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| <b>Report To:</b>    | Warwickshire HOSC  |
| <b>Report Title:</b> | Update on the delivery of the Rise Service   |
| <b>Report From:</b>  | Simon Gilby, Chief Executive, CWPT<br>Tracey Wrench, Chief Nurse & Chief Operating Officer<br>Steven Hill, Chief Executive, C & W Mind<br>Jed Francique, Assoc. Director of Operations (Mental Health), CWPT<br>Leeya Balbuena, Director of Operations, C & W Mind |
| <b>Date:</b>         | 30 <sup>th</sup> January 2019  |

|   |  |                   |  |                     |   |                     |
|---|--|-------------------|--|---------------------|---|---------------------|
| <b>Action Required</b> <i>(delete as appropriate)</i> |  |                   |  |                     |   |                     |
| <b>Decision:</b>                                      |  | <b>Assurance:</b> |  | <b>Information:</b> | ✓ | <b>Confidential</b> |

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| <b>Purpose of the Report:</b>  |
| To provide an update on the Warwickshire Children and Young People’s Emotional Well-being and Mental Health Contract delivered by CWPT in partnership with C & W Mind, with a particular focus on service developments, waiting times, service outcomes, challenges and achievements.  |
| <b>Key Points:</b>   |
| <ul style="list-style-type: none"> <li>Warwickshire Children and Young People’s Emotional Well-being and Mental Health Contract commenced August 2017 and has been operational for nearly 18 months.</li> <li>The new service aims to deliver more integrated (tierless) and responsive support for children &amp; young people (and their parents / carers) to address their emotional wellbeing and mental health needs.</li> <li>Waiting times for the first appointment for mental health support are good. Waiting times for first follow-up appointments have improved considerably compared to the starting point 18 months ago. Demand exceeds capacity and work is ongoing to try to mitigate this.</li> <li>Service use feedback is positive, e.g. through our service user questionnaires (ESQs).</li> <li>The service is striving hard to develop and implement earlier help through a burgeoning community offer, which also seeks to harness the capacity of others (particularly 3<sup>rd</sup> sector organisations). It has also continued to improve entry to the service via the improved Navigation Hub. The ongoing development and roll-out of the Dimensions Tool is a core part of our strategy to our understanding of need and enable more appropriate and consistent understanding of the help that is appropriate and available. The Dimensions Tool has the potential to transform the way that the system works.</li> <li>Service development work that is underway includes the ongoing development of collaborative working to respond effectively to the needs of vulnerable children &amp; young people. Also, work continues to develop a tier 3 plus service to support an effective response to children &amp; young people in crisis.</li> <li>Service user involvement is an important part of how the service approaches work – from the design</li> </ul> |

of the service logo, the service name, the website and pathway developments.

- The effective engagement of system partners – seeing that mental health is everyone’s business - is fundamental to the success of this work.

**Recommendation:**

That members note the progress in implementing the new service model and the positive impacts on service users.

# UPDATE ON THE DELIVERY OF THE RISE SERVICE

## 1. INTRODUCTION

- 1.1. The new contract for the delivery of Children and Young People’s Mental Health services in Warwickshire went “live” on 1<sup>st</sup> August 2017 and is being delivered through a partnership between Coventry and Warwickshire Partnership NHS Trust (CWPT) and Coventry and Warwickshire Mind (CW Mind). The new service is predicated on the aim to for a greater emphasis on prevention, early help, and a more timely and improved service for children and young people in Warwickshire – ultimately reaching up to young adults aged up to 25 years old. The Rise contract is outcomes-based. This marks a significant departure from the previous contract where KPIs were based on waiting time targets.
- 1.2. The new service is called Rise, and a two year implementation period was established to enable the transition from the old model to the new service. The service is now 18 months into this implementation period.
- 1.3. Scrutiny Members have asked for an update on progress reflecting the following:
  - a) performance against key performance indicators (KPIs);
  - b) achievements and any areas of concern;
  - c) how children looked after are accessing mental health services;
- 1.4. The main body of the report addresses these areas, but also provides some feedback on the recent CQC inspection report.

## 2. CQC REPORT (CWPT), DECEMBER 2018

- 2.1. CWPT have undergone two recent CQC inspections: one published immediately prior to the commencement of the Rise contract, and the second published in December 2018. As these dates reflect the implementation period to date, the CQC findings can act as an external reflection of service quality.
- 2.2. The CWPT inspection by the CQC in June 2017 resulted in the CWPT Specialist community mental health services for children and young people with an overall rating of Requires Improvement. Within these headings, the CQC identified a number of actions that CWPT *must*, and *should*, undertake. Notably, these related to issues around:
  - a) The triaging and processing of referrals at the Single Point of Entry;
  - b) Waiting times, particularly for follow up appointments;
  - c) Reporting incidents and safeguarding policy;
- 2.3. The subsequent inspection in December 2018 found improvement in all areas and overall rating of Good. The table below compares findings of the two inspections:

| Service       | Safe                 | Effective | Caring | Responsive | Well-led             | Overall              |
|---------------|----------------------|-----------|--------|------------|----------------------|----------------------|
| June 2017     | Requires Improvement | Good      | Good   | Inadequate | Requires Improvement | Requires Improvement |
| December 2018 | Good                 | Good      | Good   | Good       | Good                 | Good                 |

### 2.4 Area of outstanding practice

The CQC stated that “...The partnership working with a locally run national charity led to two RISE community hubs being opened. This supported children and young people with mental health problems and their families to access information and guidance....”. The Dimensions Tool was also highlighted as a key local innovation.

## **2.5 Other CQC Service feedback included:**

The CQC noted that the Trust

- a) Had significantly improved triage processes since the previous inspection, leading to referrals being reviewed quickly.
- b) Was working with partners across local the health and social care economy to reduce the impact on children and families who were waiting for treatment – acknowledging that systems and processes were in place to monitor assessment and treatment times. It was noted that there was further work required to reduce waiting times for treatment, e.g. for ASD assessments.
- c) Enabled staff to receive training on an extensive range of therapeutic interventions and provided care in line with NICE guidelines.
- d) Had care plans that captured the voice of the young person and placed them at the centre of their care. Young people were actively involved in reviewing their progress towards their goals and outcomes.
- e) Had staff who used a multi-disciplinary approach to review complex cases & were able seek support and guidance to ensure risks were appropriately managed. Care records contained up to date individual risk assessments and management plans.
- f) Featured good staff morale, with staff feeling positive about their teams. The managers promoted a positive culture that supported and valued staff, creating a sense of mutual purpose based on shared values.
- g) Had staff who knew how to identify abuse and safeguard young people in line with current recognised guidance and trust policy. Staff followed safeguarding processes and ensured that they highlighted any safeguarding information on the electronic recording system.
- h) Created an environment within which young people felt that staff listened to and provided them with appropriate emotional and practical support. Young people described the staff as caring, supportive and non-judgemental.
- i) Had staff who reported incidents appropriately and shared lessons learnt from the investigations. The teams had regular and effective multidisciplinary team meetings and worked well with other external organisations.
- j) Demonstrated how it was working to meet the recommendations of the previous inspection and how it was addressing the issues identified. Managers and commissioners were working together to reduce waiting lists and ensure that the service met the needs of children and young people locally.
- k) Did have staff who received regular supervision, but did not have an organisation-wide consistent and effective system for collating and monitoring supervision data.

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## **3. THE “COMMUNITY OFFER”**

### **3.1. Rise Community Partnerships**

**3.1.1** Five community partnerships (formerly known as “Community Hubs”) are being rolled out across the county which harness CWPT and CW Mind activities as well as those of other third sector organisations – a “mixed economy” of provision. The locations are:

- North Warwickshire - Ratcliffe Centre, Atherstone;
- Stratford – Escape Arts;
- Nuneaton / Bedworth – Abbey Children’s Centre & All Saints Chilvers Coton Parish Church, Nuneaton;
- Rugby – Moriarty’s Café and Gallery;
- Leamington / Warwick – Dormer Place Conference Centre, Leamington;

**3.1.2** There is a phased rolled out of the community offer, initially starting with coffee mornings for parents to discuss key topics (e.g. looking at school refusal and self-harm), 1-1 consultations with a mental health professional and training for professionals. The next phase of activities will include drop-in sessions and expansion of the availability of support from other local services and the third sector organisations. To support this, we have, for example, a regular standing agenda item for Rise reporting to the monthly Barnardos multi-agency children and family board (0-19) meetings to support the mobilisation of local expertise and resources with the allocated Rise provision.

3.1.3 There are some exciting discussions taking place to further develop services, which includes developing a rural offer, starting in Alcester.

### 3.2 Mental Health Interventions for School-aged Children (MHISC)

3.2.1 CWPT has taken over responsibility for administering the framework for Mental Health Interventions for School-aged Children (MHISC), through which discrete, targeted interventions are offered, following a CAF meeting. Following a re-procurement exercise, there is now a refreshed list of providers – expanded from six to nine other providers. Services on offer include counselling, family therapy, Cognitive Behavioural Therapy, 1-to-1 recording studio work; equine therapy, 1-to-1 musical instrument work and access to an app to support self-care and self-management.

## 4 DIMENSIONS TOOL AND OTHER DIGITAL SOLUTIONS

### 4.1 Dimensions Tool:

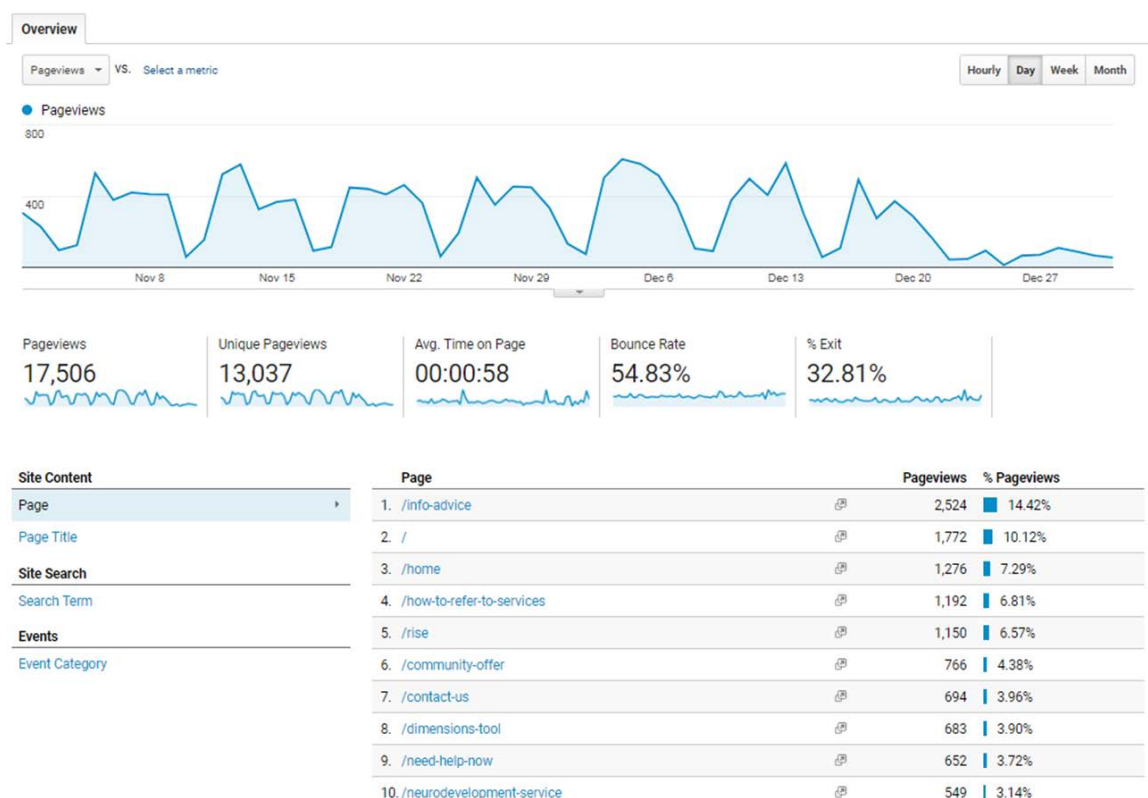
4.1.1 CWPT has developed an on-line support and signposting tool that can be used by parents and professionals (e.g. Teachers, Social Workers, Youth Workers) to provide a fuller understanding of a young person’s emotional well-being needs and strengths. The tool identifies next steps for support and / or recommends making a referral.

4.1.2 88 organisations have registered with the Dimensions Tool. There have been over 800 reports generated by the Tool. In addition to the support that the Tool affords children and young people, data from the tool is enabling Rise to develop an intelligence-led service whereby need can be mapped and better understood across the County.

4.1.3 Work is ongoing to develop and use “Dimensions Champions” with the aim of increasing the information within the tool about services and support outside of CWPT in the local area. Work is also underway to support GPs to further take up use of the tool.

### 4.2 Other digital solutions:

4.2.1 **Website** - There has been ongoing work to develop and refine the website to ensure that it meets service user requirements. Service users have been involved in its development. There is a high hit rate – please see information from 1<sup>st</sup> November to 31<sup>st</sup> December below:



- 4.2.2 Social media** – since March 2018, the service has utilised Twitter (219 followers), Instagram (59 followers) and Facebook (178 fans) to communicate with and / or engage with service users.
- 4.2.3 Electronic referral portal** – the service has been developing and is piloting an electronic referral portal to enable receipt of electronic referrals.
- 4.2.4 E-consultation / Healios** – the service procured Healios to deliver online support for children and young people, particularly focused on anxiety cases. This has proved to be successful with circa 100 cases seen and with consistently positive feedback from service users. The service is exploring broadening & further development of the Healios offer.
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## **5. SERVICE DEVELOPMENTS**

**5.1 Support for Children Looked After:** 147 Children Looked After and their respective networks were offered support through the Warwickshire Rise LAC service. Direct interventions delivered to children and young people have been in the form of:

- Counselling and therapeutic conversations;
- Play therapy;
- Solution-focussed and cognitive behavioural interventions;
- Attachment based support for foster carers and adopters;
- Therapeutic social work;
- Primary mental health interventions;

5.1.1 During Q3, the LAC service received 100% satisfaction on ESQ feedback

5.1.2 Partnership development work is being progressed between WCC Social Care, CW Mind and CWPT to further develop the vulnerable children's offer. The next steps will see a smaller joint working party from Rise and WCC map out areas of development in late January 2019. Then in February further work will be undertaken to develop further high impact actions, develop collaborative working plans with a view to holding a further joint workshop.

**5.2 Blended (tier-less) pathways:** There is ongoing work to develop and implement "blended" pathways offering a mix of support from early help through to specialist interventions under the same clinical lead, removing the need to re-refer and transition children and young people between services.

### **5.3 Responding to children and young people in crisis**

5.3.1 CWPT worked closely with Commissioning colleagues to co-develop a business case for a tier 3 plus service, to plug a gap in provision to respond to children and young people in crisis.

- CWPT has commenced recruitment to Phase 1 – the expanded Acute Liaison Team. Appointments include 2 x Band 6 staff (in place late Dec 2018 and early Jan 2019 respectively), 1 x Band 7 Team Leader (in place) have been appointed. The Band 8a Service Lead post has been offered and accepted with a start date in March 2019.
- Interim additional hours from existing staff to support an extension of ALT hours of operation, particularly providing some weekend input.
- Ongoing engagement in governance of this work, including frequent multi-agency teleconferences and meetings to manage pressures on the acute wards.
- Participation in recent Commissioner-led CYP in Crisis population health workshop to better understand the demand pressures and consider further solutions.

- Confirmation from Commissioners of the funding for Phase 2 – development of crisis function and home treatment function has now been received and so work is underway to operationalise a crisis and home treatment response.

#### 5.4 Primary Mental Health provision

The Primary Mental Health Service have undertaken a rolling programme to upskill and build capacity in the wider workforce through training and consultation. In schools the Primary Mental Health Team offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about. Locally the team also attend the vulnerable children's group in the south where there are a number of agencies that attend including education (head teachers) and as a result offer training by school cluster. The team have responded directly to feedback from school staff about the support needed for parents and now offer parent consultation slots and coffee mornings with teaching sessions, topic themes include, anxiety, self-harm, emotional development, school refusal. Feedback from the training sessions has been consistently very positive over the last 16 months.

## 6. WAITING TIME PERFORMANCE

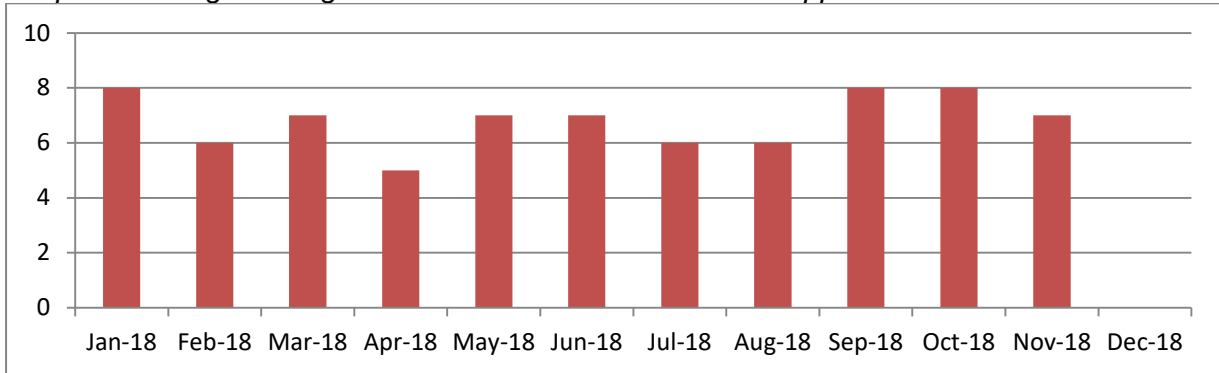
- 6.1. Under the previous contract, CAMHS performance was predominantly measured through KPI waiting times. These continue to be monitored in addition to reporting against Rise indicators that reflect the outcomes framework. Below sets out the current performance against waiting times in comparison with waiting times at August 2017, when the new contract commenced. It should be noted that there is ongoing achievement of timely first appointments across the period.
- 6.2. Table 1, below, sets out the CWPT KPI Referral to Treatment returns for August 2017 (at the start of the contract) and November 2018. While the data presented is across the three CCGs combined,

*Table 1: Referral to Treatment KPI performance at August 2017 and November 2018*

|           | Performance Indicator                          | Threshold | Value       | Aug-17 | Nov-18 |
|-----------|--|-----------|-------------|--------|--------|
| TRUSTWIDE | Referral to treatment: Emergency (48hrs)       | 100%      | Numerator   | 19     | 19     |
|           |  |           | Denominator | 19     | 19     |
|           |  |           | Percentage  | 100.0% | 100.0% |
|           | Referral to treatment: Urgent (5 working days) | 100%      | Numerator   | 1      | 0      |
|           |  |           | Denominator | 1      | 0      |
|           |  |           | Percentage  | 100.0% | 100.0% |
|           | Referral to treatment: Routine (18wks)         | 95%       | Numerator   | 126    | 55     |
|           |  |           | Denominator | 127    | 55     |
|           |  |           | Percentage  | 99.2%  | 100.0% |
|           | Referral to treatment: Routine (26wks)         | 100%      | Numerator   | 127    | 55     |
|           |  |           | Denominator | 127    | 55     |
|           |  |           | Percentage  | 100.0% | 100.0% |

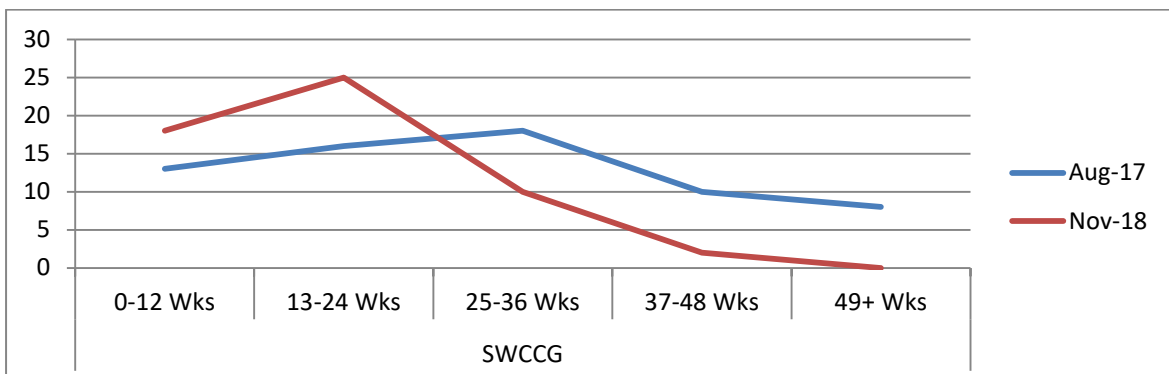
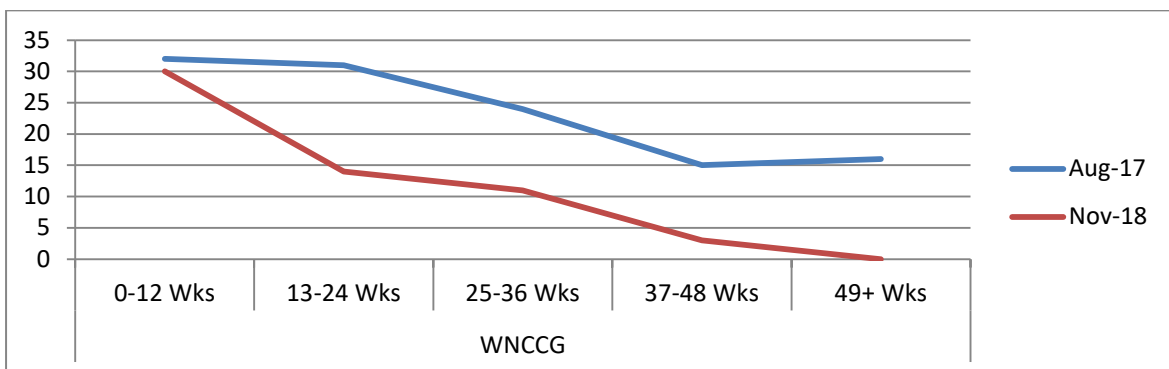
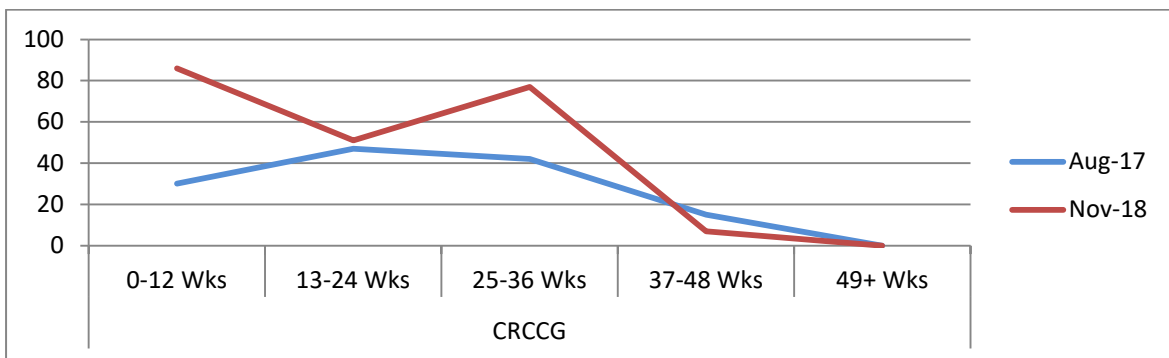
- 6.3. Over the last year, Rise has been able to report the average referral to treatment waiting time for those waiting for routine appointments, i.e. where there is an 18 week KPI target. Graph 1 shows that the average wait to a first appointment is fairly stable at an average of between 5 and 8 weeks. This improvement in waiting times for the first appointment follows the inception of the strengthened Navigation Hub in August 2017 which enabled children & young people to be placed on the correct pathway on the day of referral and offered a more timely first appointment.

Graph 1: Average waiting time in weeks from referral to first appointment



6.4. Follow up waits, from the first appointment to the next follow up appointment have a longstanding target of being within 12 weeks. Despite progress since August 2017, this target has not yet been met. Nevertheless, there has been considerable progress in reducing the longest waiters and increasing the proportion of those seen within 12 weeks. Graphs 2-4 below show the change in profile of those waiting for a follow up appointment between August 2017 and November 2018:

Graphs 2-4: Change in profile of weeks that children & young people wait for follow up appointment between Aug 2017 and Nov 2018 per CCG (Please note that in August 2017 data for Rugby was not separated from Coventry and so has been shown together in this graph)





- 6.5. Each of the three graphs above, for Coventry and Rugby, Warwickshire North and South Warwickshire, respectively, show a reduction in longest waiters since the start of the Rise contract. Across Coventry & Warwickshire, between August 2017 and November 2018 the number of children and young people waiting over 36 weeks for a follow up appointment reduced from 64 to 23.
- 6.6. There are fortnightly meetings, involving the service and Commissioning colleagues to review waiting times. Significant work has been undertaken to understand the profile of those waiting on a pathway and on an intervention-type basis. Considerable work has also been undertaken to develop a more granular understanding of capacity and demand. Demand exceeds capacity by circa 20%, which impacts on the timeliness of support. The service also identifies which children and young people have the potential to move into a wait over 49 weeks to determine what additional action can be taken, e.g. in the wider system, .

## 7. **OUTCOMES & SERVICE EFFECTIVENESS**

- 7.1. The Rise contract is outcomes based and over the 18 months of the implementation period Commissioners and CWPT / CW Mind have worked together to develop a series of measurements to report against the outcomes-based indicators in the contract. An illustrative infographic comprising Q2 data is highlighted in Appendix 1

### 7.2 **Experience of Service Questionnaires (ESQs)**

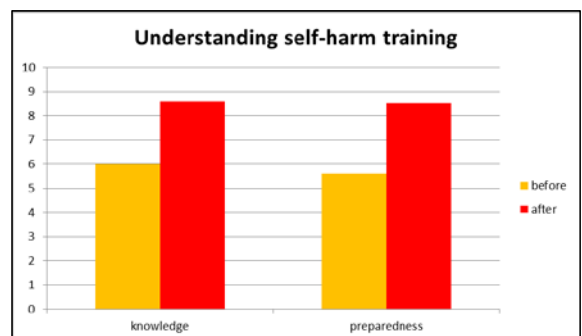
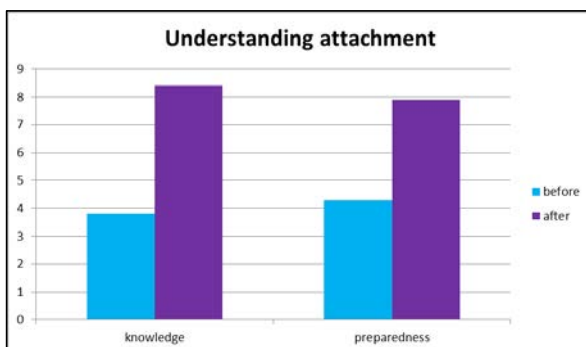
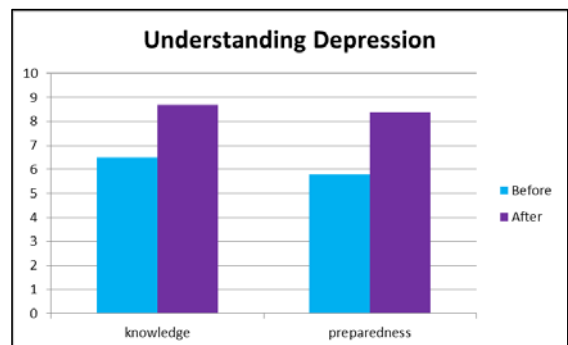
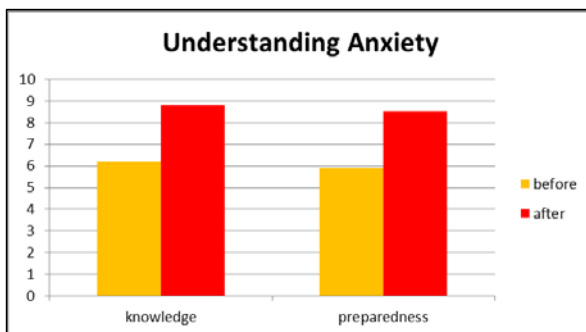
On a quarterly basis, the service undertakes a survey of service user experience in the locality bases across Warwickshire and Coventry. Each survey period lasts for circa 2 weeks. For example, a survey took place between 25.06.18 and 29.06.18, with 116 children & young people across Warwickshire & Coventry completing the questionnaire. Their gender profile was 54 female, 49 male and 13 unknown. Their age profile was 8-11 year olds = 40; 12-18 year olds = 76. The results – highlighted below – are strong and are typical of the ESQ feedback that the service receives.

|    | <b>Criteria</b>                   | <b>Certainly or partly true</b> | <b>Not true or do not know</b> |
|----|-----------------------------------|---------------------------------|--------------------------------|
| 1  | Feel that people listened         | 94%                             | 6%                             |
| 2  | Easy to talk to the people        | 92%                             | 8%                             |
| 3  | Treated well                      | 95%                             | 5%                             |
| 4  | Views and worries taken seriously | 89%                             | 11%                            |
| 5  | People knowing how to help        | 87%                             | 13%                            |
| 6  | Enough explanation about help     | 89%                             | 11%                            |
| 7  | Working together with me          | 89%                             | 11%                            |
| 8  | Comfy facilities                  | 88%                             | 12%                            |
| 9  | Convenient appointments           | 83%                             | 17%                            |
| 10 | Location of appointments          | 90%                             | 10%                            |
| 11 | Recommend to a friend             | 84%                             | 16%                            |
| 12 | Overall                           | 90%                             | 10%                            |

7.3 **The effectiveness of workshops**

7.3.1 The Primary Mental Health Service delivers a range of workshops which have good take up and have proved to be effective. For instance, please see below for the take up and impact of workshops delivered in June 2018:

| PRIMARYMENTAL HEALTH SERVICE |                     |                     |
|------------------------------|---------------------|---------------------|
| Topic                        | Number of workshops | Number of Attendees |
| Mood                         | 5                   | 95                  |
| Self-Harm                    | 3                   | 62                  |
| Attachment                   | 4                   | 64                  |
| <b>Total</b>                 | <b>12</b>           | <b>221</b>          |



**8. RISKS & ISSUES**

- 8.1. **Capacity & demand** - CWPT has undertaken significant work on capacity and demand study for Rise, including key assumptions in order that there is a greater understanding of the context within which the service is striving to achieve timely follow-up appointments. This work is underway and will identify areas where there are gaps in capacity to deliver timely interventions across pathways.
- 8.2. **Community Offer** - Work is ongoing to further develop the community offer – harnessing the contributions of third sector organisations in particular. This is a significant undertaking in terms of capacity to move this agenda forwards. This is required to help stem the flow of demand for specialist help.
- 8.3. **System engagement** – it is important that mental health is seen as everyone’s business – on of the principles upon which the service was predicated. Further work is required to maximise the engagement and contribution of system partners to this agenda, e.g. primary care and schools in being skilled and confident to provide early help and also to uptake use of the Dimensions Tool. Another example would be ongoing work to developing an integrated Vulnerable Children’s pathway that ensures blended support for children and young people who are Looked

After,,known to Youth Justice, or are otherwise recognised as being at risk of mental health concerns through their additional vulnerabilities. Effective engagement of system partners in this agenda is perhaps the largest risk.

# RISE

Q2: end of September 2018

Emotional, well-being and mental health services for children and young people and their families.


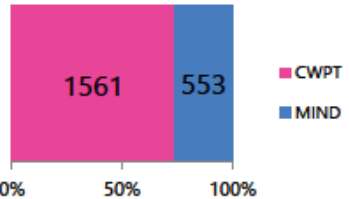



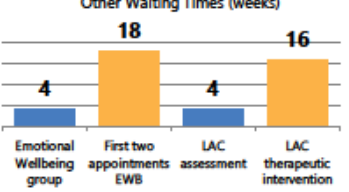







# RISE

Q2: end of September 2018

Emotional, well-being and mental health services for children and young people and their families.



|   |   |  |  |             |     |            |     |            |     |
|---|---|--|--|-------------|-----|------------|-----|------------|-----|
|  <h2>414</h2> <p>Children young people and families accessing services received physical health promotion</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p> <p><i>Promote positive mental health and increased resilience amongst all children &amp; young people</i></p> | <h2>2114</h2> <p>Children and young people accessed direct services</p> <p><i>Data not available this quarter</i> Demonstrated improved mental health as a result</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p> <p><i>Identify and treat children &amp; young people's mental health needs earlier</i></p>               |  <p>1561 553</p> <p>0% 50% 100%</p> <p>■ CWPT ■ MIND</p>   | <p>The percentage of children, young people &amp; families who felt their interventions were...</p> <table border="1"> <tr> <td>APPROPRIATE</td> <td>75%</td> </tr> <tr> <td>CONVENIENT</td> <td>96%</td> </tr> <tr> <td>ACCESSIBLE</td> <td>96%</td> </tr> </table> <p><i>Provide quality MH services meeting priorities and standards set by young people &amp; their families</i></p> | APPROPRIATE | 75% | CONVENIENT | 96% | ACCESSIBLE | 96% |
| APPROPRIATE   | 75%   |  |  |             |     |            |     |            |     |
| CONVENIENT  | 96%   |  |  |             |     |            |     |            |     |
| ACCESSIBLE  | 96%   |  |  |             |     |            |     |            |     |
|  <h2>136</h2> <p>Professionals from other service areas supported</p> <p>92% Gave positive feedback about the service</p>  | <p>The average days that children, young people &amp; families waited to receive their...</p> <p>First direct appointment  28</p> <p>First two appointments of a new direct intervention  108</p>   | <p>Other Waiting Times (weeks)</p>  <p>4 18 4 16</p> <p>Emotional Wellbeing group First two appointments EWB LAC assessment LAC therapeutic intervention</p>   |  <h2>42</h2> <p>Children, young people and families involved in co-production activities</p>  |             |     |            |     |            |     |
| <p>The percentage of children, young people &amp; families who felt they had positive and trusting relationship with their mental health practitioners...</p> <h2>96%</h2>  <p><i>Support young people up to the age of 25 and provide support during transition</i></p>  |  <h2>37</h2> <p>Families enabled to support their children's mental health</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p> <p><i>Enable parents, carers and family members to support children &amp; young people's mental health</i></p> | <h2>46</h2> <p>CYP supported by activities addressing the emotional wellbeing &amp; mental health of Children Look After</p> <p><i>Data not available this quarter</i> Demonstrated increased wellbeing &amp; mental health</p> <p>100% Gave positive feedback about the service</p> <p><i>Ensure that the most vulnerable young people are supported to improve their mental health</i></p> | <h2>342</h2> <p>CYP supported by activities addressing the emotional wellbeing &amp; mental health of CYP with LD and/or ASD</p> <p><i>Data not available this quarter</i> Demonstrated increased wellbeing &amp; mental health</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p>   |             |     |            |     |            |     |
|  <h2>15</h2> <p>Children, young people and families involved in transitions across services</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p>   |  <h2>7</h2> <p>Families supported by attachment activities</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p>  | <p><i>Data not available this quarter</i> CYP supported by activities addressing the emotional wellbeing &amp; mental health of CYP in the youth justice system</p> <p><i>Data not available this quarter</i> Demonstrated increased wellbeing &amp; mental health</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p>                                | <p><i>Data not available this quarter</i> CYP supported by activities addressing the emotional wellbeing &amp; mental health of CYP with additional vulnerabilities</p> <p><i>Data not available this quarter</i> Demonstrated increased wellbeing &amp; mental health</p> <p><i>Data not available this quarter</i> Gave positive feedback about the service</p>                        |             |     |            |     |            |     |