ALTERNATE FUTURES

A shared dream for children and families in Halton

NHS

Introduction

In January 2023 Halton partner agencies and the public came together to participate in a workshop called 'Alternate Futures'. The aim of the workshop was to better understand the challenges that children and families living with conduct disorders face. Using Ruth Levitas' 'Utopia as Method'[1] as our conceptual framework, participants took part in activities to co-create a collective dream to improve outcomes for children and families impacted by conduct disorders.

This report highlights the findings of this work.

Conduct disorders

Conduct disorders are the most common mental and behavioural problems in children and young people[2]. On average, 7% of boys and 3% of girls aged 5-10 years have conduct disorders. By age 11-16 years this increases to 8% of boys and 5% of girls[2]. They almost always have a significant impact on life chances[2]. Conduct disorders are strongly linked to poor educational attainment, social isolation, substance misuse, contact with the criminal justice system and higher rates of mental illness. These links continue throughout the life course[2].

The cost of conduct disorder related crime in England may be as high as £22.5bn a year, and £1.1- £1.9m over the lifetime of a single prolific offender[3].

The prevalence of conduct disorder is three to four times higher in lower socioeconomic groups when compared with higher ones[2]. Research shows that almost 40% of children in care, those who had been abused and those on child protection or safeguarding registers had a conduct disorder[2].

Halton

Comprising of the neighbouring towns of Runcorn and Widnes in the Northwest of England, Halton has a population of 128,200[4]. The Indices of Multiple Deprivation (IMD) score, which is an overall relative measure of deprivation, is 32.3 in Halton which is significantly higher than the England average of 21.7 (2019 data)[5]. 16.6% of children (4311 children) under the age of 16 years are living in relative poverty. The number of children living in absolute poverty is 12.5% (3253 children) (2020 – 2021 data)[5].

Halton has 308 children living in care which is a significantly higher rate (107 per 10,000) than that for England as a whole (67 per 10,000) (PHE data, 20215). The numbers of children achieving a good level of development at the end of Reception year is 66.1% which is significantly below the national average of 71.8% (2021 – 2022 data)[5]. Admission rates for children (< 18 years) for alcohol specific conditions is 58 per 100,000 which is almost double the England average rate of 29.3 per 100,000. (2018-2019 data)[5].

Complete Care Community

This project is being led by R Health, Runcorn's Primary Care GP Network and Wellbeing Enterprises CIC and forms part of NHS England's Complete Care Community (CCC) initiative. More than 25 partner agencies alongside members of the public have been involved in the project to date. One of the aims of CCC is to enable a more systematic approach to addressing underlying health inequalities across the country. Alongside funding and specialist support from NHS England, the Halton project has benefited from funding and assistance from the Johnson and Johnson Foundation and Ashoka's Re-imagining Community Health programme.

Progress to date includes:

1 The formation of a cross sector steering group underpinned by a shared purpose and shared set of values. The steering group has completed mapping exercises of current provision, identified potential gaps in service provision and explored new ideas for improving outcomes for those impacted by conduct disorder.

Shared purpose

Empower children and families.
Build confidence and resources to create and fulfil potential.

Shared Values

Collaborative
Valuing collective action. Building solidarity. Coming together for a greater good. Respecting each other and building one another up. Synergising our efforts.

Learning
Learning together. Relationship building. A safe space to explore new ways of working. Being open and authentic.

Imagination & optimism
Opening our minds to new possibilities. Being curious. Exploring the art of the possible.

2 Undertaken a focus group study with parents of children living with conduct disorder and teaching professionals to gain insight into their lived experiences. Focus group data was analysed and a report compiled with five key recommendations which are a key priority for the steering group.
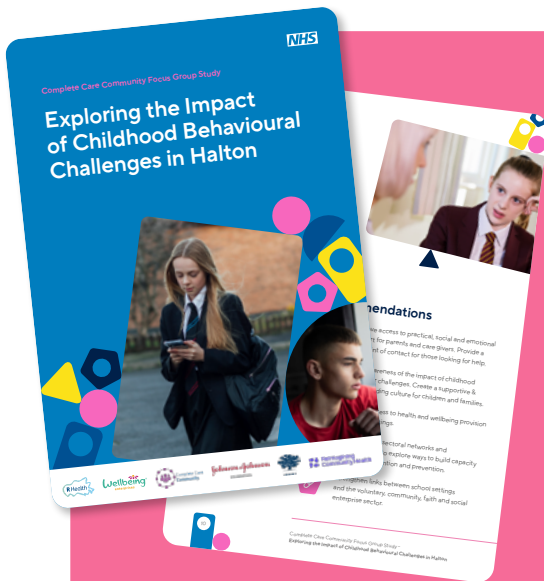
Report: Exploring the impact of childhood behavioural challenges in Halton

Key recommendations

- Improve access to practical, social and emotional support for parents and care givers. Provide a first point of contact for those looking for help.

- Raise awareness of the impact of childhood behaviour challenges. Create a supportive & understanding culture for children and families.

- Improve access to health and wellbeing provision in school settings.

- Develop cross sectoral networks and collaborations to explore ways to build capacity for early intervention and prevention.

- Strengthen links between school settings and the voluntary, community, faith and social enterprise sector.

3 Undertaken creative dream work with children and young people who submitted drawings, poetry and artwork articulating their dreams for the future, and what steps they would need to take to get there.

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The participants of the Alternative Futures workshop

Representatives from the following organisations participated in the workshop:

Bridgewater Community Healthcare NHS Foundation Trust, 0-19 Team

Department for Work and Pensions Halton Team

Halton Carers

Halton Health Improvement Team

Halton Borough Council

Halton Integrated Care Board

Nightstop Communities Northwest

Recharge & Restore CIC

Widnes & Runcorn Cancer Support

R Health Primary Care Network

Wellbeing Enterprises CIC

Methodology

We used Ruth Levita's 'Utopia as Method' as our conceptual framework, which considers utopian thinking not as the promotion of the ideal society, but instead as a means of inviting a democratic debate about what factors enable human flourishing[6]. Utopia can be understood as a method, not as a goal. It is a way in which we can explore the economic, social and political processes necessary to promote wellbeing[1].

The workshop consisted of the following elements:

- A review of progress to date including presentation of the findings of the focus group study and children's creative work.

- Three interactive group discussions exploring the present-day situation, the envisioned future state and the anticipated steps needed to get there.

A community artist was present throughout the workshop to create visual minutes of the session.
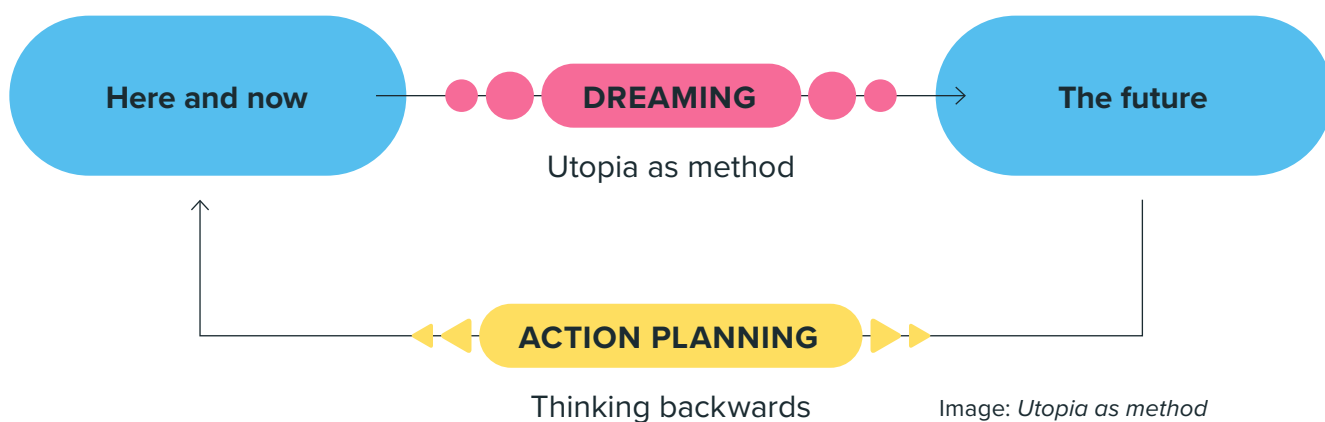
The three interactive group discussions were centred on the following questions:

1 Thinking about the present day, in your groups consider the issues and challenges that children living with behavioural challenges and their families face.

2 You have travelled to the future. The challenges in the present day have been addressed and children and families are flourishing. What support and opportunities exist for children living with behavioural challenges and their families in this future? In your groups describe what it looks and feels like.

3 You have returned to the present day. Having now seen a better future, in your groups, list the key changes in the short term, medium term and the longer term that will be needed to make the future you have witnessed a reality.
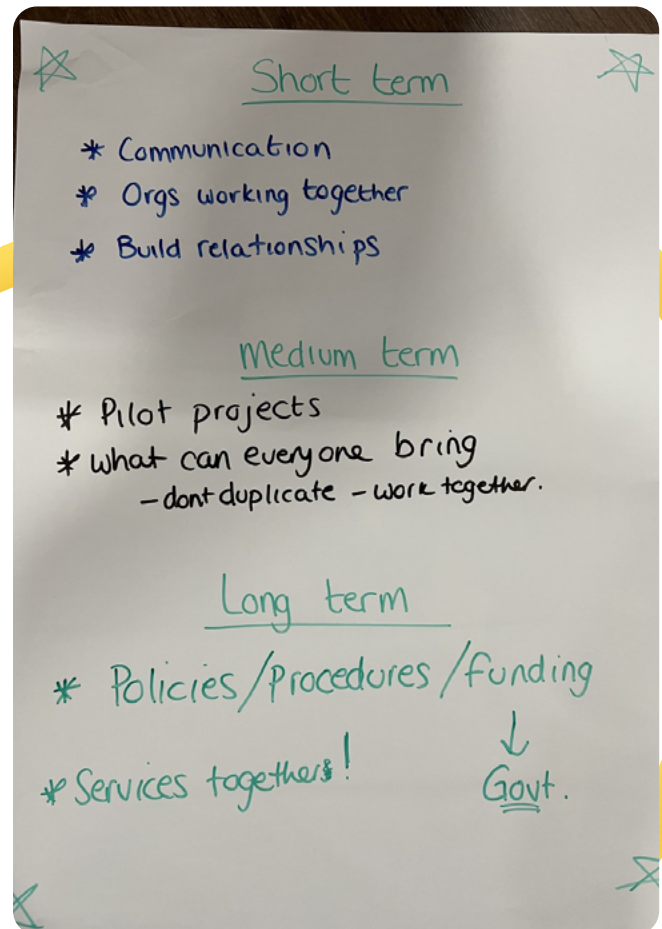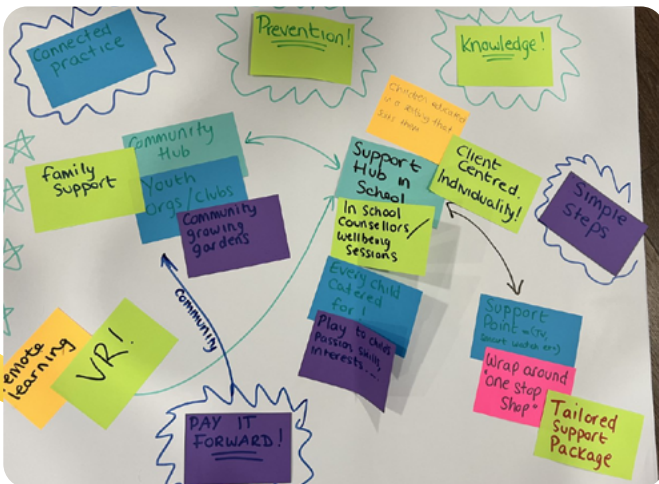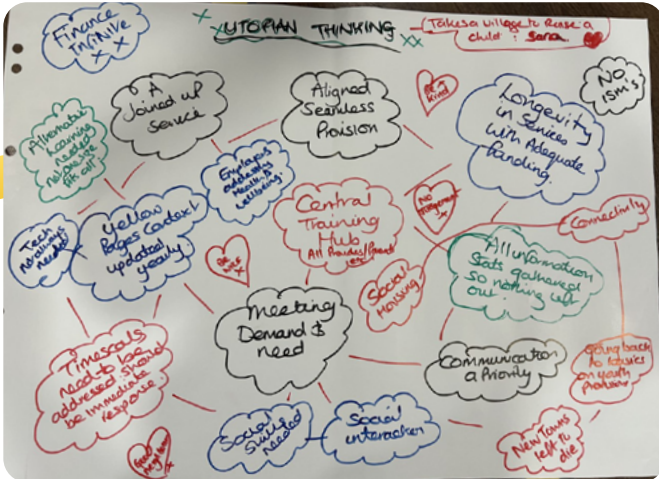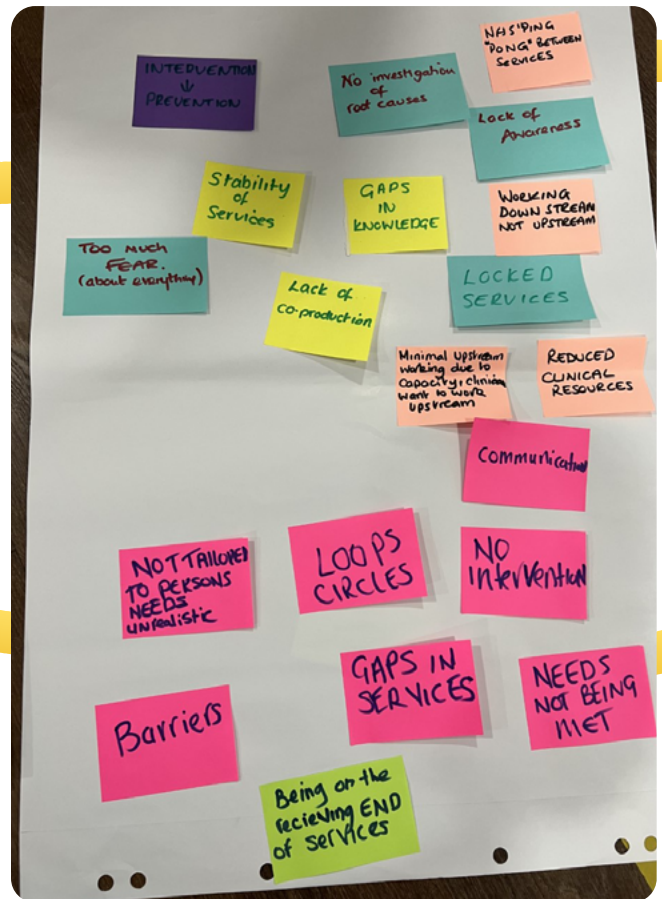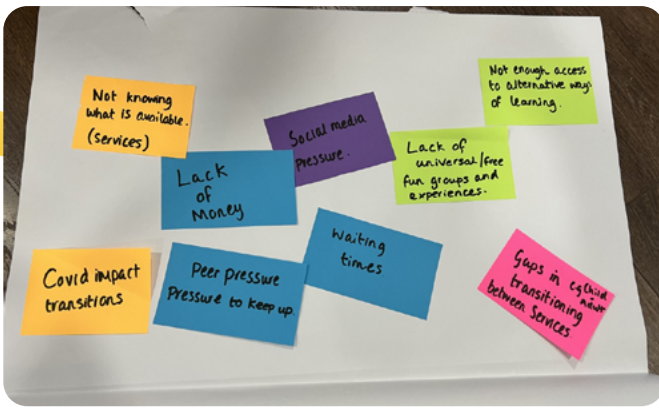
"As you enter positions of trust and power. Dream a little before you think".
TONI MORRISON

Going on a journey

Here and now → DREAMING → The future

Utopia as method

ACTION PLANNING

Thinking backwards

Image: *Utopia as method*

Some examples of the ideas and insights collected throughout the workshop:

Board 1 (sticky notes):
- Not knowing what is available. (services)
- Social media pressure.
- Not enough access to alternative ways of learning.
- Lack of universal/free fun groups and experiences.
- Lack of Money
- Waiting times
- Covid impact transitions
- Peer pressure. Pressure to keep up.
- Gaps in c/child transitioning b/twn between Services

Board 2 (sticky notes):
- INTERVENTION ↓ PREVENTION
- No investigation of root causes
- NHS'PING 'PONG' BETWEEN SERVICES
- Lack of Awareness
- Stability of Services
- GAPS IN KNOWLEDGE
- WORKING DOWN STREAM NOT UPSTREAM
- TOO MUCH FEAR. (about everything)
- Lack of co-production
- LOCKED SERVICES
- Minimal upstream working due to capacity; clinicians want to work upstream
- REDUCED CLINICAL RESOURCES
- Communication
- NOT TAILORED TO PERSONS NEEDS UNREALISTIC
- LOOPS CIRCLES
- NO INTERVENTION
- Barriers
- GAPS IN SERVICES
- NEEDS NOT BEING MET
- Being on the recieving END of services

Board 3 (mind map – Utopian Thinking):
- Finance In/Nine
- UTOPIAN THINKING
- Takesa village to Raise a child: Sana.
- A Joined up service
- Aligned Seamless Provision
- Longevity in services with Adequate funding.
- NO ISM's
- Central Training Hub All Providers/Board
- Yellow Pages Context updated yearly
- Tech trainings needed
- Meeting Demand & need
- Social Housing
- Connectivity
- All information Staff gathered so nothing left out.
- Timescals need to be addressed stand be immediate response
- Communication a priority
- Social interaction
- New Towns left to die.

Board 4 (mind map – Prevention/Knowledge):
- Connected practice
- Prevention!
- Knowledge!
- Community Hub
- family support
- Youth Orgs/Clubs
- Community growing gardens
- Support Hub in School — In School Counsellors/wellbeing sessions
- Client Centred. Individually!
- Simple Steps
- Every child catered for!
- Play to child Passion skills interests...
- Support Point
- Wrap around 'one stop Shop'
- Tailored Support Package
- Remote learning
- VR!
- Community
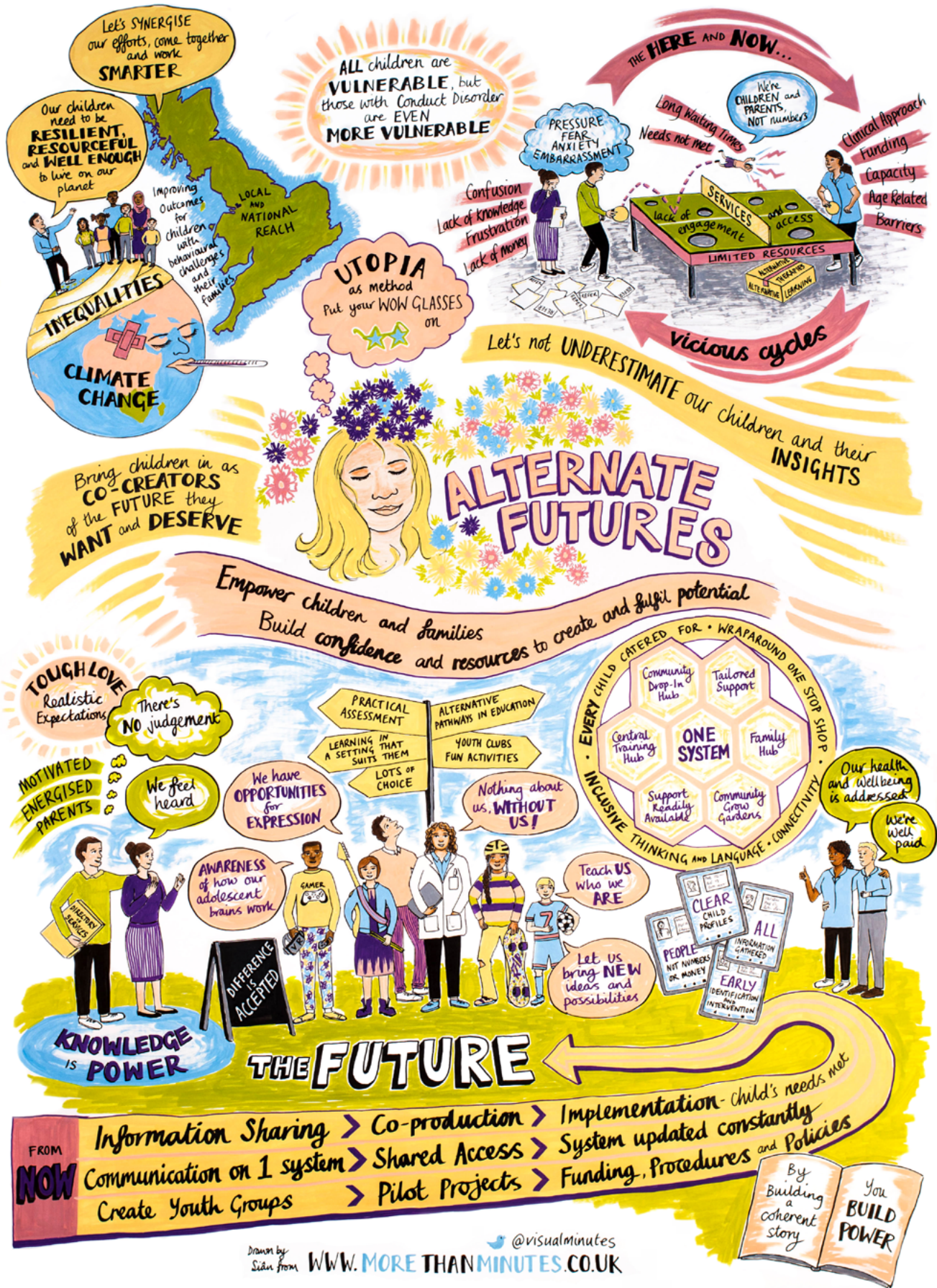- PAY IT FORWARD!

Board 5:
- SHORT: ONE CENTRAL Hub/Directory. First Point of Call./Accessible Training for All.
- MEDIUM: Funding Must be there to finance Infinitely Committed/Realistic/Shared out Appropriately.
- Long: Systems Updated Constantly/no duplication/no migration no dip in services (Full Investment)

Board 6:
- Short term
  - Communication
  - Orgs working together
  - Build relationships
- Medium term
  - Pilot projects
  - What can everyone bring — dont duplicate - work together.
- Long term
  - Policies/Procedures/funding
  - Services together! → Govt.

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Community artist visual minutes from the day:

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Summary of findings:

A collective dream for a better future for children with behavioural challenges and their families.

The present-day challenges

- Poverty levels in Halton create an additional burden on children and families and increase the prevalence of conduct disorders.

- The Covid pandemic has impacted on childhood educational attainment and social and emotional development.

- The demand for support for children and young people with mental health problems is growing.

- Families, children and some professionals are unclear of the support pathways to access help, and who to reach out to first.

- Parents and guardians may lack the skills and knowledge to manage their child's challenging behaviours.

- Long waiting lists for specialist support mean help can be delayed, which can lead to problems escalating.

- Referral processes can be overly bureaucratic and complex creating confusion and further delays.

- Strict referral criteria can lead to some children and families being passed repeatedly between services.

- Children transitioning between age specific services impacts on continuity of care. Children can sometimes fall between the gaps in services.

- Communication can sometimes be challenging between agencies owing to multiple factors including location, IT issues and reduced networking opportunities post pandemic.

- Limited and temporary funding impacts the scale and longevity of services negatively impacting on staff morale and patient experience.

- Parents, children and professionals are not always aware of the full extent of support available in the community such as that provided by the voluntary, community, faith and social enterprise (VCFSE) sector.

The shared dream

- There is a borough wide commitment to ensure every child is supported to flourish and fulfil their potential.

- Social and emotional aspects of learning is available for all children in Halton. Including education for children about the young brain and how it functions.

- Early intervention and prevention are a priority for the borough to prevent childhood behavioural challenges escalating.

- More alternative provision is made available for children who aren't flourishing in traditional education settings.

- Free access to NHS approved digital resources and health apps for children and families.

- Services are co-designed with children and families. Nothing about them without them.

- Personalised support packages focus on addressing needs and building strengths.

- Children and families expressed wishes inform the care they receive.

- Children and families report feeling heard, understood, and respected when being supported by professionals.

- Families and professionals are fully informed about the support pathways in place so they can navigate these smoothly.

- A single point of contact is available for every family who provides timely practical, social and emotional help and support.

- Families of children with behavioural problems have better access to respite support, parental training courses, counselling, self-help materials and support groups.

- There is co-location of services in schools. For example, creating school hubs.

- Communication and information sharing between agencies is excellent. Interoperable IT systems support this.

- Greater variety of, and access to, free extracurricular activities and volunteering for children, and apprentices and decent paid work for young people.

Steps to achieve the dream

SHORT TERM STEPS

- Undertake engagement work with children and families to capture feedback on current service provisions.

- Strengthen partnerships between agencies who have an interest in improving outcomes for children and families.

- Strengthen communication between agencies by expanding membership of existing networks and building new ones. Bring agencies together for learning events and service redesign work.

- Undertake marketing and communications activities to raise awareness of support services available locally and to tackle the stigma and discrimination often associated with childhood behavioural challenges and conduct disorders.

- Ensure borough wide support pathways for children and families are communicated widely across sectors and amongst the general public.

MEDIUM TERM STEPS:

- Ensure every family has access to a single point of contact for practical, social and emotional help and support.

- Undertake service mapping to identify the full range of community support available locally including that provided by the VCFSE sector. Ensure service directories are updated.

- Build capacity for early intervention and prevention work by establishing new cross sectoral partnerships and funding new social innovations.

- Co-locate support services in schools and children's settings such as drop-in sessions, parental skills training, and family activities.

- Invest in self-help resources, including the establishment of self-help support groups.

- Referral and age criteria of some services are remodelled to remove access barriers ensuring continuity of care.

LONGER TERM STEPS:

- There is a borough wide roll out of social and emotional learning programmes in schools and colleges.

- Parenting skills training is made available for every family that requires it.

- Holistic care plans address needs and build strengths and capabilities. They are co-designed with children and families and detail their expressed wishes.

- Schools, colleges and specialist services have strong partnerships with the VCFSE sector to ensure children and families have timely access to the support they provide.

- Children and families with lived experience co-design future services provisions.

- There is a local commitment to research and social innovation. New products, services and processes are co-designed with stakeholders that improve outcomes for children and families.

- Improved IT systems enhance information sharing and communication between agencies, thereby enhancing care.

- There is greater capacity, and variety, of alternative provision for children who are not progressing well in mainstream education settings.

Acknowledgements

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