



# **SURREY EARLY HELP NEEDS ASSESSMENT**

**Date of Update: October 2017**

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## SECTION 1: EXECUTIVE SUMMARY

***‘Early help means providing support as soon as a problem emerges, at any point in a child’s life, from foundation years through to the teenage years.***

***Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.’***

*(Working Together to Safeguard Children, HM Government, March 2015)*

The purpose of this needs assessment is to identify unmet needs and gaps in provision for early help for children, young people and families in Surrey. This needs assessment should be viewed as a rolling document and will continue to be updated with information as it becomes available. The analysis will inform the development of the Surrey Early Help Strategy (2018 – 2020) and form the basis of priorities set out in the Surrey Early Help Commissioning Plan (2018 – 2022) and support the delivery of the ‘Child First – a plan for children in Surrey 2017 – 2022’<sup>1</sup>: There are ten commissioning intentions as listed below that span across Early Help, Education, Information Management, Safeguarding, Special Educational Needs and Disability (SEND) and Sustainability Transformation.

1. Prevent problems escalating by identifying issues early and ensuring children, young people and families needing extra help receive timely, preventative support
2. Develop a positive experience of SEND services and support for children, young people and families
3. Secure the right early support to promote good emotional wellbeing, physical and mental health
4. Prevent and reduce the impact of abuse (including domestic abuse) and neglect
5. Secure placements or accommodation for looked after children and care leavers, including unaccompanied asylum seeking children that are appropriate, local and value for money
6. Reduce the impact to children of hidden crimes – child sexual exploitation (CSE), Children who go missing from home and care and radicalisation.
7. Champion the educational achievement, progress, health outcomes and engagement of vulnerable children and young people throughout their life course (looked after children, children in need, free school meals, SEND, ‘vulnerable groups’)
8. Develop educational opportunities for children and young people with SEND in local schools or colleges that offer the best value for money
9. Secure increased participation in education, training and employment post 16 for young people in our ‘vulnerable groups’
10. Increase the school readiness of children and reduce the gap in both healthy development and attainment between disadvantaged groups and their peers in early years.

### **Child First: A Plan for Children in Surrey 2017 - 2022**

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<sup>1</sup> Child First Commissioning Intentions for Children in Surrey 2017-2022

This assessment links to a range of other completed needs assessments, commissioning plans and or strategies developed across the Surrey Children and Young People's Partnership (CYPP), recognising the broad range of factors that can impact and influence need and demand for early help. This document is structured in such a way to link to related documentation as well as to highlight key findings from related work completed.

Through this process, the following key issues for early help have been identified:

- Early help is essential: Evidence from The Early Intervention Foundation (2017) suggests that late intervention comes at a large cost to public services and in Surrey this is equivalent to £225 million a year (roughly £192 per person a year)<sup>2</sup>
- Family income directly affects children's outcomes<sup>3</sup>: 25% of children and young people live in poverty in the UK. This compares with only 10% of Surrey children and young people (approx. 28,000 aged 0-19). However, in Surrey we have pockets of inequality which affects some of our children and their corresponding outcomes more than anywhere else in the county<sup>4</sup>: This is supported by a recent report by the Social Mobility Commission<sup>5</sup> suggests that in areas that are predominantly affluent such as Surrey, children who come from poorer households do less well than their peers who live in less affluent areas.
- The Surrey Multiagency Safeguarding Hub (MASH) has approximately 6,000 referrals a month (October, 2017). This equates to approximately 150 – 200 early help referrals per week (10 new cases per district and borough per week). This is just over 8,000 early help referrals per year<sup>6</sup>.
- A high proportion of Surrey's looked after children come into care in their teenage years. Outcomes for these young people are poorer than children who come into care younger and significantly poorer than for their non-looked after peers. Many of these young people will return home but of these approximately one third will experience a further period in care<sup>7</sup>. The reasons for entry into care are usually long-standing familial concerns which through effective Early Help are often amenable to change.
- In 2014 - 2016, the Surrey Children, Schools and Families (CSF) team saw a 23% increase of children in need supported by statutory services and there was an increase in the proportion of cases where the primary need is abuse or neglect: When initially assessed, the most dominant primary need for children in need is 'abuse or neglect' (just over 58% of all cases).
- Nationally, 1 in 5 children are affected by domestic abuse (DA): Domestic violence is the highest reported violent crime in Surrey: Children and young people are disproportionately affected by DA in Surrey<sup>8</sup> (as a victim and as a perpetrator). The web of harm from domestic abuse spirals throughout a family so that those experiencing (direct or indirect) DA are at a greater risk of low educational attainment, mental health and wellbeing issues and difficulty forming relationships. When DA is experienced

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<sup>2</sup> Early Intervention Foundation (2016) The Costs of Late Intervention

<sup>3</sup> London School of Economics and Political Science (2017) Impact of Poverty on Childhood Outcomes Report

<sup>4</sup> Children's Society (2016) Elmbridge Wellbeing Survey

<sup>5</sup> Social Mobility Commission (2017) Time to Change (2007 – 2017)

<sup>6</sup> Surrey Multiagency Safeguarding Hub Referral Data (October 2017)

<sup>7</sup> Surrey CSF Performance data (2016)

<sup>8</sup> Surrey Police DA Victim Data (2016)

alongside parental substance misuse and poor mental health, the risks for children are much greater.

- It is estimated that 1 in 10 Children and Young People (CYP) have poor mental health and 70% of CYP have not had appropriate interventions at a sufficiently early age<sup>9</sup>. Surrey's 5-14 year old demographic is experiencing the biggest increase in population. An estimated 10,450 children and young people in Surrey have a mental health issue<sup>10</sup>: Mental health and wellbeing concerns for a child and or parent is one of the largest reasons for contact to the Surrey MASH.
- Some of our families experience more difficulties than others, in particular those families those who live in poverty, with special educational needs and disability (SEND), gypsy roma traveler (GRT) children, children in need and children looked after.
- *'Early Help for many of our parents is not coming at the right time...Parents will wait until the tipping point before they contact professional so by the time they get to the top of the waiting lists the whole family are often at crisis point with impact on mental and physical health'<sup>11</sup>.*
- Key points of transition particularly from primary to secondary and in the teen years transitioning from school to college are when issues are amplified especially for children and young people with special needs
- 500 (2%) of 16-18 year olds in Surrey are Not in Education Employment or Training (NEET)<sup>12</sup>. Young people who are NEET tend to have lower resilience levels, lower attainment, poorer emotional health, greater criminal activity and greater engagement in multiple risk taking behaviours<sup>13</sup>.
- Practitioners and families consistently report a gap in universal parenting support specifically those aged 6-11years and for teenagers as well as targeted parenting support for children with complex needs (including ASD and ADHD), mental health issues and undiagnosed or difficult behaviours; as well as adult-to-adult support service – including domestic abuse outreach.
- We need to transform our early help offer to ensure that it is embedded as part of a whole-system approach to prevention and early intervention. Our local family support offer must focus on the whole family (including siblings) and be embedded within local communities. Our approach must be systematic, family-focused and strengths-based to build family and individual resilience and support families and young people to take more responsibility for their own lives<sup>14</sup>.

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<sup>9</sup> Surrey Emotional Health and Wellbeing JSNA (2014 – updated 2017)

<sup>10</sup> Surrey Emotional Health and Wellbeing JSNA (2014 – updated 2017)

<sup>11</sup> Voluntary and Community Sector Early Help Provider (2017)

<sup>12</sup> CSF Performance data (2017)

<sup>13</sup> SCC (2016) Annual Public Health Report

<sup>14</sup> DfE (2017) Children's social care innovation programme: final evaluation report 14 November 2017

## SECTION 2: COMMISSIONING RECOMMENDATIONS

- 1 By 2022, it is predicted that the numbers of children and young people in Surrey aged 10-14 years will rise by 14%; the number of children and young people who need SEND support will increase by 30%; and the numbers of children in need by 20%: Our early help offer is fragmented. In some areas we have a duplication of services and in some areas we have gaps in services including support for children aged 5-11 and their families. We have to improve and deliver more through our Early Help and Early Intervention system which will require a transformation with more integrated and coherent working across services and with partners.
- 2 Commissioning early help must be seen as part of a **whole system** approach working collaboratively with key partners to deliver joined up, integrated and aligned solutions to improve family wellbeing across their life-course. This is dependent upon working collaboratively at an individual, family, community and county level to deliver improved wellbeing and to tackle inequalities that continue to persist.
- 3 **Poverty:** An effective commissioning plan depends on addressing a range of factors that address the 'cause' as well as the 'effect' of outcomes for improved health and wellbeing of our families. Recognising the fact that poverty has the single greatest impact on outcomes for children and young people<sup>15</sup>, we must focus on supporting families to have the resources (financial and non-financial) to meet their needs: A third of all our child in need referrals are concentrated in only 10% of the county<sup>16</sup>. We must recognise that poverty is about more than income or deprivation encompassing a range of 'non-material' factors including poor health or disability, low educational attainment, poor housing, higher rates of offending and higher experiences of crime and focus on working collaboratively at a locality level. This is dependent on working closely with key stakeholders including those responsible for community and economic development such as the Department of Work and Pensions (DWP), Job Centre Plus and Housing.
- 4 **Domestic abuse (DA)** is one of the most common reasons for referral to the Surrey Multi-agency Safeguarding Hub (MASH). DA is a complex, seemingly intractable issue with a broad-spanning web of harm for families. The root cause is the perpetrator<sup>17</sup> but there is an immediate as well as longer term impact on children and young people living within a household affected. We must focus on working collaboratively with key domestic abuse stakeholders and all front-line staff to develop a whole system approach to prevent and reduce the impact of harm as well as to keep our children and young people safe.
- 5 **Poor mental health:** One in four adults and one in ten children experience mental health problems to some degree in any year<sup>18</sup>. Poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health.

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<sup>15</sup> Barnardos (2017) The Impact of Poverty on Our Children Report

<sup>16</sup> CSF Performance data (2016)

<sup>17</sup> SafeLives (2017) Commissioning Domestic Abuse Services

<sup>18</sup> Surrey Emotional health and wellbeing JSNA (2014 – updated in 2017)

Mental health and emotional wellbeing is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. We have to work collectively to embed promoting positive mental health and wellbeing as part of all commissioning priorities and ensuring an early help offer is available to intervene at the right time in the right place where risk factors present for all within a family.

- 6 **Special Educational Needs and Disability (SEND):** Demand for SEND services across the county is projected to increase. We need to work with key stakeholders including health and education to embed early help support for families as part of a joined up pathway of service delivery. It is key to ensure that families are supported with an effective early help offer including early identification and support in early years.
- 7 **Abuse and neglect** is the main reason for children needing social care support<sup>19</sup>. As well as meeting pressing demands, our commissioning priorities must address the root causes of abuse or neglect as highlighted by the SSCB Audit (2015)<sup>20</sup> focusing on: parental mental health, substance misuse; domestic abuse; homelessness; poverty; criminality; parental disability.
- 8 **Parenting** and ‘help setting boundaries’ are cited as the most common requests for early help by our families<sup>21</sup>. In addition, the EIF (2017) sets out strong evidence that poverty and economic pressure increase the risk that parents experience psychological distress, such as anxiety or depression (associated with difficulties in the relationship between parents and in the parent-child relationship) and ultimately with long-term negative impacts on children, such as poor mental health or reduced academic attainment<sup>1</sup>. A focus on developing healthy relationships free from harm should be embedded into our early help offer to reduce barriers and reach families as early as possible. This should include evidence-based support specifically for **families with multiple vulnerabilities** – including young parents. Crucial ‘transition points’ – such having a child for the first time, a child’s transition to primary or secondary school or facing the prospect of losing work or experiencing poverty – should also be addressed to prevent future problems.
- 9 Supporting **vulnerable young people** to participate and successfully transition to adulthood must be considered as part of the early help response in Surrey. The key element in effecting change for vulnerable young people is building a consistent relationship with another – a trusted adult or a peer mentor – and within the context of their family where appropriate. There is strong evidence that one to one support through different forms of mentoring and including other kinds of therapeutic support, if well planned, structured, and sustained, can change young people’s lives<sup>22</sup>. Within Surrey, we should consider this across the Children and Young People’s Network as part of a joined-up approach to promote early intervention and reduce the risk of harm including

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<sup>19</sup> CSF Performance data (2016)

<sup>20</sup> Surrey Safeguarding Childrens Board (2015) Neglect Audit

<sup>21</sup> Surrey Parenting Survey (2017) and feedback from front-line practitioners as cited in the Surrey Parenting Coordination Plan (2017)

<sup>22</sup> University of Bristol (2009) Supporting vulnerable Young People through Transition: Addressing Poverty and Financial Wellbeing – The Quartet Community Foundation for the West of England

those at risk of substance misuse, poor mental health and other harm-related behaviour including those at risk of child sexual exploitation.

- 10 **Loneliness and Social Isolation:** For many of our families who need early help support, loneliness and social isolation is a factor that impacts on their overall wellbeing. In 2010, the Mental Health Foundation (MHF)<sup>23</sup> reported that loneliness is a greater concern among young people than the elderly. The 18 to 34-year-olds surveyed were more likely to feel lonely often, to worry about feeling alone and to feel depressed because of loneliness than the over-55s. It is essential to consider opportunities to reduce loneliness and social isolation and build community connection as part of a whole-system approach to deliver an early help offer working collaboratively with all partners across the system working at an individual, family, community and county level.

### **Recommendations for Early Help Commissioning (2019 – 2022)**

Our vision for early help in Surrey is to promote the wellbeing and resilience of families to ensure that all children have safe, nurturing relationships which enable them to thrive and build the skills they will need for adulthood.

Building on this needs analysis, the following theory of change has been developed (see figure 1) to support the delivery of our early help vision. The Surrey Early Help Theory of Change distils the ten recommendations and evidence sources as listed above into commissioning outcomes that address the root-cause of needs for early help in Surrey.

The recommended outcomes<sup>24</sup> are:

- A. All our families have nurturing relationships that are free from harm
- B. All our families live independently and feel connected to the local community
- C. All our families are financially stable

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<sup>23</sup> Mental Health Foundation (2010) Mind Out for Mental Health

<sup>24</sup> Each of these outcomes should be seen as sub-outcomes of the Child-First commissioning priority that focuses on preventing problems escalating by identifying issues early and ensuring children, young people and families needing extra help receive timely, preventative support.



In Surrey, our early help vision is to promote the wellbeing and resilience of families to ensure that all children have safe, nurturing relationships which enable them to thrive and build the skills they will need for adulthood.			
	Children, young people and families have nurturing relationships free from harm	Families are independent and feel connected to local community	Families are financially stable
<b>Intermediate Outcome</b>	<p>Children, young people and families have strong attachment and low levels of trauma</p> <p>Families resolve conflict quickly, easily and supportively</p> <p>Specific cohorts of families including those with SEND feel supported</p> <p>Reduction of harm of domestic abuse (adult to adult, adult to child, child to adult, child to child)</p> <p>Parents are more confident to support their children to get the best outcomes</p> <p>Increase levels of CYP who are at risk of poorer outcomes as an adult who achieve a good level of development (GLD)</p> <p>Parents are more confident to manage boundaries effectively</p> <p>Reduced childhood trauma from family breakdown</p> <p>Reduction in family breakdown</p> <p>Reduction in risk of CSE</p> <p>Children have a good relationship with an adult</p> <p>Children understand what makes a healthy relationship</p> <p>Reduction in 'learned' behaviour from unhealthy relationships</p> <p>Reduction in domestic abuse and impact on children</p> <p>Children are safe and feel safe at home</p> <p>Parents / adults are safe and feel safe at home</p> <p>Improved emotional health and wellbeing (child, adult) - link to effect of bullying / harmful behaviours</p>	<p>Reduced isolation and loneliness and associated impact on EHWP</p> <p>Children, young people and their families feel connected to local community and this has a positive impact on overall wellbeing</p> <p>Families value their local community</p> <p>Support is provided through drop-ins, mentoring, volunteering benefiting all participants involved</p> <p>Families who are struggling are increasing able to cope with day to day tasks</p> <p>Community response to local needs</p> <p>More time available to spend with children</p> <p>Children, young people and families feel valued and that their voice is heard</p>	<p>Poverty is the single biggest impact on outcomes for children and young people</p> <p>Financial wellbeing is a key component of overall wellbeing</p> <p>Young people transition successfully to adulthood</p> <p>Adults feel more skilled to cope with life, engage with learning and transition to employment</p> <p>Increased transition to education, employment and training opportunities</p> <p>Increase number of young people who are vulnerable who access work</p> <p>Break cycle of under-achievement and deprivation for families</p> <p>Increased family empowerment</p> <p>Increased skills in financial management</p> <p>Increase in family wellbeing</p> <p>Increase feeling of self-confidence and self-worth</p> <p>Reduction in rent arrears and risk of homelessness</p>
<b>Assumptions</b>	<p>Parents want to get the best outcomes for their children and are willing to ask for help</p> <p>Focus on working with families at risk to reduce adverse child experiences</p> <p>Children want to stay at home as part of family</p> <p>All programmes are evidence based and or informed by good practice</p> <p>Adult relationship management is part of any parenting offer to consider the family unit as a whole</p> <p>*** whole-system approach needed with CYPP Partnership including STPs; SEND; Schools; Community Safety ***</p>	<p>Families want help and are ready to engage</p> <p>Support is accessible and appropriate to community needs</p> <p>*** whole-sytem approach needed to work within district and boroughs; adult social care; community safety; safeguarding etc ***</p>	<p>Adults / young people want help and are ready to engage</p> <p>Support is appropriate to adult or young person needs</p> <p>** cross reference with support for vulnerable adults including those with disabilities, dual diagnosis, substance misuse problems **</p> <p>*** whole-system approach needed to link with work within district and boroughs; JCP, DWP, STPs ***</p>
<b>Evidence-base</b>	<p>20% of referrals to the Surrey MASH are for Domestic Abuse (2016-2017) - Domestic abuse has a significant impact on children and young people within a family affected by domestic abuse.</p> <p>Limited attachment and trauma from early years can impact on all outcomes for children and young people affected.</p> <p>100% of district and boroughs prioritised support for parents (parenting and boundary setting) as part of their local early help offer; 80% prioritised support for families affected by domestic abuse; 60% prioritised more support for families during the primary years; and 50% prioritised support for children and young people for emotional health and wellbeing.</p> <p>There is a disproportionate number of young people affected by domestic abuse (victims and perpetrators)</p> <p>A high proportion of looked after children in Surrey come into care during their teenage years due to family breakdown.</p> <p>Developing nurturing relationships is important at an adult-to-adult level, adult to child level, child to adult level, child to child level.</p> <p>Nationally:</p> <p>1/3 couple relationships are distressed and this impacts on outcomes for children and young people involved: CYP exposed to frequent conflict are more likely to experience depression / anxiety; physical health problems; behavioural problems; lower levels of achievement; poorer adult outcomes (EIF, 2016)</p> <p>25% of CYP are depressed / mental health issues (UK); incidence of self-harm and suicide is increasing</p> <p>1 in 5 CYP are exposed to DA in their lifetime</p> <p>Children with poor vocabulary at 5 years are twice as likely to struggle to get into work when they leave school</p> <p>Positive parental engagement to support child learning to achieve GLD (Education Endowment Foundation, 2017)</p> <p>Negative impact of adverse childhood experience (ACE) to child outcomes</p> <p>Targeted support is needed for some families including young parents; families with children with SEND and Gypsy Roma Traveller Families (GRT)</p>	<p>There is growing evidence of significant harmful effects of loneliness. social isolation highlights several groups at increased risk of this issue, including new mothers, children and young people experiencing bullying, people with long-term conditions and disability, unemployed adults, carers and retired people.</p> <p>Close work with schools as part of a local family partnership is essential to recognise opportunities for whole-family support:</p> <p>60% of D+B Early help plans prioritised need for more family support within primary schools</p>	<p>Poverty has the greatest impact on child outcomes (JRF, 2017)</p> <p>Poverty definition - access to resources to meet needs</p> <p>In the UK, the poorer your parents, the more likely you are to experience poorer outcomes as a CYP (education, health, prosperity) more than anywhere else in world: A safe and secure home supports children to learn and achieve a GLD</p> <p>Universal credit pilots are increasing challenge for families</p> <p>50% of district and boroughs prioritised support for young people to transition effectively to adulthood and £30% prioritised a focus on tackling poverty as aligned with housing need as well as household income</p>

Figure 1: Surrey Early Help Theory of Change

## SECTION 3 COUNTY PROFILE

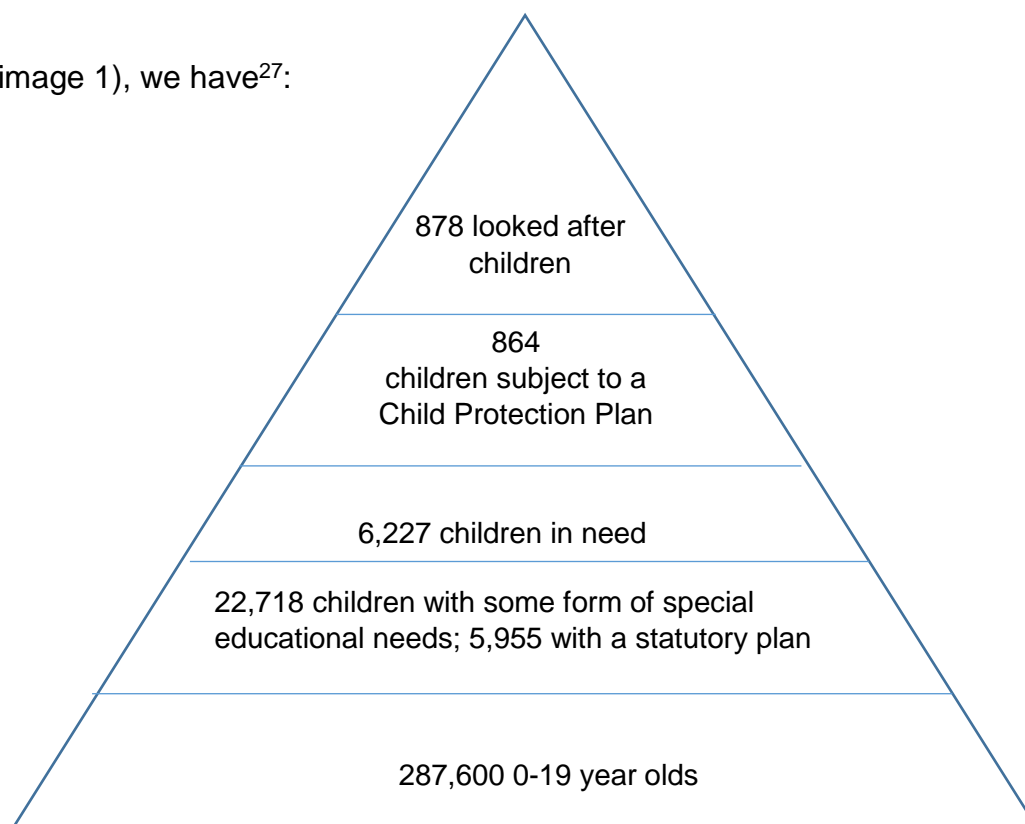
### 3.1 Introduction

This section highlights the demographic profile and outlines the needs profile for early help and family support in Surrey. The section focuses on county-wide data. The information is also available by locality level within the supporting Early Help plans for each district and borough to understand and consider local variations that exist (due January 2018).

### 3.2 Profiling need and demand

There are 287,600 children and young people aged 0-19 living in Surrey<sup>25</sup>. Whilst we are seeing a levelling off in terms of birth rate, the number of births is still high and the proportion of high risk and complex pregnancies continues to grow. Whilst birth rates have levelled off in recent years, the effects of previous substantial growth in birth rates are still being experienced as children grow older, such as a forecasted growth of 10,000 (14%) 10-14 year olds by 2022, compared to 2017. Additionally, the number of contacts to Children's Social Care has risen from 60,915 in 2011/12 to 77,811 in 2016/17 and the numbers of children and young people with needs requiring a statutory plan for SEND has risen by 30% since 2009<sup>26</sup>. Demand is forecasted to rise further, with numbers of children in need forecasted to rise by 20% over the next three years.

In Surrey (image 1), we have<sup>27</sup>:



<sup>25</sup> CSF Performance data as based on the ONS Return (2017)

<sup>26</sup> CSF Performance data (2016)

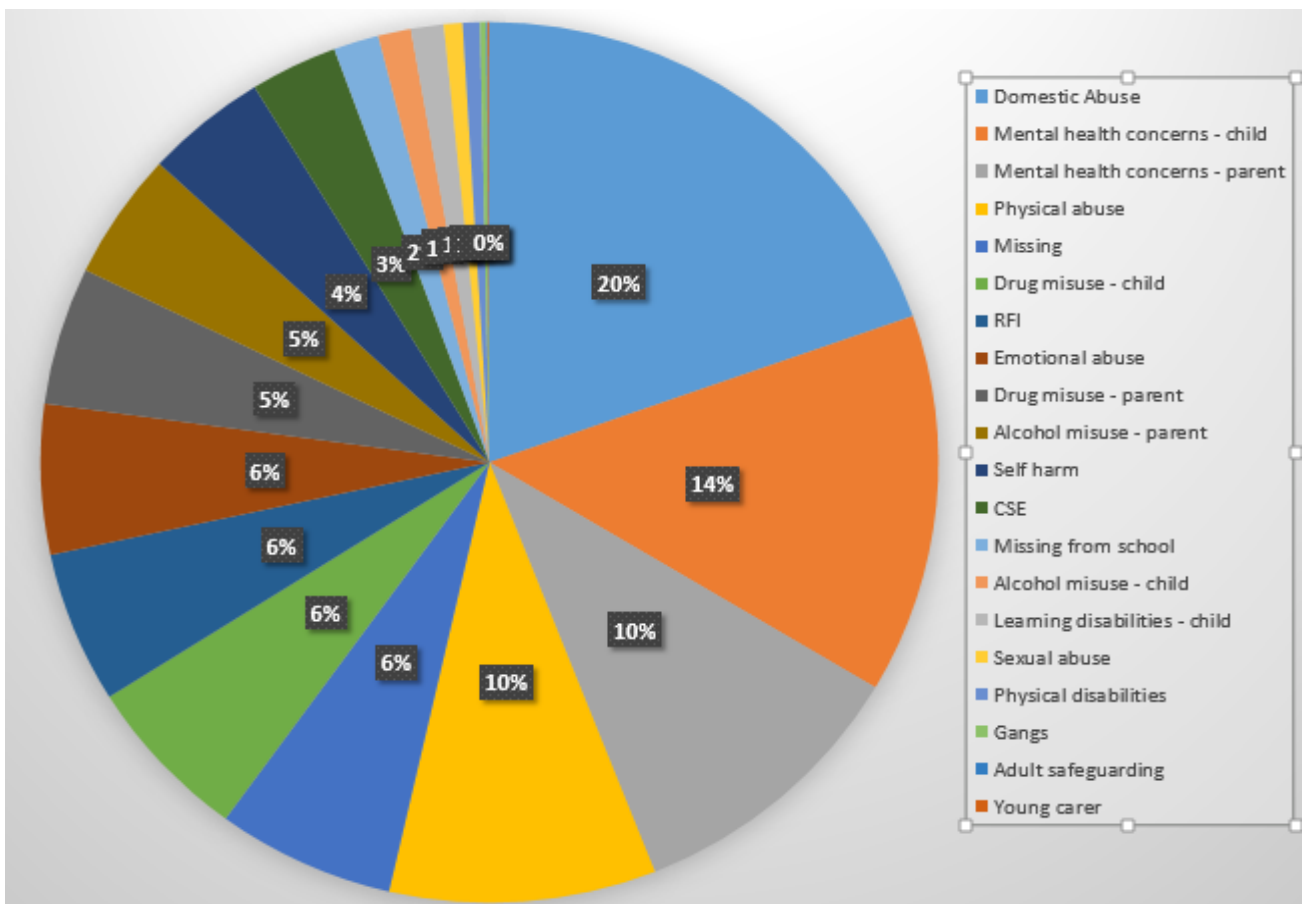
<sup>27</sup> CSF Performance data (March, 2017)

Children in Surrey have told us that the following are important to them<sup>28</sup>

- I need help now
- I want to talk to someone I trust
- I only want to tell my story once
- I want to belong
- I want to be happy and safe
- I want to be with family and friends
- I want to have some fun

### 3.3 SUMMARY OF NEEDS

The definition of early help is very broad and can be bespoke to individual family needs. To start to understand the scale of need within the County, image 2 presents a summary of referrals from August 2016 – September 2017 to the Surrey Multiagency Safeguarding Hub (MASH). This summary represents the percentage of all referrals from the MASH to the Early Help Coordination Hubs for early help support.



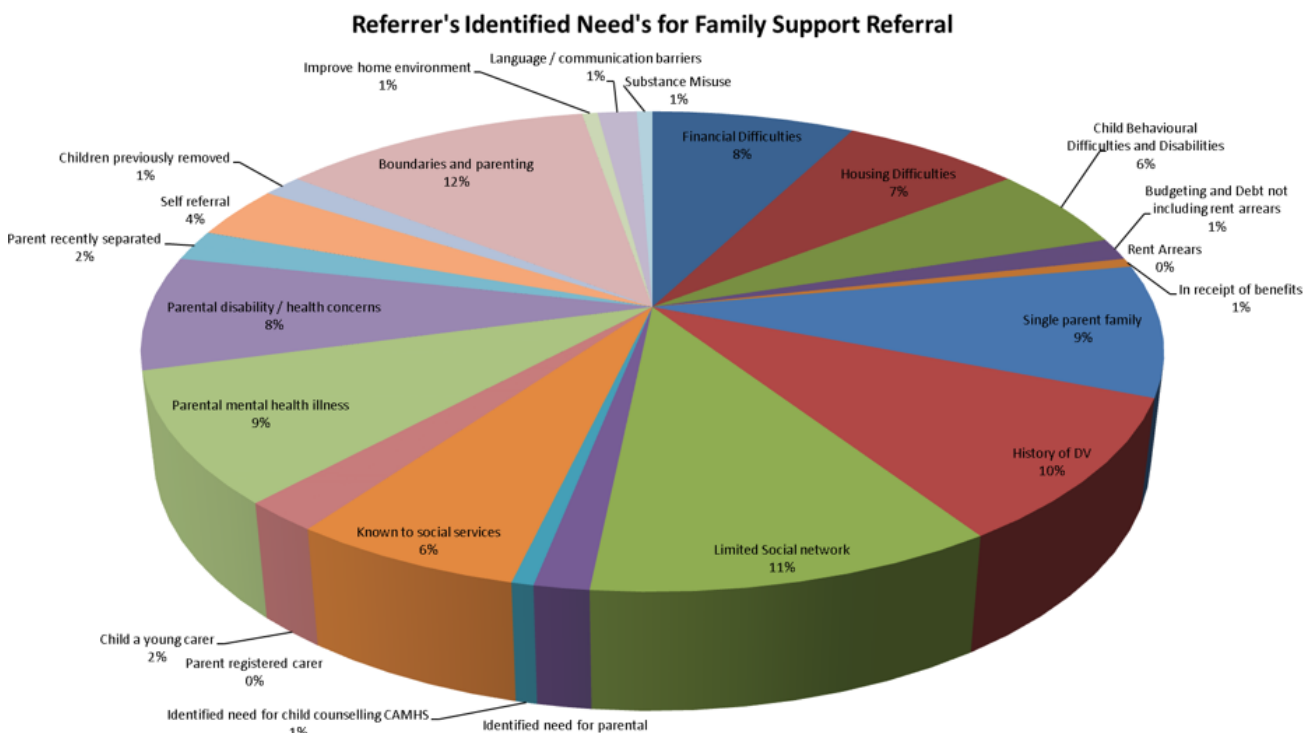
**Image 2: A summary of referrals from the MASH to the Early Help Coordination Hubs (August 2016 – September 2017)**

<sup>28</sup> Child First Commissioning Intentions for Children in Surrey 2017-2022 – Draft 17 October 2017

Image 2 shows that just over 50% of referrals for early help support relate to domestic abuse (20% of all referrals); mental health concerns for a child (14%) and mental health concerns for a parent (10%) and concerns about abuse (10%).

This data can be considered alongside referral data from a sample of voluntary and community sector providers working locally within the community to deliver an early help family support service. This data includes 'root causes' which may not be visible through 'effect' referrals as recorded within the MASH i.e. poverty and financial difficulties.

In the south east, image 3 summarises the referral reasons for family support (2016 – 2017). Just under 60% of referrals are for financial and housing difficulties (17%); boundaries and parenting support (12%); isolation (11%); domestic abuse (10%) parental mental health (9%).



**Image 3: A summary of referral need for family support in the South East (2016 – 2017)**

Our voluntary and community sector providers who help to deliver the current early help offer frequently cite the same reasons that local families need support.

*“Families are identified as being in need of support through a variety of referral sources. The children and young people are identified as being vulnerable and in need of time-limited targeted support. They often fall below the threshold of Children’s Social Care Services, or they may have been stepped down from statutory targeted intervention. The needs of the families manifest in a number of different ways including:*

- Families who are providing inadequate parenting.
- Children whose parents are undergoing a separation.
- Families that have experienced incidents of domestic abuse, bereavement, parental substance misuse or parental mental health.

- Families with children and young people who present behaviour that challenges boundaries.
- Families with children with a diagnosed disability such as ADHD or ASD.
- Families who require additional support in order to access the same community resources and activities as others e.g. due to language barriers, mental health issues.

*The majority of these children and families are on the very edges of the statutory services and need support before their needs escalate ... [we need to support] families to grow more resilient and self-sufficient so they don't slip into requiring statutory services; and enable statutory agencies to have confidence and options to move families out of more formal support"<sup>29</sup>*

These findings are supported by analysis of data from a sample of early help assessments completed between 2016-2017<sup>30</sup>. As illustrated in image 4, the highest indicators for early help support include parenting support and additional advice on parenting issues; low levels of child mental or emotional health and low levels of parental mental and emotional health.

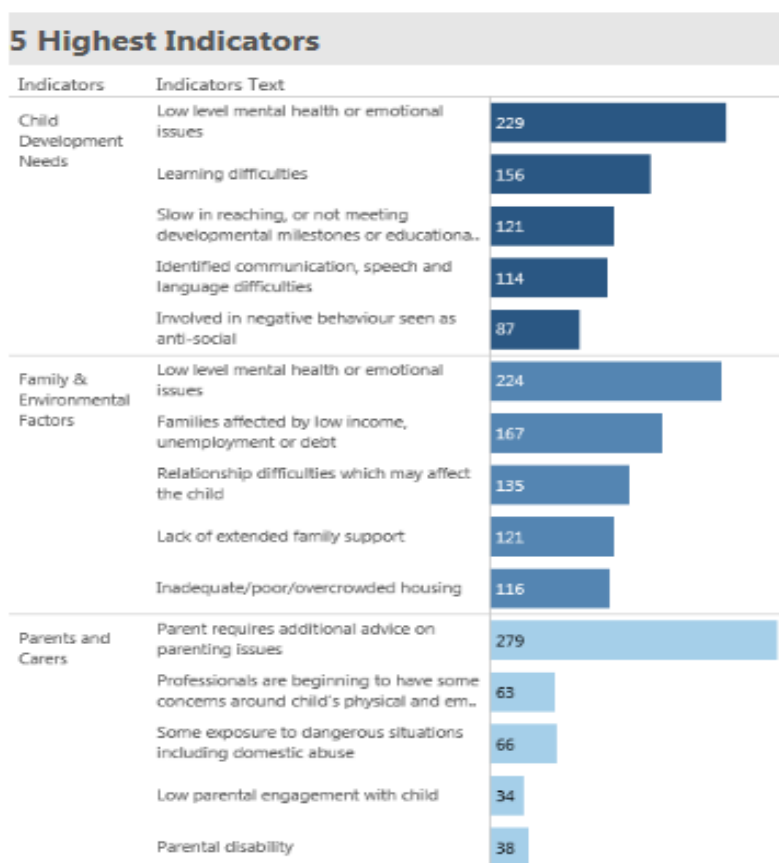


Image 4: EH Assessments<sup>31</sup>

<sup>29</sup> Voluntary and Community Sector Early Help Provider Feedback on the current early help offer (2017)

<sup>30</sup> CSF Performance data: Early Help Tableau Report (2017)

<sup>31</sup> Surrey County Council CSF Dataset (2017) from Early Help Assessment Indicator Analysis (Tableau)

## Early Help Stakeholder Feedback

In 2016-17, over 1000 stakeholders took part in local early help workshops to help shape the Surrey early help model. The feedback from the workshops included a number of key themes that were consistent across each district and borough. Stakeholders reported that they wanted clearer, more consistent information on the early help service and local offer; more clarity on local early help procedures including referral pathways; and more joined up collaborative support developed around the needs of the service users.

In addition to this, through 2017, each district and borough local Early Help Advisory Boards worked collaboratively to develop a local early help plan. Chart 2 summarises the top priorities identified within the local early help plans to inform and shape a local response in relation to local early help needs:

Rank	Need	Number of D+Bs that includes need
1	Parenting (universal and targeted – teens, SEND, YP and perinatal)	100%
2	Domestic Abuse (support for CYP affected and outreach)	80%
3	5-11 years (primary school) family support	60%
5	Child mental and emotional health (low-level and targeted)	50%
5	Support for young people to transition to adulthood	50%
7	Parental substance misuse	40%
7	Vulnerable young people at risk of ASB and CSE	40%
11	Poverty and support for families with a low income	30%
11	Homelessness (youth) /lodging	30%
11	Social isolation / befriending / mentoring	30%
11	Support for families experiencing multiple needs ie MH, DA, SM	30%
11	Health (immunisations, healthy weight, stop smoking, sexual)	30%
12	Parental mental health – post birth	20%

### Chart 2: Summary of local priorities within borough-based early help plans (2017)

Recognising this clear profile of need for early help for families in Surrey, section 4 and section 5 focus on understanding needs in more depth and needs of specific cohort groups.

Section 6 summarises the current early help offer commissioned by Surrey County Council Children, Schools and Families (CSF) directorate as mapped against the early help needs within Surrey.

## SECTION 4: UNDERSTANDING our Early Help NEEDS

In a recent report<sup>32</sup> looking at funding and spend across children and young people's services in England, local authority spending on early intervention services for children and young people has fallen by 40% from £3.6bn (2010/11) to £2.1bn (2015/16). Conversely, local authority spending on late intervention services such as child protection and children in care has increased by 7% from £5.7bn (2010/11) to £6.1bn (2015/16).

Public services across the board take on the burden of these costs with local authorities bearing the largest financial burden. In 2016, the total cost of late intervention across England and Wales amounted to nearly £17 billion. The largest individual costs are:

- £5.3 billion spent on Looked After Children
- £5.2 billion associated with cases of domestic violence and abuse
- £2.7 billion spent on benefits for young people who are not in education, employment or training (NEET).

In a financial analysis issued by the Early Intervention Foundation<sup>33</sup> late intervention comes at a large cost to public services and **in Surrey this is £225 million per year (roughly £192 per person per year).**

The Surrey Safeguarding Children's Board (SSCB) Neglect Multi-agency Audit 2015 highlighted the main contributing factors as:

- Parental mental health
- Parental substance misuse
- Domestic abuse
- Homelessness
- Poverty
- Criminality
- Parental disability

Building on the analysis in section 3, this section focuses on understanding need in more detail.

### 4.1 Poverty (material and non-material)

*'When a person's resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation)<sup>34</sup>.*

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<sup>32</sup> Action for Children (2017) Turning the Tide: reversing the move to late intervention spending in children and young people's services (November, 2017)

<sup>33</sup> Early Intervention Foundation (2016) The Costs of Late Intervention

<sup>34</sup> Joseph Rowntree Foundation (2016)

Income directly affects children's outcomes<sup>35</sup>. There are currently 3.7 million children living in poverty in the UK (over a quarter of all children). Just under half of these children are living in severe poverty. In the UK, 63% of children living in poverty are in a family where someone works<sup>36</sup>. In Surrey, 10% of our children live in an income deprived household.

Children in joint parent households are more likely to experience poverty if both parents aren't in work compared to a combination of one parent in fulltime work and one in part time work or working as self-employed<sup>37</sup>. Children living in a single parent household are more likely to experience poverty if the parent isn't working compared to working part-time or full-time.

More than anywhere else in the world, in the UK, the poorer your parents are, the more likely the children are to experience poor outcomes (health, education, achievement, prosperity)<sup>38</sup>.

- Three-year olds in households in the UK with low incomes below about £10,000 are 2.5 times more likely to suffer chronic illness than children in households with incomes above £52,000.
- Infant mortality is 10% higher for infants in the lower social group than the average.
- Only 48% of five-year olds across the UK are entitled to free school meals have a good level of development at the end of their reception year, compared to 65% of all other pupils.

*'Families need flexible bespoke responses depending on the families' needs and reaches families that would otherwise be socially isolated and in receipt of little or no support. The majority of these children and families are on the very edges of the statutory services. The offer needs to go to the families and work with them in their own home, where appropriate, and encourages them to engage with other services and the community in order to build confidence, resilience and reduce isolation. The offer will vary on area needs including geographical area; demographic make-up of the area; identified needs of the families; skills of the co-ordinator and volunteers; and services already in place'.*  
VCS Provider, 2017

*'The majority of the advice and support engagement appointments identified financial issues and 41 of the families seen were in receipt of benefits. There has been a trend in which a number of families have been impacted by the introduction of the new benefit cap. This has made families reassess their budgeting and financial management skills. Some family's were referred to either Parashoot were there has been a concern that their home is at risk or signposted to the Citizen's Advice Bureau and Redhill's Community Debt advice Service for additional support'.*  
VCS Provider, 2017

In Surrey:

- Around 20,000 children and young people are eligible for free school meals (FSM) and approximately 10% live in poverty
- Although, most areas in Surrey are relatively affluent, there are particular communities where we see higher rates of deprivation than others. Over a quarter of Surrey children

<sup>35</sup> London School of Economics and Political Science (LSE), 2017

<sup>36</sup> Barnardos (2017) The impact of poverty on our children

<sup>37</sup> Joseph Rowntree Foundation (2017) Child poverty by family type and work status

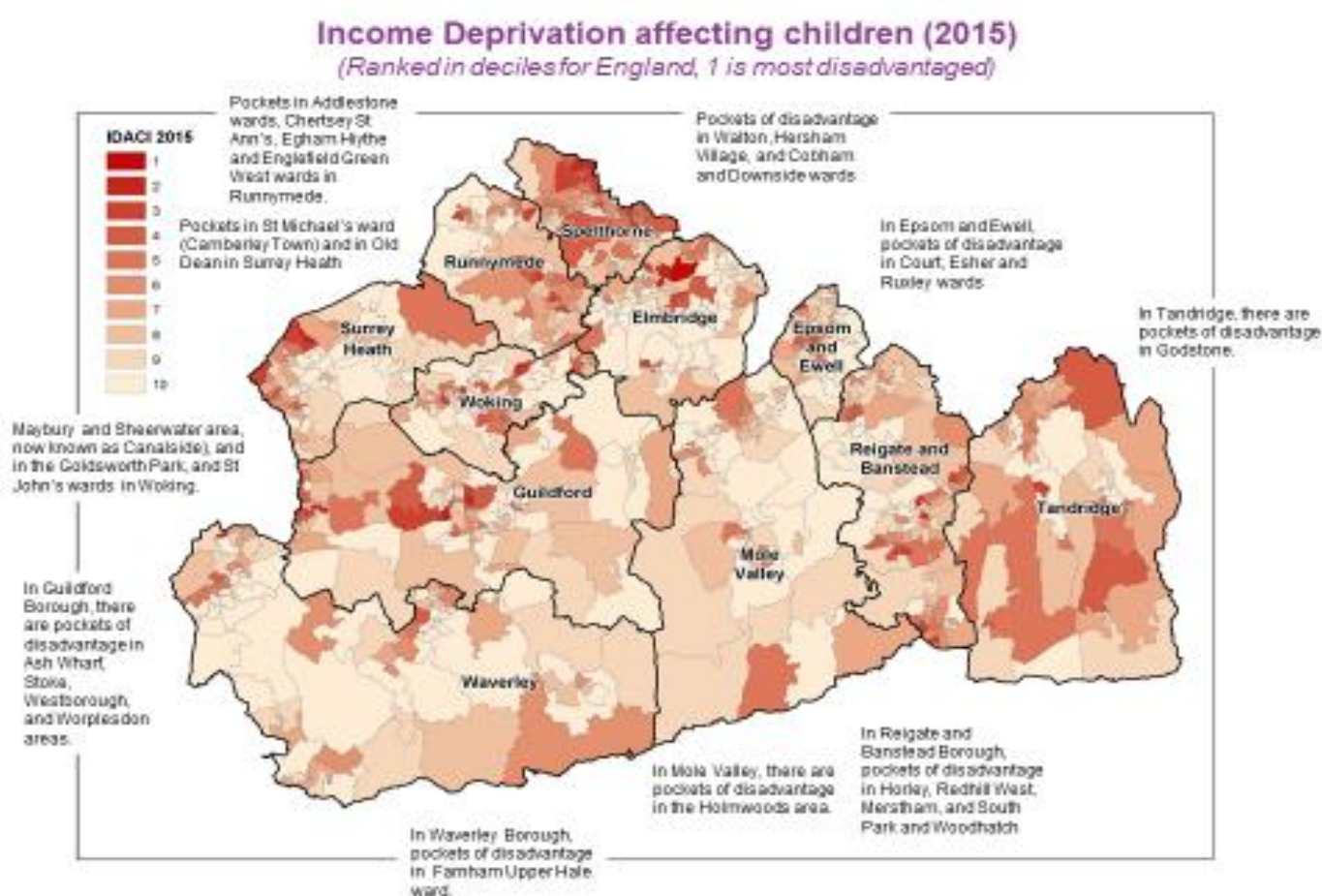
<sup>38</sup> Cooper, K and Stewart, K (2017) LSE Casual effects between income and childhood outcomes



live in poverty within the wards as highlighted on image 1 including *Stanwell North, Spelthorne, Old Dean, Surrey Heath and Stoke in Guildford*

- There is sufficient relationship<sup>39</sup> between a range of factors known to underpin demand for Children’s Services and children and young people not in education, employment and training and areas with a lower Income Deprivation Affecting Children Index (IDACI) (see image 5)
- As illustrated by the Child Wellbeing Survey in Elmbridge<sup>40</sup> and as supported nationally, we know that many children and young people living in poverty, or just above, report worse wellbeing outcomes than those living in more affluent households. This finding is more pronounced for those families living in more affluent areas, such as Surrey<sup>41</sup>.

**Image 5 – Surrey IDACI Map**



#### 4.1.1 Children on the Edge of Care

‘Edge of care’ refers to children age 12+ either in care and with a statutory plan to return home, or living at home but with an Early Help Plan, a Child Protection Plan or identified as a Child in Need. This age group are more likely to experience poor outcomes upon return

<sup>39</sup> Surrey CSF Performance team (2016)

<sup>40</sup> The Children’s Society (2016) Child Wellbeing Survey

<sup>41</sup> Social Mobility Commission (2017) Social Mobility in Great Britain: 5<sup>th</sup> State of the Nation Report

home from care, are likely to have multiple care placements and are at high risk of re-entering the care system.

Nationally, the average annual cost for each child that returns back into care from home is £61,614, compared with an average annual cost of supporting a child to return home of just over £5,627<sup>42</sup>. Using a cost calculator, we can estimate that in Surrey the cost of care will be significantly higher at approximately £159,432 a year per child that returns to care from home<sup>43</sup>.

Some children and families have high levels of need for support which need to be addressed. An edge of care study<sup>44</sup> found that 82% of children went home to parents with a history of domestic violence, alcohol or drugs misuse or exposure to inappropriate sexual activity; whilst 60% went home to a parent with mental health problems. Furthermore, the study found that whilst almost half of the mothers and a fifth of the fathers to whom children returned were known to have alcohol or drug problems, only 5% received treatment to help them address their substance misuse. Data from the Department for Education<sup>45</sup> shows that of the 10,270 children who went home in England in 2006-07, 30% had returned to care in the five years to March 2012.

Providing intensive support for children and their families on the edge of care allows the child to remain at home in a safe stable environment and therefore improving their outcomes through adolescence and adult life.

Surrey's Family Service is trialling an intensive Edge of Care team to provide targeted early support to both vulnerable children and their families. This team works with the social worker and family support worker to provide family focused multi-systemic therapy, alternative learning and outdoor education and short term respite care. The aim of the Edge of Care intervention is to reduce the number of family breakdowns that lead to care placement and to reduce the number of care leavers re-entering care.

### ***Children in Need***<sup>46</sup>

- Surrey has a higher referral rate to social care per 10,000 of the 0-17 population than national and statistical neighbour average (2017)<sup>47</sup>

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<sup>42</sup> University of Loughborough (2015) Cost Calculator for Children's Services

<sup>43</sup> University of Kent (2016) Unit Costs of Health and Social Care

<sup>44</sup> Institute of Public Care (2015) Effective Interventions and Services for Young People at the Edge of Care

<sup>45</sup> Department for Education (2015) Children who return home from care

<sup>46</sup> Data as based on CSF Performance data (2016)

<sup>47</sup> CSF Performance Team (June 2017)

- Our child in need (CiN) re-referral rate (24.1%) is higher than the national average (22.4%)
- Using the Surrey snapshot for Children in Need (March, 2016), the number of families in need in Surrey in 2017 – 2018 is estimated at 3,827. Of those families, 2,225 are estimated to need specific expert help for additional needs ('universal plus') and 1,602 would benefit from more intensive targeted support
- Almost a third of all CiN referrals (including re-referrals) are concentrated on only 10% of the county (which aligns with areas highlighted in image 6).
- Current projections suggest the number of CiN could rise by over 20% in the next 3-years<sup>48</sup>
- The Family Support Programme has identified 3,600 families in Surrey as a target for Family Support (2016). A case audit of 402 cases, identified that 88% had a child in need or imminent risk of becoming so.
- A high proportion of Surrey's looked after children come into care in their teenage years. Outcomes for these young people are poorer than children who come into care younger and significantly poorer than for their non-looked after peers. Many of these young people will return home but of these approximately one third will experience a further period in care<sup>49</sup>. The reasons for entry into care are usually long-standing familial concerns which through effective Early Help are often amenable to change

*'Young people who were taken into care told us that they were pleased that someone was taking responsibility for them or the situation. They told us that it was good that someone was responsible and was there to care about them. They also thought it was good that they got the help and support they needed. Feeling cared for was important (Surrey Care Council, 2017)*

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<sup>48</sup> CSF Performance Team based on 2016/17 modelling

<sup>49</sup> CSF Performance data (2016)

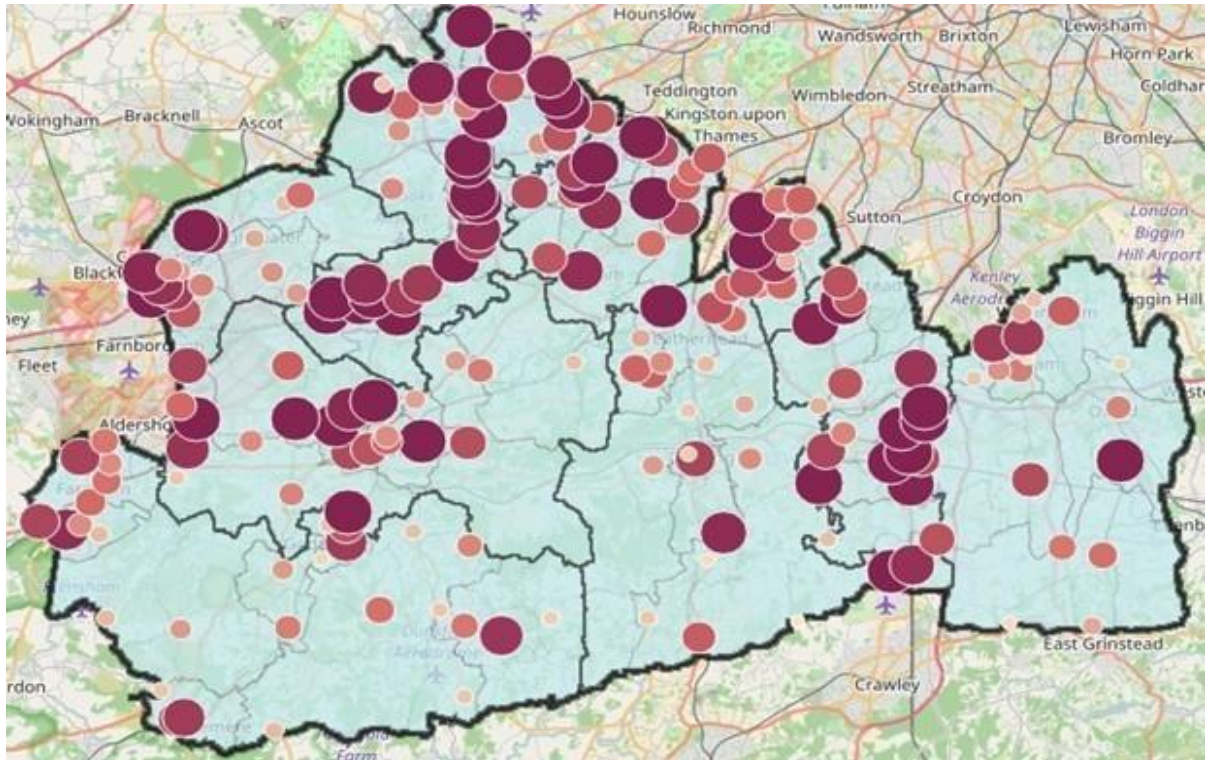


Image 6: Heat Map of Children in Need cases across Surrey (by ward, 2016)

- In 2016-17, there was an increase of CiN cases in Surrey compared with previous years and there has been a corresponding increase in the proportion of cases where the primary need is abuse or neglect.
- When initially assessed, the most dominant primary need for children in need is 'abuse or neglect' (just over 58% of all cases)<sup>50</sup>. As at 31<sup>st</sup> March 2016, 46% of children in need across England had neglect as their initial category of abuse, compared with 63% in Surrey (22% are aged 1-4years; 27% are aged 5-9years; 26% are aged 10-14 years).

Certain groups of children may be at higher risk<sup>51</sup> of being a child in need which includes:

- Living in poverty (material and non-material)
- Families experiencing a crisis (such as bereavement, financial hardship or relationship breakdown)
- Poor parental mental health, domestic abuse and or substance misuse
- Children of parent's with SEND
- Children or young people with SEND
- Unaccompanied asylum seeking children and trafficked children

### ***Child Protection***

The number of children on a Child Protection Plan (CP) has been steadily increasing over 2017<sup>52</sup>.

<sup>50</sup> SSCB (2016) Neglect Profile

<sup>51</sup> Surrey County Council JSNA 2011 – Children in Need Known to Social Care

<sup>52</sup> CSF Performance Team Tableau Data Initial Child Protection Conferences – September 2017

- The majority of open CP plans are in the North East and North West of the county<sup>53</sup>
- Throughout the County, the most common CP category is neglect and the average time spent on a CP plan is 7-11months<sup>54</sup>.

## 4.2 Family Support and Parenting

In 2017-18, internal modelling suggested that the number of families requiring early support would be **3,827** families, of which **1,602** would benefit from targeted early intervention support. Over time, we expect the number of families in need to increase (see Table 1) – as a result of a rise in population figures, as well as other factors such as: socio-economic issues linked to ongoing austerity and market uncertainty, such as unemployment and poverty, placing further strain on family life.

	17-18	18-19	19-20	20/21
Total families supported	3,827	3,954	3,994	4,034

**Table 1 – Total Numbers of Family Support Projections**

Across the 11 Surrey districts and boroughs this equates to the following number of families expected to access targeted and universal plus level support in 17/18 (on the basis of our modelling - see Table 2 – Universal Plus and Targeted Support Numbers and appendix 2 for a summary of modelling). Universal Plus support is for all families who need specific expertise or help on a county-wide level. Targeted support is for families with more complex problems that require specific expertise at a local level.

District/Borough	Targeted	Universal+	Total
Spelthorne	175	243	417
Surrey Heath	122	169	291
Tandridge	96	133	229
Waverly	136	189	325
Woking	167	232	400
Epsom and Ewell	90	125	214
Guildford	191	266	457
Mole Valley	92	128	220
Reigate and Banstead	232	323	555
Runnymede	136	189	325
Elmbridge	165	229	393
<b>Total</b>	<b>1,602</b>	<b>2,225</b>	<b>3,827</b>

**Table 2: Universal Plus and Targeted Support Numbers by District and Borough<sup>55</sup>**

<sup>53</sup> CSF Performance Team Tableau Data Open CP Plans

<sup>54</sup> CSF Performance Team Tableau Data CP Overview

<sup>55</sup> SCC Internal modelling (2017 as based on 2016/17 CSF Performance data)

## 4.2.1 Parenting

- From internal modelling, we estimate that there are 3,827 families in Surrey who need early help (universal plus and intensive targeted) support in 2017-2018
- Practitioners consistently identify a gap in universal parenting support for parents; specific parenting support for pre and perinatal; parenting support for children aged 6-11 and for parents of teenagers aged 11+
- Practitioners and families frequently report a gap in targeted parenting support specifically for parents for children with complex needs (including ASD and ADHD); mental health issues and undiagnosed or difficult behaviours
- Practitioners and families report a gap in support for family relationship breakdown including parent/adult to parent relationships as well as parent to child relationships (including significant needs to reduce child to parent conflict)<sup>56</sup> and child to peer relationships. This is supported by higher numbers of young people accommodated under section 20 due to family breakdown (2016-17)<sup>57</sup>
- In Surrey, there are approximately 500 mothers under 20 years and about 287 babies were born to teenagers last year<sup>58</sup>: Under 18 conception rates are consistently higher in some wards in Spelthorne and Runnymede and Reigate and Banstead: 60% of child case reviews involve mums under 21-years<sup>59</sup>
- Nationally, young parents are more likely to experience social inequality (as linked to lower educational attainment, lower rates of pay and or unemployment); more likely to smoke during pregnancy (as linked to low birth weight); less likely to access early antenatal care; less likely to breastfeed which links to attachment; and young mums are three times more likely to suffer from poor maternal health than older mothers<sup>60</sup>

The 2017 Surrey Parenting Survey<sup>61</sup> highlights that:

- More than **1 in 3** parents said that the area they would most like support with is managing behaviour
- A **third** (34.7%) of parents said that sleep deprivation was the area of parenting they found most challenging.
- Nearly **3 in 10** parents said that if they could design parenting support for the areas of parenting they find most challenging that support would be online. 1 in 5 parents said that this support would be at children's centre, **16%** of parents said they would like more support for older children/teenagers.
- Almost **1 in 2** (48.8%) of parents said that the best place to let them know about parenting support available was at a Nursery or School or Children's centre. **25%** of parents said that the Surrey County Council website was the worst place to let them know about parenting support available.
- **45%** of parents who said they have accessed parenting support said they found out about the support through their local children's centre. **35%** said they found out

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<sup>56</sup> Surrey County Council (2017) Parenting in Surrey Audit and Analysis

<sup>57</sup> CSF Performance data (2016)

<sup>58</sup> Education Funding Agency (2016) Care2Learn take up statistics and Surrey County Council (2016) The Health and Wellbeing of Children and Young People in Surrey: The Independent Annual Report of the Director of Public Health

<sup>59</sup> Surrey County Council (2015) Young Parents Pathway

<sup>60</sup> Surrey Children and Young Peoples Strategic Partnership (2016) Needs Assessment

<sup>61</sup> Based on Surrey Parenting Survey and interviews (2017) Surrey Parenting Needs Assessment (n=96)

through an online search. While **13%** found out about the parenting support they accessed from their GP practice or local health centres.

- Nearly **6 in 10** (59.3%) of parents/carers said the location of parenting support would stop them accessing support: Of these parents, **37%** of parents said that if the support was too far from home they wouldn't attend.
- Almost **50%** of parents/carers said that the cost of parenting support would stop them accessing it: **34%** of these parents said that if the support was 'too expensive' it would stop them accessing parenting support. **17%** of the parents that said the cost would stop them accessing parenting support explicitly said that if the support was not free they would not access it.
- Some parents explicitly stated they wanted more Early Help support if they could design parenting support for their challenges. This was more prevalent amongst parents/carers of children with SEND.

#### **4.2.3 Summary of Needs of Young Parents<sup>62</sup>**

- Reduction in first and subsequent pregnancies contributes to improving outcomes for under -18's
- 63% of children born to women under 20 are at higher risk of being born in to poverty
- 21% of term babies born to women under 20 are likely to have a low birth weight
- Mothers under 20 are three times more likely to smoke throughout pregnancy
- At a national level, 56% of infant mortality and 13% of babies still born are to mums aged under 20
- Children of young parents are more likely to suffer from neglect or experience unintentional injuries and accidents. This may be due to the nature of the family accommodation (rented or supported accommodation may not be large enough or be overcrowded). Young parents may not fully understand all of the child's developmental needs and may not seek help for their own problems with mental health or alcohol and substance misuse for fear of judgement
- Mothers under 20 are half as likely to be breastfeeding at 6 to 8 weeks
- Mothers under 20 have higher rates of poor mental health for up to three years after birth
- Parental depression most prevalent risk factor for negative impact on poor child development outcomes
- 21% of estimated number of female NEETs 16 to 18, are teenage mothers
- The needs of young fathers are an under represented group within maternity and children's services: Father's often feel left out and excluded from services that often target mothers and focus on the needs of the mother.
- Young fathers may not live with their partner and often present to services as a single young men
- Young fathers are at risk of experiencing anxiety and depression, poor nutrition and physical health, are likely to abuse alcohol and substances, be in police custody, have poor educational attainment and use violence as a form of punishment in the family

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<sup>62</sup> Surrey Young Parents Framework - draft (March 2017)

- The role of the father in the family matters to both the mother and the child: Where the father is involved with the family or living with the family the mother is less likely to smoke and more likely to breastfeed
- Meeting the needs of young fathers can be addressed by:
  - o identifying young fathers in all services and assessing their support needs including whether they are the primary carer
  - o A specialist young father's worker or named team member to address needs and raise staff awareness in maternity services, children's services and youth support teams.
  - o Access to Care to Learn for young fathers if sole claimant and out of work
  - o A welcoming, father-friendly environment with father-friendly images i.e. at Children Centres
  - o Partnership working with prisons
  - o Specific invitations to young fathers to attend antenatal, postnatal and parenting supporting appointments
  - o Improved access to supported accommodation for families

Public Health England<sup>63</sup> have identified ten factors that can help to address the needs of young parents as shown in image 6:



Image 6: A framework for supporting teenage mothers and fathers (PHE, 2016)

For more information, please see the Surrey Parenting Coordination and Commissioning Plan (2017)

<sup>63</sup> Public Health England, A framework for supporting teenage mothers and young fathers, May 2016



*Parenting Support Courses offer parents the chance to change their behaviour and motivation towards parenting by providing tools to manage their own and their child's behaviour, improve their confidence and provide the opportunity to form relationships with service providers and other parents in similar situations.*

*"This course has given me the tools and reassurance to know how to deal with my child's behaviour I have seen a vast improvement in his behaviour since the course started now that I have a greater understanding of ADHD and how things affect him – thank you!"*

*"This course to me has been a life saver, or better put a 'family saver'. It has taught me so much about parenting not just for a child with difficulties, but generally."*

*'A referral through the school inclusion officer enabled [the project] to match a befriender to a mother who was experiencing challenging behaviour from her 6 year old son. The befriender visited once a week over a period of 8 weeks and built trust, which enabled the mother to discuss and question her relationship with her partner. She identified it as a controlling one in which her son was not flourishing. The mother then had the confidence to finish the relationship and feedback almost one year on is that mother and son are doing very well indeed and there are no behavioural issues. She has a new job and home life is settled'.*

VCS Provider, 2017

*Parent Carer Support Advisor at CSE says "I am only able to offer 1 or 2 visits to the families I work with, unless there are specific carer or disability issues that need further involvement. For families in the KT12 area who may have other, non-disability related issues, it is really helpful to be able to refer to a family support project for additional support. Although I know about services and benefits for families with a child with a disability, I am not able to offer any parenting or behaviour advice, and the projects expertise is invaluable.....Our joint working offers effective and on-going support for families who need it".*

A volunteer was able to support a mother with a disability who has 7 children (aged 18 months to 11 years) and finds household chores, the school run and routines in general difficult. The volunteer visits twice a week and was able to engage other services to become involved, these include the charity, Besom (offering furniture and household goods) who have provided much needed storage for the family. Home-Start have been referred and have offered respite for the younger children. The parent is now receiving counselling through B@titude for the trauma she suffered in childhood. The parent is also attending a local Parenting Group each week with her volunteer. Due to more support required for the family, there was a need to step the family up to Children's Services and the family are on a CiN plan. The family continue to engage with services and are making steady progress.

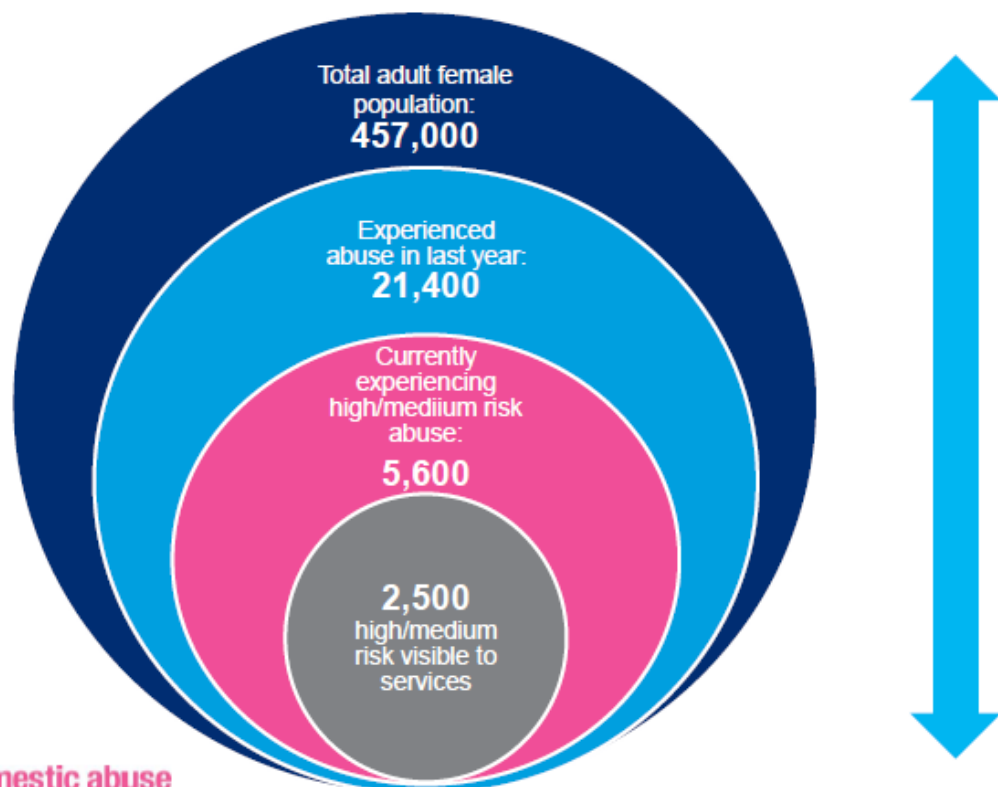
*'Parents value peer group support and would appreciate an organic approach which enables them to access support quickly and easily after a parenting course. Sometimes they may have one question or are seeing an area of concern they don't want to escalate in their family'.*

*'Parents want practical applications to be offered not just theory with an inclusive non-judgemental accepting and encouraging approach'.*

### 4.3 Domestic Abuse

- Nationally, 1 in 5 children and young people are effected by domestic abuse (DA) and over 60% live with the perpetrator<sup>64</sup>
- In the 12 months to 30<sup>th</sup> November'16 Surrey Police recorded 14,319 domestic abuse (DA) crimes and incidents, involving 8,415 young people. In 2015-16 650 children on child protection plans and 2,625 children in need had DA as an identified factor. Children and young people are over-represented in reporting data (average 21%)
- DA is also recognized as a driver for other risks such as Child Sexual Exploitation and children missing from home and education.
- SafeLives<sup>65</sup> estimates that there are 21,400 female and male victims of domestic abuse in Surrey of whom 5,600 are experiencing high or medium risk abuse: Not all victims will be visible through existing services. SafeLives estimate that approximately half of those experiencing high or medium risk are visible – see image 7

### A snapshot of prevalence



### Ending domestic abuse

Image 7 – A snapshot of domestic abuse prevalence in Surrey (2017)

- On average, 65% of high and medium risk victims of domestic abuse have children with most having at least two children (SafeLives, 2017)

<sup>64</sup> SafeLives (2016) In Plain Sight: A report of children and young people effected by Domestic Abuse

<sup>65</sup> SafeLives (2017) Domestic Abuse Overview Report: Need and Provision in Surrey (May, 2017 – Draft)

- Approximately 3,300 children in Surrey live in a household where their parent is a medium to high risk of serious harm or homicide (SafeLives, 2017)
- In 2015/16, 6,533 children in Surrey are estimated to have experienced a DA incident (SafeLives, 2017)
- Surrey's MARACs discussed 740 cases in 2016/17 (equating to 16 cases per 10,000 people) which is much lower than the recommended 40 cases per 10,000 people as recommended by SafeLives.
- Within Surrey, it is estimated that there are approximately 21,400 perpetrators of DA each year (SafeLives, 2017): The average age is 35.8 years; 30% are aged 16 – 24-years; and 95% are male.
- When initially assessed, the most dominant primary need for children in need is 'abuse or neglect' (just over 58% of all cases)<sup>66</sup>: DA is one of the most prevalent types of abuse or neglect for these cases.
- Domestic abuse is identified as a factor in two thirds of cases where children have been killed or seriously injured<sup>67</sup>. SafeLives report '*In Plain Sight*' explored the experiences and impact of domestic abuse on children. Almost two-thirds (62%) of those exposed to domestic abuse were being harmed directly (physically, emotionally or neglected) as well as witnessing the abuse of a parent.
- Additionally children suffer multiple physical and mental health consequences. SafeLives Children's Insights<sup>68</sup> identifies that:
  - Children suffer multiple physical and mental health consequences negatively impacting on Emotional wellbeing (89%); behaviour (52%); social development and relationships (52%)
  - 25% of these children exhibited abusive behaviours, mostly once their exposure to domestic abuse had ended, mainly to mothers (62%) or siblings (52%)
  - Only half of children were previously known to children's social care (54%) but 80% were known to at least one public agency i.e. GPs
  - Children's outcomes improve significantly across all key measures after support from specialist children's services, notably a reduction in children doing dangerous or harmful behaviour (69%); feeling the abuse is their fault (62%) and feeling unhappy (68%)
- SafeLives (2017) found that on a national level only half (54%) of the children exposed to DA and two thirds (63%) of those living with severe domestic abuse were known to local authority children's social care.
- There is a relatively high prevalence of domestic abuse in adolescent relationships. Research has found that younger participants (13 – 15 years) were as likely as older adolescents (16 and over) to experience abuse.<sup>69</sup> Approximately 25% of girls and 18% of boys reported experiencing some form of physical partner violence and 75% of girls and 50% of boys reported experiencing emotional abuse.

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<sup>66</sup> CSF Performance data (2014 – 2016)

<sup>67</sup> The Protection of Children in England: A Progress Report: Lord Laming 2009

<sup>68</sup> SafeLive Children's Insights – National Dataset

<sup>69</sup> Barter et al (2009) Partner exploitation and violence in teenage intimate relationships

- When DA is experienced alongside parental substance misuse and poor mental health, this creates a 'toxic trio' and much greater risks to improvements in wellbeing

Community support programmes enable survivors of domestic abuse to come together to share experiences and learn how to cope with their child's behaviour and understand what the experience was like from the child's view. Attendees gave the following comments regarding the programme (2017):

*"Doing it together means he wouldn't think he was the one with the problem."*

*"It's great having professional input with the kids, not having to do things yourself and broach subjects they are better at doing than us."*

*"Just realising that this challenging behaviour is DA related – like going to bed! We all realised they had all had really traumatic experiences at night time."*

Children taking part in the programme commented that:

*"I learnt that anger isn't always a bad thing"*

*"Who to call when you need help and what happens"*

*"I understand what happened more"*

*"How to answer difficult questions (during contact)"*

*"If you're worried you can always call the police"*

Recorded domestic violence has increased by 16% in Surrey (2012 – 2015) but in some areas the increase is much greater: Spelthorne has seen an increase of nearly 50%<sup>70</sup>. The highest rate of outreach use is in Reigate and Banstead, Spelthorne and Epsom and Ewell<sup>71</sup>

Image 7 and 8 below illustrates the prevalence and age profile of DA across the county. Wards with particularly high volumes of incidents<sup>72</sup> include:

- Merrow, Burpham, Slyfields and Belham (Guildford)
- Guildford Town (Guildford)
- Knaphill and Brookwood (Woking)
- Maybury (Woking)
- Staines Urban (Spelthorne)
- Addlestone Town (Runnymede)
- Chertsey Meads and St Annes (Runnymede)
- Horley (Reigate and Banstead)
- Woodhatch (Reigate and Banstead)
- Merstham (Reigate and Banstead)
- Tattenhams, Burgh Heath and Preston Estate (Reigate and Banstead)
- Banstead, Chipstead, Nork and Woodmansterne (Reigate and Banstead)
- Old Dean (Surrey Heath)
- Weybridge (Elmbridge)

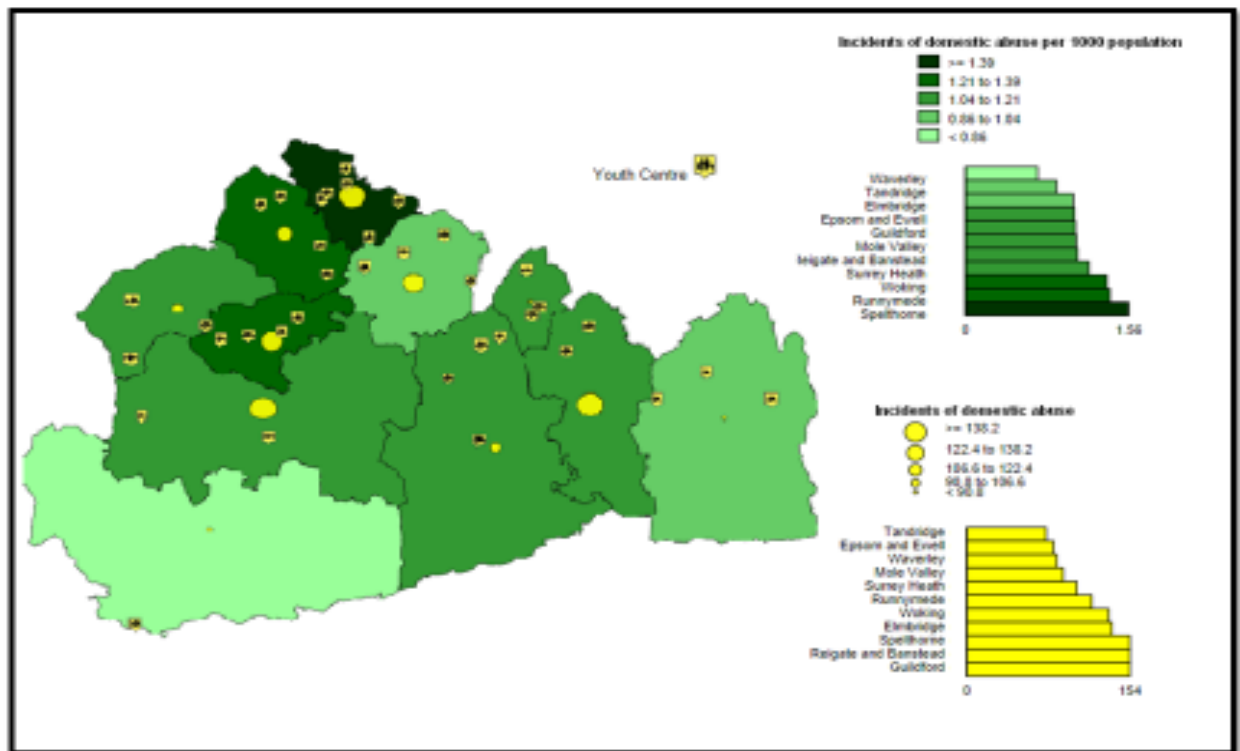
<sup>70</sup> As cited in Safelives (2017) An assessment of need of domestic abuse in Surrey

<sup>71</sup> As cited in Safelives (2017) An assessment of need of domestic abuse in Surrey

<sup>72</sup> 2016 Surrey Police Victims data

Image 7 – Map of DA Prevalence across Surrey

### Geographic distribution and prevalence of domestic abuse in Surrey (2016)



Source: Surrey County Council (2014) [Domestic Abuse Outreach Profile for Surrey 2013-14](#)

Borough	Under 16	16-24	25-34	35-44	45-54	55-64	65+	Not Recorded	Grand Total
Elmbridge	17	154	221	200	150	68	33	4	847
Epsom & Ewell	9	98	123	108	72	30	27	2	469
Guildford	29	158	215	204	139	42	20	3	810
Mole Valley	16	88	112	100	103	36	28	3	486
Reigate & Banstead	34	223	312	270	218	58	43	9	1167
Runnymede	11	156	183	119	98	35	23	6	631
Spelthorne	21	184	224	205	144	32	23	1	834
Surrey Heath	16	123	131	105	108	40	14	7	544
Tandridge	28	119	138	89	80	46	21	2	523
Waverley	20	113	104	97	110	42	44	3	533
Woking	12	160	200	118	112	44	22	2	670
<b>Grand Total</b>	<b>213</b>	<b>1576</b>	<b>1963</b>	<b>1615</b>	<b>1334</b>	<b>473</b>	<b>298</b>	<b>42</b>	<b>7514</b>

Image 8: Age of victims of police domestic abuse incidents (March 2016-April 2017)

## **4.4 Substance Misuse<sup>73</sup>**

### **4.4.1 Young People**

Consistent with the national trend, the number of individuals under 24-years who accessed substance misuse services in Surrey dropped from 366 in 2012 to 304 in 2014 (a fall of 17%): **37%** of referrals are from children's social care for Surrey young people's substance misuse service.

- 94% of young people in Surrey's services began using their main problem substance under the age of 15
- Amongst those using the services, 7% are looked after children, 12% have been affected by domestic abuse and 10% were identified as having a mental health problem
- 8% of 11-15 year olds reported taking cannabis in the last year (2012) – this is the most widely used drug (Health and Social Care Information Centre, 2014)

### **4.4.2 Parents**

- In Surrey, there is limited data on the prevalence of alcohol misuse and mental health issues however 18% of the 289 clients in treatment for alcohol misuse were reported as having a dual diagnosis (Halo, 2013)
- Police report data shows that alcohol was associated to approximately 13% of domestic abuse reports in Surrey whilst drugs was associated with 2% (2015-16)
- Substance misuse is more likely among women experiencing domestic abuse. At least 13% of clients that accessed Surrey's substance misuse treatment services (2012/13) have had some history of domestic abuse<sup>74</sup>
- Women experiencing domestic abuse are up to 15 times more likely to misuse alcohol and those who report domestic abuse are up to nine times more likely to misuse drugs (including prescription drugs) than other women.

## **4.5 Health and Wellbeing**

### ***Surrey Child Health Profile (March 2017)***

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<sup>73</sup> Surrey County Council JSNA Substance misuse December 2016

<sup>74</sup> Surrey Community Safety Unit (2013) Domestic Abuse Profile for Surrey 2012/13 (SCC)

The Child Health Profile provides a snapshot of child health within Surrey<sup>75</sup>: The health and wellbeing of children in Surrey is generally better than the England average. The infant mortality rate is better than the England average. The child mortality rate is similar to the England average. The level of child poverty is better than the England average with 10.0% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average. Children in Surrey have better than average levels of obesity: 5.8% of children aged 4-5 years and 13.8% of children aged 10-11 years are classified as obese.

Local areas should aim to have at least 95% of children immunised in order to give protection both to the individual child and the overall population. For children aged 2, the MMR immunisation rate is 89.9% and the diphtheria, tetanus, polio, pertussis and Hib immunisation rate is 86.2%. In 2015/16, there were 44,682 A&E attendances by children aged four years and under. This gives a rate which is higher than the England average. The hospital admission rate for injury in children is lower than the England average, and the admission rate for injury in young people is similar to the England average.

In a health and wellbeing survey in primary schools<sup>76</sup>, children in years 4 and 6 responded positively regarding both their physical and mental health. The majority of pupils were happy with their weight, enjoyed taking part in sport and exercise both at school and outside of school, regularly ate breakfast and regularly ate their 5-a-day fruits and vegetables. 79% of these pupils reported that they worried quite a lot about exams/tests, crime and their environment. Almost half of pupils felt they could talk to their mum or dad about their worries.

In secondary school children<sup>77</sup>, years 8 and 10, the majority of pupils reported that they felt in control of their health and wellbeing. The majority of children were happy with their weight, although boys were more likely to be happy with their weight. Girls were also more likely to say they wanted to lose weight than boys (see image 9 for a summary of healthy weight in Surrey). Both boys and girls agreed that comments from other people made them concerned about their appearance.

### ***The Health and Wellbeing of Children and Young People in Surrey (2015 – 16)<sup>78</sup>Call to Action:***

- NHS and Local Authority leaders and commissioners should ensure that services are available to all that need them, whilst maintaining a focus on children, young people and their families who need additional support
- A clear partnership approach needs to ensure that there are no areas in Surrey with 25% of children living in poverty

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<sup>75</sup> Public Health England (2017) Child Health Profile – Surrey, March 2017

<sup>76</sup>Schools Health Education Unit, The Surrey Children and Young People's Health and Wellbeing Survey – primary Report (2017)

<sup>77</sup> Schools Health Education Unit, The Surrey Children and Young People's Health and Wellbeing Survey – Secondary Report (2017)

<sup>78</sup> SCC (2016) The Health and Wellbeing of Children and Young People in Surrey: The Independent Annual Report of the Director of Public Health Surrey County Council 2015 - 2016

- Public health and maternity commissioners should address the inequity in early antenatal booking, smoking cessation and breastfeeding through a young parents pathway of support
- CCGs and maternity providers should implement the outcomes of the Maternity Services review
- Commissioners and providers of health visitor, maternity and early years services (including children's centres) should continue to deliver programmes which support breastfeeding
- CCGs and their partners should improve mental health and wellbeing for mothers and their babies by commissioning perinatal mental health services
- Surrey County Council should prioritise reducing the attainment gap at school entry between children in receipt of FSM and those who are not
- Surrey County Council and Early Years providers should improve their uptake of the Free Early Education for 2-year olds
- CCGs, SCC and local community providers should develop a joint commissioning approach through the framework of the Healthy Child Programme which addresses prevention and inequality
- CCGs, SCC and local community providers should use every opportunity to promote childhood immunisation
- In line with SEND 2020, we should continue to develop a partnership approach to supporting children with SEND
- SCC and CCGs should develop an emotional resilience pathway that includes a preventative approach
- Public Health and Education should continue to support schools to adopt a whole school approach to health and wellbeing
- CCGs, SCC and local community providers should ensure that services delivered to school aged children reach those who are looked after, home schooled, not in school and young carers
- All organisations have a role in prioritising physical activity to deliver the Healthy Surrey Strategy
- Commissioners should ensure availability of high quality mental health, substance misuse and sexual health services co-designed with children, young people and their families

## **Healthy Weight**

	% of healthy weight at Reception <b>Data Source</b> <sup>79</sup>	% of Healthy Weight at Year 6 <b>Data Source</b> <sup>80</sup>
Elmbridge	83.0%	72.8%
Epsom and Ewell	85.8%	73.5%

<sup>79</sup> <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/8/gid/8000011/pat/104/ati/101/are/E07000217/iid/90317/age/200/sex/4>

<sup>80</sup> <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/8/gid/8000011/pat/104/par/E45000019/ati/101/are/E07000217/iid/90321/age/201/sex/4>



Guildford	*Value suppressed to avoid disclosure by differencing	*Value suppressed to avoid disclosure by differencing
Mole Valley	83.4%	74.3%
Reigate and Banstead	81.2%	72.7%
Runnymede	83.2%	67.9%
Spelthorne	79.0%	66.6%
Surrey Heath	*Value suppressed to avoid disclosure by differencing	*Value suppressed to avoid disclosure by differencing
Tandridge	82.7%	72.3%
Waverley	82.5%	78.9%
Woking	83.2%	68.1%

**Image 9 – a summary of national weight measurement findings for Surrey**

The percentage of children that were a healthy weight in Reception was lowest in Spelthorne (79.00%), Reigate and Banstead (81.20%) and Waverley (82.50%). At Year 6, the lowest percentage of children at a healthy weight were Spelthorne (66.60%), Runnymede (67.90%) and Woking (68.10%). While Spelthorne remained the locality with the lowest percentages throughout this time, the sharpest decrease was in Runnymede (15.30%), Woking (15.10%) and then Spelthorne (12.40%).

Spelthorne was consistently the lowest for percentage of children at a healthy weight, with Stanwell Sure Start Children’s Centre being the lowest in this area with 73%, followed by Spelthorne School & Sure Start Children’s Centre with 76%.<sup>81</sup> These findings are similar to the profile of breastfeeding within first 48-hours after delivery (see image 10)

**Image 10 A summary of % of mothers who breastfeed their babies in the first 48 hours after delivery in 2014/15 DATA SOURCE<sup>82</sup>**

LA	LA Rate (%)
England	74.33
South East	78.02
Surrey	84.68
Elmbridge	87.84
Epsom and Ewell	86.54
Guildford	-
Mole Valley	87.91
Reigate and Banstead	83.98
Runnymede	82.68

<sup>81</sup> Childrens Centre QI Autumn 2016

<sup>82</sup> Lynne Sawyer – MN Breastfeeding Data Table 1

Spelthorne	80.98
Surrey Heath	81.67
Tandridge	80.93
Waverley	85.12
Woking	87.90

The number of infants being totally breastfed at 6 to 8 weeks was lowest in Runnymede (328), Tandridge (351) and Mole Valley (359). The number of infants being partially breastfed at 6 to 8 weeks was lowest in Mole Valley (111), Tandridge (121) and Runnymede (129). The highest number of infants not being breastfed were in Reigate and Banstead (652), Spelthorne (542) and Elmbridge (528). The highest number of children with an unknown breastfeeding status were in Elmbridge (79), Woking (60) and Mole Valley (57).

For further information, please see the Surrey Director of Public Health Annual Public Health Report (2016) and the Public Health Commissioning Plan (2017)

#### 4.6 Mental Health - Children and Young People <sup>83</sup>

One in ten children and young people (CYP) have poor mental health with up to 70% of these not receiving early intervention. Service provision ranges from acute, specialist services to universal provision.

Families report that access to services is not evenly spread throughout Surrey with some areas finding it difficult to access the service appropriate for their needs.

Some of the key vulnerable groups are Looked After Children, Care Leavers, Children in Need, children and young people who are being looked after under a SGO or adoption order and children and young people with SEND.

##### ***Who's at risk and why?***

The following groups are more at risk of poor mental and emotional health:

##### *Looked After Children, Children in Need (CiN) and Care Leavers*

- Looked after children are four times more likely to develop a mental health problem than their peers. This might be due to experiencing poverty, abuse, neglect or bereavement. If the right support or timely support isn't given or available, looked after children are more at risk of risky behaviours including substance and alcohol abuse and teenage pregnancy.

<sup>83</sup> Surrey County Council JSNA September 2017

- The experiences and social situation (such as abuse or neglect) that led a child being taken in to care are factors that are likely to contribute to poor emotional and mental wellbeing.
- In 2015/16 Surrey County Council supported 4,251 Children in Need. At the close of 2020/21, this is projected to rise to 5,435. The highest rates of CiN in Surrey are in Spelthorne, Epsom and Ewell and Elmbridge.<sup>84</sup>
- Care Leavers can face a multiple of changes as they transition into adulthood for example, responsibility for their own finances, living arrangements and education, which can be daunting. This is more likely for care leavers who become completely independent as young adults, compared to those who live in supported lodgings
- Support is required for young people transitioning from children's services to adults services.

#### *Special Guardianship Order (SGO) or recently adopted*

- The experiences and social situation (such as abuse or neglect) that led a child being taken in to care are factors that are likely to contribute to poor emotional and mental wellbeing compared to children who live with their birth families.

#### *Unaccompanied asylum seeking children (UASC)*

- Children fleeing areas of war or conflict are at high risk of experiencing mental health problems due to the situation they are leaving.
- UASC may also have experienced trafficking, torture, sexual exploitation and female genital mutilation.
- The majority of UASC are teenage boys who may not disclose their mental health needs and may only become known to service providers when they experience a mental health crisis.

#### *Children with Special Educational Needs and Disabilities (SEND)*

- Support is needed for both children and their families where a child has SEND. Children and young people with SEND are more likely to have additional health and emotional wellbeing needs due to being unable to manage their emotions and behaviour. Depression and anxiety are common in young people with SEND.

#### *Children who have been bullied*

- There is a stronger link between lower levels of overall wellbeing and bullying<sup>85</sup>, with a greater chance of developing depression, anxiety, an eating disorder, self-harm or abuse substances<sup>86</sup>.
- Surrey County Council's 2015-16 report into Prejudice-Related Incidents in Surrey Schools<sup>87</sup> found that in Elmbridge nearly one in five children and young people (CYP) had been bullied in that last three months. The same report highlighted that 83% were bullied at school and 21% were bullied online. CYP experienced higher levels of

<sup>84</sup> CSF Commissioning Plan 2017-2022, unpublished

<sup>85</sup> The Children's Society (2016) *The 2016 Report on Children's Well-being Elmbridge* p.28

<sup>86</sup> Young Minds (2017) *Bullying, How it can affect you*

<sup>87</sup> Surrey County Council (2016) *Report on Prejudice-Related Incidents in Surrey Schools (2015-2016)*

prejudice-related incidents in Reigate & Banstead followed by Spelthorne compared to other areas in Surrey. The year group with the highest percentage of both perpetrators and victims in the primary phase was Year 6 and in Secondary School was Year 9. Children who are being bullied are twice as likely to start bullying others<sup>88</sup>.

*Children who have experienced sexual abuse or young people participating in harmful sexual behaviour (HSB).*

- A child or young person who have been subjected to [sexual abuse](#), [Child Sexual Exploitation \(CSE\)](#) or display [harmful sexual behaviour](#) are more likely to be isolated from friends and family, regularly go missing, have low school attendance, have problems with addiction, partake in criminal behaviour and self-harm. Sexual abuse, CSE and HSB does not tend to take place in isolation, other types of abuse such as neglect, physical abuse, substance misuse and living in poverty are closely linked.
- The NSPCC have stated that over 9,000 recorded child sex offences were perpetrated by children in 2016<sup>89</sup>. Reasons for this include having suffered abuse, neglect, have low self-esteem, be struggling to understand their own gender and sexual orientation, been sexually abused themselves or have SEND needs. Access to inappropriate content on the internet can be a risk factor for engaging in harmful sexual behaviour.

*Those who identify as LGBT*

- Poor mental health can be due to a young person trying to understand their own identity and sexuality, they could be experiencing transphobic and homophobic discrimination and bullying.

*Children from GRT communities*

- This group of children and young people are less likely to access universal services and therefore achieve poorer health, social and educational outcomes.

*Children experiencing domestic abuse or substance misuse*

- There are approximately 3,300 children living in homes across Surrey, where there is domestic abuse (DA)<sup>90</sup>. Children and young people who experience DA are more likely to become aggressive, anxious, depressed, have poorer educational outcomes and display anti-social behaviour<sup>i</sup>. If a child has witnessed or been a victim of DA there is also the increased risk of child to parent abuse.
- Where a child or young person lives in a household where a parent misuses substances they may not be receiving a good level of care, have attachment issues with the parent and or could be neglected.
- There are a number of reasons why a child may misuse substances including a need to self-medicate to try and cope with traumatic events, relieve stress, or be trying to come to terms with their own gender identity or sexuality

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<sup>88</sup> Ditch the Label (2017) *The Annual Bullying Survey*

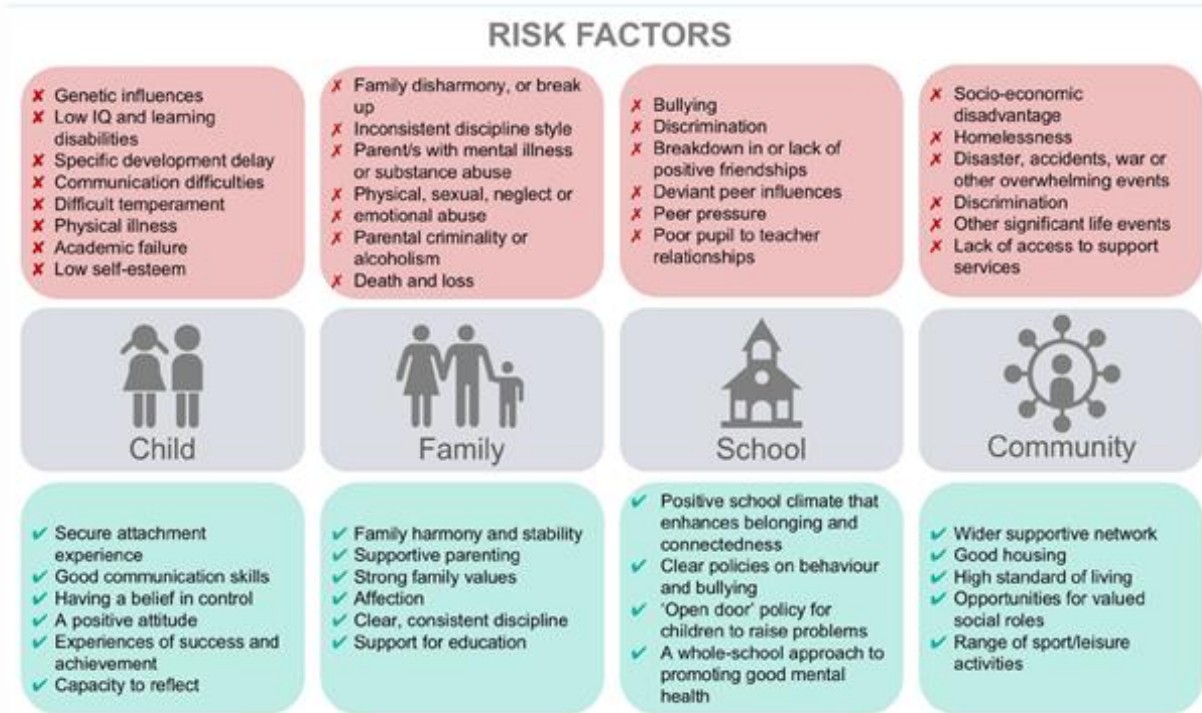
<sup>89</sup> NSPCC (2017) *Harmful sexual behaviour Facts and statistics*

<sup>90</sup> SafeLives (2017) Domestic abuse overview report: need and provision in Surrey

Those involved in the criminal justice system.

- 60% of Young Offenders in secure units in Surrey experience mental health and emotional wellbeing disorders<sup>91</sup>. Support whilst in the criminal justice system is important otherwise there is a high risk that they will continue to offend and experience poor mental health when they reach adulthood.

## Risk and protective factors for CYP's mental health



**Image 9: A Summary of Risk Factors for mental and emotional health issues<sup>92</sup>**

### ***A summary of issues faced by children and young people in Surrey***

#### **Anxiety**

- Surrey's Emotional Wellbeing and Mental Health Community Nurses consistently report anxiety as the primary reason for referrals into the service. During January – March 2016 anxiety was the main reason for referrals (38%) followed by poor behaviour (20%)<sup>93</sup>.

#### **Self-Harm and Suicide**

- Teenagers and young adults are more susceptible to self-harm, in particular individuals who have been neglected, experienced trauma or abuse.

<sup>91</sup> Surrey County Council (2013) JSNA Chapter: Young Offenders

<sup>92</sup> Public Health England (2016). The Mental Health of Children and Young People in England

<sup>93</sup> Surrey County Council (January –March 2016) based on data returned from Community Health Providers, Virgin Care, Central Surrey Health and Surrey and Borders

- Hospital admissions in Surrey due to self-harm indicates that in 2015-16 self-harm hospital admissions between 10-24 years have increased in Surrey<sup>94</sup>.
- Self-harm is an indicator of low social and emotional wellbeing and is more likely to lead to other risky behaviours, including binge eating, alcohol and or drug use and risky sexual behaviour. Admissions for self-harm in Surrey is continuing to rise and are primarily amongst girls and young women aged 15-24 years<sup>95</sup>.
- Completed suicide rates for children and young people have continued to remain low in Surrey compared to the increase in suicides nationally. The risk of suicide increases with age in the late teens and early 20s with males being more at risk than females.

#### Eating Disorders

- Females tend to suffer from eating disorders more than males however there has been an acknowledgement that eating disorders in males is increasing. Eating disorders usually develop during adolescence and can negatively affect a young person's physical health.

#### ***Wellbeing in the Community - Summary of findings from Elmbridge Wellbeing Survey<sup>96</sup>***

- Most children in Elmbridge aged 11 to 18 are relatively happy with their lives but 11% have low overall well-being. This proportion is similar to the national average.
- Children's well-being declines with age, and girls have lower well-being than boys. Also, children who say they are disabled or have difficulties with learning have lower well-being than other children.
- In the Elmbridge sample, children's levels of happiness with many aspects of their lives are similar to the national average. However, children in Elmbridge appear to be happier than average with their home, money/possessions, the amount of choice that they have in life, and their prospects for the future, and less happy than average with their health and time use.
- Children in Elmbridge express positive views about their local area, either close to or above the national average. They are especially positive about the facilities in their local area and their area in general.
- Children in Elmbridge are happier than the national average with their school work, but less happy with all other aspects of school - their safety at school, their relationships with other children and with teachers, the school facilities, and how they are listened to at school.
- Almost one in five (18%) of the children surveyed say that they had been bullied in the past three months. Children who had experienced bullied were most likely to say that they had been bullied at school (83%), but bullying was also experienced going to and

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<sup>94</sup> Public Health England (2016) *The mental health of children and young people in England*

<sup>95</sup> SCC (2016) Annual Public Health Report

<sup>96</sup> Children's Society (2016) Report on Children's Wellbeing - Elmbridge

from school, in their local area, online and through texting. The most common type of bullying was social/relational bullying.

- There are marked differences in well-being across a range of economic indicators. Children's well-being was significantly lower if they say that their family is not well off, live in workless households, have less spending money than their friends, say that not having money stops them from doing what they want, seeing their friends or buying something they need / want, and if they are missing out on at least one item from a child-centred index of deprivation.
- A minority of children (5%) said that they had been bullied because of a lack of money in their family. The well-being of these children is much lower.

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*A questionnaire of school-aged pupils in Surrey found that 38% of primary and 26% of secondary school pupils responded because of bullying at least 'sometimes' and 26% of pupils responded that they have experienced negative behaviours in a relationship with a past or present partner .... The main concern for young people surveyed in Surrey is depression and mental health: They feel that education and health services are not doing enough in these areas (Elmbridge Wellbeing Survey, 2016).*

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**Feedback on mental health services from children and young people across Surrey highlights the following concerns:**

- Transitions to adult services can be challenging and scary, with uncertainty around how their needs will be met. There isn't an established pathway for young people to transition to adult mental health services, although work is underway to implement this as part of a 2 year strategy within Surrey. Until this pathway is developed this transition remains an unmet need.
- Clinic hours and locations can affect how easily young people can engage with services. Being able to access services within easy reach of where CYP live is important. Many CYP report that they couldn't access services in their local area. Ensuring services can be reached via public transport is important.
- Young people should be able to complete questionnaires sent to them online as well as by hand. Communicating online and providing information and surveys online makes it easier for CYP to engage.
- Different GP's have very different views on mental health i.e some can hold unhelpful views on mental health stigma.
- There is very little out of hours mental health support for young people
- The different thresholds for adult services vs Child and Adolescent Mental Health Services (CAMHS) can cause issues and anxiety among young people turning 18.
- Good communication between CAMHS workers and other services can aid service transition when a young person turns 18.

For more information, please see the Mental Health and Emotional Wellbeing JSNA and the CAMHS Needs Assessment<sup>97</sup>.

#### **4.7 Mental Health – Adults**

The JSNA Adult Mental Health<sup>98</sup> identified depression as the most prevalent mental health issue in Surrey, with numbers set to increase by 2020. The largest increase in adults with mental health disorders is projected in Runnymede, Reigate and Banstead and Epsom and Ewell.

The joint adult mental health commissioning strategy (2014-17)<sup>99</sup> sets out the key priorities as:

- prevention and promotion of mental health services
- better partnership working between agencies and organisations
- better partnerships with service users and their families
- effective crisis care and supporting long term recovery that is based around the needs of the individual

Early intervention in childhood is a priority to ensure that lifetime mental and physical health is improved, along with the individual's capacity to deal with parenthood during their adult life. There is a need to provide a smooth transition for young people from children's services to adult's services to ensure that the individual is supported in managing their condition and recovery in a more integrated and consistent way. Partnership working will ensure that individuals, their carers and families needs are central to commissioning, including their views and experiences to ensure that services are useful and appropriate for their needs. There is a need for service users to have greater choice and control over their care through – access to information, being involved and listened to when planning their care, recognising and assessing the wellbeing needs of carers and ensuring that whole family assessment is available. There needs to be adequate representation from carers and family members in commissioning and providing a variety of methods for this interaction (e.g. drop in meetings, focus groups, surveys). The identification of young carers needs to be improved and the burden of caring responsibilities assessed to ensure that these are appropriate.

The IMD 2015<sup>100</sup> showed that the top 10 areas with a mental health need greater than the England average as:

Old Dean (Surrey Heath), Merstham (Reigate and Banstead), Preston (Reigate and Banstead), Westway (Tandridge), Horley Central (Reigate and Banstead), Beare Green (Mole Valley), Court (Epsom and Ewell), Box Hill and Headley ( Mole Valley), Portley (Tandridge) and St Michaels (Surrey Heath).

The JSNA Adult Mental Health identifies the following gaps in services:

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<sup>97</sup> As available on Surrey

<sup>98</sup> Surrey County Council Adult Mental Health JSNA (available online at Surrey)

<sup>99</sup> Surrey County Council JSNA February 2017

<sup>100</sup> Department for Communities and Local Government (DCLG), IMD 2015



- Proactive engagement with populations who face multiple vulnerabilities
- Comprehensive perinatal and parenting support
- Psychological support for long-term conditions

#### 4.7.1 Perinatal Mental Health <sup>101</sup>

Perinatal mental health illness encompasses mental health problems in women that arise during pregnancy and in the one year after childbirth. It is also concerned with the emotional and social development of babies and toddlers who can experience poor long term outcomes due to a lack of sensitive and responsive care.

Perinatal mental health illness is the leading cause of death for women during pregnancy and in the year after birth, and causes significant ill health from depressive illness and anxiety as well as post-traumatic stress disorder. The level of provision of services nationally and locally is inadequate. Surrey has no local specialist perinatal mental health services commissioned as a unified service. This means that local standards for perinatal mental health services locally fall short of national standards. Across Surrey services for perinatal mental health are limited and the nearest mother and baby in-patient services are located in Winchester (Hampshire).

A specialist perinatal mental health service is needed in order to provide:

- Specialist assessment and treatment for those at risk, new on-set and pre-existing perinatal mental illness
- Consultation and liaison across primary and secondary care, obstetric teams and social services
- Training and supervision across a range of agencies
- Monitoring and facilitation of admissions and discharges of Surrey mothers into out of area mother and baby units
- Clinical leadership of the Surrey and NE Hampshire Perinatal Mental Health Clinical Network

*‘One parent fed back that they felt having someone to look “at issue from different angle and offering solutions” they had found useful. Another parent fed back that they would “look for help sooner” following finding out the support that was available to them’.*  
VCS Provider, 2017)

Many of these risk factors are those associated with mental illness in the general population but some risk factors increase the likelihood of maternal mental health problems. There will also be women with none of the risk factors discussed who will go on to develop mental health problems during pregnancy or after childbirth. The known risk factors for maternal mental ill-health are:

- History of mental health problems
- Traumatic childbirth, stillbirth and infant mortality
- Domestic violence and abuse
- Poor social support

<sup>101</sup> Surrey County Council JSNA Perinatal Mental Health Jan 2017

## 4.8 Participation and Attainment

Participation in early-years education and support facilitates a good level of development in children aged 0-5 years. Image 9 and 10 illustrate the numbers of families engaged locally in early-years services across Surrey and those areas where gaps exist.

**Image 9: A summary of percentages of three year olds taking up Free Early Education<sup>102</sup>**

Data Source <sup>103</sup>	Lowest %	Highest %	Range	Notable areas
Elmbridge	89%	100%	11%	Weybridge CC (89%), Burhill SS CC (100%)
Epsom and Ewell	84%	97%	13%	Epsom Sure Start CC (84%), Meadow Sure Start CC (84%)
Guildford	77%	106%	29%	Ash Grange Sure Start CC (77%), Boxgrove Sure Start CC (106%)
Mole Valley	94%	108%	14%	Dorking Nursery SS CC (94%), Leatherhead Trinity SS CC (108%)
Reigate and Banstead	71%	112%	41%	Welcare in East Surrey Sure Start CC (71%), Epsom Downs SS CC (112%), Dovers Green SS CC (111%), Steppingstones Sure Start CC (108%)
Runnymede	74%	102%	28%	Chertsey SS CC (74%), The Haven SS CC (75%), Sayes Court SS CC (102%)
Spelthorne	76%	100%	24%	Kenyngton Manor Primary School SS CC (76%), Stanwell SS CC (79%), Saxon SS CC (100%)
Surrey Heath	78%	109%	31%	Pine Ridge SS CC (78%), Chobham and West End SS CC (109%)
Tandridge	78%	120%	42%	Hamsey Green SS CC (78%), St Piers SS CC (120%)
Waverley	90%	122%	32%	Loseley Fields SS CC (90%), Elstead & Villages SS CC (122%)
Woking	78%	99%	21%	Woking SS CC (78%), Pyrford & Byfleet SS CC (99%)

The areas with the lowest percentage of three years olds taking up Free Early Education were Reigate and Banstead, with Welcare in East Surrey Sure Start Children's Centre having 71% registered. In Runnymede, the Chertsey Sure Start Children's Centre (74%) and The Haven Sure Start Children's Centre (75%) had a low registration percentage. In Spelthorne, the Kenyngton Manor Primary School Sure Start Children's Centre (76%) and the Stanwell Sure Start Children's Centre (79%) had low registration percentages. Particularly high registration percentages<sup>104</sup> were in Waverley with the Elstead & Villages

<sup>102</sup> As cited in the Children's Centre Reach Profiles (2016)

<sup>103</sup> Children's QI Autumn 2016

<sup>104</sup> Percentages greater than 100% due to recording processes

Sure Start Children’s Centre (122%), Tandridge with the St Piers Sure Start Children’s Centre (120%) and Reigate and Banstead with the Epsom Downs Sure Start Children’s Centre (112%).

**Image 10 – A Summary of % of 0-4 Children Registered at Children’s Centres**

<b>Data Source</b> <sup>105</sup>	0 – 4 Population per DB	0 – 4 Population Registered at Children’s Centres	% of 0-4 Population Registered in DB
Elmbridge	9061	7221	79.69%
Epsom and Ewell	4688	4279	91.28%
Guildford	7195	5728	79.61%
Mole Valley	3814	3329	87.28%
Reigate and Banstead	9084	7982	87.87%
Runnymede	4854	3556	73.26%
Spelthorne	6214	5247	84.44%
Surrey Heath	4715	3839	81.42%
Tandridge	5133	4487	87.41%
Waverley	6371	5029	78.94%
Woking	7683	6379	83.03%

The localities with the lowest percentage of the 0 - 4 years population registered at Children’s Centres were Runnymede (73.26%), Waverley (78.94%), Guildford (79.61%) and Elmbridge (79.69%). Epsom and Ewell had an anomalously high percentage with 91.28%.

The key areas within Runnymede were Chertsey Sure Start Children’s Centre with 66% registered, followed by The Haven Sure Start Children’s Centre with 70%. In Waverley, the key areas were Christopher Robin Sure Start Children’s Centre with 70% and Tennyson’s Sure Start Children’s Centre with 77%. In Guildford, the key areas were Guildford Children’s Centre with 76% and The Spinney Sure Start Children’s Centre with 78%. In Elmbridge, the key areas were Claygate & Oxshott Sure Start Children’s Centre with 72% and Weybridge Children’s Centre – A Sure Start for All with 74%.<sup>106</sup>

In 2016, the lowest percentage of children achieving at least the expected standard in all education levels of development were in Woking (71%), Spelthorne (72%), Guildford (73%) and Runnymede (74%). The lowest percentage of children achieving a good level of development were in Woking (72%), Spelthorne (73%), Guildford (73%) and Runnymede (74%) – as illustrated in image 11 and 12.

<sup>105</sup> Children Centre QI Autumn 2016 – Cumulative Children Centre Totals

<sup>106</sup> Children Centre QI Autumn 2016

Overall, although there has been an increase in the percentages of children achieving at least the expected standard in all ELGs and a good level of development, Spelthorne and Runnymede are the localities with a consistently lower percentage compared to the rest of Surrey.

**Image 11:** *Percentage of Children Achieving a Good Level of Development (GLD), 2016 for the local children's centre area with comparisons to Surrey and England*

**Data Source<sup>107</sup>**

	Number of Eligible Pupils	At least the expected standard in all ELGs (percentage achieving in 2016)	A good level of development (percentage achieving in 2016)	Average point score (percentage achieving in 2016)
Elmbridge	1,803	77	77	37.1
Epsom and Ewell	990	78	78	36.6
Guildford	1,522	72	73	35.4
Mole Valley	955	77	78	36.9
Reigate and Banstead	1,880	76	77	36.5
Runnymede	871	73	74	35.6
Spelthorne	1,218	72	73	34.8
Surrey Heath	1,024	81	82	36.9
Tandridge	960	76	77	36.6
Waverley	1,403	74	75	36.1
Woking	1,335	71	72	35.6

**Image 12:** *Gap between the lowest achieving 20% and the whole cohort in 2016*

**Data Source<sup>108</sup>**

	Average (All Children)	Average (Lowest 20% attaining children)	Percent attainment gap between all children and Bottom 20%
England 2013	32.8	21.6	36.6
Surrey 2013	32.9	23.4	31.2
England 2014	33.8	22.5	33.9
Surrey 2014	34.6	25.1	26.3

<sup>107</sup> SFR50-2016 EYFSP Additional Tables1 – Table PR2

<sup>108</sup> SFR50-2016 Tables (002) – Table 3

England 2015	34.3	23.1	32.1
Surrey 2015	35.9	26.4	24.6
England 2016	34.5	23.3	31.4
Surrey 2016	36.2	26.7	23.7

The gap between the lowest achieving 20% and the whole cohort has decreased from 31.2% to 23.7% from 2013 to 2016 in Surrey. This is a decrease of 7.5%, which is higher than the 5.2% decrease seen across England in this time.

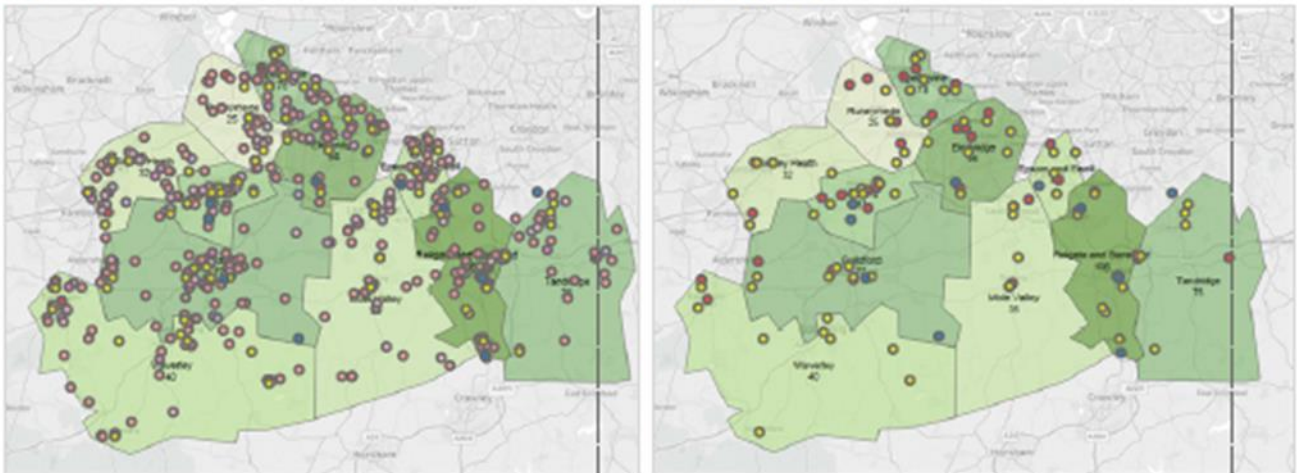
Image 13 as below summarises the number of children and young people missing from education at some point during 2015/16. This is a key data source to consider children and young people affected by the impact of late intervention. The profile can be considered against other mapping data across the county including children and young people not in education, employment and training (NEET) and contacts with social care

### Asset Map - CME

Coloured points show Surrey Children, Schools and Families assets. Green shading shows number of Children Missing Education at some point during 2015/16.

All Assets

Excluding Schools



- Category**
- Children's Home
  - Children's or Family Centre
  - School - Primary - Academy
  - School - Primary - LA
  - School - Secondary - Academy
  - School - Secondary - LA
  - School - Special
  - Short Stay School / PRU
  - Youth Centre

#### 4.9 Children and Young People with Special Educational Needs and or Disability (SEND)<sup>109</sup>

- In January 2017, there were 188,012 children in Surrey schools of which 27,718 children has some form of SEND including 5955 children with a statutory plan.
- Those children with SEND who have a statutory plan are in either a local authority maintained school, a maintained mainstream school, a non-maintained special school or independent special school or a mainstream academy or free school. This proportion is predicted to rise by 16% by 2025.
- Moderate learning difficulties (MLD); Speech, Language and Communication Needs (SLCN) and Autistic Spectrum Disorders (ASD) are the three most frequently occurring primary needs
- Looking at the overall level of need and including children and young people with autism who have their needs met through SEN support, ASD in Surrey schools has increased by 89% from 1,258 pupils in 2010 to 2,378 pupils in 2016. Some other needs have decreased – e.g. moderate learning difficulties (MLD) and specific learning difficulties (SPLD). This is likely to be the result of changes in diagnoses.
- In 2016 there were 1,189 children in the South West of Surrey with SEND, 1,276 children in the North East, 1,324 in the North West and 1,704 in the South East. The number of children with SEND has remained much the same since 2008 with a slight decrease in the South East of Surrey and a slight decrease in the North East of Surrey.
- 71% of children with a statutory plan are White British, 5.6% are Asian, 4.7% are mixed/dual backgrounds, 1.3% are Black or Black British, 0.27% are Chinese and 1.6% are Roma/Roma Gypsy. White British young people make up 80% of Surrey's total 0 – 25 population suggesting that the proportion of other ethnicities with SSEN are over represented. This reflects the national picture.
- The 11-15 age group is the largest cohort of children with statutory plans maintained by Surrey (45%), followed by children aged 5 to 10 (39%).
- 7 in 10 looked after children who have been looked after for at least 12-months have some form of SEND
- There is a wide attainment gap between children and young people with SEND and their peers

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*The Personal Outcomes Evaluation Tool (POET) Survey in February 2016 showed that only 42% of parents in Surrey said that the support their child receives had made things better or a lot better compared with 58% nationally*

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<sup>109</sup> Surrey County Council (2016) 'The SEND challenge: growing levels of need: Needs analysis summary'

The SEND Commissioning Plan<sup>110</sup> highlights the following areas of need that families have expressed as concerns:

- Lack of support and provision for children and young people with SEND in particular:
  - support/ provision for lower level needs
  - transition support/ support for young adults
  - support for a number of specific needs, including Specific Learning Disabilities, Complex Social Communication Needs, Communication and Interaction Needs and Social, Emotional and Mental Health Needs, children in care and children excluded from education.
  - SEND support within mainstream schools
- Early identification
- Services need to be more joined up and provide customers with a “smoother journey”.
- Provision of social/leisure activities in particular for teenagers with SEND at the weekend and during the school holidays.

*‘Traditional parenting techniques do not work with my son who is ASD, PDA and possibly ADHD so to find a relevant course was a huge bonus as I think they are quite rare. The personal experiences of the course leaders both having children with special needs has really helped as they understand and empathise with my experiences. The subjects covered in the course and practical suggestions have helped hugely. The helpful way in which the course leaders suggest how to implement them at home and give backup and advise on problems encountered help to prepare us for life after the course. It has been a huge relief to find and participate in a course relevant to my sons needs and our issues as a family. I would not hesitate to, and have recommended it to parents in similar situations.’ (Family feedback 2017)*

#### **Summary of Family feedback from a SEND Parenting Programme held in 2017**

‘This course has been hugely valuable to our family, the advice and strategies I have learnt have helped to support our family in many areas of home life especially in dealing with challenging behaviour and looking at things in a different way. Attending this course has prevented our family from further breakdown in communication and has given us the tools to progress together with our family life.’

‘This course to me has been a life saver, or better put a ‘family saver’. It has taught me so much about parenting not just for a child with difficulties, but generally.

It taught me that there is no right or wrong way but maybe there is a better way that would help every situation that we have found ‘challenging’ as a family.

They always say seeing is believing ..... Well I am totally amazed at the turn around in our home, our family life, our happiness and wellbeing. This training course has given me the information, guidance, ideas, understanding and most of all the skills and tools in my toolbox to face family challenges.

<sup>110</sup> SEND Commissioning Plan (Draft 2017-2020)

*'The end result has been unbelievable, if you told me 12 weeks ago I would be enjoying our life now I would not have believed you:-*

*We are calmer parents  
I am a more  
understanding/informed parent  
I feel in control  
I am a happy mum!!  
I am proud of my son  
I am proud of my husband joining  
me on this parenting journey'.*

*Parent of child with SEND who was  
supported by an early help project  
2017*

#### ADHD specialist nurse

'This support provided has been so beneficial and should be offered to all families at point of diagnosis of ADHD. It is one of the most needed areas of information and signposting which is seriously lacking on the NHS. I have learnt so much and it has really helped me in clinic but I can in no way deliver the service in order for parents to use it appropriately and effectively without the time it needs on the course. With the families able to access the course you can see the journey they go on and the amazing changes the course makes to their wellbeing and family life. The delivery has been great and at the right pace to be able to take each stage on board. The group end up providing really good support for each other and are looking to continue to meet'.

#### **4.10 Parents with Special Educational Needs and or a Disability (SEND)<sup>111</sup>**

In Surrey there are 21,400 adults with a learning disability and 8,921 adults with autism. Of these adults, 4,000 are currently receiving Adult Social Care services. There are also 343 young people aged 16 to 17 identified as likely to be eligible for adult social care, of whom 98 have Autism. Strategies to support these adults include promoting a healthy lifestyle, providing support for education and employment, supporting them to be an active member of their community and have a say and a right to choose their care services.

In particular the following needs have been identified:

- Improving the number of health checks completed on adult SEND.
- Increasing the promotion of health screening services and access to information about health care services
- Better partnership working across services
- Training of staff providing services on how to support adults with SEND.
- Development of a better community care team to prevent hospital admissions
- Use of personal health budgets
- Promote health and wellbeing

<sup>111</sup> <http://www.surreypb.org.uk/assets/draft-strategy-bulletin---final.pdf>



## **SECTION 5: Additional Cohort Groups with a Higher Prevalence of Early Help Needs**

### **5.1 Gypsy, Roma and Travellers (GRT)<sup>112</sup>**

- There are approximately 10,000 – 12,000 GRT families in Surrey – the 4<sup>th</sup> largest GRT population in the country. The families include approximately 1,400 children and young people however due to high secondary school drop-out rates and lack of self-identification, the number of GRT in Surrey is likely to be much greater
- Child poverty disproportionately affects GRT children and young people
- GRT children have poorer outcomes than non-GRT peers and higher levels of school absence and fixed term exclusions: Experiences of bullying and racial discrimination are commonly cited.
- 59% of Surrey GRT have special educational needs – 40% more than the Surrey average
- Social issues include high levels of domestic abuse; cultural expectations for females to take on significant domestic and caring responsibilities from a young age and experiences of discrimination and low trust in services
- GRT communities have a higher prevalence of mental health issues and many children face significant barriers to healthcare: GRT life expectancy is 10-years lower than the national average and infant mortality is twenty times higher than the rest of the population
- GRT young people are over-represented in Surrey's Youth Justice System
- GRT families tend to be unaware of early help services and when they are aware, they are often reluctant to use services due to the stigma of the wider community
- Although there are agencies that systematically collect data on the GRT ethnicity, we still do not gather as much as we need, so useful information is missed.
- There is the need for better accommodation, as there is often not enough space or sites. Instability in a child's home leads to poorer health, and educational outcomes, so bettering the living conditions could result in a positive impact in a range of different need areas.
- It is believed that within the 12-19 year old category GRT, there are a significantly higher number of young carers compared to the Surrey average but again there is limited data regarding this issue
- The recurring issue that presents itself is the lack of trust the GRT community have in the local services and council. This already decreases the effectiveness for any prevention/ reduction plans we create for their betterment, so an important need is to increase the GRT communities confident and trust in our abilities.
- All these needs are contributing factors that lead to limiting economic prosperity. For instance lower educational attainment as a result of dropping out of education early could lead to financial exclusion such as; difficulty accessing bank account, or reasonably priced credit. This also leads to reduced opportunity in changing their lifestyle if they wished to when older, e.g. unable to gain mortgage to buy a house. So there is a need to support them in their overall economic wellbeing.

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<sup>112</sup> Surrey County council Brighter Futures Strategy 2014 -17

[https://www.surreycc.gov.uk/\\_\\_data/assets/pdf\\_file/0008/90980/GRT-strategy-2014-17-final.pdf](https://www.surreycc.gov.uk/__data/assets/pdf_file/0008/90980/GRT-strategy-2014-17-final.pdf)

## 5.2 Young Carers

- It is estimated that 14,030 children and young people are young carers in Surrey<sup>113</sup> and 45% of Surrey young carers aged 16-17 reported that they had missed between 2-6 days at school or college during the previous two-weeks<sup>114</sup>
- Over 70% of young carers in Surrey aged 16-24 felt emotionally upset about the tasks they have to complete as course of their caring: Nationally, young carers are 1.5 times more likely to have a disability, long-term illness or special needs
- The Young carers strategy highlighted a need for help with transitioning into adulthood for young carers
- Need for young careers to have more access to information regarding the person they care for. Due to the young age they may be kept in the shadow regarding the persons condition and it is often overlooked that they are the primary care giver so should have access to more information. Need for information to be available directly through a person and not just reliant on the use of leaflets.
- Young careers need aid in balancing their caring life with socialising and enjoyment, so there is a need for help in prioritising/ planning/ sorting through the various duties.
- Need for a more efficient base of support staff, i.e at school allocating a specific teacher
- More research into allocating sufficient and appropriate funding for young carers which can aid in the purchase of essential items such as educational resources, which will also aid with the transition into adulthood.
- The Young carer's health survey showed how the majority of respondents felt caring affected their emotional health and well-being, resorting to harmful coping mechanisms to deal with the stress.
- Young carers are at a greater risk of being in the NEET category.
- Clarification is needed for who will be responsible for the assessment of young carers if the person being cared for is not receiving a statutory service.
- Children, young people and their families are less likely to contact Surrey Young Carers directly than be referred by another agency. In 2013/14 only 11% of referrals were self-referrals or parent referrals.<sup>115</sup> So there is a need in increasing the knowledge of all agencies in identifying young carers who need additional support.
- Further identification of young carers caring for someone suffering from substance misuse.

## 5.3 Young People Not in Employment, Education or Training (NEET)

500 (2%) of 16-18 year olds in Surrey are NEET. Young people who are NEET tend to have lower resilience levels, lower attainment, poorer emotional health, greater criminal

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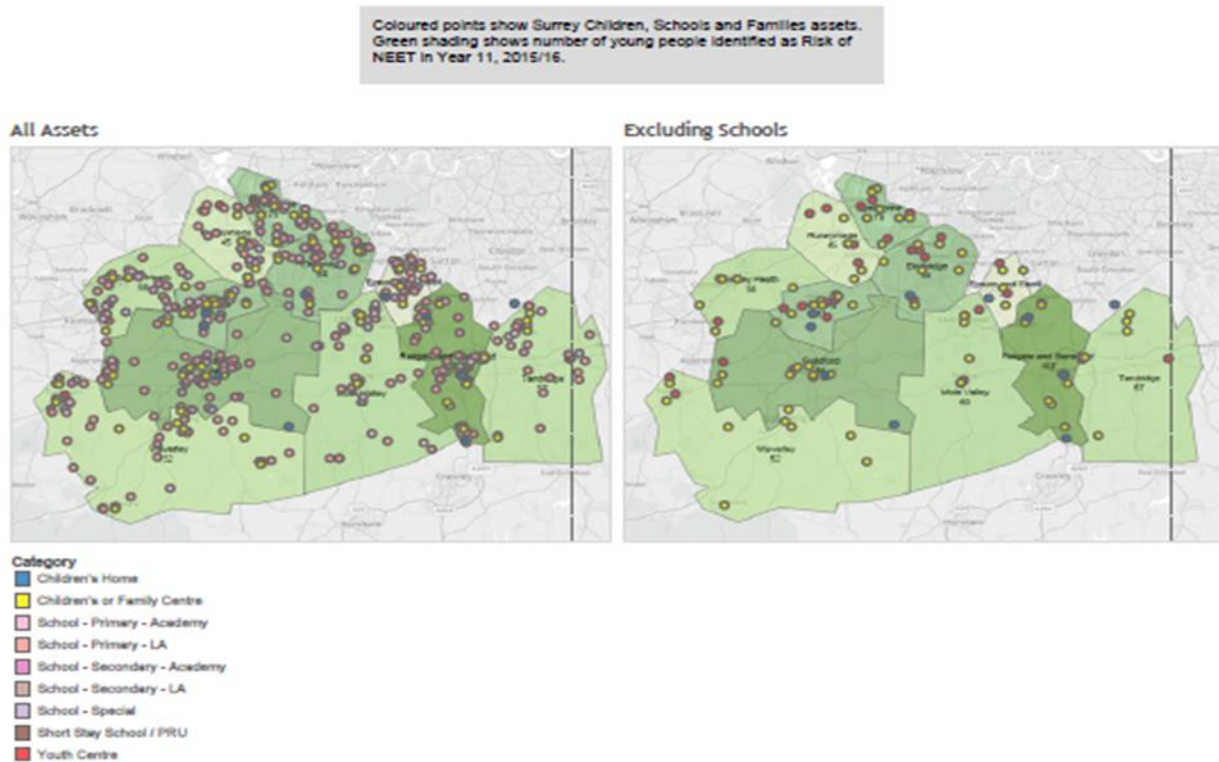
<sup>113</sup> NHS Guildford and Waverley CCG and Surrey Young Carers (2013) Surrey Young Carers Health Survey Report

<sup>114</sup> Ibid

<sup>115</sup> <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=659&cookieCheck=true&JScript=1>

activity and greater engagement in multiple risk taking behaviours<sup>116</sup>. Image 14 highlights the prevalence of NEET across the County.

**Image14**  
**Asset Map - Risk of NEET**



The 2010 Young People's Needs Assessment - One in Ten<sup>117</sup> identified the following groups of young people at greater risk of becoming Not in Education Employment or Training (NEET):

- Young people with Special Educational Needs and Disability (SEND)
- Young people who have offended
- Young people in care and care leavers
- Young people involved in substance misuse
- Young carers
- Teenage parents
- Gypsy Romany Travellers
- Young people experiencing mental health issues

Young people with SEND represent the largest cohort of all NEET young people and experience issues with academic attainment, school attendance, criminal behaviour, interaction with social services and social deprivation.

<sup>116</sup> SCC (2016) Annual Public Health Report

<sup>117</sup> Surrey County Council 2010 One in Ten Needs Assessment

The family context for NEET young people is frequently underlined by poverty, worklessness, poor parenting, a chaotic household, drug abuse and poor boundaries for behaviour.

The following key barriers to participation for young people who were NEET or at risk of becoming NEET in Surrey have been identified as:

- Financial hardship meant that young people could feel discouraged from continuing with education or training because there was a need to address the immediate monetary issues that they faced. Other issues such as access to transport made participation more challenging.
- Young people perceived that their opportunities were limited because of previous low attainment, a lack of qualifications or limited work experience. However, a lack of suitable education, training or employment opportunities as well as what was considered to be inadequate information, advice and guidance also contributed to a perception that there were limited opportunities for young people.
- Young people reported a number of emotional barriers that limited participation in education, training or employment with training. They reported having had a fairly negative experience at school with experience of bullying or victimisation by students and teachers. A lack of confidence and self-esteem issues was frequently associated with this negative school experience, although that is not to say that such feelings were in anyway limited to these students.

### **Big Survey - Key Findings<sup>118</sup>**

- The majority of children (9 in 10) are happy with their placement and their foster family.
- The mobility between placements corresponds with the level of satisfaction. Only children who experienced more than one foster family responded that they are not happy or expressed a wish for another move.
- Similarly to the previous year, 2 in every 3 children experienced moving placements; half of those who moved felt that their opinions and views were taken into consideration when moving.
- More than 1 in 3 children would like to see their family more often than currently arranged, while around a third of children are happy with existing frequency of contacts.
- Over half of the children know that they receive all money that they are entitled to for school, housing, travel and food. 1 in 5 children doesn't know whether they receive all their entitlements for school and travel, and nearly 1 in 4 doesn't know in cases of money connected to housing.
- 2 out of 3 respondents see their social worker as often as they would like to. More than half of the children provided additional reasons why they would like to see their social worker more often.
- 4 in 5 children had a health assessment within last 12 months.
- Over 90% of children know how to stay healthy, but those who do not are not confident where to find more information about their health.

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<sup>118</sup> Surrey Youth Services (2015)

- Nearly half of children who took part in the survey experienced bullying.
- Over 80% of children know what they should do if they are bullied, and nearly 90% responded that they know what to do if feeling threatened or uncomfortable (risk of CSE).
- Over 80% of children say that they know who they should contact and how to complain if they have problems in any of the areas of life; school, health and feeling safe. Around 60% of children knew how to raise a complaint about money or social worker.
- Only half of children received the Care Council Magazine; those who receive it have positive opinion about the publication (60% of readers say it's "good" or "very good" and a further 30% says it's "ok").

#### 5.4 Post-Order<sup>119</sup> Families

Children who are no longer looked after as they have been adopted or are under a special guardianship order may still have complex needs due to their early life experiences. The impact of their experiences will vary depending upon the age of the child, the length of exposure to maltreatment and the severity of abuse. The effects may be compounded by experiences in the care system, where delay and frequent placement moves can leave children bewildered and mistrusting of adults. These children are more at risk of developing a range of behavioural, cognitive, educational, emotional, and health and social problems than their peers. Consequently, adoptive parents and special guardians face challenges that many other families do not and must be considered as part of an early help needs assessment process.

In Surrey, the number of children placed for adoption, as at March 2014 rose by 23% overall in the past 6 years. A deep dive into 35 Post Order Support Needs Assessments (POSNA) completed in 2014-2015 demonstrates that adoptive families experience a high level of social, emotional and behavioural difficulties. Children demonstrate challenging behaviours, such as difficulties in forming close relationships, avoiding intimacy and comfort, are controlling / manipulative, have sleep problems, poor self-care, and play truant. There is also aggression, with child to parent violence taking place, self-harm and sexual behaviour.

**Feedback from adoptive parents and special guardians (2015) includes the need for:**

**Early Intervention** the right professionals need to be involved from the beginning, and then work with the parents over time to reduce support as appropriate. There may then be instances in future where the professional needs to re-engage with the family ...

**Therapeutic parenting support ...**

**Parenting relationship support** – we need more support to cope with the challenges faced by families post adoption

....

**Schools** need more of an understanding about adoption so they are equipped to support children and young people who have been adopted...

<sup>119</sup> Post-order families include those children placed for adoption and those children placed with a family under a Special Guardianship Order

## 5.5 Families who are Homeless<sup>120</sup>

- Since 2011, in Surrey the number of households in temporary accommodation has increased by 144%
- 76.7% of the homeless people interviewed (in the 2016 Surrey Homeless Health Needs Audit Report) had at one time been told by a doctor or health professional that they suffer from depression.
- The Homeless Health Needs Audit (2016) report showed single homeless people are the most frequent users of emergency health services.
- There is a legal requirement that homeless children should not be placed in a B&B with shared facilities for more than 6 weeks but the shortage of temporary accommodation in the county means the timescales have not been met.
- Rough sleepers are at a higher risk of mental health problems
- The loss of benefit entitlement towards housing costs for young people aged 18-21 with limited exemptions is likely to increase homelessness and potentially rough sleeping among this age group.
- The main two causes behind homelessness is family breakdown (evictions) and end of tenancy agreement in private sector. Need for more home visits with families who are at risk from breaking down and a need to increase renting opportunities in the public sector and make sure housing options available for people with no/ cut family ties
- Elmbridge Borough: Average house price is £600,000+ so there is a need to deliver additional more affordable homes.
- We need to deliver on Young Peoples Housing Action Plan to prevent homelessness through advice, support and accommodation.

## 5.6 Children of prisoners

- Surrey has the 4<sup>th</sup> largest prison population in the UK. 50% of female prisoners are reported to have one or more child
- Children of prisoners are more likely to truant, be excluded from school and have poorer academic attainment than children who do not have a parent in prison<sup>121</sup>
- 65% of boys who have a father in a UK prison go on to be a prisoner themselves  
Children of prisoners are at a greater risk of developing mental health and wellbeing issues<sup>122</sup>

## 5.7 Military Families

- In Surrey, there are 1,265 children and young people eligible for Service Pupil Premium – the families are predominantly distributed to the West of the County (with the exception of Reigate and Banstead): 35% of all service pupils live in Surrey Heath

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<sup>120</sup> Homelessness JSNA – as cited on Surrey

<sup>121</sup> Barnardos (2009) Every Night You Cry Report and Supporting Prisoners Families

<sup>122</sup> Surrey County Council (2015) Equality Impact Assessment: Children of Prisoners Review

- In 2013, the Surrey County Council Armed Forces Children's Needs Assessment<sup>123</sup> highlighted needs linked to anxiety, lack of stability and impact of bereavement or physical or mental injuries as a result of military employment

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<sup>123</sup> Surrey County Council (2013) Health Needs Assessment of the Armed Forces Community

## SECTION 6 SURREY'S EARLY HELP OFFER

Within Surrey, early help support is available at an individual, family and community level. The full early help offer can be seen via the Surrey Family Information Service website at: <http://www.surreycc.gov.uk/people-and-community/family-information-service>

This section presents a summary of Surrey County Council's early help offer for children and young people aged 0-19 years (and up to age 25 for young people with Special Educational Needs and Disabilities), and their families. The offer is grouped broadly under 5 key headings that deliver a county-wide early help service. However, it should be noted that many of the services listed will impact on the delivery of a range of outcomes and should not be considered in isolation.

At a countywide level, the wider early help offer (externally commissioned) includes home-visiting family support for those with families with a child under 5 and support for young people. We have gaps in family support for families with a child aged 6-11, specifically in the north west of the county.

**6.1 Family and parenting support:** *Services which support families/ parents identified and/ or assessed as needing early help. Services aim to develop the capability/ capacity of parenting skills and to prevent children and families becoming involved with, or having repeat involvement with, child protection and/ or other statutory safeguarding interventions. The offer includes:*

- **Surrey Family Service (0-19/25):** Draws together a range of teams, from early years to youth services, with different skills and expertise for delivering early help to families through a whole-family approach. The establishment of Family Services, with district and borough families teams, supports better co-ordination across SCC Services and to support the move towards adopting a whole family approach for delivering early help within a partnership. Surrey Family Services is particularly focused on coordinating the level 2 need offer for families (with more complex needs) collaborating with its multi-agency partners within localities to deliver a consistent model which includes assessment, plan, review and the monitoring and tracking of family change and progress. The service includes the following offer (0-19/25 with SEND) focusing on early years and children aged 0-5/11 – including 58 children's centres; children and young people aged 11+; family support programme; and the family information service.
- **Homestart – Countywide through 8-schemes**  
Support for families with a child 0-5 years through home-volunteer scheme
- **Families Matter Project (Leatherhead North, Walton North and Sandy Hill)**  
**Oasis Families Centre (Cobham, Elmbridge)**  
**Welcare Family Centre (Reigate and Banstead)**  
Service for families with at least one child aged 5 – 11 years. The service provides support to families that would benefit from befriending support in order to become more resilient and tackle issues as they arise. The services also offer drop in sessions/clinics and activities during school holidays. Interventions range from one-to-one work with children and young people, crisis intervention, counselling, parenting skills and classes, resilience courses, debt and legal advice. Families assessed as level 3 or level 4 on the multi-agency continuum of need are also provided for, if they have an allocated social worker through Surrey County Council. Specific support for SEND families through the Families Matter Projects.
- **Nurture Groups**  
Nurture groups offer short-term, inclusive, focused interventions for children aged 4-7 with identified behaviour needs relating to their emotional development.
- **Edge of Care Service**  
A specialist team working with social workers and family workers with children and young people (age 12+) identified at risk for entering care for the first time or entering care following a family breakdown. This includes Children who are the subject of an Early Help plan, a Child in Need plan or a Child Protection plan. An intensive support service works with the team around the child and the family to return and/or keep families together. The specialist team work with



the child and their family to provide an intensive multi-systemic family therapy approach, short term respite care with host families and alternative education/outdoor learning opportunities.

**For families with SEND – please see the Surrey SEND Local Offer as [www.surreylocaloffer.org.uk](http://www.surreylocaloffer.org.uk) to include:**

- **Early Support Service**
- **Early Years Language Team**
- **Earlybird Autism Parenting Programme**
- **Cygnets Autism Parenting Programme**
- **Personal Support**
- **Play and Leisure (short breaks)**
- **Play and Leisure (school based)**
- **Portage**

**6.2 Education and participation:** *Services which support children at risk of not achieving at school due to issues at home. Services aim to prevent and to stop repeat occurrences of school absence, school exclusions and pupil behaviour that significantly disrupts learning.*

- **Home-school Link Workers (dependent on School)**  
HSLW support for children and young people not in school.
- **Educational Psychologists**  
Educational Psychology offers support for children and young people through the education system. Educational Psychologists provide consultations and assessments to support the understanding of the needs of children and young people which might impact on their learning. They support the development of person-centred outcomes and strategies and support arrangements to make progress with their development and learning, alongside SEND statutory processes.
- **Education Welfare Officers**  
Education Welfare has a statutory responsibility to use the law to improve and enforce the attendance of Pupils Missing Out on Education (PMOOE). All Surrey maintained schools, academies and free schools have a link Education Welfare Officer to deliver statutory interventions through investigation, interview and targeted support. In addition schools can choose to purchase from a menu of supplementary services, delivered by specialist personnel, incorporating all aspects of improving school attendance, both with individual pupils and whole school strategic intervention.
- **Early Years Service**  
Free Early Education for Two year olds (FEET) offering children aged two years old (from the term after their second birthday) up to 15 hours of free early years provision a week for 38 weeks a year.
- **Targeted Mental Health Support for Schools (TAMHS)**  
The core TamHS offer is delivered by our Primary Mental Health Workers (PMHWs) and CAMHS Community Nurses in Surrey schools. The core offer includes consultation and liaison, training and attendance at meetings in schools to discuss how school staff can support the emotional and mental health needs of their pupils.
- **1:1 Local Prevention**  
Working with children and young people 11+ on a 1:1 basis to support participation and achievement as delivered by **Eikon, Surrey Care Trust, YMCA and Raven Housing Trust, Lifetrain Trust, Leatherhead Youth Project, Learning Space, Step by Step** as lead agencies for each borough and district
- **Surrey Outdoor Learning and Development (SOLD)**

SOLD is a service that takes young people and adults out of their usual surroundings and into the outdoors to develop vital life skills through direct, unique experiences.

- **Surrey Family Learning**

Family Learning works with schools and children's centres across Surrey to deliver positive learning experiences for both parents and their children. Courses are tailored to needs as a school or children's centre, with each one offering key benefits including: Embedded employability skills, Raised confidence and self-esteem, Changed behaviours, Preparation for future qualifications

- **UExplore – Year 11/12 transition Service**

**6.3 Reducing crime and anti-social behaviour:** *Services which support parents and children effected by crime or anti-social behaviour. Services aim to prevent and to stop repeat occurrences of youth crime and anti-social behaviour, parental crime and anti-social behaviour and domestic abuse and/ or violence.*

- **Surrey Family Services**

- **Surrey Domestic Abuse Support Service**

Anyone experiencing domestic abuse within their homes or relationships living or working within Surrey including children and young people aged 0-18 as delivered on a quadrant basis across the County

- **Stepping Up – for those who use controlling or abusive behaviour**

Anyone who wants to change the way they behave towards their partner.

**6.4 Health and wellbeing:** *Services which support parents and children with a range of health problems (disability, physical and mental health and substance misuse). Services aim to prevent and to stop repeat occurrences of child injury, a range of child and parental health problems, child and parental emotional health problems and poor mental health and youth and parental substance misuse.*

- **Mindsight Surrey Child and Adolescent Mental Health Service (CAMHS)**

Countywide services include CAMHS Community Nurses (school-aged children with a behavioural / EHWB issue; Parent-Infant Mental Health Service (PIMS); Relate counselling, working with young people, Mindfulness programme (Catch 22), Surrey Care Trust (Adult Volunteering), Barnardos (Support for SEND Families)

- **Health Visiting**

- **School Nursing**

- **Speech and Language Therapy**

- **Catch 22 Substance Misuse Service for Young People**

Supporting young people affected by and requesting treatment for substance misuse

- **Sexual Health Service**

- **Family Nurse Partnership**

- **Stop Smoking Service**

- **Weight Management Programmes**

- **HENRY (Health, Education, Nutrition for the Really Young)**

- **Carers Breaks Grants**

Short respite for carers (subject to needs application)

**6.5 Economic Wellbeing:** *Services which support adults out of work or at risk of financial exclusion and young people at risk of worklessness. Services aim to prevent and to stop repeat occurrences of young people and parents not engaging in education, employment and training, financial exclusion such as significant debts and families and young people becoming homeless.*

- **Local Assistance Scheme – Families in need of Economic Support**

- **Homelessness Prevention Service** (within each district and borough)

## Appendix 1 – Example of District and Borough Early Help Local Needs Profile and Early Help Plan (pending December 2017)

## Appendix 2 – A summary of modelling as used to understand projected need by district and borough (2016/17)

District/Borough	Families in Need	Cohort numbers <sup>124</sup>	Ward summary
Spelthorne	440	FSM: 2,242 SEND N/S: 1,700 SEND W/S: 438	<ul style="list-style-type: none"> <li>- Ashford North and Stanwell have high numbers of SEND, FSM+SEND and poor performing SEND KS4 Outcomes</li> <li>- Sunbury has high levels of CiN, SEND and FSM populations</li> <li>- Stanwell North – high SEND numbers</li> </ul>
Surrey Heath	305	FSM: 1,405 SEND N/S: 1,178 SEND W/S: 285	<ul style="list-style-type: none"> <li>- Old Dene ward has high numbers of CiN and worst CiN KS4 and KS2 performance in Surrey and poor FSM KS4 performance</li> <li>- Parkside and Frimley have poor SEND KS4 outcomes</li> <li>- Watchetts ward has poor SEND KS2 outcomes</li> </ul>
Tandridge	241	FSM: 1,441 SEND N/S: 893 SEND W/S: 339	<ul style="list-style-type: none"> <li>- Burstow and Godstone wards have poor KS4 GRT outcomes and Burstow has poor SEND KS2 outcomes</li> <li>- Bletchingley ward has poor KS4 outcomes for FSM and SEND families</li> <li>- Valley ward has poor FSM KS4 outcomes</li> </ul>
Waverley	342	FSM: 1,811 SEND N/S: 1,622 SEND W/S: 385	<ul style="list-style-type: none"> <li>- Alford has poor KS4 GRT outcomes</li> <li>- Milford ward has poor FSM KS4 outcomes and SEND KS2 outcomes</li> <li>- Haslemere has poor SEND and FSM KS2 outcomes, poor FSM KS4 outcomes</li> <li>- Witley ward has poor SEND KS2 outcomes</li> <li>- Godalming ward has poor FSM KS4 outcomes</li> </ul>
Woking	420	FSM: 2,119 SEND N/S: 1,504 SEND W/S: 446	<ul style="list-style-type: none"> <li>- Canalside has a high proportion of CiN and high numbers of SEND and FSM; poor performing CiN for KS4 and EYFS GLD</li> </ul>

<sup>124</sup> FSM – Free School Meals; SEND N/S – Special Educational Needs (no statement); SEND W/S – Special Educational Needs (with statement)

			<ul style="list-style-type: none"> <li>- Hoe Valley has high level of CiN, SEND, FSM and poor outcomes for SEND KS4 and CiN KS2</li> <li>- Pyrford has low levels of GLD at EYFS</li> <li>- Knaphill has a high number of LAC and poor performance for FSM at KS4</li> <li>- Goldsworth Park has poor SEND KS2 outcomes and high numbers of CiN, SEND and FSM</li> </ul>
Epsom and Ewell	227	FSM: 1,177 SEND N/S: 937 SEND W/S: 304	<ul style="list-style-type: none"> <li>- Court ward has high numbers of CiN and FSM</li> <li>- Ruxley ward has poor outcomes for FSM KS4</li> <li>- Town ward has poor FSM KS2 outcomes</li> </ul>
Guildford	481	FSM: 2,467 SEND N/S: 1,796 SEND W/S: 520	<ul style="list-style-type: none"> <li>- Wesborough has high numbers of CiN, SEND and FSM. Poor CiN KS2 and KS4 outcomes and SEND KS4 outcomes</li> <li>- Stoke ward has high levels of FSM, SEND and CiN and poor SEND KS4 performance</li> <li>- Warplesdon ward has low levels of FSM KS4 performance</li> <li>- Stoughton ward has low levels of KS2 performance</li> <li>- Ash Wharf has low SEND KS2 outcomes and the worst GRT KS2 outcomes</li> <li>- Shalford has low FSM KS2 outcomes</li> </ul>
Mole Valley	231	FSM: 1,228 SEND N/S: 1132 SEND W/S: 302	<ul style="list-style-type: none"> <li>- Leatherhead North has high levels of CiN, SEND and poor FSM KS4 outcomes</li> <li>- Holmswoods ward has poor SEND KS4 outcomes</li> <li>- Bookham North has poor KS2 outcomes</li> </ul>
Reigate and Banstead	587	FSM: 2,955 SEND N/S: 2,106 SEND W/S: 572	<ul style="list-style-type: none"> <li>- Merstham has poor CiN KS2 and KS4, SEND KS4 educational outcomes and high numbers of CiN, FSM, SEND</li> <li>- Horley central and east have high numbers of CiN, SEND and poor SEND and FSM KS4 outcomes</li> <li>- Redhill has poor FSM KS4 outcomes</li> <li>- Preston, South Park and Woodhouse have poor SEND KS4 outcomes</li> <li>- Redhill West has poor FSM KS4 outcomes</li> <li>- Chipstead and Hooley ward have poor SEND KS4 outcomes</li> </ul>
Runnymede	343	FSM: 1,606 SEND N/S: 1,280 SEND W/S: 362	<ul style="list-style-type: none"> <li>- Addlestone Bourneside and Chertsey St Annes has poor SEND KS4 outcomes</li> <li>- Englefield Green has poor FSM KS4 and SEND KS2 outcomes</li> </ul>

			<ul style="list-style-type: none"> <li>- Thorpe, Foxhills, Chertsey Meads are in top 7 wards for GRT families</li> </ul>
Elmbridge	414	FSM: 1,968 SEND N/S: 1,381 SEND W/S: 465	<ul style="list-style-type: none"> <li>- Walton North high proportion of CiN and FSM families. Low educational outcomes for SEND KS4 and CiN KS2 outcomes</li> <li>- Esher and Cobham have low levels of SEND KS4 outcomes</li> <li>- Hershams Village and Molesey East have low FSM KS4 educational outcomes</li> </ul>

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<sup>i</sup> NSPCC (2017) *Domestic Abuse Signs, indicators and effects* <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/signs-symptoms-effects/> accessed 11.08.17