were planning for their future and had aspirations for a career and to travel. They were able to manage conflict and regulate their emotions. They were achieving in their education and motivated to be independent. They had a positive sense of identity and self-worth. 

the intervention (qualitative / quantitative data) • Individuals that have benefited • Details of changes (short term / long term) including child's behaviour. • Details of the benefits realised (Please attach any additional information you feel is relevant) • How did you address any challenges?	<table><tr><td>Review 4 03/06/24</td><td></td><td></td><td>✖</td><td></td><td></td><td></td><td></td></tr><tr><td>Review 5 08/08/24</td><td></td><td></td><td></td><td>✖</td><td></td><td></td><td></td></tr><tr><td>Review 6 14/10/24</td><td></td><td></td><td></td><td></td><td>✖</td><td></td><td></td></tr></table> The HoNOSCA is a recently developed measure of outcome for use in child and adolescent mental health services focusing on general health and social functioning. The measure is a 15 item questionnaire, to be completed by practitioners, to indicate the severity of each problem, on a scale of 0-4. • Pre-ECM the child's overall HONOSCA score was 31 • Post-ECM the child's overall HONOSCA score was 15. 
Learning Is there any learning that can be used to improve the children and young person's journey?	• As well as employing the principles of CPR within the school setting, the addition of 'persistence' despite some concerns that the education placement was unable to meet his educational needs due to his persistent lack of engagement and disruption to his own and others education and frequent incidents of dysregulation resulting in his parents having to collect him, was effective in demonstrating that he was held in positive regard, created a secure base from which he was willing to try and ultimately succeed in his education.

	• That identifying small markers of progress, for example attendance and apparent desire to be in school, were effective in motivating the network to keep trying to support him. • Evidence of the power of positive relationships to support trauma recovery and develop trust that can be transferred to a wider network. • Positive feedback, attunement, and inter-subjectivity have really helped to change their internal working model and self-awareness. • Creating a secure base with routine that meets their needs has enabled them to look ahead to a future and take steps towards their developing goals. • To always keep hope that things can get better.

The three case studies demonstrate the scope of ECM across YJS, the positive outcomes achieved for each CHILD including improved wellbeing and stability in education, and the barriers overcome within the professional network.

The ECM team have also gathered a range of feedback (N = 18) from professionals which further evidences the positive impact of the service on ways of working from September 2023 to October 2024, such as using the Trauma-Recovery Model (TRM), the opportunity and space for reflections and the format of ECM meetings:

What did you find most helpful about the meeting(s) you attended?
A psychological perspective...it just helps confirm what is happening and my direction and it helped me to separate my feelings and be able to go into the next session with a clear perspective and with an outcome in mind. Also to have some strategies to deal with the session if it was difficult.
Getting such an in-depth picture of the young person's trauma
The whole ECM process I have found to be incredibly useful and supportive in the way I work with the young people I am currently working with and are being discussed through the ECM process. Having the professional group together in a room (virtual) is incredibly useful in regard to sharing information and a joint understanding of the trauma that surrounds the young people.
Multi agency working, sharing of expertise, shared understanding of the child's trauma and working from this standpoint collectively

The range of professionals and the insight into the young person they can offer.
Reflective, safe space, which is trauma informed.
A joint understanding of the young person's trauma.
A chance to reflect
Having a regular time and space with the professional network to reflect on how we are working with the young person, making sense of his experiences and working out what to do next.
The extensive background information the ECM team put together and advice for working with YP
To be discuss progress and support of another student with professionals
A space to reflect on how we feel, and how the work we do impacts on us. A space to get together and listen to each other.
Safe, supportive place to be reflective on what is going on for the team and with individual cases. Helpful to hear others and offer and receive support and reassurance
Format
Getting all professionals together, hearing everyone's different views, experiences and suggestions, reflecting on the Trauma Recovery Model and agreeing actions to help support young person.
Understanding the full history of the child. Regular updates from professionals working directly and indirectly with the child.
A really good way to pull everything together
[Vicarious trauma training] How to manage secondary trauma and the readings that were provided gave clear insight on how self-disclosure can be a positive as well as a negative factor in building a relationship with young people

The team also asked for feedback (N = 10) from professionals around improvements or changes that could be considered for the service:

Was there anything you would like the ECM team to consider changing in the future for a similar session?
No - I need more of the same!

ECM cases to be seen by line managers as requiring more time and capacity within caseload. Panel members and line managers to complete ECM training in regards to contact writing. Resource pack to share with young person to explain the impact of trauma with minimal wording, potentially a video.
No considerations to make.
Diversity in terms of race and lived experience
The attendance of SEND colleagues if appropriate.
Nothing new at this stage.
I would appreciate a different format of the supervision you get as a worker. I didn't always feel like I was encouraged to reflect on my practice and the sessions were mainly discussions about the young person.
Maybe have it at lunchtime and suggest bringing a shared lunch, which may increase attendance.
Put at a day/time that is more accessible to more members of the team
If the child was willing to, ask them to attend the meeting to give their thoughts on the process. Or, ask them to pass on a written statement.

The team have also gathered more generalised feedback (N = 8) which evidences some of the impact the ECM team had:

Please share any additional comments or feedback. **Please do not include any personal identifying information.**
Honestly with some of the most challenging cases it makes a difference to have an ECM perspective and when things become a bit disheartening it is helpful to have a bigger picture in mind and strategies to manage the future sessions. The structure feels supportive for me as a worker. I hadn't thought to ask for help earlier than I did I waited for supervision as it was booked in but next time I will see if I can get an earlier slot. I asked for more supervision as at the moment it feels exceptionally challenging and for me the support and being held both in terms of support and structure are really key to enable me to continue.
The ECM process is a fantastic initiative and enables a real understanding of the young person being discussed.
Other agencies see the value in ECM and ask if cases can be considered which show the value professionals have on ECM.

The programme is well managed and delivered. The meetings allow professionals to share relevant information and give great detail into the young person's background and current difficulties. Their strengths are a key part of the discussions. Contextual safeguarding can be examined and safety fr the young person increased. The meetings are child centred and are aspirational in terms of educational outcomes and life enhancing opportunities. Positive actions close every meeting and these are completed and reviewed. Professionals benefit from the meetings as new options and strategies are discussed. These practices can be utilised to benefit other young people and to improve professionals capacities.
I think Caroline Mellon [ECM Senior Practitioner] is absolutely wonderful and so supportive, we are very lucky to have her!!
I found ECM support very helpful and it helped me to feel contained
I am very busy, and I can always find reasons not to attend, but I was glad that I found the time to attend, because I found it very helpful.
This trauma informed approach is very much child centred and works to improve outcomes for them. The professionals work closely together to share information and good practice. All sessions are reflective and are a positive environment in which to discuss what's going well and what needs looking at. All professionals opinions are valued and it is great to see collaborative working between different teams.

8. Avon and Somerset Young Victim's Service (YVS)

8.1 Aims, Objectives and Process

The Young Victim's Service (YVS) is commissioned across Avon and Somerset and the trauma-informed model has been included in the core of the service as well as all bids for funding extensions.

YVS is commissioned to support CYP who are victims of, or affected by, crime (a recorded police crime is not required), anti-social behaviour and domestic abuse. Support is delivered through a trauma-informed lens and approach to enable recovery. YVS is managed by the North Somerset Youth Justice and Prevention Service Service, with oversight from the North Somerset Youth Justice Management Board.

Key objectives include ensuring the CYP voice is heard, and that they are involved within the processes relating to decisions made about them and their families. Including through criminal justice processes, within children social care proceedings and with CAFCASS and the family court.

YVS work with CYP up to the age of 25 years old if they have additional needs and would benefit from a CYP service, the aim is to not have a rigid referral criteria thus increasing access to appropriate support. The vision is to secure recovery and resilience and a range of positive outcomes affected by the above; and is also informed by the knowledge that those who experience victimisation are at a higher statistical likelihood of exhibiting the same behaviours if not addressed, whilst also being at increased risk of detrimental long term physical health, mental health and emotional wellbeing, in addition to impact on socio-economic outcomes.

The Young Victims Service receive referrals from a range of sources, including professionals, parents / carers, self-referrals, and education providers. YVS offers person-centred, one-to-one support for CYP, a combination of joint and individual sessions are offered to siblings, where this is assessed as appropriate and can be a useful aid for

strengthening sibling relationships, and encourages strategies to be practiced following YVS support. Initial sessions are usually at home, with parent/carer input and subsequent support within their school environment or in safe community spaces or the outdoors. Advocates are broad in their approaches to engaging CYP through bespoke, individual support plans. YVS use evidence based appropriate interventions, such as:

- Therapeutic play (i.e. Lego therapy, using kinetic sand, toys)
- Arts & crafts
- Trauma informed card games (i.e. Therapeutic Treasure Deck, Dr Karen Treisman)
- Healing Together – Trauma informed programme for children affected by DA or experiencing anxiety (https://www.innovatingmindscic.com/)
- Practicing emotional regulation techniques
- Safety planning and advice

YVS work has a relational focus. This ~~also~~ includes being flexible in the methods of contacting and supporting CYP, such as in-person support at locations agreed with CYP across the community as well as phone, text, email and video-call support.

Reviews are conducted session by session, with reference back to an initial agreement made with each CYP, to ensure meeting goals of YP and check-in on how clients are managing emotional wellbeing, socialising and recovery. For example, YVS can adapt sessions following regular reviews of needs and include creative engagement methods such as play through the trauma-informed approach.

8.2 Progress & Collaborations

YVS have focused on reviewing and adapting the referral process for CYP and management of the demands of referrals through a trauma-informed lens. The team reviewed their processes following the November 2023 trauma-informed workshop, hosted by FCAMHS, and found that the referral and allocation process needed improvement to be more trauma informed. In response to this, YVS changed their processes, particularly with the efforts made to engage with children and young people who may experience barriers to accessing

services. The team feels better positioned and confident in supporting CYP who are waiting for support and may struggle to engage with other services.

YVS have also engaged with the SOTICS pathway around understanding and training around the ECM model and formulation plans – learning from which has been embedded across the wider team, with the use of the trauma-recovery model being incorporated into assessment processes and in supervision and reflective practice. YVS's role with CYP often includes advocating for CYP needs, such as school placements and steering schools to be more trauma-informed with their response to CYP.

YVS have used the formulation plan model to identify where each CYP may be within the trauma-recovery model, their past experiences and what CYP are currently experiencing to give more well-rounded and person-centred support. This has also supported the way in which YVS feel they can communicate with other professionals, using these models to frame trauma-informed work, increasing staff confidence to unpack trauma with CYP by looking at each CYP's feelings and behaviours and being able to recognise the symptoms of trauma and coping mechanisms in an in-direct way to support CYP.

YVS have also worked on ensuring a measure of CYP wellbeing is embedded into the service. YVS have created two assessments, one aimed at younger children, and one aimed at older children with differing presentations and language. This is a positive development in ensuring the Framework for Integrated Care outcomes are met, with a focus on improving CYP wellbeing. The assessments also ask for input from parents/carers which is useful for YVS to understand each CYP and their risks as well as ensuring a transparent process where parents/carers also feel involved and heard.

8.3 Trauma-Informed Progress

As a team, YVS have used the trauma-informed action plan, designed in the FCAMHS November 2023 workshop, to guide service development. This includes embedding the trauma-informed action plan into weekly team meetings as a standing agenda, to reflect on developments as well as keeping the trauma-informed work as a priority in day-to-day work. This is a positive reflection on the benefit of the BNSSG Vanguard programme and

how trauma-informed approaches have developed. YVS has also used the Trauma-Informed Practice Framework (2024) to help identify and frame manageable actions into the service to become more trauma-informed. The YVS team previously identified themselves as a trauma-informed team and now feel they are moving into being trauma-responsive through the last years developments, focused on creating a safe environment for the team to have difficult conversations, ensuring adequate support for staff and CYP and a focus on honesty and transparency for strengths and barriers of the YVS service, including reviewing current work practices and embedding reflective practice. YVS have embedded reflective practice into their approach to working, to enable a focus on service delivery as well as staff wellbeing and exposure to vicarious trauma. By having dedicated time to reflect and analyse their actions, decisions and learning, -the team have created a psychologically safe space within team meetings to facilitate honest reflection and to develop and deliver better person-centred and trauma-responsive approaches,ensuring a service that focuses on CYP wellbeing and recovery.

8.4 Sustainability plans

In terms of ongoing work, YVS have confirmation of funding from the MOJ via the OPCC to enable the continuation of support offered to children affected by online harm. This is VAWG funding and will be specifically for children harmed by online grooming and exploitation.

YVS are currently funded to support children affected by domestic abuse in North Somerset, via North Somerset DA Partnership Board, with this funding ending at the end of 2024/25. Funding for this work 25/26 is yet to be confirmed, however YVS are working with North Somerset Council to ensure that YVS is considered for this funding to be continued, this will be confirmed Q4 24/25.

The current YVS contract for funding for children as victims of crime and anti-social behaviour is ending 24/25, confirmation for the new contract arrangements will be made public early in Q4. YVS are intending to apply for funding from the Youth Endowment Fund,

with the intention to offer support to children as victims of exploitation. This is an open call for applications, our intention is to submit an initial application in Q4 24/25.

8.5 YVS Outcomes

As of January 2025 (10/01/2025), YVS have received 433 total referrals, rejecting only 8 in total. Referrals to YVS have come from across sectors including education, police and youth justice, social services, direct referrals from parents/carers and other voluntary organisations. The majority of referrals have originated from North Somerset (216/433) followed by Bristol (176/433), South Gloucestershire (40/433) and one referral with an unrecorded locality. In terms of demographics of YVS referrals, the majority of referrals were White British children, with the gender split for referrals ~~is~~ fairly even.

The YVS team have focused on CYP outcomes, using both the NHS national reporting dataset for the Vanguard as well as using internal measures for CYP outcomes. YVS uses their assessment form to guide service provisions for CYP based on need and well-being. YVS have embedded this assessment as a pre-intervention measure and post-intervention measure, Wellbeing is measured in the assessment using a Likert scale, to identify where CYP are sitting within their own wellbeing, e.g., asking CYP to record their happiness, physical health, safety at home and regularity and sleep on a scale of 1-5.

This scale also includes a measure for parents/carers to report their insights, again both pre-intervention and post-intervention, with the following questions:

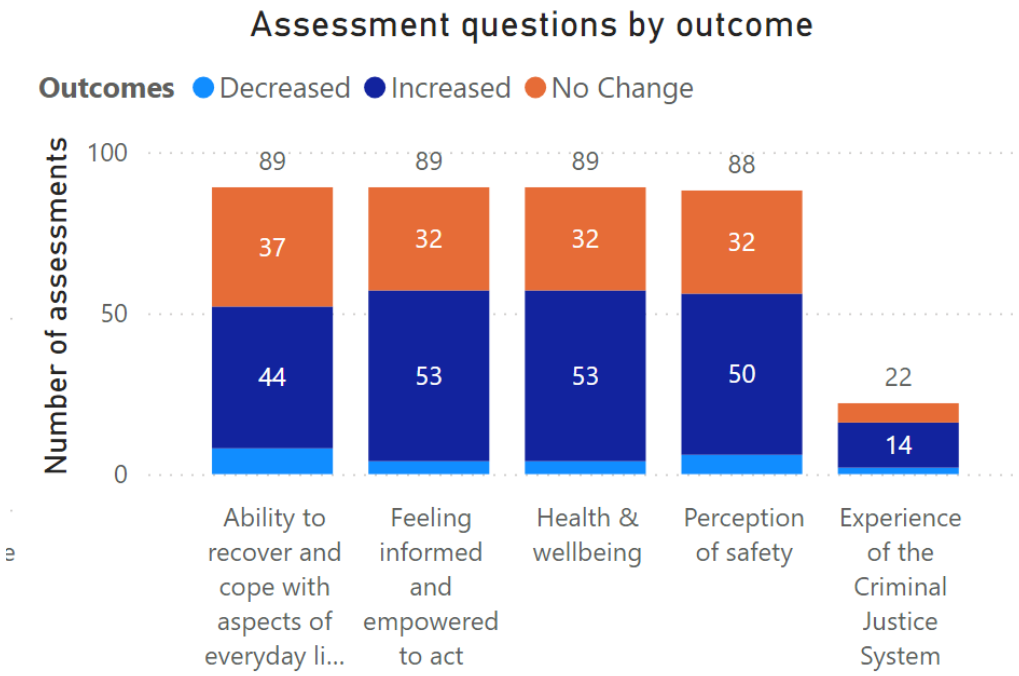
1. Do you feel like you understand what the Police are currently doing with regards to the case?
2. Do you know where you can access further support for your child if you need it?

This gives the YVS staff a well-rounded view of each CYP and ensures parents/carers are also involved in the process and their voices are heard as well as ensuring adequate and appropriate support is in place. Using this assessment for wellbeing, YVS are able to collate CYP outcome data. YVS outcomes are measured against the following outcome measures:

- Ability to recover and cope with aspects of everyday life,

- Perceptions of safety,
- Health & well-being,
- Feeling informed and empowered to act.

Figure 8.1 YVS Internal Monitoring Assessment Outcomes



End assessment scores may show no change or no improvement according to the assessment used, this is attributed to further disclosures or incidents occurring during support, with these CYP then referred on to specialist or statutory services for longer term interventions.

8.6 Cost-Benefit Analysis

The national dataset outcomes categories are not relevant to the YVS pathway activity, and therefore the picture of improvements to antisocial and offending behaviour, or school exclusion is not clear. Therefore the method of cost-benefit analysis applied to other pathways is not possible. However, there are some indications that the majority CYP

engaging with YVS saw some improvement across the YVS internal monitoring data (see Figure 8.1 above).

If we take the 89 CYP sampled by YVS and apply the economic model to the data we find that 53 of the 89 CYP (60%) reported improved health and wellbeing. If fifty-three of the cohort did not require CYP community health care, this would represent a potential saving of £106,954 (53 x £2,018).

Cost-benefit analyses will frequently reduce the saving by 50% (attribution rate) to acknowledge the potential for other factors to contribute to the outcomes. Therefore, a more conservative assessment of cost-benefit just in relation to mental health of CYP engaged with YVS may be £53, 477. If factoring in the cost of subsequent exclusions, problematic drug use and offending behaviour that is common amongst young victims, then the likely cost savings indicated by the internal data are likely to be significantly higher.

8.7 Case Studies

Alongside this data, YVS have also collated a number of case studies to demonstrate the effective outcomes of interventions and support for CYP including the assessment scores pre-intervention and post-intervention:

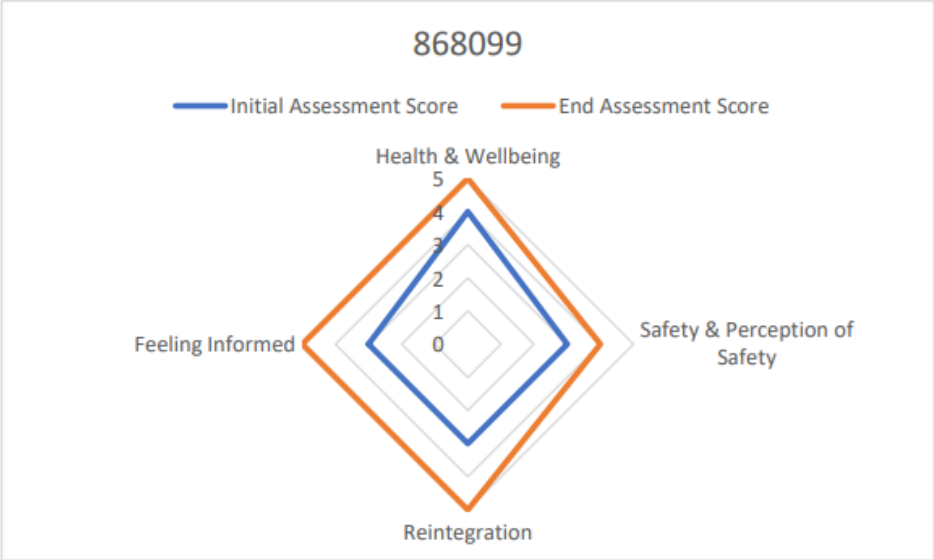
YVS Case Study One	
Year & Quarter case study written: E.g. 2019 Q4	2023 Q3
Incident offence young person was referred in for:	Children were referred to YVS by the Lighthouse safeguarding unit, mum had contacted the police regarding threats from dad. Children exposed to domestic abuse whilst parents were together and are continuing to be affected. Parents are divorced but there is ongoing tension between them, and these are escalating, due to the children refusing to visit Dad. Both children are affected by the whole situation.
No. of sessions:	8
Length of engagement:	6 months

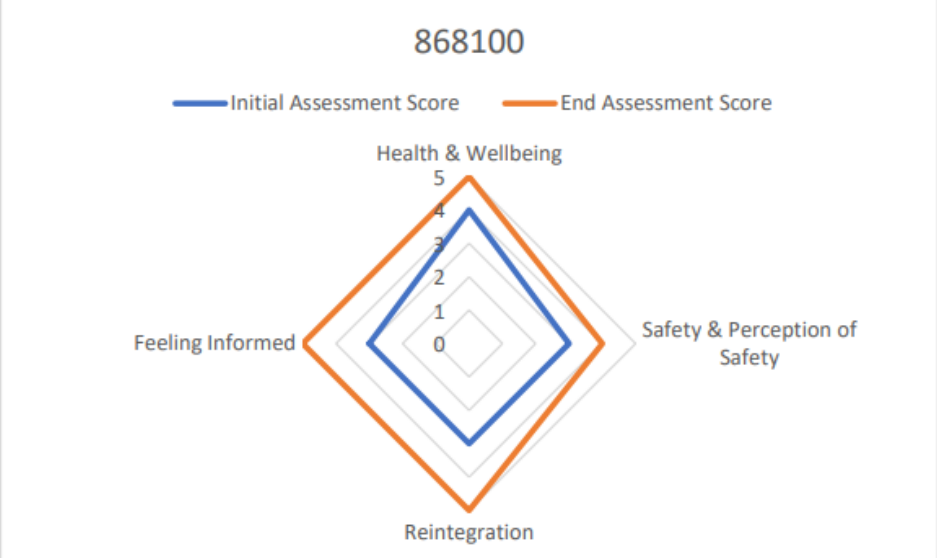
Age of young person:	Verity is 6yrs old; Ciaran is 10yrs old (pseudonyms)
Overview of Issue leading to referral:	Mum has been experiencing difficulties managing contact with her ex-husband for several years, from the time of the relationship ending. This is now escalating as children are expressing their opinion and openly admitting they don't want to go and visit Dad. Children were not able to open up about how they are feeling, or communicate with either parent, but are clearly affected by the whole situation.
Assessment information from initial visit e.g. Family situation, additional concerns identified.	Mum declined a home visit initially, mum had concerns that the children would associate their experiences to trauma, and this could be harmful for them. Mum wanted contact with the children only at school so they would think I was part of the school and not an outside agency. Ciaran was clear that he likes seeing his dad, Verity was not sure, she expressed concerns about her dad's partner who she said sometimes isn't nice, and Verity misses her mum when she is away. Both children were happy to agree to further sessions with me.
YVS support goals as identified after assessment:	Verity and Ciaran to be able to identify and name their difficult feelings. For Verity and Ciaran to be able to open up to trusted adults when needed. Support consisted of playing, using kinetic sand, blob figures, Karen Treisman feelings cards, colouring. Able to utilise a sensory room at the school – encouraging children to engage with their senses and enhance their abilities to self-regulate emotions.
Complications or barriers experienced:	Relationship between mum and myself was initially challenging, I was concerned

	this could be a barrier to my working with the children. However, this was discussed at length in supervision, reflecting on my presentation and approach and improving understanding of mum's experiences of trauma and her anxieties. These barriers and challenges were addressed successfully.
What other agencies did you engage/ liaise with?	Children Services Family Wellbeing Support Worker CAMHS CAFCASS – Family Court Advisor
Outcome:	Positive, trusting relationship between me and the children. Both children have engaged well, and they were able to express their thoughts and feelings.
Learning and reflections for the Advocate and/ or the service:	I was concerned that I would not be able to work with the children in a constructive way, whilst managing mum's expectations. Clear boundaries and understanding with parents about what support will look like, why I am working in this way. To reassure parents that I can be trusted to work with their children, without the need for them to be overly involved. Working with parental anxiety is key to being able to support children. Supporting parent to understand that if they show their feelings to the children in a healthy way this helps them to understand.
Client feedback:	Email from mum following support: *'I'd like to thank you all, and especially Bea, for the support you've provided my children. The children really bonded with Bea from the first session and loved their time with her. They were super excited each time I told them they'd be seeing her that day. While their sessions have*

	remained (as they should) private between the children and Bea, I've seen the benefit they've gained from her support. Both children are more forward in discussing their emotions or actually saying when they aren't happy with something, which is a huge forward step. I've even noticed this in their interactions with each other. My son has become more confident and it's wonderful to see. He's putting himself forward for school council and has written a speech - this is huge for him. The coping/breathing exercises Bea has shared with the children have really helped, as has having someone unconnected with family and school to just 'be themselves' with. Bea also talked with the school to ensure the children have support going forward. I'm so grateful for your help, Bea is wonderful. Thank you'
If this is an on-going case, what are the next steps? What further actions are required?	Support completed. Family aware they can self-refer in the future if needed.

Assessment Outcome Scores





YVS Case Study Two	
Year & Quarter case study written: E.g. 2019 Q4	2023 Q3
Incident offence young person was referred in for:	Domestic abuse in family home.

YVS support goals as identified after assessment:	Managing feelings about parents separating Support through family court process Managing harmful thoughts Building self esteem
No. of sessions:	46
Length of engagement:	2 years
Age of young person:	15 years old
Overview of Issue leading to referral:	Domestic abuse in the family home leading to dad leaving the family home.
Assessment information from initial visit e.g. Family situation, additional concerns identified.	Jenny (pseudonym) witnessed many times when dad had been verbally aggressive in the family home and at times worried for her mum and her sister's safety. Since he has left the home, Jenny sees him every other weekend with a day in the week. Holidays have also been included in the initial arrangements. This cause Jenny stress as at times dad cannot manage his behaviours when she is with him and this causes Jenny to become fearful of him.
What support was offered by the Advocate?	Healing together programme Mental health support Supporting wishes and feelings
Complications or barriers experienced:	Jenny feels guilty and worried about seeing her dad, her reason for going is to keep her sister safe. Jenny carries a lot of guilt. Self-harm thoughts and actions.
What other agencies did you engage/ liaise with?	School Well Spring Counselling Services CAFCASS
Outcome:	Jenny has worked incredibly hard to manage her mental health. She has had to make some tough decisions in regard to seeing her dad. She has chosen to stop seeing him. By doing this it has had a positive impact on her mental health. We have worked really hard in improving her self-esteem.

	Jenny has seen herself as a bad person and thinks that is what people think of her, we have done lots of work around this and Jenny has reflected and understands and almost believes that she is not a bad person. Jenny is at a place where her exams are coming up and this added pressure is impacting on her ability to be positive.
Learning and reflections for the Advocate and/ or the service:	Effects of domestic abuse impact greatly on mental health on young people and the importance of rebuilding their self-esteem is hugely important. Also important to engage with mental health services to support young people.
Client feedback:	*'You have been amazing and supported me all through this tuff time'*
If this is an on-going case, what are the next steps? What further actions are required?	Closed to YVS.

These case studies demonstrate the effective work of the YVS team, supporting and improving the well-being of three individual CYP. Both case studies demonstrate the scope

of work YVS may undertake with CYP to support individual needs and traumas experienced. Both case studies demonstrate an increase in positive outcomes across the 5 domains: health and wellbeing, safety and perception of safety, feeling informed, re-integration and experiences of services, including feedback from CYP and parent.

9.Youth Liaison and Diversion (Avon and Wiltshire Mental Health Partnership)

9.1 Aims, Objectives & Processes

The Youth Liaison and Diversion (YLaDS) as part of the BNSSG Vanguard provides opportunity to provide early-intervention for identified CYP who come into contact with the criminal justice system (CJS) and have vulnerabilities and unmet needs through the Avon & Wiltshire Mental Health Partnership, including:

- Mental health
- Learning disabilities
- Autism spectrum disorder and neurodiversity
- Substance misuse
- Brain injuries

The Youth Liaison and Diversion team provide support to CYP identified by the police as being under suspicion for committing a low-level minor offence or anti-social behaviour and is set up to identify individuals needs so onward referrals to appropriate and specific interventions or treatments can be put in place, such as to other community-based organisations or CAMHS.

They receive a vulnerability screening and assessment in the community to enable onward signposting to relevant services. This service is positioned as an assessment and referral service, to identify the unmet needs of CYP within the local area and refer to appropriate services for early intervention support. Some examples of possible onward referrals are:

Off the Record	Time2Share
Young Victim's Service (YVS)	Creative Youth Network
Princes Trust	Vitaminds
16:25 Independent People	Social Care (Local Authority)
Bristol Drugs Project (BDP)	Winston's Wish Bereavement Support

9.2 Progress & Collaborations

The team have seen a continued high level of referrals, due to now having in place automatic referrals in place for all voluntary police attendees, e.g., CYP who may voluntarily attend a police station for an interview, following an incident. Having this system in place with the local police force (Avon and Somerset Police) is beneficial as it ensures all CYP who may be coming into contact with the criminal justice system will have an offer of support and intervention, offering a more trauma-informed response to children at risk.

The YLaDS team have also been attending police briefings as part of raising awareness of the service and to increase referrals. This has allowed for the relationship between the service and the police to grow and be more collaborative, resulting in an increase in direct referrals.

Youth Liaison and Diversion have engaged with Barnardo's HYPE to re-design information leaflets and letters to ensure CYP have an accessible way of understanding the service and to obtain informed consent. Information has been presented with more approachable language and to ensure a trauma-informed service delivery.

9.3 Trauma-Informed Progress

The YLaDS team have identified themselves as trauma-informed following developments in the service provision and ensuring thorough assessments to establish CYP needs and risks as well as ensuring information is presented to CYP in the most appropriate and accessible format. Though the team has experienced some barriers in amending assessment forms and risk assessments due to internal policies, they are working together within the partnership and alongside Barnardo's HYPE to see how actions can be taken to have more trauma-informed paperwork and processes within the service.

Youth Liaison & Diversion (YLADS) Trauma Informed Action Plan		
Broad Action in Pursuit of TiP	Specific Actions	Update January 2025

YL&D co-production with HYPE	• YL&D to engage with peer support team (Barnardo's HYPE) to support resources for CYP including leaflet and feedback forms to gain lived experience insight	Completed
Streamline process within Schools	• YL&D to work with schools to ensure safe spaces for engagement with CYP including resources such as 'Do Not Disturb' signs for doors in schools to improve confidentiality	Completed
Improve accessibility of information for CYP	• YL&D to work with partner schools to ensure CYP are aware of upcoming appointments (no surprises) by: • Confirming CYP has spoken with YL&D and is aware of upcoming appointments/support • Ensuring leaflets are within all schools for raising awareness • Email contact with schools to confirm appointments and to provide reminders (e.g. week of appointment, day of appointment) to streamline process	Completed
Improve accessibility of referrals and obtaining consent	• Referral form to be amended to include contact details for **both** parent/carers of CYP and CYP to ensure consent can be gained effectively and appropriately	Completed
YL&D and HYPE consultancy for trauma-informed statement	• YL&D to engage with HYPE for consultation support on curating an opt-in letter for CYP and curation of a trauma-informed statement to be read/completed with CYP during first session	Completed
Exploration of funding	• Explore extra Vanguard funding for increased resources	Completed
Leaflet delivery	• Ensure leaflet is available to CYP and parents/carers when YL&D approach families following referrals	Completed

Improve processes of obtaining informed consent for CYP	• YL&D to take time to assess process of obtaining informed consent from CYP to ensure a trauma-informed approach	On-going
Improved accessibility of all resources	• YL&D to ensure consent forms, referrals forms, etc, are easy to read in terms of language and presentation to ensure forms are accessible and trauma-informed	Completed
Avoidance of re-traumatisation	• YL&D to focus on mapping CYP trauma ahead of initial assessments, to ensure a good understanding of the experiences of CYP and to avoid CYP having to re-tell their trauma/experiences	Completed
Curation of opt-in letter	• YL&D to curate an opt-in letter, targeted at CYP, to ensure service is presented in an effective, accessible and safe way	Completed
Improved feedback	• YL&D to add QR code to all workers email signatures, to increase opportunities for gaining feedback on progress of CYP, outcomes and onward referral updates	On-going
Building on BNSSG network	• YL&D to build relationships with partner Vanguard services and other partner agencies working with CYP including onward referral options	Completed
YL&D Policy	• YL&D to ensure trauma-informed approaches are reflected in the service policies	Unable to completed
Improved service provision	• HYPE consultation support on how to improve overall service for CYP through lived experience voice	Completed

9.4 Sustainability Plans

Advice and Support in Custody and Court (ASCC) within AWP have successfully won the retender of the service and YLADs will be integrating back into the team from April 2025. The team are currently a staff member down which means the service is running with only one full time post instead of 1.5. New posts will be recruited to once YLADs moves over to the new contract under ASCC team.

9.5 YLaDS Outcomes

As of January 2025 (10/01/25), the Youth Liaison and Diversion team have received 479 total referrals, rejecting 217 referrals. Referrals for the YLaDS team come directly from police and youth justice and in terms of locality, the majority of referrals have come from Bristol (253/479) followed by South Gloucestershire (111/479), North Somerset (110/479), BaNES (1/479) with 4 referrals unrecorded in locality.

In terms of demographics, the majority of recorded ethnicity was White British (83/479) and majority of referrals were for male CYP. The recorded ethnicity for a large number of referrals (375) was absent so this cannot be reported. A smaller number of referrals were recorded as Black (6), Asian (3) and Mixed (12). In terms of assessment need, the highest recorded need for CYP was attentional, concentration and/or hyperactivity difficulties, followed by anxiety or worry; low mood or depression; mood swings; hallucinations; relationship difficulties; social communication difficulties, and speech and language communication difficulties.

9.6 Cost-Benefit Analysis

In order to enable the cost-benefit analysis, a sample of referrals during the period from Quarter 1 to Quarter 4 in 2023-24 were followed up (n=61). This sample was derived from those participants assessed and accepted between Q1 and Q4 2023-24, and with at least two complete data set returns.

Of the twenty referrals in the sample, 50 were male and 11 were female. One of the sample was in care, six had a previous or current Child Protection Plan, and six were under a Child in Need Plan. There was accommodation data available for all of these CYP, and 58 were living with their parents during the intervention. Two CYP were living with other family members, and 1 was unrecorded. Fifty-six CYP had previous or current contact with either the police or youth offending team, or both.

Over the course of the selected twelve month time period, eighteen CYP (29%) were assessed to have reduced either the frequency and/or severity of high risk behaviours, or reduced offending behaviour.

If all referrals were engaged in....	
- a recorded antisocial behaviour incident the cost would amount to: £47,580 (61 x 780)	...but if the intervention resulted in a 29% reduction in antisocial behaviour incidents, **the saving would be: £13,798**
- a recorded youth offending incident the cost would amount to: £253,211 (61 x 4151)	...but if the intervention resulted in a 29% reduction in youth offending incidents, **the saving would be: £73,431**
- a conviction the cost would amount to: £360,022 (61 x 5902)	...but if the intervention resulted in a 29% reduction in convictions, **the saving would be: £104,406**

Over the course of the intervention seven (11%) of the CYP working with YLADS were assessed as having improved their educational status.

If all referrals (n=61)....	
- were permanently excluded the cost would amount to: £807,030 (61 x 13,230)	...but if the intervention resulted in a 11% reduction in permanent exclusions, **the saving would be: £88,773**
- required alternative provision the cost would amount to: £1,390,800 (61 x 22,800)	...but if the intervention resulted in a 11% reduction in alternative provision, **the saving would be: £125,378**

A more parsimonious approach to the cost-benefit analysis recognises that, although the entire sample is consider at-risk of negative outcomes, it is likely that only a sub-sample will have their long-term prospects impacted due to exclusion. With that in mind, the analysis tracked the fifty-six CYP who had previous contact with the police or YOT. Of these, 15 had reduced the frequency or severity of their risk-taking or offending behaviour.

If fifty-six referrals were engaged in….	
- a recorded antisocial behaviour incident the cost would amount to: £43,680 (56 x 780)	…but if the intervention resulted in a 27% reduction in antisocial behaviour incidents, **the saving would be: £11,794**
- a recorded youth offending incident the cost would amount to: £232,456 (56 x 4151)	…but if the intervention resulted in a 27% reduction in youth offending incidents, **the saving would be: £62,763**
- a conviction the cost would amount to: £330,512 (56 x 5902)	…but if the intervention resulted in a 27% reduction in convictions, **the saving would be: £89,238**

The analysis tracked only the eight CYP clients who had already been excluded or were missing from school. Two of these CYP (25%) were assessed to have improved educational stability during the intervention

If eight referrals….	
- were permanently excluded the cost would amount to: £105,840 (8 x 13,230)	…but if the intervention resulted in a 25% reduction in permanent exclusions, **the saving would be: £26,460**
- required alternative provision the cost would amount to: £182,400 (8 x 22,800)	…but if the intervention resulted in a 25% reduction in alternative provision, **the saving would be: £45,600**

Finally, a Specific objective of YLaD is the improvement of CYP mental health. Nine of the cohort (15%) were reported to have experienced improved mental health and wellbeing. If

nine of the cohort did not require CYP community health care, this would represent a potential saving of £18,162 (9 x £2,018).

Cost-benefit analyses will frequently reduce the saving by 50% (attribution rate) to acknowledge the potential for other factors to contribute to the outcomes. Therefore, a more conservative assessment of cost-benefit may be as follows:

Outcome	**Cost saving**	
Reduced Antisocial Behaviour	11,794 /2 =	£5867
Reduced Youth Offending	£62,763 /2 =	£31,382
Reduced Convictions	£89,238 /2 =	£44,619
Reduced permanent exclusions	£26,460 /2 =	£13,230
Reduced requirement for alternative provision	£45,600 /2 =	£22,800
Reduced Community Mental Health	£18,162 / 2 =	£9,081
Potential Total Cost Saving: £126,979		

9.6 Case Studies

The nature of the YLaD work and potential outcomes are illustrated in the case studies presented below.

Youth Liaison & Diversion Case Study One	
Background	YP A: 13yr old male, recent contact with the police for domestic violence against his mother and criminal damage to property. History: Diagnosis ADHD, global developmental delay and complex learning disabilities, open but not active to paediatricians, not currently taking medication for ADHD. Educational Health Care Plan (EHCP) in place for social communication difficulties, attending alternative provision within mainstream school. Open to strengthening families and allocated a Youth drugs worker.

	Known ACES/Trauma: Parental separation, exposure to domestic Violence
Referral	Direct referral from PCSO following above attendance for alleged offence of domestic violence. No further police action or charge, victim refused to file a statement. Concerns raised from police/referrer. Mum struggling to cope with behavioural issues. Significant concerns around safety; including YP A accessing local community early mornings and evening without mum knowing where he is, mixing with young people known to the CJS. Smoking tobacco and cannabis use, unsure how YP A is funding this. Risk of CCE. Poor school attendance refusing to go to school. Mum not able to implement effective boundaries Aim of referral to identify unmet needs, prevent further contact with the criminal justice service and improve living conditions/emotional health.
Assessment	Vulnerable young man with significant expressive and receptive language difficulties and global developmental delay. Family in crisis, high risk of family placement breakdown. Risks identified including, significant concerns CCE, escalating challenging behaviours and drug use. Risk of harm to mother and sibling from DV. Not currently accessing education, school refusal. Education provider felt unable to meet current needs of the young person. Assessment tools used: RCADS

	Formulation: 13-year-old boy with complex learning difficulties and social and communication difficulties, at risk of family and educational breakdown due to increasing aggressive and behaviour problems. A has significant expressive and receptive speech and language difficulties which impacted his social interactions and emotional development placing him at increased risk of criminal exploitation and social isolation. Specific challenges in recognising and managing different emotions. Difficulties coping with emotions safely without causing harm to self or others. Challenges with maintaining healthy friendships and other relationships. Both YP A and his mum identified significant concerns regarding emotional regulation, behaviour and impulsivity. YP A had been reluctant to take his ADHD medication which was likely impacting these areas significantly. YP A seemed unable to recognise or verbalised his mood or emotions but generally appeared flat and lacking motivation, he didn't appear to fully grasp the seriousness of the situation or potential risk to him or others. Although there was evidence that YP A's behavioural issues had been ongoing for some time there were significant changes noted; he was no longer accessing education use of illicit drugs, behaviours had become more verbally and physically aggressive, including DV and destruction of property leading to police contact. Mum expressed that she was increasingly struggling to manage YP A's behaviour and did not feel she was able to keep her younger daughter safe, she was considering asking for YP A

	to be moved into care in an attempt to prevent further emotional damage and keep all parties safe.
Intervention	Immediate response to address risk: Liaison with social care outlining current situation and concerns. Request made to escalate allocation to learning disability social work services. Family referral to lighthouse a domestic violence support service Further actions: Liaison with paediatrician, update on current presentation and increased risk. Plan formulated in conjunction with family, social care, paediatrician and school. Emergency consultation arranged with paediatrician the following week. Team Around the Child meeting arranged and request made for school to facilitate urgent EHCP review as the education, health, social care provision in the plan was no longer meeting YP A's needs. EHCP meeting/TAC: Meeting held at school: Present Mum, YLADS, allocated social worker and support worker, SEN Assessment Coordinator, school SENCO lead, support worker from young person's drugs service. All agreed that current ECHP and education provision was unable to meet the complex needs of YP A to enable him to meet his long term outcomes. Mum and professionals present were in support of a request for residential educational placement. It was felt that YP A's EHCP accurately described health and social communication difficulties, but exploration of specific ASD diagnosis may be required in order to support specialist education provision. Mum and school identified as best placed to discuss

	outcomes of meeting with YP A, with opportunity to discuss with young people drug's support worker.
Outcomes	YP A and his family were allocated a disability social worker, through this they were offered a support worker to support mum with parenting skills. YP A's younger sibling was provided with play therapy to help with the emotional impact. YP A's paediatrician started a trial of ADHD medication. A diagnosis of ASD was confirmed, to assist with identifying the most appropriate placement. YP A's EHCP was reviewed and updated. Application for residential placement that would meet YP A's needs was made and accepted. Alternative education provision was offered to YP A whilst a more suitable placement was identified. As an assessment and signposting service, YLADS discharged the young person following the request for residential placement being made. YP A had a lead health and social care professional involved, with an appropriate support package in place. Positives: Professionals were quick to offer support whilst the family were in crisis. Initial discussions and meetings were acted on in a timely manner. Positive decisions were made to improve the long term outcomes for YP A and reduce the risk to himself and others. There was an improvement with the number of contacts with police. Negatives: The longer term outcomes of accessing a suitable residential educational placement could not be achieved within a short time scale. Although enhanced support was put into place whilst waiting for a placement there

	were some further incidents of DV resulting in contact with the CJS.
Evaluation	YLADS provide a flexible, tailored approach to the needs and difficulties of the young people referred to our service. YP A has a history of struggling to engage with professionals; by taking an individualised approached we were able to engage YP A in a 'reachable moment, improving choice and control and offering assessment at a critical time between arrest and intervention being offered. There is compelling evidence that shows us that if we intervene earlier with vulnerable children, then their likelihood of committing an offence is much lower (GOV.UK, 2023). Andy Ross et al 2011, suggests there are two main ways in which interventions can prevent the development of patterns of offending behaviour. The first addresses the risk factors that have been shown to predict later offending and antisocial behaviour. We are grounded in the understanding that trauma exposure can impact individual's development and seek to explore beyond the presenting behaviours to identify the trauma related difficulties and refer on to suitable services which can support this need. The second is by reinforcing protective factors that have been demonstrated to safeguard young people against criminal engagement. Our individualised risk assessment takes into account factors that mitigate risks as well as those that might increase it. By exploring the strengths and difficulties of the young person together, we were able to capture YP A's voice and increase his choice and control which enabled us to improve our safeguarding response in collaboration with other professionals.

	Improvements were observed in relation to engagement with education and family relations. YP A had started to attend education through LPW, the relationship between himself and his mother had become less strained. Alongside the improvement in living conditions, increased parental boundaries & emotional wellbeing there were notably less frequent contacts with the police. Family functioning and problems in the family home can have a significant impact on whether a young person is involved in crime and anti-social behaviour. (Farrington, 2006). Overall, we felt that we were central in bringing together the professionals involved in YP A's care to effectively provide the appropriate support to address the families' issues, with a strong focus on promoting wellbeing, social inclusion, building family resilience and providing access to suitable services.
Learning	Although several steps were made to capture the voice of the child during, he assessment process, on reflection there were times where opportunities were missed for YP A's voice to be listened to. There could have been further consideration for YP A to be more involved in the EHCP meeting, his thoughts and views could have been fed back to the MDT in order for a decision to be made based on best interests with emphasis on A's views.

Youth Liaison & Diversion Case Study Two	
Background	YP is a 14 yr old female, whom lives with dad who has his own physical health conditions. YP only occasionally sees mum. YP witnessed domestic violence in

	the household at a young age between her parents (prior to their separation). YP also witnessed further domestic violence between her mother and their new partner. Reports having a good relationship with dad and grandmother whom YP reports going to visit on occasion. No health concerns known to affect the YP. First time involvement with police for racially aggravated abuse.
Referral	YP was initially an automatic referral through the overnight list for voluntary attendee's. She was offered an assessment via letter but there was no response from the YP or her parent or guardians. YP was further referred 4 weeks later through the out of court panel by her Bristol Youth Justice Worker. YP is currently awaiting assessment for ADHD, didn't meet CAMHs threshold. Aim of referral to identify unmet needs, prevent further contact with the criminal justice service and improve living conditions/emotional health.
Assessment	YP is a 14 year old girl with a history of trauma in the aspect of witnessing DV in the household between her parents, parental separation and further witnessing of DV between her mother and their partner. She has come to police attention following an alleged incident of racially aggravated abuse which has since been NFA'd, she is currently working with the Turnaround Project. YP appears to have difficulties regulating negative emotions which leads to her self-harming in order to regulate these, she has previously had anger management concerns but has been addressing this with school pastoral support. She is currently Awaiting an assessment for ADHD. Following our time with YP we identified that she is interested

	in receiving mentorship (possibly with a female), support around self-harm and she is interested in social prescribing. ASCC planned to refer to the following services with YPs consent. YPs youth support worker was present during the assessment and was informed of the assessment formulation and plan with the consent of the YP.
Intervention	Formulation of assessment shared with the YP's GP and Youth support worker who is already supporting the YP. Onward referrals to the following services: 1) Creative youth network for support with self-harm 2) Empire Fighting Chance for mentorship that is combined with sports 3) Social Prescribing with the intent on exploring horse riding or football as an option as these areas are identified subjects of interest and strengths for the YP.
Outcomes	YP was referred and referrals accepted to Creative Youth Network, Empire Fighting Chance and Social Prescribing. YLADS discharged the YP following confirmation that referrals had been accepted by services/initial contact made. Positives: YLADS were able to make onward referrals to services which were chosen to compliment the YPs strengths that were identified in assessment and were able to tailor the interventions to the areas identified by the YP that they wished to access support for. YP was supported in attending assessment with support worker already supporting them enabling a multidisciplinary approach. YP able to choose where, when and who was at assessment. YP engaged well, consenting to onward referrals reducing the risk of

	them becoming further involved in the criminal justice system. There has been no further known contact with the police that has been brought to YLADS attention. Negatives: The limitation of the YLADS service being a signposting and onward referral service limited opportunity for direct feedback on progress with onward involvement with services referred into due to waiting list.
Evaluation	YLADS provide a flexible, tailored approach to the needs and difficulties of the young people referred to our service. Initial attempt with the YP was unsuccessful due to home life dynamic, however with collaborative working with the YP's youth worker YLADS were able to engage the YP in a holistic assessment focusing on strengths and the YPs aspirations. By taking an individualised approach, we were able to engage YP A in a 'reachable moment, improving choice and control, increasing likelihood of ongoing engagement from the YP with future referrals that were identified as interventions following assessment. Studies show early interventions earlier with vulnerable children, then their likelihood of committing an offence is much lower (GOV.UK, 2023). Following completion of the assessment, whilst ongoing data is difficult for YLADS to obtain, there have been no further referrals or automatic referrals/references to suggest that the YP has come into contact with police, either through the voluntary attendee process or through the custody pathway. Suggesting a reduction in risk to ongoing criminal exploitation or criminal involvement.

Learning	Although attempts were made to reach the YP and their carer/parent directly following first referral, this proved unsuccessful. However, through collaborative working with other services already involved with the YP we were able to engage the YP in a meaningful assessment and early intervention referrals. Thus, proving the importance of collaborative working with other agencies involved within a YPs support

10. Barnardo's - Helping Empower Adolescents Lives (HEAL)

10.1 Aims & Processes

The Barnardo's HEAL project is aimed at mental health and well-being support which works to educate and support those affected, indirectly, by serious violence in their community. This support is delivered over a 3-tier peer support model to support CYP. By offering a tiered approach, HEAL aims to provide the most appropriate intervention, both contextually and on a need's basis for CYP. The HEAL team provides both group-based interventions (school or community based) to help CYP understand the impacts of serious youth violence through a mental health lens. HEAL also offers one-to-one support for CYP who have had incidents of being missing (linked to a mental health or wellbeing need) over 6 tailored sessions.

Tier 1 - After incidents of high harm, such as stabbings, serious injury and murder

Barnardo's aims to offer timely trauma-responsive, community-based interventions to those most affected by incidents of high harm. They seek to ensure responsiveness across the target area by receiving notification of these incidents through existing service (BACE – Barnardo's Against Child Exploitation) and through a close working partnership with Safer Options.

At Tier 1, Barnardo's practitioners are present in the community, e.g., attending vigils, linking with community providers, to offer direct trauma-informed support to those in need. They aim to reach out across communities where high trauma incidents have occurred and source safe places/space for young people/peer groups to access and engage with trauma-informed relational and listening support. As required, Tier 1 HEAL aims to support young people to access Tier 2 support tailored to their needs.

Tier 2 – Targeted interventions to friendship groups of young people currently accessing services in Bristol

Tier 2 HEAL aims to target young people who are already accessing these services alongside their peers and friendship groups on the periphery. Referrals for this tier come from Safer Options, peers already known to support/community services (including Growing Futures, LPW, Grassroots organisations), schools and Tier 1. Tier 2 HEAL uses evidence-based assessment tools to understand need – including:

- Trauma Symptom Checklist for Children (TSCC),
- A self-report measure of post-traumatic distress and related psychological symptomology for 8–16-year-olds
- Child and Adolescent Screener for Traumatic Exposure and Response (CASTER), a screening tool which allows trauma exposure and symptoms to be identified early in the assessment and treatment process.

Following these assessments, HEAL seek to provide tailored group-based support for peer and sibling groups. HEAL practitioners use a variety of supportive frameworks, including CBT trauma responses and PTSD recovery approaches.

Tier 3 – mental health programmes in targeted schools

Using the data available across Bristol and working closely with Bristol City Council's Education Team, HEAL aims to identify target schools and alternative learning settings with high levels of youth violence. In these schools, HEAL seeks to deliver mental health programmes to large numbers of affected pupils, e.g., supporting PSHE lessons, working directly with whole year groups or in smaller more targeted groups.

The programme will focus on trauma-recovery, and use material from Karen Treisman and other successful approaches, such as the Therapeutic Intervention for Peace (TIP) project.

10.2 Progress & Collaborations

For the final year of service provision HEAL has 4 core areas of focus:

- **Group based intervention.** This intervention will take place within schools or community spaces to support children to understand and manage the impact of serious youth violence through a mental health lens.
- **One to one intervention.** This intervention will focus specifically on those young people who are reported missing within Bristol. Their missing episode must be linked to mental health or wellbeing concerns which will result in 6 tailored sessions of intervention to improve their mental health and reduce the likelihood of further missing episodes.
- **To link with the SOTICS team**. To offer formulation for those children access one to one, therefore creating more sustainable change within their home lives and professional networks.
- **Ongoing Mental Health Support to Practitioners**. HEAL would look to utilise the Old Market Service (Barnardo's base in Bristol) CAMHS nurse role to upskill HEAL workers through several targeted learning sessions. This will then provide additional resources and support to children receiving both one to one and group work intervention.

Over the next 12 month, the HEAL team will be working closely with Barnardo's HYPE team who support the Vanguard through lived experience, to consider how they can showcase the voices of young people to help shape future intervention and highlight lessons learned as part of the Vanguard process. This adds to the sustainability of the service and shows progression towards an increasingly trauma-informed approach.

10.3 Trauma-Informed Progress

The HEAL team rate themselves as at a 'Trama sensitive' stage in their journey. They continue to work with other Vanguard partners and explore ways to develop more trauma-informed practice. This includes developing a new referral assessment to ensure thorough details can be collected and not require CYP to repeat their stories and trauma. The team

are also doing 1-2-1s prior to schoolwork where they can pick from a selection of themes to focus on during their support intervention, and therefore ensure the involvement of CYP voice, and a more co-production approach. The team continue to develop their action plan (please see below).

HEAL - Trauma-Informed Action Plan		
Broad Action in Pursuit of TiP	Specific Actions	Updates November 2024
HEAL to connect with Avon & Somerset Mental Health Partnership NHS Trust (AWP) and Young Victims Service	• Connect with AWP & YVS to increase collaboration between services	HEAL hasn't met with Young Victim Support this quarter but the service has had conversations with Bristol City Council around how best to support young people who have been affected by the double murder within South Bristol. Collaborative working ensured there was a mindful response in our approach to working with young people who have experienced trauma.
Awareness raising with local organisations & partner agencies	• Presentation to BASHP on HEAL service as part of the Vanguard to increase awareness of service within BNSSG	HEAL service continues to utilise partnership meetings, training and forums to inform people about the service and what is available.
Provide 1:1 support to young people who have been impacted	• Explore further funding opportunities for resources as part of Vanguard	HEAL workers have been supporting a number of young people to ensure there is a better response to the mental health and wellbeing needs.
Improve accessibility of	• Referral form to be amended to include	The service has completed a review of the paperwork which we

referrals and obtaining consent	contact details for **both** parent/carers of CYP and CYP to ensure consent can be gained effectively and appropriately	distribute to schools, parents and carers and changed some of the language to make it more accessible. The service has also reviewed the way in which it gathers information as part of the referral process. This has led to an agreement with schools where they will utilise their own consent forms to and share these with HEAL to reduce any access barriers.
Introduction letter to CYP to include HEAL service information, an 'about me' section for keyworker including photo	• Ensure introduction letters are implemented into practice with CYP to build trust, relationship and awareness of service • To include photo of keyworker to ensure CYP has awareness prior to meeting keyworker	It was felt that a 'getting to know me' session would be more beneficial for the young people and workers alike in the initial stages of intervention, this will be implemented for both one to one and group intervention. The 'getting to know me' sessions have helped to establish a trusting and safe space allowing for meaningful conversation.

10.4 Sustainability

As a service, HEAL recognise the impact of change in staffing and how this has contributed towards the delay in providing a service that is consistently meeting the needs of children, young people, schools and commissioners. However, the changes have provided the service with the opportunity to step back and re-evaluate what works and implement changes which will hopefully resulted in a broader reach of intervention.

The service has had a positive response in relation to supporting young people on a one-to-one basis and professionals have been proactive in making referrals. The service has taken on board feedback in relation to the referral process and are working to alleviate any additional barriers.

Lastly the service continues to work alongside other agencies and Vanguard Pathways to ensure we are exploring all opportunities to best meet the needs of young people, identifying any barriers, create solutions and embed best practice to inform our work.

10.5 HEAL Outcomes

As of January 2025, HEAL has received 43 total referrals, rejecting 4 total referrals. The majority of referrals have come directly from education services such as schools, with a smaller number coming from youth justice services and the voluntary sector. All referrals have come from Bristol.

In terms of demographics, most of the of referrals have been for White British children (n=24), of which fourteen were female. In terms of ethnicity, HEAL had ten total referrals for Black children (7 female, 3 male); five referrals for Mixed ethnicity (4 female, 1 male) and the remaining referrals do not have a recorded ethnicity. In terms of assessment needs, the highest recorded need for CYP was anxiety or worry, followed by emotional or mental distress; and relationship difficulties.

10.6 Case Study

The following case study illustrates the nature of the work undertaken by the HEAL team (see below).

HEAL Case Study	
Levels of Risk and Need at Referral Point:	The service is currently supporting a young female who was referred to the HEAL service following a missing episode from home and a physical assault at school.

	As a result of her being involved with a negative peer group her attendance at school declined, which resulted in her displaying challenging behaviour. Due to the escalation in behaviour, she was struggling with how to manage her emotions, therefore this was having an impact on her mental health and wellbeing, and relationships with her family members. There were concerns that continuous poor mental health without intervention would contribute towards further missing episodes, it was felt that she needed an outlet to speak to someone about how she was feeling but it was identified that she was struggling to name and express these emotions. At the point of referral, she expressed that she was battling with anxiety and stress and was feeling retriggered by boys in her current school who were bullying her. School refusal and spending her time with negative peers were risk factors for her, alongside going missing and low confidence.
Support provided to date:	Safety, Trust and Respect Exploitation and safety planning Respectful and Healthy Relationships Online safety

	Perception and positive communication Building confidence and resilience Thoughts, feelings and behaviours Managing stress and anxiety Mindfulness, sleep and relaxation We have completed a substantial amount of advocating on behalf of this young person and trying to address some of the challenges within school, advocating for what is in this young person's best interest. Attending meetings with safeguarding, the education welfare officer and heads of year. Mum also attended these meetings, and we have offered ongoing support to her which we hope would empower her to make decisions and feel confident within her own assessment of what actions need to take place.
Outcomes achieved:	The work with this young person is still on going but she is making positive changes and can recognise her triggers and how to manage and express her feelings. This has resulted in massive changes to her mental health and wellbeing and she tells me that she is feeling so much happier in herself. She has identified ways in which to improve her mood and sleep and has been proactive in developing a home school

	routine to increase her knowledge in education and work towards her goals of sitting her GCSE's this year. Due to mental health feeling more stable and being home schooled, away from the environment which was impacting her trauma, working towards sustaining better health and wellbeing has positively contributed towards this young person's outlook on life. Providing them with realistic tools of maintaining wellness beyond our engagement.

11. Implementation and Development of the Framework for Trauma-Informed Practice

The Vanguard pathways are working collaboratively by supporting one another with referrals and advice, sharing training opportunities, and engaging in monthly reflective practice together facilitated by FCAMHS, as well as the Vanguard collaborative forum.

BNSSG Trauma-Informed Systems Programme – Hazel Renouf & Daisy Swancott

The role of the Trauma-Informed Systems programme is embedded into the BNSSG Integrated Care Board, intended to support the promotion, development and embedding of trauma-informed practice and trauma-informed systems change across BNSSG. BNSSG is the first locality area to have a dedicated all-age, system-wide programme embedded into an Integrated Care System (ICS).

This programme sits within the Health Inequalities and Prevention team within the Chief Medical Office directorate and reports into the Mental Health, Learning Disability and Autism Health & Care Improvement Group. The BNSSG Trauma-Informed Systems Oversight Group holds accountability for the work in the system. This group is made up of partners from across BNSSG (including health, the police and the Office of the Police & Crime Commissioner, Avon and Wiltshire Mental Health Partnership, the voluntary sector, our three local authorities, public health, academics) and lived experience representatives. This is funded partly by the BNSSG Vanguard and also by Avon and Somerset Office of the Police and Crime Commissioner, the ICB and Bristol Health Partners (as part of the Trauma and Adversity Health Integration Team). The programme comprises Hazel Renouf, trauma-informed systems manager and Daisy Swancott, senior project support officer.

This programme of work developed following the COVID-19 pandemic, with the work of trauma champions from across the system forming a working group in June 2020. The working group found that workforces are feeling overloaded and overstretched with negative effects on staff wellbeing, increasing levels of moral injury, burnout and compassion fatigue and retention and recruitment issues. Staff well-being and support are

the key priorities of the trauma-informed system programme, and this is an on-going journey that requires long-term, active commitment.

The Trauma-Informed Systems programme has focused on embedding into the existing systems, raising awareness and knowledge, developing the framework and engaging with stakeholders across the system, see more detail below.

Trauma-Informed workstream: • A recognition and focus on establishing shared language, strategic leadership and actionable trauma-informed practices. • Addressed gaps in understanding trauma-informed care across sectors and reviewing and created the accessible trauma-informed framework, ensuring it can be applicable across sectors (health, justice, social care, etc.).
Challenges in implementation: • A focus on balancing high-level frameworks with sector-specific needs. • Recognition and support for the need of mandatory training in trauma-informed practices. • Addressing barriers across the system to ensure support for trauma-informed practice, e.g., communication and training.
Strategic leadership and engagement: • Focused efforts to involve senior leaders and build system-wide commitment, building authentic and sustainable leadership across BNSSG. • Development of pledges requiring actionable commitments from organisations.
Education and training initiatives: • Creation of concise and mandatory learning modules for wide accessibility to be implemented into the BNSSG ICB, with flexibility to implement this across organisations. • Training and learning framed around a reflection and action-driven approach opposed to rigid testing of *"how trauma-informed are you"*.
Sector-wide collaboration: • Involvement of diverse stakeholders, including police, local authorities, health organisations, and voluntary groups through active partnerships.

• Integration of trauma-informed practices into commissioning and service-level policies.
Community and national integration: • Integrated feedback and collaboration with lived experience representatives and community groups across BNSSG. • Participation in national groups to influence broader strategies and leverage best practices. • Collaboration with specific initiatives, like primary care networks, to address local needs.
Sustainability and evaluation: • Focus on embedding trauma-informed practices beyond individual programs or leadership roles to ensure practices can be ingrained into organisational cultures and policies for longevity. • Plans for monitoring and evaluating the impact through feedback and structured follow-ups.

The programme has been supporting each of the Vanguard pathways, as well as organisations outside of the Vanguard, to support this practice alongside supporting organisations to embed the Trauma-Informed System Knowledge and Skills Framework **(2024)**. This framework presents a reflective approach to implementing practices into organisations and outlines that trauma-informed practice is underpinned by six key principles:

- Safety
- Trustworthiness and transparency
- Choice and clarity
- Collaboration
- Empowerment
- Inclusivity

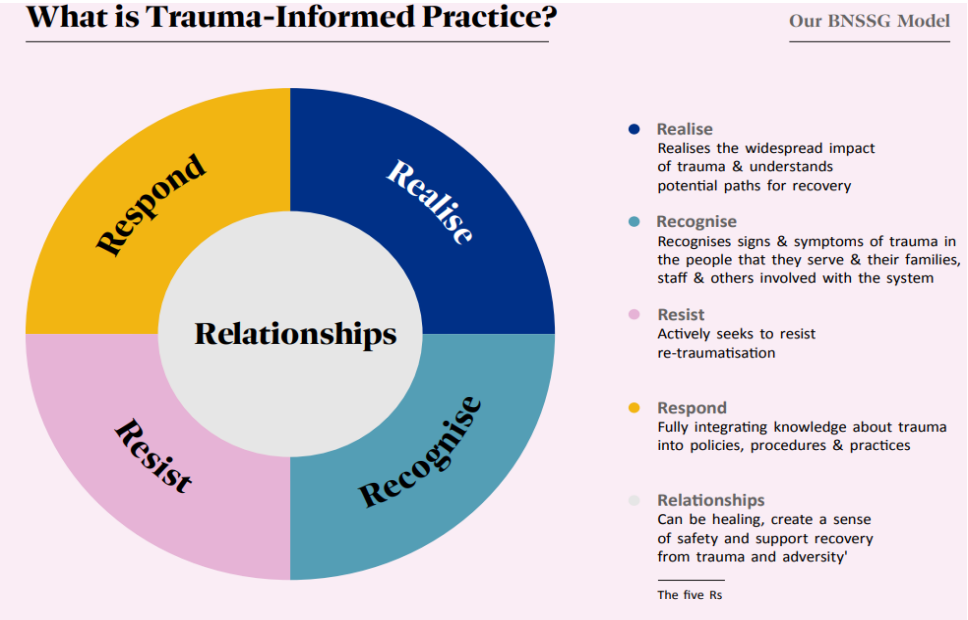
The framework outlines essential and core knowledge, skills and behaviours needed within organisations; support for supervisors and management within organisations to support

learning and development; and outlines a shared and consistent approach to local training and resources **(pp. 6)** to support organisations. The framework includes a glossary of terms, an overview of the framework, the categorisation of types of trauma and adversity, the four 'phases' of trauma-informed practice (see table 11.1 below) and an overview of embedding trauma-informed practice.

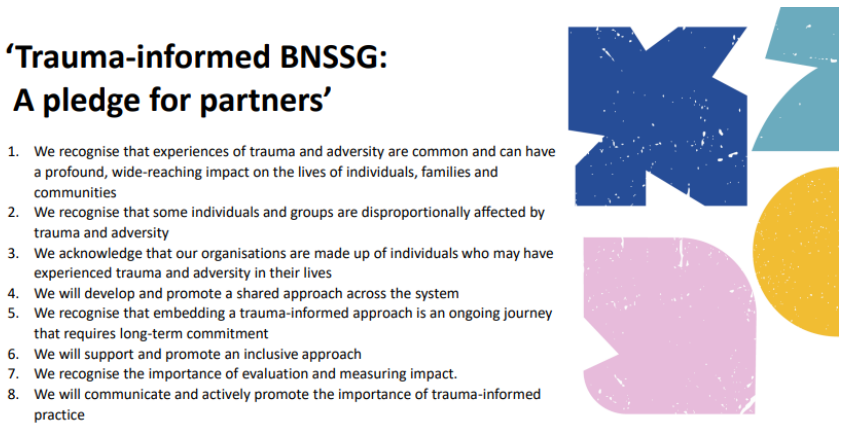
Table 11.1 Framework for Trauma-Informed Practice (Knowledge & Skills Framework, 2024)

Trauma-Aware	Trauma-Sensitive	Trauma-Informed	Trauma-Responsive
There is a basic understanding of trauma and adversity and its prevalence, including how it can impact on people (including staff).	Have started to explore how to apply a trauma-informed approach and the implications of this on current ways of working. Preparing for change.	The impacts of trauma are being responded to, and support offered around this. The culture and ways of working have begun to align to trauma-informed principles.	A trauma-informed approach is the norm and no longer dependant on trauma-informed leaders/champions/ ambassadors. Already applying a trauma-informed approach to working with people with lived experience, communities and other organisations. Impact of changes made have been monitored and evaluated.

The framework has been developed as a guide for professionals across BNSSG to embed, including a self-assessment questionnaire & action plan that allows for individuals and organisations to assess where they may sit within the 4 'phases' or categorises of trauma-informed practice. This is framed through the scope of reflective practice and not as a competition for individuals and organisations to reach but as a supportive guide.



The programme has also encouraging partners to sign the Trauma-Informed BNSSG Pledge, to show a commitment to trauma-informed approaches in a shared approach. This pledge emphasises measurable and actionable commitments from leaders across BNSSG sectors including health, justice, social care, education and councils.



This is also encouraged by the first Trauma-Informed Leadership Event, held in July 2024, that bought together over 80 system leaders from across the region, with keynote speaker Kati Taunt (Trauma-Informed Consultant) on the role of a trauma-informed leader, key

reflections from lived experience (including Barnardo's HYPE & Black and Brown Minds Matter groups) and progress on the pledge so far. This leadership event was then followed by a Trauma-Informed Masterclass, to support those leading on or championing trauma-informed work in their organisation or area of the BNSSG system. This reflects the positive engagement from leaders across BNSSG in the trauma-informed systems programme.

Hazel (TISM) is an active member of the National Trauma-Informed Systems Community of Practice and a core group member. The TISM chaired and presented the programme work for BNSSG as an example of national good practice and has also joined a national subgroup focusing on the development of a national strategy and approach. Hazel is also working alongside Barnardo's to support all organisations in ensuring they are working and supporting in a trauma-informed way across all demographics, addressing systematic inequalities that may affect CYP, with Barnardo's supporting with a training need to address understanding and how to frame language around racial, inter-generational and community trauma.

This is all evidence of the systems change within BNSSG in embedding trauma-informed approaches across the range of organisations within the community, from government and statutory agencies to third sector.

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