



Early Help and Family Resilience Needs Assessment

Early Help, Family Centres, Targeted
Youth Support and Family Support
Programme

January 2023



SURREY
COUNTY COUNCIL

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SECTION 1: Executive Summary

The Needs Assessment aims to inform the delivery of the shared Early Help (EH) priorities by exploring the needs of children, young people, and families in Surrey. This document provides a series of recommendations to guide the future of Early Help provision. Presenting a snapshot in time, the needs assessment captures the level of needs across the Surrey County, an overview of the current EH offer, families and partners experiences of using the provision, and the impact of the pandemic.

1.1 Methodology

The following section outlines the research and engagement method adopted throughout the Needs Assessment:

- Direct engagement with children, young people, and families
- Workshops with partners that deliver Early Help services
- Community Researchers to engage directly with service users
- Mapping and comparing national and local data
- Noting what is acknowledged as best practice and what works
- Reviewing national and local drivers
- Geographical break down of local need
- Providing an overview of Surrey's Early Help offer and impact
- Qualitative and quantitative data accumulated via partners through contract management
- Analysing data from internally provided services such as Targeted Youth Support

1.2 Data limitations:

The following data limitations identified:

- Reason for referrals for Family Centres, Family Support Programme (both commissioned services) and Targeted Youth Services (internally provided) is not captured in an easily reportable way. However, updates to the case management system are in progress so that this information will be routinely reported in the future. Anecdotal information collected via contract management conversations inform an understanding of need for Family Centres and Family Support Programmes.
- Data on protected characteristics such as ethnicity or gender is not consistently recorded throughout Early Help (Level 2) and Targeted (Level 3) services.
- Distance travelled tools regarding outcomes across Early Help (Level 2) vary making it difficult to understand the overall impact across this provision.
- Family Centres and the Family Support Programme have transitioned their reporting onto a new case management system. The transition meant that the data collected has changed from counting families to children. One implication of this change is that we cannot compare the previous number of children supported in preceding years, only how many families that were supported.
- The way data is collected for child to parent abuse does not allow for easy data analysis of the level of need.

SECTION 2: Key Findings

National context

- The full impact of the Covid-19 pandemic and the cost of living crisis is likely to see many more families requiring support who have previously never accessed services. The Early Help system needs a far greater reach than the current model and needs to truly embrace partnership working.

Key demographical information

- It is forecasted by 2030 Surrey's population of 0–4-year-olds would have fallen by 9.1% compared to 2020, the population of 5–9-year-olds by 14.3%, and 10–14-year-olds would have fallen by 4.6%. While it is forecasted that the 15–19-year-old group will have risen by 15.1% by 2030.
- Census records between 2011 and 2021 show that Surrey is becoming more ethnically diverse. Between 2011 and 2021 the Asian population increased from 5.6% to 7.7%, the black population increased from 1.1% to 1.7% and residents with mixed or multiple ethnicities increased by 1.3%. 76.6% of people identified as White British, 8.9% as White Other, 7.7% as Asian, 3.4% as Mixed or Multiple, and 1.7% as Black. Since 2011 all ethnic groups other than White British have increased.

Requests for support

- Surrey's Children's Single Point of Access (C-SPA) data indicates that over half of the request for support contacts do not progress to a statutory intervention, which could cause a revolving door for some families and delays in accessing support at the earliest opportunity.
- Data highlights approximately 11-12% of request for support contacts do not consent to Early Help support, suggesting the need to review the request for support referral route through the C-SPA.
- Between 1st April 2020 to 30th March 2021 there were a total of 48,734 contacts made to C-SPA. During this period there were a total of 6,629 requests for support (14% of all contacts) made into Level 3 (*please see section 7.2 for explanation on levels of need*) Early Help. The highest referral sources were Police and Health, both making up 25% of all referrals each, followed by schools at 21% and then individuals at 12%. Between 1st April 2021 to 30th March 2022 there were a total of 48,768 contacts made to C-SPA. During this period there were a total of 6,217 referrals (13% of all contacts) made into Level 3 Early Help. The highest referral source was schools making up 30% of all referrals, followed by Health services at 26% and then the Police at 16%.
- Abuse or neglect is the main reason for children needing social care support, therefore if the Early Help partnership can recognise and appropriately support families with this need there could be a decrease in the number of children and families requiring statutory services.

Local context

- In 2020/21 Surrey's percentage of children achieving a good level of development at 2-2.5 years (80%) was slightly lower than the Southeast (83.4%) and England (82.9%). This is an improvement as the 2019 data indicates that in Surrey 69.3% of children were achieving a good level of development at 2-2.5yrs compared to the Southeast (83.7%) and England (83.3%).
- As noted in the "Children and young people with additional needs and disabilities Sufficiency plan (2022 - 2030)" in Surrey there is a higher-than-average number of children aged 4, 5 and 6 accessing Early Years Speech and Language Therapy Services, with a spike of up to 30% compared with 20% nationally.
- The Speech, Language and Communication Need (SLCN) growth rate continues to increase from 27.9% in 2016, to 34% in 2022. In Surrey, the southeast and southwest have a higher prevalence, around 4% more SLCN

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EHCPs compared to the northeast and northwest. Additional work is being developed to understand this group in greater detail so that appropriate support can be provided.

- Surrey's Child Protection rates have increased against national trends during Covid-19. Nationally, in 2021 the total number of children on a child protection plan (CPP) was 6% lower than the previous year (DfE 2021, Page 5). In Surrey's northeast and northwest quadrants, it is forecasted that there will be a slow increase in the number of children on a CPP. The quadrant with the highest forecasted increase in CPPs is the southeast region which experienced a 14% increase between June 2021 and September 2022.
- Based on Children in Need 2022 census data Surrey (71.7) compares favourably with both England (91.2) and Southeast (105.8) in terms of rates per 10,000 children on a Children in Need plan. Between April 2022 and November 2022 there has been a steady decrease in the number of Children in Need plans in Surrey with a rolling 12-month average showing 2,185 Children in Need in April 2022 and 2,048 in November 2022. Between December 2021 and November 2022, the southwest had the lowest average number of Children in Need approximately 333 children per month whilst the southeast region had a consistently high average, the highest from August 2022 with approximately 390 children per month.
- For school exclusions relating to drugs and alcohol Surrey was above the national average in 2019-2020. The national average for temporary exclusion is 3% whilst Surrey records at 4%. Whilst the national average for permanent exclusions is 10% and Surrey's is 12%.
- In Surrey between 2019/2020 and 2020/2021 there was a reduction in the number of first-time youth offender entrants, re-offenders and children sentenced to a custodial sentence.
- Surrey's life expectancy at birth for male and female between 2018/2020 exceed the national average. Similarly, Surrey has a better healthy life expectancy at birth than the national average.
- In 2020/21 the national average for percentage of deliveries to mothers from ethnic backgrounds was higher than the rate in Surrey. However, Surrey does have a higher rate than the region average which is 14.7% compared to Surrey's 15.8%.
- Surrey has lower-than-average rates of teenage mothers, smoking and drug abuse during pregnancy, and obesity in pregnancy in comparison to national and regional rates between 2018/2019. However, Surrey also has a higher than average under 18 conception rates per 1000 and under 18 conceptions leading to abortions as a percentage for the year 2020.

Geographical demand for Early Help and Targeted provision

- The highest level of demand for Early Help, Family Centres and Family Support Programme provision is across the east of the county, especially in the Southeast.
- There are several District and Borough areas in Surrey that experience higher demand compared to the rest of Surrey across Early Help, Family Centres and Family Support Programme. The quadrant with the highest number of allocations is the Southeast followed by the Northeast. The District and Borough with the highest number of allocations is Reigate and Banstead, followed by Woking, Spelthorne, and Guildford. This has been exacerbated by difficulties recruiting and retaining family support workers (for Level 3 provision) which has impacted on capacity. There is a wider staffing challenge across Children's Services nationally with the number of vacancies at a five year high.

Early Help Level 2

- The most prevalent reason for Early Help (Level 2) support for children aged 0-4 years is parental mental health followed by parental support. For children aged 5-10 years parenting support is the primary reason

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followed by parental mental health. For young people aged 11-19 years children and young people's mental health is the primary reason for support followed by children and young people's behaviour.

- Children aged 5-10yrs are less likely to access Early Help (Level 2) provision (14.7%) compared to 0-4yrs (35.6%) and 11-19yrs (49.6%). Between Sept 2021 and Sept 2022 49% of children and young people supported by Family Centres were aged between 5-10 yrs., 35% between 0-4 yrs., 14% were aged 11-19 yrs., and under 1% were unborn. These findings suggest the 5-10yrs age group are not being identified as early as other age groups and their needs are escalating to Level 3 Family Centre support.
- Overall, 46% of the families that accepted Early Help Level 2 provision reached Family Resilience. Combining the rate of families dropping out of the service and families not accepting the service, 38% of families did not achieve the desired outcome of Family Resilience (22% did not accept the service in the first place, and an additional 16% declined further support). This indicates a key challenge in families accepting the provision.

Family Centres

- The most prevalent reasons for Family Centre support (not listed in any particular order) between 2021 and 2022 are:
 - Northeast - domestic abuse, parent and child mental health, parenting, parental conflict, behavioural issues, supporting children with additional needs and financial difficulties.
 - Southeast - domestic abuse, parent and child mental health, parental conflict, behavioural issues (parents not being able to manage), supporting children with additional needs, financial difficulties and emotionally based school avoidance.
 - Northwest – domestic abuse, parent and child mental health and supporting children with additional needs
 - Southwest - domestic abuse, parent and child mental health and supporting children with additional needs
- Where families are referred to Family Centres appropriately and accept the service (78%) of families will see their level of need reduce because of the support.

Targeted Youth Support

- Out of the 2,025 young people being supported by the Targeted Youth Support team between October 2021 and September 2022, the most prevalent age group was 15 years at 21%, followed by 14 years at 20%, 13 years at 17%, 16 years at 16%, 12 and 17 years both at 11% each, 11 years at 3% and 10 years at 1%.
- The quadrant supporting the most young people between October 2021 and September 2022 was the northeast at 31% followed by the southeast at 26%, northwest at 25% and the southwest at 17%.
- In the period October 2021 to September 2022 there were 1,684 Targeted Youth Support cases that ended. The primary reason for closure related to the family needs being successfully addressed which accounted for 45% of case closures. The second most common reason for case closure was that help was no longer required in the present moment (14%) which accounts for 223 cases.

Family Support Programme

- The most prevalent reasons for Family Support Programme support (not listed in any order) between 2021 and 2022 are:
 - Northeast - parent and child mental health (including suicidal ideation), self-harm, children with diagnosed additional needs and associated behaviours with ADHD/Autism, parenting conflict, substance misuse and domestic abuse.

- Southeast - child and adult mental health, emotionally based school avoidance, children's behaviour and supporting children with additional needs.
 - Northwest - parenting concerns, parent and child mental health and supporting children with additional needs.
 - Southwest- parenting concerns, parent and child mental health and supporting children with additional needs.
- Where families complete an intervention with a Family Support Programme 78% had a reduction in their needs. While 14% of young people saw their and their families need for support increase. These figures are like those for Family Centres and continues to demonstrate that where referrals are appropriate, and families engage then the majority will see their level of need reduced through the support. Family Support does have a higher rate of families not engaging with the service with 22% not engaging compared to 14% for Family Centres.

SECTION 3: Key Recommendations

Recommendations are centred around quantitative and qualitative data collected from children, young people and families, partners and in-house teams that deliver Early Help services in Surrey. These recommendations will inform the continuous improvement of Early Help services for children, young people, and families across Surrey.

Outcomes	<ul style="list-style-type: none"> ● To develop a shared outcomes framework and measures across the whole Early Help system demonstrating the effectiveness of early help and the impact for children, young people and their families.
Access	<ul style="list-style-type: none"> ● Children, young people, and families can access the right help at the right time and in the right way. ● Improve the way families access information and advice via digital platforms. ● Improve access and navigation through the Early Help offer ensuring all interactions are children and family focused. ● To review how resources are distributed across the county ensuring equity of provision and that services are accurately targeting geographical areas of greatest need. ● Children, young people, and families can access support through community assets e.g., their local library etc ● Support for individuals that have English as an additional language and services to meet this need. ● Review of referral process into Early Help Level 2 provision so that more families are likely to accept provision. ● Review of whether families who require Family Centre and Family Support programme need to be referred via the C-SPA.
Partnership working	<ul style="list-style-type: none"> ● The partnership continues to identify and support families at the earliest opportunity ● Continue to embed the Family Resilience and Safeguarding model across the whole system in Surrey to help stem the escalating demand for children's social care. ● The partnership work together to ensure the Early Help system is confident in recognising and supporting families experiencing neglect to prevent them from requiring statutory support. ● Acknowledge the forecasted changes in Surrey's 0-19 population and work as a partnership to meet the different needs of older children and young people. ● Greater partnership working with Surrey's Domestic Abuse services to enhance their alignment and integrate with the early help system
Data	<ul style="list-style-type: none"> ● Early Help data collection consistently includes reason for referral across the Early Help system

	<ul style="list-style-type: none"> • Greater collection of demographical information to better understand gaps and inform understanding of the impact and success of early help services for different ethnic group backgrounds • To ensure partners across the partnership as using the same distance travelled tools to provide consistency when reviewing the overall impact across the Early Help system.
Integration	<ul style="list-style-type: none"> • Ensure children, young people and families are at the centre of service delivery and utilising service user feedback to continually improve the offer • Improve access to and navigation through Early Help provision • Continue to improve join-up across universal and voluntary sectors to enhance the Early Help offer • Services are delivered to support the whole family and not segmented by the age of children and young people
Resilient Communities	<ul style="list-style-type: none"> • Support the growth of community resilience to improve the join up between community groups and services across the Early Help system to ensure an integrated whole family offer • Embed strong links between partners e.g., Voluntary Community Faith Sector, health, early years etc • Working with partners to coordinate the use of community assets to ensure children, young people and parents have the space to meet and support one another
Inequalities	<ul style="list-style-type: none"> • To ensure we understand the journeys of families through the Early Help system and the impact this has on families, as well as understanding how those experiences will differ for families based on their protected characteristics
Value for Money	<ul style="list-style-type: none"> • Partners work together to offer coherent and integrated Early Help services • Practitioners have the appropriate skills, development and training. • Duplication is avoided and resources aligned, to secure the best value for money • The Supporting Families programme and the Family Hub model could provide the platform to develop an early help system which can effectively manage demand into higher cost services
Best practice	<ul style="list-style-type: none"> • To adopt a community asset-based approach to commissioning Early Help services to ensure that provision builds on local strengths, with recognition of both physical and skill-based assets within communities • Early Help provision is a strength based whole family approach to supporting families • Closer working and alignment with other partners such as health through development of Family Hubs
Communication	<ul style="list-style-type: none"> • Clearly identifiable branding developed in Surrey that indicates to families that information, advice, and support has been endorsed by Surrey's Early Help Partnership

SECTION 4: Introduction

4.1 Introduction

What does Early Help mean and who is it for?

The [Working Together to Safeguard Children July 2018](#) states: “Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the 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, or in families where there are emerging parental mental health issues or drug and alcohol misuse.”

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The Early Intervention Foundation (EIF) provides the following Early Help definition: “Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.”ⁱ

Effective Early Help identifies and provides support to children and families who are at risk of poor outcomes to prevent future problems from occurring. This is done by increasing the protective factors around children through building up skills, and supporting the adults in their life, as well as seeking to reduce identified risk factors.

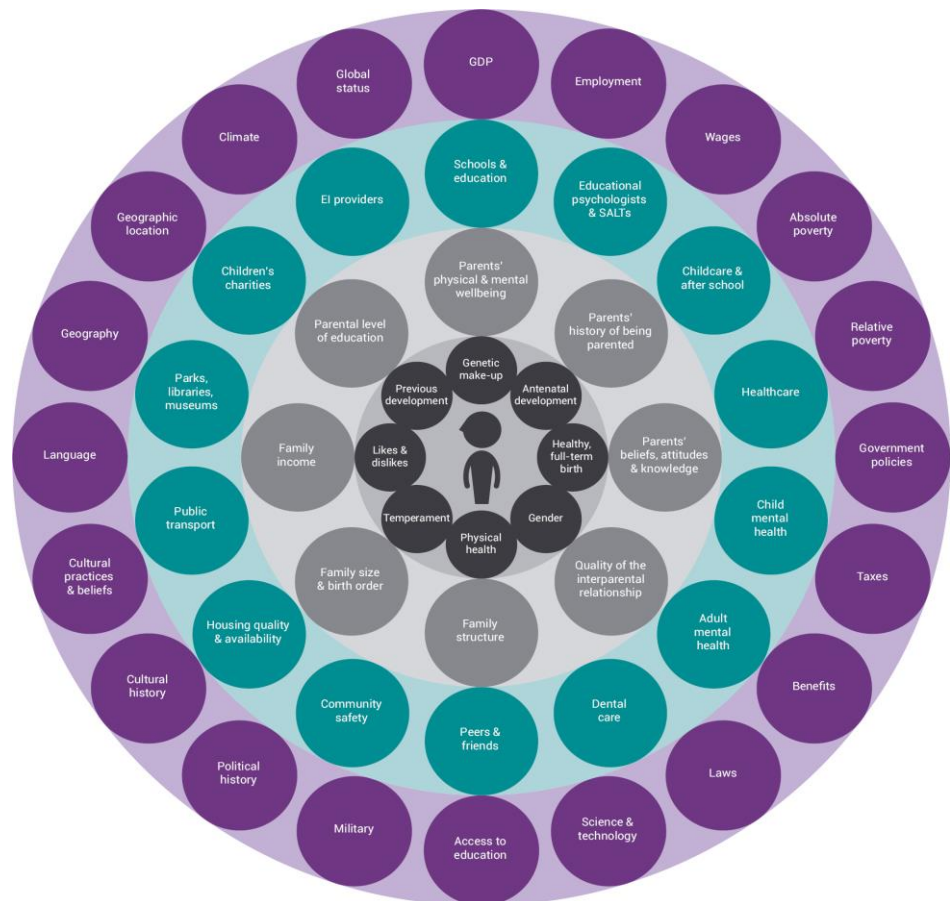


Figure 1 Early Intervention Foundation (EIF) - Risk Factors ([What is early intervention? | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk/what-is-early-intervention/) accessed 11.10.22 [What is early intervention? | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk/what-is-early-intervention/) accessed 11.10.22

Any family can require help on the journey of raising their child(ren). No one factor explains which families will need Early Help. However, certain risk factors help to identify families more likely to require support. The factors can be personal to the child, to their family, to their community, and the wider society they live in as shown in Figure 1 ⁱⁱ. These factors will interact with one another in a highly complex system and while they help us understand who is more likely to need Early Help, they are not predictive.

Protective factors are those characteristics or conditions that can alleviate risks and promote health and wellbeing for a child. Protective and risk factors are often two sides of the same coin for instance good parental mental health is a protective factor, while poor parental mental health is a risk factor. Helping children, young people and families early is also a more cost-effective way of supporting families through their needs. It is acknowledged that investing in children, young people and families earlier helps to reduce long-term costs, provides positive socio-economic benefits, and increases life opportunities and positive outcomes for children, young people, and their families.

4.2 What does Family Resilience mean?

[The Helping Families Early Strategy](#) outlines Surrey’s vision for Family Resilience “we all believe that every child should have the opportunity to reach their potential and that children are best supported to grow and achieve within their own families. Parents and carers are usually the best people to understand their child’s needs. Asking for help should be seen as a sign of parents being responsible and not of failure. Parents say that support works well when they are respected and listened to by those working with them.”

It is important to note that Surrey Children’s Services provision is split into four geographical quadrants and will be referred to throughout this paper in the following way:

- The northeast (blue section) covers Surrey Heath, Runnymede, and Woking

- The northwest (yellow section) covers Spelthorne, Elmbridge, and Epsom and Ewell
- The southwest (red section) covers Guildford and Waverley
- The southeast (green section) covers Mole Valley, Reigate & Banstead, and Tandridge

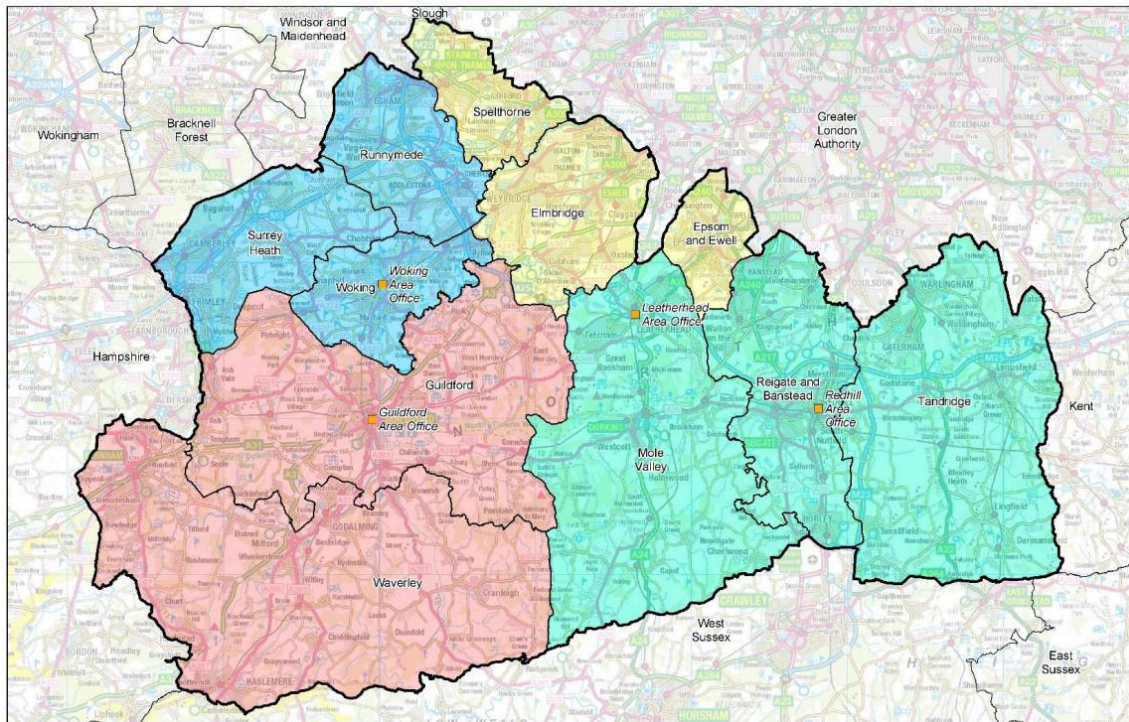


Figure 2 Visual representation of Surrey Children's Services provision split into four geographical quadrants

SECTION 5: National and Local Drivers

5.1 National Policy Context

High-level overview of key national policies and recommendations:

- In January 2021, the Education Secretary launched an [independent review of children's social care](#) to “radically reform the system, improving the lives of England’s most vulnerable children so they experience the benefits of a stable, loving home”ⁱⁱⁱ.
- [The Case for Change \(June 2021\)](#) captures initial thinking on areas that require improvement. A key finding from the Case for Change report indicates that for Early Help programmes to be successful they need to feature: “clear eligibility criteria, sufficient ‘dosage’ (interactive time spent on the programme), and the opportunity for parents to develop a positive relationship with skilled practitioners. The need for a high degree of professional skill is particularly important in engaging with vulnerable families to achieve positive behaviour change and improve child outcomes”^{iv}.
- [The Independent Review of Children's Social Care May 2022](#) recommends the adoption of a new Family Help approach which is focused on improving children’s lives through supporting the family unit and relationships. This model envisions multi-disciplinary teams working out of community venues with families and communities to empower parents to create caring stable environments for their children.
- The Early Intervention (EIF) published [What Works to Improve the Lives of England's Most Vulnerable Children: A Review of Interventions for a Local Family Help Offer](#) in support of the Independent Review and this presents fifty evidence-based interventions which could improve outcomes for children.
- The EIF conducted research [on the experience of minority ethnic families accessing early help services](#) which has four key recommendations. These were:

- All services working with children and families must embed effective approaches to eradicate racist and discriminatory practices
- Local areas must make the idea of 'no wrong door' a reality for minority ethnic children and families who reach out for help
- Family support services must be designed to better respond to the needs of minority ethnic families
- Workforce planning in relation to early help and family support services must include a focus on the skills needed to build trusting relationships with minority ethnic families.
- The [National Supporting Families Outcome Framework](#) offers guidance relating to the delivery of Supporting Families in 2022-25. The new Supporting Families Outcomes Framework sets out the following ten headline outcomes:
 - Getting a good education
 - Good early years development
 - Improved mental and physical health
 - Promoting recovery and reducing harm from substance use
 - Improved family relationships
 - Children safe from abuse and exploitation
 - Crime prevention and tackling crime
 - Safe from domestic abuse
 - Secure housing
 - Financial stability
- The Department for Education (DfE) has published a press release with [guidance](#) from Ofsted on the joint targeted area inspection (JTAs) which aims to focus on Early Help for children and families. The local areas multi-agency arrangements for helping children and families early will be the focus of upcoming thematic JTAs carried out by Ofsted, the Care Quality Commission (CQC) and HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), which starts in November 2022. The JTAs will consider how different agencies across children's social care, education, health, and the police, work together to reduce risks to children and families, and meet their needs early. The JTAs follow research commissioned by Ofsted in early 2022 '[Early help: concepts, policy directions and multi-agency perspectives](#)'. The independent study, produced by Research in Practice, discussed current early help provision in England, government policy, and how agencies work together to prevent longer-term intervention.

5.2 Local Policy Context - Surrey's Strategic Direction

[Surrey's community vision](#) outlines the desire for Surrey to be a uniquely special place where everyone has a great start to life, lives healthy and fulfilling lives, and are enabled to achieve their full potential. It also aims for no one to be left behind. Our ambitions for people are:

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



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Surrey's ambition is '[no one is left behind](#)' and Early Help plays a key role in identifying families who need extra support and providing that support so ensure that no family, child, or young person is left behind. Evidence based Early Help Programmes build protective factors into families strengthening their resilience while reducing risk factors which are associated with a wide range of worse outcomes for both parents and children; across physical and mental health, educational attainment, wellbeing, crime, and social connectivity.^v

The [Helping Families Early Strategy](#) outlines how Surrey will work to help families early now and, in the future, and sets out a vision for promoting child welfare through working in partnership with parents and carers. The strategy includes a call to action across five key outcome areas noted in figure 3.



Figure 3 Five outcome areas noted in SCC's Helping Families Early Strategy

[Time for Kids](#) is a values-based approach to working with children and young people and aims to engage all organisations to work together to transform the children's system. The approach is based on five simple and easy to apply principles that any professional can embed in their daily work to help children and young people thrive. These are Connect, Trust, Hope, Belong and Believe.



Figure 4 Visual representation of the Time for Kids principles

Surrey' Inclusion and Additional Needs Partnerships Strategy 2023-2026

Outlines Surrey and the partnerships aspiration to enable Surrey children and young people aged 0-25 with additional needs and / or disabilities to lead the best possible life.

This strategy sets out the ambition that all Surrey children and young people with additional needs and/or disabilities and their families:

- are heard and are involved in the decisions that affect them
- achieve positive outcomes, including the opportunity to lead healthy lives
- develop positive relationships
- learn and achieve their educational potential, and
- become increasingly independent where possible and flourish within their community

To achieve this, we will work in partnership with families and colleagues across education, health, social care and the third sector to:

- improve experiences and outcomes for children, young people and their families and ensure that no-one is left behind
- be a champion for children and young people with additional needs and/or disabilities
- ensure children and young people are rooted in Surrey and educated locally, wherever possible
- learn from our feedback and continue our improvement journey

Surrey's Library Transformation

Libraries are assets that provide a huge opportunity to create a positive impact for local communities across the county. There are [52 libraries](#) in locations across Surrey, and the libraries, as part of the [Libraries & Cultural Services](#) Transformation programme, are undergoing significant development to further increase their reach and impact in local communities, including through improvements to buildings, expansion of the offer and increased collaboration and partnership working.

The vision for modern libraries is focused on maximising their positive role in local communities, based around a focus on the '[Carnegie diagram for libraries](#)' which sets out their potential to act as wellbeing hubs, enabling employment, skills, social and cultural opportunities.

The graphic below summarises some of the other key programmes that will inform the direction of Early Help and Family Resilience.



SECTION 6: What works

- The Early Intervention Foundation (EIF) report [Planning Early Childhood Service in 2020: Learning from practice and research on children's centres and family hubs](#) reviewed contemporary practice to explore what lessons could be drawn for early childhood services. Due to a wide variety of delivery models and lack of a

national review progress make it difficult to evaluate which models works with most learning being held at a local level.^{vi} The main findings were:

1. There is little robust evidence on how children's centres and hubs are being delivered and their effectiveness due to a lack of recent national monitoring and evaluation.
2. There is no consistent way of specifying and evaluating different approaches as children's centres and hubs are context-specific and diverse.
3. The lack of evidence makes it difficult to be conclusive about what works when delivering children's centres and hubs.
4. Due to funding pressures and a lack of robust local evaluation, progress in using evidence-based interventions as a part of early childhood services is at risk.
5. Local areas are increasingly connecting early childhood services with whole family services and focusing on targeted support whilst making the case for sufficiently resourced, open-access centres in order to reach and support vulnerable families.

6.1 Family Hubs

- There has been a growing interest in [Family Hubs](#) as a way to join up services for families across the public sector and community groups to ensure a cohesive multi-agency offer. The Family Hub Network launched in May 2021, extends over 153 different hubs in [75 different boroughs](#) (as of April 2022) which have been developed to respond to local needs.
- Family Hubs can be delivered via a variety of models which focus on differing levels of physical and virtual delivery, providing and accessing information. The differences in the use of physical locations ranging from a focus on delivery from community venues to specialist designed hub buildings^{vii}.
- The key principles of a Family Hubs are to provide families with joined up holistic services which respond to the needs of families as they change over time allowing smooth transitions across services which could range from universal services to specialist support services.^{viii}
- There are several case studies of how provision can be joined-up to support families to access the services they need when they need them, please see appendix AP3 for examples of how other local authorities deliver Family Hubs.

SECTION 7: Overview of Surrey's Early Help Offer

Early Help in Surrey applies across a child's life from 0-19 years (25 years for children with additional needs and disabilities). [The Early Help Partnership](#) is committed to the following principles which inform the way we work with children and families:

- Empower families to take responsibility by working with them, not doing things to or for them.
- Recognise that family, friends, and community can be the most effective and sustainable forces of "help."
- Enable support at the right time, in the right place, in the right way.
- Work in partnership to make best use of shared resource, skills, and knowledge.
- Embrace a strength based, whole-family approach to finding sustainable solutions.
- Build our work on an evidence informed approach.
- Understand the power of good communications both with families and with colleagues.

7.1 Partnership approach to delivering Early Help

The Early Help offer in Surrey is complex and dependent on the contributions of all agencies, partners, and communities. When this collective approach is working well families can access a localised Early Help offer whether they are signposted

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and self-serve or are supported by practitioners for example schools and early years settings, Police, GPs, and other health services to get the help they need. The voluntary and community sector plays a huge role in supporting families, not all of which is known about or recognised as part of an Early Help system. Most families will be able to access support from universal services (schools, GPs etc) to help them with their children and family's needs. However sometimes families may require additional support from Early Help (Level 2), Targeted (Level 3) and Specialist Support (Level 4) please see section 7.2 for more information on levels of need.

In Surrey the C-SPA assess the level of need following a request for support and either offers advice and signposting, assigns to the Early Help Hub, or to the statutory assessment service. Families that require Level 2 early help support can requires support directly to the Level 2 services. The Early Help Hub identifies the most appropriate service to support families either at Level 2 or at Level 3. For families whose needs are multiple and more complex, practitioners or families themselves can request support through the C-SPA. If their needs meet the threshold for a Targeted service, they can be offered co-ordinated, individual support using the team around the family approach. Depending on the age of the children this can be offered through Targeted Youth Support, Family Centres and the Family Support Programme.

7.2 Surrey's Early Help offer and approach to Family Resilience

As noted in the Surrey Safeguarding Children Partnership [Effective Family Resilience Surrey, Every Child in Surrey Matters](#) document, "In Surrey the approach for helping families early is embedded within the 'Family Resilience' and the Social Work practice model 'Family Safeguarding'. Within this model we have identified four levels of need: Universal, Early Help, Targeted Help, and Specialist". Please see below images for a visual representation of the different levels of need.

A simple model for meeting children and families' needs

The Surrey Effective Support Windscreen



Level 1 - UNIVERSAL: Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

Level 2 – EARLY HELP Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. A Team Around the Family meeting to share information and agree an Early Help Plan to support the child and family is helpful. No need for specialist services.

Level 3 – TARGETED HELP: Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan and a Lead Practitioner to co-ordinate multi-agency support. Targeted Help can support at this level.

Level 4 - SPECIALIST: Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a co-ordinated multi-agency approach and a Lead Professional, commonly in a non-statutory role. At times statutory intervention may be required.

7.3 Surrey's Early Help offer

The following sections provide a summary of Surrey County Council's county-wide Early Help offer which blends a mixture of internal and external commissioned services for children and young people aged 0-19 years (and up to age 25 for young people with additional needs and disabilities), and their families. Within Surrey, Early Help support is available at an individual, family and community level.

The early help offer in Surrey is dependent on the contributions of all agencies, partners, and communities. When this is working well families can access a localised early help offer whether they are signposted and self-serve or are supported by practitioners for example, schools and early years settings, Police, GPs, and other health services to get the help they need.

The list below provides a high-level summary of Surrey's internally delivered Early Help offer.

- C-SPA and Early Help Hub – Single point of contact for all requests for support that are received by children's services in Surrey. The C-SPA and Early Help Hub after receiving a request for support, assess and then allocate the family to an appropriate service.
- Family Centre Advisors – Provide guidance to Family Centres to ensure best practice and facilitate the sharing of learning between centres.
- Locality Early Help Advisors – A service provided to schools to support them in identifying Early Help support for children and families and co-orientating the delivery of that Early Help support.
- Youth Homelessness Prevention Advisor - The Advisor sits in the C-SPA and offers advice and guidance to a range of practitioners across children's services and partner agencies on matters relating to housing, homelessness, and risk of homelessness to promote an integrated working approach in addressing youth homelessness particularly for 16–17-year-olds.
- Domestic Abuse (DA) Advisors – Workers sit in the C-SPA and provide case consultation on request for support where DA is a factor to ensure an appropriate and safe response.
- Community Connectors - Network with local community groups to ensure that families have awareness of the services and community groups which are available to support them in their area.
- Family Information Service – Provides information on the services available to families in Surrey, this includes maintaining online versions of this information, and updating the Additional Needs and Disabilities Local Offer.
- Parenting Coordinators - Co-ordinate parenting and the promotion of Helping Families Early with internal and external colleagues and partners to join up and co-ordinate support using local knowledge and expertise to inform a robust offer of help around a family as part of any transition planning.

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- Reducing Parental Conflict – (is grant funded by Department of Work and Pensions until 2024) is an offer that includes digital tools on healthy relationships and apps to support families experiencing conflict. SCC have also delivered bespoke training for front line and specialist Police officers.
- Targeted Youth Support (TYS) work with young people aged 11 – 18 years who need support for a variety of needs, in different areas of their life. TYS offer support to build resilience and develop strategies to work through life's challenges.

7.4 Commissioned Provision

In addition to the internally provided provision Surrey County Council Commissions Early Help and Targeted services that are delivered by partners such as voluntary and community groups, health services and schools. Below is listed the commissioned Early Help services, while a full list of the county wide offer is in appendix AP1.

- **Interventions at Level 2 Early Help Community county-wide offer (0–19-year-olds) including:**
 - Two voluntary sector lead providers who work in partnership with two additional voluntary sector organisations. Collectively this partnership offers a county-wide family volunteer approach for children aged 0-10 years and a volunteer mentoring model for children aged 11-19 years to help families sustain healthy relationships and thrive.
- **Parenting Outreach (a predominantly Level 2 Early Help offer):**
 - A parenting offer within 6 districts and boroughs (Spelthorne, Guildford, Waverley, Epsom & Ewell, Runnymede, and Woking) for families with children up to the age of 11 years. This service works with families that have: a child within the first 1,000 days, a child with additional needs or a family experiencing domestic abuse, substance misuse or poor mental health. The service supports families via a network of trained volunteers and experts via one-to-one support, group work or running courses, depending on their needs
- **Commissioned interventions at Level 3 incorporating both Family Centres (0-11 years old) and Family Support Programme (5-18 years old).**
 - Surrey's 21 [Family Centres](#) and 9 satellite sites (with a least one centre in every District and Borough) support families to find solutions to the parenting and relationship challenges they face and to grow in confidence to manage future difficulties. The aim of the Family Centres is to help families build their own resilience and self-reliance. The Family Centres provide one-to-one family support where the family situation is having a significant impact on the health, development, or wellbeing of the child/children. The centres work in close association with health, community groups, and other commissioned services to ensure that families receive joined up support from key agencies.
 - There are five [Family Support Programme](#) (FSP) of which three operate on a quadrant level and two work across the remaining quadrants. FSP supports families on a one-to-one basis to build on their strengths while helping them to overcome some of the concerns, difficulties, challenges or obstacles they may have in their lives. It uses a whole family approach involving everyone in the family including grandparents, parents, young people, and children.

SECTION 8: Early Help as an invest to save approach

Determining the level of investment in Early Help services is an important matter for all local authorities, as the value of the investment made determines the number of families that can be supported through this route as an alternative to no further action being taken by the local authority or a social care route. Currently, most local authorities offer some form of Early Help offer, but there is no statutory duty, definition, or threshold regarding the provision of early help services for children and families resulting in huge variation across England and Wales according to a [2021 report by](#)

[Action for Children](#). Many authorities such as Surrey believe this provision is important to their safeguarding offer and strategy.

Local authorities have experienced financial pressures posed by real term cuts to their budgets since 2010, and an increase in both the cost and demand for statutory interventions.^{ix} This has meant that local authorities have often had to cut pre-existing Early Help budgets to prioritise statutory services. The 2021 Action for Children report has shown that overall investment in Family Resilience services has halved in England and Wales in the last decade, going from £3.6bn in 2010 to £1.8bn in 2019-20. Furthermore, it has been argued that “spending cuts on early help for families with young people aged 13 and over between 2011 and 2019 could account for 1 in 25 of all 16–17-year-old entries into care.”^x

The Action for Children report listed the top ten local authorities by early help investment per capita, 7 out of 10 of which have a “good” or “outstanding” Ofsted rating on the performance of their services (compared to a national average of 5 out of 10). Reports from Ofsted for these authorities repeatedly reference the quality of early help services, their role in preventing escalation and their integration in the overall support system for children and families as factors contributing to the rating. At a population level there is growing evidence that indicates that investing in early help can prevent increasing rates of children in care.^{xi} The [Supporting and strengthening families through provision of early help](#) report argues that “increase spending on preventative services (including family support and early help) has a positive impact on: Ofsted judgments, number of Children in Need and rates of 16–17-year-olds starting periods of care.”^{xii}

SECTION 9: Stakeholder Feedback

SCC have worked with an independent research partner to carry out engagement with children and families who use Surrey’s early help and targeted services, service providers/partners and the wider community. The purpose of this research was to gain insight into their experiences and inform how we can improve the Early Help System to meet the needs of children and families.

Research workstreams and methodology:

- Semi-structured interviews with children, young people and families were carried out during fieldwork across relevant settings, such as Family Centres and stay and play sessions. These interviews explored how service users engage with the service. Five children aged 1-10 years, thirty-four young people aged 11-18 years, and twenty-three parents took part in these interviews.
- Four appreciative inquiry workshops were held with the providers and partners, with a further online event. These workshops asked practitioners to identify strengths within the system that could be used to enhance the service provision. One hundred and five practitioners across Surrey engaged with these workshops.
- Three community researchers were recruited and trained to engage with the wider community around early help. Interactions took place in churches, soft plays, and cafes. Fifty-three interviews took place across multiple demographics; the findings focus on the views of parents with children.



The findings from engaging with children, young people families and providers have been broken down into ten key themes by SCC’s research partners.



9.1 Children and young and families have told us

The table below provides a high-level summary of the voices of children, young people (CYP) and families we have engaged with and have been grouped into the ten key themes identified by SCC's research partners.

Time 	<i>"I'm on the waiting list for 2 parenting courses but there aren't enough people signed up yet. I feel so alone" (Extract from a CYP+Families story – single mum, victim of domestic abuse)</i>
Relationships 	<i>"I moved here not knowing one person - I get nervous taking [my son] places not knowing how he'll behave. Because of support from Centre I now take him to Bouncing Bunnies and the allotment. 1:1 support has helped with meeting people and my confidence to make contact with others". (Extract from a CYP+Families story - mum, mid 20's)</i>

	<i>"It's easier if you have things in common....people like me that have gone through similar experiences, then I can relate to them". (Extract from a Community Research story - older mum)</i>
Trust 	<i>"She's [his mentor] caring, forward – she doesn't dance around the issue. She doesn't sugar-coat things. She's honest and gives good advice without being blunt. She's easy to talk to. She laughs". (Extract from a CYP+Families' story - young man, age 17)</i> <i>"I need to trust the place and the people. Like Sure Start. That was a trusted brand. And Mothercare!" (Extract from a CYP+Families' story - mum, in her 30's)</i>
Communication 	<i>"It should be more advertised; when people need support, they might be the people who don't know where to go". (Extract from a Community Research story - mum with a young child)</i>
Places & Spaces 	<i>"We should have hubs to go to, where we can find out where to go for support, ask questions, be with other families". (Extract from a Community Research story - single mum with young children)</i> <i>"I would be lost without the community centre...and to be given help when you ask for it". (Extract from a Community Research story - mum in her 20's from the Gypsy, Roma, and Traveller community)</i>
Access 	<i>"I don't like going to places that are too busy; that's overwhelming. I prefer a youth group with limited numbers, for young people in the same boat as me" (Extract from a CYP+Families' story - young man, age 14)</i> <i>"If help and support was more readily available and well-advertised to make me feel at ease and that its ok to ask!Sometimes you don't know if you need help or are unable to admit that you need help" (Extract from a Community Research story - older mum)</i>
Simplicity 	<i>"I think the fact that we have the internet makes it easy to find out where to go but form filling is a big thing. Some people can't be bothered or find it really hard. It's hard work". (Extract from a Community Research story - mum with young children)</i> <i>"There should be a leaflet for parents on services that are available. I just don't know where to go. They did one in lockdown with contact details for support like domestic abuse etc. That was so helpful. We need a clear place with all the support information". (Extract from a Community Research - mum with teenage children)</i>
Strength-based 	<i>"The WhatsApp group for this session is really helpful. We all share when we hear things that are going on locally. I have recently joined a breastfeeding group and our WhatsApp group is brilliant - no matter what time, day or night, I know that someone will be there". (Extract from a CYP+Families' story - mum, age 38)</i> <i>"I want someone that actually listens to me, without judgement". (Extract from a Community Research story - mum in her 20's)</i>
Collaboration 	<i>"I'd make it so that systems weren't separated. Everything should be streamlined, and be part of one central support system. You have to contact lots of different places to get support". (Extract from a Community Research story - single mum in her 30's)</i> <i>"I'd like befriender support...but for those of us with older kids who still need help at home. Someone who could 'hold my hand' and give me the confidence to go along to groups". (Extract from a CYP+Families' story - mum, mid 40's)</i>

Creativity

"You get to do lots of activities like art...Colouring in can be therapeutic especially when my brother annoys me. I like lots of different things. I like being productive, not just watching telly". (Extract from a CYP+Families story - girl, age 11)

SECTION 10: Surrey's Population and Summary of Need

This section highlights the demographic profile and outlines the needs for early help and family support in Surrey. The section focuses on county-wide data.

10.1 Surrey's Population

- The [2021 census](#) notes that Surrey is one of the most densely populated counties in the Southeast although there is a significant variety within that ranging from 333 people per square kilometre in Mole Valley to 2,374 in Epsom and Ewell. The average population density across Surrey is 724 usual residents per square kilometre. In comparison, the least densely populated part of England was Eden which has 26 people per square kilometre while Tower Hamlets is the most densely populated with 15,695 people per square kilometre.
- The 2021 census notes:
 - 1,203,100 people live in Surrey which is a 6.25% increase since the 2011 census. This is lower than both the national average increase of 6.3% and the average increase for the Southeast at 7.5%.
 - The District and Borough (D&B) which experienced the largest growth was Reigate and Banstead at 9.5%. Meanwhile the D&B with the lowest growth was Mole Valley which only experienced a 2.4% increase.
 - In Surrey all children age groups apart from the 4-year-olds and under cohort increased. The table below visualises the changes in all children age groups between 2011 and 2021

Age	2021 Census	2011 Census	change	% change
All persons	1,203,100	1,132,390	70,710	6.2%
Aged 4 years and under	65,600	71,306	-5,706	-8.0%
Aged 5 to 9 years	74,100	65,841	8,259	12.5%
Aged 10 to 14 years	76,500	67,566	8,934	13.2%
Aged 15 to 19 years	69,800	67,676	2,124	3.1%

Figure 5 – Changes in the population of different children age groups in Surrey between 2011 and 2021

- The borough in Surrey with the most children (aged 0-19 years) is Elmbridge with 35,600 children which accounts for 25.6% of Elmbridge's population. The borough with the lowest number of children is Mole Valley with 18,700 children which accounts for 21.4% of Mole Valley's population.
- 90.66% of people in Surrey identified as straight or heterosexual, 1.17% identified as gay or lesbian, 1.05% as bisexual, 0.26% as another sexual orientation (asexual, pansexual, and queer). 6.86% did not answer the question on sexual orientation.
- 94.42% stated that their gender was the same as their sex registered at birth, 5.21% didn't answer this question, and 0.37% answered that their gender was not the same as the sex

registered at birth. 0.08% identified as a trans man, 0.08% identified as a trans woman, 0.05% identified as non-binary, and 0.03% provided another gender identity.

- 76.6% of people identified as White British, 8.9% as White Other, 7.7% as Asian, 3.4% as Mixed or Multiple, and 1.7% as Black. Since 2011 all ethnic groups other than White British have increased. The table below shows this breakdown per each district and borough in Surrey.

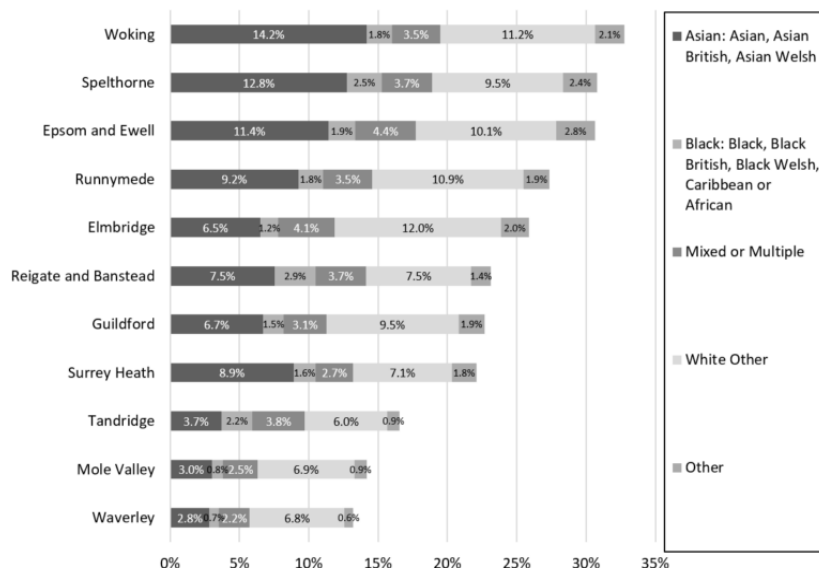


Figure 5 – Breakdown of ethnicity in each Surrey district and borough - [Census 2021: Ethnic Group | Surrey-i \(surreyi.gov.uk\)](#) (Full data source)

- 6.9% of residents had a main language which was not English. 3.5% of households in Surrey did not have a resident whose main language was English and 0.8% of residents could not speak English well or at all.
- The table below breakdowns the proficiency of English per a household in each district and borough in Surrey:

	All adults in household have English as a main language	At least one but not all adults in household have English as a main language	No adults in household, but at least one person aged 3 to 15 years, has English as a main language	No people in household have English as a main language
Surrey	91.2%	4.2%	1.1%	3.5%
Elmbridge	90.5%	4.6%	1.2%	3.6%
Epsom and Ewell	88.4%	5.6%	1.8%	4.3%
Guildford	90.3%	4.5%	1.1%	4.1%
Mole Valley	95.0%	2.7%	0.5%	1.8%
Reigate and Banstead	91.7%	3.8%	1.2%	3.3%
Runnymede	89.8%	4.8%	1.2%	4.2%
Spelthorne	87.8%	4.9%	1.8%	5.5%
Surrey Heath	91.8%	4.0%	1.1%	3.1%
Tandridge	95.8%	2.4%	0.5%	1.3%
Waverley	95.2%	2.6%	0.5%	1.8%
Woking	85.9%	6.3%	1.8%	6.0%
South East	91.4%	3.6%	1.2%	3.8%
England	89.3%	4.3%	1.4%	5.0%

Figure 6 – Main language in Surrey households per district and borough

- The 10 most spoken languages in Surrey excluding English were: Polish, Romanian, Portuguese, Spanish, Italian, Urdu, Hungarian, All other Chinese, Nepalese, and Bulgarian.
- 50.1% of residents were Christian, a decrease from 2011 which was primarily due to an increase in the number with No Religion which was 36.6%. 3.2% were Muslim, 2% Hindu, 0.6% Sikh, 0.6% Buddhist, 0.5% Other, and 0.3% Jewish. 6.3% didn't respond to the question.
- The breakdown of sex shows that in 2021 51.2% of residents were female and 48.8% were male. This data can also be captured to showcase the breakdown of sex per each age cohort from 0 to 19 as displayed in the graph below.



Figure 7 – Sex of each age cohort from 0-19 in Surrey according to the 2021 census

- 13.8% Surrey Residents have a disability which is lower than the average for the Southeast (16.1%) and for England (17.3%).
- The chart below breaks down the number and percentage of residents in each borough and district with a disability and long term physical or mental health conditions.

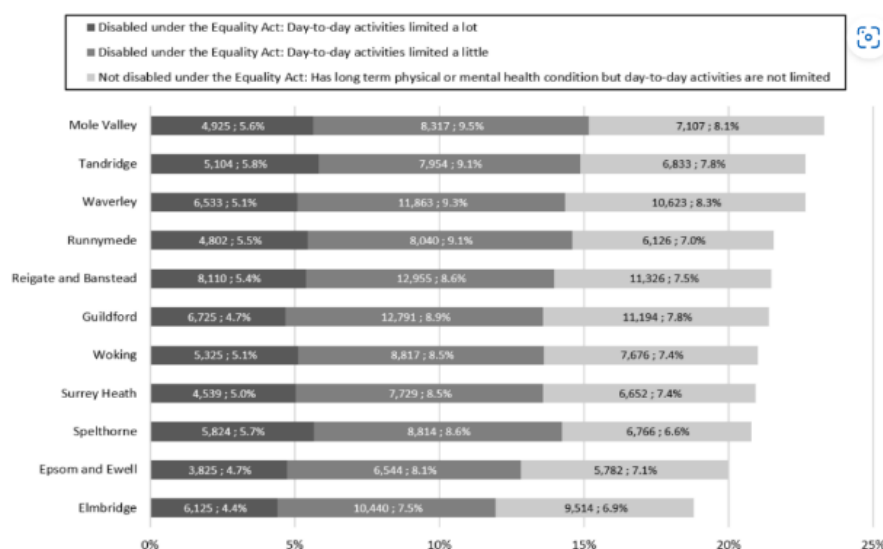


Figure 8 - The non-age-standardised proportion of Surrey district and borough residents with a disability according to the 2021 census - [2021 Census: Disability | Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk) (Data source)

10.2 Surrey's Population Projection 0-19 years

The 2021 census results align closely with Surrey's population projections from 2016 – 2030. Figure 10 (below) shows the projected population changes from this data and indicates:

- The number of 0–4-year-olds is anticipated to continue to decrease down to 61,797 in 2030.
- The 5-9 age group is projected to decrease by an even larger amount falling to 66,359 in 2030.

- The number of 10–14-year-olds is predicted to increase to 80,000 in 2023 at which point will plateau and then begin to decline by 2025.
- In percentage terms this means by 2030 the population of 0–4-year-olds would have fallen by 9.1% compared to 2020, the population of 5–9-year-olds by 14.3%, and 10–14-year-olds would have fallen by 4.6%. While the 15–19-year-old age group will have risen by 15.1% by 2030.

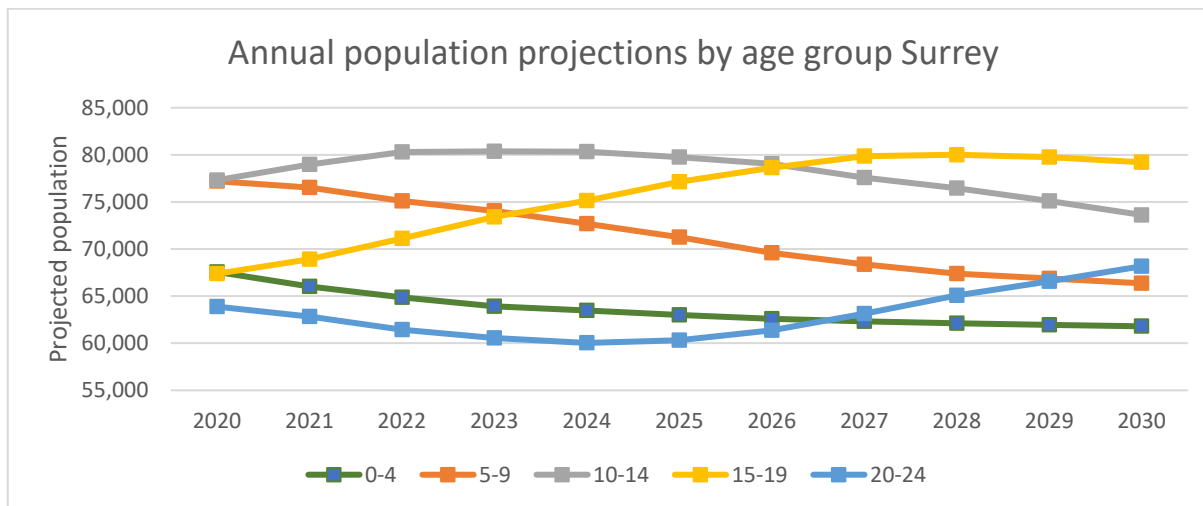


Figure 9 SCC projected population changes

10.3 Profiling Need and Demand

Lower Layer Super Output Areas (LSOA)

Of the 709 Lower Layer Super Output Areas (LSOA) in Surrey there are no areas in the most deprived decile of 1, although there are four which are in decile 2. A decile is any data split into ten parts so that each part represents 10% of the population or sample. Hence, people in decile 1 represent the 10% of people most deprived. LSOAs are a geographic hierarchy generated to enhance the reporting of small areas statistics in England and Wales. Two of these areas are in Guildford Borough Council, one is in Woking Borough Council, and one is in Reigate and Banstead Borough Council. Over half of the LSOAs in Surrey are in decline 9 or 10, however despite low levels of deprivation there are pockets of significant inequality and deprivation within the county and with LSOA areas.

Deprivation has an impact on several outcome areas for children and families including physical and mental health, parenting capacity, and educational attainment. The below map shows the level of deprivation across all LSOAs in Surrey. The [Children's Community Health Needs Assessment](#) published in January 2022 includes an in-depth analysis of the index of Multiple deprivations covering a variety of areas including crime, housing, employment, and disability.

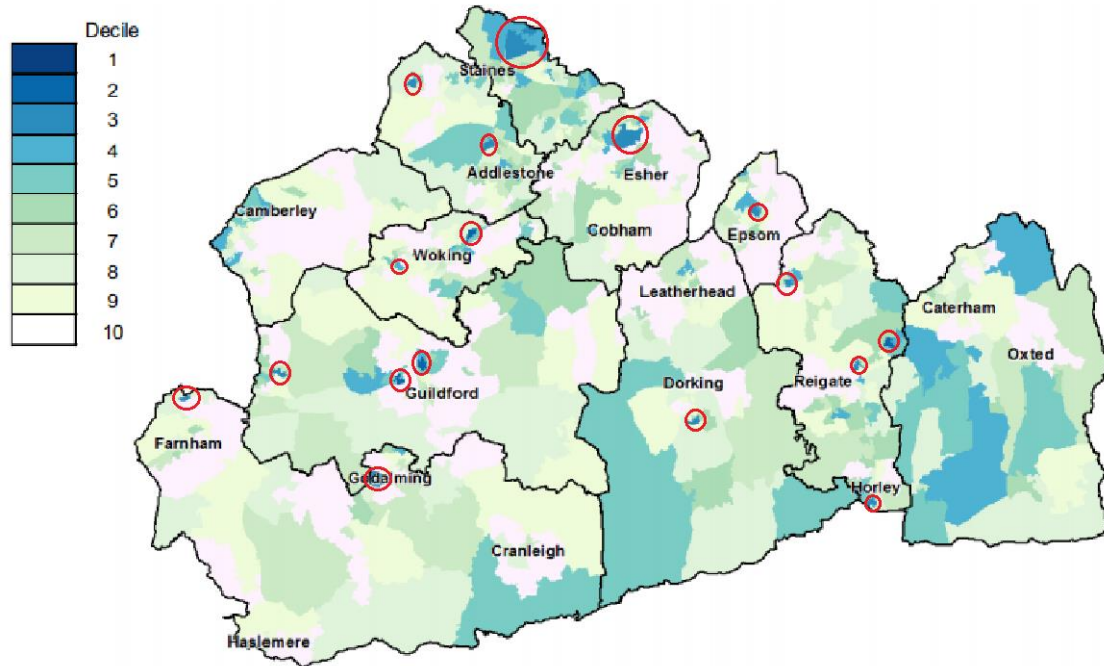


Figure 10 Surrey IDACI Map (2019)

IDACI = Income Deprivation Affecting Children Index
Decile Key: 1 = most deprived, 10 = least deprived

Poverty and low income

The overall rate of child poverty in Surrey is 10% with 27,240 (10.2%) of 0–19-year-olds living in poverty. The [Surrey IDACI data](#) indicates that 10% of Surrey's children are affected by income deprivation. However, in the worst affected areas, parts of Westborough ward (Guildford), and Walton North ward (Elmbridge), over 40% are affected. In 2019, 10.7% of all households (53,000+) in Surrey were at or below the relative poverty line, with some areas of the county reaching as high as 26% of residents. This meant there were at least 5,000 households with children at or below the poverty line. The distribution of families in relative poverty has traditionally been more pronounced (more than 10% of families) in Spelthorne, Runnymede, Woking, Reigate & Banstead, and Tandridge. However, analysing by ward, some of the largest focal points for families in relative poverty are in Waverley, Surrey Heath, and Mole Valley.

The latest data relating to the number of Surrey [children in absolute low-income families](#) is 22,377 for 2020/21. Absolute low-income is defined as families with income which is less than 60 per cent of the median income. The number of children in low-income households has increased by 11 per cent between 2019/20 and 2020/21. The regions with the highest growth in number of children in low-income households includes Elmbridge (17%), Tandridge (16%), and Epsom and Ewell (15%). In comparison the [Surrey Index – Surrey-i](#) (published 21 May 2021) highlights the percentage of children aged 0-19 years in relative low-income families. In Canalside (Northwest) 30.7% of children and young people ages 0-19 years are living in relatively low-income families. This is closely followed by Alford, Cranleigh Rural and Ellens Green (Southwest) where 29.4% of children and young people aged 0-19 are living in relatively low in-come families.

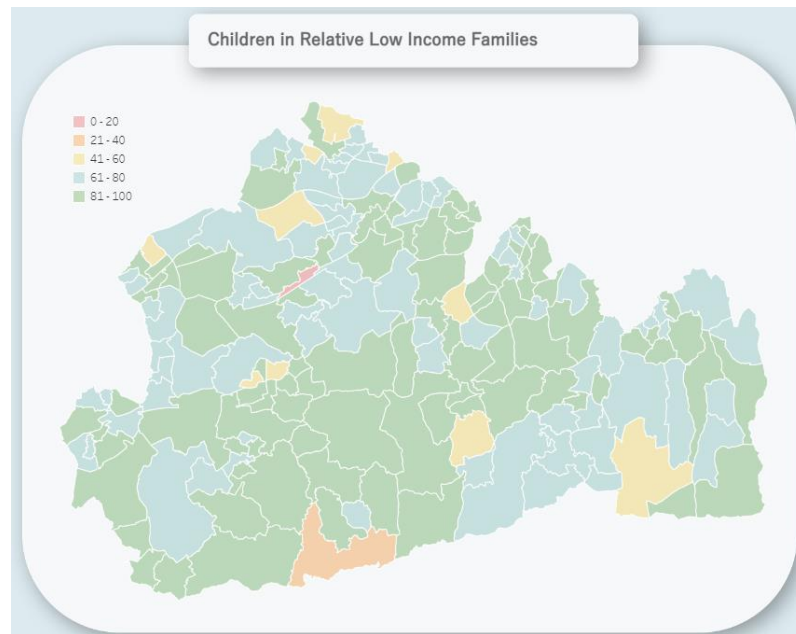


Figure 11 Visual representation of Children in Relative Low-Income Families (Surrey index – Surrey-i)

The below image from [Action for Children](#) notes the impact poverty can have on children. To effectively support children and families the Surrey's Early Help partnership will need to work closely with one another and key stakeholders responsible for community and economic development such as the Department of Work and Pensions (DWP), Job Centre Plus and Housing to support children and families.

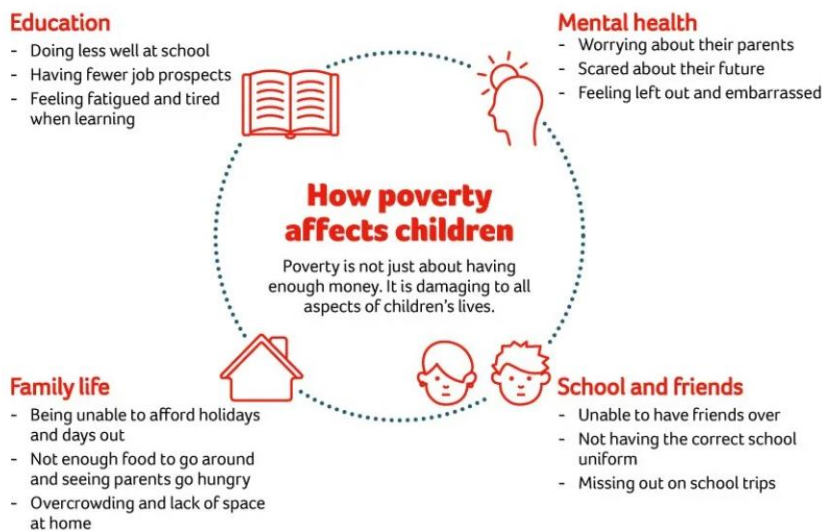


Figure 12 Action for Children, visual representation of the impact of poverty on children^{xiii}

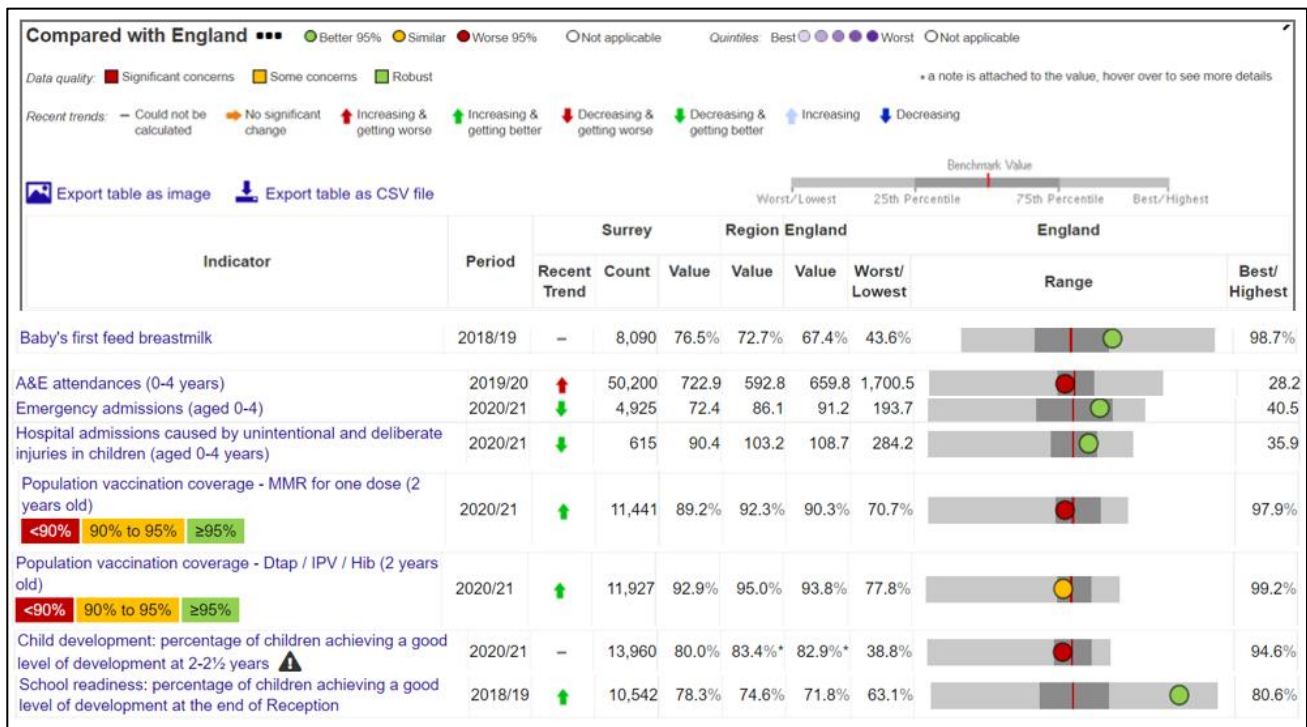
10.4 Key areas identified

- 1. Early Years** - In the first 1000 days of life (conception to age two) the main foundation for babies is to form secure relationships with sensitive and responsive parents and carers in nurturing environments at home and in the community. In the second 1000 days (age two to age five) toddlers and young children become developmentally ready to engage with exploring their world and asserting their need for independence. To do this successfully they need their parents and carers to support them with learning how to manage intense emotions in response to daily life experiences. Surrey has developed an overarching strategy called the Best Start for Surrey Strategy 2022 – 2027 which creates a clear vision of the pregnancy and early years landscape across health, social care, and education. The plan aims to provide a holistic view of transformation activity across children aged 0 to 5 years ensuring resources are focused in the right area. According to UNICEF a good start to life is pivotal for all children as it has a monumental impact on their future development, growth, and health. Those children most at risk include children

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from low socio-economic backgrounds, children with additional needs, looked after children and children from some black and minority ethnic groups.

The table below shows how Surrey compares to the England average in a range of Early Years indicators. This Public Health Framework data is reported on a countywide level and is not broken down to specific geographical areas. It is important to recognise that the 0–4-year-old population is decreasing in Surrey. In 2022 the number of 0–4-year-olds is approximately 65,000 and is anticipated to continue to decrease down to 61,797 in 2030.



Source: Public Health Outcomes from fingertips data for early years ([Public Health Outcomes Framework](#) - PHE)

The Public health data captured above indicates:

- Between 2018/19 Surrey's rate of baby's first feed breastmilk was above the national average.
- In 2019/20 Surrey's rate for A&E attendances for children aged 0-4 years was below the national average but recent trends show an increase.
- Between 2020/21 Surrey's emergency admissions and hospital admissions for children aged 0-4 years was above the national average however recent trends show a decrease.
- In 2020/21 Surrey's population vaccination coverage for children at 2 years of age is below the national average but has increased in recent trends.
- In 2020/21 Surrey's percentage of children achieving a good level of development at 2-2.5 years (80%) was slightly lower than the South East (83.4%) and England (82.9%). This is an improvement as the 2019 Child Development OHID (was PHE) 2019 data indicates that in Surrey 69.3% of children were achieving a good level of development at 2-2.5yrs compared to the South East (83.7%) and England (83.3%).^{xiv}
- In 2018/19 Surrey's percentage of children achieving a good level of development at the end of Reception was significantly above the national average.

2. School Age – Surrey understands the importance of providing children with a good quality early years education. The benefits on children's emotional and social development; and for parents and carers is well documented. In Surrey there are 2010 childcare providers in Surrey offering 33,034 childcare places, 572 group based early years providers, 112 school based early years providers and 1326 childminders (data accurate in October 2022). SCC have a statutory duty to ensure sufficiency of places for all eligible 2-, 3- and 4-year-olds. School readiness is described as the percentage of children achieving a proficient level of development at the end of Reception. Overall, Surrey performs comparatively well in the public health outcomes framework in terms of school readiness, with a rate of [78.3%](#) in 2018/19 compared to [the England average of 71.8%](#). (2018/19 data is the most up to date data available).

Reigate and Banstead, Epsom and Ewell and Woking have the highest levels of deprivation. When using deprivation as an indicator of school readiness for reception aged children, it can be assumed that these areas will have the lowest rates of children ready for school.

3. School absence, exclusion, electively home educated and alternative provision

The following high-level finding have been noted in [Surrey County Council Children Looked After Sufficiency plan \(2021\)](#)

- SCC absence rates have seen an increase (7% higher than in 20/21), though this was impacted by the pandemic. However, compared to pre-pandemic, overall rates are higher. For example, total absence was 7% (compared to 4.4% in 18/19), and 19.7% of pupils are persistent absentees (9.2% in 18/19).
- 28% of pupils classed as Electively Home Educated (EHE) have some form of additional needs or disability
- The majority of pupils accessing alternative provision are aged 11 through to 18.
- In Surrey, approx. 2.2% of children and young people with additional needs and disabilities are in alternative education, which is slightly higher than the South East and National average. The majority of Surrey's children with SEND in Alternative Provision are in Alternative Provision that is not a Pupil Referral Unit or arranged by the parent, but is provision arranged by the Local Authority.

For more information on school absence, exclusion, elective home education and alternative provision please see [Surrey's Children and Young People with Additional Needs and Disabilities Joint Strategic Needs Assessment 2022](#)

4. **Domestic abuse (DA)** has a devastating impact on children and young people that can last into adulthood. The [EIF Annual Report 2020-2021](#) sets out evidence that over the 12 months in 2020-2021 there has been a rise in the number of children exposed to DA in the home, and the number of babies in England that have suffered severe injury through abuse or neglect has risen². There were 7,879 referrals to DA outreach services in Surrey between September 2021 and September 2022 which was a reduction compared to the previous year where there were 8,591 referrals.

The last crime survey in England and Wales to ask about DA was in March 2020 which found that an estimated 2.3 million people were survivors of DA which represents approximately 4% of the population^{xv}. This is likely to be an under representation of the actual number^{xvi}. 4% of Surrey's population would be approximately 48,000 people suggesting there is likely to be a substantial number of survivors of domestic abuse who have not been identified or are not accessing support.

In the year ending March 2022 there were 2,689 survivors discussed at multi-agency risk assessment conferences (MARAC) in Surrey which is 32 per 10,000 adult females in Surrey. This is lower than the average in the Southeast, which was 34 per 10,000, and the second lowest of all authorities in the Southeast; the highest was Sussex with 44 per 10,000. There were 2,204 children in households where at least one person was referred to MARAC in Surrey which was the second lowest in the Southeast. This continues to suggest that there are survivors of DA in Surrey that have not been identified and receiving support.

The C-SPA tracks referrals where Domestic Abuse is identified in the request for support and between September 2021 and September 2022 there were 5, 575 requests for support where DA was identified which is an average of 464 requests for support a month.

In Surrey, the [Surrey Index – Surrey-i](#) (published 21 May 2021) highlights the recorded rates of Domestic Abuse incidents per 1,000 population, it is expected that this will be an under representation.

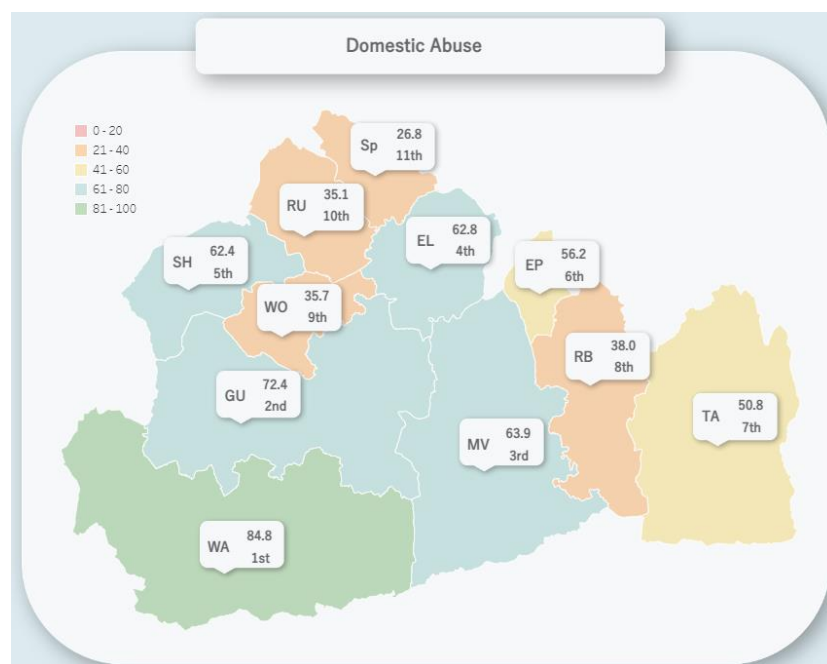


Figure 13 Visual representation of DA incidents in Surrey (Surrey index – Surrey-i)

Surrey needs to ensure DA provision is appropriate to support children, young people and families. DA services needs to holistically integrate into Surrey’s early help and emotional health and wellbeing provision to enable an entire collaborative system approach. This approach would help to reduce the impact of trauma and ensure children and young people stay safe.

5. **Child to parent abuse** - Anecdotally in Surrey there is acknowledgment of the need to support families that are experiencing child to parent abuse to prevent family breakdown. The way data is currently collected does not allow for easy data analysis of the level of need. Surrey is piloting the Youth’s Using Violence and Abuse (YUVA) service which works with Young People aged 11-18 or up to 25 where they have additional needs who use abusive behaviours in their relationships either with a partner or with a carer/parent. The service also offers one to one support to those effected by the young person’s abusive behaviours as well as working with the young person to support them to make different choices.

This service has been active since January 2022 and has received 66 referrals and 87 consultations for families in that period. The first quarter was a period of mobilisation and so referrals were much lower; when quarter one is discounted the average number of referrals a quarter is 30 families. This is more identified need than the pilot has capacity for and as the service is new it is anticipated that there will be additional unidentified need.

In Surrey families can also access “Who’s In Charge”, a group programme for parents whose children are abusive towards them which is available in Waverley and Surrey Heath. This is a limited geographical offer which covers only a small section of Surrey.

The level of need for child to parent abuse is not known due to services, other than YUVA, not recording this as a separate category. However, the level of need identified by the pilot scheme is greater than the capacity of available services, while the group offer for parents is geographically limited suggesting there is a level of need which is not being met through current provision.

6. **Children with additional needs (also referend to as Special Educational Needs and Disabilities (SEND))**- Educational Early Years settings can access support for children with additional needs from the Early Years Educational Effectiveness and Early Years SEND Teams. The setting can apply for Early Intervention Funding that provides financial support to enable settings to increase their staffing ratio, attend training and provide any resources that are recommended by a health or education professional. Early Years children can access a broad range of services and support in Surrey without the need of a diagnosis or Education, Health, and Care Plan (EHCP).

[Early Years Inclusion Pathway Planning \(EYIPP\)](#) meetings are offered for children if the support in an educational setting needs reviewing. The EYIPP is initiated and facilitated by the Early Years SEND Team in collaboration with parents/carers who know their children best. Using a Graduated Response model, the process brings together the child's current early year's setting and other relevant professionals who are involved in supporting the child. The meeting will plan for the most appropriate provision and ensures resources are in place to best support the needs and aspirations of the individual child.

As noted in the “Children and young people with additional needs and disabilities Sufficiency Plan (2022 - 2030)” SCC continues to see need grow across Autism, Social Emotional Mental Health (SEMH) and Speech Language and Communication Needs (SLCN). The increase of children and young people with Autism continues to be almost double that of Moderate Learning Difficulty and SEMH. Significant increase has also historically been seen in the 0-4, 16-19 age ranges. SCC is seeing more recently a rise in plans for the 20-25 age cohort.

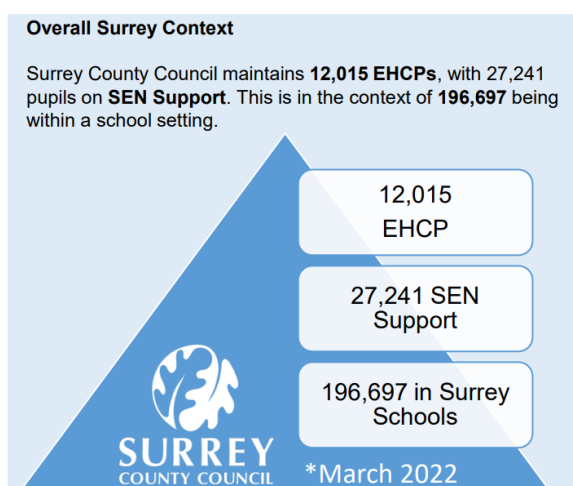


Figure 14 Visual representation of Surrey's overall additional needs for children and young people (March 2022)

Key findings from Surrey's Children and young people with additional needs and disabilities Sufficiency Plan (2022 - 2030) regarding Education Health Care Plans (EHCPs):

- On average, Surrey's EHCP growth has been 11% since 2016 – nearly one percentage point lower on average than its statistical neighbours.
- The east of Surrey has a greater proportion of EHCPs than the West
- Primary need distribution is relatively even; however, the Southeast and Southwest have a higher prevalence of Speech Language and Communication Needs
- The Northwest has a higher proportion of Autism plans
- The Southeast has a high proportion of plans for 20–25-year-olds (though across all ages the Southeast has generally higher proportions than other areas)

Social, emotional, and mental health (SEMH) needs in Surrey

As noted in Surrey's [Needs Analysis Proposed new Social, Emotional & Mental Health Needs \(SEMH\) Designated Special Free Schools: Application to DfE Special Free Schools Programme August 2022](#) children and young people nationally and locally are experiencing increased and significant social, emotional, and mental health challenges. Children and young people with significant SEMH needs often feel anxious, scared, and misunderstood. This means that they may experience a wide range of social and emotional difficulties which manifest themselves in many ways.

The above noted needs assessment explains that this could include:

- Language and communication needs, leading to becoming withdrawn or socially isolated.
- Severe difficulty in building and maintaining healthy relationships with peers and adults, which increases social vulnerability, safeguarding risks and impacts on successful community participation.
- Sustained difficulty engaging with learning and coping in classroom environments without additional specialist strategies and interventions to help manage their thoughts, feelings, and behaviours.

Early Help and Family Resilience Needs Assessment

- Displaying worrying behaviour that may reflect underlying mental health difficulties such as anxiety or depression, self-harm, substance misuse, eating disorders, habit disorders, oppositional disorders, or physical symptoms that are medically unexplained. These can impact severely on children and young people's development of independence, ability to cope with the normal stresses of life, engagement with productive and fruitful activity, and capacity to contribute to his or her community.
- Trauma, post-traumatic stress, or depressive conditions associated with adverse childhood experiences, including neglect or abuse. These experiences can have long-term impacts on children and young people's emotional well-being, mental health, and future life chances.
- Cooccurring special educational needs including autism spectrum conditions, mild to moderate learning difficulties and speech and language difficulties. This can mean that individuals may be at increased risk of placement breakdown if their primary and secondary needs are not well understood.
- Progress can be very challenging in some or all areas of the school curriculum because difficulties such as phobias, anxiety, depression, aggression, oppositional problems, and hyperactivity all create significant barriers to learning.

The SEMH may not be a lifelong condition, with appropriate therapeutic support and highly specialist teaching, children and young people can develop the right strategies to move forward and live successful independent lives. The needs assessment notes that it is forecasted that the north and southeast of Surrey will have the highest demand of SEMH going forward.

As noted in Surrey' Inclusion and Additional Needs Partnerships Strategy 2023-2026 a priority for intervening early is children and young people's mental health and emotional wellbeing. Surrey has seen an increase in children experiencing mental health difficulties and anxiety who find attending school regularly challenging, school absence and additional needs has also been a strong theme in parents' and carers' feedback. This is generally referred to as Emotionally Based School Avoidance (EBSNA). Children and young people with EBSNA may also have additional needs and/or an EHCP. These are a priority group in terms of early identification and Inclusion Officers work with parents and the school to understand the reasons for persistent absence which may be linked to EBSNA.

Education Health Care Plans (EHCP) growth by age-range

In Surrey the most recent increase in EHCPs has been towards the later age ranges (a 28% rise from 2021 to 2022 for ages 20-25). Significant growth has historically been seen in the 0-4, 16-19 age ranges, though the rise of EHCPs have been consistently high since the 2014 Children and Families Act implementation.

EHCPs by age range	2016	Increase	2017	Increase	2018	Increase	2019	Increase	2020	Increase	2021	Increase	2022
0 to 4	197	42%	279	11%	310	25%	389	27%	494	0%	496	1%	501
5 to 10	2173	10%	2387	16%	2776	15%	3203	12%	3579	9%	3911	7%	4181
11 to 15	2496	4%	2591	7%	2771	11%	3077	10%	3394	12%	3798	9%	4123
16 to 19	885	56%	1383	13%	1569	9%	1714	10%	1882	7%	2022	12%	2261
20 to 25	0	0%	203	40%	284	23%	349	24%	434	22%	530	28%	681

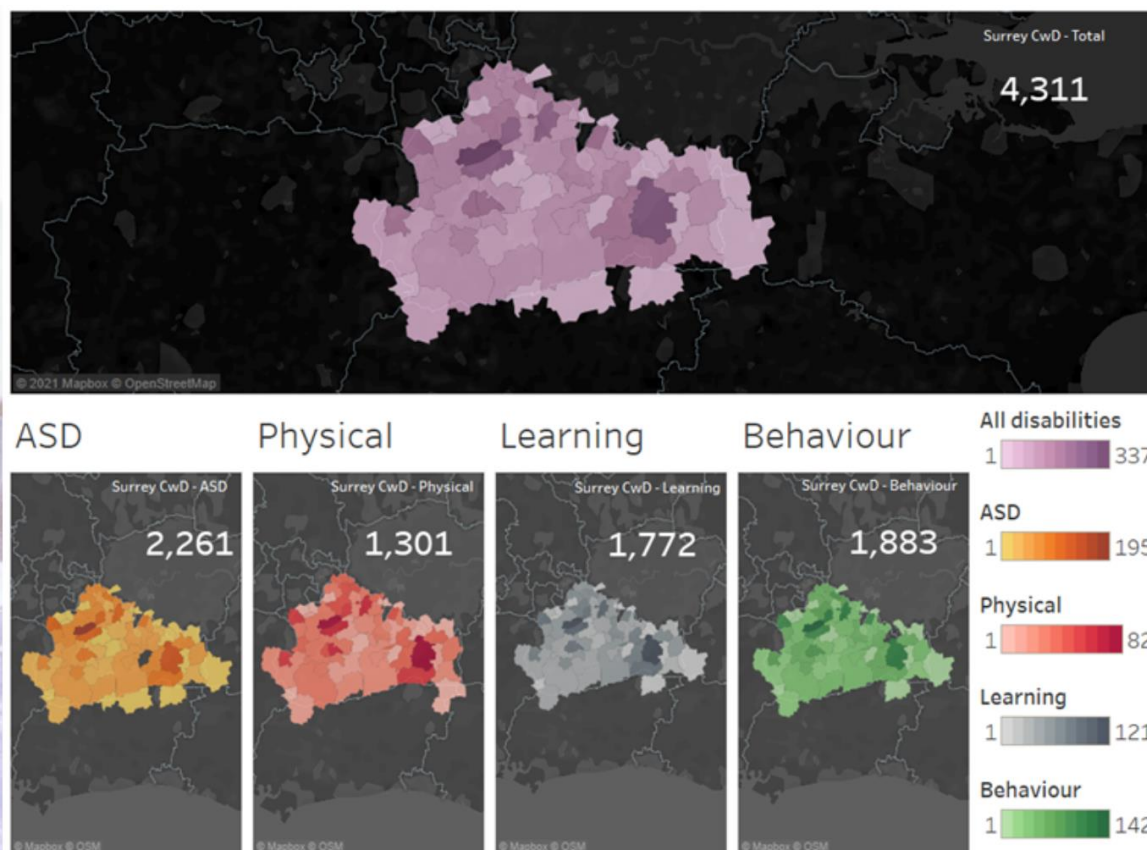


Figure 15 infographics shows Surrey Children with Disabilities (CwD) known to SCC – All disabilities (source [CCHS Needs Assessment \(Jan 2022\)](#))

The highest recorded additional need is Autism, behaviour, communication, and learning. The CCHS Needs Assessment (Jan 2022) notes that this could be the effect of the pandemic potentially impacting on new registrations and should be further investigated. Proportionally more males are recorded as having an additional need which would be related to the larger recording of Autism (referred to as ASD in the graphic above) in this group.

It has been recognised that the county council needs to improve the information provided for families about the support available for children and young people with additional needs. Children's additional needs should be identified and supported at the earliest opportunity.^{xvii}

The impact of the Covid-19 pandemic has been seen in the early years groups primarily with 78% of EHCPs stating a primary need of Autism or Speech, Language and Communication needs (SLCN). The Covid-19 pandemic has also been a factor in the identification of social, emotional, and mental health needs in adolescents often becoming visible through emotionally based school non-attendance. [Thematic Review Death of Children and Young People](#) through probable suicide 2014-20 undertaken by the partnership has highlighted the interface between poor mental health and Autism in adolescents who are at risk of self-harm and suicidal ideation. This is reflected in Surrey's All Age Autism Strategy as a key area for development and risk stratification which is embedded in strategic and operational activity across the partnership.

- 7. Abuse or neglect** is the main reason for children needing social care support. To improve the identification of neglect Level 3 services (Family Centres and Family Support Programme) have begun to utilise the Graded Care Profile 2 (GCP2) assessment tool to ensure that neglect is recognised and responded to effectively. The table below shows the referral reasons for children needing social care support for the fiscal years 2017/18 to 2021/22.

Referral reason	2018	2019	2020	2021	2022
Abuse or neglect	45%	45%	53%	57%	67%
Family dysfunction	25%	25%	14%	11%	11%
Family in acute stress	12%	9%	11%	10%	10%

Childs disability or illness	11%	13%	14%	12%	6%
Absent parenting	5%	6%	7%	7%	4%
Socially unacceptable behaviour	2%	1%	1%	1%	2%
Cases other than CIN	0%	1%	<0%	1%	1%
Parents disability or illness	0%	<0%	0%	1%	0%
Low income	<0%	<0%	<0%	0%	0%

Figure 16 The main reason for children requiring Social Care support FY 2017/18-2021/22

Following referral, the abuse or neglect category are separated into distinct factors, below are the factors identified at the end of assessment for children assessed between fiscal year 2017-18 and 2021-22.

Factors in assessment	2018	2019	2020	2021	2022
Neglect	1300	1296	1009	1312	1400
Emotion abuse	1723	1727	1356	1445	1613
Physical abuse	898	910	710	1333	1692
Sexual abuse	473	400	322	422	472

Figure 17 Further breakdown of referral reasons identified after assessment FY 2017/18-2021/22

If the Early Help partnership can recognise and appropriately support families with this abuse or neglect needs, there could be a decrease in the number of children and families requiring statutory services.

8. Local Context Child Protection, Children in Need and Looked After Children

Figures 19 and 20 show the number of children and young people who are Looked After, have a Child Protection plan or are Children in Need within the 0-19 age population in Surrey. It is important to recognise that between 2021 and 2022, the total population for children and young people aged 0-19 years has decreased however the number of Looked After Children, Children on a Child Protection plan and Child in Need has increased highlighting the increase in demand.

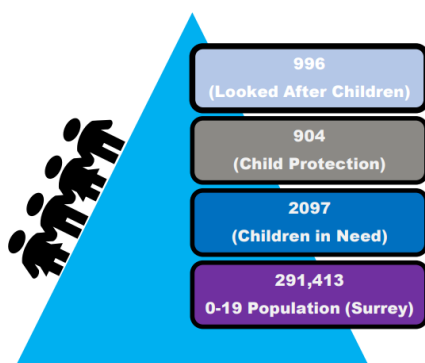


Figure 18 Surrey's overview 31st March 2021 (Source: SCC Looked After Sufficiency Plan (2021))

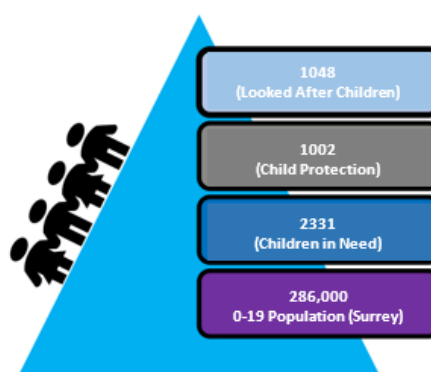


Figure 19 Surrey's overview 31st March 2022 (Source: SCC Tableau data)

Increase in Child Protection Plans in Surrey

The last update to [Surrey County Council Children Looked After Sufficiency plan](#) (2021) notes the small rise in the number of Looked After Children (LAC) population. However, Child Protection Plans (CP) has seen a significant increase in Surrey however this could be a result of the Covid-19 pandemic. The increase in Child Protection rates is against national trends

during Covid. Nationally, in line with the Vulnerable Children and Young People Survey, the total number of looked after children was 3% higher than the same time in 2019-20 and the total number of children on a child protection plan was 6% lower (DfE 2021, Page 5).

Type of care	Sufficiency Plan 2020	Sufficiency Plan 2021	% change
Looked After Children (LAC)	982	996	1.43%
Child Protection Plan (CP)	698	902	29.22%
Child in Need (CIN)	2106	2097	-0.43%

Figure 20 Surrey County Council Children Looked After Sufficiency plan (2021)

Early Help and ensuring families have access to the right services at the right time can help prevent the need of more costly interventions such as statutory services. The following section summarises the changes and trends of Child Protection plans, and the implications of these variations based on data obtained from SCC data (Tableau June 2021 and September 2022):

- In the northeast and northwest quadrants there is forecasted a slow increase in the number of Child Protection plans.
- The largest forecasted increase is expected to occur in the southeast region. The area experienced a 15% increase in cases between June 2021 and September 2022.
- Within the southwest regions Child Protection plans are forecasted to decrease. This estimation is a result of a substantial reduction in the number of open plans between June 2021 and September 2022.

Children in Need

Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services and unborn children. Data from the Children in Need Census shows on [31st March 2019](#), Surrey's rate of Children in Need as defined above was 226.5 per 10,000 children compared to 303.8 per 10,000 children in the South East and 334.2 per 10,000 children in England.

Children in Need Plans

Data above (figure 21) shows the trend in the number of Children in Need in Surrey with a Child in Need plan. On 31st March 2020 there were 2,106 children with Children in Need plans, on the 31st March 2021 there were 2,097 and on 31st March 2022 there were 1,900 (0.78% of Surrey's 0-17 population). This is showing a downward trend in the number of children on Children in Need plans in Surrey. Based on Children in Need 2022 census data Surrey (71.7) compares favourably with both England (91.2) and Southeast (105.8) in terms of rates per 10,000 children on a Children in Need plan.

The Surrey data below shows the rolling 12-month average of the number of Children in Need across each quadrant in Surrey between December 2021 to November 2022. Throughout the 12-month period:

- The southwest had the lowest rolling average number of Children in Need approximately, 333 children per month.
- The rolling average remained consistent over the 12 months in the northeast quadrant with approximately 351 Children in Need per month.
- The northwest region had a rolling average of 383 Children in Need per month but saw the greatest decline from December 2021 where it had the highest average to November 2022 and then had the second lowest average.
- The average rolling number of Children in Need in the southeast region was consistently high however still declining and remained the highest average from August 2022 with approximately 390 children per month over the period.

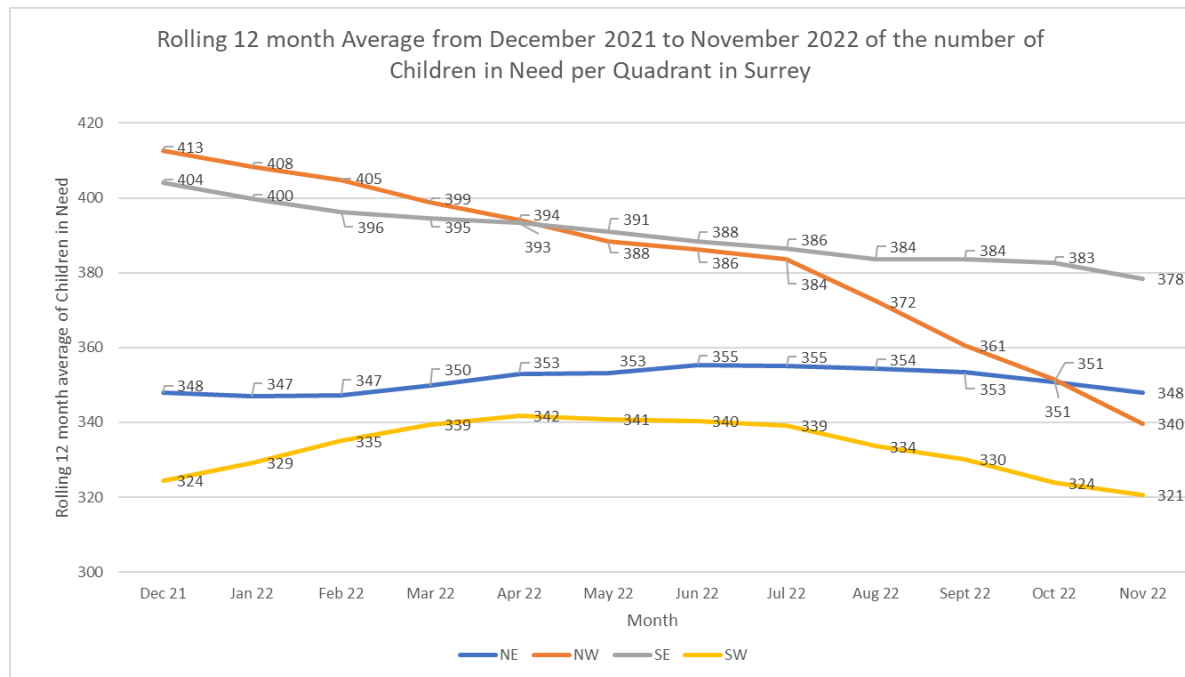


Figure 21 Rolling 12-month average of Children in Need cases in Surrey per quadrant December 2021-November 2022

Looked After Children

The [Surrey County Council Children Looked After Sufficiency plan](#) (2021) notes that the numbers of children in care is rising nationally. The report also highlights that in Surrey the rates of Looked After Children are also increasing. The table below shows the rate of children looked after in Surrey compared to a statistical neighbour and national rates on 31st March between 2016-2021. Although rates are increasing in Surrey in line with the national picture, they are still below the statistical neighbour and national rates.

Year	Surrey Looked After Children rates	Statistical Neighbour Looked After Children rates	National Looked After Children rates
2016/19	34	41	62
2017/19	36	43	64
2018/19	37	46	65
2019/20	37	43	67
2020/21	38	44	67

Table 1 Looked After Children rates against statistical neighbour and national rates

The table below highlights the percentage of Looked After Children who are Unaccompanied Asylum-Seeking Children (UASC) showing that although the percentage in Surrey is decreasing, the rates are higher when compared to a statistical neighbour and the national rate.

Year	Surrey % of Looked After Children who are Unaccompanied Asylum-Seeking Children	Statistical Neighbour % of Looked After Children who are Unaccompanied Asylum-Seeking Children	National % of Looked After Children who are Unaccompanied Asylum-Seeking Children
2016/17	16%	9%	6%
2017/18	12%	9%	6%
2018/19	12%	10%	6%
2019/20	11%	8%	6%
2020/21	8%	7%	5%

9. Family Safeguarding Model

Family Safeguarding (FS) is based on a simple concept, to get people who are working with the same family to work as a team under a matrix management structure. This approach enables professionals to share concerns and risks as a team to improve outcomes for families in a holistic way. The model provides the opportunity to work with parents identifying their needs and support them to address these needs arising from domestic abuse, parental substance misuse and poor parental mental health. This approach was adopted in Surrey because it has proved successful in other authorities for example: Hertfordshire, Bracknell Forest, Peterborough, Luton, and West Berkshire.

Surrey's Family Safeguarding cases

The independent evaluation of Family Safeguarding in Surrey Interim Findings (Feb 2022) noted:

- Between 1st October 2020 and 30th September 2021, 847 families, together comprising 3,238 individuals (1,557 adults and 1,681 children (defined here as being under 18 years of age)), had been supported by Family Safeguarding.
- As of 30th September 2021, 226 of the 847 families (27%) had an open case, while 621 cases (73%) had been closed. In practice, the true figures may differ very slightly (+/- 10 families) due to inconsistencies in the data.
- As shown in the below table (October 2020-Sept 2021), by far the most common reason for referral into Family Safeguarding has been abuse or neglect. This accounts for 77% of all referrals over the period in scope.

Reason for referral	% Referrals
Abuse or neglect	77%
Family in acute stress	9%
Family Dysfunction	9%
Child's disability	1%
Parental disability or illness	1%
Socially unacceptable behaviour	<1%
Low income	<1%
Absent parenting	<1%
Cases other than Children in Need	<1%

Figure 22 SCC and York Consulting (Feb 2022) Independent Evaluation of Surrey's Family Safeguarding

The main source of referrals were the police (28%), schools (12%) and 'other primary health services' (12%) together account for just over half of all the Family Safeguarding cases over the period in scope.

10. Speech and Language Therapy Service

As noted in the "Children and young people with additional needs and disabilities Sufficiency Plan (2022 - 2030)" in Surrey there is a higher-than-average number of children aged 4, 5 and 6 accessing Early Years Speech and Language Therapy Services, with a spike of up to 30% compared with 20% nationally. Also, a high proportion of primary-phase pupils in national curriculum years 4, 5 and 6 have speech, language, and communication need (SLCN), many of whom will be requiring new school placements for secondary education in the coming years. The SLCN growth rate continues to increase from 27.9% in 2016, to 34% in 2022. In Surrey, the southeast and southwest have a higher prevalence, around 4% more SLCN EHCPs compared to the northeast and northwest. Additional work is being developed to understand this cohort in greater detail so that appropriate support can be provided.

11. Children and young people Emotional Wellbeing and Mental Health

The [Surrey Children's Community Health Needs Assessment](#) outlines that between April 2018 and December 2020, there has been an increase in the Community Nursing caseload for children and young people (aged 0-19 years) experiencing mild emotional wellbeing and mental health needs with the most common primary reason for referral

being anxiety disorders. Through a questionnaire taken in 2019 with school aged pupils bullying was highlighted as a contributing factor. The [THRIVE](#) approach has been adopted in Surrey to support children and young people with their emotional wellbeing and mental health needs which underpins the 'Time for Kids' movement.

Surrey's [Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment](#) draws attention to the "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey report"^{xviii} that notes the following findings:

- "The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder
- Among 11 to 16 year old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder
- Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%), than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)
- About six in ten (62.6%) children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder
- Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%), than children unlikely to have a mental disorder (6.4%)"

The [Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment](#) also notes "in the context of the COVID-19 pandemic, children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)."

Data from [Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment](#) shows that in Surrey for both the 10-12 and 13-15-year old's', there has been an increase in self-harm A&E presentations during 2021/22. This is demonstrated in the graph below.

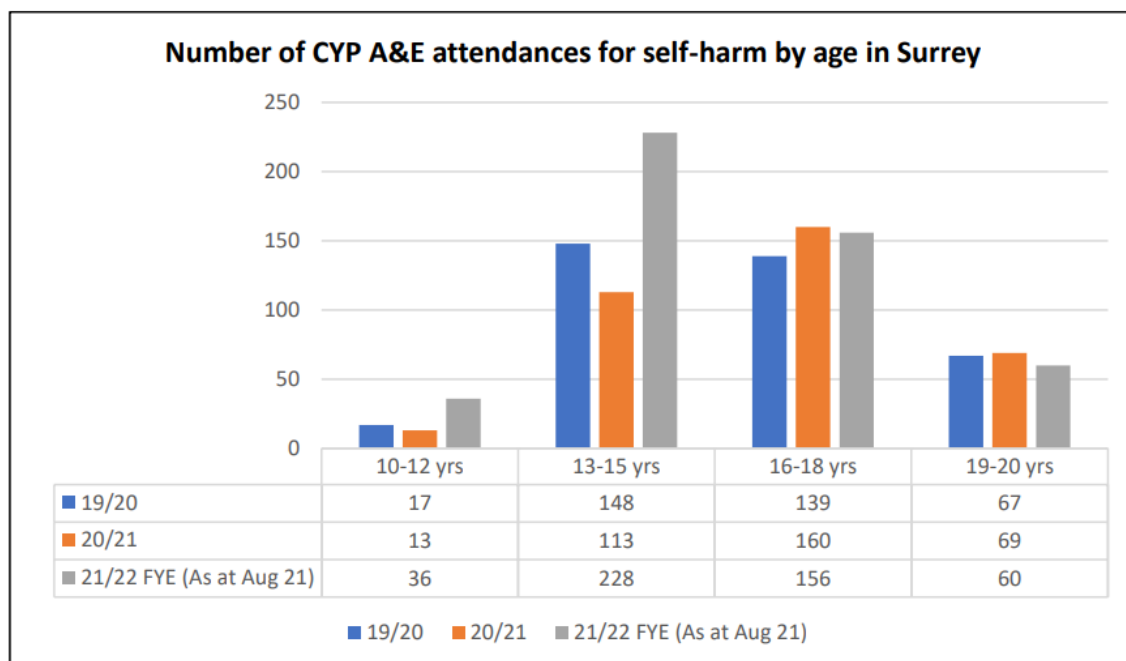


Figure 23 Number of CYP A&E attendances for self-harm by age, compared by year

The graph below shows data from [Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment](#) which highlights that children's eating disorder referrals in Surrey are inconsistent however a sustained increase has been maintained since October 2019.

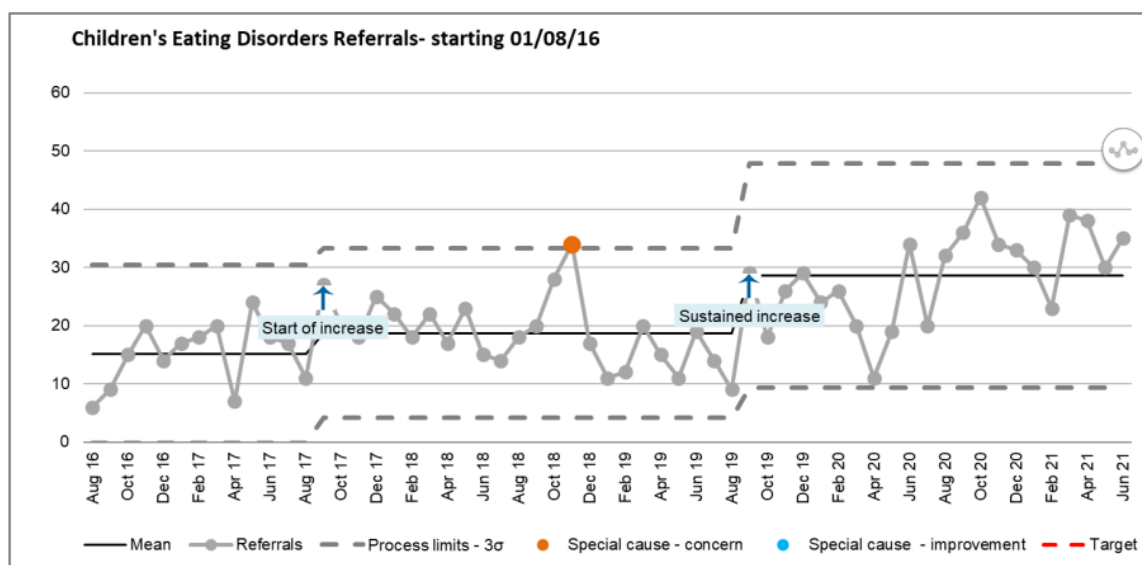


Figure 24 Children's eating disorder referrals in Surrey

12. Parental emotional wellbeing and mental health

The physical and mental health of the mother, and the family environment during pregnancy, infancy and childhood is of fundamental importance to mental health. A parent's ability to bond with and care for their baby, their parenting style and the development of a positive relationship can predict several physical, social, emotional and cognitive outcomes through to adulthood. While the relationship between mother and child is particularly important, the mental health of fathers and other caregivers should also be considered. Paternal and maternal depression is shown to have a negative impact on how parents interact with children and can have long-term consequences if left untreated.

Early Help and Family Resilience Needs Assessment

The [School-aged years high impact area 1: Supporting resilience and wellbeing guidance](#) from The Office of Health Improvement and Disparities addresses how certain groups of children and young people can have worse outcomes due to the following: gender, socioeconomic status, ethnicity, disability, sexual orientation, being a child in care or being in the youth justice system. The guidance also highlighted that:

- Teenage mothers have higher rates of poor mental health for up to 3 years after the birth of their child.
- Parental mental illness is associated with increased rates of mental health problems in children.
- Rates of mental disorder tended to be highest in children living with a parent with poor mental health or in children living with a parent in receipt of disability related income.
- Just over half of all UK children will have had a mother who has experienced mental illness by the age of 16.
- Of women living with a mental illness, 68% are parents, compared with 57% of men living with a mental illness.

The table below notes data from the Office For Health Improvement and Disparities (OHID) Child and Maternal Health Indicators for pregnancy and birth in Surrey, the South East Region and in England:

Indicator	Period	Surrey			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups	2020/21	↓	1,775	15.8%	14.7%	21.6%	2.3%		
General fertility rate	2020	↓	11,880	55.9	55.3	55.3	33.1		
Under 18s conception rate / 1,000	2020	↓	172	8.3	10.6	13.0	30.4		2.7
Under 18s conceptions leading to abortion (%)	2020	→	110	64.0%	57.5%	53.0%	24.3%		
Early access to maternity care	2018/19	—	6,055	52.0%	53.9%	57.8%	16.0%		79.1%
Obesity in early pregnancy	2018/19	—	-	16.9%	20.9%	22.1%	30.5%		
Drinking in early pregnancy	2018/19	—	-	-	-	4.1%	-	Insufficient number of values for a spine chart	
Drug misuse in early pregnancy	2018/19	—	-	-	-	1.4%	-	Insufficient number of values for a spine chart	
Smoking in early pregnancy	2018/19	—	-	7.3%	11.3%	12.8%	29.1%		2.1%
Smoking status at time of delivery New data	2021/22	→	646	5.8%	8.2%	9.1%	21.1%		3.1%
Teenage mothers	2020/21	→	30	0.3%	0.4%	0.6%	1.8%		0.0%
Premature births (less than 37 weeks gestation)	2018 - 20	—	2,883	78.2	74.9	79.1	114.8		56.0
Stillbirth rate	2018 - 20	—	110	3.0	3.3	3.9	6.3		
Neonatal mortality and stillbirth rate	2019	→	70	5.7	6.0	6.6	11.4		
Admissions of babies under 14 days	2020/21	→	830	73.7	65.5	77.6	218.3		14.4
Baby's first feed breastmilk	2018/19	—	8,090	76.5%	72.7%	67.4%	43.6%		
Breastfeeding prevalence at 6-8 weeks after birth - current method New data	2021/22	—	7,855	*	*	49.3%	-	Insufficient number of values for a spine chart	
Healthy life expectancy at birth (Male)	2018 - 20	—	-	67.8	65.5	63.1	53.5		
Healthy life expectancy at birth (Female)	2018 - 20	—	-	69.7	65.9	63.9	54.3		71.2
Life expectancy at birth (Male)	2018 - 20	—	-	81.7	80.6	79.4	74.1		
Life expectancy at birth (Female)	2018 - 20	—	-	85.0	84.1	83.1	79.0		

Figure 25- OHID Comparative Table for Pregnancy

- Surrey's life expectancy at birth for male and female exceed the national and region average.
- Surrey has a better healthy life expectancy at birth than the national average.
- The national average for percentage of deliveries to mothers from ethnic backgrounds is higher than the rate in Surrey. However, Surrey has a higher rate than the region average.
- Surrey performs has a lower-than-average stillbirth rate, teenage mothers, smoking and drug abuse during pregnancy, and obesity in pregnancy.
- However, Surrey also has a higher than average under 18 conception rates per 1000 and under 18 conceptions leading to abortions as a percentage.

13. Children and young people substance misuse

Whilst most young people do not use drugs, substance use can have a major impact on young people's health, education, families, and their long-term chances in life. The more risk factors young people have, the more likely they are to use substances. The [Association for Young People's Health](#) has shown that risk factors include experiencing abuse and neglect (including emotional abuse), truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse. The National Drug Strategy [From Harm to Hope](#) (2021) emphasises the need to prevent the onset of substance use by building resilience in young people and supporting young people and families at risk of substance use. The strategy advocates for the provision of good quality education, for targeted support to prevent substance use and for early interventions to avoid any escalation of risk and harm when problems first arise. Evidence suggests that effective specialist substance use interventions contribute to improved health and wellbeing, better educational attainment, reductions in the number of young people not in education, employment, or training (NEET) and reduced risk-taking behaviour, such as offending (DfE, 2010).

In line with national recommendations, Surrey's young people's substance misuse service (provided by Catch 22) expanded its service provision from 18 years of age to 24 years, with the aim of adding additional support for those transitioning from adolescence to adulthood, and all the additional difficulties which may arise during that period. The number of young people in structured treatment in Surrey 2021/22 has increased slightly since the end of covid-19 lockdowns. As part of [Surrey's Community Impact Report](#), young people engaged with Catch 22 at the time of the first lockdown reported that they struggled to engage in treatment via virtual online appointments, and preferred face-to-face appointments. Since the return of face-to-face interventions, numbers have increased as have the positive outcomes for those engaged with the service.

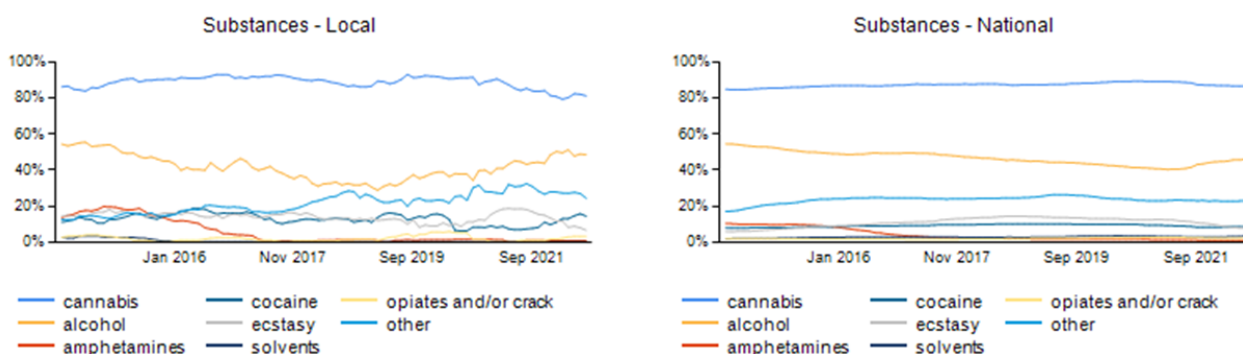
Numbers in Surrey's Young People's Specialist Substance Misuse Service 2021/22

	Apr	May	Jun	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	New presentations	Over 18s in YP services
Local	104	103	111	120	124	128	136	137	147	148	148	115	80
National	10729	10883	11007	10504	10544	10711	10802	10846	10937	10987	10987	7793	4303

PHE Young People's Specialist Substance Misuse Interventions Executive Summary Report, 2022

Substances used:

The main substance of use identified at point of assessment for young people accessing structured treatment in Surrey remains cannabis, followed by alcohol. This is the same as the national figure.



In Surrey in 2019-20, of the 4,304 total number of temporary school exclusion, 173 (4%) were related to drugs and alcohol (compared with 3% nationally). Regarding permanent exclusions from school, out of 51 in 2019-20, 6 (12%) were related to drugs and alcohol (compared with 10% nationally). With regards to [Early help and children's social care](#): 85% of young people who engaged in structured treatment in 2020/21 had no engagement with early help or children's social care; 15% were identified as Early Help, Child in Need or Child Protection. This compares to 64% of young people in treatment nationally who were not engaged with early help or children's social care.

14. Parental Substance Misuse

The [National Drug Strategy](#) From Harm to Hope (December 2021 Gov.UK) highlights the need for specific support at a local level for Families with parental drug misuse need. Families with parental drug misuse require specific support which must be co-ordinated at a local level. There is promising emerging evidence of the outcomes of programmes such as the Children of Alcohol Dependent Parents (CAdEP) programme. Public Health England published guidance [Parents with alcohol and drug problems: support resources](#) (May 2021 Gov.UK) shows that problem alcohol and drug use can reduce parenting capacity and is a major factor in cases of child maltreatment. In 2019 to 2020, Department for Education (DfE) statistics on the characteristics of children in need found that parents using drugs was a factor in around 17% of child in need cases, and parental alcohol use was a factor in 16%.

In 2021/22 37.2% (n.1426) of all adults in England who had started to access treatment in that year for alcohol or drug use were living with children, 19.4% (n.442) were parents living with their own children and 15.6% (n.356) were not the parents of the children they were living with.

15. Resettlement and asylum-seeking provision

As of January 2022, Surrey offered support to the Home Office in provision of services to asylum seeking individuals and families and the Afghan refugee resettlement programme. Services worked together to ensure immediate health needs and emerging mental and physical health needs are met. Recognising that English is an additional language and translation services are often required to ensure voices are heard and the correct support is given is vital. Surrey is also supporting [Ukrainian children and families](#) and offering a range of services to help them find a home, access essential public services, healthcare, find work and childcare and education services. As of May 2022, 2,407 Ukrainian families were expected to arrive in the county with 1,345 already receiving visas, including 892 individuals aged 2-17 years.

16. Surrey's Gypsy, Roma, and Traveller Communities

The Council owns 17 permanent Gypsy and Traveller caravan sites across the county which supports an estimated 1,000 tenants. SCC manage the following sites: in the northeast of the county there is a total of 33 plots across 3 sites. In the northwest there are 30 plots across 2 sites. In the southwest there are 26 plots across 5 sites plus an additional 2 sites managed by Guildford Borough Council. In the southeast there are 24 plots across 2 sites.

Research conducted in November 2021 revealed that Gypsy, Roma, and Traveller (GRT) residents in Surrey often feel unsafe, unsupported, and unwelcomed. They feel poorly understood by the wider community, and experience discrimination in many areas of life including healthcare, employment, and a lack of support for GRT children in school. This often results in withdrawal from the wider community and remaining close to those within the GRT community. The GRT community are often cautious to engage with the council due to an absence of trust and cultural understanding. Progress in building trust and relationships between SCC and GRT residents must be made for them to feel empowered, included and valued to participate in decision making. Key opportunities identified by SCC to engage with residents who feel cautious are to be more visible and do more work on the ground, partner with trusted organisations, find champions in the GRT community and communicate through channels and language that resonates with them.

17. Impact of Covid – 19 on children, young people, and families

The government's response to the pandemic has impacted the lives of everyone including children, young people and families. The [Children's Commissioner, report Childhood in the time of Covid](#) highlights that some children and young people have benefited from certain changes e.g., spending more family time together due to furlough. However, numerous other children and families have been negatively impacted. Before Covid-19 there were "2.2 million children in England living in households affected by any of the so-called 'toxic trio' of family issues: domestic abuse, parental drug and/or alcohol dependency, and severe parental mental health issues."^{xix} It is highly likely that these numbers have now increased due to lockdowns and economic pressures on families.

Due to restrictions children, young people and families have not had the same level of physical access to agencies and organisations (e.g., schools) that would typically recognise at an early-stage children and families requiring

additional support. The [DfE has reported](#) an increase in case complexity including: “elevated mental health issues amongst parents and children, neglect and emotional abuse, parental issues relating to alcohol and mental health, cases involving non-accidental injury, increases in the number of new-born children that are being presented in care proceedings, increases in cases involving young people self-harming, referrals where the family are in acute crisis and escalations of risks in cases that are already open to children’s social care”.^{xx}

Surrey’s [COVID-19 Impact Assessment \(CIA\)](#) found some relationship between places with a high prevalence of vulnerable groups with places that have been impacted in terms of health and economy. The health impacts have been felt the most in areas with higher numbers of over 80s and care homes which include Reigate and Banstead, Mole Valley and Waverley. The economic impacts have been felt the most in areas with a higher reliance on certain industries such as aviation. These areas include Elmbridge, Spelthorne, Surrey Heath, Tandridge and Reigate and Banstead.

18. Cost of Living Crisis

In the 12 months leading up to February 2022 inflation averaged 5.5% which is the highest 12-month average inflation figure since 1992.^{xxi} Research by the Resolution Foundations expects that 1.3 million people will fall into absolute poverty in 2023 including 500,000 children.^{xxii} It is anticipated that financial hardship will result in many families struggling to meet the needs of their children as well as their own needs. This is likely to increase the numbers needing additional support from the Early Help offer and will increase the complexity of challenge that families accessing services face.

19. Youth Justice

Surrey data obtained from Core+ (a single database solution for Integrated Youth Support) shows a 22% decrease in the number of first-time youth offender entrants in 2021/22. The previous year there was 136 children per 100,000 children entering youth offenders which dropped to 106 children per 100,000 children in 2021/22. Likewise, the number of re-offenders in Surrey according to data found on the Youth Justice Application Framework, decreased by 15.7% in 2019/20 to 27.2%, compared to 2018/19 (43%), whilst the number of further offences reduced from 3.12 per offender to 3.00. This data indicates that the number of children that reoffend has decreased over this period in addition to a decrease in the number of reoffences committed by these children.

The number of children who are sentenced to a custodial sentence in Surrey also remains low and has continued to decline since 2020. Between 2020/2021 and September 2022 the number of children in custody also reduced. This is comparable with the general trend in the southeast Region and England as a whole.

10.5 Early Help Data




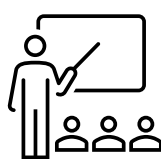


Early Help (Level 2) request for support

In Surrey 2020/21 the most requests for support (referrals) to Level 2 services came from Health which provided 26% of referrals, followed by 21% provided by Level 3 services (Targeted Youth Support, Family Support Programme and Family Centres). Schools provided 20%, the Early Help Hub provided 15%, and self-referrals were 12%. The smallest number of referrals were from the voluntary sector at 6% of referrals to Level 2 services.

In Surrey 2021/22 the most requests for support (referrals) to Level 2 services came from Level 3 provision (Targeted Youth Support, Family Support Programme and Family Centres) which combined provided 34% of referrals. This was followed by Schools which provided 20% of referrals, Health provided 17%, Self-referral provided 10% of referrals, Early Help Hub provided 7% and Voluntary organisations provided 3% of referrals. 9% of referrals were provided by “Other”.

Targeted Support (Level 3) request for support

The table below provides a high-level summary of Level 3 requests for support (referrals) between 1st April 2020 – 31st March 2021 and 1st April 2021- 31st March 2022.

Level 3 referrals 1 st April 2020 – 31 st March 2021	Level 3 referrals 1 st April 2021- 31 st March 2022
 <p>Between April 2020 to March 2021 there were a total of 48,734 contacts made to C-SPA requesting advice, support, or information. During this period there were a total of 6,629 referrals (14% of all contacts) made into Level 3 Early Help. 23% of contacts were referred to social care, 62% to information and 1% to signposting.</p>	 <p>Between April 2021 to March 2022 there were a total of 48,768 contacts made to C-SPA requesting advice, support, or information. During this period there were a total of 6,217 referrals (13% of all contacts) made into Level 3 Early Help. 20% of contacts were referred to social care, 39% to information and 28% to signposting.</p>
 <p>Of the 6,629 referrals into Level 3 Early Help, the highest referral sources were Police and Health, both making up 25% of all referrals each, followed by Schools at 21% and then Individuals at 12%. Other referral sources include local authority services at 7%, legal agencies at 6%, anonymous at 2% and other agencies and housing at 1% each.</p>	 <p>Of the 6,217 referrals into Level 3 Early Help, the highest referral source was schools making up 30% of all referrals, followed by Health services at 26% and then the Police at 16%. Other referral sources include individuals at 12%, legal agencies at 7%, local authority services at 6% anonymous at 2% and other agencies at 1%.</p>
 <p>5,846 (88%) of Early Help referrals consented to support at the point of contact whilst 783 (12%) did not consent to support at the point of contact. Of those who did not consent to support at the point of contact, the highest referrers were the Police and Anonymous (19% each), followed by Health (18%) and then Schools (17%). Other referral sources include local authority services at 10%, legal agencies at 9%, individuals at 5% and housing at 2%.</p>	 <p>5,525 (89%) of Early Help referrals consented to support at the point of contact whilst 692 (11%) did not consent to support at the point of contact. Of these, the highest referrer was Schools (30%), followed by the Police (25%) and then Health services (16%). Other referral sources include anonymous at 14%, individuals at 5%, local authority services and legal agencies at 4% each and housing and other agencies at 1% each.</p>

This data highlights there is a consistent number of children, young people, and families (approximately 11-12% of request for support referrals) who do not consent to Early Help support, suggesting the need to review the request for support referral route through the C-SPA. It is also important to recognise that less than half of contacts made result in statutory support.

The C-SPA referral outcomes between 1st of August 2021 and the 31st of July 2022 varies depending on the age group:

- Final outcomes for those aged 0-5 comprises of 39% receiving information, 28% signposting, 21% into Social Care and 11% into Early Help.
- For children aged 6-11 which accounts for 32% of referrals the outcome is similar consisting of 38% information, 29% signposting, 21% into social care and 11% into Early Help.
- For children and young people (CYP) aged 12-17 accounting for 40% of CYP referrals. The outcome for this cohort entails information for 36%, signposting for 31%, social care for 20% and Early Help for 13%. Additional analysis regarding CYP at risk of suffering harm indicate that 78% are recommended to Level 4 assessment teams.

The graph below shows the number of contacts (requests to C-SPA for advice, support, or information) received each month into Surrey's Early Help Services between October 2021 and September 2022. The 12-month average during this period has been calculated at 599 referrals per month.

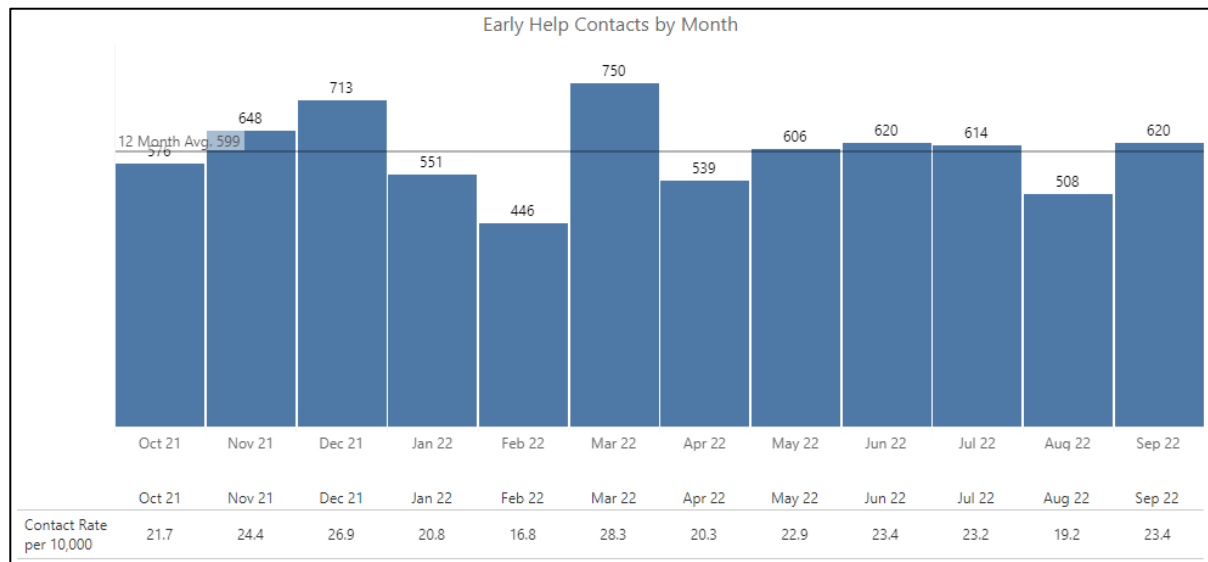


Figure 26 The 12-month average of contacts to Surrey's Early Help services (Oct 2021-Sept 2022)

During October 2021 – September 2022 where factors were identified for the primary reasons for support include mental health, learning disability, socially unacceptable behaviour, self-harm, and domestic violence. Other reasons for support include physical disability, abuse and neglect, drug and alcohol misuse and young carer support.

The graph below shows the number of children in Surrey with an Early Help episode at the end of each quarter between September 2021 and September 2022 has been steadily increasing. An early help episode is the period from when the case is opened, and the first discussions take place with a family about their concerns to the closure of early help support.

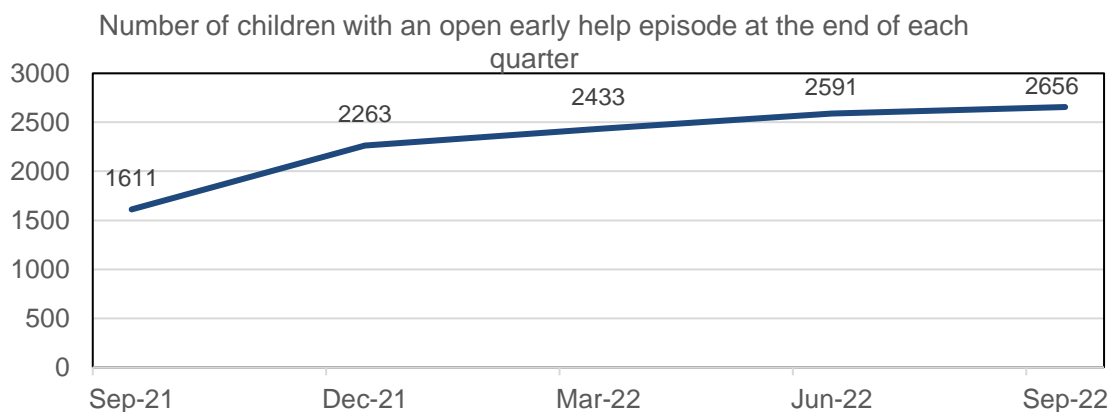


Figure 27 No. of children and young people with an early help episode (Sept 21-Sept 22)

The graph below shows the number of Early Help episodes in Surrey starting and ending in each quarter between September 2021 and September 2022. An early help episode is the period from when the case is opened, and the first discussions take place with a family about their concerns to the closure of early help support. Between September 2021 and September 2022, there was a higher number of episodes starting than episodes ending in each quarter. The number of episodes starting has remained consistent however, the number of episodes ending has increased in recent months. This has resulted in a decreased gap between episodes starting and episodes ending between January 2022 and September 2022.

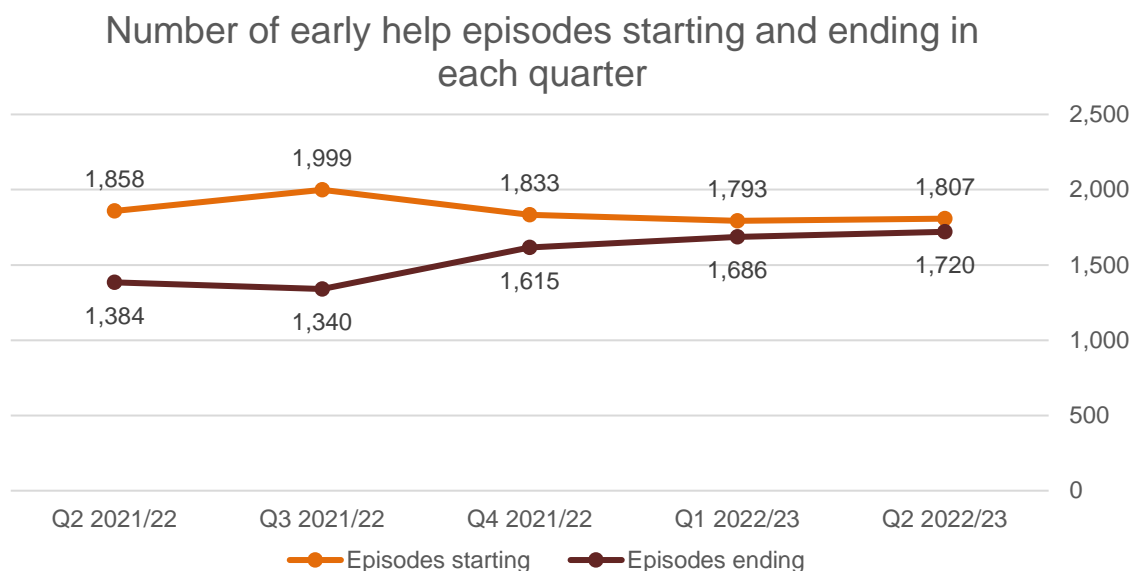


Figure No.28 Early help episodes starting and ending each quarter

10.6 Understanding Surrey's Early Help Level 2 needs, demand, and outcomes

When reviewing data for Level 2 services from January 2020 to June 2022, 46% of families reached family resilience at case closure. There was a 16% drop out rate and 22% refused the services. This indicates that 38% of cases did not achieve the desired outcome of Family Resilience. The remaining outcomes include referrals to other services such as to another Level 2 service (5%), a Level 3 service (5%), a Level 4 service (3%), where people moved out of the area (2%) or were referred to Children and Adolescent Mental Health Services (CAMHS) (1%). It is important to note that there has been especially high demand for Level 2 services in the southeast of the county.

Prevalent reasons for requests for support for Level 2 provision by District and Borough and age (all data for this section is from January 2020-June 2022)

The primary reason for referrals into Level 2 services for children aged 0-4 years is for Parental Mental health, the second reason for referral is Parental Support. Parenting support is the top reason for Level 2 referrals for families that have children aged 5-10 years old, with Parental Mental Health being the second main reason for referrals. The prime reason for referrals for young people aged 11-19 years to Level 2 services is for Children, Young People (CYP) mental health. All this information is visually captured in the tables below.

D&B (January 2020 – June 2022)	0-4 years	5-10 years	11-19 years
Total Early Help referral distribution across the county	35.6%	14.7%	49.6%
Elmbridge	Parental Mental health (54%)	Parental Mental health (33%) & Parenting support (33%)	CYP Mental Health (29%) and Family Relationships (20%)
Epsom & Ewell	Parental Mental health 76%)	Parental Support 67%)	CYP Mental Health (37%) and Family Relationships (24%)
Guildford	Parental Mental health (47%) & Parenting Support (37%)	Parental Mental health (46%) & Parenting support (38%)	CYP Mental Health (55%)
Mole Valley	Parental Mental health 42%) & Parenting Support (38%)	Parental Mental health (33%) & Parenting support (25%)	CYP Mental Health (31%) Parenting support (19%)
Reigate and Banstead	Parental Mental health 43%) & CYP with additional needs (41%)	Parental Support (37%) CYP Mental Health (16%)	CYP Mental Health (47%) CYP Behaviour (28%)

Early Help and Family Resilience Needs Assessment

Runnymede	Parenting Support (38%) Parental Mental health (34%)	Parenting Support (67%)	CYP Mental Health (48%)
Spelthorne	Parenting Support (65%) Parental Mental health (35%)	Parenting Support (56%)	Family Relationships (31%) CYP mental health (25%)
Surrey Heath	Parental Mental health (53%) Parenting Support (29%)	Parenting Support (38%) Parental Mental Health and CYP Additional needs (both 23%)	CYP Mental Health (37%)
Tandridge	Parenting Support (59%) Parental Mental health (36%)	Parenting Support (43%) Parental Mental Health (24%)	CYP Mental Health (51%)
Waverley	Parenting Support (47%) Parental Mental health (35%)	Parenting Support (39%) Parental Mental Health (22%)	CYP Mental Health (37%) Family Relationships (18%)
Woking	Parenting Support (38%) Parental Mental health (38%)	Parental Mental health (41%) Parenting Support (31%)	CYP Mental Health (34%) Family Relationships (26%)

It is important to note issues with domestic abuse increase in prevalence based on the age of the cohort, with 0-4 years having the lowest prevalence and DA representing circa 5% of cases for the groups 5-10 and 11-19. Early Help providers have noted that families are often referred for Parental Mental Health/Support because of historic domestic abuse. Most referrals received from health are through health visitors. Children aged between 5-10 years are less likely to access the Level 2 support (14.7%) compared to 0-4 years (35.6%) and 11-19 years (49.6%), a reason for this could be down to the type of provision being provided not meeting their needs.

Level 2 Outcomes

Key findings

Overall, 46% of the families that accepted Early Help Level 2 provision reached Family Resilience. Combining the rate of families dropping out of the service and families not accepting the service, 38% of families did not achieve the desired outcome of Family Resilience (22% did not accept the service in the first place, and an additional 16% declined further support). This indicates a key challenge in families accepting the provision. Other outcomes include situations where people were referred to other services such as to another Level 2 service (5%), a Level 3 service (5%), a Level 4 service (3%), where people moved out of the area (2%) or were referred to Child and Adolescent Mental Health Services (1%).

In terms of outcomes by age group, the older the cohort is, the less likely they are to achieve the outcome of establishing Family Resilience:

- 0-4 years: 60% reached Family Resilience, 13% did not accept the service and 13% dropped out.
- 5-10 years: 42% reached Family Resilience, 18% did not accept the service and 18% dropped out.
- 11-19 years: 39% reached Family Resilience, 28% did not accept the service and 17% dropped out.

The table below displays the outcome of Level 2 services based on the primary reason for entering Level 2 support (January 2020- June 2022). Family Resilience is more likely to be achieved within cases relating to domestic abuse and parental mental health. The group which is least likely to achieve Family Resilience is children with poor school attendance. Another area where Family Resilience is low includes Children and Young People (CYP) with mental health problems. In this category only 37% achieve Family Resilience. However, this mainly comes down to the 31% who refuse the services and 14% who decline further support. For example, whilst only 42% of children with additional needs achieve Family Resilience, 38% decline support at some stage which means only 20% of those that accept support fail to reach Family Resilience. This indicates that there is a challenge regarding children, young people and families accepting the support.

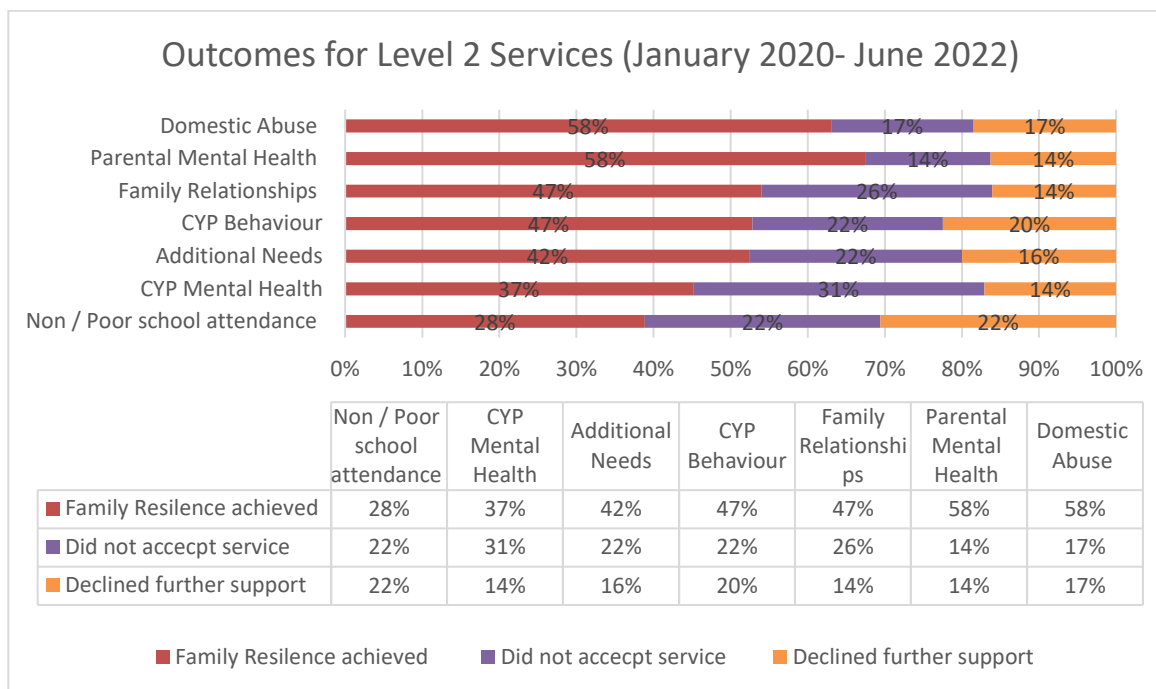


Figure 29 Children and Families outcomes from Level 2 Early Help services

10.7 Understanding Surrey's Targeted Level 3 needs

Prevalent reasons for referrals to Family Centre provision

Reason for referrals into Family Centres is not currently captured in an easily reportable way. However, updates to the case management system are in progress so that this information will be routinely reported in the future. Anecdotal information collected via contract management conversations have been utilised to inform an understanding of families' needs who are accessing Family Centres. The most prevalent reasons for Family Centre support (not listed in any particular order) between 2021 and 2022 are:

- Northeast - domestic abuse, parent and child mental health, parenting, parental conflict, behavioural issues, supporting children with additional needs and financial difficulties.
- Southeast - domestic abuse, parent and child mental health, parental conflict, behavioural issues (parents not being able to manage), supporting children with additional needs, financial difficulties and emotionally based school avoidance.
- Northwest – domestic abuse, parent and child mental health and supporting children with additional needs
- Southwest - domestic abuse, parent and child mental health and supporting children with additional needs

Other issues and themes identified include working with families living in poverty, families with no resource to public funds, the need for foodbanks, assistance with neighbourhood disputes and the requirement for counselling. Support is also offered around the following: finances, housing, substance misuse, families seeking asylum and refugees.

Between September 2021 and September 2022 49% of children and young people supported by Family Centres were aged between 5-10 years, 35% between 0-4 years, 14% were aged 11-19 years, and under 1% were unborn. Family Centres work with children aged 0-11 years and so this represents a relatively even distribution although most need is for the 5-10 age group. This can be contrasted with the relatively low level of identified need at Level 2 for this age group which suggests that needs for this age group are not being identified as early as other age groups resulting in a higher proportion seeing their needs escalate to Level 3. It could also indicate that as Family Centres work with the whole family, they are more likely to support other children within the family aged 5-10yrs.

Family Centre Outcomes

Between September 2021 and September 2022, the following outcomes were recorded for children, young people and families that were allocated to a Family Centre for support:

- 58% completed their Family Action Plan
- 14% disengaged from the service or did not consent
- 13% were stepped up to Children's Social Care
- 8% stepped down to a Level 2 Early Help services
- 3% moved out of area
- The remaining 4% of families were closed for a series of other reasons which each accounted for less than 1% of outcomes, this included transitions to Adult Social Care and referral to other agencies.

However, if we deduct the children, young people and families who disengaged, did not consent, or moved out of area then the outcomes for the remaining children, young people and families who completed the interventions between September 2021 and September 2022 are:

- 69% completed their Family Action Plan
- 16% stepped up to Children's Social Care
- 9% stepped down to Level 2 Early Help services
- The remaining 6% is accounted for by other reasons which each is less than 1%.

The outcomes "Family Action plan completed" and "Stepped down to Level 2" both represent a reduction in children, young people and families' needs, meaning that where families complete an intervention with a Family Centre 78% had a reduction in their needs. However, 16% of children, young people and families saw their need for support increase. This shows that where families are referred to Family Centres appropriately and accept the service, they will in most cases (78%) see their level of need reduce because of the support.

Family Centre capacity

The table below identifies the difference between Family Centre commissioned capacity (the number of families that can be allocated when fully staffed based on 12 cases per case holder) and actual capacity (the number of cases that can be allocated to staff currently in post based on 12 cases per case holder).

Family Centre Capacity data 1 st January 2022-September 2022					
Quadrant	Average number of open cases	Capacity based on average actual staff levels	Maximum commissioned capacity based on full staffing	Open cases as a % of actual capacity	Open cases as a % of commissioned capacity
SE	187	210	240	89%	77%
NE	176	218	285	80%	59%
SW	123	154	189	79%	65%
NW	157	145	258	108%	59%

Key findings and considerations:

- Based on average case allocations between January 2022 and September 2022, each quadrant has staff vacancies reducing their capacity. It is widely recognised that recruitment in most sectors is a national challenge especially to Social Worker posts. The northwest has the higher vacancy rates with their capacity being 113 families lower than if they were at full staff. The northeast has the next biggest gap of 67 families lower than if they were fully staffed. This is followed by the southwest with a gap of 35 families they could support if they

were fully staffed, and then the southeast which has the smallest gap of 30 families they could support. Family Support Worker vacancies within the period has resulted in an overall drop in capacity of 245 families.

- The quadrant which most frequently encounters over capacity is the Southeast.
- Each quadrant besides the northwest is operating within its actual capacity limits on average, this suggests there is spare capacity in parts of Surrey. It should be noted that within a quadrant there are several Family Centres some of which are at their capacity based on actual staffing which is hidden when looking at a quadrant level only.

There are several areas in Surrey that see high demand, and this is especially pronounced in the southeast of the borough. It is not fully understood whether variations in demand are primarily due to differing geographical levels of need or barriers for families accessing services. Across Level 2 and Level 3 services there is highest demand in Reigate and Banstead, with higher-than-average demand also experienced in Guildford, Woking, and Spelthorne. This has been exasperated by difficulties recruiting and retaining Family Support Workers which has impacted their capacity. There is a wider staffing challenge across Children's Services nationally with the number of vacancies at a five year high^{xxiii}. By allocating resources across the county to meet the expected demand and focusing on where it is most needed, excellent value for money has been achieved in most areas. However, demand has been greater than anticipated and although some areas have spare capacity, the number of areas at capacity is greater and therefore overall exceeds capacity on a countywide level. This indicates the allocation of resources can be spread more efficiently to ensure they are targeted to meet demand in all areas of the county.

Family Support Programme

Prevalent reasons for referral to Family Support Programme provision

Reason for referrals to the Family Support Programme is not currently captured in an easily reportable way. However, updates to the case management system are in progress so that this information will be routinely reported in the future. Anecdotal information collected via contract management conversations have been utilised to inform an understanding of families' needs who are accessing the Family Support Programme. The most prevalent reasons for Family Centre support (not listed in any particular order) between 2021 and 2022 are:

- Northeast - parent and child mental health (including suicidal ideation), self-harm, children with diagnosed additional needs and associated behaviours with ADHD/Autism, parenting conflict, substance misuse and domestic abuse.
- Southeast - child and adult mental health, emotionally based school avoidance, children's behaviour and supporting children with additional needs.
- Northwest - parenting concerns, parent and child mental health and supporting children with additional needs.
- Southwest- parenting concerns, parent and child mental health and supporting children with additional needs.

Between September 2021 and September 2022 49% of children and young people supported by Family Support Programme were aged between 11-15 years, 31% are aged 5-10 years, 10% are aged 0-4 years, 10% are 16-19 years and under 1% are unborn. Family Support Programme works with young people aged 5-18 years although they work whole family and so other age groups would be supported where there are siblings. As with Family Centres there is a relatively even distribution across the primary age groups the service supports although there is more representation from those aged over 11 years which is likely because Family Support Programme is the only whole family service available at Level 3 for this age group while families with children under 11 can also be referred to Family Centres. It should be noted that there is still a sizeable number of 5–10-year-olds accessing the service showing there is a need of early help support for this age group despite the low levels from this age group identified for Level 2 support.

Family Support Programme Capacity

Capacity data is regularly collected but has not been included at a quadrant level due to it being possible to identify the specific partner the capacity data relates to. The following high-level information has been included and is based on the period September 2021 to September 2022:

- 3 out of the 4 quadrants have reduced capacity due to recruitment challenges
- 3 out of the 4 quadrants are operating at or near their capacity based on current staffing levels
- The highest demand has been identified in the southeast which matches the data for Family Centres and Level 2 services.

Family Support Programme Outcomes

Between September 2021 and September 2022, the following outcomes were recorded for children, young people and families that were allocated to a Family Support Programme for support:

- 59% completed their Family Action Plan
- 22% disengaged or did not consent
- 11% stepped up to Children's Social Care
- 2% stepped down to a Level 2 Early Help service
- The remaining 6% are accounted for other closure reasons such as moving out of area or young person turning 18, these other reasons each account for less than a percentage.

However, if we deduct the children, young people and families who disengaged, did not consent, or moved out of area then the outcomes for the remaining children, young people and families who completed the interventions between September 2021 and September 2022 are:

- 76% completed their Family Action Plan
- 14% stepped up to Children's Social Care
- 2% stepped down to a Level 2 Early Help service
- The remaining 8% are accounted for other closure reasons such as young person turning 18

The outcomes "Family Action plan completed" and "Stepped down to Level 2" both represent a reduction in children, young people, and families' needs, meaning that where families complete an intervention with a Family Support Programme 78% had a reduction in their needs. However, 14% of children, young people and families saw their need for support increase. These figures are remarkably similar to those for Family Centres and continues to demonstrate that where referrals are appropriate, and families engage then the majority will see their level of need reduced through the support. The Family Support Programme does have a higher rate of families not engaging with the service (22%) compared to 14% for Family Centres.

Targeted Youth Support

Targeted Youth Support (TYS) is a statutory service that works with young people aged 11 – 18 years who need support for a variety of needs, in different areas of their life. YYS offer support to build resilience and develop strategies to work through life's challenges. Support focuses on the following:

- Attending education and/or training (exclusion)
- Self-esteem and confidence
- Peer influence and decision making (including being at risk of being involved in criminal activities)
- Support for emerging mental health needs (e.g., anxiety, low mood, self-harm)
- Substance misuse awareness and education
- Understanding identity and diversity
- Exploitation awareness and prevention
- Online safety
- Preventing criminal and anti-social behaviours

Early Help and Family Resilience Needs Assessment

- Support for parenting teenagers
- Promoting pro-social behaviours

In the period 01/10/2021 to 30/09/2022, there were 2,025 young people (aged between 10 and 21) who had a total of 2,155 Targeted Youth Support involvements. Of the 2,025 young people, the age with the highest prevalence was 15 years at 21%, followed by 14 years at 20%, 13 years at 17%, 16 years at 16%, 12 and 17 years both at 11% each, 11 years at 3% and 10 years at 1%.

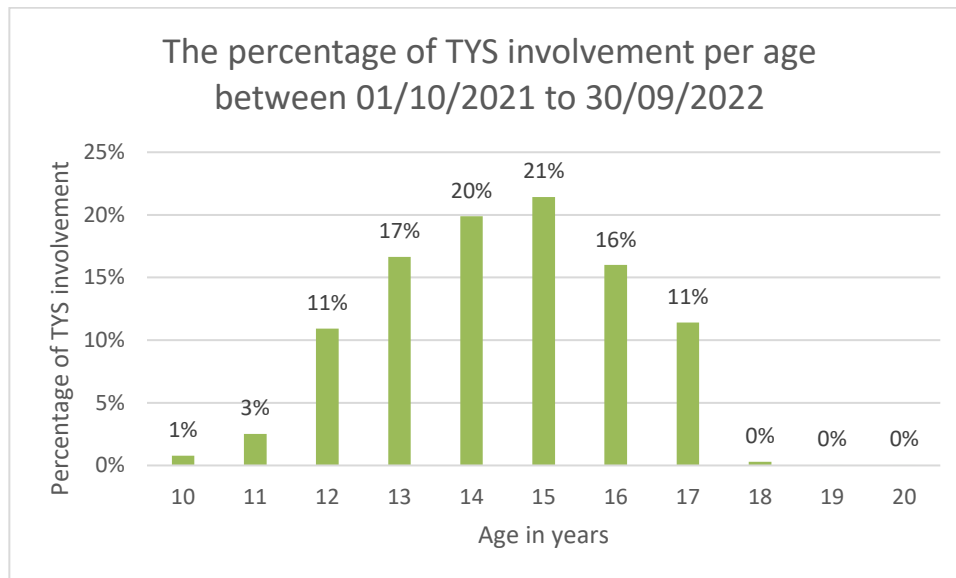


Figure 30 TYS involvement per age. Source: SCC Tableau data

The quadrant supporting the most young people during this time was the northeast at 31% followed by the southeast at 26%, northwest at 25% and the southwest at 17%.

In the period 01/10/2021 to 30/09/2022 there were 1,684 cases that ended. The reasons for the case closures are broken down below. 100 cases have been excluded from the below dataset where the end reason is not clear. The graph below showcases that the primary reason for TYS case closure relates to Family Action Plan being completed which means the needs of the family have been successfully addressed. This statistic is three times larger than the second most popular reason showcases the success of TYS services. The second most popular explanation for TYS episode closure is that help was no longer required in the present moment.

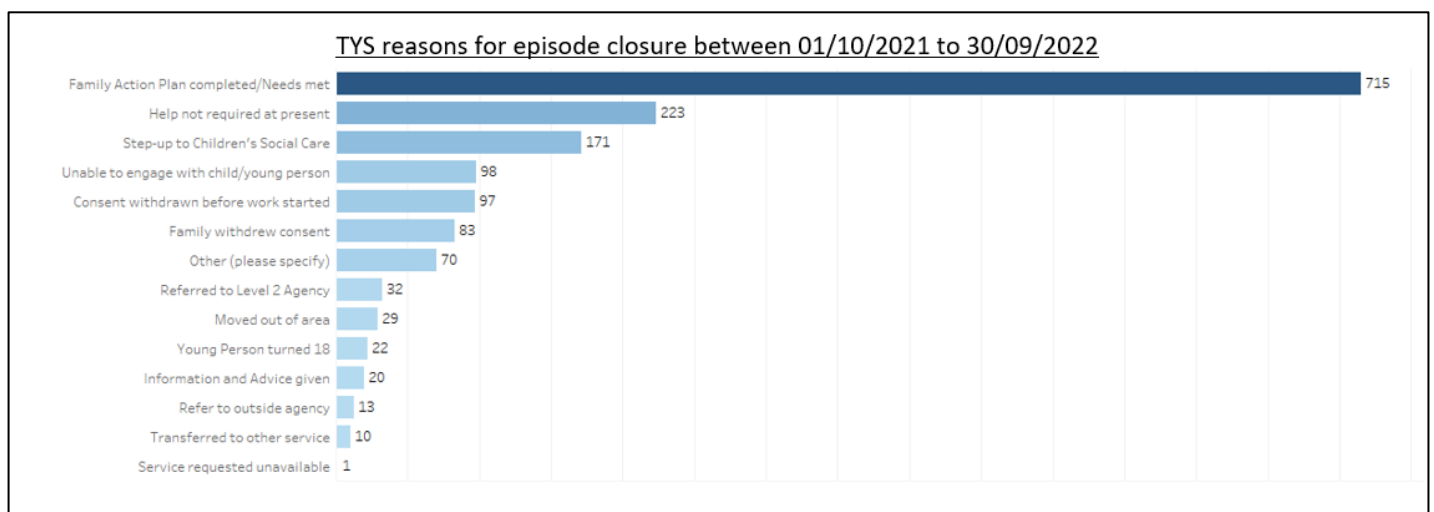


Figure 31 Reasons for TYS episode closure. Source: SCC Tableau data

SECTION 11: Geographical Breakdown

11.1 Health and Wellbeing Priority Areas








Throughout Surrey there are specific wards experiencing severe deprivation according to the 2019 Index of Multiple Deprivation's ranking for the Lower Layer Super Output Areas (LSOA) in Surrey. LSOAs are a geographic hierarchy generated to enhance the reporting of small areas statistics in England and Wales. Twenty-one of these electoral wards have been identified as priority areas within the [Surrey Health and Wellbeing strategy](#) requiring extra focus. The areas included are as following (including the borough or district):

- Hooley, Merstham and Netherne (Reigate and Banstead)
- Canalside (Woking)
- Westborough (Guildford)
- Stoke (Guildford)
- Stanwell North (Spelthorne)
- Holmwoods (Mole Valley)
- Tattenham Corner and Preston (Reigate and Banstead)
- Court (Epsom and Ewell)
- Ashford North and Stanwell South (Spelthorne)
- Goldsworth Park (Woking)
- Englefield Green West (Runnymede)
- Walton South (Elmbridge)
- Horley Central and South (Reigate and Banstead)
- Farnham Upper Hale (Waverley)
- Godalming Central and Ockford (Waverley)
- Chertsey St Ann's (Runnymede)
- Redhill West and Wray Common (Reigate and Banstead)
- Ash Wharf (Guildford)
- Walton North (Elmbridge)
- Cobham and Downside (Elmbridge)
- Old Dean (Surrey Heath)

11.2 High level summary of each district and borough

The following section analyses current provisions available within each district and borough whilst looking at core information including digital inclusivity, population size of young people, and options available for future provisions if they are required. This information has been accumulated by assessing the location of Family Centres and comparing it with the geographical needs and level of access in the area.

Key

-  Black = Family Centre Building
-  Pink = Additional Site (Satellite or Delivery)
-  One of the top 3 wards where Targeted Youth Support is delivered
-  Highlighted area of need
-  Library
-  Travel time is 45 minutes +
-  Travel time is 35 minutes +

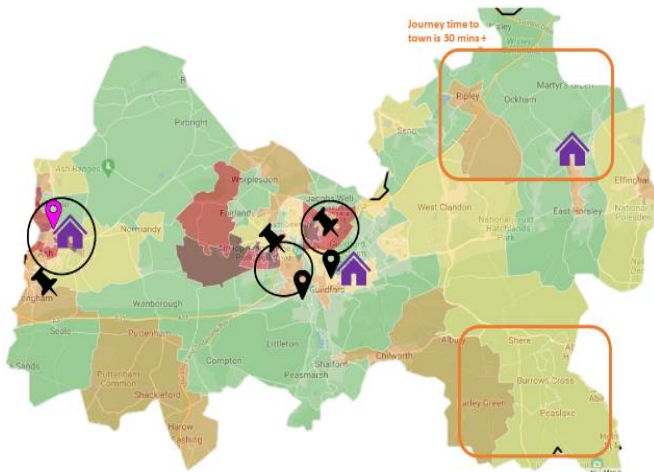


Figure 28 - Guildford map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Guildford

- Guildford has the lowest population of 0-15 years olds in the county, which may indicate that demand for services could be proportionately lower.
- The locations of the Family Centres are within the highest area of need suggesting that the most vulnerable cohort of people can access in person services most easily.
- The library location that is north of East Horsley may be a useful space to host services for those who cannot travel across the borough depending on outreach services.
- There are pockets of relatively deprived areas within parts of Guildford which have poor transport links to the Family Centres. However, outreach services would be able to help families requiring support in their homes.

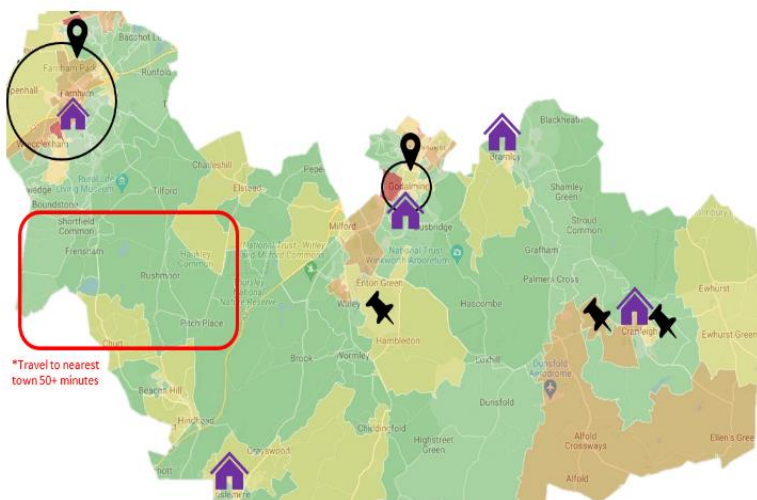


Figure 29 - Waverley map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Waverley

- Waverley has a significant population of young people which may indicate a considerable demand on the service offer.
- There are two physical Family Centres within Waverley, both located in the northern region of the borough. These are both located in the highest areas of need.
- Despite two physical centres in high areas of need, these may be hard to access for residents that live in the south of the borough. However, outreach services would be able to help families requiring support in their homes.
- Depending on the outreach offer in Waverley, it may be beneficial to have in person service provision in these areas whether through library provision or other buildings.
- In Waverley there is poor transport links in the mid-west of the borough.
- There are varying levels of digital exclusion across the borough.

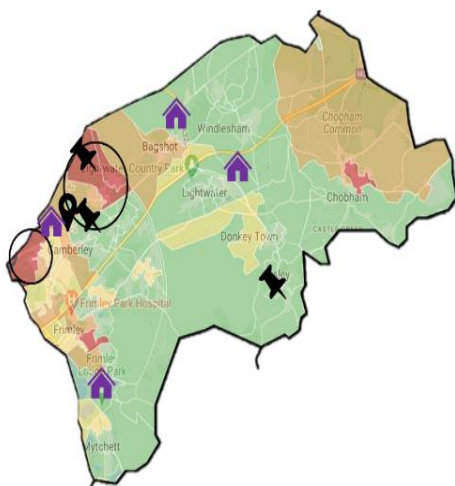


Figure 32 - Surrey Heath map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Surrey Heath

- Surrey Heath has a reasonable population of young people and access to one physical Family Centre which is also shared with Targeted Youth Support. This is appropriately placed in the highest area of need.
- Cobham Common area has also been highlighted as an area of child poverty –this may indicate that further provision is needed here to cater the demand. There is no library within this area that could facilitate this, but perhaps other community buildings could help with fill this gap. However, outreach services would be able to help families

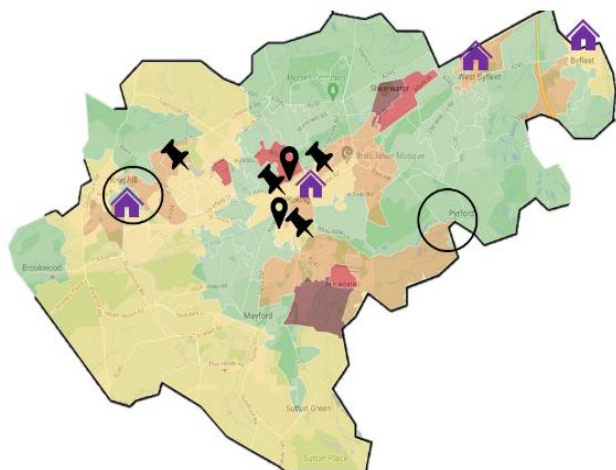


Figure 31 - Woking map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Woking

- Woking has a very high population of young people compared to other D&Bs.
- The 2 Family Centres are both centrally located within the county and are a short distance from one another. Outreach services are also helping families requiring support in their homes. The utilisation of other community buildings providing services could also be explored. For instance, the library located in Knaphill may be a good location for additional service delivery due to having high levels of need.
- Transport links are generally good in Woking compared to other D&Bs.

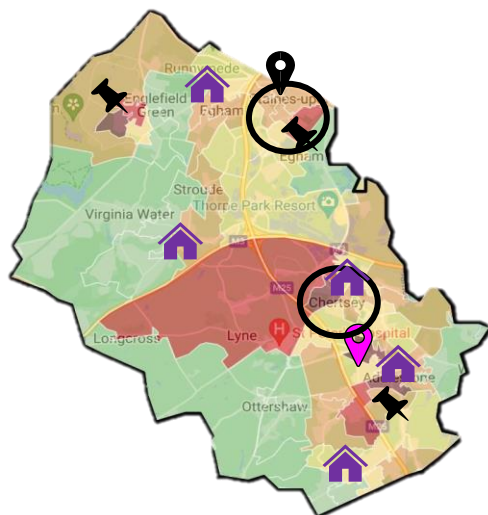


Figure 32- Runnymede map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Runnymede

- Runnymede has a low population of young people compared to the other D&Bs. This may indicate that demand for these services will be relatively lower than other D&Bs.
- Runnymede wards in the 10th most deprived percentile
- Runnymede has high scores of digital exclusions across the borough.
- The Family Centres in Runnymede are based in Primary Schools

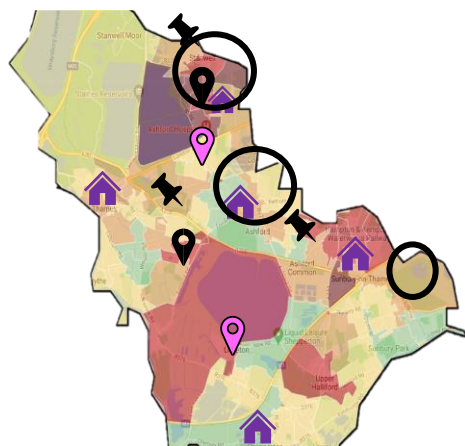


Figure 33 - Spelthorne map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Spelthorne

- There are 2 physical Family Centres and 2 delivery sites in Spelthorne whilst having the 6th highest population of young people. This may indicate that the demand for services is lower compared to other D&Bs
- The existing physical Family Centres are in the highest areas of need which does indicate that children, young people and families in Spelthorne are able to access physical centres as well as outreach offers.
- Digital Exclusion rates are high in Spelthorne which suggests in person support or outreach support is more valuable in this area.

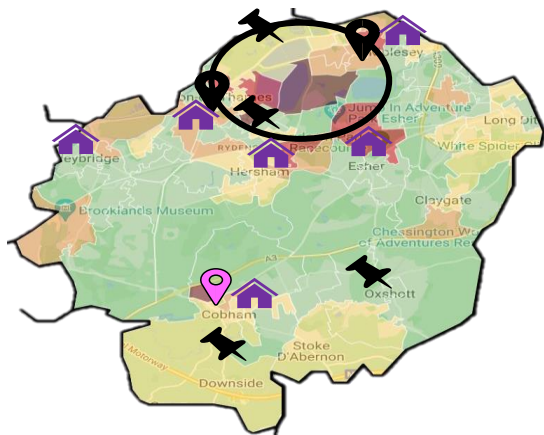


Figure 34- Elmbridge map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Elmbridge

- Elmbridge has the highest population of young people in Surrey whilst also being identified as having a disproportionately high level of children in need. This may indicate that there is a high demand for services in Elmbridge.
- The two physical sites in the northern part of the district are in the highest area of need and the highest areas of digital exclusion. This suggests these are best placed to cater to children, young people, and families.
- Digital exclusion is low generally across Elmbridge. This may mean that an online offer could be beneficial for residents in central and southern parts of Elmbridge.

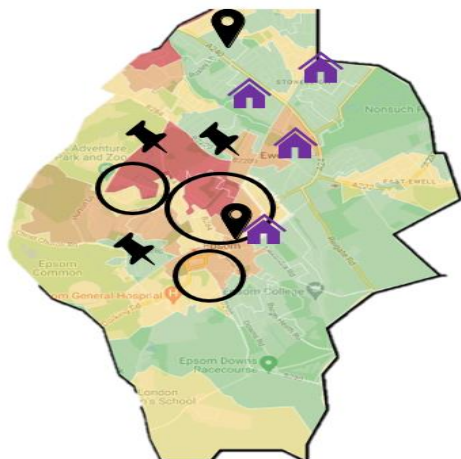


Figure 35- Epsom and Ewell map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Epsom and Ewell

- Epsom & Ewell has a large population of 0–15-year-olds. This may indicate a higher demand for services.
- There is a high level of need in the centre of the district which correlates with one of the Family Centres that is in Epsom.
- There is no library or physical centre provision in the south of the district. However, outreach services would be able to help families requiring support in their homes.
- Epsom & Ewell has high levels of neglect and abuse rates. This may indicate a greater need for specific services that cater to this need.

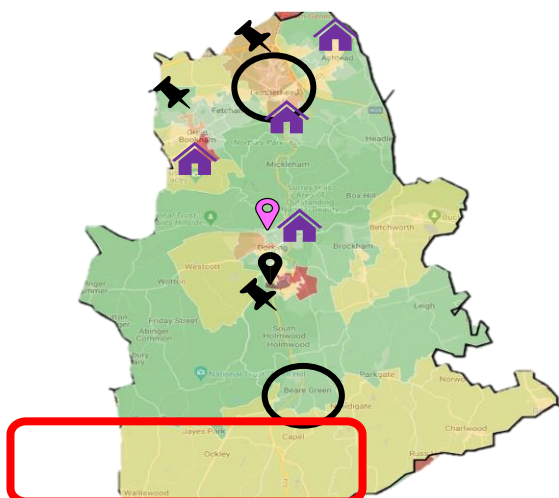


Figure 36 - Mole Valley map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Mole Valley

- Mole Valley has a relatively low population of young people and two Family Centres. These are located centrally and a short distance from one another.
- Children and families may benefit from receiving support in the north and/or south of the county due to these having a high level of need. For instance, utilising the library in Leatherhead. However, outreach services would be able to help families requiring support in their homes.
- Although digital exclusion is generally low in Mole Valley, they are high in areas of need. This means that it is likely that online services may not be beneficial to most residents.

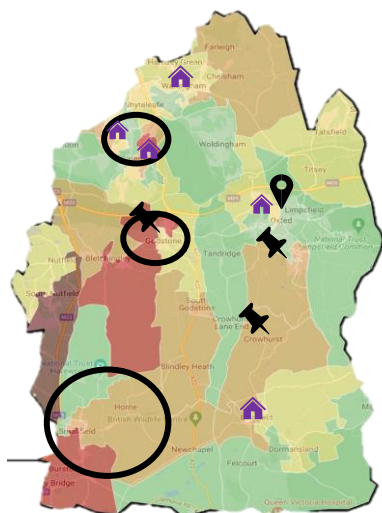


Figure 37 – Tandridge map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Tandridge

- There is only one physical family centre location in Tandridge currently despite a significant population of young people.
- The location of this family centre is not located based on the highest areas of need however, outreach services would be able to help families requiring support in their homes.
- Having online support and outreach support available will be valuable in Tandridge for those located in the Southeast of the district.



Figure 38 - Reigate and Banstead map showing location of Family Centres, Libraries, Travel time, areas of need and child poverty

Reigate and Banstead

- Reigate & Banstead (R&B) has a significant population of young people which would indicate a higher demand for services compared to some other D&Bs.
- R&B does have several physical sites in the borough. Having this number of sites would indicate that there is appropriate provision to cater to increased demand, in addition to the outreach model.
- The location of the physical sites is congregated mainly in the centre of the borough.

SECTION 12: Gap Analysis

12.1 High level Gap Analysis

Theme	Sub-theme	Gap identified	Section
Data	Understanding Surrey's demographics and equipping services to support families	There is a gap in data on sexuality, gender identity, and ethnicity. Surrey is becoming more ethnically diverse and as part of Surrey's Equality Diversity and Inclusion approach we need to ensure services are equipped to support families where English may not be their first language.	SECTION 10.1 Surrey's Population
	Reason for referrals into Level 3 provision	Reason for referrals for Family Centres, Family Support Programme (both commissioned services) and Targeted Youth Services (internally provided) is not captured in an easily reportable way. Updates to the case management system are in progress so that this information will be routinely reported in the future. However, this is currently a gap in our data reporting that is being rectified.	SECTION 10.7 Understanding Surrey's Early Help Level 3 Needs
Local context	Child to parent abuse level of need	There is a gap in our knowledge of the level of need relating to child to parent abuse. There is also an inconsistent geographical provision of these services.	SECTION 10.4 Key areas identified
	Identifying and supporting survivors of domestic abuse	It is suggested there are survivors of domestic abuse in Surrey that have not been identified. Domestic abuse services need to enhance their alignment and integrate with the early help system. This alignment will help identify victims and survivors earlier ensuring the challenges do not escalate.	
	Abuse or neglect	Data indicates that abuse or neglect is the main reason for children needing social care support. Surrey's Early Help system needs to be confident in recognising and supporting families experiencing neglect to prevent them from requiring statutory support.	
	Gypsy, Roma, and Traveller community engagement	Further engagement and relationship building is needed between the GRT community and SCC to build trust and connections.	
Resilient communities	Community assets, partnership working and integration	Greater co-ordination of the use of community assets and join up with universal and voluntary sectors so that children, young people and families have more opportunities to access support.	SECTION 9.0 Stakeholder Feedback
Communication	Visibility	Enhancing/developing new Family Resilience/Early Help branding so that families are aware of where they can find information, advice, and support which has been endorsed by Surrey's Early Help Partnership	SECTION 9.0 Stakeholder Feedback
Early Help Level 2	Impact data for Level 2 provision	Distance travelled tools regarding outcomes across Early Help Level 2 are different making it difficult to understand the overall impact across this provision.	SECTION 1.2 Data Limitations
	Request for support for Level 2 provision	Data highlights there is a consistent number of children, young people, and families (approximately 11-12% of request for support referrals) who do not consent to Early Help support, suggesting the need to review the request for support referral route through the C-SPA.	SECTION 10.5 Early Data
	Gap in 5–10-year-olds accessing Level 2 services	There is a clear gap in provision for 5–10-year-olds who are not accessing the Level 2 service. Findings suggest the 5-10yrs age group are not being identified as early as other age groups and their needs are escalating to level 3 Family Centre support.	SECTION 10.6 Understanding Surrey's Early Help Level 2 Needs

Level 3 Provision	Demand across the county for Level 3 support	Demand across the county is variable with areas such as the southeast seeing a much higher level of demand than other parts of the county. It is not fully understood whether variations in demand are primarily due to differing need levels across the county or primarily due to barriers for families accessing those services.	SECTION 10.7 Understanding Surrey's Early Help Level 3 Needs
Level 3 Family Centres	High numbers of 5–10-year-olds accessing Family Centre support	Family Centres are working with many 5–10-year-olds however, there is a relatively low level of identified need at Level 2 for this age group. This suggests that needs for this age group are not being identified as early as other age groups resulting in a higher proportion seeing their needs escalate to Level 3.	SECTION 10.7 Understanding Surrey's Early Help Level 3 Needs
Level 3 Family Support Programme	High numbers of 5–10-year-olds accessing Family Support Programme support	There is a sizeable number of 5–10-year-olds accessing the service showing there is a need of early help support for this age group despite the low levels from this age group identified for Level 2 support.	SECTION 10.7 Understanding Surrey's Early Help Level 3 Needs
	High numbers not accepting Level 3 FSP service	Family Support Programme has a higher rate of families not engaging with the service with 22% not engaging compared to 14% for Family Centres.	SECTION 10.7 Understanding Surrey's Early Help Level 3 Needs

APPENDICES

AP1 Surrey's Local Strategies

- Children and young people with additional needs and disabilities Sufficiency Plan (2022 - 2030) - Enables the system of support to realise better outcomes for children and young people with additional needs and disabilities and their families.
- [Surrey County Council Organisation Strategy, Our Focus for the Next 5 Years 2021-2026](#) - Explains what the corporate focus will be in Surrey's for the next 5 years and how the council will work with partners to reach goals.
- The [Helping Families Early Strategy 2020 to 2023 \(final version 5 June 2020\) \(surreycc.gov.uk\)](#) - Sets out Surrey's vision and strategic priorities on how Surrey will work in partnership to help families early and build family resilience in Surrey.
- [Surrey Family Resilience and Safeguarding How our approach is changing](#) – Provides information on the most recent changes in practice.
- [Surrey Safeguarding Children Partnership Children Strategic Plan 2020-21](#)
- [SSCP Effective Family Resilience Dec 2020](#), - Sets out Surrey's Partnership vision, principles, and ambitions for working together to as soon as a problem emerge.
- [The First 1000 Days – Strategic Plan for Surrey 2020-2025](#) – Explains how Surrey's children, parents and families will be supported from the time of conception to the age of two years old.
- [A thriving community of children and young people in Surrey, A strategy for their emotional wellbeing and mental health 2019-2022](#)
- [Surrey Against Domestic Abuse Strategy](#)
- [Time for Kids](#) - Purpose: to change the Surrey system to provide a better launchpad for young people into successful and fulfilling young adulthood, promoting wellbeing and, ultimately, a sustainable society.

- [Surrey County Council All Age Autism Strategy 2021 – 2026](#), - The strategy promotes a cultural shift to ensure an autism friendly approach the county in education, health, social care, work, and communities.
- [Reducing Parental Conflict](#) – One minute guide to explaining what parental conflict is and how to get support.
- Parents as Partners Principles – aligned to Time for Kids, Parents as Partners has been created to focus on what parents and carers need to thrive. The image below highlights the 5 principles.



- [The 21 Health and Well-Being Key Neighbourhoods in Surrey](#) – 21 areas across Surrey have been identified as they have the most deprived pockets within the county and are outlined in the [Surrey Health and Wellbeing Strategy](#).
- Next steps for integrating primary care: [Fuller Stocktake report](#) highlights the direction for future policy and a vision for integrated primary care.

AP2 Family Hubs Example

Examples of Family Hub:

- Children's Centres in Manchester City offer birth registrations from their centres. When families access the registration service, they are also introduced to an Outreach worker who provides them information on all services offered at the centre. This is intended to reduce the stigma of accessing services at the centre. Between April 2019 and March 2020, the Benchil Children Centre in Manchester saw 74% of families that utilised the birth registration service accessing another part of the early help offer at the centre.
- Stockton-on-Tees developed a Family Hub Model in 2017 based around four physical hubs which house a range of services from universal to specialist. These hubs are co-located with libraries and cafes to create welcoming spaces for families even if they are not accessing part of the Early Help offer.
- Essex County Council operates family hubs which are jointly commissioned and delivered by Health to allow a close join up in delivery between universal health provision for mothers and babies with the early help offer to support the early identification of families which might need extra help. Essex County Council's Children's Services were rated 'Outstanding' by Ofsted in 2018.

AP3 Surrey Library Transformation

The approach to the transformation in Surrey has been to work collaboratively through the process with residents and partner organisations, through a process of co-design – ensuring meaningful engagement and collaboration with residents and partners and basing the design of the future service offer around data evidenced need (linked to neighbourhood level data on deprivation and demographics and aligned to the priority themes of the Carnegie model). The programming of the offer for each library will therefore be a combination of engagement and opportunities to interact with social and cultural activities, alongside delivery of information, support, and services, including with and by partner organisations, relevant to the need in the particular locality.

In terms of the buildings, these are assets that provide a valuable opportunity for collaborative delivery or to act as a venue for partner or community-led activities, and one aspect of the transformation is concerned with opening these up for more flexible use through technology that enables self-managed access. There is also a more significant programme of property transformation planned, with a pipeline of work starting with those buildings where there is the highest need / opportunity: some of these involve major reconfiguration / refurbishment, whilst others (already underway) are concerned with improvements to spaces to increase flexibility of use.

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- i [What is early intervention? | Early Intervention Foundation \(eif.org.uk\)](#) accessed 24.10.22
 - ii [Early Intervention Foundation: What is Early Intervention?](#) accessed on 15.07.2022
 - iii [Education Secretary launches review of children's social care - GOV.UK \(www.gov.uk\)](#) accessed 28.06.21
 - iv [case-for-change.pdf \(independent-review.uk\)](#) accessed 28.06.21 p.33
 - v Early Intervention Foundation, [Why Early Intervention Matters](#), 2021
 - vi [Planning early childhood services in 2020: Learning from practice and research on children's centres and family hubs](#) accessed on 30.03.22 p.7
 - vii [Types of Family Hub: Family Hub Network](#) accessed on 31.03.2022
 - viii [Introducing Family Hubs: Family Hub Network](#) accessed on 31.03.2022
 - ix [Too Little Too Late](#) accessed 02.08.22 p.13
 - x [20210513_Rapid_Review_Full_Report_FINAL.pdf \(ncb.org.uk\)](#) accessed 23.06.21 P.27
 - xi [20210513_Rapid_Review_-_Summary_Report_FINAL.pdf \(ncb.org.uk\)](#) accessed 23.06.2021, p.8
 - xii [20210513_Rapid_Review_-_Summary_Report_FINAL.pdf \(ncb.org.uk\)](#) accessed 23.06.2021, p.8
 - xiii [Child poverty | Action For Children](#) accessed 24.11.22
 - xiv [Children's Community Health Services Needs Assessment – Final January 2022](#), p.43
 - xv [Domestic Abuse in England and Wales](#) 12.10.2022
 - xvi [How Common is Domestic Abuse?](#) Women's Aid 12.10.2022
 - xvii Children, Families, Lifelong Learning and Culture Select Committee Report [Report \(surreycc.gov.uk\)](#), 04.10.22
 - xviii Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey, NHS Digital (2020)
 - xix [cco-childhood-in-the-time-of-covid.pdf \(childrenscommissioner.gov.uk\)](#) accessed 02.07.21, p.3
 - xx [Vulnerable Children and Young People Survey: wave 24 \(publishing.service.gov.uk\)](#) accessed 02.07.2021, p.17
 - xxi [Consumer price inflation, UK, February 2022. Office for National Statistics](#). Accessed on 29.03.22
 - xxii [Inflation Nation: putting spring statement 2022 in context](#). Resolution Foundation. Accessed on 29.03.22
 - xxiii [Children's social worker shortage reaches five-year high](#) accessed 28.06.2022