



**Staffordshire and
Stoke-on-Trent**
Integrated Care System



Children and Young People Event



20 November

World Children's Day 2024



Agenda

Topic	Time	Presenter
Welcome & Introduction	10:00 - 10:10	Jon Rouse
ICS CYP Recognition	10:10 – 10:15	Peter Axon
Voices of the Young People Who Have Helped Shape This Event	10:15 - 10:25	Staffordshire Youth Union
Trans and LGBTQ+ Healthcare	10:25 – 11:05	Ben Richards
Break for Market Stalls	11:05 - 11:35	
Preventing Addictions: Alcohol & Vaping	11:35 – 12:05	Maisie Winfield Danielle Ferrari-Wade Louise Needham
Lunch	12:05 – 12:50	
Palliative End of Life (PEoL) Care Programme	12:50 - 13:20	Simon Runnett
CYP Healthy Weight (Diet and Nutrition, Obesity, Eating Disorders & Obsessive Behaviours)	13:20 – 14:00	Matthew Missen Rochelle Edwards
Break & Networking	14:00 – 14:20	
Children & Domestic Abuse	14:20 – 14:50	Amanda Atherton Laura Collins
Closing Remarks & Colleague Celebration	14:50 – 15:15	Elizabeth Disney
Market Stalls & Networking	15:15 – 16:00	Note: Venue Available Until 18:00

Jon Rouse CBE

Chief Executive, Stoke-on-Trent City Council



House keeping

- No fire alarm expected today
- Please keep phones on silent
- Today's event is being live streamed and recorded, please keep quiet during presentations
- Some of the activities today will be online so please have your phones ready to scan the QR codes.
- You should have all collected a badge when signing in, please be reminded these need to be returned at the end of the day.

Virtual attendees: Keep your cameras off and microphones muted until you are invited to participate

Welcome

This event is about more than just gathering—it's about igniting change. We're building a powerful network of passionate professionals, committed to improving the lives of children and young people in Staffordshire and Stoke-on-Trent. Let's work together to make a lasting impact on the future of our young people.

Thank you for joining us today.

Peter Axon

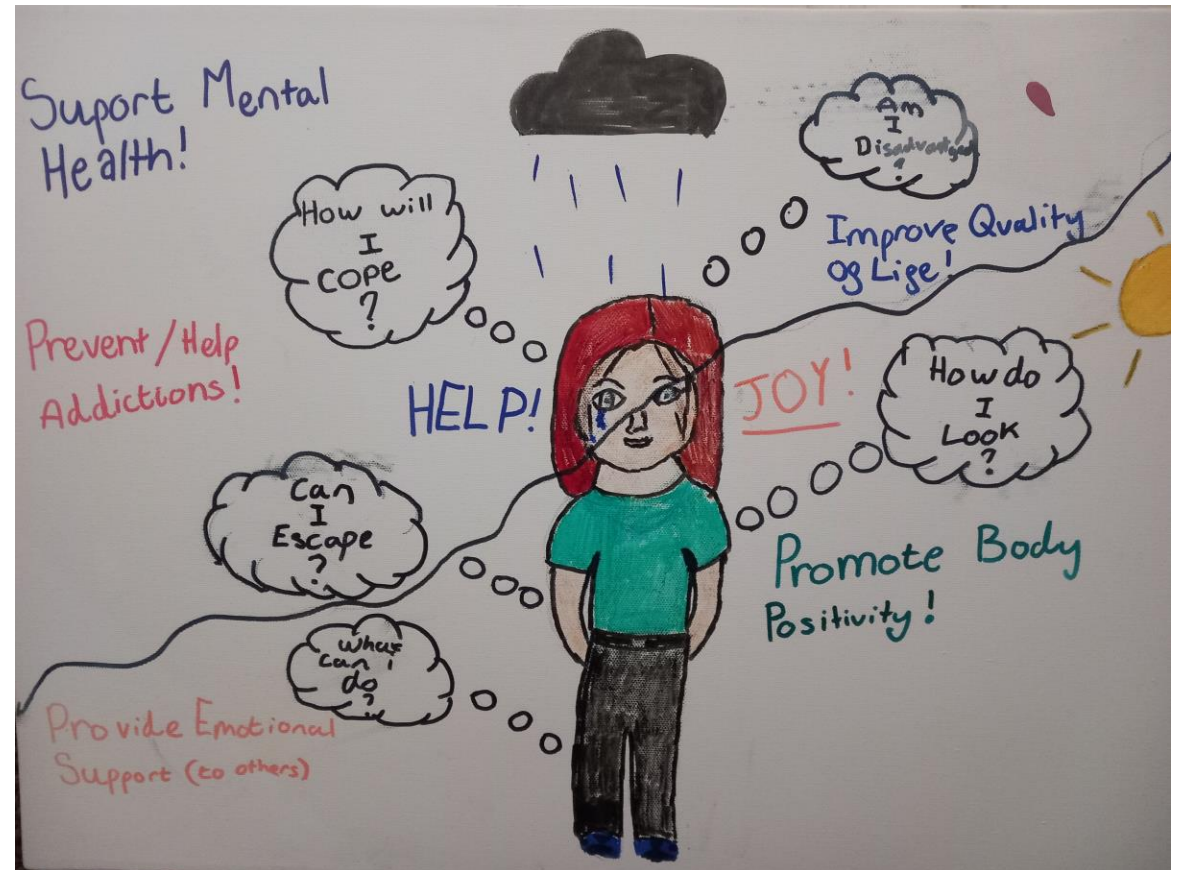
Chief Executive Officer, Staffordshire and Stoke-on-Trent ICB



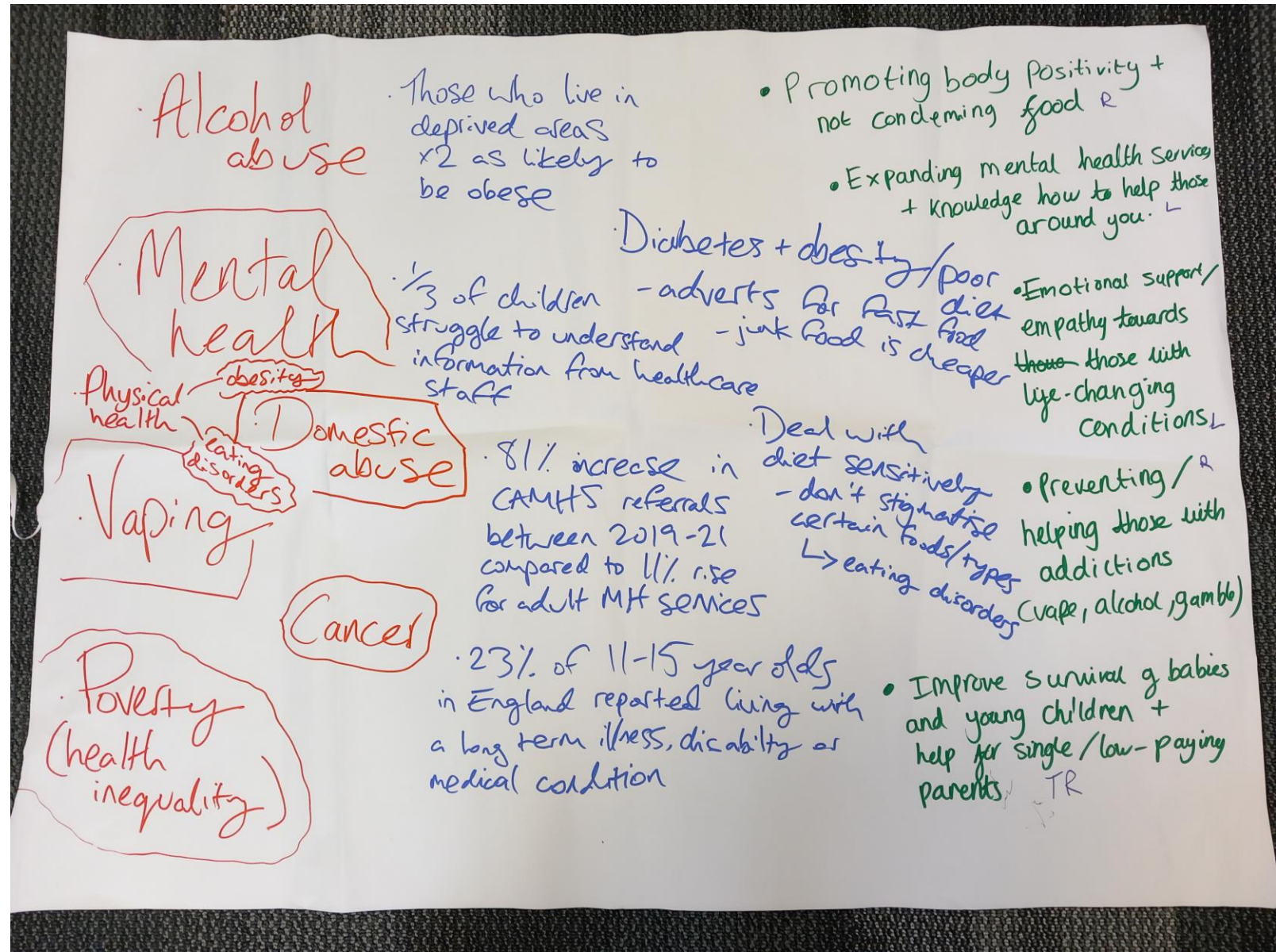
Thank you



- A big thank you to the young people of Staffordshire and Stoke-on-Trent who have helped us to shape today's event.
- For those of you who have joined our event at the venue today, you may have noticed this painting on a canvas at the entrance to the main room. This was created by the Staffordshire Youth Union and represents the topics most important to them.



- As you can see, some of these topics will be covered in today's event.
- On the next slide you will watch a video produced by representatives from the Staffordshire Youth Union who give an explanation about these chosen topics and why they are so important to them.





Talking: Health



Health Challenges for Today's Youth

With Caitlyn, Oliver & Finley

Trans and LGBTQ+ Healthcare

Ben Richards

Chief Operating Officer, North Staffordshire Combined Healthcare
NHS Trust



#hello my name is...

Ben Richards



Work

Chief Operating Officer at North Staffordshire Combined Healthcare NHS Trust

Senior Responsible Officer for Mental Health, Learning Disability, Autism and Down's Syndrome

Governor at Stoke on Trent College (and a qualified teacher)

Executive Sponsor of the Combined LGBTQ+ Network

Executive Sponsor of the ICS LGBT Network

Personally

Cisgender gay man

Long Term Health Condition





Discuss as a table.....

5 minutes

1	In which year was the first Pride in the UK?	1972	1982	1987
2	What percentage of LGBT+ people have been pressured to access services to question or change their sexual orientation ('conversion' therapy)?	20%	5%	2%
3	What percentage of nurses who have cared for a trans person felt they were unprepared to deliver the best care?	51%	77%	87%
4	What percentage of homeless young people (16-25) are LGBT+? <i>LGBT people make up 4% of the overall 16-25 population.</i>	4%	18%	24%
5	Section 28 prohibited local authorities from promoting homosexuality in schools or by publishing material. This included preventing them from discussing LGBTQ+-related topics. The law was enacted in 1988 and was repealed in...?	1999	2003	2007

- 1** In which year was the first Pride in the UK? **1972 in London**
- 2** What percentage of LGBT+ people have been pressured to access services to question or change their sexual orientation ('conversion' therapy)? **5% (1 in every 20)**
- 3** What percentage of nurses who have cared for a trans person felt they were unprepared to deliver the best care? **87%**
- 4** What percentage of homeless young people (16-25) are LGBT+? *LGBT people make up 4% of the overall 16-25 population.* **24%**
- 5** Section 28 prohibited local authorities from promoting homosexuality in schools or by publishing material. This included preventing them from discussing LGBTQ+-related topics. The law was enacted in 1988 and was repealed in...? **2003, the government tried in 2000 but failed at that point**

FACTS & FIGURES



Health Provision

FACTS &
FIGURES



- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.
- Seven in ten trans people (70%) report being impacted by transphobia when accessing general health services.
- Nearly half of trans people (45%) said that their GP did not have a good understanding of their needs as a trans person, rising to over half of non-binary people (55%).
- 90% of trans people reported experiencing delays when seeking transition-related healthcare.
- Trans people of colour also experienced transphobia from trans-specific healthcare providers at more than double the rate of white respondents (13% compared to 6%)

Taken from [LGBT in Britain: Health](#) (2018) and [TransActual Trans Lives Survey](#) (2021).

Education

FACTS & FIGURES



- 42% of LGBT+ school pupils have been bullied in the past year, double the number of non-LGBT+ pupils (21%).
- Half of LGBT pupils hear homophobic slurs 'frequently' or 'often' at school.
- Seven in ten LGBT pupils report that their school says that homophobic and biphobic bullying is wrong, up from half in 2012 and a quarter in 2007. However, just two in five LGBT pupils report that their schools say that transphobic bullying is wrong.
- Just one in five LGBT pupils have been taught about safe sex in relation to same-sex relationships.
- Two in five LGBT pupils (40%) are never taught anything about LGBT issues at school.
- Almost nine in ten secondary school teachers (86%) and almost half of primary school teachers (45%) say that pupils in their schools have experienced homophobic bullying.
- Almost all teachers – 96% in secondary schools and 91% in primary schools – who have addressed lesbian, gay or bisexual issues or different families received no complaints from parents for doing so.

Taken from Just Like Us [Growing Up LGBT+](#) (2021), [The School Report](#) (2017) and [The Teachers' Report](#) (2014).

Hate Crime

FACTS &
FIGURES



- Two-thirds (64%) of LGBTQ+ people had experienced anti-LGBT+ violence or abuse.
- Of these, 9 in 10 (92%) had experienced verbal abuse, 3 in 10 (29%) had experienced physical violence and 2 in 10 (17%) had experienced sexual violence.
- Only 1 in 3 respondents who wanted or needed support were able to access it.
- One third (34%) of Black, Asian and minority ethnic LGBT people have experienced a hate crime or incident in the past twelve months, compared to one in five white LGBT people (20%).
- Two in five trans people (41%) have experienced a hate crime or incident because of their gender identity.
- One in eight LGBT people (12 per cent) avoid going to the gym or participating in sports groups because of fear of discrimination and harassment

Taken from Galop's [Hate Crime Report 2021](#), [LGBT in Britain: Hate Crime](#) (2017) and [Out for Sport \(2012\)](#)

As a result.....

FACTS & FIGURES



- LGBT+ young people are twice as likely to contemplate suicide, and Black LGBT+ young people are three times more likely.
- LGBT+ pupils feel far less safe at school. Only 58% of LGBT+ young people have felt safe at school on a daily basis in the past 12 months, compared to 73% of non-LGBT+ pupils.
- LGBT+ pupils who have come out at school report feeling even less safe, and are even more likely to experience bullying. 68% of LGBT+ pupils who haven't told anyone they are LGBT+ feel safe on a daily basis at school, compared to only 57% of LGBT+ pupils who have come out to at least one person.
- LGBT+ young people are three and a half times more likely to self-harm (31% have self-harmed, compared to 9% of non-LGBT+ young people)

Taken from [Growing up LGBT+](#) (2021)

As a result.....



- LGBT+ young people are three times more likely to experience drug or alcohol dependence (6% compared to 2% of non-LGBT+ young people)
- LGBT+ young people are twice as likely to have depression, anxiety and panic attacks as well as be lonely and worry about their mental health on a daily basis.
- Disabled LGBT+ young people are more likely to struggle with and worry about their mental health
- The majority (84%) of young people are pro-trans but are less likely to think their teachers are (76%).

Taken from [Growing up LGBT+](#) (2021)



Inclusive services?

Visibility

- Do LGBT+ recognise themselves in the services you provide?
- Simple signs such as lanyards, badges and posters can make a difference

Language and Imagery

- Non-binary related to gender
- Use of same-sex couples and trans individuals within your imagery on leaflets, websites etc

Pronouns matter.....

Anger as Spice Girl Mel C's arts college tells staff to declare their pronouns

By Eleanor Harding
Education Editor

AN ELITE performing arts college which trained Spice Girl Mel C has asked staff to declare their pronouns on email to solidarity with trans people.

Gold College in south London is now asking employees to display the trans-pride rainbow flag and share their pronouns on email to solidarity with trans people.

The historic institution, founded in 1866, has trained many stars including Mel C, who has since become a trans woman.

She is now a member of the trans-pride rainbow flag and share their pronouns on email to solidarity with trans people.

The college's trans-pride rainbow flag and share their pronouns on email to solidarity with trans people.

'A climate of fear'

It is not optional. It is a climate of fear in the college community, where students are being told they 'won't get their respect to gender identity' if they do not declare their pronouns.

The trans-pride rainbow flag and share their pronouns on email to solidarity with trans people.

St John Ambulance tells job applicants to share their chosen pronouns

By Alex Ward
Social Affairs Correspondent

ST JOHN Ambulance has been accused of 'hostility' towards job applicants after it urged staff to share their pronouns when applying for posts internally.

The charity's internal advertised jobs requested staff 'share their pronouns' in the application process.

For those who decline, the website offers a prompt asking 'if you would like to reconsider'.

The trans-pride rainbow flag and share their pronouns on email to solidarity with trans people.

'Patronising and hostile'

It is not optional. It is a climate of fear in the college community, where students are being told they 'won't get their respect to gender identity' if they do not declare their pronouns.

Teacher suspended for refusing to use transgender student's preferred pronouns and names faces having to remortgage home due to mounting legal costs

- The pupil, born female, had been placed in her class and used male pronouns
- The teacher was sacked when she continued to challenge the school's policies

By CONNOR STRINGER

Using preferred pronouns isn't about being woke. It's a sign of respect

By Anna Armstrong

Before you complain about how pronouns are an example of woke run amok, stop for a moment and think about how self-affirming for people they can be.

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Using preferred pronouns isn't about being woke. It's a sign of respect.

Before you complain about how pronouns are an example of woke run amok, stop for a moment and think about how self-affirming for people they can be.

Pronouns matter.....



Home

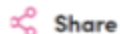
Articles

Home » American Journal of Public Health (AJPH) » March 2022

Pronouns Are a Public Health Issue

13RD JUN 2024

Using someone's correct pronouns can support mental health and wellbeing



Share

INTERNATIONAL JOURNAL OF TRANSGENDER HEALTH
2024, VOL. 25, NO. 4, 816–830
<https://doi.org/10.1080/26895269.2023.2278064>



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Misgendering and the health and wellbeing of nonbinary people in Canada

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^aDepartment of Sociology and Anthropology, Carleton University, Ottawa, Ontario, Canada; ^bDepartment of Psychology, Wilfrid Laurier University, Waterloo, Ontario, Canada; ^cResearch Department, IWK Health Centre, Halifax, Nova Scotia, Canada; ^dSchool of Public Health and Social Policy, University of Victoria, Victoria, British Columbia; ^eDepartment of Epidemiology and Biostatistics, Western University, London, Ontario, Canada; ^fInstitute for Sexual and Gender Health, University of Minnesota, Minneapolis, Minnesota, USA; ^gDepartment of Epidemiology and Biostatistics, Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania, USA



ELSEVIER

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HEALTH

www.jahonline.org

Adolescent health brief

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

Stephen T. Russell, Ph.D.,^{a,*} Amanda M. Pollitt, Ph.D.,^a Gu Li, Ph.D.,^b and Arnold H. Grossman, Ph.D.,^c

^aUniversity of Texas at Austin, Austin, Texas
^bUniversity of British Columbia, Vancouver, British Columbia, Canada
^cNew York University, New York, New York

Article history: Received November 17, 2017; Accepted February 1, 2018
Keywords: Transgender; Youth; Depression; Suicidality



Using a Person's Correct Pronouns Saves Lives

PRONOUNS ARE A KEY TO SUICIDE PREVENTION

An important part of creating a supportive environment for transgender and nonbinary youth is understanding – and using appropriately – the terms they use to describe themselves.

Why do pronouns matter?

Pronouns are any word that replaces a noun, such as I, you, and they. Some pronouns are tied to a specific gender, such as she or he. Pronouns allow us to refer to someone without using a name. We use pronouns all the time. People often use a pronoun that relates to their gender identity. Pronouns are common parts of speech that can seem unimportant to some but mean the world to others. Using a person's correct pronouns can even save lives. Using the correct pronouns shows that we respect and support that person and that we care about their identity.

You can't always know someone's preferred pronouns just by looking at the person and making assumptions can make people feel unsafe and unwelcome. Feeling a sense of belonging is a key protective factor for strong mental health and suicide prevention. By asking about pronouns you can show people in the LGBTQIA+/2S that you care and that they belong.

Pronouns matter.....

Subjective	Objective	Possessive	Reflexive
She	Her	Hers	Herself
He	Him	His	Himself
They	Them	Theirs	Themselves
Ze	Hir	Hirs	Hirself
Xe	Xem	Xirs	Xemself
Ver	Vir	Vis	Verself
Te	Tem	Ter	Temself
Ey	Em	Eir	Emself

HOW TO ASK FOR PRONOUNS

"HI, _____! MAY I KNOW WHAT PRONOUNS DO YOU USE?"

"HI, MY NAME IS _____. MY PRONOUNS ARE _____. WHAT ARE YOUR PRONOUNS?"

IN CASE YOU GET THE PRONOUNS WRONG:

"SORRY ABOUT THAT AND THANKS FOR CORRECTING ME. I'LL MAKE SURE TO GET IT RIGHT!"



Pronouns matter.....



Ben Richards (Pronouns: he/him)

Chief Operating Officer / Accountable Emergency Officer – North Staffordshire Combined Healthcare
Mental Health, Learning Disability and Autism Portfolio SRO – Staffordshire and Stoke on Trent ICS
Postgraduate Researcher, Doctorate in Health and Social Care – Open University (ONS Accredited Researcher: 39854)

North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH

Services





**Staffordshire and
Stoke-on-Trent**
Integrated Care System

staffsstokeics.org.uk/small-changes



On your tables discuss between you what you can do to support LGBTQ+ children and young people in your role.

Complete the pledge card or write on a piece of paper if you're joining us virtually - the one thing you **personally** will be doing differently when you leave the room at the end of today.

If you would like to share your pledge with us and the room, please post it on this digital white board:



Scan me

Trans and LGBTQ+ Healthcare: Q&A





We will now take a **break**.

- Grab a drink and take some time to have look around the market stalls (in meeting room 7 which is adjacent to this room).
- Please return to this room for 11.30am ready for our next presenter to begin at **11:35am**.
- If you are joining us virtually, you can leave the meeting and return after the break, but please allow time for you to be admitted back into the event from the online lobby.

Preventing Addictions: Alcohol

Maisie Winfield, Family Intervention Specialist
Danielle Ferrari-Wade, Children Young Peoples Worker

STaRS Drug and Alcohol Service



Presentation overview

- 1 What is alcohol?
- 2 When can it be a worry?
- 3 Reducing risks
- 4 When and where to get support



What is alcohol?

Alcohol is classified as a depressant drug, while it may initially produce some stimulating effects, such as increased sociability and reduced inhibitions its primary action is to depress the central nervous system which slows down the messages travelling between brain and body.



When can it be a worry?

Short term risks:

- Reduces inhibitions
- Risk of injury or accidents
- Violence
- Alcohol Poisoning
- Risk of Sexually transmitted diseases
- Loss of memory
- Risk taking behaviour
- Offending
- Binge drinking

Long term risks:

- High blood pressure
- Heart disease
- Liver disease
- Weaker immune system
- Digestive problems
- Cancers
- Mental Health conditions
- Addiction and dependency
- Binge drinking



Changes in the importance of peer relationships and culture could encourage young people to experiment with alcohol and this could lead to potential links to exploitation.

Reducing Risks

- Plan ahead to stay safe
- Set your own limits
- Know your units and understand the strengths of alcoholic drinks
- Dilute alcoholic drinks with a non-alcoholic drink
- Alternate alcoholic drinks with a non-alcoholic drink in-between
- Don't mix your drinks – with other alcoholic drinks or other substances
- Avoid drinking alone
- Avoid drinking on an empty stomach
- Ensuring you can get home safely and that someone knows where you are
- Avoid triggers – places, friends, family, peer pressure, cultural and social pressures
- Change your routine



1 bottle (330ml)
of regular lager



1 pint of regular
beer, lager or cider



1 pint of strong
beer, lager or cider



1 glass (25ml)
measured spirit



1 bottle (275ml)
of alcopop



1 large (250ml)
glass of wine

When and where to get support

When:

- You are drinking alcohol daily
- You are binge drinking alcohol
- You've tried to stop or change your drinking and haven't been able to do so
- It's causing breakdown in relationships
- Impacting on mental health
- Impacting on physical health
- Linked to offending behaviour
- You wish to make changes to your alcohol use
- Feeling strong cravings to drink alcohol
- You or others are concerned about your drinking
- You just want harm reduction advice or education around the alcohol you consume

Where:



We are a non-judgmental service and we will work with you around your own strengths, supporting you to achieve your goals.

- You can self-refer by:
- Calling: 01785 241393
- Emailing: Starsyp@mpft.nhs.uk
- Or Visit our website: www.staffsstars.org.uk

Preventing Addictions

Alcohol: Q&A



Preventing Addictions: Vaping

Everyone Health Staffordshire

Louise Needham, National Operations Manager



Everyone Health

- Commissioned by Staffordshire County Council
- Deliver Stop Smoking in Pregnancy Service
- Linking in with Maternity Tobacco Dependency Treatment Teams
- Support creating Smokefree Household
- To support with prevention of vaping in children and young people
- Working with schools, 0-19 service, Family Hubs and NHS Trusts to provide information and guidance

“If you smoke, vaping is much safer; if you don’t smoke, don’t vape; marketing vapes to children is utterly unacceptable.”

Professor Chris Whitty

[Chief Medical Officer for England on vaping - GOV.UK](https://www.gov.uk/government/news/chief-medical-officer-for-england-on-vaping)

Laws and Legalities

- Legal purchase age – 18+ years old
- Certain ingredients are banned in all vapes/e-liquids
 - colourings, caffeine and taurine
- Disposable vapes
 - 600 puffs – equal to between 20-40 cigarettes
 - Maximum 2% (20mg/ml) nicotine
- Refillable vapes
 - Tank capacity to be no bigger than 2ml
 - Maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml



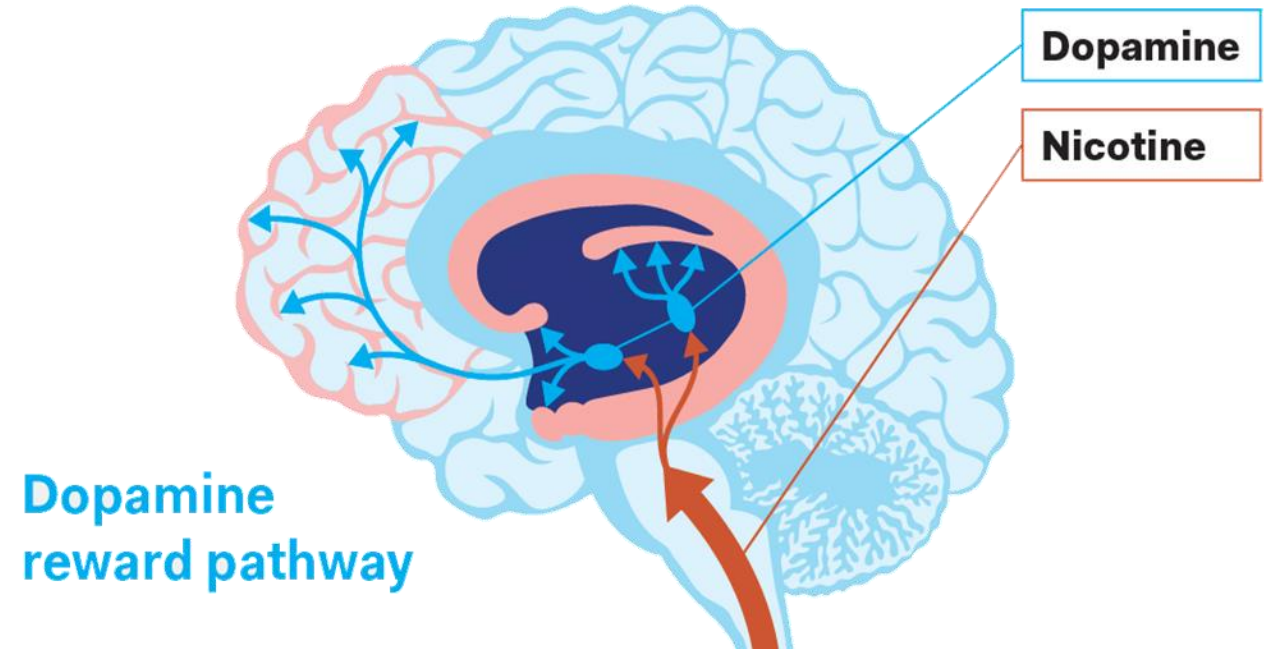
Vaping in Children and Young People



- Youth vaping has more than doubled in the last 4 years.
 - In 2023, one in four 11-15-year olds tried vaping.
- Current vaping increases with age; from 1% of 11 year olds, to 10% of 14 year olds, and 19% of 15 year olds.
- The brain continues to develop up until the age of 25, where the brain is sensitive to nicotine and can affect learning, attention and mood.
- Currently, there is around 54% of vapers aged 11-17 years old using disposable vapes.

Effects of Nicotine

- Nicotine activates the brains dopamine reward pathway.
- This can affect learning, mood, attention and impulse control.
- Decision making, reward processing and emotional regulation continue to develop up to 25 years of age.
- Nicotine withdrawal can cause irritability, anxiousness, tiredness, trouble to think clearly and having trouble sleeping



(Yuan et al 2015)

Information and Guidance Workshop

- Educate and inform students, teachers and youth leaders of the effects of smoking or using vapes
- Laws and regulations
- Understanding the use of vapes as a stop smoking aid
- Effects of nicotine and addiction
- Regulated vapes
 - Authenticity checks, legal/illegal vapes
- Interactive delivery
 - Games, videos, group discussions



Current work

- We have delivered the workshop to:
 - PSHE online Webinar
 - Family Practitioners
 - Family Action - Newcastle
 - 0-19 service – provided by MPFT
 - Chase Terrace Academy, Burntwood - Students
 - CEDARS Short Stay School, Newcastle - Teachers
 - Students – 4th December

- Working with the 0-19 service, the school nurses have identified the priority schools in the county

Feedback

" Some of the session made me really think - I am going to get my parents to stop" - Year 7 student

"The workshops were really informative and made me realise that I should not be taking part in vaping. On the back of this I am determined to give up" - Year 10 student

"I think I have learned something, and I will think twice before being involved - Kim and Phil were really good they mixed education with banter which works for us" - Year 9

"I would like to say thank you to Kim and Phil for leading on the Vaping workshops at Chase Terrace, the sessions were both informative and thought provoking for the groups of students. The excellent delivery allowed students to interact in the workshops as well as watch informative videos and receive vital information. The creative mix of activities within the sessions allowed students to be proactive in understanding the issues surrounding vaping, the harmful effects and the legalities of Vapes and vaping. I cannot rate highly enough their professionalism and look forward to welcoming them back for more workshops"

D Inman – Assistant Headteacher – Chase Terrace Academy

"The team found it very useful and it has raised discussion around vaping and the enormity of the issue, especially in schools." 0-19 Team Leader

Access to further information

Further information on: <https://staffordshire.everyonehealth.co.uk/services/stop-smoking/vaping-information/>

Preventing Addictions

Vaping: Q&A



We will now take a **break for lunch.**

- Lunch will be available in the restaurant (on the ground floor) from **12.10pm**. Please make your way there when you are ready.
- Please return to this room for 12.45pm ready for our next presenter to begin at **12:50pm**.
- If you are with us virtually, you can leave the meeting and return after the break, but please allow time for you to be admitted back into the event from the online lobby.

CYP End of Life (EOL) Palliative Care Programme

Simon Runnett

CYP Service Improvement Lead



What is CYP Palliative Care

Focusing on enhancement of quality of life for the child/young person and support for the family and includes the management of distressing symptoms, provision of short breaks and care through death and bereavement. Care of the dying is the care of the patient and family in the last hours and days of life.

Holistic care that considers the physical, emotional, social, and spiritual needs of the child and family

It's provided: In Hospices, hospitals, and children's homes

Who provides it: A multidisciplinary team of specialists, including Paediatric palliative consultants, Clinical nurse specialists, specialist physiotherapist, hospices, Community nurses, Counsellors,



Staffordshire- Stoke on Trent ICB 2020-24

Match Funding Pilot

Options appraisal complete, positive feedback and supported progressing into 2024-25 recurrent across all our geography

Additional funding confirmed to allow expansion and equity of delivery across full ICB footprint.

Currently in post - 2 Clinical nurse specialist, 2 Respiratory Physiotherapist, Pediatric Consultant, admin support.

Roles support identification and assessment life limited CYP and fast track at EOL phase, symptom management plans, symptom management clinics, hospital avoidance offering expert advice enabling system partners to seamlessly deliver on wishes.

Facilitating MDT and transition with Adult partners.



Palliative care team offer

CNS facilitates care across all settings antenatal, neonatal, children's wards, hospices and community nursing teams

CYP identified at an early stage, sometimes invitro enabling access to a clinical nurse specialist (CNS), respiratory physio and palliative care consultant enabling fast track home or to die in a place of their choice.

Enabling a good death at a place of children's and or parent's choice. Increase in the number of children and young people who achieve their preferred place of care and place of death.

Anticipatory care supporting timely symptom management

Symptom control availability to cover extended hours to assist with quicker symptom management improving the quality of life for the CYP and their family

Earlier recognition of palliative needs means earlier symptom management and parallel planning which can lead to hospital admission avoidance particularly in the last 12 months of life

Family support, avoiding crises both clinical and supporting social care, better experience of care reported by patients and their carers/families

Community respiratory physiotherapy, providing acute and ongoing care to help improve respiratory symptoms and reduce exacerbations thereby reducing hospital admissions including admissions to HDU and PICU.

Whole team/system support for families with extraordinarily complex care needs and CYP's unable to attend hospital respiratory physiotherapy clinics

Ambitions for Palliative & End of Life Care: Self-Assessment Tool



NHSe Improvement and Palliative and End of Life Care Team has committed to the six Ambitions for Palliative and End of Life Care and the delivery of personalised, quality care, that is accessible to all and improves the patient experience developing the Ambitions for Palliative and End of Life Care self-assessment tool.



Completion of the self-assessment tool aids awareness of the Ambitions for Palliative & End of Life Care whilst supporting a coordinated response across our system to assess current areas of strength, and to identify areas for growth that need prioritising.



ICB's are encouraged to collate evidence utilising the ambitions framework with clinical professionals to aid a coordinated consistent approach working towards an enhanced local offer

CYP National Guidance

- **End of life care for infants, children and young people with life-limiting conditions: planning and management** www.nice.org.uk/guidance/ng61/resources
- **Together for Short lives (TFSL)** <https://www.togetherforshortlives.org.uk/>
- **Specialist palliative and end of life care services Children and young people service specification**; The ICB is modelling itself against this specification and the national ambitions for the system. <https://www.england.nhs.uk/wp-content/uploads/2023/01/B1675-specialist-palliative-and-end-of-life-care-services-cyp-service-spec.pdf.pdf>
- **Palliative and End of Life Care Statutory Guidance for Integrated Care Boards (ICBs)**. This supports us in deciphering the palliative reforms within the Health and Care Act 2022, including the legal foundations for ICBs to commission health/palliative care services that meet their population needs. <https://www.england.nhs.uk/wp-content/uploads/2022/07/Palliative-and-End-of-Life-Care-Statutory-Guidance-for-Integrated-Care-Boards-ICBs-September-2022.pdf>

CYP EOL Palliative Care Programme: Q&A



Healthy Weight in Children and Young People

Matthew Missen

Consultant Public Health



Why healthy weight is important

Malnutrition and unhealthy weight during childhood are significant health issues for children and their families.

Obesity is a significant public health concern but good nutrition and healthy weight are critical for optimal child development.

There can be serious implications for a child's physical, mental health and social development, which can continue into adulthood.

There is a consensus that unhealthy weight is a highly complex issue with no simple solution.

Currently we see more children and young people living with unhealthy weight in Staffordshire and Stoke on Trent than we should.

How unhealthy weight impacts on our CYP population

Impacts can start during pregnancy informed by diet and weight of the mother.

Unhealthy weight during childhood can impact on CYP physical, mental and social development affecting preparedness for school and educational attainment.

Importantly the distribution is not equal, with local and national insight giving clear evidence of communities and population groups who experience higher rates of unhealthy weight.

National child measurement programme data evidences significant increase in CYP living with excess weight between age 4-5 years and age 10-11years.

If not addressed this trajectory continues through teenage years and into adulthood, increasing risk of poor health and wellbeing outcomes.

Unhealthy weight: a complex issue needing a partnership response



What CYP tell us about unhealthy weight

There appears to be a large degree of self-blame and over internalisation of the situation, impacting on confidence.

Feelings around body image, peer comparison and the effect of social media impact on mental health and social engagement.

This comes during a key period in their lives when body image and comparison to peers is a major focus and they are hypersensitive to both.

Stigma and judgement from others, including professionals, is commonly experienced and presents a barrier to accessing services.

Perceived impacts and risks differ by age and other characteristics with older CYP placing more emphasis on mental and social impacts.

BMI frequently viewed as not important with unhealthy weight viewed from a more physical and emotive perspective.

Families and CYP accessing services find some needs are not met and they frequently are in contact with multiple professionals/services.

The partnership action plan in development

There is a consensus that a partnership response is needed to better address the complex needs and improve co-ordination of efforts to enable CYP and families to achieve healthy weight.

This focuses on the following areas:

1. Develop partnership to achieve a whole system approach to healthy weight across the life course in Staffordshire & Stoke on Trent
2. Strengthen partnership between services and communities to enable CYP and families to achieve change and outcomes
3. Embed the needs and views of CYP and families in partnership action
4. Improve provision of multi-disciplinary care for CYP and families experiencing complications from unhealthy weight.

Better Health Staffordshire

Rochelle Edwards

Commissioning Manager-Healthy Systems and Environments



Better Health Staffordshire (BHS)

What is Better Health Staffordshire?

- BHS is a strategic, whole system, approach designed to tackle the causes of excess weight and create a healthy weight environment, whilst promoting active lifestyles and healthy diet.
- Underpinned by guidance developed by Public Health England (replaced by UKHSA and OHID).
- Launched in 2020 by Staffordshire County Council and partners.

Better Health Staffordshire Goals

- To reduce overall levels of excess weight across the county and associated health inequalities.
- To enable and empower our population to eat healthier.
- To enable and empower our population to become more physically active.

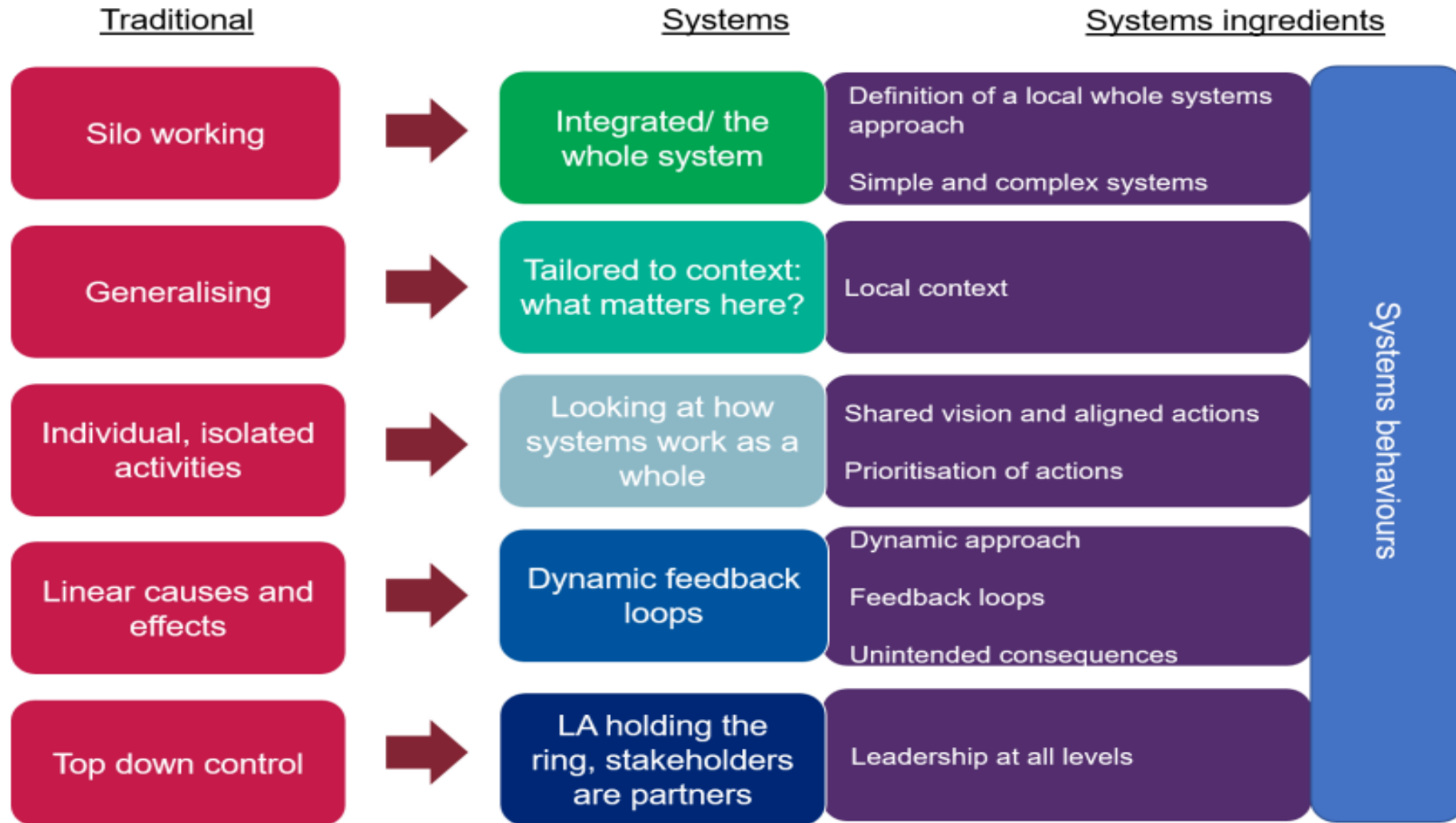


Better Health Staffordshire Mission

- To encourage people to live their happiest and healthiest lives in Staffordshire.
- To cause a social movement for change around better health across the county.
- To help create situations together with local people where they chose to Do Something Different.

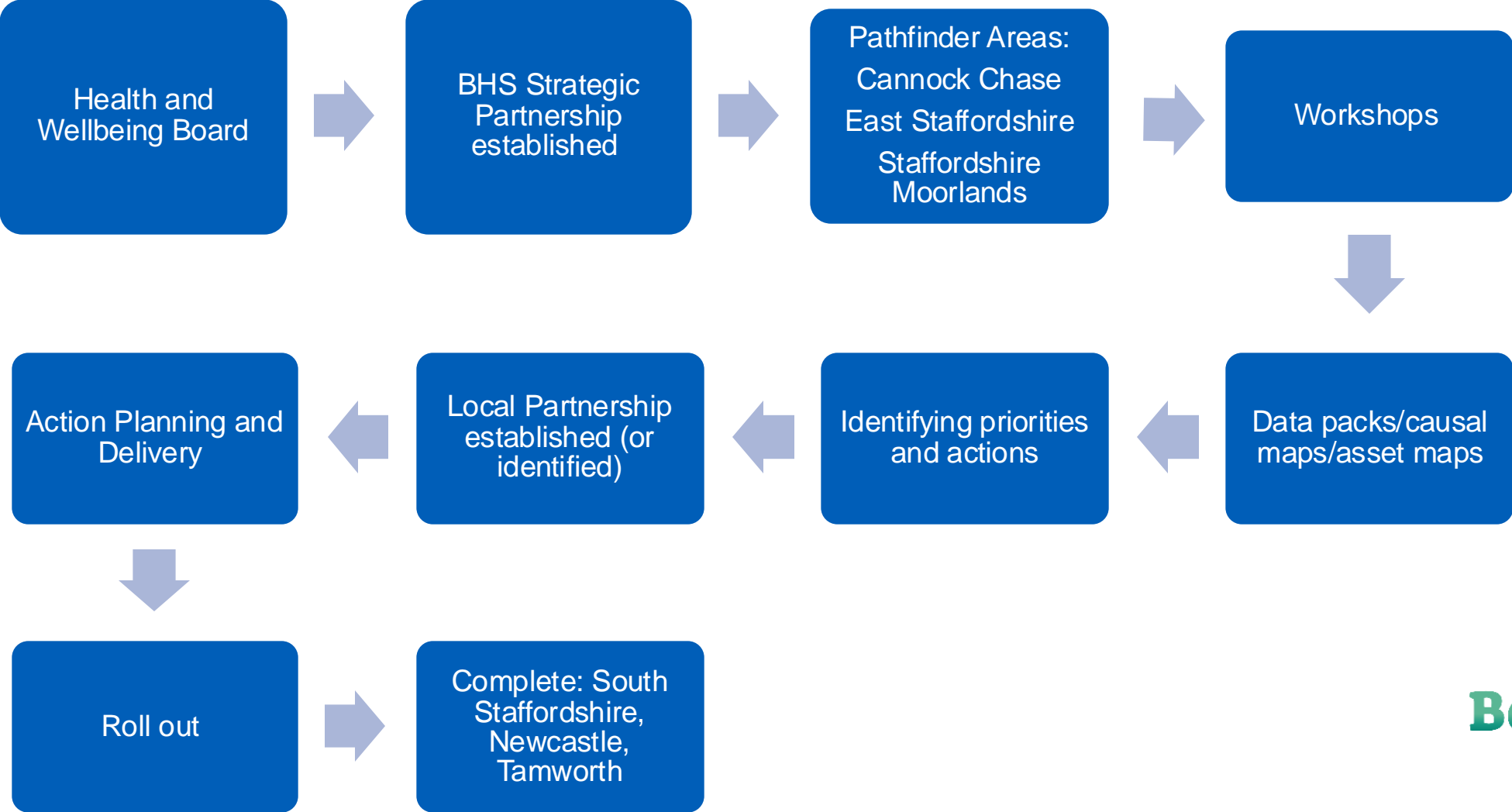


Whole System Approach



Source: [Whole systems approach to obesity: A guide to support local approaches](#)

Implementation



Example Actions/Projects

Action/projects	Status
Addressing the proliferation of fast-food takeaways.	Newcastle-under-Lyme Borough Council have incorporated a policy into their draft Local Plan, which is under consultation.
Responding to the consultation on reforms to the National Policy Planning Framework.	Response submitted.
Development of Food Networks (East Staffordshire and Cannock Chase) led by Support Staffordshire.	Early stages, evaluation due end of March 2025.
Understanding the barriers and motivators for healthy school meals.	School food survey in development.
First Steps ED and Mealtimes Matters CIC working collaboratively to provide a) support to parents of children with ARFID and b) support to early years children to develop a healthy relationship with food.	Project underway, evaluation due end of March 2025.
The School Food Showdown-a highly interactive workshop based on the TV show Ready, Steady, Cook to raise awareness about healthy eating in a fun and interactive way.	Delivered in Tamworth as part of COMF, evaluation to be shared amongst the BHS network.
Home Start Newcastle Borough-Health Happy Homes Family Information pack (budget friendly recipe ideas) training of volunteers.	Project underway, evaluation due end of March.

Healthy Weight in Children and Young People: Q&A



We will now take a **networking break.**

- Please scan the QR code to access the **Healthy Weight in Children and Young People feedback** survey or visit <https://forms.office.com/e/uu65bTQPUt>
- Grab yourself and drink and move to a different table (preferably where there are new faces).
- Discuss the questions and complete the survey individually.
- If you are joining us virtually, please follow the link in the chat which will take you to the survey. Discussions are welcomed so please unmute/put your cameras on.
- Once you have completed the survey you are welcome to take a break away from the room but please return at **2.15pm** ready for the next presenter to start at **2.20pm**.



Please be aware that the next agenda item(Children & Domestic Abuse Agenda) includes video's that some members of the audience may find upsetting or triggering. You will be welcome to step out of the room prior to the commencement of this Agenda Item and return at 14:45 in time for the Closing Remarks & Colleague Celebration.

Children and Domestic Abuse

Amanda Atherton

Laura Collins





What is domestic abuse?

The UK government's definition of domestic violence is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional.'

Domestic abuse can take different forms, including:

- physical abuse
- sexual abuse
- economic abuse
- coercive and controlling behaviour, and gaslighting/emotional abuse
- digital/online abuse
- so-called 'honour-based' violence
- forced marriage
- female genital mutilation (FGM).

Children as victims of domestic abuse

The Domestic Abuse Act recognises the devastating impact that Domestic Abuse can have on children.

A child, (under 18 years old), who sees, hears, or experiences the effects of DA and is related to the victim or the suspect is also to be regarded as a victim of DA.

In what circumstances is a child related to the victim or the perpetrator in the DA act?

The victim or suspect is a parent of, or has parental responsibility for, the child, or

The child and the victim/suspect are relatives



Statistics of domestic abuse and children

1 in 5 children are exposed to domestic abuse by the time they reach 18 years old

Women's Aid reported that in the year 2020-2021, 11,890 children were supported in refuge.

62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others.

Police made almost 245,000 referrals to social services in 2020/2021

Children may feel

Insecure



Confused



Alone



Guilty

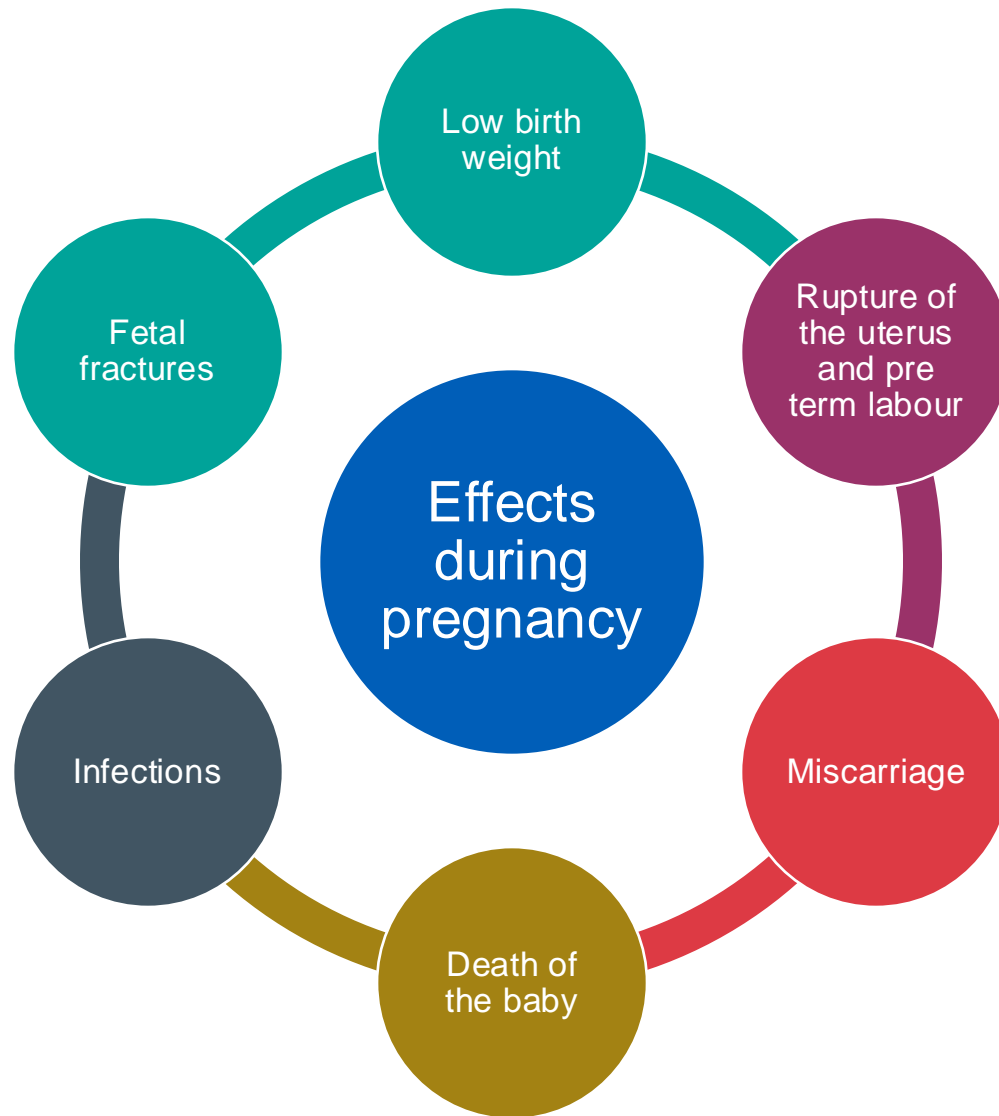


Powerless

Angry

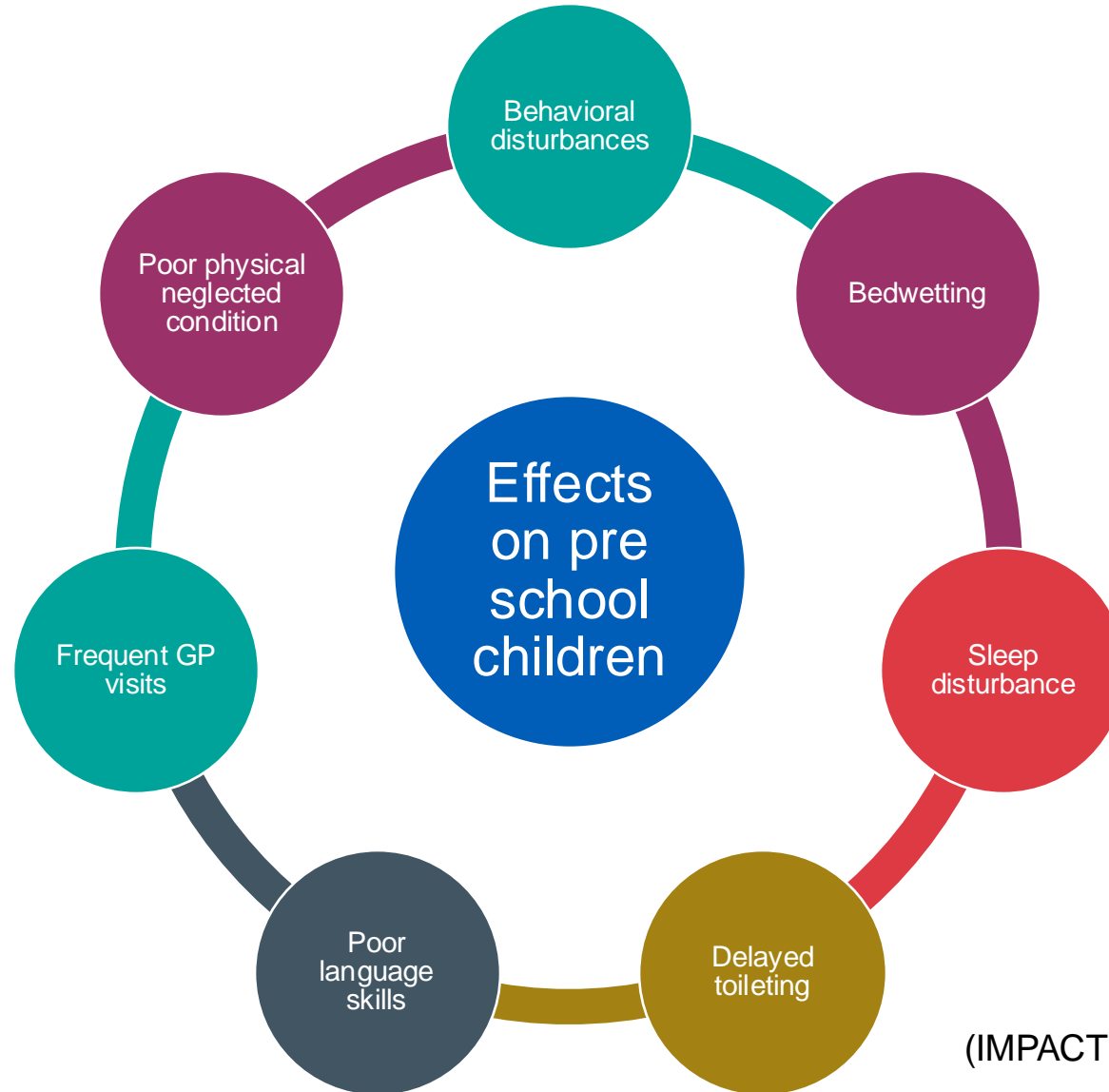
Frightened

Pregnancy and domestic abuse



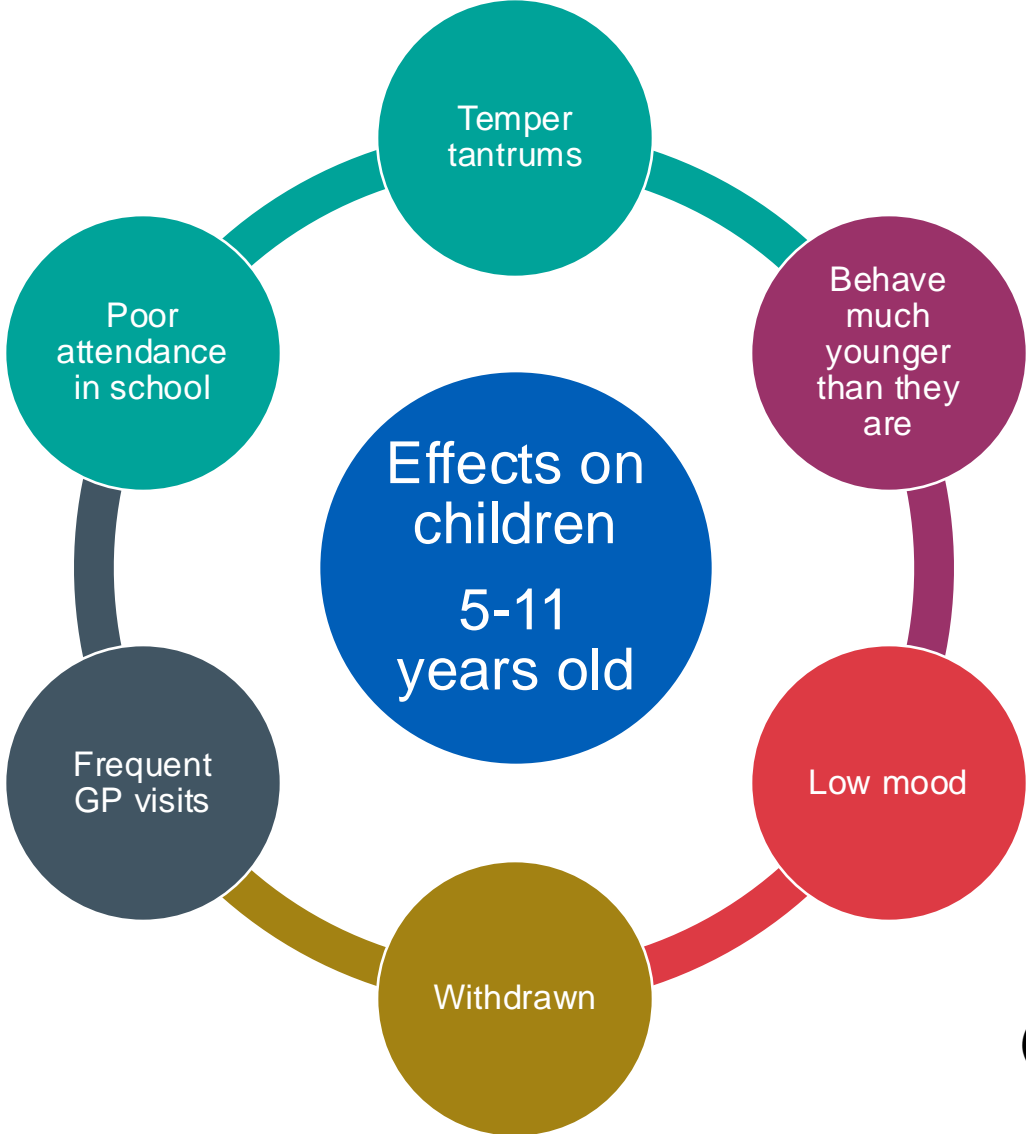
Domestic Abuse often begins or escalates during pregnancy. 1 in 3 pregnant women experience DA. (NHS, 2023)

Pre-school children



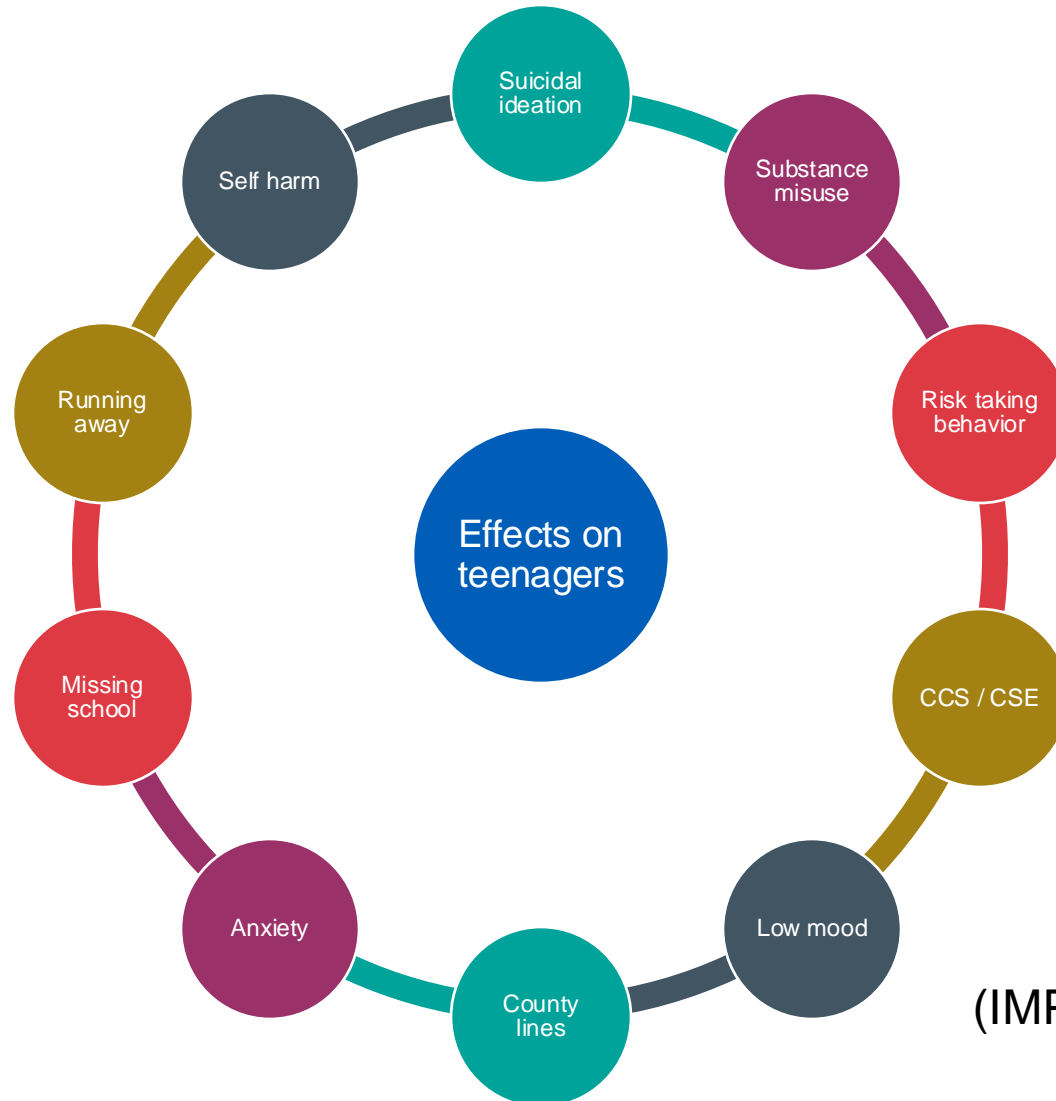
(IMPACT OF DOMESTIC ABUSE ON CHILDREN BY DEVELOPMENTAL LEVEL, 2009)

Children aged 5-11 years old



(IMPACT OF DOMESTIC ABUSE ON CHILDREN BY DEVELOPMENTAL LEVEL, 2009)

Teenagers 11+



(IMPACT OF DOMESTIC ABUSE ON CHILDREN BY DEVELOPMENTAL LEVEL, 2009)

Voice of the child

“The general term used to express how meaningful engagement is created with children and young people. Day to day direct work focuses on listening to and responding to what children and young people say is important to them, take their views into account and consider their wishes. Capturing the voice of the child not only refers to what children say directly, but to many other aspects of their presentation. It means seeing their experiences from their point of view.”
(HMICFRS, 2021)



but we are still scared thinking about when it will happen again.

Myths:

- Myth 1: Only children who have witnessed domestic abuse or violence in the home will go on to abuse a parent or carer.
- **False** – at least 55% of our families have no previous experience of abuse.
- Myth 2: Only a certain type of family is impacted.
- **False** – it doesn't matter what your situation or profession is, CPA can happen to anyone
- Myth 3: It's caused by bad parenting.
- **False** – the majority of parents with multiple children only experience CPA from one, discrediting the theory that it's their parenting to blame.
- Myth 4: CPA only happens where a child has an additional need or mental health condition.
- **False** - There are numerous factors which can increase the likelihood of CPA, but it's untrue to say only children with additional needs or mental ill health will display abusive behaviours.

Voices of children living with domestic violence

He would come in and rip my mother's clothes off. He tried to strangle her, just beat her up like... We were always watching it... He used to tell us to get back to bed.

A lot of times I just heard it from the bedroom, and once my sister and I heard it, and we were just crying our eyes out for Mum, she sounded so desperate downstairs...crying and screaming.



Radford, L. and Hester, M. (2006) *Mothering through domestic violence*. London ; Philadelphia: Jessica Kingsley Publishers.



Support



Child to Parent Abuse Definition

- Child to Parent Abuse is complex and often misunderstood - or even completely overlooked. We don't know the true extent of CPA because incidents often go unreported, and even when escalation to professionals is needed, there may not be a standard way of recording this.
- Experts predict at least 3% of UK homes are impacted by CPA, but this could be much higher in reality.

Types of Child to Parent Domestic Abuse

Abuse can be:

- **Physical** (punching, spitting, kicking)
- **Verbal** (threats, screaming, swearing, insults)
- **Emotional and psychological** (humiliation, whispering campaigns, mind games)
- **Digital** (e-violence, threats on social media)
- **Economic/financial** (demanding money, running up debts in the parent's name, stealing money and possessions)
- **Sexual** (inappropriate behaviour or language, sexual assault).
- **Coercive and controlling** (restricting behaviour, isolating parents from others)
- **Causing damage** (to property or items)

Parents Say:

- Behaviours most commonly start before the age of six (this applies to around a quarter of those we support).
- The behaviours can continue after the child turns 18 (10% of our parents have adult offspring).
- Verbal and physical are the most common types of abuse experienced (by 97% and 90% of parents respectively)
- Almost one in five are physically attacked every day by their child, and another third are physically attacked at least once a week.
- Most children displaying abusive behaviours towards a parental figure will also do so towards other children living in the home.
- Almost all have had to change their routines because of the abuse they're experiencing, and almost three quarters have lost touch with a friend or family member as a consequence.
- 70% have had to reduce their hours or leave work altogether.
- Two in five don't feel able to keep their family safe.

All statistics above are from our PEGS 2022 Parent Survey



The reality of child to parent abuse



Who can help:





Children and Domestic Abuse: Q&A



Elizabeth Disney

Chief Transformation Officer, Staffordshire and Stoke-on-Trent ICB



Closing Remarks

Thank you for joining us today. After the **Colleague Celebration** you are welcome to stay and visit the market stalls until 4pm.

When you leave, please return your badge.



Colleague Celebration

- A huge **thank you** to everyone who made a nomination.
- We have received **42** nominations for individuals and teams to be recognised today which is fantastic.
- We received so many nominations that we don't have time to read them all out, so we have picked out a few to be highlighted for a **special recognition** today.
- You can view all the nominations in our **Nominations Programme:**

Scan me



Special Recognition

Staffordshire Youth Union

Staffordshire Council Voluntary Youth Services

“ Staffordshire Youth Union is a locally elected youth council of around 20 young people. During the last year they have supported 4 local Members of the UK Youth Parliament, agreed a constitution, elected officers and have contributed across a number of consultation and engagement themes such as, Disability and Neurodiversity strategy and pathways, local transport plans, Make Your Mark (resulting in a 193% increase in local votes), Anti-violence campaign development, and much more. They also inputted into the planning for today’s event ensuring youth voice was included in the priorities we are discussing. ”

Scan me



To read the full nomination

Special Recognition

**Becky Murphy & Lou Andrews-Gee, Commissioning
Managers, Children's Public Health**

Staffordshire County Council

“

I would like to extend my heartfelt thanks to Becky and Lou for the outstanding support and seamless collaboration in ensuring the success of our system response to CYP Mental Health.

Your dedication, expertise, and commitment have played a pivotal role in a number of work programmes and made a massive impact. It's a privilege to work alongside such talented and reliable partners, and I look forward to continuing our successful partnership and achieving world domination! (we'll start with SSOT) Thank you!! ”

Scan me



To read the full nomination

Special Recognition

Bernardo Pezo and David Marsh, Youth Workers

Midlands Partnership NHS Foundation Trust

“ The difference they have made to young people across SSOT in a short period of time and in real adverse and challenging circumstances given the uncertainty around funding and sustainability of their roles going forwards. They work incredibly hard and epitomise what being passionate about the needs of children and young people should look like. ”

Scan me



To read the full nomination

Special Recognition

Children and Young People Intensive Support Hub North Staffordshire Combined Healthcare NHS Trust

This team received 8 nominations!

“ The Children and Young People Intensive Support Hub team are not only compassionate, knowledgeable, flexible in their approach, they are truly a dedicated set of professionals that make a difference to all the children and families they work with. I don't know any other children's team that operate the way they do. Their approach is highly skilful which brings about positive change. ”

Scan me



To read the full nomination

Special Recognition

Discovery Group, Hazel Trees, Assessment of pre-school children with SEN

Stoke-on-Trent City Council

“This group demonstrates the true meaning of multiagency working. Staffed by the early years intervention team from Stoke-on-Trent City Council and paediatricians from UHNM and supported by Stoke-on-Trent Education Psychology, SENMAS and parent volunteers from PEGIS, this group undertakes holistic assessment of pre-school children with developmental impairment that may affect them when starting full time education. When the group initially started it assessed 15 children per year. Over the last 12 months with no additional funding (just the people involved using their already funded hours to work smarter) it has assessed 54 children and will continue to deliver this number of assessments going forwards.”

Scan me



To read the full nomination

Special Recognition

**Cassie Powell, Whole School Approach Co-ordinator
Mental Health Support Teams**

North Staffordshire Combined Healthcare NHS Trust

“ Cassie has tenacity and motivation, at her heart is the impact she knows the MHST can make to preventing mental ill health in children, and she has amazing insight into how education provisions can do this. Cassie has created positive relationships not just within schools but has moved higher, talking to Multi Academy Trusts (MAT) leads as well as her positive and lasting impression on members of the ICB and local authority. This has led to our involvement with projects from DfE as well as Cassie supporting events that have been hosted through the NHS futures platform. ”

Scan me



To read the full nomination

Special Recognition

Dr Meghana Pearson, Named doctor for looked after children

University Hospitals of North Midlands

“ Dr Pearson has an incredibly challenging role but her passion and dedication for trying to deliver the best looked after children's service is unwavering. She ensures that this vulnerable cohort of society receive high quality medical examinations to address their medical needs whilst investing an enormous amount of energy and time trying to improve the service against what can feel like insurmountable challenges. ”

Scan me



To read the full nomination

Scan me



To read all the nominations

Thank you for joining us today

2024 Nominations ★ **Well done everyone!**