



CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

Summary Needs Assessment

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Introduction:

This document will provide a summary needs assessment for children and young people's emotional wellbeing and mental health in 2021.

Since publishing the Emotional Wellbeing and Mental Health strategy for Children and Young People (2019-22), we recognise that there have been some significant changes to the landscape of mental health support for children and young people. There have been various challenges, such as the COVID-19 pandemic, that have impacted children and young people nationally. Whilst in Surrey specifically, we have commissioned a new contract that provides a new 'Thrive'¹ approach to supporting children and young people with their emotional wellbeing and mental health. This underpins the county's ambitious values based "Time for Kids"² movement to enable every young person in the county to *Connect; Trust; Hope; Believe; Belong*. The contract has been awarded to an alliance that brings together NHS clinical expertise with local and national third sector organisations with proven track records in delivering services to children and young people.

The purpose of this summary needs assessment is to provide a snapshot in time, capturing what our current needs are across the county, what our new offering is, whilst also understanding the impact of the pandemic on children and young people.

National picture:

*"Mental health problems in children and young people can be very varied, from behavioural problems and temporary periods of anxiety, to severe and enduring conditions such as eating disorders, persistent self-harm, or psychosis. Different symptoms need different types of support – and some may improve without any support. Every child or young person will have unique needs that require person-centred care, tailored to their individual circumstances. Anyone can be affected by a mental health problem, but we also know that children and young people in some communities and some circumstances are more likely to experience mental health problems, and services do not always respond well to their specific needs."*³

The Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey⁴ report helped to provide a more up to date understanding of the mental health landscape for children and young people in England. It reported how 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. This increase was evident in both boys and girls.

The report also highlighted the following:

- 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); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder
- Among 11 to 16 year old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder

¹ [THRIVE Framework \(annafreud.org\)](http://annafreud.org)

² [Home - Time for Kids \(time4kids.org\)](http://time4kids.org)

³ Are We Listening? Review of Children and Young People's Mental Health Services, CQC (2018)

⁴ Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey, NHS Digital (2020)

- Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%), than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)
- About six in ten (62.6%) children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder
- Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%), than children unlikely to have a mental disorder (6.4%)

In the context of the COVID-19 pandemic, children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).

Another insightful resource that shone a light on the impact of the pandemic for children and young people was from the charity Young Minds and their latest Coronavirus report from January 2021⁵. This survey report carried out with 2,438 young people aged 13-25, between 26th January and 12th February 2021, was their fourth in a series and showed how many young people found this lockdown harder to manage than previous lockdowns. The survey heard about the toll on young people's mental health the pandemic was having and how some had started having panic attacks and self-harming again. When asked about the main problems that were causing concern, respondents shared mostly about loneliness and isolation, concerns about education and not having a routine.

The survey found the following:

- **75% of respondents agreed that they have found the current lockdown harder to cope with than the previous ones** including 44% who said it was much harder. (14% said it was easier, 11% said it was the same)
- **67% believed that the pandemic will have a long-term negative effect on their mental health.** This includes young people who had been bereaved or undergone traumatic experiences during the pandemic, who were concerned about whether friendships would recover, or who were worried about the loss of education or their prospects of finding work. (19% neither agreed nor disagreed, 14% disagreed)
- 54% of those who believed they needed mental health support had accessed it during the pandemic. 24% said that they had looked for support but not received it – sometimes because of barriers to accessing support online. A further 22% said that they had not looked for support at all, often because of stigma.

In addition to the barriers young people reported regarding access to privacy to receive support from home and due to stigma, some respondents said that they didn't know where to go to get additional support or what might be available to them, even those who had received support in the past. Waiting lists and lack of money to receive private support were also listed as barriers.

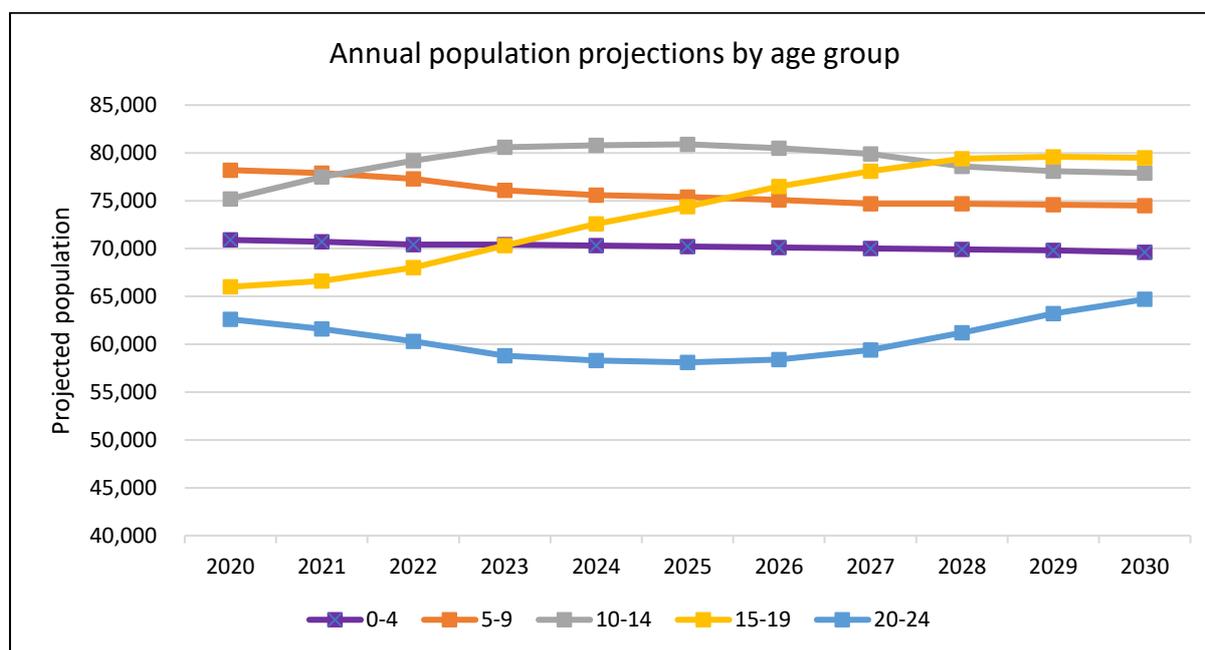
⁵ Coronavirus: Impact on Young People with Mental Health Needs, YoungMinds (2021)

Local picture:

There is an estimated 333,900 0-24 year olds in Surrey⁶. It was estimated in 2017/18 data that Surrey had 23,037 children and young people with mental disorders, aged 5-17⁷. This is the third highest county in the South East region behind Kent and Hampshire. There are various factors that impact an individual's emotional wellbeing and mental health, with multiple risk factors.

Population: Looking at the population projections for Surrey (based on 2016 data) in table 1, we can see that there is going to be a significant increase in 15-19 year olds from 2021, peaking at 80,000 by 2028. There is also due to be a rise in 10-14 year olds, rising to 80,000 in 2023 and levelling out. Population data shows that numbers of 20-24 year olds are set to decline but return to 65,000 by 2030.⁸

Table 1: Annual population projections by age group



Similar trends are followed when looking at the split in males and females, with there being slightly more males than females across all categories, which may indicate a potential risk for increase in demand for services.

Ethnicity: Surrey is becoming more ethnically diverse and census records between 2001 and 2011 show a 28.8% increase of Non-White British and Mixed/Multiple Ethnicity residents.

Sexuality: As the 2011 Census did not collect information on sexuality, there is little reliable data on sexuality in Surrey however, with the 2021 Census data, this is set to improve. The UK Government estimates that 6% of the population are lesbian, gay or bisexual. Applying this to mid-2015 population estimates for Surrey means that there may be 56,500 people aged 16+ and around 4,000 people aged 11 to 15 in Surrey who are lesbian, gay or bisexual⁹. Younger LGBTQ people may experience homophobic bullying within school, often resulting in the development of symptoms of

⁶ [First results \(population change, age structure and household size\) – Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk/first-results-population-change-age-structure-and-household-size)

⁷ [Public Health Profiles - PHE](https://www.phe.gov.uk/publications/public-health-profiles)

⁸ [Population projections 2016-2041 – Surrey-i](https://www.surreyi.gov.uk/population-projections-2016-2041)

⁹ [The Surrey Context – People & Places, Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk/the-surrey-context-people-and-places)

depression¹⁰. LGBTQ young people still experience significantly greater self-harm and suicidal distress than their non-minority counterparts with a low perception of family support often increasing the risk of suicide attempt¹¹.

Gender Identity: At present, there is no official estimate of the trans population nationally or in Surrey, however applying an estimated percentage to the Surrey population from GIRE¹² in their Home Office funded study, there would be at least 7,000 people in Surrey who experience some degree of gender variance. Psychosocial stressors associated with being transgender, including gender nonconformity, transphobia, lack of support, dropping out of school, family problems, suicide attempts by acquaintances, homelessness, cyberbullying, substance abuse, and psychiatric disorders increase transgender people’s risk of suicide. This may be elevated among minority communities that may strongly oppose LGBTQ people¹³.

Deprivation: Looking at deprivation across the county for Reception year children in 2018/19 in table 2, noting that one is the most deprived decile, the chart records from the second decile, highlighting low levels of deprivation in Guildford, Reigate and Banstead and Woking. The numbers steadily decrease along the deciles, with 501 reception year children living in the 10th decile.¹⁴

Table 2: Deprivation in Surrey by Borough

Local Authority	Decile									Total
	2	3	4	5	6	7	8	9	10	
Elmbridge		10	6	7	14	10	23	37	90	197
Epsom and Ewell		8	7		14	16	13	22	31	111
Guildford	4	2	14	24	4	15	24	23	50	160
Mole Valley		5	4	3	24	8	18	17	48	127
Reigate and Banstead	4	9	26	23	48	25	32	30	62	259
Runnymede		5	8	13	21	16	12	29	18	122
Spelthorne		5	25	23	17	12	18	24	15	139
Surrey Heath		12	3	5	15		11	23	61	130
Tandridge			7	20	16	30	25	31	10	139
Waverley		2	2	4	4	33	19	40	58	162
Woking	3	3		31	8	11	27	39	58	180
Grand Total	11	61	102	153	185	176	222	315	501	1726

¹⁰ [LGBT+ mental health \(rethink.org\)](https://www.rethink.org/)

¹¹ [The RaRE Research Report: LGB&T Mental Health Risk and Resilience](#), Nuno Nodin, Elizabeth Peel, Allan Tyler and Ian Rivers (2015)

¹² Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution, Reed et al (2009)

¹³ Preventing Suicide Among Trans Young People: A Toolkit for Nurses, Public Health England (2015)

¹⁴ Source: NCMP, 2018/19

Eligibility for Free School Meals (FSM): has steadily increased over the past 3 years, with 2630 more young people eligible for FSM in 2019/20.¹⁵

Table 3: Eligibility for Free School Meals

	2017/18		2018/19		2019/20	
	Headcount	%	Headcount	%	Headcount	%
FSM eligible pupils taking free school meals	8,179	5.3%	9,551	6.1%	10,809	6.8%
infants taken a free school meal on census day	34,398	22.1%	34,122	21.7%	34,004	21.3%
known to be eligible for free school meals	11,203	7.2%	13,281	8.4%	15,151	9.5%
known to be eligible for free school meals (used for FSM in Performance Tables)	10,676	:	12,711	:	14,575	:
number of pupils (used for FSM in Performance Tables)	145,481	:	147,754	:	150,029	:
Total	155,464	100%	157,346	100%	159,555	100%

SEN Support: The table below shows the rates of pupils who receive Special Educational Needs support, both county-wide and in England. The table tells a story of increased SEN provision nationally, with Surrey sitting higher than the national average with 3.9% (national is 3.3%).¹⁶

Table 4: Special Educational Needs support in Surrey and in England

		2015/16	2016/17	2017/18	2018/19	2019/20
Surrey	Headcount	190,722	193,263	194,842	196,697	199,017
	EHC plans/Statements of SEN	5,694	5,955	6,410	7,052	7,710
	EHC plans/Statements of SEN (percent)	3.0	3.1	3.3	3.6	3.9
	SEN support	20,951	21,763	22,745	23,326	24,628
	SEN support (percent)	11.0	11.3	11.7	11.9	12.4
England	Headcount	8,559,540	8,669,080	8,735,098	8,819,289	8,890,345
	EHC plans/Statements of SEN	236,806	242,184	253,679	271,165	294,758
	EHC plans/Statements of SEN (percent)	2.8	2.8	2.9	3.1	3.3
	SEN support	991,981	1,002,069	1,022,537	1,047,163	1,079,000
	SEN support (percent)	11.6	11.6	11.7	11.9	12.1

¹⁵ [School Census](#)

¹⁶ Special Educational Needs in England, Academic Year 2019/20

Child Protection Plans: 2019/20 has seen a significant drop in child protection plans in Surrey. Whilst 2018/19 saw a spike in some of the plans, 2019/20 saw a decline in all areas for child protection plans.¹⁷

Table 5: Child Protection Plans in Surrey

Child Protection (CP) Plans	2017/18		2018/19		2019/20	
	Number	Rate per 10,000 <18 year olds	Number	Rate per 10,000 <18 year olds	Number	Rate per 10,000 <18 year olds
CP plans at 31 March	996	38.3	959	36.6	685	26.0
CP plans at any point in the year	1987	76.3	2132	81.4	1653	62.7
CP plans ending in the year	991	38.1	1173	44.8	968	36.7
CP plans starting in the year	1151	44.2	1136	43.4	697	26.4
Children Ending CP plans in the year	990	38.0	1168	44.6	965	36.6
Children on CP plans at any point in the year	1966	75.5	2106	80.4	1608	61.0
Children starting CP plans in the year	1150	44.2	1135	43.3	697	26.4

Children in Need: Rates for children who are in need have declined year on year between 2017/18 and 2019/20, with the only exception being with those as of 31st March who are awaiting an assessment or who do not require an assessment, increasing by 0.9 between 2017/18 and 2019/20.¹⁸

Table 6: Children in Need in Surrey

Children in Need (CiN) Characteristics of CiN	2017/18		2018/19		2019/20	
	Number	Rate per 10,000 <18 year olds	Number	Rate per 10,000 <18 year olds	Number	Rate per 10,000 <18 year olds
CiN at 31 March	7019	269.6	5932	226.5	5751	218.0
CiN at 31 March who are awaiting assessment or do not require an assessment	114	4.4	112	4.3	141	5.3
Children starting an episode of need in the year	10372	398.5	8511	325.0	6968	264.2
Children ending an episode of need in the year	9551	366.9	9220	352.0	7065	267.9

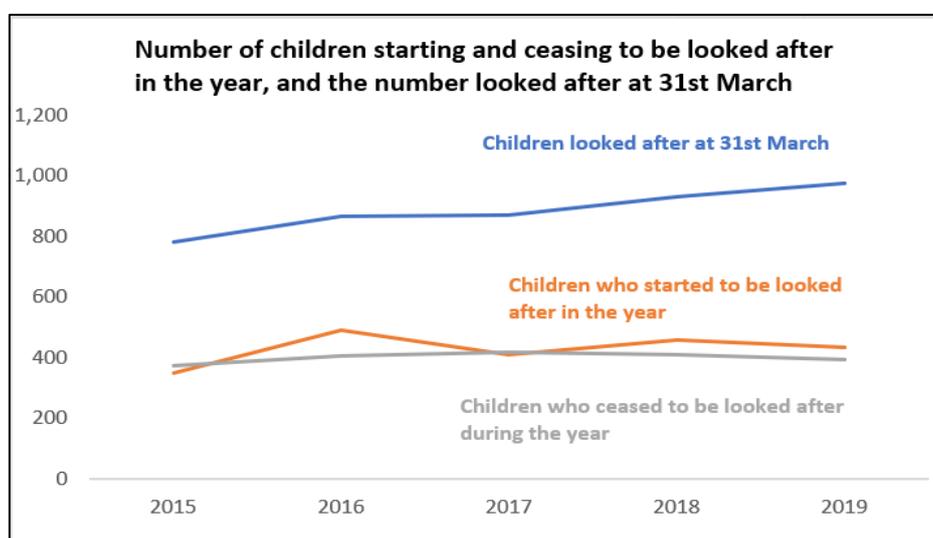
¹⁷ [Characteristics of Children in Need, Reporting Year 2020 \(2020\)](#)

¹⁸ [Characteristics of children in need, Reporting Year 2020 \(2020\)](#)

Children with an episode of need at any point during the year	15288	587.3	14313	546.5	12109	459.1
Episodes of need starting in the year	11968	459.8	9420	359.7	7753	293.9
Episodes of need ending in the year	10784	414.3	10134	386.9	7753	294.5
Episodes of need at any point during the year	17803	683.9	16066	613.4	13518	512.5

Looked after children: In Surrey the number of children looked after is up 4.4% to 973 at 31st March 2019. The number of children starting to be looked after during the year is down 4.8% to 435. The number of children ceasing to be looked after during the year is down 3.8% to 394.¹⁹

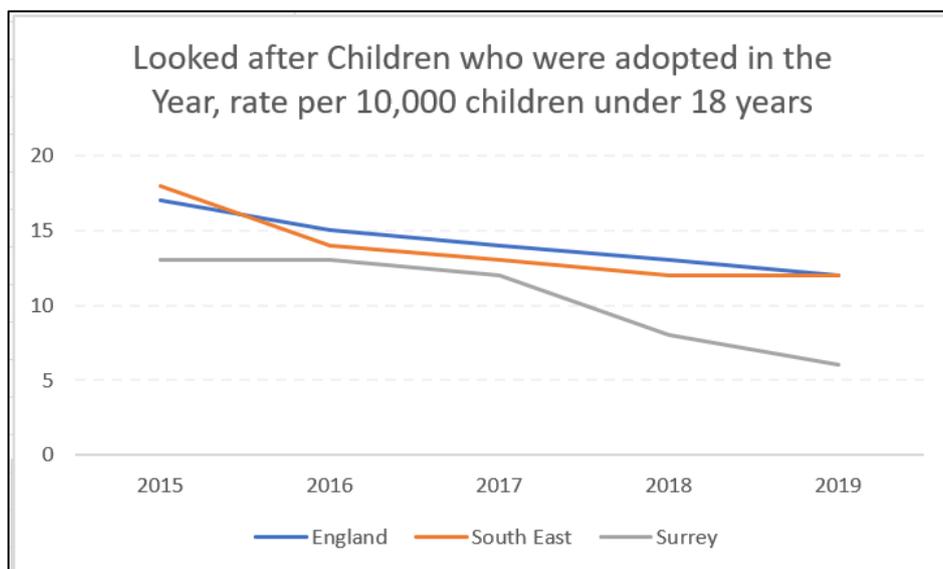
Table 7: Number of children starting and ceasing to be looked after in the year, and the number looked after at 31st March



¹⁹ Children looked after in England including adoption: 2019 to 2020, Department for Education (2020)

Children who ceased to be looked after during the year due to adoption fell by 37.5% to 24. The numbers continue drop and is down from the drop seen last year and is down from a peak of 24 in 2015.²⁰

Table 8: Looked after children who were adopted in the year, rate per 10,000 children under 18 years



Inequalities:

It is important that partners and services in Surrey remain sensitive to the needs of the total population, responding to the needs of those in minority groups. As mentioned in the Joint Strategic Needs Assessment for Surrey²¹, there can be different understandings of mental health problems in minority groups and a lack of knowledge of services. There may be increased levels of stigma, lack of trust and a fear of authority. There may also be language barriers and problems accessing translation services.

Understanding need in Surrey:

Children in Care: New assessments processes were put in place with clear triaging to assess everyone in a timely manner. CYP are RAG rate and prioritised based on package of support and levels of need. The waits for CiC to access treatment: CYP can now access support via the personal health budget project and not always need further sessions with the team but the service will consult with the network regarding risk support as required.

Looked after children: The percentage of those whose emotional wellbeing is a cause for concern is higher in Surrey (42.3%) than regionally (39.5%) and nationally (37.4%).

Asylum seekers and refugees: The Surrey system is currently supporting the Home Office in provision of services to asylum seeking families and individuals and the Afghan refugee resettlement programme. The Inclusion Team within Children and Family Health Surrey are working with the local primary care networks and the boroughs and districts to ensure any immediate health need is being

²⁰ Children looked after in England including adoption: 2019 to 2020, Department for Education (2020)

²¹ [The Surrey Context – People & Places – Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk), Surrey County Council (2020)

met. There will need to be ongoing consideration to the emerging mental and physical health needs of these families.

Exploitation: A number of teams across Surrey, overseen by the RMM (risk management meetings), are supporting children who have been identified as being *at risk of, experiencing, or at significant risk of, criminal and or sexual exploitation*. Services such as Downslink Wise Project run by YMCA Downslink Group are working to support vulnerable young people; supporting their relationships and working to prevent exploitation. During 2019, the number of *children at risk of exploitation* was highest in the age group 16 -17 years which is also the age group most common for youth offending. This was followed by the 14 - 15 year age group. Vulnerabilities such as adverse childhood experiences, child in need, exposure to domestic abuse, mental health, NEET (not engaged in education, employment or training) and care leavers have all been sighted as influencing factors. It is important to consider the existing and emerging mental health needs of these young people.

Care Leavers: Waits for assessment: In 2019/20, there were 4 CYP waiting for assessments with the longest wait 4-6 Months (1), by March 20/21 this improved and there were no CYP waiting for assessment.

Wait for treatment: In 2019/20, there were 2 waiting for treatments for up to 1 months and in March 21, there were no young people waiting for treatment.

Bullying: In the Primary School Health Related Behaviour Questionnaire taken in 2019²², a sample of 1034 boys in year 4 and 1100 boys in year 6, and 1091 girls in year 4 and 1097 girls in year 6 was taken. Here, 38% of pupils expressed that they felt afraid of going to school because of bullying at least 'sometimes'. 4% of pupils responded that they think they have been 'picked on' or bullied about their race, colour or religion, while 13% said that it was about the way they look.

In the Secondary School Health Related Behaviour Questionnaire taken in 2019²³, a sample of 693 boys in year 8 and 527 boys in year 10, and 694 girls from year 8 and 515 girls from year 10 was taken. 28% of these pupils responded that they at least 'sometimes' feel afraid of going to school because of bullying. In the month before the survey, pupils were asked if they had experienced a list of experiences that can be associated with bullying and 38% said they had been teased or made fun of, with 29% expressing they had been called nasty names. 19%, almost 1/5 of children had said they had been pushed or hit for no reason.

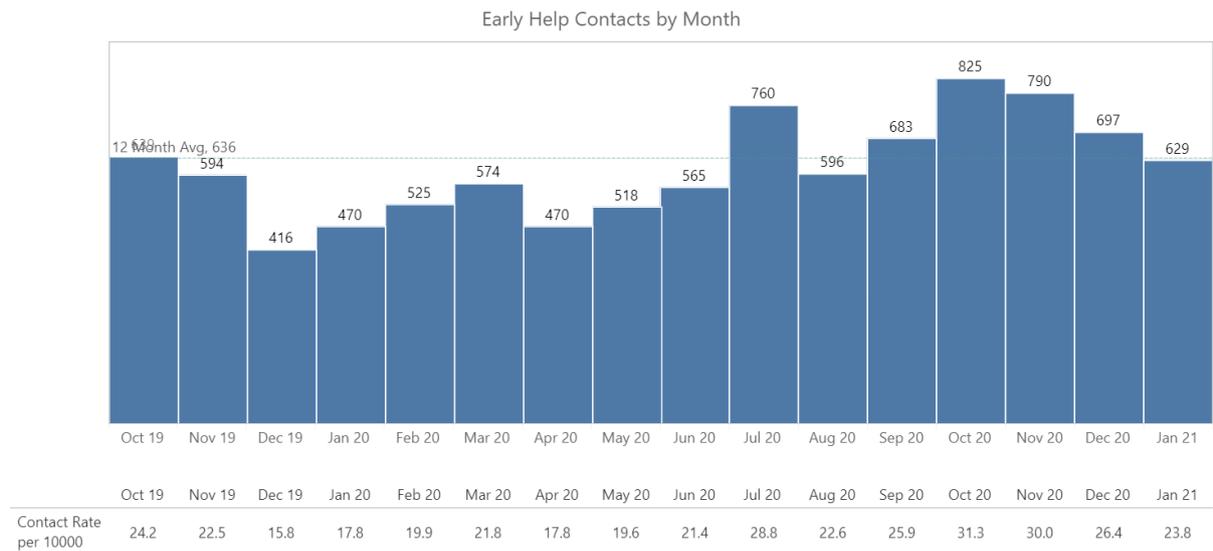
Requests for Support and Early Help. The Children's Single Point Access (C-SPA) and the Early Help Hub co-ordinates with partners requests for support²⁴ for families and children in Surrey. The Early Help Hub in particular ensures that the needs of families are more quickly offered targeted services or sign posted to services in the community that provide help. This has removed the need for numerous panels that were adding delay for families to get the right help at the right time. The hub also provides access to advice and guidance through a dedicated consultation line and support in finding help on the Family Information System. Below, you can see that there was a spike in March 2020 at the beginning of the pandemic that drops off in April, rising incrementally until July around the time that lockdown lifted. It then drops again before bouncing back up for the second lockdown.

²² The Surrey Children and Young People's Health and Wellbeing Survey 2019: A Report for Surrey Primary, SHEU (2019)

²³ The Surrey Children and Young People's Health and Wellbeing Survey 2019: A Report for Surrey Secondary, SHEU (2019)

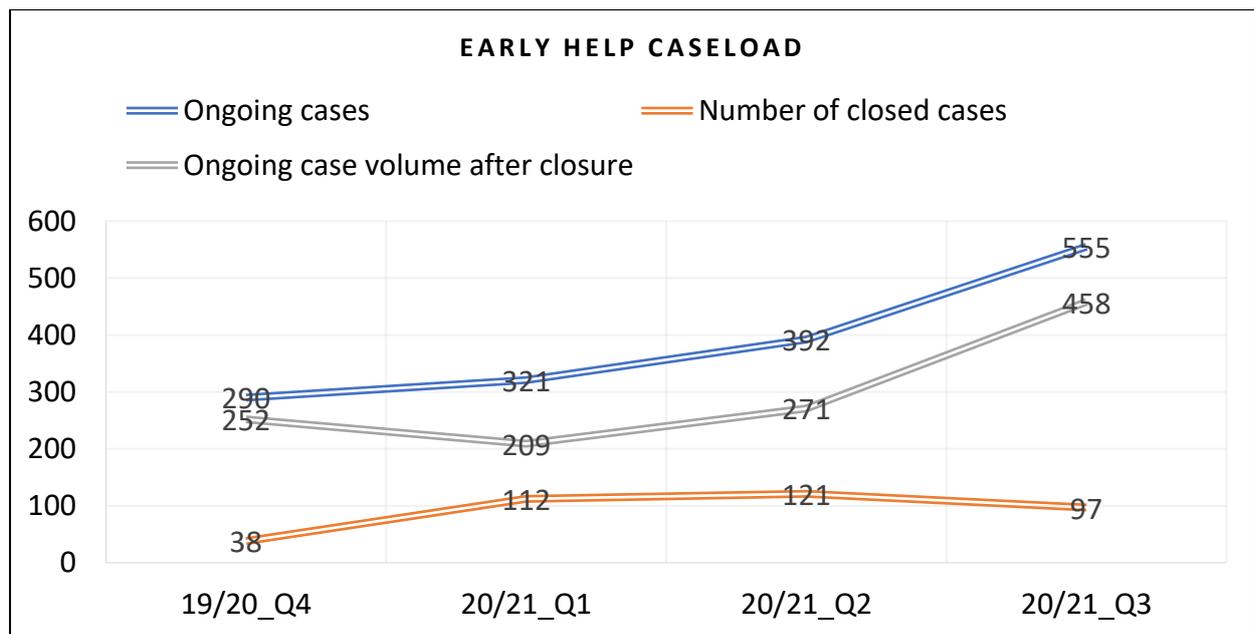
²⁴ Helping Families Early Strategy, Surrey County Council (2020)

Table 9: Early Help Contacts by Month in Surrey



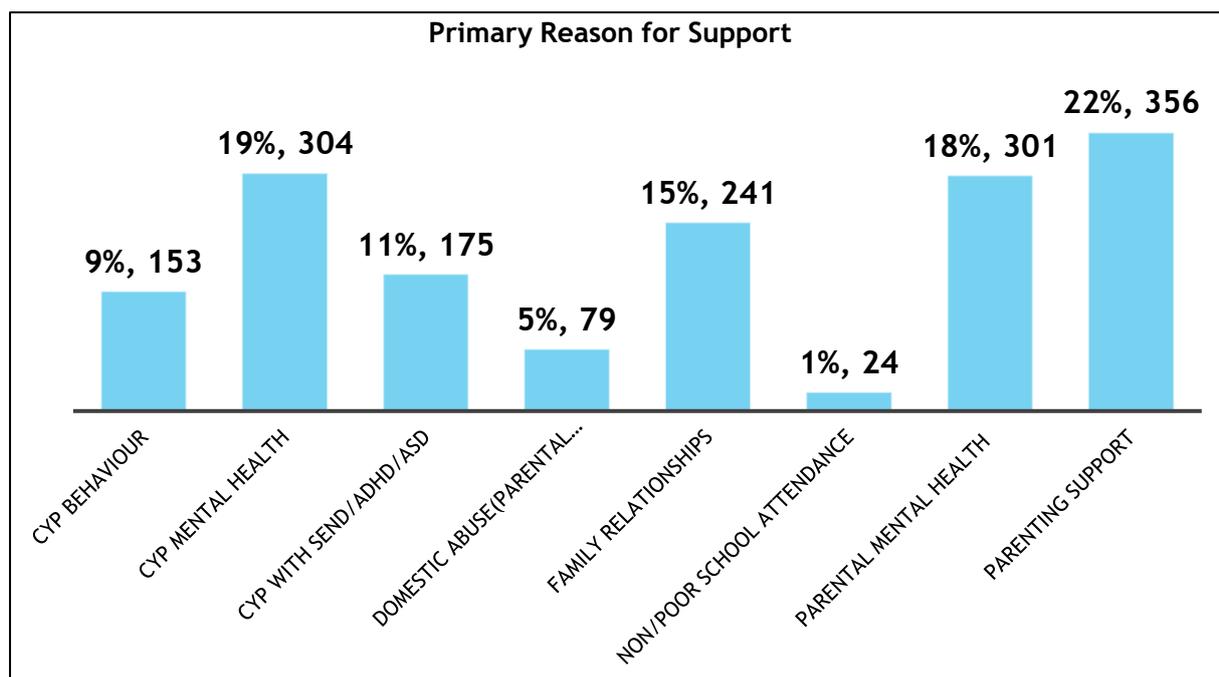
The below demonstrates the numbers of those who accessed Early Help (Level 2) and projections for the caseload trend. An average of 80% of all Early Help referrals are accepted.

Table 10: Early Help Caseload in Surrey



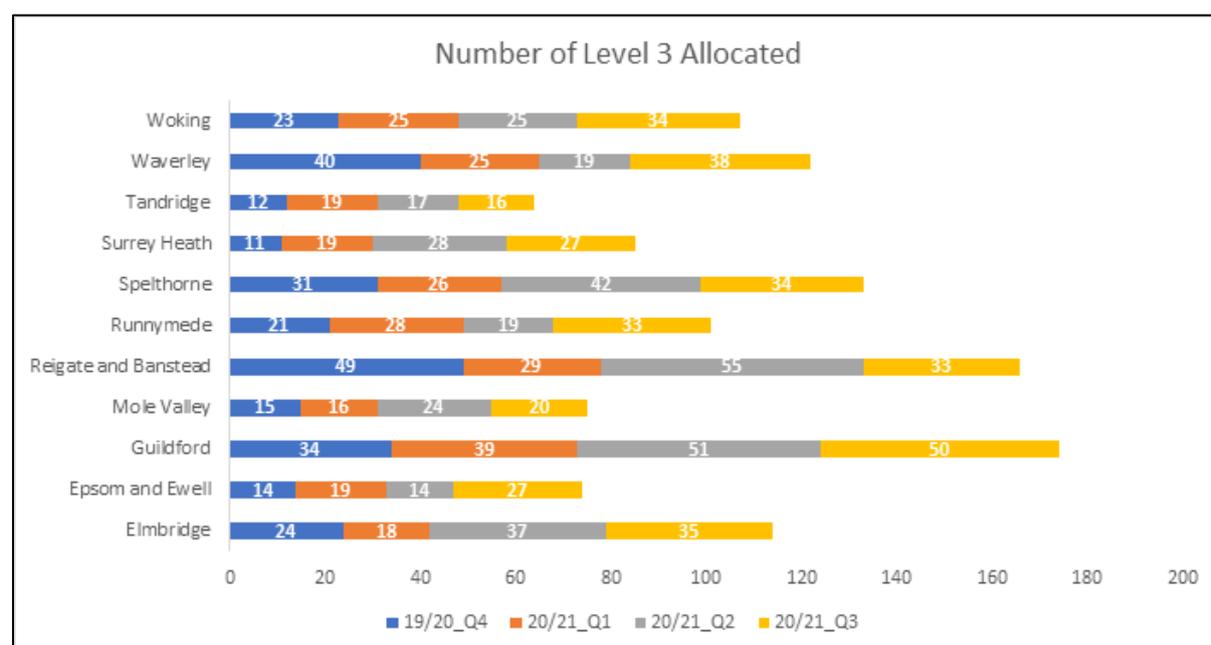
The graph below highlights the primary reason for support (need) between Q4 2019/20 and Q3 2020/21. This shows that parenting support (22%, n=356) and CYP mental health (19%, n=304) were the most common reasons.

Table 11: Primary Reason for Support in Surrey



The below chart shows the number of cases allocated to Family Centres (level 3) by district and borough. Whilst Reigate and Banstead (n=49) and Waverly (n=40) began the reporting period with the highest allocated cases, Guildford had the most allocated cases in Q3 20/21 (n=50) and overall (n=174).

Table 12: Number of level 3 allocated by borough in Surrey



A&E attendance due to Self-harm:

The below graph shows the number of A&E attendance due to self-harm by age (10-20yrs). The data shows that for both the 10-12 and 13-15-year old's', there has been an increase in self-harm A&E presentations in the current year (21/22).

Table 13: Number of CYP A&E attendances for self-harm by age, compared by 19/20, 20/21 and 21/22 FYE up until August 21 in Surrey

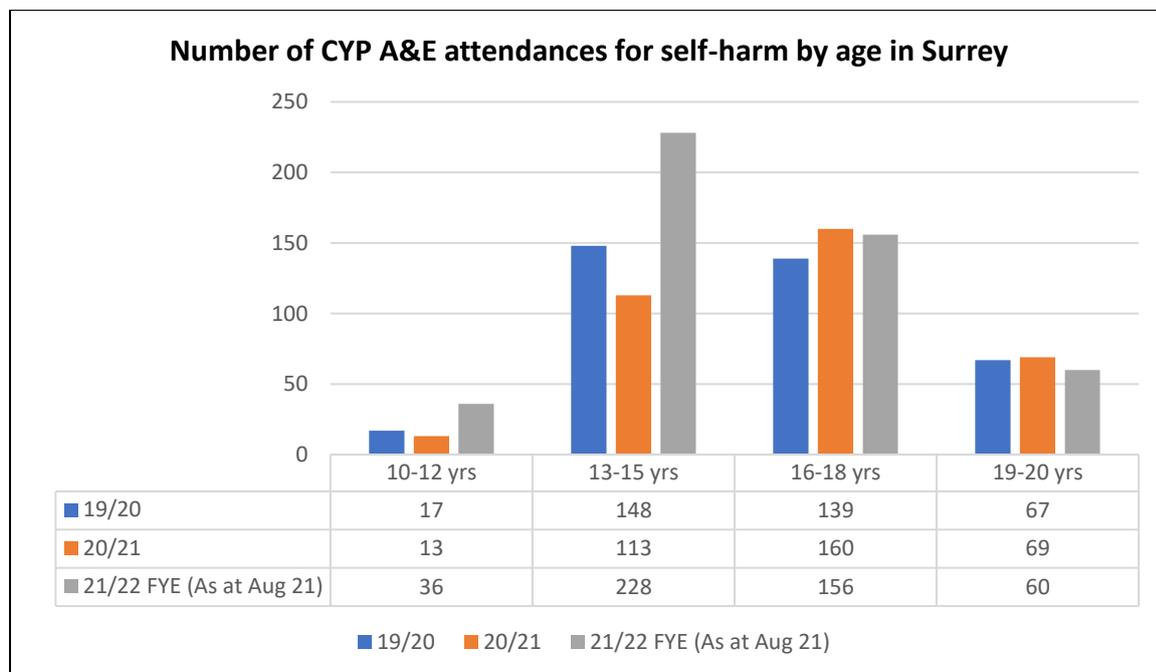
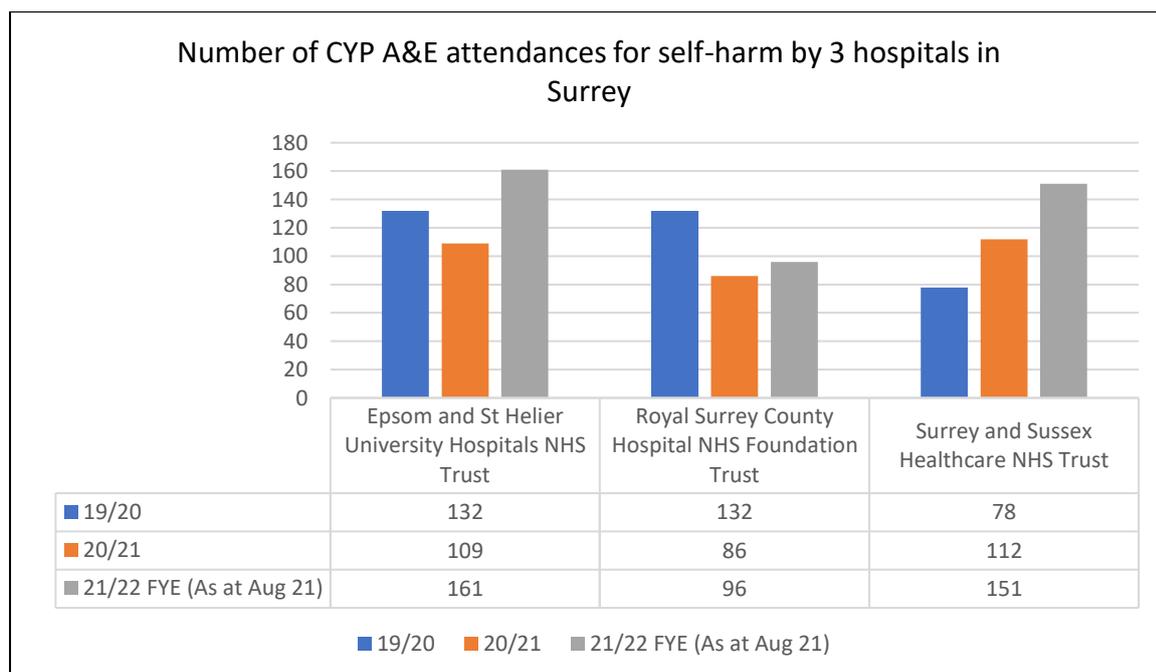


Table 14 shows the number of A&E attendance related to self-harm for 10-20yrs by hospital provider between April 2019 and August 2021.

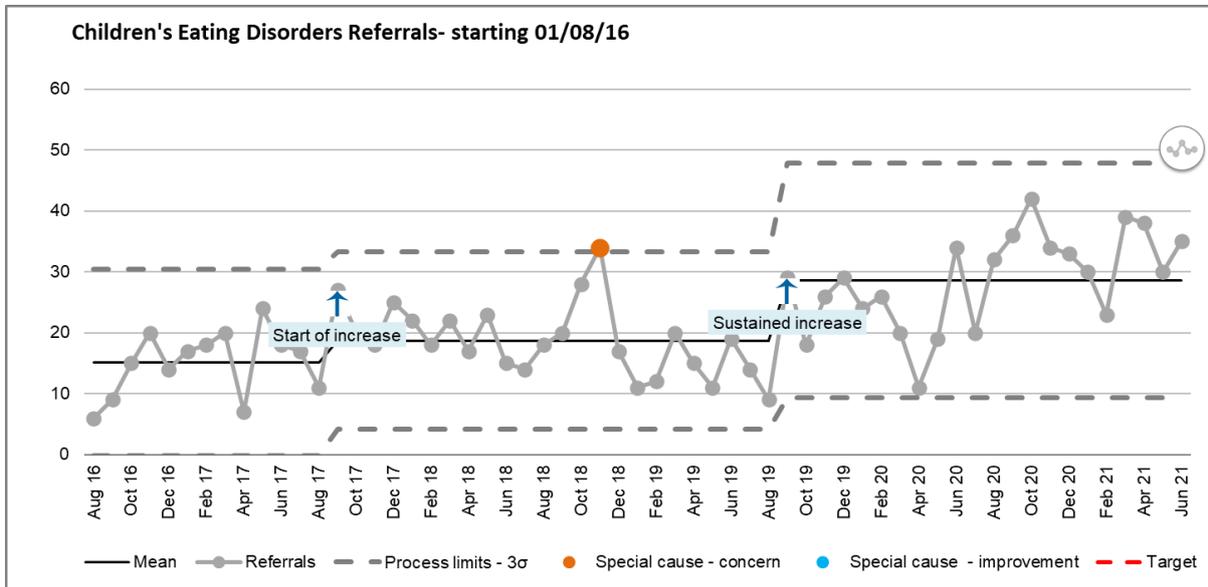
Table 14: Number of CYP A&E attendances for self-harm by 3 hospitals in Surrey (age 10-20 years)



Eating Disorders

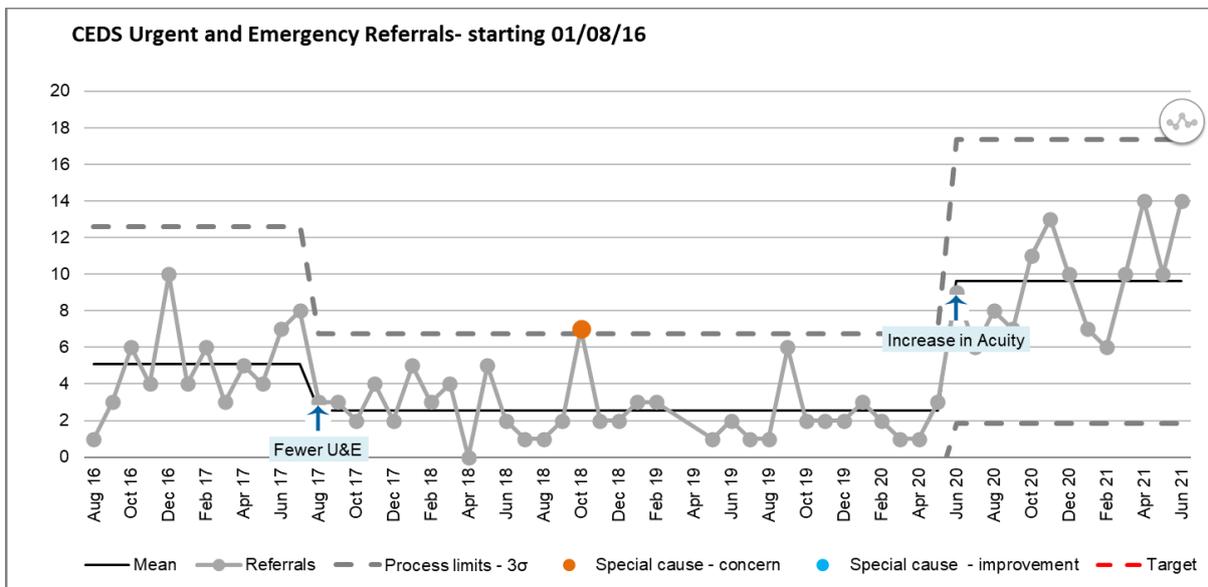
CYPS eating disorder referrals - whilst the number of referrals are not consistent, an increase began in October 2017 and a sustained increase in eating disorder referrals has been maintained since October 2019.

Table 15: Children's Eating Disorder Referrals in Surrey



The below graph shows the CYPS eating disorder **urgent and emergency referrals**. There is a notable increase in acuity from June 2020, with there being 14 urgent and emergency referrals in April and June 2021.

Table 16: Community Eating Disorders Service (CEDS) urgent and emergency referrals in Surrey



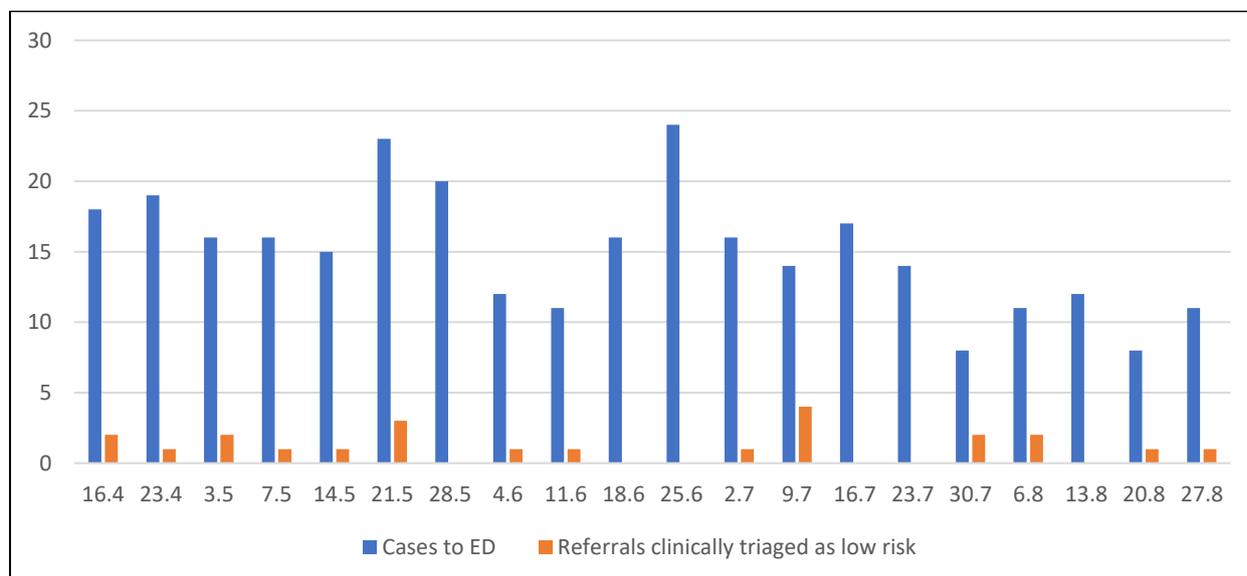
The below table charts the average waiting times for assessments and time to receive treatment, with February '21 being the longest waiting time for assessment (10 working days) and April '20 and February '21 being the longest waiting time for treatment (4 days).

Table 17: Average waiting time to receive treatment for Eating Disorders in Surrey

Month	Avg. waiting time to assessment (working days)	Avg. waiting time to treatments (working days)
Apr 20	6	4
May 20	5	2
Jun 20	8	2
Jul 20	5	3
Aug 20	5	1
Sep 20	6	2
Oct 20	9	2
Nov 20	9	2
Dec 20	7	1
Jan 21	8	2
Feb 21	10	4
Mar 21	7	2

Table 18 shows eating disorder referrals from Access and Advice between 16th April 2021 weekly up until 27th August 2021. The orange lines show those referrals who were clinically referred as low risk, with the blue bars show the actual number of referrals.

Table 18: Eating disorders referrals from Access and Advance between 16th April 2021 and 27th August 2021 in Surrey

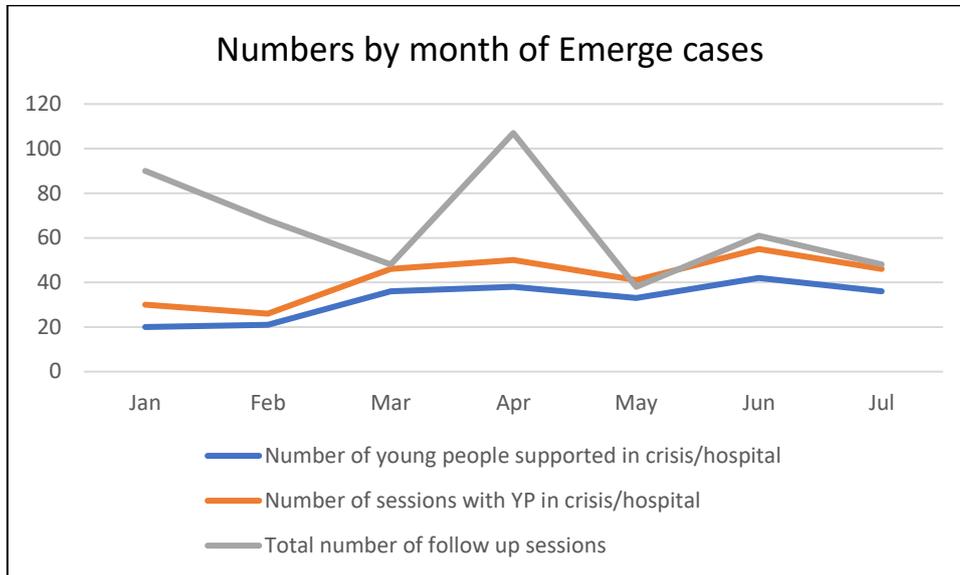


Emerge Advocacy

Emerge Advocacy are a charity in Surrey who provide support for young people attending A&E due to self-harm, attempted suicide and emotional crisis and who also provide follow up support for A&E

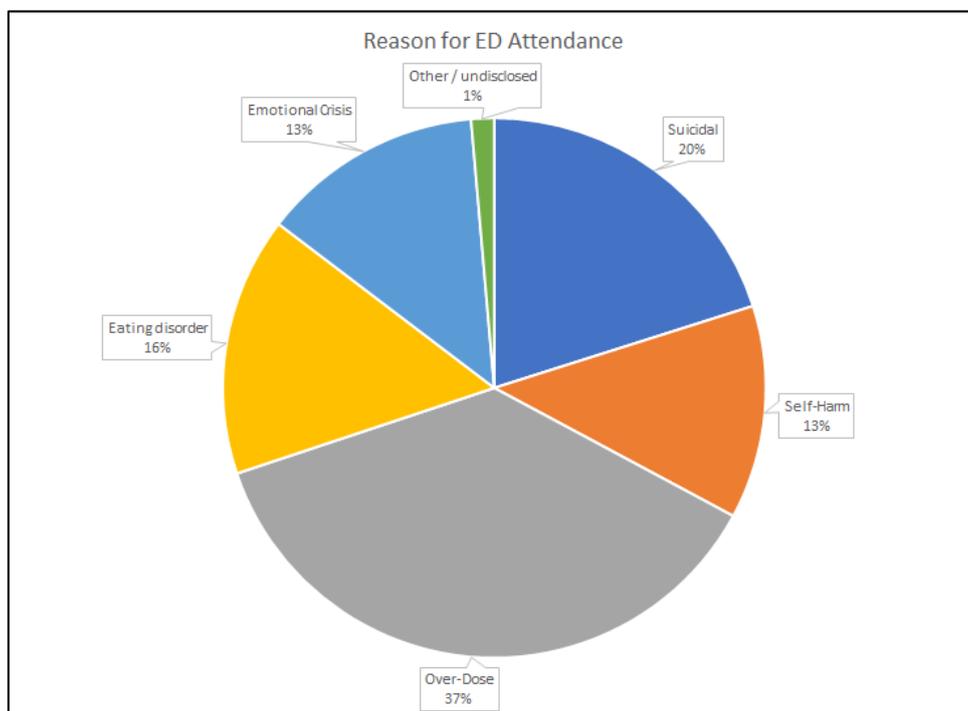
attendances. The below graph shows the number of cases that Emerge has supported, with the number of young people being supported and the number of sessions with young people being fairly stable and there being a spike in follow up sessions in April.

Table 19: Numbers by month of Emerge cases in Surrey



Emerge Advocacy also collect the reasons for A&E attendance, where you can see the highest numbers of attendances are for over-dose (37%), suicide (20%), and eating disorders (16%).

Table 20: Reasons for Emergency Department Attendance



Engagement and feedback from service users:

Surrey Youth Focus published a report that gave voice to children and young people in Surrey during the COVID-19 pandemic²⁵. Twelve organisations, including charities and the public sector listened to 199 children and young people across Surrey during May and early June 2020. Children between the ages of 5 and 19+ were asked their experiences of lockdown. An undisclosed number of children and young people had special educational needs and/or disabilities.

The report showed that every individual had their own experience of lockdown, good and bad, however the following themes did emerge: Relationships and connections – with family, friends, partners; Access to learning – experiences of not being in school and learning in a different way; Finding time – how children and young people have been spending their time; Awareness of self and others – what children and young people have learnt about themselves and others; Emotional wellbeing and mental health – how children and young people have managed with their wellbeing. Children and young people also voiced fear over the impact of COVID on their own health and that of their families and friends. They are also concerned about the uncertainty that COVID has caused and what impact it will have on the future.

Community Impact Assessments

A series of Community Impact Assessments²⁶ were conducted to understand the health, social and economic impacts of COVID-19 among communities across Surrey, communities' priorities for recovery, and what support these communities might need during the second wave of the pandemic. Below we are able to understand different experiences by various communities in Surrey and the impact of the COVID-19 pandemic on their mental health.

Black, Asian and Minority Ethnic (BAME) Rapid Needs Assessment²⁷

Whilst highlighting the various different ways the BAME community were impacted by the COVID-19 pandemic, the stakeholders who were engaged for the rapid needs assessment spoke of racism and discrimination that they have experience across their life course and the impact that this can have when experience in early years by school aged children, impacting their long-term future developmental needs. It was also addressed how Chinese families, especially school aged children, received an increase in hate crime towards the beginning of the pandemic.

Domestic Abuse Rapid Needs Assessment²⁸

The Domestic Abuse needs assessment focuses on the views of system stakeholders partly as a way to establish lines of inquiry to be explored with victims and survivors at a later stage with assistance and facilitation provided by system partners. The report highlighted how lockdown has likely exacerbated pre-existing abuse, and the closure of schools has likely further exposed children to the abuse being perpetrated in the household. There is a concern about the long-term physical and mental impact of lockdown for victims of DA and their dependants with worries focused on the

²⁵ COVID 19: Listening to children and young people in Surrey, Surrey Youth Focus (2020)

²⁶ [Impact of Covid-19 on our Communities – Surrey-i \(surreyi.gov.uk\), Surrey County Council \(2020\)](#)

²⁷ Surrey Covid-19 Community Impact Assessment: Black, Asian and Minority Ethnic (BAME) Rapid Needs Assessment, Surrey County Council (2020)

²⁸ Surrey Covid-19 Community Impact Assessment: Domestic Abuse Rapid Needs Assessment, Surrey County Council (2020)

mental health of children returning to school and a possible “wave” of disclosures in the school environment upon reopening.

The number of Social Care assessments with Domestic Abuse identified as a factor at the end of assessment was unseasonably high both in April and May, meaning a larger proportion of C-SPA inquiries resulted in a Social Care assessment with DA identified as a factor during lockdown months. This trend was expected to continue over the summer and slowly return to normal seasonality around November 2020, when most of the impact from the planned reopening of schools is expected to have been absorbed.

Adults and Children with Learning Disabilities Rapid Needs Assessment²⁹

This needs assessment found how some families found that their child or young person ‘thrived’ whereas others struggled, feeling isolated or lonely not having access to their friends.

Requests for support into Surrey County Council C-SPA increased, with calls increasing by 30% and emails by 13% since the end of August. The top four themes emerging were; anxiety related to the return to school whether related to family health vulnerabilities and shielding or those worried about exposure to groups, mental health was a theme itself as was sexualised behaviour and neglect. Referrals into children’s mental health services decreased during the lockdown but the prevalence of eating disorders and autism related mental health needs in children appeared to become greater. Presentations to the 136 suite increased. Since lockdown was relaxed the referrals into mental health services have increased beyond similar periods in previous years and the high demand upon C-SPA continues.

Young People Out of Work Rapid Needs Assessment³⁰

In order to gain a better understanding of lived in experience, this needs assessment interviewed or held focus groups with young people who had been unemployed during lockdown or who were at risk of becoming not in education, employment or training (NEET). Participants raised concerns about lack of employment opportunities and the knock-on negative impact this has had on their mental health. Mental health was further compounded by the wider mental health impacts of isolation and increased anxiety during lockdown. Participants also discussed the impact of financial stress. They also express the following concerns: anger at their mental health services such as CAMHS (community mental health service) for being disrupted, noting how overloaded the service was before lockdown; feeling the strain of forced separation from friends; a general feeling of increased anxiety; a concern for the media generating fear and the impact of the pandemic on available jobs. Those who had pre-existing mental health diagnosis there was either a reduction in their anxiety levels as they felt like what they had been afraid of was happening, so they no longer had to be afraid or a feeling of finally being understood by those around them.

Young people and substance misuse³¹

Some of the young people who shared their experiences for the needs assessment express how their mental health deteriorated due to increased anxiety levels which, in turn, increased their drug use.

²⁹ Surrey Covid-19 Community Impact Assessment Adults and Children with Learning Disabilities Rapid Needs Assessment, Surrey County Council (2020)

³⁰ Surrey Covid-19 Community Impact Assessment: Young People Out of Work Rapid Needs Assessment, Surrey County Council (2020)

³¹ Surrey Covid-19 Community Impact Assessment: Substance Misuse – Children and Young Adults (under 25yrs) Rapid Needs Assessment, Surrey County Council (2020)

There were also positive experiences in lockdown, such as enforced detoxification, feeling more in control and thinking about what they want from life and building more positive relationships with their families. Overall, the young people questioned felt confident in speaking with their keyworker, had positive engagement with other services (i.e. CaMHS) but felt that more could be done to promote services better.

The CAMHS Youth Advisors for Surrey shared on their barriers to support webpage³² their understand of what the most common barriers there are for young people to access support. Many of these reflect the national interpretation from the Young Minds report visited earlier:

- Stigma
- Additional Needs & Disabilities and the mishandling of comorbidities
- Confidentiality with information being shared
- Waiting Times & Responses from online and telephone services
- Thresholds for accessing help
- Travel to access services
- Language barriers, mainly for parents

Thematic review: Deaths of Children and Young People through probable suicide 2014- 2020³³

This report presents the findings of a thematic review commissioned by Surrey Safeguarding Children Partnership in response to a number of suspected suicides by children and young people during the period 2014-2020. The aim of this thematic review from 1 April 2014 – 31 March 2020 is to identify patterns and themes in deaths by probable suicide amongst under 18-year olds in Surrey and to look at how we can work more effectively together to prevent further deaths. The work was supported by the detailed information held by the Surrey Child Death Overview Panel (CDOP); a multi-agency panel with responsibility for comprehensively reviewing all child deaths in Surrey, in order to better understand how and why children die, identify modifiable factors and learning that could prevent a similar death in the future. Whilst each child death is reviewed individually by the panel, this thematic review provides the opportunity to look across all the deaths by probable suicide over a six-year period.

Between 1st April 2014 and 31st March 2020, 12 children and young people met the case definition for the thematic review of probable suicide. This represents a 100% increase since the previous 6-year reporting period (1st April 2009 - 31st March 2014). 9 of the children and young people were male (75%) and 3 females (25%). 5 (42%) were aged 10-14 years. The youngest was fourteen years old.

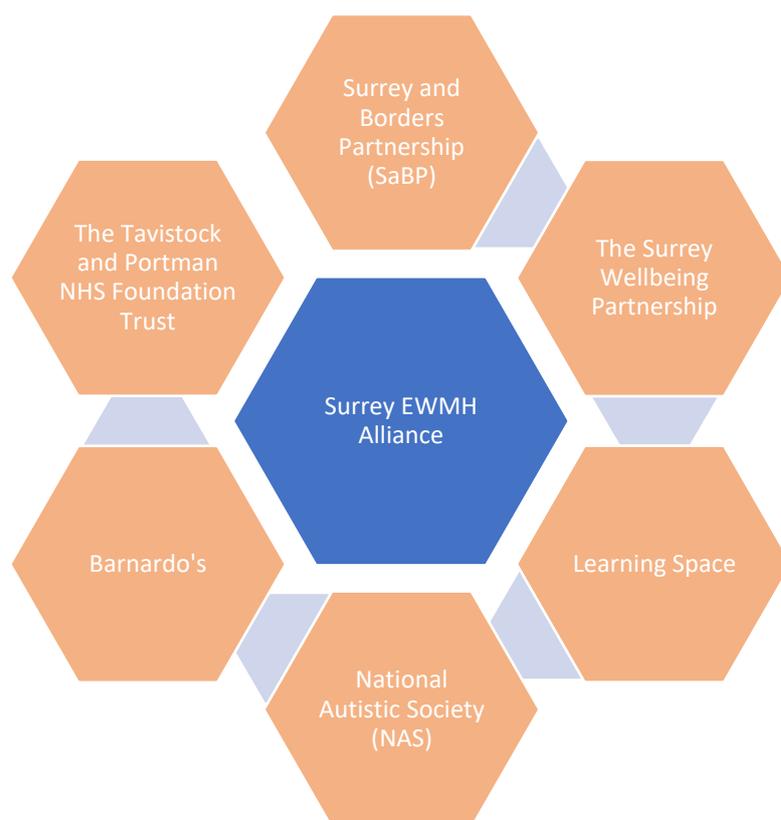
From this report, a task and finish group was put together to action the recommendations in this report. From here, a further working group, 'Children and Young People's Surrey Suicide Prevention Working group' has been set up to continue the work from the previous group and will report into the Surrey Suicide Prevention group.

³² [What we feel the barriers are to accessing mental health services, CAMHS Youth Advisors \(2021\) \(cyauk.com\)](#)

³³ Thematic review: Deaths of Children and Young People through probable suicide 2014- 2020, Surrey Safeguarding Children Partnership

Children and Young People’s Emotional and Wellbeing Services in Surrey

From April 2021, the way children’s emotional wellbeing and mental health services in Surrey are delivered is being transformed, and will be delivered by an alliance of NHS, national and local partners including **Barnardo’s; Learning Space; Surrey and Borders Partnership NHS Foundation Trust (SaBP); The National Autistic Society; The Surrey Wellbeing Partnership (SWP)** - a group of third sector organisations including: Barnardo’s, The East to West Trust, The Eikon Charity, Emerge, Learning Space, Leatherhead Youth Project, The Matrix Trust, The National Autistic Society, Peer Productions, Relate West Surrey, Step by Step Partnership Ltd, Surrey Care Trust, YMCA East Surrey and **The Tavistock and Portman NHS Foundation Trust**.



The alliance are working together and across the Children’s system in Surrey to ensure an appropriate level of support is provided to children and young people at the right time.

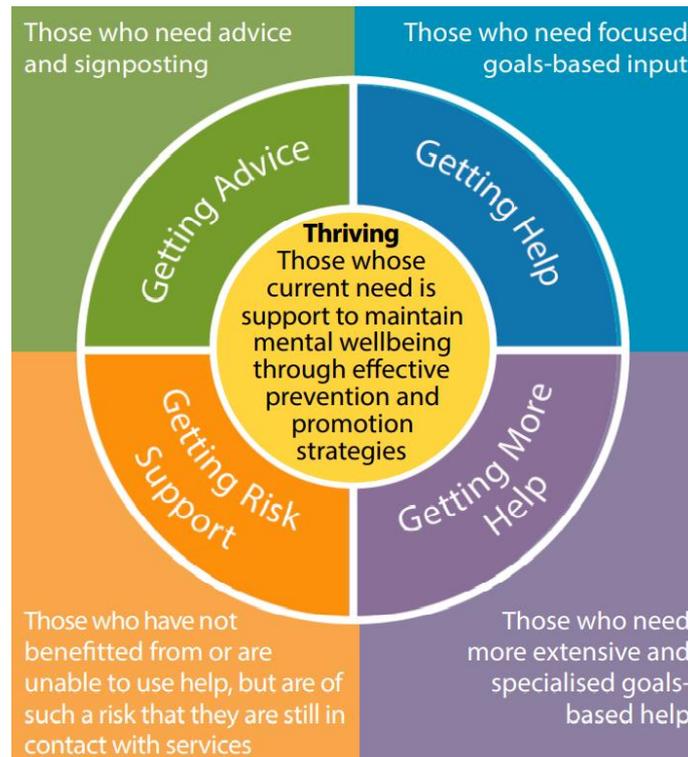
The transformation will introduce a new “thrive” approach where children and young people will have a central voice in decisions about their care, and their needs will be met based on goals identified by them and their families, rather than by healthcare professionals. There will be a greater emphasis on addressing and meeting needs, rather than getting a diagnosis as a trigger for help and support.

Alliance services include:

- **Access and advice** – helps young people and their families in need of support to access it in the most appropriate way, through providing advice, signposting to existing support or passing through to specialist or clinical support

- **Building resilience** – supports young people and their families to access services in the local community, such as counselling, mentoring or a wellbeing project
- **School-based needs** – a new model of support for schools which we are co-producing with local schools – these include primary mental health workers, child wellbeing practitioners, early intervention co-ordinators also includes the Reaching Out, Neurodevelopmental and Building Resilience services
- **Intensive interventions** – for young people and families who would benefit from extensive or intensive treatment and are likely to have a high level of specialist needs related to mental health disorders (including eating disorders, learning difficulties and those affected by sexual trauma)
- **Crisis admission avoidance** – supports children and young people who present with high risk behaviour and helps avoid Emergency Department (A&E) attendance or acute hospital admission as well as avoidable Adolescent Unit admissions.
- **Reaching out** – supports the most isolated and vulnerable children and young people through a multi-agency network. This includes young offenders, children in need and those not in education, employment or training
- **Neurodevelopmental services** – for those living with conditions such as autism and ADHD (Attention Deficit Hyperactivity Disorder)
- **Mental Health Support Teams (MHST's)** – intended to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff.

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:



The main emphasis is on giving children and young people a central voice in decisions about their care

Demand and Capacity

The current demand and capacity for services are listed below:

Implementation of THRIVE Framework for System Change: series of system-wide training, service mapping and communities of practice activities have started. Active implementation of THRIVE approach within service model has begun to remove thresholds and build a needs based approach to delivery.

Access and Advice (A&A) – is now in place as the single point of access (SPA) with a move away from referrals to ‘requesting support’ to reflect holistic approach. To ensure a holistic response, SWP is now embedded in A&A with plans for integrating with Surrey County Council’s (SCC) C-SPA in the future.

Building Resilience – 23 Community Wellbeing Champions (CWC’s) are now in place connecting with CYP and families who are identifying as struggling. There is a broad range of community-based activities available which takes place online and face to face. Volunteer mentors have also been mobilised.

School-Based Needs (SBN) – A new model of support for schools at Borough / District level. 9/11 Borough and Districts will have a named lead in September from a Primary Mental Health Worker with full coverage by Christmas. Most secondary schools will have a named Early Intervention Co-ordinator with full coverage when recruitment is complete and joint working across multi-agencies will start in the Spelthorne area as part of the ‘Team around the School’ approach. Two new Mental

Health Support Teams (MHST) are being launched in September, taking the total to 5 teams. Active recruitment for the new Clinical Psychologist to join the team who will have a focus on developing the whole school approach and EWMH intervention response in special schools is happening now.

Reaching Out – Three pathways now in place and being implemented: Transition support, vulnerable pathway and Education.

Intensive Interventions: SaBP continues to provide the broad-ranging support for young people and families who would benefit from extensive or intensive treatment such as those struggling with eating disorders, specialist support for CYP with learning disabilities and children in care/leaving care or post adoption support. This is where the pressures are within the service with capacity at present, as well as crisis.

Crisis Admission Avoidance – A **24/7 Crisis Line for CYP** was launched in May. The Crisis Intervention Service (CIS) continues to provide in-reach assessments to hospitals, seven-day follow-ups and short-term treatment sessions in the community. 4 x CYP Havens providing virtual service with 2 x face to face from Sept.

Neurodevelopmental (ND) Services Hub and Spoke – A new out-of-hours phone line launched in July for families in our services who can speak directly to experts for direct help with challenges at the time they need the support. Training for schools for Autism Spectrum Condition (ASC) or Attention Deficit Hyperactivity Disorder (ADHD) has started. Workshops for CYP and Parents have been launched. Barnardo's have launched a 'Celebrating ADHD' programme. Co-design work with schools for new offer to start in Spelthorne from September with roll-out plans spring and summer term.

Other support for Children and Young People in Surrey

Below is a list of emotional wellbeing and mental health support available for CYP in Surrey:

Surrey Healthy Schools: Surrey Healthy Schools is Surrey County Council's whole system approach to positively address the health, wellbeing and achievement of children and young people. It aims to empower schools to identify strengths and areas for development. Surrey Healthy Schools provides opportunities for effective support, guidance, training and effective communication from services and partners across the Local Authority and wider. The approach applies evidenced based practice promoting positive physical, emotional, and mental health and wellbeing, throughout 5 key themes; one of which (theme 5) specifically focuses upon emotional wellbeing and mental health.

School Nurses: The School Nursing team works across Surrey to promote physical health and emotional wellbeing in schools and in the community. This includes issues such as sexual health, illnesses, healthy eating, exam stress and bullying. Across Surrey, the School Nursing team also offer a text service called **Chathealth** a confidential school nurse messaging service for young people aged 11-19. Young people can contact their school nurse in confidence by text. Young people can also call the advice line to get in touch with a school nurse.

Emotional Wellbeing School Nurses: The Community Nursing for Children's Emotional Wellbeing and Mental Health service provides support to children and young people aged 4-18 years who are in a Surrey state school and are experiencing mild to moderate emotional or mental health difficulties.

Education Psychologists: The Educational Psychology Service contributes to the formation and development of the special educational needs processes and provision across Surrey. They have

extensive, up to date knowledge regarding the criteria for statutory assessment and interventions recognised and regarded as good practice by our Local Authority. They have strong local knowledge of schools and local services, understanding of local communities and longstanding relationships with schools, partner agencies and families.

Specialist Teachers for Inclusive Practice (STIPs): The specialist teachers for inclusive practice work with schools, families and other agencies to support the inclusion and achievement of children and young people, particularly the most vulnerable.

The Inclusion Service: The Inclusion Service is comprised of knowledgeable and well trained teams providing bespoke support to schools and academies, addressing attendance issues strategically and through individual casework. It supports pupils to attend regularly and achieve their full potential.

Time to change Surrey: Time to Change Surrey is a campaign and programme to raise awareness and reduce stigma around mental health. Time to Change Surrey reaches out to businesses, colleges and communities, to people from different backgrounds, cultures, faith, across age, sex and gender, and sexuality.

Emerge: Local charities East to West and Emerge Advocacy work together in Surrey to provide support for young people attending A&E because of self-harm, attempted suicide and emotional crisis. Emerge projects enable specially trained staff and volunteers to support young people aged 10 – 25 within the ED and associated departments in hospital, including the children's wards. The teams provide follow up support, usually for up to three months post-discharge. This support improves patient experience and outcomes, helping to reduce young people's anxiety during their time in hospital, promoting engagement with clinical staff and the assessment process.

Active survey: The Active Surrey Child Wellbeing offer is designed around primary aged children and includes training options for staff, pupils, and parents, with content tailored appropriately for each audience, these short courses focus on the practicalities of wellbeing and show the part physical activity plays in improving children's mental health. Schools or other organisations can choose any or all of the courses independently of each other, according to need. In addition to training, we can guide and advise schools on simple tweaks to services including food provision that can benefit children and their learning.

Community & inpatient peri-natal mental health services: This specialist perinatal mental health service is for women who are planning a pregnancy, are pregnant or have a baby up to 24 months old. This could be a new mental health problem or reoccurrence of a previous mental health problem you've experienced before. This is known as a perinatal mental health problem and 1 in 5 women experience mild to severe mental ill-health during pregnancy or after birth. We care for women with serious or complex mental health needs.

Gaps in knowledge

- Address gaps in knowledge about our population in relation to mental health needs i.e. LGBTQ+, ethnicity, young migrants, refugees, asylum seekers
- More robust and wider data collection required to understand areas of need/barriers to access including understanding of the wider determinants of health
- Further user research to understand the impact of the pandemic on mental health

Proposed recommended future local priorities

- Short/longer term plan to address increase in eating disorders cases, including prevention and early intervention
- Implementation of self-harm protocol and pathway including addressing increase in A&E self-harm attendances
- System partners to revisit and refresh current demand and capacity modelling to understand current and future surges and how we implement learning for prevention work.

Appendix:

Supporting Strategies:

[Surrey 2030](#): The Surrey 2030 vision sets out how we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind. The ambitions set out in the strategy for people are:

- Children and young people are safe and feel safe and confident.
- Everyone benefits from education, skills and employment opportunities that help them succeed in life.
- Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.
- Everyone gets the health and social care support and information they need at the right time and place.
- Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.

[Surrey Against Domestic Abuse Strategy 2018-2023](#): sets out the vision that every adult and child experiencing domestic abuse is to be seen, safe and heard, and free from the harm caused by perpetrator behaviour. The strategy highlights how 58% of local children identified as 'in need' have abuse and neglect identified as the primary concern and therefore is important to highlight within this report.

[Substance misuse strategy](#): The strategy sets out a new direction for tackling drug misuse across the county of Surrey. Drug misuse can be a pathway to poverty, lead to family breakdown, crime, debt, homelessness and child neglect. In the UK, one in 37 children is living with a parent who is addicted to drugs. In Surrey, during 2017/18, we saw an increase of 12% in the number of young people accessing treatment. The report strategy highlights how among young people engaged in specialist services in Surrey in 2017/18; 7% were 'looked after children', 15% have been affected by domestic abuse, 17% were affected by others' substance misuse in their close family and/or members of the household, 10% identified themselves as self-harming and 21% as engaging in anti-social behaviour and/or criminal activity.

[Child exploitation strategy](#): Surrey County Council children's services the police and other partners across Surrey are working together to safeguard young people and prevent them from experiencing any form of exploitation. Whilst the most familiar form of exploitation is child sexual exploitation (CSE) we are also working to protect young people from, exploitation linked to drug dealing and county lines activity, building up drug debts or bonds, being drawn into serious criminality, being pressured into carrying weapons and being pressured into sexual activity.

[The First 1000 Days](#): The first 1,000 days of life sets out how the time spanning roughly between your baby being conceived and your child's second birthday is a unique period of opportunity. The strategy sets out the support that is available to parents and carers in Surrey to ensure that children have the best start in life.

[Surrey health and wellbeing strategy](#): focuses around three key priorities, one being supporting the mental health and emotional wellbeing of people in Surrey. The strategy highlights how whilst Surrey is widely perceived as a 'healthy and wealthy' county, it is not without its share of challenges. It is estimated that 10,600 5–15-year-olds in Surrey have a mental health disorder. Similarly, there is considerable variation in deprivation, with over 23,000 children in Surrey living in poverty, which is linked to poor health and wellbeing outcomes for them and their parents. However, in Surrey there are also pockets of inequality, which have a significant impact on those children's outcomes - both health related and more widely. The Income Deprivation Affecting Children Index indicates that whilst overall 10% of Surrey's children are impacted by income deprivation, in the worst affected areas over 40% are affected. In relation to educational attainment, children who qualify for free school meals in Surrey have considerably worse performance than the average child receiving free school meals across England.

[Sufficiency Strategy Looked After Children, Care Leavers and Children on the Edge of Care 2020 – 2025](#): The Surrey focused sufficiency strategy helped to better understand: the numbers of looked after children and care leavers in Surrey, the needs they have and how this might change over time; the provision we have available to respond to these needs and how this might need to develop in the future; The key things we need to focus on together over the next five years. In Surrey, as of 31/03/2020, there were: 2,106 children with active Child in Need plans, 694 children with an active Child Protection plan, 985 Looked after Children, 656 Care Leavers with active Pathway Plans. The population of Looked After Children in Surrey has increased by just over 20% since 2014/15 in line with national trends. Numbers of Care Leavers have risen by 11% in the same period (rising to 40% when numbers of Unaccompanied Asylum Seeking Children are included).

[Surrey County Council's Corporate Parenting Strategy](#): The corporate parenting vision at Surrey County Council is: To be the best corporate parents we can be, working together to provide children and young people in our care with happy and healthy childhoods, helping them reach and exceed their potential and aspirations, and supporting them into successful adulthood.

[Helping Families Early Strategy](#): This strategy brings together the key components of how as a partnership Surrey helps families early now and our strategy for the future. We believe we can help families by building on their strengths, forming relationships and connecting families to their communities. We know that getting help at the right time in the right way can prevent poor outcomes for children and families. The strategy is a call to action, as a partnership we are all 'helping families early' and we can help each other to do this by having an effective partnership strategy that brings together the key action that will make most difference to the lives of children in Surrey. Helping Families Early is an activity undertaken by almost everyone who works with children, young people and their families, such as schools, early year's settings, GP, and the police. There are also services whose entire function is to provide bespoke support to families and young people such as the Family Support Programme, Family Centres and Targeted Youth Support. Children and young people with Special Educational Needs and Disabilities (SEND) will have equal access to the help alongside the more specialist services they may require.

[Surrey Special Educational Needs and Disability \(SEND\) Partnership Strategy 2019-2022:](#)

communicates the shared vision for all children and young people with Special Educational Needs and Disability and their families;

- Children and young people are at the centre of our thinking and we work with families as partners in meeting their children's needs and planning how we will deliver support in the future.
- Health, Education and the Local Authority share responsibility for making sure that high quality support is in place for children and families when and where they need it.
- All places, settings and organisations that provide education and/or support to children and their families are welcoming of children with SEND and have a better understanding of their needs.

[Surrey Suicide Prevention Strategy 2019-2021:](#) sets out the approach to reducing suicide in Surrey, based on national and local intelligence/evidence. It also reflects the national suicide prevention strategy ambition and key action areas. The strategy will harness the commitment to achieve the following aim: To reduce suicide by 10% by 2021 through the coordinated actions of our respective organisations. This strategy will sit alongside the Emotional Wellbeing Mental Health Strategy for Children and Young People in Surrey 2019-22. The strategy is organised under six key priorities that reflect the national Suicide Prevention Strategy (2012).

[Autism strategy:](#) This strategy has been brought together by autistic children, young people, adults and family carers together with professionals from across Surrey's service system, to make our joint ambitions clear. We want to achieve an autism friendly approach across the County in education, health, social care, work and communities. Surrey's population in 2021 is projected to be 1.23 million so, our best approximation of its autistic population is 12,300 people, made up of: 2,900 children aged 0-17, 900 young people aged 18-24, 8,200 people aged 25 and over. Our vision is for Surrey to be a place that offers opportunities for people to live healthy and fulfilling lives, where people's contributions to their local communities are welcomed, supported and valued, and no-one is left behind.