

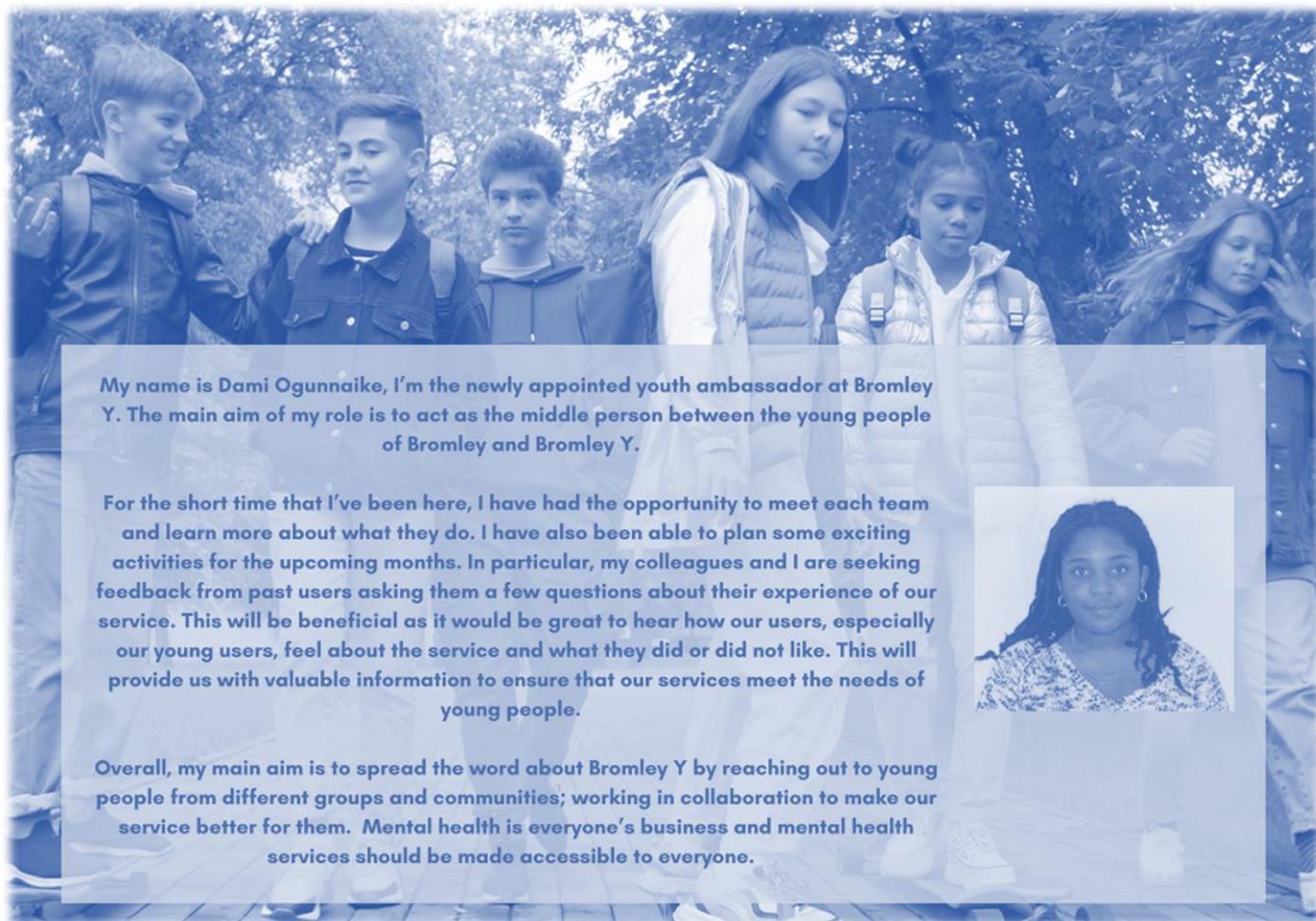


TRANSITIONS

Bromley Y
Annual Report
2021



MEET OUR NEW YOUTH AMBASSADOR, DAMI



My name is Damian Ogunnaike, I'm the newly appointed youth ambassador at Bromley Y. The main aim of my role is to act as the middle person between the young people of Bromley and Bromley Y.

For the short time that I've been here, I have had the opportunity to meet each team and learn more about what they do. I have also been able to plan some exciting activities for the upcoming months. In particular, my colleagues and I are seeking feedback from past users asking them a few questions about their experience of our service. This will be beneficial as it would be great to hear how our users, especially our young users, feel about the service and what they did or did not like. This will provide us with valuable information to ensure that our services meet the needs of young people.

Overall, my main aim is to spread the word about Bromley Y by reaching out to young people from different groups and communities; working in collaboration to make our service better for them. Mental health is everyone's business and mental health services should be made accessible to everyone.

CHAIRMAN'S REPORT

The time since our last Annual General Meeting has certainly been very challenging. We are still living in uncertain times; as we were this time last year. This creates stresses in different areas both in home and personal life and with work. I have worked closely with Gill Allen, the Director, over the last year and know how committed and dedicated the staff are to providing the best service to young people with mental health problems. It cannot be easy at times and must require a lot of time and effort, so, well done to all concerned.

Undoubtedly the most significant event for **Bromley Y** since the last Annual General Meeting was being awarded the new Mental Health and Emotional Wellbeing contract for children and young people. At the last meeting it was announced **Bromley Y** had submitted a bid; with the notification of who had been awarded the contract due to be announced by the Council in December. The announcement was delayed by a month, for whatever reason, which meant Christmas was a period of uncertainty for **Bromley Y**. However, in January it was announced we had been awarded the new contract, which was due to start from the 1st of April 2021.

The services provided under the new contract is different in many ways to the old one. Therefore, a staffing restructuring process was required and due to the delay in announcing the award of the new contract there was less time available for restructuring. However, with a lot of effort and commitment this transition was achieved, and the new service was up and ready to go live on 1st April 2021.

Not surprisingly referrals have been significantly higher this year than last year. The effects of the pandemic have affected the mental health of many, and this has been evidenced by the numbers of children and young people being referred. There has also been an impact on staff, in terms of how and where the services can be delivered. The wellbeing of those who seek help for their mental health concerns is extremely important and all at **Bromley Y** are committed to help and support them. **Bromley Y** will continue to be the key organisation for young people to seek help for mental health problems into the foreseeable future, as the new contract is for 5 years with extension of 2 + 2 further years. This allows us to continue to deliver a quality service over a significant time.

There have been several training events during the year. Last month all the Trustees attended an event via zoom which considered the usual composition and function of Trustee Boards. Trustees discussed various ideas on how things could be done differently, and we are considering how to take this forward. There was certainly a lot of positive feedback after this event.

Equality, Diversity, and Inclusion training has been taking place with staff and Trustees and **Bromley Y** are committed to continue the process of change, to ensure the organisation is seen to be open and fair to all, whatever their background.

A staff away day took place at Ripley Arts Centre on 1st September 2021, both Kathy Morris (Vice Chair of Board of Trustees) and I attended. From my point of view, it was good to see so many people there and have a chance to hear their views and thoughts, I found it to be a very positive day.

We are still in the process of recruiting for new Trustees and are considering particularly how we can attract younger people to think of becoming a Trustee, as well as ensuring the voice of young people is key in our work as a Board.

I would like to thank Gill Allen, the Director for what she has done and achieved over the last year. It has not been easy at times and can be quite challenging. I also would like to thank my fellow Trustees for their help and support. It has been very valuable to me.

Dr Stuart H Robertson
Chair of Bromley Y Board of Trustees



DIRECTOR'S REPORT

The global pandemic has had an impact on all our lives since early last year. However, young people have been disproportionately affected by the measures taken to tackle the virus. They have experienced isolation, loss of networks, changes to schooling and exams, bereavement and loss, and changes to financial stability. It is easy to see how these circumstances have impacted them, in many cases leading to a worsening in their mental health and wellbeing, which makes the work that we do at **Bromley Y** ever more important. I am most appreciative and proud of the way in which our team has stepped-up at this demanding but critical time not only for the young people we seek to serve, but also for ourselves. The pandemic has been a catalyst for many changes to the world in which we live. At **Bromley Y**, we see this as an opportunity to strengthen the way in which we work and thereby our ability to positively impact the life of young people.

Whilst reflecting, on writing this report, I realised that for us all the past year has been a series of transitions; for the children and young people and their families who we work with; for staff and trustees as individuals and as part of the organisation which is **Bromley Y**.

Our vision is clear, ensuring powerful young voices. We want to be an organisation which young people feel can provide lasting change. Thanks to mobile phones, social media, and ease of access to the internet, younger generations are raising their voices and sharing their highly valued views and time with us. To strengthen this important communication channel, we recently recruited a youth ambassador to drive this work forward. We are also transforming our Board of Trustees so that the voice of the young person is not only listened to, but is given power. And furthermore, we are interested in how we can retain young trustees, how we can keep attracting the voice of our youth, and how we can keep boosting the brand of **Bromley Y**, whilst we remain relevant.

In addition to the pandemic creating new mental health issues, it has also affected those already living with mental health challenges. Many have been unable to access the level of care and support that they had previously and upon which they rely. Many young people are also experiencing mental health problems for the first time such as increased anxiety, distress, and risk; as a natural response to their circumstances. People are having to look for new and different ways to get support. In order to increase the reach of our services, we recently established a text messaging service called "The Signpost" for young people 11-18 years. This is a text chat service which provides emotional help, support and advice. Given the demand in the community, this is an invaluable intervention to make sure young people can have a timely response, when they need help.

Since March 2020, most of our work has been virtual. More recently, COVID-driven restrictions may have been eased, but the importance of virtual interactions continues for us as a charity, since they allow us to reach audiences further afield. They also increase our efficiency of operation. We need to ensure we continue with a systemic approach of early intervention as well as specialist support. We have returned to the office in team bubbles, with each bubble aiming to meet in the office one day per week. We plan to continue to work under flexible arrangements as we have demonstrated that we can do so effectively. The **Bromley Y** team of 58 staff plus volunteers has continued to work hard and, very effectively, during this most demanding of periods for mental health professionals. I am constantly impressed by the staff team's performance, hard work and dedication to **Bromley Y**, and I am amazed at how well they have maintained this performance whilst taking on even more work. However, I am concerned by the demands of intense remote working amid the pandemic and the challenges our staff have reported. Flexible working has become the norm, which has many benefits in our ability to make a difference for young people. However, this creates new challenges for some of our team - maintaining good mental health for our workforce is more important than ever whilst people adjust to the 'new normal.'



We were delighted to succeed in an important tender process that was concluded late last year. This led to a new contract being awarded to **Bromley Y** in January 2021. This contract is for five years and a possible extension of a further four years. The new contract, starting on 1st April 2021 continues to provide single point of access to all children and young people in Bromley with an emphasis on early intervention, prevention and building resilience in the community. This is an amazing opportunity for us as a charity and third sector organisation to materially increase the crucial work that our team does to help young people in our area, whilst meeting the requirements of the contract. The new contract award provides us with increased financial certainty for the coming five years, enabling us to invest further in our capabilities. Until now we have relied upon short term financial commitments, donations, and volunteers to support our work. We take the opportunity to reach more young people and the added responsibility very seriously, developing our services to meet the needs identified during the pandemic and with the new contract.

We have welcomed new partnerships with Bfb Labs who have developed Lumi Nova. Lumi Nova is a therapeutic interactive online game aimed at 7–12-year-olds experiencing anxiety. Lumi Nova helps a family to work at its own pace to tackle anxiety and check in with a practitioner to help keep on track. Our early experience of using Lumi Nova is encouraging, however the demand for face-to-face contact is high, so we continue to evaluate our offer. We also have partnered with Orpington Rovers Football Club to bring team sports and mental health together to improve the emotional and mental health of Bromley’s young people. **Bromley Y** was approached by Positive Pete (a charity who provide a mentoring service in some Bromley and other schools) as to whether we would consider a merger (Charities Commission definition) to enable the continuation of the Positive Pete Service, which was having to close. We took this opportunity to expand our Mentoring Service into schools in order to broaden the range of support to children and young people can choose from.

As an organisation we are working hard to become more inclusive, and we have been able to make improvements to ensuring equality, diversity, and inclusion (EDI) within **Bromley Y**. We have a more inclusive staff team; we have dedicated HR support and we have developed our policies and procedures to promote better EDI. In parallel with strengthening our offer to young people, we are updating our data systems to keep our data safe and to better inform our work and practice.

The past year has been transformative for **Bromley Y**, partly due to the pandemic, but also due to proactive changes to our ways of working. We have expanded our services via a new contract, provided an early intervention service for children, young people, and their families/carers in Bromley and become more flexible in our work practices. Overall, we have seen a 75% increase in referrals this year. This of course allows us to make a greater impact within our community, which we welcome. We have successfully navigated a challenging but very important year. In doing so I wish to again thank our **Bromley Y** team for their commitment and flexibility. I also wish to thank our Trustees for their support and guidance.

Bromley Y continues to demonstrate the value we offer as a charity to the community. I believe we have achieved a great deal but never stop learning more about what people want and need from us. As an organisation we recognise we have ongoing major challenges on our hands to help young people. I am extremely proud of what we have achieved over the past year and am committed to maintaining momentum.

Best Wishes.

Gill Allen

Director, Bromley Y



SAFEGUARDING SUMMARY

We take our safeguarding responsibilities seriously. Bromley Y is committed to the safeguarding of children and young people and it is high on our agenda and embedded into our practice.

We ensure that all our practitioners are trained by the local authority to level 3 safeguarding children and all support staff to level 2. Practice leads and team leaders are required to attend levels 4 and 5 and we are awaiting the new training programme from Bromley Safeguarding Board in order to facilitate this. All staff have also undertaken the level 1 and 2 safeguarding adults training.

Bromley Y remains the single point of access for all mental health referrals for children and young people in the borough. We risk and safety review referrals daily within 72 hours and RAG rate these based on the information provided at referral by the referrer.

There is a safety call and planning rota and practitioners make these calls each day in order to support children, young people and their carers. Risk is assessed and we ensure safety measures and plans are robustly created.

We triage with our colleagues at CAMHS on a daily basis. This is a collaborative space which enables us to highlight the young persons' mental health needs with a view to seeking CAMHS intervention. This meeting is used to bring cases for consultation which enables us to promote safe working practice.

At present there is an increase in referrals stating anxiety, low mood, self-harm, suicide ideation, disordered eating, school refusal, impact of domestic abuse / violence. More recently there is also an increase in disclosures of sexual assault. In addition, gender questioning and bereavement referrals are increasing as well as parental mental health difficulties and functioning.

We sometimes signpost referrals to more appropriate specialist services in order for a child or young person to receive the most helpful care pathway and have their needs met. For example, regarding domestic violence and abuse we may refer to the specialist services; Bromley and Croydon Women's Aid; Women and Girls network and Bromley Children's Project "Children Overcoming Domestic Abuse Group".

If there is a clear comorbid mental health presentation or risk this will be assessed and intervention provided by alongside Bromley Y or CAMHS.

Bromley Y is currently supporting practitioners to understand more about domestic abuse and violence. In June 2021 Bromley and Croydon Women's Aid delivered training to the service and we are recommending to staff that they attend the various training opportunities facilitated by the local authority.

We are currently developing a multi-agency meeting to ensure that children and young people do not fall between the gap of service provisions. We trialed this internally to begin with, then invited our CAMHS colleagues. We are now taking it to the next level and inviting our colleagues at social care to join.

Bromley Y is committed to working collaboratively with our partner agencies and we attend external meetings in the borough. We join the daily MASH Meeting and also provide intelligence outside of this when requested, in addition to our offer of consultation to social workers.

We attend the Safeguarding Health Forum, Bromley Safeguarding Children Partnership and the Domestic Abuse and Violence Operational Forum.

Emma Madden
Practice/Safeguarding Lead

PERFORMANCE OF BROMLEY Y SERVICES

The new service model is based on the **THRIVE** model, so our reporting focuses on the main **THRIVE** categories. Our performance for the last year is presented against these categories; considering the last year of the previous service and the first three months of the new service. Trends in performance are difficult to identify with the transition to the new service, the changing requirements and impact from the pandemic.

Getting risk support: This is the front door into **Bromley Y** and provides assessment, risk calls and pathway planning. This team is the Single Point of Access and works closely with CAMHS and other referring organisations. The team includes the contact (hub and navigators) staff. There has been a huge increase in numbers of referrals to **Bromley Y** and staff have been working extremely hard to meet the contractual arrangements. The Joint Daily triage-(JDT) continues to work well and CAMHS referral summaries have been well received by CAMHS. A total of 81 referrals went to specialist CAMHS, of which 61 were accepted. There has also been a very large increase in the complexity and risk of referrals. Staff have made a great deal of safety calls, requiring an increase in supervision and staff training to support the staff. The new navigator role is being put into practice and we hope this will provide the 'holding' that most young people need, especially during the initial stages of assessment, intervention and when being referred on. There has been development of a Multi-Agency Group (MAG) to discuss cases where there is no clear remit as to which care pathway is required. Most cases being discussed are those not meeting the threshold for CAMHS but with a high level of complexity and risk attached. The Multi-Agency Group ensures that individuals are not "bounced" round the system.

- Referrals:** Rates of probable mental disorder have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls. Taking these figures and the established figure (prior to 2020) of 1 in 10 (10%) children and young people would have a mental health issue. A survey was carried out by NHS Digital on the possible effect of the COVID pandemic, this figure has appeared to rise to 16% with discrete variations across age groups gender and specialist groups. This may well be an underestimate as the survey was carried out before the second lockdown. The figures do not include individuals between 18-25 years, the likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years) with 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder in 2020. The Children and Young People's Mental Health NHS Benchmarking Network reported that for 2020, 1,638 children per 100,000 of the population were receiving support but during 2020 because of the COVID pandemic referrals dropped to services dropped by 52%.

1. Prevalence of mental health issues by age (from Bromley JSNA 2017)

AGE GROUP	2017 POPULATION	% of total under 18 population	Expected (assuming 10%)	2019/2020 REFERRALS TO BROMLEY Y	2022 POPULATION	% of total under 18 population	Expected (assuming 16%)
0-4	21,600	27.6	No prevalence data	125	22,100	25.5	No prevalence data
5-10	26,700	34.0	2,670	736	27,100	31.3	4,336
11-18	30,100	38.4	3,010	1814	34,400	39.7	5,504
Total	78,400		5,680	2,675	86,600		9,840

Referrals to **Bromley Y** for 1st quarter of the new service

REFERRALS	Q1
Total number of referrals for quarter	1020
Number of re-referrals	471
Number of inappropriate referrals	2
Number signposted on at referral stage	22

As can be seen from the above referral figures there has been an increase in the number of referrals received. Last year 2020/21 the referrals received for the year were **2,348** (excluding the Schools Wellbeing Service) which is an average of **587** per quarter. As this was an unusual year with the pandemic and two lockdowns the number of referrals for 2019/20 was **2,675** (excluding the School Wellbeing Service) which is an average of **669** per quarter. The first quarter of 2021/22 is showing an approximate **74% increase** on the 2020/21 average, **35% increase** on 2019/20. So, it is not yet known if this massive increase in quarter 1 for 2021 will be maintained in the longer term, although from the prevalence data for Bromley there are indications that it may. There has been an increase in referrals from trailblazer schools mainly COVID related and anxiety. We have seen a big impact of COVID-19 on young people and their families.

- **Referrals by Age:** The total population for Bromley is 330,909, of which nearly one in four (24%) are children aged 0-18 years. Despite the rising birth rate, the population projections for children aged 0-4 years in Bromley are static and projected to fall in the mid-2020s. The data sets used across Bromley vary by age with the Joint Strategic Needs Assessment (2017) breaking age groups down by school years (so there is not a direct comparison), however, they give an indication of the access by certain age groups.

Bromley level data broken down by school years (from Bromley JSNA 2017)

AGE GROUP	2017	% of total under 18 population	2022	% of total under 18 population	2027	% of total under 18 population
0-4	21,600	27.6%	22,100	25.5%	22,200	25.7%
5-10	26,700	34.0%	27,100	31.3%	27,300	31.6%
11-18	30,100	38.4%	34,400	39.7%	36,800	42.6%
Total	78,400		86,600		86,300	

When comparing the age profile against number of referrals (taking no account of prevalence) there is a variation across the age ranges (See table below Age profile of referrals in **Bromley Y** 2017-2019). There is an under representation within 0-4-year age group, which is to be expected as issues are more likely to be developmental, and other services may be addressing any difficulties, if they arise. The referrals number includes 5-year-olds so the reported % are likely be lower. For the 5-10 age group, referral numbers are from 6 years, so for this age group, referrals approximately match the demographic profile. Referral numbers are significantly higher in the 11-18 age group, than the demographic profile would suggest. This may reflect prevalence of issues, multiplicity of issues or this group may be more likely to self-refer.

Bromley Y level data broken down by school years

AGE GROUP	Bromley Y referrals for 2017/18	% of total referrals	Bromley Y referrals for 2018/19	% of total referrals
0-4	163	6.1%	110	4.5%
5-10	759	28.2%	744	30.2%
11-18	1765	65.7%	1610	65.4%
Total	2688		2464	

Referrals by age to Bromley Y for 1st quarter of the new service

AGE	Q1 Number	Q1 % of total referrals
0-4	5	0.4%
5-7	60	6%
8-10	189	19%
11-13	318	31%
14-16	357	35%
17-19	90	9%
20-25	1	0.09%

Whilst age range figures are not directly comparable from previous data sets, there appears to have been a small shift from referrals for those between 5-10 years olds (approximately 25% for this quarter) to 11-19 age range

(approximately 75% for this quarter). This may be because of the impact of the pandemic and lockdowns has increased anxieties in older children around exams, careers etc which is not seen in younger children.

- Referrals by Ethnicity:** The latest (2017) GLA population projection estimates show that in 2017, the ethnic minority population of Bromley was 19.8%. This proportion varies by age group, with the greatest proportion of the BAME population being in children and young people (as shown in the table below). The overall ethnic minority population of Bromley is projected to rise to 23% by 2027. The greatest proportional rise is in the Black African group which is predicted to grow by 45% over the next decade. Data from the 2011 census shows that the North- West of Bromley has the highest proportion of ethnic minority population. Bromley has a large, settled Gypsy Traveller Community living in houses, concentrated chiefly in the east of the borough in the Crays. Estimating the number of people in these communities is problematic as individuals are often reluctant to identify themselves. School census data from January 2017 included 185 pupils whose families classified them as either travellers of Irish heritage or Roma/Gypsy. It is worth noting that these numbers are likely to be an underestimate.

Proportion of BMEs in Bromley by age group (from Bromley JSNA 2017)

AGE GROUP	NUMBER FROM BME (2017)	% of Population by Age Group
0-4	4010	19%
5-10	4750	18%
11-18	5530	18%
TOTAL	14,290	

The % of referrals from BAME groups to **Bromley Y** in 2017/18 was 18.1% falling to 17.3% in 2018/19. It should be noted however that the number of referrals marked not known were 20.4% and 23.4% respectively may distort these figures. As part of its work on Black Lives Matter **Bromley Y** has looked in detail at the information it collects on ethnicity, categories of which have been expanded (based on the 2021 Census) to provide more detailed information, including data on Roma/Gypsy or Irish Traveller. This will also be a mandated field on the “assessment form” with information provided directly by the individual rather than as previously from GP records, which were not necessarily complete. However, in terms of reporting, the indicator will use the current Mental Health Service Data Set categories, as shown below.

*Referrals by Ethnicity to **Bromley Y** for 1st quarter of the new service*

ETHNIC GROUP	Q1	
	Number of referrals	% of all referrals
WHITE	740	72.6%
ASIAN OR ASIAN BRITISH	33	3.24%
BLACK OR BLACK BRITISH	54	5.29%
MIXED	120	11.76%
OTHER	25	2.45%
NOT KNOWN	48	4.71%
TOTAL	1,020	

There has been a large decrease in the numbers reported as **Not Known** from 18.1% in 2017/18, 17.3% in 2018/19, 14.3% in 2019/20 to the current 4.71%. This demonstrates the awareness raised by the “Black Lives Matters” agenda and the work carried out around that looking at access to services to people from BAME groups. It is also the result of a shift to asking the individual themselves about their ethnicity rather than relying on the referrer to provide it - when often they do not have that information. There has also been an increase in the number of individuals from BAME communities using **Bromley Y** services to 22.74% from an average of just over 18% in previous years. This is possibly because the referrals previously marked **Not Known** were more likely to be from those communities and therefore data was distorted. Whether there is an actual increase in access by these communities will only be known with further quarters’ reporting.

- **Referrals by Gender:** Using an average across age groups 0-19 years from 2011 Census the average gender % are male 51.1% and female 48.9%, please note no other gender categories were reported. It should also be noted that census information becomes more unreliable with time. A new census is being undertaken in 2021 with local data released 2021/2022.

Gender profile from Bromley Y data

GENDER	DEMOGRAPHIC AVERAGE	REFERRALS 2017/18	REFERRALS 2018/19	REFERRALS 2019/20
Male	51.1%	47.9%	48.0%	53%
Female	48.9%	52.1%	51.7%	47%

Bromley Y has changed the questions asked on gender with the introduction of the new service. There are now two questions, one on gender assigned at birth, which is the data collected by NHS Digital. The second question is on the preferred gender. Reports will focus on the former question in line with the requirements other data sets.

Referrals by Gender to Bromley Y for 1st quarter of the new service

GENDER (as a % of all referrals)	Q1
Male	41.1%
Female	58.33%

There is a slight variation in the gender of referrals as against the demographic profile which may be because of the date of the demographic profile or that the issues change with age - so females are more likely to be referred in the older age groups. There has been a more significant shift in this quarter with more females presenting which would mirror the number of 11-19 age range increasing to approximately 75% for this quarter.

- **Source of Referral:** This indicator is important locally to give information on how individuals are accessing **Bromley Y** services. Nationally there is no comparative data available as it is dependent on the design of the service and where referrals will be accepted from, for example a range of services are GP and hospital only referrals. **Bromley Y** has collected this data to inform the reach of its services to individuals and their parents, although as can be seen from the 2019/2020 data below most referrals are still from GP's.

Average % of referrals to Bromley Y for 2019/2020

REFERRAL SOURCE	AVERAGE % OF REFERRALS FOR 2019/2020
GP	35%
Parent/carer	22%
School	18%
Self	3%
Social Care	6%
Other	16%

Source of referrals to Bromley Y for 1st quarter of the new service

% SOURCE OF REFERRAL	Q1
Parent/Carer	31.3%
Child and Adolescent Mental Health)	0.5%
Community-based Paediatrics (Bromley Healthcare/Phoenix)	2.0%
Court Liaison and Diversion (YOS)	0.2%
General Medical Practitioner	33.6%
Hospital-based Paediatrics	1.3%
Other service or agency	2.3%
School	19.8%
Self	3.2%
Social Services	4.8%
Voluntary Sector (BCP, Young Carers)	1.1%

The sources of referrals have remained reasonably static compared to the 2019/20 average with GP's being the main source of referral. However, in this quarter there has been nearly a 10% increase in parents/carers referring directly. This may be an indication that through lockdown and disruption to schooling parents have been with their individual child to a greater extent and noticing difficulties for the young person. It will be interesting to see over the next few quarters and hopefully schooling settling into a more predictable pattern whether this trend continues.

- **Number of Target Groups:** There are key target groups within Bromley comprising individuals who are deemed to have additional needs due to their circumstances. Under the new contract **Bromley Y** is expected to provide services and report on these numbers.
 - **Children Looked After (CLA):** There were 328 Bromley Children Looked After in 2019/20. This compares to 348 Bromley CLA in 2018/19 and 310 in 2017/18. The majority of Bromley's CLA continue to be placed out of Borough and the number has been reasonably static through the year. At the end of March 2020 this was 179 children equating to 55% of placements. By the end of March 2020 there were 21 unaccompanied asylum-seeking children (UASC). This number has more than halved since the beginning of the year as Bromley reached its agreed quota under the National Transfer Scheme. Under the new service **Bromley Y** is expected to provide advice and guidance services to Bromley CLA and a full range of services to those CLA from other boroughs who are resident in Bromley.
 - **Care Leavers (CL):** In 2019/20, 63 CLA in Bromley ceased to be looked after by virtue of turning 18 and in total 120 children ceased to be looked after. Care Leavers are entitled to support up to the age of 25 years if required.
 - **Young Carers:** It is estimated that there are around 700,000 young carers in the UK and around 200 in Bromley. With 980 identified as living in a family where someone is affected by a long-term illness, disability, mental health issue, alcohol or substance misuse or HIV. (*Bromley JSNA 2018*). Many young carers provide emotional support to family members in need. Young carers are children and young persons under the age of 18 who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically, or mentally ill. They carry out, often on a regular basis, significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development. Due to these responsibilities, young carers miss an average of 48 days of school throughout the year, and 68% have been bullied at some point because of their role in caring for someone. Bromley Well Young Carers service provides support to young carers who undertake caring responsibilities and **Bromley Y** provides agreed emotional wellbeing support directly to young carers known to this service.
 - **Individuals with Education, Health and Care Plan in place:** Overall, in secondary schools, 13% need SEN support and 1.4% pupils have an EHC Plan (*2018 school census data*) and overall, in primary schools 13% need SEN support and 1.8% have an EHC Plan (*2018 school census data*).
 - **Number of individuals identified as SEND:** The number of pupils in Bromley schools with Special Educational Needs is currently at 7,436 pupils (*based on the January 2018 school census*). Of these, 5,927 pupils have SEN needs at support level, and do not have an EHC Plan. It is also of note that two cohorts of children and young people with SEND are increasing in number – those with Social, Emotional and Mental Health difficulties (SEMH), particularly in secondary schools, and those with speech, language, and communication needs (SLCN), particularly in primary schools.

Referrals to **Bromley Y** for targeted groups for 1st quarter of the new service

NUMBER OF INDIVIDUALS	Q1
Number of cases (both referred and open) of Children Looked After (CLA)	19
Number of cases (both referred and open) of Care Leavers (CL)	N/A
Number of individuals identifying as Young Carers (both referred and open)	22
Number of individuals with ECHP in place (both referred and open)	72
Number of individuals identified as SEND (both referred and open)	N/A

Currently we do not collect all of this data. The new database will collect this information which will be available from Quarter 3.

- **Referrals to other Organisations:** Onward referrals are, in the main focused on referrals to Oxleas CAMHS, as a % of onward referrals, in 2019/2020 under **10%** and referrals on to other organisation may be statistically insignificant (under 2%) but may rise with the new service. The referral rate to CAMHS is lower than the average of 10% or 2019/20. Whilst 7.9% referrals to CAMHS were made in this quarter. This is a 4% increase on the last quarter and a lower number than nationally (4% of the under 18 population requiring specialist CAMHS) as it equates to 1% of the total under 18 population of Bromley, although this figure does not include those who present to A&E, who are referred directly to CAMHS. It demonstrates the effectiveness of a Single point of Access.

Getting Help: This team provides the intervention arm of the organisation and includes Traded Services, Mentoring Service and Young Carers. The Getting Help team offers 1:1 and group interventions. For 1:1 work the wait time approximately up to 8 weeks for an intervention (from referral), this is being monitored and where appropriate groups are being run to decrease the waiting times. Staff provide check-in calls for young people/families who are waiting (especially those more at risk). There is an increase in complexity of the work, with increased prevalence of self-harm and suicide ideation. There is also more involvement from social care, medical services and other agencies working with families.

- **Number of Open Cases:** Whilst the number of referrals will give an indication of workload, the number of current cases, will demonstrate the case load being carried across the organisation. It will also indicate the numbers that require more than the contracted six sessions. This is a new indicator so there is no previous data for comparison. There is currently no data on those who may require more than six sessions this will be available at the next quarter.

Number of Open Cases in the 1st quarter of the new service

NUMBER OF INDIVIDUALS	Q1
Number open to Getting Help Team at end of quarter	160
Number open to Traded Services at end of quarter	87

- **Number of Face-to-Face and Digital Interventions:** With the implementation of a new service and the impact of the COVID pandemic, the use of virtual technologies to deliver services to individuals has increased. It is necessary to keep a balance between the use of the technologies, which enables more individuals to be seen and, effective practice. Most of the initial contact meeting (assessments) will be carried out remotely, so this indicator focuses on the delivery of interventions and whether they are face to face or virtual. As more data is collected it would be possible to cross reference the mode of delivery to outcome measures. The Children and Young Peoples Mental Health NHS Benchmarking Network indicates that 82% of contacts were delivered in non-face to face format in April 2020 with 20% of all contacts being delivered using digital technologies by September 2021. Most interventions in this quarter, have been delivered remotely. A small proportion were delivered face to face in the Traded Services and some delivered in “walk and talk”, outside.

Getting Advice : This service is outward-facing and includes the school wellbeing service as well as our outreach work. Focus on information, advice, and practical resources to better understand and promote individuals’ mental health and wellbeing. This team continues to work in the community, working closely with schools, maintaining a focus on early intervention/prevention as well as building resilience in young people and their families.

There has been an increase in webinars for parents and young people and pupil of concern meetings for schools. Webinars have been delivered to both primary and secondary schools-managing fears and worries. Transition workshops are key at this point for both children and their parents, as are low mood and understanding anxiety workshops for young people in secondary schools. Face to face work is offered in schools on a ‘needs’ basis but

benefits of the remote offer are clearly noticeable. Group work has also been delivered in schools in response to need.

In parallel to our work in schools, we are extending our links into the community-to support groups finding it difficult to access support, in order to understand the needs of marginalised groups. Our plentiful social media activity updating on **Bromley Y's** activity has enjoyed a gradual increase in followers. We also launched The Signpost, text service for young people aged 11-18 on 26th April 2021.

- **Number of Workshops/Groups Delivered:** The Getting Advice team is delivering large numbers of workshops and groups, both in schools and in the community the activity is an important component of **Bromley Y's** offer – demonstrated below. It is also important to note the numbers accessing advice and guidance, to reflect the access to groups and workshops. These numbers are not included in the referral numbers to **Bromley Y** as they are activity outside of the individual referrals received.

Number of Workshops/Groups delivered in the 1st quarter of the new service

	NUMBER OF DELIVERED Q1	NUMBER PARTICIPANTS Q1
Universal workshops, Schools Wellbeing Service	125	3218
Staff workshops, Schools Wellbeing Service	0	0
Parent groups, Schools Wellbeing Service	0	0
Targeted groups, Schools Wellbeing Service	15	110
Targeted groups, other (including some schools)	0	0
Webinars prepared	3	N/A

The impact of the pandemic, lockdowns and high absence rate in schools has impacted on the work of the schools and the School Wellbeing Service. It was found that pupil of concern meetings of which 54 were held with 87 staff in attendance, where staff can discuss difficult cases, have provided support and helped with staff wellbeing. The past year has made staff workshops difficult both in terms of delivery and achieving good staff attendance as they have been extremely stretched timewise

Thriving: Bromley Y is working hard to empower young people to be able to make informed choices about their emotional and mental health support and treatment. We have sharpened our website so that young people and their families have appropriate access to information, advice, and self-directed learning so they can build on their futures. We continue to involve young people in improvements to our service, making their involvement meaningful. The new Youth ambassador role funded by the CCG will support this work.

The work with BAME and Black Lives Matter continues to be a focus area for us. Unconscious bias training has taken place for all staff, volunteers and Trustees and we are working hard on our recruitment drive for new Trustees to support this work. Diversity and justice are values of fundamental importance to **Bromley Y**, and we are committed to investing efforts to ensure we work alongside and learn from black and minority ethnic communities. We have a great deal of work to do, and it will take time, so we have set up a strategic task group to take this forward.

We are following young people as they come into the service and making telephone calls to them about engagement and satisfaction of service. To date this feedback is positive, however, we are now receiving calls about wait times between services as well as internal waits; which may be an indication of dissatisfaction at not being treated sooner. We have commenced making 12 week follow-up calls. All young people receive a call from us after 12 weeks, to gather feedback about their pathway journey; which we will report on.

Bromley Y Trustees and staff would like to thank the volunteers and all who support us through fundraising and giving their time.



Bromley Y is a charity commissioned to deliver services by the London Borough of Bromley and the Bromley Clinical Commissioning Group.

We are kindly asking for any donations towards the Bromley Y charity. The contributions we receive go directly to our fund our mentoring scheme which supports our young people aged 13-18 within the community for a longer period of time. To find out more about the mentoring scheme or if you would like to donate, please visit our website or ask a staff member who will provide you with a donation envelope.

Every donation is much appreciated

THANK YOU FOR YOUR SUPPORT



Company No. 1844941

Independent Registered Charity No. 291181



17 Ethelbert Road,
Bromley,
BR1 1JA
Registered address



020 3770 8848



bromley-y.org

In partnership with
NHS
South East London
Clinical Commissioning Group



Referral enquiries: please click 'contact' on our website

General Service enquiries: info@bromley.org

APPENDIX 1:

CASE STUDIES - A SNAPSHOT OF OUR WORK WITH CLIENTS

Case Study : White British Male Aged 15 with Autism

This client was offered and completed an assessment with the risk support team. The main presenting problem was seeing a “black figure” and issues with anxiety and it was agreed that Low Intensity Guided Self Help would be an appropriate intervention due to the maintaining behaviours such as parent reassurance, client avoidance.

The goal for the sessions was for the young person to be able to sleep alone in their bedroom as he was sleeping with Mum. Due to Mum’s motivation, it agreed that working directly with Mum would be more beneficial for the family. In line with the new service, 4 full sessions and 2 check-in sessions were offered. Initially, Mum kept a log of when her son reported the black figure and we soon established it was during times of anxiety. We used the CBT cycle to explore his anxiety and demonstrate maintenance factors. This involved working with his thoughts, feelings, body sensations and his behaviour in relation to his anxiety.

We discussed reduction in reassurance giving by Mum as reassurance seeking and giving can be a maintaining factor for anxiety. I worked with Mum to reduce reassurance and to encourage “give it a go” behaviour. We created an exposure hierarchy to focus on eventually sleeping independently, in own room at night. An exposure hierarchy is when a list of tasks in ascending order of difficulty are drawn up with the young person and family. The young person then tackles these tasks with a mindset that they can cope and manage these incremental steps. Working ultimately to the goal of sleeping independently. We used the Cathy Creswell manual to aid the sessions.

By the end of the sessions, the client was sleeping in his own bedroom with Mum sleeping on the mattress. Mum felt competent to continue with the exposure hierarchy to work towards their ultimate goal. Working remotely with this family allowed for a joint session with the 1:1 teaching assistant, myself and Mum. This allowed us to share the techniques and strategies that worked best for the young person, and implement these at home and school. This also helped to overcome barriers when using the exposure hierarchy, as school made a visual timetable with the updated changes to make this change less distressing for the young person.

The joint way of working with the teaching assistant may not have been possible if the session had not been remote. It is often difficult for teaching staff to come away from the school in teaching hours and so joint face to face sessions are not always practical. Mum reported finding the sessions very useful and agreed to be discharged when they were finished.

Case Study : Client K (Year 11) of Mixed – White and Black Caribbean ethnicity

Following discussion about K during a Pupil of Concern meeting with school, another **Bromley Y** practitioner arranged a Support Call with K's mum to gather more information and offer advice. It was recommended that his mum make a referral to our service for intervention. Initial Triage assigned the case to the Getting Advice Team for assessment and intervention as K attended a MHST school.

Presenting difficulties

K presented with anxiety linked to gastrointestinal symptoms (GI) that emerged during the third lockdown. GP investigations had not revealed anything definitive but symptoms had been related to Irritable Bowel Syndrome (IBS). Monitoring and attempting to mitigate symptoms was K's key focus; lockdown ending made this more difficult as he had less control over his daily activities. He engaged in a range of avoidance and safety behaviours to try to manage GI symptoms and anxiety including only eating at home, not eating before leaving the house, reducing time spent away from home and places without 'suitable' toilets. A core fear for K was that he would have an accident, likely triggered by a situation early in the year when he had to rush to use public toilets after a stomach upset. Additionally, he worried about not having privacy when he used the toilet. These difficulties were negatively impacting his life at school (attendance and engagement), with peers (not socialising) and his mood.

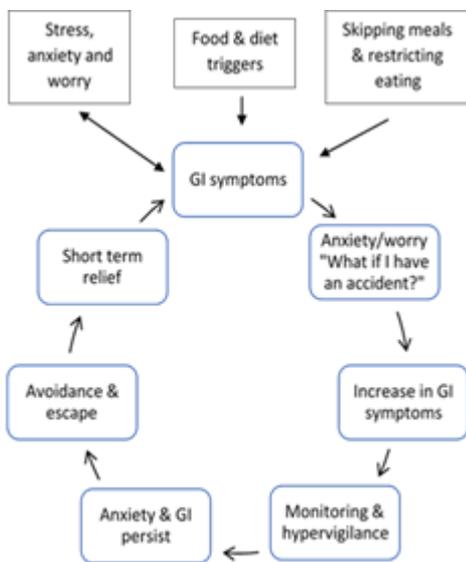


Figure 1. K's typical maintenance cycle

Intervention

K attended 6 sessions of Guided Self-Help for Anxiety via Teams. He was initially difficult to engage but opened up more as sessions went on. Due to K's dyslexia and information processing difficulties, sessions made use of videos and visuals wherever possible and we took small breaks throughout. During intervention, I also liaised with K's Pastoral Support Worker at school to ensure consistency of strategies and facilitate formalising a reduced timetable. Key intervention content is outlined below.

Understanding the problem

- Psychoeducation around anxiety including the Fight, Flight Freeze response, emphasizing bidirectional links with GI symptoms
- Breaking down situations to highlight maintenance factors and reveal vicious cycles
- Maintaining role of avoidance and various safety behaviours K was engaging in
- Facilitating access to IBS resources normalise and provide practical advice

Trying to do things differently

- **Thoughts:** Identified unhelpful thoughts and beliefs such as “I’ve never had an accident but only because I’ve been careful”. Investigated these using structured Thought Challenging activities to try and generate more balanced thoughts and highlight available coping mechanisms. Also used Motivational Interviewing techniques to address readiness for change.
- **Feelings:** Learnt and practiced a range of coping strategies to manage mental and physical symptoms of anxiety including 54321 grounding, progressive muscle relaxation, safe space visualization and deep breathing techniques.
- **Behaviours:** Developed Graded Exposure hierarchy including tasks such as having a small snack and then going to local shops. K understood the rationale but found it difficult to motivate himself. Tried to break down further and introduce Behavioural Experiments that could be done at home but few tasks attempted.
- **Goals**
- To consistently go to school: 3/10 → 7/10. Had fully attended reduced lesson timetable final few weeks including some full days in last week.
- To go out with my friends more: 4/10 → 7/10. Playing football regularly and had been into Bromley.

By the end of sessions, K felt he had a better understanding of what was going on for him as well as knowing a range of relaxation strategies. However, he had struggled to put the behavioural changes into place to maximise learning. Lack of motivation related to low mood was a likely barrier to this. We discussed that he had all the tools he needed to move forward, which had been summarised in his Keeping Things Going Plan. Encouraged to take summer as an opportunity to re-set and have a fresh start at college in September.

Case Study : Client P, 15 year old female of black Caribbean decent

P was referred to our new service on 9th April 2021 by her GP. I began seeing her on 14th May 2021, offering up to 6 one to one sessions via zoom. P attends a local school for girls. She has no disabilities.

P was referred by her GP because she had been self-harming since May 2020 and had also stepped out in front of a car. The stress of being at home, a lot of school work and comparing herself to others had taken their toll on P. Before I began working with P, the risk assessment team carried out a safety call to identify whether P should be seen by ourselves or CAMHS. The team decided to make an onward referral to CAMHS. We advised mum and provided her and P with a Staying Well Plan and some resources to support them during times when P may feel vulnerable.

CAMHS reviewed the referral and felt that we could provide some initial intervention in the first instance as P had not had any support from us before. The referral came back to us and following a second presentation with joint daily triage, P was allocated to the Getting Help Team and assigned to me.

Around this time we began to receive some communication from mum that P was still reporting feeling suicidal at school. School had contacted mum to advise.

P was saying that she felt very anxious at school. She found the content and volume of work overwhelming and also the school environment loud and this was affecting her ability to focus and concentrate.

I was pleased to meet P at our initial session and was looking forward to getting to know her. We talked about anxiety and I explained how this works using worksheets on physical reactions, flight or fight response and breathing.

During our second session I was keen to get to know P and her history with school and anxiety. During our discussion I found out that there were many things that bothered P relating to her senses such as noise, light, touch and taste. She also told me that she had synaesthesia, a condition where a person sees words in

different colours. I wanted to know if mum or school had any thoughts about what P was telling me so asked her permission to talk to mum and school about this. P agreed.

Mum and I spoke about some of the things P had told me in our last session and I asked mum whether she had considered that P may have social and communication difficulties. Mum was happy to explore this further and gave her permission for me to contact school and request that they complete a Social and Communication Difficulties Questionnaire, which I did.

During our next session P explained some more about how miserable her experience is at school. Her grades are low and teachers shout at her for not listening. I was concerned about this because P did not come across to me like a young person who would misbehave on purpose, the opposite in fact. She seemed to be genuinely upset about not being able to do her work or be liked by teachers and peers alike. I decided to ask her some questions relating to ADHD and P's answers revealed some very helpful information. This information could explain why P had been struggling and could also explain why she possibly had difficulties understanding, concentrating and doing her work.

By session four P couldn't wait to tell me what had been happening for her at school this week. I felt happy that she felt supported and looked forward to our sessions. Unfortunately, she was upset by what had happened this week. A teacher mistook her for another young black girl who had done something wrong. P felt intimidated by the teacher and the way in which they were communicating to her, so she did correct the teacher. She realised later that she would need to tell someone about this so she told her head teacher who informed the member of staff. P did receive an apology from the member of staff who said she was having a bad morning. We talked a little more about what it feels like for her to be different to others, whether that be the colour of her skin, or the way she is generally.

I felt privileged to be trusted with P's experience and thanked her for trusting me. P does not talk to anyone about her experiences. P continued to open up to me about similar experiences that have happened throughout her life at school. I was able to praise her for the way she has developed her resilience, a strong and useful resource in life. I explained what resilience was and P was pleased because she had not realised she had gained anything from some of her negative experiences.

At the end of our work, P said it was helpful to talk to someone that was separate from family and friends because she did not have to worry about worrying them.

School completed the Social and Communication Difficulties Questionnaire and returned this to me.

I made a referral to the Phoenix Centre for P to be assessed for social and communication difficulties and ADHD and included the questionnaire completed by school. The referral was accepted.

There were many things going on for P but mostly she was very upset at being misunderstood by teachers and peers in school, so the space to talk about her experiences and being listened to by an adult felt quite valuable to her. She did not understand what was going on for her either which was the main reason for her frustration and harm towards herself.

I would say that my intervention as a practitioner has not changed that much since moving to the new service. Working with the young person, parents and school is essential and helps to gain a fuller picture of what is going on for the young person.

I found that the initial work in the risk assessment team was vital to P's journey within our service. This meant that when I began working with P, I could immediately focus on what her current needs were instead of having the initial angst of that intense and vital piece of work.

APPENDIX 2:

USER INVOLVEMENT

'Ensuring the voices of children, young people and their families are heard'

Survey on Awareness around Getting Mental Health & Wellbeing Support

Aim and Methodology

Our aim was to capture (via a survey) what young people and parents/carers know about mental health services in Bromley and identify subsequent areas for improvement.

This formed the first step in a five-year strategic plan to enhance the user voice in the service.

Initially the questionnaire was sent out all those who had been referred into the Trailblazer service and for whom we had an email address. In all 288 out of 337 referrers were contacted. The Trailblazer scheme reach is 49 schools from across the borough. Further phases of distribution are to follow.

Schools were asked to forward an email to parents/carers which explained our aim and asked them to complete an online survey. A prize draw of five £20 vouchers was included.

As feedback is collected we will think about themes in context, what Bromley Y currently offers and our new service offer moving forwards, and look to implement positive change in response to feedback.

Response and summary of demographics

- 163 responses were received- a 56% response rate.
- Participants included parents/carers, teachers and young people (aged from year 7- year 13)
- 115 were female, 45 male and 3 preferred not to say
- 55% were parents/carers with 18% teachers and 27% from young people
- Ethnicity – 70% White British, 19% BAME – Asian over represented in Bromley, Black African/Caribbean under represented
- 20 of 163 reported having a disability

Question 1:

If you were struggling with your mental health, who would you speak to?

Participants were able to select multiple answers. For those that selected "other", responses included: Therapist/counsellor, Family Worker, SEN coordinator, colleagues, Work Support Programme/ helpline and Church leaders/ pastors.

Friends	117
Family	121
Class Teacher	18
Head of Year	15
Other member of staff	20
GP	74
Samaritans	7
Other	30

Question 2:

What kind of support do you think young people need for their emotional and mental health?

Examples of **negative or critical** answers given:

*“Shorter waiting times for assessment and lower thresholds. (sic)”- **Parent / Carer***

*“Understanding from teachers, especially senior school teachers. Training for teachers especially senior school teachers. support groups for children with ADHD. NO support in the borough for parents and children/young adults.” – **Parent / Carer***

*“People need to talk it out and have access to online text support as opposed to call support.” - **Young Person***

*“Families and children require lots of additional support and teachers are struggling with capacity - we cannot provide the talk therapy and 1 to 1 support needed.” – **Teacher***

Examples of **positive responses** to this question:

*“The mentor services I have heard about in some Bromley secondary schools seem really helpful” – **Teacher***

*“Support in the form of workshops and one-to-one guidance.” - **Young Person***

*“On lone(sic) support is also a good starting point for teenagers.” - **Young Person***

*“Talking therapies; group activities with others with difficulties; support for parents to navigate services” - **Parent/Carer***

Other responses to what emotional mental health support young people need in Bromley :

• Safe space	• Parent support	• Group Work
• Evidence-based treatment	• Outreach	• Mentoring
• Diagnosis	• Early Intervention	• School/ staff understanding
• Signposting	• Other forms of therapy	• Social media support
• Listening Ear	• Physical wellbeing	• Forums
• Counselling	• Advice	• Accessibility
• Online support	• Management strategies	• CYP support
• Lived experience	• Crisis support	• Hope/positivity
• Awareness	• DVA support	• LAC support
• Multi agency support	• Wait times	• Demand reduction
• Medication	• Covid impact	• Additional help at home
• Self harm	• Support network	• Funding
• Resilience	• Face to face support	• Additional service offered by LA

Question 3

Do you have any comments or questions around mental health or mental health support that you would like answered?

Examples of **negative or critical responses** to this question

*‘It is much easier for my daughter to get support at school than out of (due to her ASD which makes new places/people a real challenged). I feel Bromley Y should have a presence in every school, providing counselling and groups for pupils’- **Parent/Carer***

*How can you get the school to understand a parent with mental health needs? - **Parent/carer***

*‘Not sure whether CBT works for people with Autism. Children should be monitored regularly especially from a breakdown in family situations’ - **Teacher***

'We live in Croydon so your service referred my daughter to Croydon CAMHS and she still has not been seen. Waiting lists are far too long. As she was suicidal she was referred to the Croydon wellbeing service, who did a lot of assessment but were not able to work with her, causing further distrust and despair.' - **Parent/Carer**

'Such a long wait for support, referral started in June 2020' - **Parent/Carer**

'I wish schools could focus on giving a better education first' - **Parent/Carer**

'Why is the waiting list for an ASD assessment so long? I have to wait 31 months for mine.' - **Young person**

Examples of **positive responses** to this question:

'I would like to acknowledge the fantastic work done by Bromley Y and the School Wellbeing service. Sadly, not all schools recognise the importance of the work that is done' - **Teacher**

Examples of **questions** raised:

'Are there any support groups available for 13-year-old boys who are trapped in their home with their separated parents who are trying to get divorced'. - **Parent/Carer**

'How to access help for my son as we are waiting for him to be tested for autism and also be able to talk to someone about his dad's death' - **Parent/Carer**

'Why is there not anything in the borough for ADHD?' - **Parent/Carer**

'I would like to know more about what is available in the Borough for children experiencing mental health issues' - **Teacher**

'I think it's not easy to get free help and most people I know are having to pay for counselling because Bromley Y is too busy' - **Parent/Carer**

'Mental health services are sorely underfunded and often families deal with multiple agencies without knowing how to proceed.' - **Teacher**

'Young persons' mental health provision in Bromley is dangerously underfunded. What can we do to raise the provisions for this desperately needed service?'

'I am trying to find a way to fundraise for Bromley Y as they are an essential service and also a voluntary organisation'

'there are such a wide range of learning disabilities it's difficult to know how to get someone tested and where to start'

'I think it should be more freely available to all in Bromley. We should also have a confidential referral service for those we are worried about' - **Teacher**

Further involvement

We also asked 'our participants whether they would like to be involved in future conversations regarding mental health and support for young people'. **With 43 of 163 saying they would.**

END