CHILDREN AND YOUNG PEOPLE'S EMOTIONAL HEALTH AND WELLBEING TRANSFORMATION PROJECT.

A STRATEGIC NEEDS ASSESSMENT

WIRRAL

V1.1

CONTENTS

EXECUTIVE SUMMARY

What are the goals of this needs assessment?
This report presents an overview of the emotional health and wellbeing needs of children and young people in Wirral, based on the data available and an ongoing dialogue with children and young people, and key groups of professionals who provide support to children.

It will provide the foundation for a clear plan which the Future in Mind group will be able to use to move forward with the design and implementation of a new model of emotional health and wellbeing support for children and young people.

Where the data has been collected from
The data gathered for this report has been sourced from a variety of published reports and data sets, both national and local and as much as possible we have tried to use recent figures. Footnotes throughout will provide references to where data has been sourced and links wherever possible.

It is important to note that the collation, analysis and sharing of data is one of the key challenges faced by the system at the moment, and as such, this report is limited by the lack of relevant and/or up to date data. Therefore, alongside the development of a Single Point of Access and joined up pre-support offer for children and young people, we recommend the development of a robust, cyclical data plan, which will enable more informed and effective commissioning of services.

Key findings

The report finds that:

- Wirral has longstanding challenges when it comes to the emotional health and wellbeing of its children and young people. We can't say how extensive this challenge is as the data is not available
- Indicative data from sampled schools suggests that challenges are starting early. Around 30% of primary school children in Wirral may need support above and beyond standard pastoral care, and that 10% of those children would fall in between thresholds for services.
- Indicative data shows that between October 2020 and September 2021, 3283 referrals were made into CAMHS, with 70% (2,313) of these accepted onto the waiting list. For the 970 referrals to CAMHS which were rejected, the data is not available to explain why, or what happened next for those children and young people.

- The rate of self-harm in Wirral's 10–24-year-olds is more than three times the rate of England, and the number of children being admitted to hospital for mental health conditions is increasing. This rate is significantly worse than the average across England and the number of children and young people who presented to A&E for self-harm or mental health increased by almost 5% from April 2022 to May 2022.
- Wait times to access support are making it harder for children and young people to get the support and diagnoses they need.
- Where data is collected about children and young people's mental health, it isn't well connected, so it is hard to understand their journeys through services and whether their needs are being met.
- Schools are supplementing mainstream support by buying in more specialist support.
- There is a vibrant voluntary sector offering a huge range of support to children and young people, but they often feel disconnected from the clinical and statutory provision, making young people's experience feel disjointed.

Key recommendations

- The new approach should address the specific gaps in what's available and the needs that have been identified by children and young people, their families, and professionals who work with them, e.g., anxiety, low mood and self-esteem.
- More power should be given to children and young people, shifting the focus of commissioning to what they actually need and giving them chance to feed back on what's available.
- A Single Point of Access should be designed that makes it possible for children, young people and families to find the right service or information to support the child or young person's emotional health and wellbeing.
- Key services should sit within this single pathway which is promoted directly to children and young people and their families through a campaign brand.
- Providers should work together with a shared culture of trust and openness.
- A data plan should collate and share data, to help understand needs, track journeys, and feed into commissioning. This should be reviewed regularly.

INTRODUCTION

Lots of children and young people in Wirral are struggling with their emotional health and wellbeing. Stretched services, tight thresholds and long waiting lists can make it very hard for children and young people to get the help that they need, when they need it. This is putting pressure on children, young people, families, communities and the many teams and organisations trying to help them.

Whilst there are many brilliant individuals and organisations supporting children and young people, the offer across Wirral is not well coordinated. Many services work independently of others making it difficult for professionals, young people and parents to navigate what's available.

The Children and Young People's Emotional Health and Wellbeing Transformation project is looking to bring emotional health and wellbeing services together to provide a more seamless offer and a single route to access support. The ultimate aim will be to develop a borough wide model to address the emotional health and wellbeing needs of children and young people.

What's this project trying to achieve?

Organisations from across Wirral are working together on this project to make sure that each child and young person can get the right support for their mental and emotional wellbeing.

Conversations with children and young people, led by Capacity and Wirral Council's Children's Commissioning Team, help set the course for the project. Children and young people have told us that good emotional health and wellbeing for them looks like:

Being able to relax and have fun

Moving my body

Feeling confident to be myself and try new things

Looking forward to the future

Spending time outside

Expressing myself and being creative

The things that help them with this are:

Safe outdoor spaces

Inclusive safe spaces where I can go for help

Relationships which allow me to be myself and be vulnerable

Professionals who really listen, who believe me, and who are well trained and have time to help me

What's the plan to make it happen?

Wirral MBC and Integrated Care Board (ICB) have partnered with Capacity to lead a project that will transform how support is accessed, so that children and young people can find the help they need sooner. This project aims to:

- improve outcomes for children and young people with emotional health and wellbeing needs
- make it easier for children, young people and families to know how and where to get the help they need, building their confidence and resilience
- create a clear pathway for accessing support, with a genuine Single Point of Access
- help to make sure professionals who support children and young people have easy access to quality support, information, and training.

Children and young people have told us they want:

- to get a service when they ask for it, with no waiting lists
- to access services freely, without thresholds at every door
- services that make them feel comfortable, exist in the community, and are less clinical and more relational
- all services to contribute towards good emotional wellbeing
- stability in who supports them and the places that offer them support.

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In the Why Community Matters insight report, children and young people highlighted the importance of schools in supporting their emotional health and wellbeing.

> "My school, they were really understanding and helped me with life at home from a young age. They provided a counsellor and gave me time when I needed it"
>
> - Young person, 17

Young people shared specific ideas about things that would help them in school:

- Mental health days, delivered by trained professionals in schools, each term
- Approaches that make it easier for male students to access counselling, for example, by having a male counsellor on site
- Consideration to be given to how schools and colleges better educate young people about how to deal with the impact of social media on their mental health
- Mindfulness programmes in schools and colleges that teach strategies for dealing with stress and anxiety
- More time in the curriculum to discuss emotional health and wellbeing, beyond depression and anxiety.

> "Schools are the prime place to have someone to talk to about things because we are there 24/7. There needs to be more compassion and empathy for young people, and shorter waiting times for support. I had a school counsellor, but there was one counsellor for close to 2000 pupils and if you don't click with that person then it's tough. There was always a line outside of her door; there needs to be a bigger pastoral team made up of people with different qualities"
>
> - Young person, 18

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To do this, we will work in collaboration with children and young people and key partners to design a model that connects the experiences that support emotional health and wellbeing. This will include:

- the outcomes that Wirral wants to achieve for its children and young people
- a strategic and operational plan for how services will be accessed, commissioned, delivered, and monitored, using a Single Point of Access model
- a robust data plan which will be used across services that support children and young people's emotional health and wellbeing
- how intervention and universal services work together, to give children and young people a smooth journey in and out of services.

Following this, we will design a brand campaign to put the power in the hands of children and young people and their families, so that they can easily find, understand and access what's on offer for them in Wirral to support their emotional health and wellbeing.
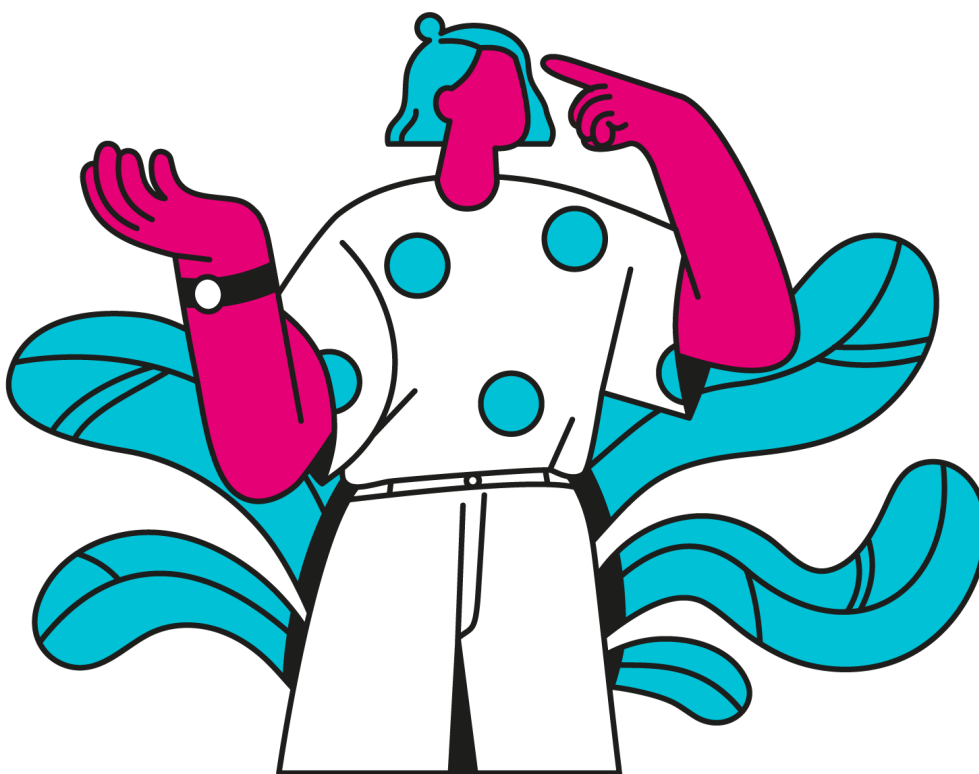
WHO ARE WIRRAL'S CHILDREN AND YOUNG PEOPLE?

This figure, produced by Wirral Safeguarding Children Partnership in 2020, shows what the key statistics for children and young people would be if Wirral had 100 children.

49 would be girls
51 would be boys

35 would live in lone parent families

10 would have a special education need

2 of whom would have an education and health care plan

29 would be living in families in receipt of tax credit or universal credit

1 would get into enough trouble to be referred to the Youth Offending Team

90 would be white British

10 would be from ethnic minorities

20 would be living at or below the poverty line

3 would have an allocated social worker

2 would have an Early Help plan

1 would be in care

Fewer than **1** would be subject to a Child Protection Plan.

Fewer than **1** would not be in education, employment or training

4 would speak English as an additional language

69 would achieve a good level of development at age 5

Demographics[1]

Wirral has an estimated under 18 population of 67,431, of whom 51.4% are boys and 48.6% are girls. (ONS).

93% of school children in Wirral are White, with the largest BAME groups being Asian/Asian British (3%) and mixed ethnicity (3%). While there is very little data on sexuality among young people, estimates suggest there may be around 1,235 young people aged 16-24 who are lesbian, gay or bisexual in Wirral.

Wealth and deprivation

17.4 % of Wirral's children are living in poverty (Wirral Compendium of Statistics, 2021). There is huge variation, however, between wards: the 2019 IDACI (Income Deprivation Index Affecting Children Index) shows that children in the North and East of Wirral are most affected by deprivation, with small pockets in other areas.

Children and young people with Special Educational Needs and Disabilities (SEND)[2]

This academic year (2021-22), just under 1.5 million pupils in England have special educational needs[3], which is an increase of 77,000 from 2021. Both the number of pupils with an education, health and care plan (EHCP) and the number of pupils with SEN support have increased year on year since 2016. 4% of pupils now have an EHCP, with autistic spectrum disorder being the most common type of need. 12.6% have SEN but no EHCP.

The 2021 School Census for Wirral shows 19.1%, or 9,459 pupils have been identified as having SEND. (SEND JSNA) Around one in five of these children and young people (3,436) have an EHCP, and 4 in 5 have SEN Support.

Education

44.4% of children and young people attending school are currently at primary school, with 41.4% at secondary school, 11.9% at nursery and 2.3% at a Special school (Wirral School Census, October 2021). Wirral's population of under 5s is estimated to be 17,149 (ONS).

While the attendance rate across all education settings on Wirral is at 94.9% (Gov.UK, DfE release, data for Autumn Term 2020), attendance data shows a link between poor emotional health and wellbeing, and school absence. Nationally, 10.6% of 6- to 16-year-olds missed more than 15 days of school during the 2020 Autumn term, with children with a probable mental disorder being twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).[4]

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[1] All data has been taken from Wirral Intelligence Service's *JSNA: Children & Young People Population & Demographics* (January 2020) unless otherwise stated.

[2] Special Educational Needs and Disabilities (SEND). Special Educational Needs Support (SEN Support). Education Health Care Plan (EHCP)

[3] Special educational needs in England, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

[4] Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital It is important to note that this data coincides with the Covid-19 pandemic, and as such might not provide an accurate representation of the current picture.

Across all education settings, the rate of permanent exclusions in Wirral is lower than the average for England, at 0.01% compared to 0.02% in primary schools and 0.08% compared to 0.13% in secondary schools (Gov.UK/LAIT).

Not in Education, Employment or Training (NEET)

Young people who are not in education, employment or training (NEET), are at greater risk of a range of negative outcomes, including poor health, depression and early parenthood. Statistics from 2021 show that around 5.1% of Wirral's 16- and 17-year-olds were not in employment, education or training, totalling 370 young people. [5]

Children's Services and Social Care

Wirral's rate of children looked after is 123.0 per 10,000 compared to 67.0 per 10,000 children across England. As of March 2022, Wirral had 792 children looked after[6]. However, the numbers vary across Wirral with higher rates in areas of deprivation.

2020/21[7]

In the year 2021/22, there were 10,869 contacts to Children's Services on Wirral. This number is an increase from 10,157 over the same period in 2020/21, but still significantly lower than the 2019/20 number of 14,926. This decrease coincided both with Covid-19 and the delivery of the Community Matters (Early Help) contract.

The rate of Children Looked After in Wirral	Children's Social Care (meets threshold for Level 4 services)	Children in Need	Child Protection plans
123.0 per 10,000	449.3 per 10,000	379.9 per 10,000	47.0 per 10,000

Demand for early help in 2020/21 resulted in 11,101 Children and Young People entering this service. This was before the introduction of the Family Toolbox Alliance which has been commissioned to support families who would have previously sought support from Early Help.

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[5] NEET and participation: local authority figures - GOV.UK (www.gov.uk)
[6] Enc. 1 for FOSTERING ANNUAL REPORT 1ST APRIL 2021-31ST MARCH 2022.pdf (wirral.gov.uk)
[7] Taken from WMBC SEND JSNA published July 2022

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WHAT SUPPORT DO WE KNOW IS AVAILABLE, AND HOW MANY PEOPLE ARE USING IT?

The following section will give information and insight about the services which we *know* children, young people and the professionals who support them are accessing and therefore have data about.

The figures that are shown alongside each service are 'demand data' only, meaning they tell us how many young people are accessing the support that is available, rather than what their specific needs are or what the outcome of this support might have been. This information can give us a general idea of what amount of resource the new model needs to be prepared for, but it cannot tell us exactly what those children and young people need support for, nor can it tell us what works to improve the wellbeing of children and young people in Wirral.

Further information relating to the needs of young people and some limited information about the outcomes of support can be found in the section of this report titled "A holistic look at the Emotional Health and Wellbeing Needs of Children and Young People in Wirral**".**

Early Years (0-5)

Children's Centres
Children's centres across Wirral offer a variety of experiences including:
- Baby Massage which can help babies with sleeping patterns, eating habits and all-round wellbeing
- Baby Yoga which helps mums to regain strength after birth and aids baby's development
- Baby Babble which aims to encourage, develop and support early language skills through songs, stories and activities
- Parenting programmes and practical parenting advice on parenting routines and your children's development.

These are co-delivered with family workers and Health Visitors.

Data from Early Childhood Services indicate that parental mental health was the primary reason for referral for one in four families, and was identified as a secondary or additional need in a high prevalence in all service requests. 39% identified behaviour management or parenting as the primary need.[8]

Further data collected by the 0-19 service has not been available for this report. However, we do know that the 0-19 service sees every known child that is born through their heath visitors and school and community nursing offer. This includes

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[8] Data used from slides 'FW data parental mental health' shared by David Bennett, Nov 2022

checking in on the wellbeing of new mums and young people's wellbeing as they transition through schools. As such, their data will be a vital part of the new model.

Koala North West's Early Years Service

These services support children's emotional and mental wellbeing through a range of support, which focus on supporting parents, children and the relationship between parent and child:

- Video Interaction Guidance
- Baby Incredible Years
- Parent Infant Mental Health Service
- Early Years home visits
- Dad's Reflective Programme

The emotional and social development of babies and infants is significantly affected by parental mental health and the relationship between the parent and child. These early interventions help to create a happy home environment where a child can feel secure, loved and happy.

Between April 2021 and July 2022, Koala supported 138 families with 0-2s, for 6 – 14 weeks each.[9]

Peep Learning Together Programme (PLTP)

Foundation Year's Trust offers the Peep Learning Together Programme for parents of 0 – 5 year olds. The programme supports parents with their attachment with the child, understanding their child's development needs, and improving the home learning environment, covering every key area of development[10]: language and communication, early literacy, early maths and social and emotional development.

Strengthening the relationship between teachers and parents improves children's confidence and wellbeing. The groups are run at nurseries and community venues, targetted in Wirral's most deprived wards, where there are the biggest gaps in educational attainment for 5-year-olds.

In the 21-22 school year, 368 parents and 392 children attended FYT's groups in community venues and nursery settings. Almost all parents agreed that the groups helped them feel less isolated (98%), reduced the stress and anxiety of being a parent (96%), helped them to be more sensitive to their child's development needs (96%) and feel more confident to help with their child's learning and development (100%).

The programme supports early language and communication, as delays in these can be pre-determinants of mental health issues in later life. 66% of parents said they were sharing books and stories more, and 64% said they were having more 'babbling conversations' with their baby.[11]

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[9] Data shared by CEO of Koala NW, Nov 2022
[10] As recognised in the EYFS
[11] Data shared by CEO of Foundation Years Trust, Nov 2022

1001 Days
The 1001 Days network is made up of voluntary and statutory organisations that work with parents during pregnancy and post-birth, and promotes nutrition, learning, language development and perinatal mental health. The work is led by Koala North West, Foundation Years Trust, and Children's Centres, and is funded until March 2023.

In the first year, of the 1,930 families who had been referred, the vast majorioty (1,872) engaged with the programme. Data shows the programme saw a 9% increase in breastfeeding, and 85% of parents reported a decrease in isolation, 83% reported reduction in stress or anxiety, 74% said their parent-infant relationship had improved, and 76% said they had seen an improvement in their perinatal mental health. [12]

myHappymind
Over 2021-22, 21 schools and nurseries were part of the myHappymind pilot, teaching every child in a school or nursery skills that support their emotional health, resilience and self-esteem through a digital platform. Schools using the program also have access to wellbeing support for teachers, and parents at home get a free app to continue the learning.

WMBC have invested £25,000 of match funding so that more schools can access this programme in the upcoming year.

Primary and Secondary Schools

Mental Health Support Teams (MHSTs)
All primary schools have access to the Mental Health Support Teams (MHSTs), with some secondary schools also receiving their support.

The table below shows the activities delivered across Wirral by the MHSTs in 2021-22.

Mental Health Support Teams (July 2021 – July 2022)	
Activity	**Wirral Total[13]**
Assemblies	480 mins
Consultations	316 consultations
Psychoeducation workshops	47 workshops
Multi-agency planning	10 multi-agency planning sessions
Parent groups	4 parent workshops/groups

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[12] Data used from '1001 Days, Year 1 Evaluation Report', shared by Koala NW
[13] These figures were shared by the Clinical Lead for the MHSTs on the WSA data capture spreadsheet in July 2022

School staff meeting/ training	11 school staff meetings or training events

Health Services in Schools (HSIS)

Health Services in Schools (HSIS) has a team of six professionally qualified youth workers that works across all Wirral Secondary Schools and Wirral Sixth Form College. Each school has a designated youth worker and a protected 'drop in' time, which offers young people confidential support on anything that may be affecting them, including:

- Drugs and alcohol
- Relationships and sexual health
- Emotional health and wellbeing
- Improving confidence, self-esteem and resilience
- Stopping smoking
- Healthy eating and lifestyle.

Between September 2021 and June 2022, HSIS saw 507 individual young people to, delivering 1298 sessions.

HSIS only work with children and young people who attend school, and Locality Attendance Teams work with those who don't attend school.

Special Schools

Gilbrook Primary School, The Observatory School, Kilgarth School and Wirral Hospital schools all support children with social, emotional and mental health needs.

Wirral also has bases within mainstream schools which offer specialist provision to pupils with SEND.

For pupils with social, emotional and mental health needs, bases are in:

- St. Michael & All Angels Primary and
- Riverside Primary

Wirral also has a Children with Disabilities Social Work team, however, the criteria does not include children and young people whose primary identified needs are emotional and behavioural difficulties, mental health, attention deficit disorder (ADD) or attention hyperactivity disorder (ADHD).

Additional support 'bought in'

Schools are providing a wide range of in-house alternatives to mainstream provision, with 35 different services reported[14]. Services included Pressure Point, Edsential and counselling services but some schools also individually commission providers to deliver additional emotional health and wellbeing support, e.g., ELSA.

In the 2019 School Survey, which looked at emotional health and wellbeing of staff and pupils, 42 of 65, or 65.6% of responding schools were looking to buy in additional

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[14] Data taken from the Emotional health and Wellbeing schools survey 2019

mental health services to supplement their mainstream offer. Of these, most reported that the services were accredited.

- Of the 65 respondents who answered the question, 51% said they had bought in some additional mental health training for staff.
- The majority (80%) of schools buy in additional mental health provision for pupils. This is an increase compared to 2018, when 58% of school bought in additional mental support services.
- The main services bought in were the ADHD Foundation, Thumbs Up and My Esteem.

Health and Urgent Support

Child and Adolescent Mental Health Services (CAMHS)
Referrals can be made to Child and Adolescent Mental Health Services (CAMHS) for support for children and young people with moderate to severe mental ill health. CAMHS have a target to support 35% of children and young people who meet their criteria. Anyone can make a referral into CAMHS, including young people and their families directly.

CAMHS also have an advice line for anyone supporting young people (including parents, education and social care staff, GPs, and other health professionals) to call for any advice about concerns they might have in regard to a child or young person's mental health.

In the Emotional Health and Wellbeing School Survey (2019), of the 65 respondents, 91% had used the advice line and only 3 (5%) either hadn't used the service or didn't know about it. Use of the advice line had increased by 3% on the previous year.

CAMHS 20/21[10]	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Referrals	362	319	225	193	216	326	330	368	350	219	131	244	3283
Referrals accepted	234	210	147	113	148	270	207	254	274	162	102	192	2313
% of referrals accepted	65%	66%	65%	59%	69%	83%	63%	69%	78%	74%	78%	79%	70%

This data shows that 970 children and young people between October 2020 and September 2021 did not have their referral for support from CAMHS accepted. The data is not available as to explain the reason for rejecting these referrals.

Café Create[15]
Café Create offers young people a unique space to come to access support from professionals and peers on any issues that might be affecting their life. At a drop in, young people can speak to a worker, get advice and support, and access a range of

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[15] Data taken from Café Create monthly reports for May and June 2022 shared by Darren Birks

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activities and projects that run through the week at Pilgrim Street, as well as being supported into wider services and projects.

Café Create	May-22	Jun-22
Visits to date	139	400

Voluntary, Community and Private Sector

Wirral has a strong voluntary sector, with many local charities doing great work to support children and young people with their emotional health and wellbeing. However, the VCSE offer is heavily reliant on funding opportunities, which means that something that is there one day might not be there the next.

There are a number of key organisations who have a robust and holistic emotional health and wellbeing offer for children and young people and an overview of some can be found below, alongside the number of children and young people who were supported in the previous 12 months. This is by no means an exhaustive list, however, **in a 12 month period these five organisations alone supported nearly 2,500 Children and young people across Wirral**.

Action for Children (Since 2018) 13 schools and 4 Alternative Provisions
1,318 young people have completed The Blues Programme (average 264 per year)
1,580 young people have completed Bouncing Back (average 316 per year)

The Blues Programme: an internationally acclaimed and UK Early Intervention Foundation level 4+ awarded emotional wellbeing programme for young people aged 13-19. The evidence-based programme is a 6 x 1-hour CBT skill-based group intervention that teaches emotional resilience and aims to reduce indicators of low mood and anxiety.

Bouncing Back: a resilience workshop for young people aged 7-19, delivered over 2 x 1-hour group sessions to provide practical ways to build resilience, keep emotionally well, know when and where to ask for help and understand emotions better.

Utopia
(Academic year Sept 21-June 22: 232 CYP Contacts)

Hatch programme: Delivered to young people aged 14-16 experiencing low mood/anxiety.

Primal Programme: Delivered to young people aged 8-13 to support them to develop positive behaviour and better cope with emotions such as anger.

Bazaar Programme: Currently delivered to young people aged 14+ but will expand to 8+ in September 2022. Targeted at those who are experiencing mild/moderate anxiety, low mood, panic attacks and/or stress.

Counselling for young people within the Alternative Education Provision is also available.

The above programmes (excluding the counselling for AP Students) are open access.

WEB
(July 21-June 22: 215 CYP Contacts)

Group sessions, 1:1 counselling and training courses/programmes supporting children, young people and adults with a range of topics. These include domestic abuse, societal crime or abuse, needs around poverty, isolation, physical, mental or emotional wellbeing, learning disability support, identity issues, suicidal ideation, and self-harm.

Open Door Charity
(2020-21: 906 CYP Contacts)

BAZAAR is a creative therapeutic intervention for 17-30-year-olds, targeted at those who are experiencing mild or moderate anxiety, low mood, panic attacks and/or stress. It is intended to help people in the short-term and equip the person with workable skills for life, to maintain feeling good now, and to prevent issues reappearing.

Colours is a 4-week programme that empowers and builds resilience in over 18s. It is delivered 1:1 by a mentor for one hour per week, and offers chances to learn, reflect and practice new techniques to help in everyday life.

OOMOO is a project for 11–18-year-olds who are looked after. OOMOO is designed by them, for them allowing them to create a support offer that is curated for their needs. It looks to inspire, connect and help them to shape change.

Apertura is ODC's LGBTQ+ monthly community social, where those aged 18+ can connect and share experience and knowledge and enjoy events, workshops, and talks.

L.E.A.F aims to support inter-family dynamics where there is aggression or communication breakdown and to remove stigma around family conflict.

Electric Islands is is a 6-week support initiative for 11–14-year-olds, shaped by young people.

Violence Reduction Partnership (VRP) offers a wraparound package of support for families who may be vulnerable to the effects of exploitation or criminalisation. Once referred, families can access a varied offer which includes intensive therapies, mental health support and opportunities for play, learning and socialising. Families also get a 24/7 access to a Family Support Worker who works alongside them through their journey

Next Chapter
(approx. 498 CYP supported in the last 12 months, funded and private)

Next chapter provides a holistic approach to support, combining education, wellbeing and therapeutic approaches. Through 1:1 coaching, mentoring, workshops and courses, they offer early intervention and post intervention support for children, adults and families who either don't meet threshold for services, are waiting for a service, or have completed therapeutic work and need some support for change sustainability and growth.

For those with more complex emotional needs, we offer EMDR, psychotherapy, psychodynamic therapy and counselling to children and adults using a creative approach.

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Digital Support

ZILLO[16]
ZILLO is a website for young people living in Wirral that gives information on the latest events, arts, culture and news, and offers expert health and wellbeing advice. Since the beginning of the year, there have been 16,844 unique visitors with the majority being from the Wirral area.

Family Toolbox
Since its launch in April 2022, 16,385 unique visitors have used the Family Toolbox website. Visits to Family Toolbox site pages relating to child emotional health and wellbeing, specifically mental health, worry, anxiety, changes in behaviour, anger and stress have totalled 894 and the 'Tricky Behaviours' category overall has been viewed 2,779 times.

Family Toolbox also has an in person offer which supports children and families to thrive across multiple areas of life, including emotional health and wellbeing.

MyMind
MyMind is a website for young people, parents, and professionals working with children and young people, which gives information on how to look after your mental health, how to access help and support, and details of support services in your local area.

Kooth
Kooth is a digital mental health and wellbeing company commissioned by Public Health in Wirral who are working to provide a welcoming space for digital mental health care, available to all. Their site offers:

- Helpful articles including personal experiences and tips from young people and the Kooth team
- Discussion boards, where young people can start or join a conversation with the Kooth community
- Chat function, where young people can message or live chat with the Kooth team about anything that's on their mind
- A daily journal, which can be used to track feelings or emotions and reflect on how you're doing.

Kooth	
April 2020- May 21 (12 months)	
1225 New registrations	1165 unique users using message counselling
April 2021-December 2021 (9 months)	
1356 New registrations	788 unique users using message counselling

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[16] Data taken from Café Create monthly reports for May and June 2022 shared by Darren Birks

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CAPACITY

As demonstrated by this snapshot of local services, demand for support is extremely high, with thousands of sessions being delivered to young people every year in the voluntary and community sector alone. It's not possible to say how many more children are accessing universal support, as this only captures those who are accessing a small number of emotional health and wellbeing interventions. We know that other types of support, such as engaging in arts or sports activities, or accessing in-house school support are just as important for maintaining good wellbeing and preventing mental ill health. Due to the lack of 'journey data' for young people, we can't see how many of these young people are accessing more than one intervention, or what is working for them.

"I have been a young carer for my mum throughout school and I have had some really good support along the way. There are three things that I think were really helpful for me and my mum. Barnardos were great, they worked with us both; educated me about my mum's health and helped mum to deal with me too. KidsTime offered space and time for me and Mum to be together in an environment that wasn't home which was nice. They even paid for the taxis to make it easy for us to get there and bought pizza for us to share. That gave us the opportunity for me to be a child and meant Mum didn't have to worry that we were on our own."

- Young person, 17, Prenton.
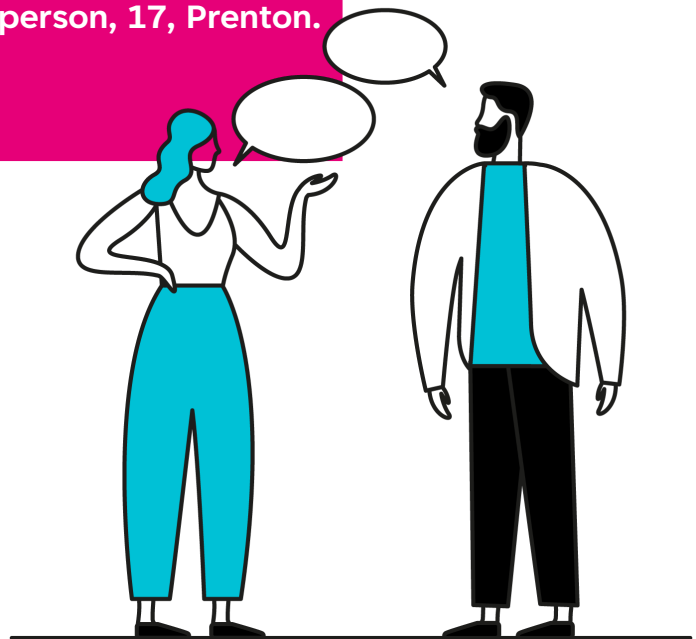
LOOKING HOLISTICALLY AT THE NEEDS OF CHILDREN AND YOUNG PEOPLE IN WIRRAL

Mental Health data

Incidences of poor emotional wellbeing including anxiety, depression, suicidal ideation, and self-harm have steadily increased nationally.

In parallel, with the impact of COVID-19 and subsequent Government restrictions on freedoms and particularly disruption to education, this is now beginning to manifest itself in an increasing number of children and young people attending the Emergency Department (ED) in crisis.

Across England (2021), rates of probable mental disorders have increased since 2017[17];
- in 6- to 16-year-olds from one in nine (11.6%) to one in six (17.4%)
- in 17- to 19-year-olds from one in ten (10.1%) to one in six (17.4%).
- Rates in both age groups remained similar between 2020 and 2021.

39.2% of 6- to 16-year-olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement.

The proportion of children and young people with possible eating problems increased since 2017; from 6.7% to 13.0% in 11- to 16-year-olds, and from 44.6% to 58.2% in 17- to 19-year-olds.

Problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6- to 10-year-olds, over a third (38.4%) of 11- to 16-year-olds, and over half (57.1%) of 17- to 23-year-olds. Across all age groups, figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).

The number of children being admitted to hospital for mental health conditions is increasing in Wirral, and is significantly worse than the average across England. **The rate of self-harm in 10–24-year-olds is also significantly worse than England, at 691.4 per 100,000,[18] compared to 214.8 per 100,000 across England.[19]**

- The number presented to A&E for self-harm increased slightly from 40 in April 2022 to 42 in May 2022. However, the rate of young people who were admitted has reduced from 15.0% in April 2022 to 11.9% in May 2022.
- The number of young people who have presented to A&E with mental health concerns/problems has also increased from 236 in April 2022 to 281 in May 2022.
- In this respect the rates of young people admitted have increased from 19.1% in April 2022 to 24.2% in May 2022.

Rates vary from ward to ward, but there is some correlation between the known Indices of Multiple Deprivation and poor emotional health, particularly around prescribing of ADHD drugs and referrals to CAMHS, which are both broadly higher in areas of higher deprivation. The rate of young people in Wirral who have been

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[17] Mental health of children and young people in England, 2021: Wave 2 follow up to the 2017 survey
[18] Wirral Intelligence Service's *Child Health Profile 2021* (March 2021)
[19] Wirral Health A&E Report, Internal Document cited in SEND JSNA July 2022.

prescribed medication for the treatment of ADHD is at 316.89 per 1000 population, and those prescribed antidepressants is at 69.72 per 1000 population (2019/20) [20]

A recent piece of work completed by Wirral Intelligence Service looked in detail at the data around A&E attendance of young people. Wirral is an outlier (significantly worse than England) for all of the CHiMAT (Child & Maternal Health)[21] indicators relating to mental health, self-harm, alcohol and substance misuse. These are predominantly long-standing trends.

They found:

- Both A&E attendances and hospital admissions broadly correspond with areas of deprivation in Wirral; CAMHS (or AMHS) referrals also followed a pattern consistent with deprivation, with higher referrals from the more deprived areas of Wirral.
- Poor recording of ethnicity prevented any analysis of this demographic factor.
- Females made up a smaller proportion of the mental health cohort than males at ages 1-11, but this changed from age 12/13 onwards, with females then making up the majority.
- Reasons for this may include behavioural issues which affect males becoming apparent earlier in childhood than in females, and the large increase in A&E attendances related to alcohol and substance misuse in females (which showed a huge increase between the ages of 13 and 14) indicating this is a key period of risk for females.
- The highest rates of A&E attendances overall for both genders were for substance misuse, followed by self-harm and alcohol. Attendances for eating disorders were considerably lower than attendances for these reasons.
- Females had higher rates of A&E attendances and hospital admissions than males for all 4 reasons (eating disorders, alcohol, substance misuse and self-harm).

When looking at referrals, they found:

- Referral rates to CAMHS in males greatly exceeded that of females up to age 11; at age 12 however, the situation reversed, with female rates then overtaking males. Contacts with CAMHS (or AMHS) broadly followed the same pattern as referrals.
- The peak age of referral to CAMHS (or AMHS) for females was 17, while for males it was age 25. Overall, referrals were slightly higher in males.
- This appears to point to the fact that although females appeared to have higher need (as evidenced by A&E attendances and hospital admissions), referrals and contacts were roughly equal between the sexes, suggesting more unmet need in females.

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[20] Data taken from Wirral Mental Health Profiles v1.3
[21] Source: Child & Maternal Health Profile, Office for Health Improvement & Disparities (OHID, formerly PHE)

- CAMHS (or AMHS) contacts data showed a pattern consistent with deprivation, but the *individual* level data did not. For example, Heswall (affluent) had some of the highest rates per population of CAMHS (or AMHS) contacts despite not having particularly high numbers of individuals in this dataset.
- The reverse was also true, as individuals living in the Bidston, Birkenhead, Seacombe and Bromborough areas appeared *not* to generate the number of contacts that might be expected, given the number of individuals in those areas; this may be an example of [inverse care law](#) in operation.

Associated factors

- Mental health usage of any kind (A&E attendance, hospital admission, CAMHS referral and CAMHS contact), were moderately associated with all of the following factors: rate of children on the social care caseload (for any reason); rate of CIN (Children in Need), rate of CLA (Children Looked After), rate of CP (Child Protection); rate of children on the social care caseload where an exposure to alcohol abuse was noted; rate of children on the social care caseload where an exposure to drug abuse was noted; rate of children on the social care caseload where an exposure to domestic abuse was noted and access to Green/Blue space.

- Analysis of access to standard health services (e.g. GP, Walk In Centre and A&E, and not including mental health outreach services) via car, public transport and walking, indicated that Wirral is well served; a majority of the population are likely to be able to access primary and secondary care services relatively easily (exceptions being the more rural parts of the borough such as Thornton Hough, Thurstaston and Clatterbridge).

- Mapping showed Woodchurch, Pensby & Thingwall had a smaller number of individuals but were generating a large number of A&E attendances, indicating a potential proximity effect (i.e. location of Arrowe Park).

- Suicide among 0-25s in Wirral between 2017 and 2020 comprised 7% of all suicide cases in Wirral and it is of note that all were male. ONS have noted that suicide decreased during the pandemic in 2020 (although this could be a result of delays in recording and cases coming to the Coroner). 2021 figures are not yet available.

Further work is needed to understand the journeys of children and young people that present at A&E, for example, to understand whether they have contacted, been referred, or accessed mental health support before presenting at A&E.

## Children Looked After and Emotional Health and Wellbeing
The most common reason for a child to be taken into care in England is to protect them from abuse or neglect. Because of their experiences both before and during care, looked-after children are at much greater risk of poor mental health than their peers. Research suggests that around 45% of looked-after children have a diagnosable mental health disorder, and up to 70-80% have recognisable mental health concerns.

What the local social care data doesn't tell us, is how many of the contacts into Children's Services, at any level, were in relation to the emotional health and wellbeing of a child or how many children and young people who are looked after in Wirral are referred for or accessing mental health support. This information was requested for this report however it was published before we received the detailed data.

Special Educational Needs and Disabilities and Emotional Health and Wellbeing

In England in 2021, more than half of 6- to 16-year-olds with SEND had a probable mental disorder (56.7%, compared with 12.5% of those without). This was an increase from 43.9% and 8.2% for these respective groups in 2017. Rates were similar in boys and girls with a special educational need or disability.[22]

Figure 1: Probable mental disorders in 6–16-year-olds
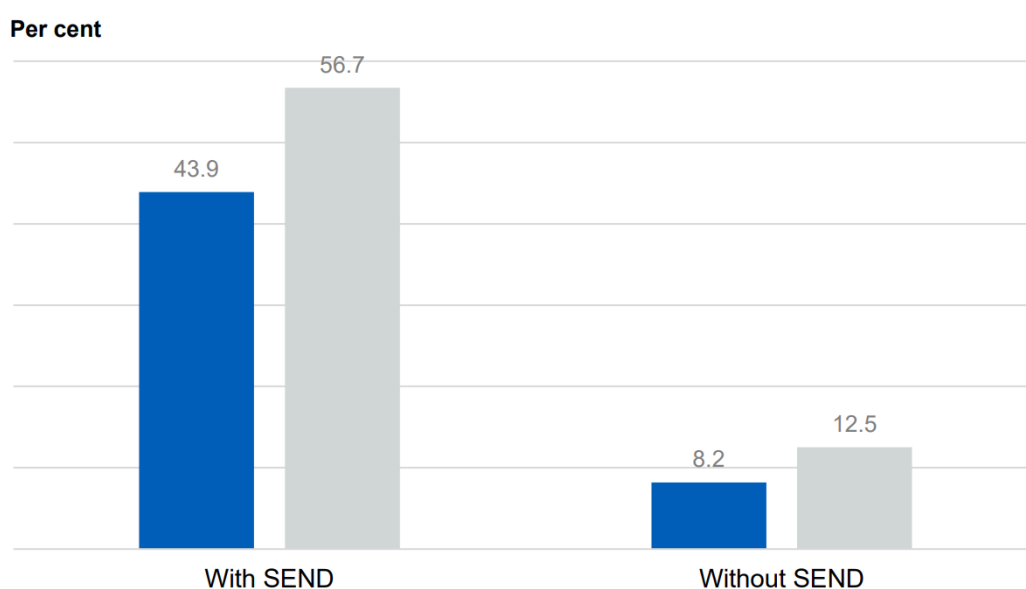
Source: NHS Digital

Of all pupils with SEND on Wirral (9,459 pupils) 80.7% have SEND Support, which is higher than England at 76.9%. 19.3% have and EHCP, which is lower that the England rate of 23.1%.

The most common Primary Need amongst pupils with Special Educational Needs and Disabilities (SEND) in an education setting on Wirral is Social, Emotional and Mental Health, accounting for 27.7% of all Primary Needs.

The most common primary need type for pupils with Special Educational Needs (SEN) Support in an education setting on Wirral is Social, Emotional and Mental Health needs, accounting for 30.1% of Primary needs, which compares to the rate in England at 19.5%

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[22] Mental health of children and young people in England, 2021: Wave 2 follow up to the 2017 survey

Social Emotional Mental Health is the third most common primary need for an Education Health Care Pan.

For pupils under 5 and identified as having SEND, the second highest Primary Need accounting for 13.3% (Wirral School Census) is Social, Emotional and Mental Health.

Figure 2: *All Wirral Children and Young people under 5 years with SEN Support and attending an education setting on Wirral, Primary Needs percentage (%) (2021).*
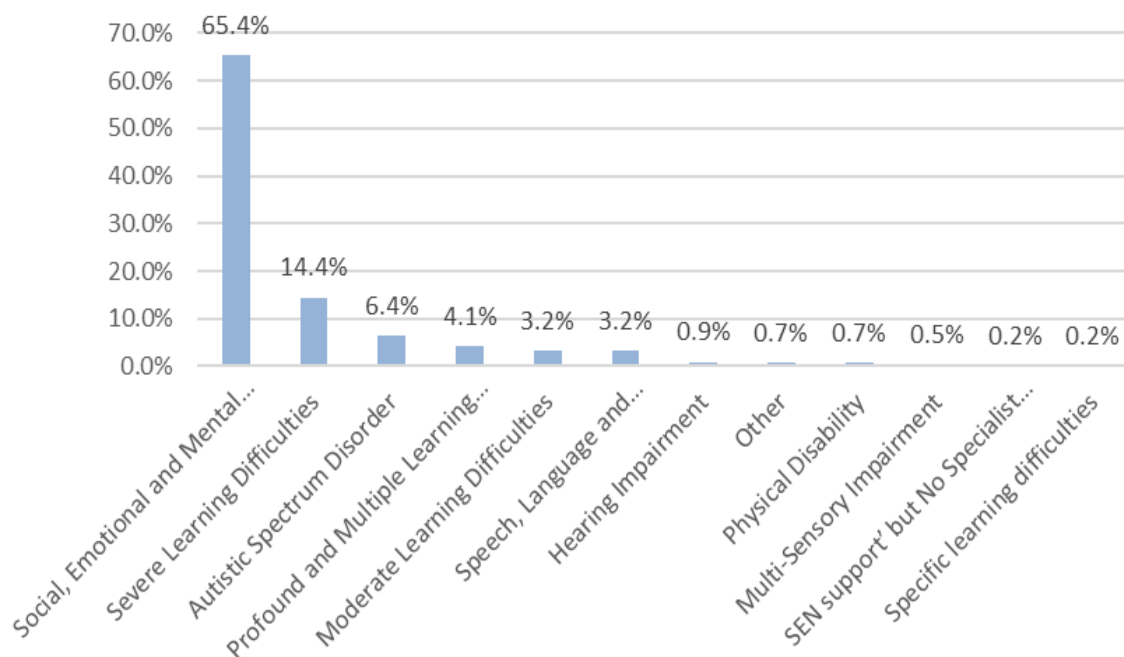
When looking at the gender breakdown of Primary Needs for pupils with SEN Support there are noticeable differences. The highest frequency of Primary Needs for boys is Social, Emotional and Mental Health Needs. At 32.9% (Wirral School Census), this accounts for nearly a third of all boys' Primary Needs and is at a rate 25% higher than that in girls, which is 25.1% (Wirral School Census).

SEND young people who are Not in Education, Employment or Training (SEND and NEET)

A deep dive into the SEND NEET cohort illustrated that 15% of the NEET cohort highlighted **anxiety and poor mental health as their key barrier to positive participation** (SEND JSNA).

## Neurodevelopmental Disorders and Emotional Health and Wellbeing[23]

There is a national increase in Neurodevelopmental (ND) referrals and other areas are experiencing the same unprecedented demand of referrals for assessment. Whilst it is recognised that the COVID-19 pandemic has affected the volume of referrals, it is unclear when the increase will plateau as the service continues to experience elevated referral numbers for all 3 pathways (Attention Deficit

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[23] **Source:** Wirral Neurodevelopmental Health Report, Internal Document (2022)

Hyperactive Disorder (ADHD) / Autism Spectrum Disorder (ASD) / Developmental Coordination Disorder (DCD).

In Wirral during 2021, the Neurodevelopment team saw 2118 referrals (Wirral Neurodevelopmental Health Report, Internal Document). This was more than 2020 & 2019 combined (981 & 431 respectively).

Figure 3: Total ADHD, ASD and DCD Referrals, Wirral, by year (2019, 2020, 2021)
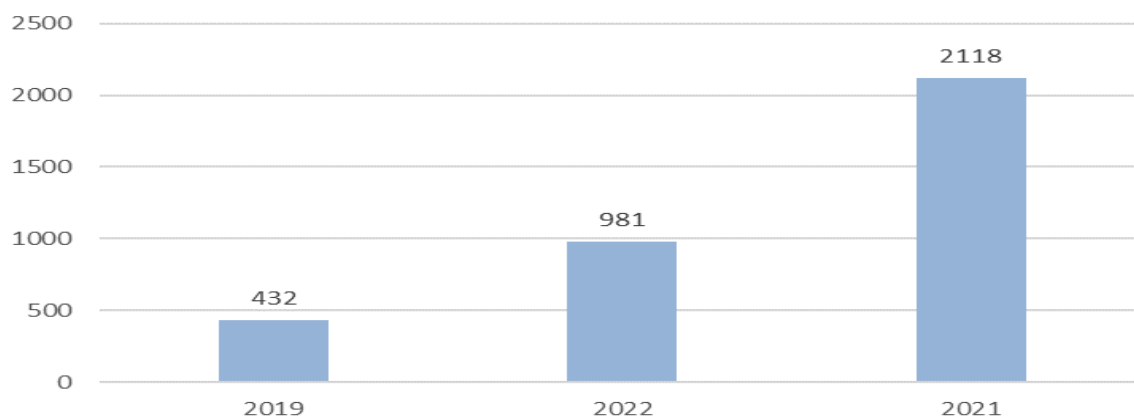
Of the referrals that are received into the service pathway, the majority are for ADHD. As Figure 4 details, the latest data (from Q1 2022 / 23) shows that 53% (Wirral Neurodevelopmental Health Report, Internal Document) of all referrals received are for ADHD. This compares to 37% ASD and 10% DCD (Wirral Neurodevelopmental Health Report, Internal Document).

**Figure 4:** *Percentage (%) of referrals per pathway, Q1 2022, Wirral.*
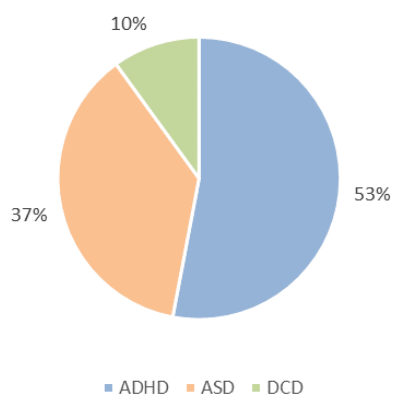
Data illustrated in Figure 5 also shows that not all referrals are accepted. There are numerous reasons why the service is unable to accept a referral:

- No signature of parent/carer consent (or confirmation of verbal consent)
- Mandatory questions not filled in
- Concerns noted don't meet criteria
- Submitted on wrong referral form.

Latest data (Q1, 2022), show that over 25% of referrals into the service are declined.

Figure 5: *Referrals into service acceptance rate percentage (%), Q1 2022, Wirral.*

28%

72%

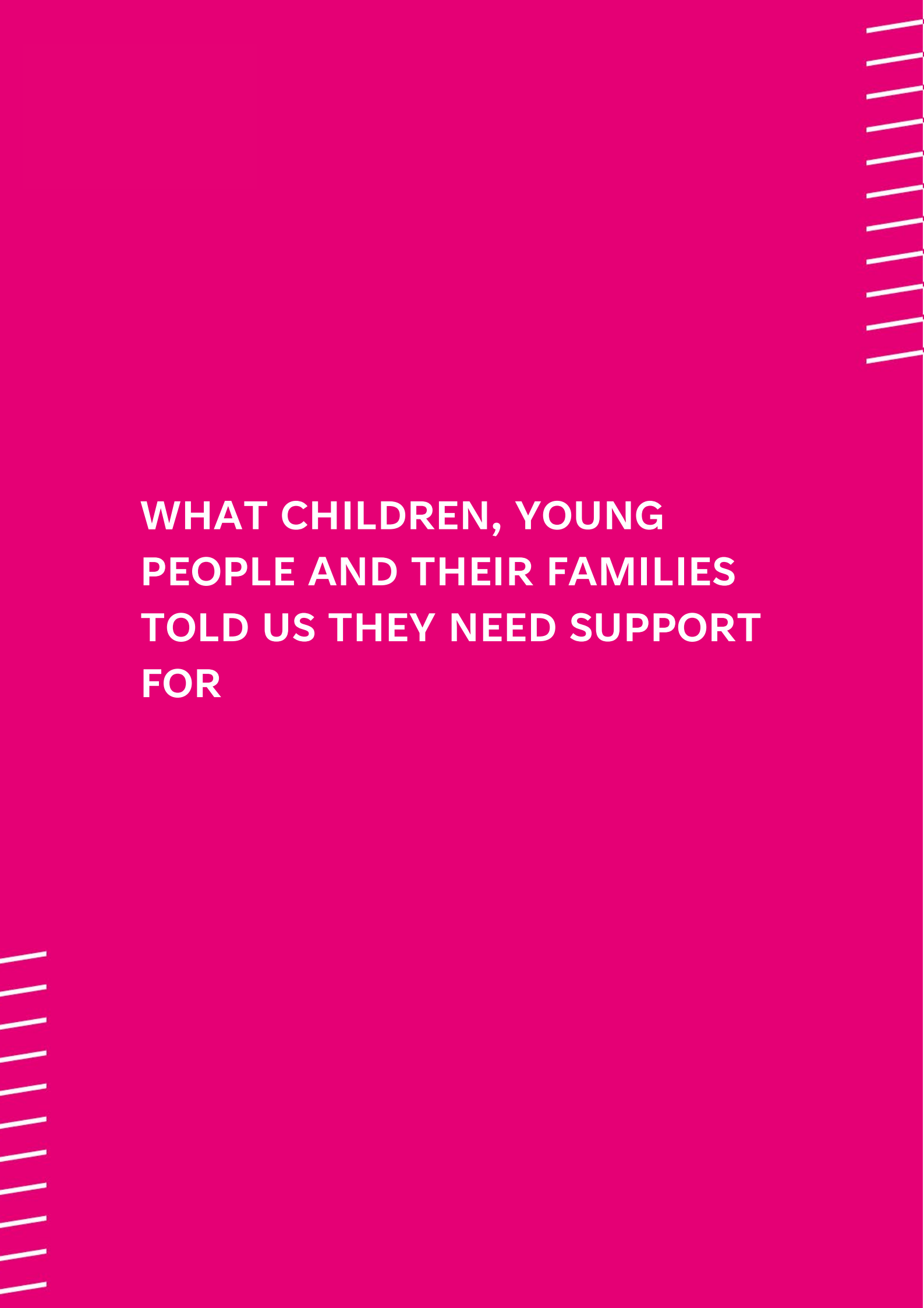■ Referral Accepted   ■ Referral Declined
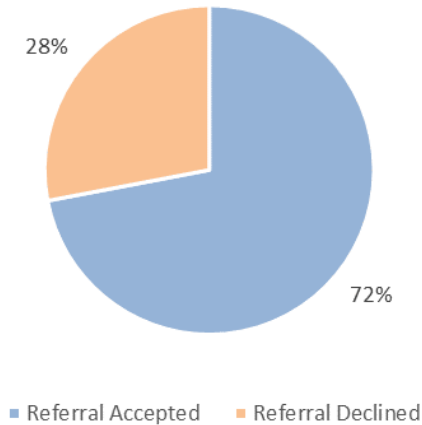
Many families we spoke to about their experience of accessing support for their child who potentially has a neurodevelopmental condition spoke about the impact of long waiting times for assessment and diagnosis on their child's emotional health and wellbeing, as well as their own and that of siblings and family members. Data show that assessment times vary depending on the pathway.

- ADHD – Waiting times to progress the pre-diagnostic pathway is currently between 4 and 6 months. Due to the increased volume of referrals the QB tests and classroom observation waiting times are increasing.
- ASD – Waiting times to progress the pre-diagnostic pathway is around 9 – 12 months as a Speech and Language Therapy social communication assessment is required. Due to the increased volume of referrals the waiting list for assessment continues to increase.
- DCD – There is no delay for DCD alone however if this is part of a dual referral (ADHD/ASD) then the waiting time is dependent on the completion of the other pre-diagnostic pathway.
- The waiting times for the community paediatrician is around 9 months after the ADHD, ASD or DCD referral is sent and this waiting time is increasing.

We do not have the data to demonstrate the number of children and young people with additional needs who are also on the waiting list for emotional health and wellbeing support (i.e. from CAMHS). However, children and their families have repeatedly told us that the waiting and assessment times for neurodiverse conditions contributes significantly to the declining emotional health and wellbeing of not only the child needing an assessment, but also their siblings and immediate family. For 25% of these children and young people, they are having their referral rejected. We know that this can mean they don't know where else to go for help and their needs go unsupported.

Where the needs of a child or young person are unmet in one area, this often extends to other areas of their life too, including difficulty attending school (who are often unequipped to support them without a formal diagnosis), and breakdowns in relationships with family and peers. This is leading to increasing mental health issues for these young people and putting additional pressure on an already overwhelmed system.

WHAT CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES TOLD US THEY NEED SUPPORT FOR

Children and young people told us[24]

"Help our parents look after themselves, so that they can look after us."

"Give us second chances and room to make mistakes."

"We need places to come together, to meet new people and learn new skills."

Managing unexpected change tied together many of the challenges identified by young people across Wirral.

Changes at school
Four of the top ten problems described by young people related to school. In particular, the transition from primary to secondary school made them feel anxious, and the young people we spoke to did not feel that they knew enough about the changes and how to manage them. The worry about moving between schools came up alongside worries about losing contact with friends.

Young people told us that **they worry about what their opportunities will look like if they do not fit into the standard mould of mainstream school or college**. They shared that they would like more activities based around careers, life skills, volunteering, and work experience across Wirral.

Changes at home
Family was the second largest theme that young people identified as challenging, and parents getting divorced or separating was the most frequent issue. Bereavement and parental illness also came up a lot, with young people saying **they**

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[24] Why Community Matters Insight report (2020)

feel helpless when parents are ill, and unprepared and unsupported when faced with close personal loss.

Worries around mental health, particularly anxiety, depression, and low mood, underpinned lots of these tough times for young people. There were a few instances where young people had been bereaved by suicide and had struggled to find the right support.

The future

Young people felt that there was a **lack of meaningful job opportunities** in Wirral, and those who felt that there were good opportunities often said they **didn't feel confident in being able to get those jobs**. Many of our young people worried that the jobs they would be able to get wouldn't pay enough, and young people with Special Educational Needs and Disabilities (SEND) talked about additional challenges that they faced around getting paid employment and their hopes for the future.

The largest dataset available which shows the needs that young people identify in themselves comes from Health Services in Schools, who make a record of every intervention they deliver with young people. It's important to note that this is for mainstream secondary school pupils only, but the main needs that young people in this group are looking for support with are:

- Anxiety or worry (191 interventions)
- School-related issues (159 interventions)
- Friendships (147 interventions)
- Managing emotions (140 interventions)
- Building resilience (115 interventions)
- Home life (104 interventions).

Figure 6: *HSIS intervention topics delievered*

Number of interventions delivered
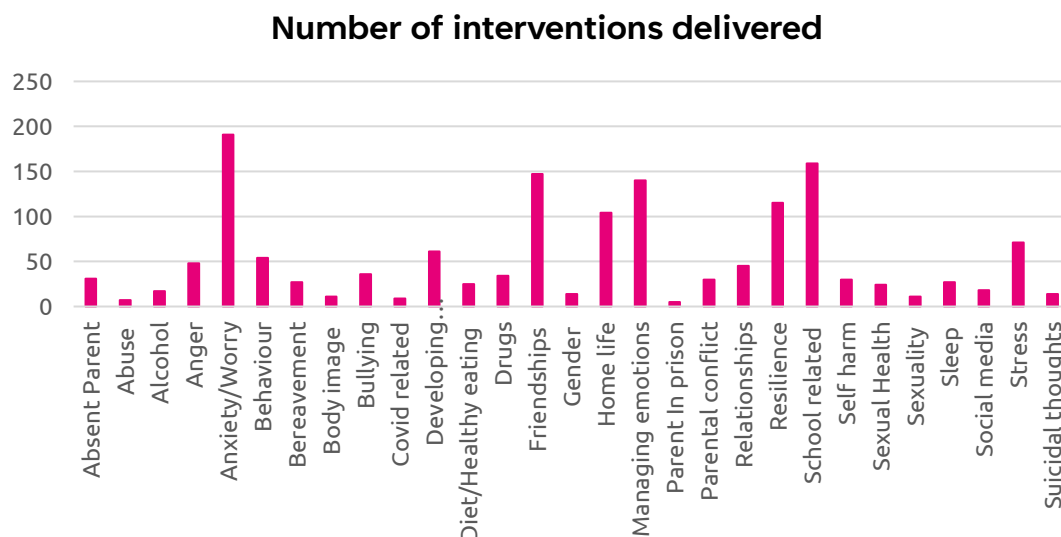
Utopia CIC provided a breakdown of the main reasons that young people get in touch with them for support. As with Health Services in Schools, anxiety is the biggest driver for asking for help.

Figure 7: *Reasons for referral into Utopia CIC*
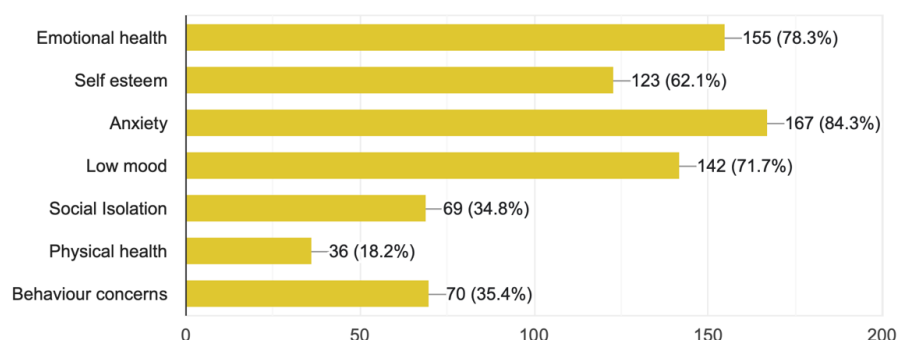
When asked whether the young person had been involved with CAMHS:

- 34% said no
- 15% said they had made a referral but did not meet the threshold
- 20% said they were on the CAMHS waiting list
- 8% had previously received support which had now ended
- The remaining 'other' responses were a combination of more complex journeys.

Family Toolbox website insights

The Family Toolbox has a huge bank of resources, specifically aimed at parents and carers of children and young people. The following details how many times each of these pages has been accessed since the launch of the site in April 2022.

Topic	Number of times accessed
Anxiety in children/practical tips for anxiety/anxious feelings, worry	427
Self-harm	126
Anger/angry child	96
Changes in behaviour	95
Stress	69
Sibling with mental health needs	47
How to talk big feelings	34
Tricky behaviours category overall	2,779

It is vital to note that the data around mental health, SEND, Neurodiversity and Children Looked After is all available from independent sources: it isn't joined up. This means we can't know whether the needs of these more specific groups (and often more vulnerable young people) are in line with those of young people in mainstream education, or whether they have totally different needs.

In addition to this, we don't have the needs level data from CAMHS to compare the reasons why young people are referred to the need identified once CAMHS have accepted a referral. This means that we do not know if the needs of young people who get support from CAMHS have escalated while they've been waiting, if they have accessed universal support in the community that hasn't been enough for them, or if they actually didn't access support until it became more urgent.

WHAT PROFESSIONALS TOLD US ABOUT YOUNG PEOPLE'S NEEDS

Professionals who work with children and young people get to know them and their particular needs very well.

The information they provide helps us understand the big picture of the needs of Wirral's young people, which can help to commission support more effectively. In the new model, it's important that we find a systematic and consistent way to capture information held by professionals, especially in universal services, such as the 0-19 service and schools.

Early Years and Primary Schools

The myHappymind trial found that before the programme in nurseries and primary schools:
- 80% of teachers reported that, they never or very rarely took time out of the normal class schedule to calm the children's minds.
- 88% of teachers reported that, less than half of the children knew the methods to look after their own brain and mental health.
- 83% of teachers reported that less than half of the children had a method to self-regulate when they faced a stressful or worrying situation.
- 70% of teachers reported between half and all of children had been emotionally or physically affected by coronavirus.
- 95% of teachers reported that they had one or less formal lessons each week learning about the children's emotional and mental health.

Primary Schools

One primary school sample provided the following data based on the school staff's perspective of their pupils' varying need level. They didn't use a specific threshold tool to complete this, but rather judged their decision on their relationship and knowledge of the children on a day-to-day basis.

Description	Numbers from Year groups						Total
	Y1	Y2	Y3	Y4	Y5	Y6	
Low level needs supported by standard pastoral care.	5	6	4	4	5	2	26
Low level – moderate needs met with specific school support eg: Place2be, MHST, ELSA or other small group 1:1 pastoral support.	5	6	14	6	11	10	50
Moderate to high needs – referral made to services but not accepted as meeting threshold for support.		1			2		3
Moderate to high needs – referred to and accepted for support.	4	2	1	11	3	6	27

Looking at this data as a baseline, if 80 young people in a school of 246 need support that extends beyond normal pastoral care, and we assume similar numbers across other schools, this means that **around 30% of primary school children in Wirral (6,608) need some kind of additional emotional health and wellbeing support.** Following the same logic, **10% of those children (660) would fall in between service thresholds, and potentially not receive the support they need.**

Of course, numbers vary between wards, and this is likely to be a high estimation as the case study school is based in one of the higher need wards, and we know there is some correlation between the known Indices of Multiple Deprivation and poor emotional health. However, the risk that these children's needs will increase without support is high and children are likely to develop more severe needs which require specific interventions, adding to already overwhelmed CAMHS waiting lists. Long waiting times for Child and Adolescent Mental Health Services (CAMHS) have been linked to poorer outcomes for those seeking care.[25]

The 2019 Mental Health and Emotional Wellbeing Schools Survey also gives insight into the challenges that schools are picking up in children and young people. Schools commonly spoke about pupils' anxiety and worry, and of all the issues that schools felt were affecting the mental health and wellbeing of their pupils, pressures around exams and school were thought to have the greatest impact. This was followed by self-esteem, self-confidence, and self-

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[25] Stafford J, Aurelio M, Shah A. Improving access and flow within Child and Adolescent Mental Health Services: a collaborative learning system approach. BMJ Open Quality 2020;9:e000832. doi:10.1136/ bmjoq-2019-000832

image, managing anger and behavioural outbursts and the physical and mental health of parents.

Secondary Schools

In secondary schools, HSIS capture reasons for referrals as well as the actual topics discussed with the young person, we can see a helpful comparison between what professionals understand the issue to be with what the young person is experiencing.

***Figure 8:** Comparison of reason for referral into HSIS with actual interventions delivered*
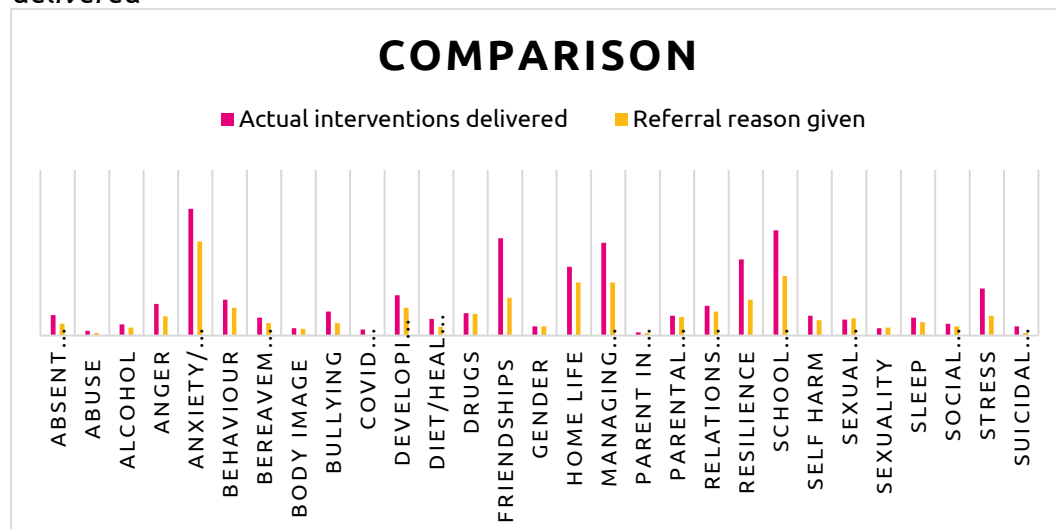
This data shows that professionals are generally well-attuned to what young people need support with, however, when they present for support, children and young people identify more underlying issues that impact their emotional health and wellbeing, often listing multiple areas of concern.

This data highlights that whilst anxiety and worry are most commonly highlighted as the key issue, professionals are either not aware of, or not capturing, the young people's need for **support with friendships** (referred 57 times, with 147 interventions delivered), **school related issues** (referred 90 times with 150 interventions delivered) and **general resilience building** (referred 54 times with 115 interventions delivered).

WHAT PROFESSIONALS ARE TELLING US THEY NEED TO HELP CHILDREN AND YOUNG PEOPLE

In the 2019 Mental Health and Emotional Wellbeing School Survey, when asked about CAMHS support, 68% of school professionals who took part expressed dissatisfaction with the effectiveness of young people's access to therapeutic support in CAMHS. Respondents were asked how confident they were in the ability of their school staff team to deal with emotional wellbeing and mental health issues in children and young people. The chart below shows that around 1 in 5 felt unsure or less confident in their staff team's ability to deal with the children's emotional health and wellbeing.

Figure 9: *How confident are you in the ability of your staff team to deal with emotional wellbeing and mental health issues in children and young people?*
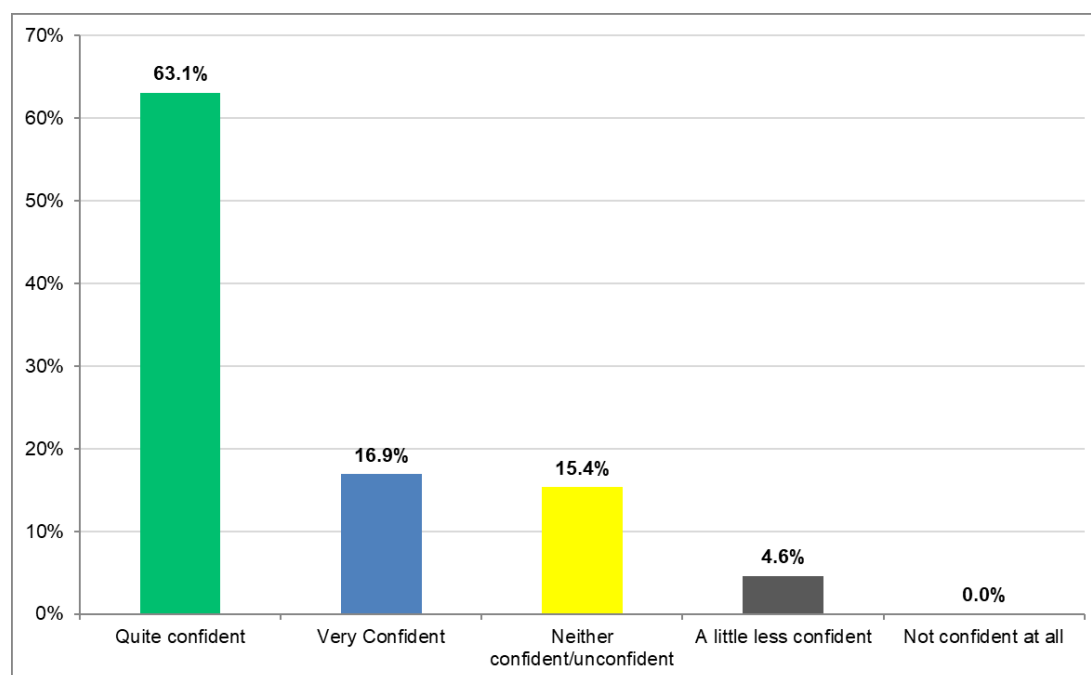
Almost 95% of school staff who had used the CAMHS duty line felt that it had enabled them to support the child they were working with.

Figure 10: Feedback received from those 65 respondents around whether the Advice and Duty Line enabled staff to support the wellbeing of the child.
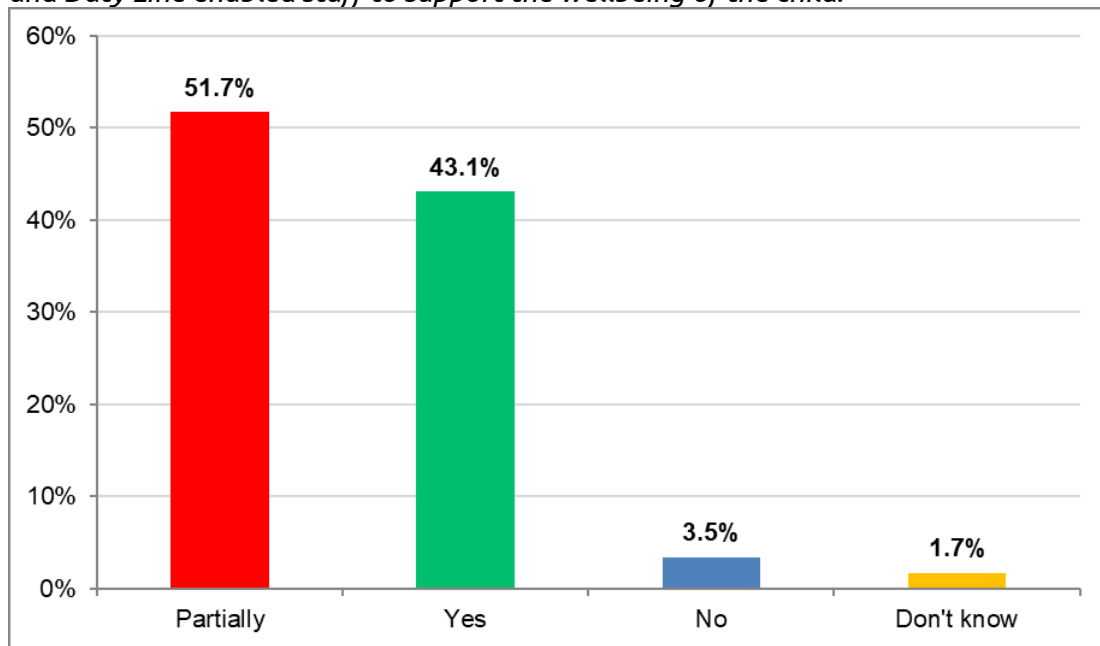
The participants were asked whether there was currently a mental health and wellbeing policy implemented at their school. Around half (29 of the 62 schools who responded) did not currently have a policy in place. However, 3 in 4 schools (46 of 62) had included mental health and wellbeing as a priority in their school development plan.

WHAT REALLY WORKS?

Public Health England in 2016 published a number of risk and protective factors for child mental health and wellbeing. We know that reducing the risk factors and working to encourage the protective factors is the best way to safeguard children and young people's emotional health and wellbeing.

RISK FACTORS

Child

- Genetic influences
- Low IQ and learning disabilities
- Specific development delay
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem

Family

- Family disharmony, or break up
- Inconsistent discipline style
- Parent/s with mental illness
- Parental substance abuse, addiction or alcoholism
- Physical, sexual, emotional abuse or neglect
- Parental criminality
- Death and loss

School

- Bullying
- Discrimination
- Breakdown in, or lack of, positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil-to-teacher relationships

Community

- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Lack of access to support services

Child

- Secure attachment experience
- Good communication skills
- Having a belief in control
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect

Family

- Family harmony and stability
- Supportive parenting
- Strong family values
- Affection
- Clear, consistent discipline
- Support for education

School

- Positive school climate that enhances belonging and connectedness
- Clear policies on behaviour and bullying
- 'Open door' policy for children to raise problems
- A whole-school approach to promoting good mental health

Community

- Wider supportive network
- Good housing
- High standard of living
- Opportunities for valued social roles
- Range of sport/leisure activities

PROTECTIVE FACTORS

The Mental Health of Children and Young People in England, Public Health England December 2016

Additional research around children's mental health and wellbeing published by the Scottish Government in 2020[26] found that:

- School experiences and interactions with family members and peers are consistently important for good mental health and wellbeing. Good general health and physical activity are also key.

- Perceptions of the local area are linked to certain mental health outcomes, but less strongly than other factors.

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[26] 5 Conclusions and recommendations - Factors affecting children's mental health and wellbeing: findings - gov.scot (www.gov.scot)

- Experiences and relationships are stronger predictors of mental health and wellbeing than socio-demographic factors, such as area deprivation or family structure. (Area deprivation seems to be a marker of exposure to multiple risk factors for poor mental health and wellbeing, rather than a driver of wellbeing itself.)

- Children and young people with clusters of multiple risk factors are especially vulnerable to mental health problems.

- Different mental health and wellbeing outcomes showed stronger associations with different factors. For example, emotional problems were most strongly linked with negative peer experiences, whereas conduct problems were most strongly linked with negative family experiences.

- Gender differences in mental health and wellbeing were small or non-existent in primary school, but more pronounced in secondary school. Outcomes tended to be worse for boys in terms of conduct, and worse for girls in terms of mental wellbeing and especially emotional problems.

Poor quality interactions in family, peer, and school settings, was linked to poor mental health, where positive experiences in those settings correlated with positive mental wellbeing. This suggests that focusing on these areas may be useful to both tackle mental health problems and also to help children to thrive.

When we look at the outcomes of interventions delivered in Wirral for those who are beginning to struggle, it is extremely difficult to capture a clear picture of what improves outcomes for children and young people. Anecdotally we can see and hear testimonials which have been captured by individual services about the changes that young people have experienced, but knowing what works for children in specific circumstances is mostly unknown for a number of reasons:

- Children and young people are often accessing more than one type of support or intervention at a time, so it is difficult to know what's working. It may be one individual approach or even the combination of approaches that makes a difference.

- Data about impact and outcomes isn't shared outside of individual organisations. The data that is collected is generally focused on access e.g., how many young people are referred or attend, rather than what outcomes are achieved.

- Even if a young person accesses support and achieves good outcomes, there is no joined up data that tells us whether that person maintains those outcomes or repeatedly re-enters another part of the system.

Below you can see the impact of some of the interventions delivered across Wirral at the time of collection, however as there is no central data set which captures individual journeys, the lasting impact is unknown.

School-based interventions

Of 332 sessions with a Health Services in Schools (HSIS) worker for which feedback was given in April-July 2021:
- 304 young people got what they needed from their HSIS worker
- 5 didn't
- 23 were unsure.

For those who answered no or unsure, the majority said they **needed more time to talk.**

When asked if or how much the intervention had helped, 302 young people responded as follows:
- 113 said yes, it helped straight away
- 32 said yes, it helped but the situation was still the same
- 112 said yes, but they would still like more support
- 42 said it helped a bit
- 3 said it didn't really help.

In the myHappymind pilot across nurseries and primary schools, 85% of nursery and primary teachers said they have seen the self-esteem of the children improving from using myHappymind.

VCSEs

The Open Door Charity and Action for Children have shared the impact of their work with young people.

The Open Door Charity
- 98% of members say that they would recommend Open Door to a friend
- 97% of our members said they would be worse off without Open Door
- 55% is the average reduction in symptoms of anxiety and depression in our members
- 100% of members said that the OOMOO project has had a positive impact
- 95% of members feel more empowered.

Action for Children: The Blues Programme
- 70% emotional wellbeing CESd Score improved
- 75% feel more confident
- 71% improved self esteem
- 66 % increased involvement in learning
- 63 % improved relationships with family and friends
- 97 % would recommend the programme to a friend
- 75 % feel they can talk about their mental health and wellbeing
- 98 % would give the programme 3 or more stars.

Action for Children: Bouncing Back
- 70 % feel they can cope better with stressful situations

- 70 % feel more confident
- 85 % know when to ask for help
- 88 % know who to ask for help.

The feedback from young people who have accessed support from is undoubtedly positive and should not be disregarded. Lots of the outcomes measured are indicators of improved outcomes long term, such as improved relationships with family and friends. However, as with all of the available data, it does not tell us whether young people are able to sustain these positive outcomes after the support has finished, or whether they have prevented the young person from accessing other, more urgent, or clinical support in future.

WHAT'S MISSING AND WHERE ARE THE CHALLENGES?

What are the main challenges the new model needs to address?

It's extremely difficult for providers to understand what children and young people need across the borough because there is no single data source that monitors need. Individual groups, schools and organisations record the needs of the young people they're supporting, but because this data is not pooled or shared, it's very difficult for services to plan, collaborate or measure their impact. The key challenges are:

- Everyone is working to different outcomes, as there is no common strategic outcomes framework for children and young people.
- Lack of information about what's on offer for children and young people.
- Lack of helpful data or information on what works for young people.
- There is very little joined up working between different providers, often because of the different systems, information sharing rules and multiple, complex pathways. Working relationships exist, but processes and bureaucracy around data, thresholds and funding make it hard for a child or young person to move between services.
- Limitations in staff capacity within schools to be able to attend and implement training, in the face of other pressures such as OFSTED. As part of the School Survey (2019), schools were asked whether there was currently a mental health and wellbeing policy implemented at their school. Around half, 46.8% of the 62 schools who responded did not currently have a policy in place however 74.2% had included mental health and wellbeing as a priority in their school development plan.

Where are the gaps in support?

Whilst there will always be a need for evidenced-based interventions and support, we know that a one-size-fits-all approach doesn't work. What's really needed is a flexible approach to offering support to young people, that looks to meet their needs rather than try to fit them into the services that exist.
However, the common gaps identified were:
- Support for younger children, particularly under 8s.
- Support around behaviours that challenge, especially where there is no current diagnosis of a physical, mental or neurodevelopmental disorder. This includes for those awaiting an assessment.
- Where a child's needs cannot be met by the Mental Health Support Teams but they do not meet the criteria for CAMHS.
- Wraparound support for children and young people who struggle to attend mainstream school because of their mental health. This has led to an overuse of Alternative Education, the Hospital School and Home Education as a more permanent 'solution', with young people then rarely transitioning back into mainstream education.
- Peer support for school professionals who are supporting a child or young person with emotional health and wellbeing needs.

- Support for parents who are worried about their child, helping them to understand it's okay to not always feel okay, and upskill them to help their child build resilience.

Where are the gaps in the data?

It's impossible to know how many children and young people need help, and what they need help with, based on the data that has been available to share with this report. Much of the current data collected and shared focuses on access targets and waiting times, rather than needs and outcomes, making it hard to understand what is needed and what is working.

There are also gaps in what data has been shared. This could be because the data isn't being collected, or that it can't currently be reported on or shared in a meaningful way. The Single Point of Access model of support will need to know:

1. How many children need support and what they need support with.

2. What young people's journey through the system looks like.

3. What the barriers & enablers to accessing support are.

4. The outcomes of support and what works to prevent needs escalating.

5. More detailed demographic data, for example around ethnicity and LGBTQ+ identification.

Some data sets which could offer this information include:

0-19, Early Years and Education

- 0-19 Service data. Specifically looking at the emotional health and wellbeing of the under 5s, maternal mental health and the correlation with child wellbeing through school nurses' data (particularly at key transition points). This would give us a clearer picture of children's early experiences and help to project potential needs for the future.
- More consistent schools' data including the overarching levels of need for their pupils and the additional spend on emotional health and wellbeing support and services.
- Mental Health Support Teams data which speaks to the numbers and needs of young people accessing their support.
- Data which tells us about the emotional health and wellbeing of those young people who are electively home educated, in alternative provision or are not attending school.

Integrated Front Door, Children's Social Care and Early Help

- Demand and need level data around the emotional health and wellbeing of children and young people coming through Children's Services.

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- Demand and need level data around other potential indicators or predictors of poor emotional health and wellbeing, such as parental mental health, sibling mental health, trauma etc.

Health

- Live, up to date data from health services relating to emotional health and wellbeing, including primary and secondary care.
- Accurate waiting list information, including time spent and type of needs or required support for those on the waiting list.
- From CAMHS:
  - Journey data which tells us if young people have accessed universal support in the community that hasn't been enough for them, or if they actually didn't access support until it became more urgent.
  - Reasons for rejection from CAMHS and the alternative offers of support suggested.
- Neurodevelopmental pathway data including the number and needs of those on the waiting list and correlation with their emotional health and wellbeing needs. It would also be useful to know what support is offered or available to those who have referrals rejected.
- GP insights into numbers of CYP presenting to GP with emotional health and wellbeing concerns

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RECOMMENDATIONS

The transformation of children and young people's emotional health and wellbeing support in Wirral is a collective effort. The following recommendations will need to be refined with those people who will be involved, such as children and young people themselves, their families, and representatives from CAMHS, Health, Schools, VCSEs and Children's Services. Lots of this work will be concentrated through the Future in Mind steering group.

The new approach must address the gaps and challenges that have been identified by children and young people, their families, and professionals who work with them, and as such, there will need to be strategic and operational buy-in to work together as one team across Wirral. A shared culture of trust and openness to make these bold changes, with great communication at every level, will make it possible for children and young people to have the best possible experience of getting support.

The new approach needs to give more power to children and young people, shifting the focus of commissioning to *what's needed*, rather than *what's available*, making sure that each person is connected to the right support experience, every time. It should also give a meaningful way for families to feedback on what works and what isn't working and help change how and where young people access services.

What needs to be available?

- A range of clinical and non-clinical offers, in a variety of settings where children feel safe and included
- Services need to address the priority topics identified in this report: anxiety, school, managing change, resilience, home life and friendships.
- Services need to provide support for specific groups:
  - Younger children, especially those under 8.
  - Those with behaviours that challenge, both where there are and aren't current diagnoses of a physical, mental or neurodevelopmental disorder.
  - Those who need support that cannot be given by the Mental Health Support Teams but does not meet the criteria for CAMHS.
  - Children and young people who struggle to attend mainstream school because of their mental health.
  - School professionals who support pupils with emotional health and wellbeing needs.

There is some provision available which address the above needs, however it is often limited capacity, only available in certain areas and very often reliant on short-term funding. These types of support need to be available consistently across the borough for the long-term.

How services are organised

- Key services need to form a single pathway through which children and young people can access their support. Services should work together to make it possible for them to move between organisations and services when that's right for them.
- A Single Point of Access should be promoted directly to families and children and young people through a campaign brand and be supported by communications to help professionals understand their role in supporting children, young people, and families to use it. The Single Point of Access should be aligned with tools that parents, carers and young people are already using to support them, i.e., Family Toolbox and Zillo.
- Where possible, services for children and young people's emotional health and wellbeing in Wirral should work under a common strategic outcomes framework which focuses on the holistic nature of a child's emotional health and wellbeing.
- The new commissioning model needs to offer provider stability over a longer-term contract, whilst maintaining flexibility and agility to respond to emerging needs as the data collected within the Single Point of Access identifies them. A range of public, health and VCSE partners will need to be commissioned to collaboratively support children and young people.

Recommendations for using data

This needs assessment has highlighted a number of opportunities for how data can be used to underpin the transformation of support for young people and achieve better outcomes for them.
Most importantly, to understand the big picture of what's really needed and what should be commissioned, we need a model that centrally collects the data detailed in the previous section of this report.
Data should be:
- collected on a regular basis and in a methodical way
- consistent across the Cheshire and Merseyside partnership and measured against shared priorities and goals for children and young people, both locally and regionally
- able to tell the story of children and young people's journey to positive emotional health and wellbeing

- analysed consistently, looking for future trends and emerging needs, to get ahead of the curve when commissioning
- joined up around mental health, SEND, Neurodiversity, Children Looked After and other more vulnerable groups, to make sure that the right services are commissioned to meet needs which might not be highlighted in mainstream settings
- shared between organisations so that children and young people are able to get into the services that are right for them more quickly
- regularly reviewed to get a thorough understanding of what's being collected and how it's being used, including a thorough needs analysis following first 6-12 months of the SPA.

What happens next?

Next, the recommendations of this report will be refined by the Future in Mind group, which is made up of key members from across WMBC, the ICB, schools and the voluntary sector.

Following that, a new commissioning approach and service model will be designed in partnership with those who will be part of it, including children and young people and their families, CAMHS, schools, VCSEs, and connecting services such as IFD and Children's Services. This design work will include writing the specification for the digital tool which will sit within the model and align with existing digital tools. The project will also co-design a framework which will enable schools and other professionals supporting children's emotional health and wellbeing to access effective and quality training. All this work will be underpinned by continual learning from best practice.

In time for the launch of the new model and digital tool, a new brand campaign will be designed. This will empower families to understand the emotional wellbeing support offer in Wirral and encourage them to use the Single Point of Access, and help professionals understand their roles in supporting children, young people and families to use it.