Emotional wellbeing needs of children and young people in Staffordshire

Joint Strategic Needs Assessment

July 2018

Document details

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Summary

The mental health of all children is important. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and to grow into well-rounded healthy adults. Around half of adults with long-term mental health problems will have experienced their first symptoms before the age of 14 and three-quarters by mid-20s.

Based on our estimated numbers of school-aged children with emotional, conduct and hyperkinetic disorders short-terms costs to the public sector in Staffordshire are £27 million with long-term societal costs in the region of around £40 million.

Understanding the emotional wellbeing and mental health needs of children and young people is important if we want to improve their wellbeing and life chances. This needs assessment should therefore be used to inform the children's emotional wellbeing strategy as well as other prevention strategies and approaches across the County.

A child's relationship with their parents (or carers) has a major impact on the child's social and emotional development. Likewise parents' ability to provide a nurturing relationship depends on their own emotional and social wellbeing which can depend on a range of factors, for example, the family environment, their social networks and employment status.

Our knowledge on the prevalence of poor emotional wellbeing and mental health disorders is limited. Many of our estimates come from out-dated national studies and should be updated post the publication of the new child and adolescence mental health prevalence survey in 2018.

Around 10-15% of mothers during pregnancy have mild to moderate depression; 3% of pregnant women have severe depression. The prevalence of poor social and emotional development at early years, assessed through health visitors and teachers at school entry, is thought to be around 10-30% with significant variation between localities.

Around one in four children aged 11-12 have an emotional wellbeing issue. Around one in ten school-aged children (aged five to 16) have a diagnosed mental health condition. The prevalence of mental health disorders in young men aged 16-24 is 10% but much higher for young women at 28%.

The prevalence of poor emotional wellbeing and mental health is higher in vulnerable groups such as those living with a parent with mental illness, those living in toxic family environments, looked after children, offenders and children with special education needs or learning disabilities. Whilst not all children who experience these factors will go on to develop mental health problems more can be done to mitigate the level of these risks and build the resilience of children and young people from an early age. Many children will have more than one risk factor and are at increased risk of poor emotional wellbeing and mental health. Other emerging risks to children's emotional wellbeing include social media and cyber bullying.

Almost 650 children and young people in Staffordshire were admitted to hospital due to self-harming in 2016/17 with rates of self-harm similar to England.

The current service model for mental health services for children in Staffordshire is felt to be too fragmented and provision variable across the County partially due to differences in funding. There is less support to meet needs early which is putting pressures on more costly specialist NHS services.

Children and young people identify a number of barriers that exist in relation to services; they had little knowledge about mental health services and where to go to access help, they feel there was a stigma attached to mental health, feel embarrassed by the topic and would not feel comfortable approaching a professional for support. They also acknowledge a greater promotion of available services and more education around mental and emotional wellbeing is required.

The majority of local practitioners were confident in identifying when a child or young person has emotional wellbeing needs and dealing with low levels of emotional wellbeing and knew how to get more specialist support if required. They were however less confident in knowing how to access or signpost children and families to locally available community solutions or networks of support.

Some of the common themes from the practitioner survey are: accessible support and access to appropriate resources, better communication, training and improved knowledge and partnership working. They also acknowledge the importance of nurture, positive relationships and the child and family environment. The top three priorities for practitioners are: accessible support, nurture and training.

Emerging priorities:

- **Training and awareness** for children, parents and families and communities on how to recognise and cope with emotional wellbeing needs. This will support being able to identify and building appropriate coping and resilience strategies that promote emotional wellbeing. Training for school staff is reinforced in the Green Paper.

- Building resilience of children and young people through supportive and consistent parenting through a nurturing, stable and safe environment, particularly in **early years**

- Addressing **family and parental issues** such as worklessness and low incomes, domestic abuse, alcohol and substance misuse and parental mental ill-health, will have long-term impact on improving the emotional wellbeing of children and young people. Many of the root causes that predispose to poor emotional wellbeing and mental health such as poor parenting and poverty are the same as those leading to wider health, care and wellbeing issues such as looked after children and offending behaviour; therefore solutions should be incorporated into wider **whole system solutions** to have maximum impact.

1 Introduction

The mental health of all children is important. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and to grow into well-rounded healthy adults. Research suggests that around half of adults with long-term mental health problems will have experienced their first symptoms before the age of 14, 75% of lifetime mental illness arises by the mid-20s. In additional around 40% of young people are thought to have experienced at least one mental disorder by the time they reach 16.[1]

Mental illness and poor emotional wellbeing in children and young people is also associated with poor educational attainment, increased numbers not in education, employment or training, disability, offending and antisocial behaviour as well as unhealthy and risky lifestyle behaviours during childhood. Early intervention can therefore also reduce demand on schools, the youth justice system and children's health and social care services.

Things that can help keep children and young people mentally well include[2]:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school or education setting that looks after the wellbeing of all its pupils
- taking part in local activities for young people

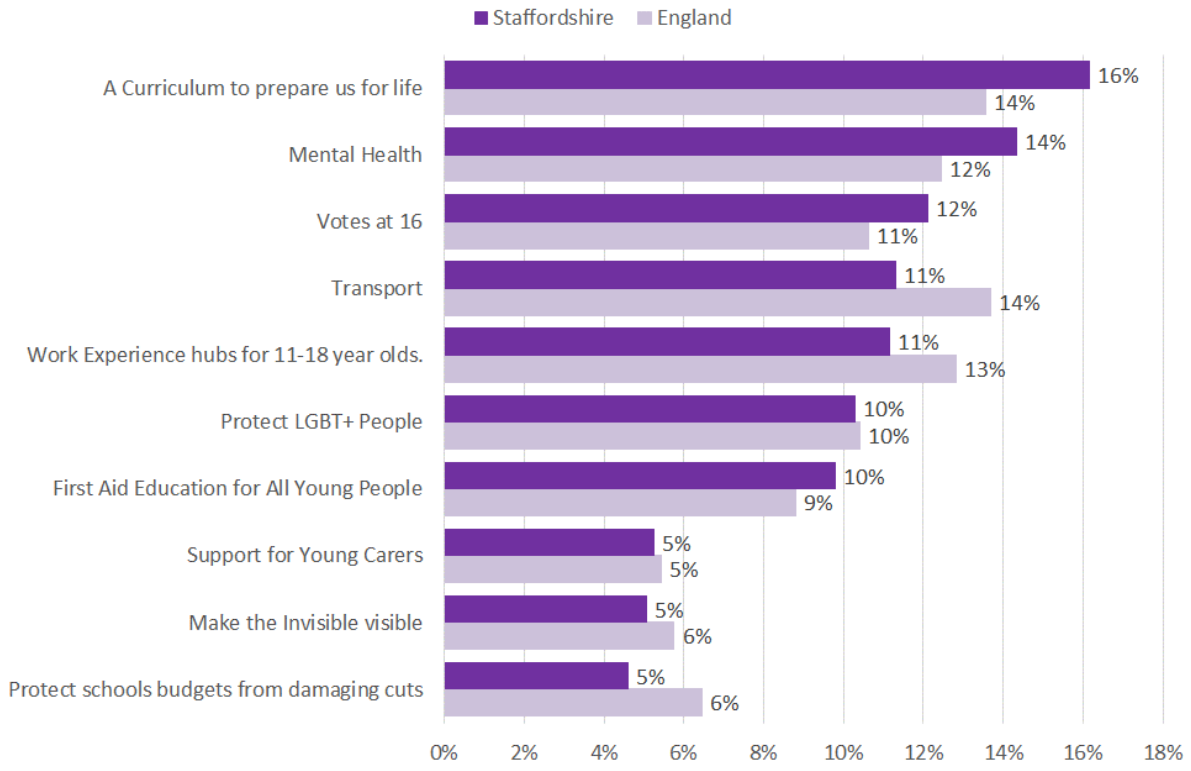
What is wellbeing? The World Health Organization (WHO) defines health as 'a complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity'

The Chief Medical Officer in her annual report found that the short-term health, social care and education costs was £2,220 per child with mental health problems; with long-term societal costs being £3,310 per child.[3] Based on our estimated numbers of school-aged children with emotional, conduct and hyperkinetic disorders; in Staffordshire this equates to £27 million for short-term costs and £40 million in terms of long-term societal costs.

Mental health is important to our children and young people - during 2017, almost 6,650 young people aged 11-18 in Staffordshire (equating to 8% of this age group) took part in the UK Youth Parliament (UKYP)'s annual Make Your Mark public survey. The 2017 results found that Staffordshire children identified mental health as the second most popular issue they would like to see the UKYP campaign further; this compares with it ranking fourth across England as shown in Figure 1.

[1] Joint Commissioning Panel for Mental Health, December 2015
[2] https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people
[3] https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

Figure 1: Results from Make Your Mark, 2017



Note: 8% turnout for Staffordshire (6,648 votes); 18% turnout for England (858,876 votes)

Source: Make Your Mark 2017, Results Report, United Kingdom Youth Parliament

1.1 Policy context

Some of the key national policy drivers for children's emotional wellbeing include:

- The Government's mental health strategy, **No Health without Mental Health (2011)** set out plans to improve mental health outcomes across the life course and promoted early help: "*by promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does*".[4] The six objectives from the strategy are:
    - More people will have good mental health
    - More people with mental health problems will recover
    - More people with mental health problems will have good physical health
    - More people will have a positive experience of care and support
    - Fewer people will suffer avoidable harm
    - Fewer people will experience stigma and discrimination

[4] No health without mental health: a cross-government mental health outcomes strategy for people of all ages. https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

- **Closing the Gap: priorities for essential change in mental health (2014)** sets out 25 shorter-term priorities for change in local service planning and delivery to make a difference to the lives of children and adults with mental health problems.

- **Future in Mind (2015)** set out changes across the whole system to support the emotional wellbeing and mental health of children and young people by:[5]

    - Promoting resilience, prevention and early intervention
    - Improving access to effective support – a system without tiers
    - Care for the most vulnerable
    - Accountability and transparency
    - Developing the workforce

    The strategy sets out how much of this can be achieved through better working between the NHS, local authorities, voluntary and community services, schools and other local services. It also makes it clear that many of these changes can be achieved by working differently, rather than needing significant investment.

- **The Five Year Forward View for Mental Health (2016)** - which sets out the current state of mental health service provision in England and makes recommendations in all service areas. [6]

- The **Green Paper, Transforming Children and Young People's Mental Health Provision (2017)** focuses on earlier intervention and prevention, especially in relation to the role of schools and colleges. It sets out a range of proposals to strengthen the way schools and specialist NHS mental health services work together, and to reduce the amount of time that children and young people have to wait to access specialist help.[7] The proposals include:

    - creating a new mental health workforce of community-based mental health support teams
    - every school and college will be encouraged to appoint a designated lead for mental health
    - a new four week waiting time for NHS children and young people's mental health services to be piloted in some areas

[5] Department of Health and Social Care and NHS England, Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, 2015
[6] The Independent Mental Health Taskforce to the NHS in England, The Five Year Forward View for Mental Health, 2016
[7] HM Government, Transforming Children and Young People's Mental Health Provision: a Green Paper, 2017

In addition the **Care Quality Commission (CQC)** undertook a review of children and young people's mental health services including the quality and accessibility of these services.[8] They found that the *"system as a whole is complex and fragmented. Mental health care is funded, commissioned and provided by many different organisations that do not always work together in a joined-up way. As a result, too many children and young people have a poor experience of care and some are unable to access timely and appropriate support."* They subsequently published the review which included recommendations to address the issues and barriers within mental health services including integrations across the whole system beyond health and social care and again highlights the roles of schools.

1.2 Purpose of report

Following the publication of the Children's Joint Strategic Needs Assessment in April 2017 a gap was identified in understanding the emotional wellbeing needs of children and young people and a needs assessment was subsequently commissioned by Staffordshire's Family Strategic Partnership through a virtual working group.

The needs assessment is a key component of the Partnership's approach to children's emotional wellbeing as shown in Figure 2 and will also be used to inform:

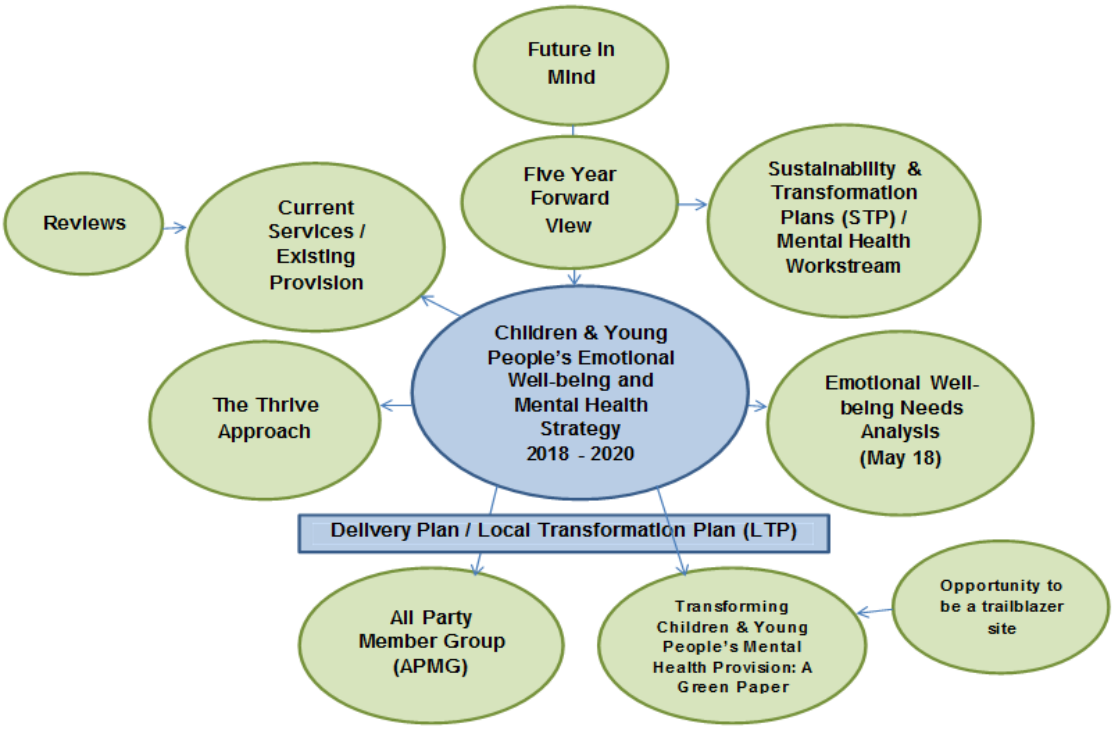
- The **development of a children's emotional wellbeing strategy** – a new strategy is being developed across Staffordshire and Stoke-on-Trent which will focus on prevention and early intervention as well as ensure that children in crisis are supported through the principle of the THRIVE model through a partnership approach

- Staffordshire **All Party Members Group (APMG) for Innovation** which is focussing on emotional wellbeing and will be making a set of recommendations to Cabinet

Understanding the emotional wellbeing and mental health needs of children and young people is important if we want to improve their wellbeing and life chances.

[8] http://www.cqc.org.uk/publications/themed-work/review-children-young-peoples-mental-health-services-phase-one-report

Figure 2: Partnership Approach to Children and Young People's Emotional Wellbeing



1.3 Demographic characteristics of Staffordshire

There are around 168,800 children and young people under 18 in Staffordshire making up 19% of the population which is lower than the national average of 21%. Tamworth and East Staffordshire however have higher proportions of younger populations compared with England.

Overall, the number of children and young people is expected to remain fairly static. Between 2016 and 2021 the population of children and young people aged under 18 in Staffordshire is expected to see a small increase of 1.5% equating to around 2,600 additional children and young people). Around 11% of children and young people across Staffordshire are from a minority ethnic group. This varies from 3% in Staffordshire Moorlands to around 20% in East Staffordshire.

Staffordshire is substantially more rural than England overall, with 24% of the local population living in rural areas, compared to 17% of the national population. However there is considerable variation across the County ranging from nearly 40% of South Staffordshire's population living in rural locations to Tamworth which has an entirely urban based population.

Based on the Index of Multiple Deprivation 2015, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some of its urban areas with 9% of its population living in the fifth most deprived areas nationally. However some of the remote rural areas in Staffordshire have issues with hidden deprivation, particularly around access to services.

2 Estimates of emotional wellbeing and mental health needs

Key messages:

Our knowledge on the prevalence of poor emotional wellbeing and mental health disorders is limited. Therefore the local number of children with emotional wellbeing and mental health needs are estimated from national surveys alongside other routinely available datasets that help us understand the likely prevalence of poor emotional wellbeing for children and young people in Staffordshire.

- Around 10-15% of mothers during pregnancy have mild to moderate depression; 3% of pregnant women have severe depression.
- The prevalence of poor social and emotional development at early years, assessed through health visitors and teachers at school entry, is thought to be around 10-30% with significant variation between localities.
- Around one in four children aged 11-12 have an emotional wellbeing issue. Around one in ten school-aged children (aged five to 16) have a diagnosed mental health condition.
- The prevalence of mental health disorders in young men aged 16-24 is 10% but much higher for young women at 28%. Based on Feeling the Difference survey data, around 8% of young people aged 16-24 in Staffordshire felt anxious.
- Almost 650 children and young people aged 10-24 in Staffordshire were admitted to hospital due to self-harming in 2016/17.

2.1 Perinatal mental health

Poor mental health during or after pregnancy can have long-term effects on children's mental health and wellbeing. Maternal depression and anxiety during this period are both linked to higher levels of emotional and behavioural problems in children under five.

Based on national research the prevalence of mild to moderate depressive illness during pregnancy is estimated at around 10%-15% with 3% of pregnant women suffering from severe depression.

Based on 2016 maternities this equates to around 870-1,300 Staffordshire mothers with mild to moderate depression and 260 with severe depression (Table 1).

Table 1: Estimates of perinatal mental health disorders, 2016

	Mild to moderate depressive illness		Severe depressive illness (3%)
	Lower range (10%)	Upper range (15%)	
Cannock Chase	110	160	30
East Staffordshire	150	220	40
Lichfield	100	150	30
Newcastle-under-Lyme	120	180	40
South Staffordshire	100	140	30
Stafford	130	190	40
Staffordshire Moorlands	80	130	30
Tamworth	90	140	30
Staffordshire	**870**	**1,300**	**260**

Source: Joint Commissioning Panel for Mental Health. Guidance for commissioners of perinatal mental health services. Volume two: practical mental health commissioning. London: Joint Commissioning Panel for Mental Health; 2012 and 2016 mid-year population estimates, Office for National Statistics, Crown copyright

The new performance and outcomes monitoring framework for the Healthy Child Programme for 0-19s in Staffordshire will enable us to monitor the number of mothers with postnatal depression in the future.

2.2 Early years

The first five years are vital for a child's development and the family environment strongly determines the opportunities and life chances children have. Children who are raised in a stable, loving, family environment are more likely to have a positive and healthy future. A child's attachment, security and relationship with their parents (carers) has a major impact on their social and emotional wellbeing.

It is difficult to reliably estimate levels of poor emotional wellbeing in early years; however some studies suggests that around between 10-20% children aged two to five have an emotional or mental health disorder. In Staffordshire this means that between 2,800 and 5,600 children aged two to four are estimated to have an emotional or behavioural disorder (Table 2).

Table 2: Emotional and behavioural disorders in children aged two to four, 2016

	Mental Health Foundation (10%)	Mental Health Foundation (20%)
Cannock Chase	340	680
East Staffordshire	450	900
Lichfield	320	630
Newcastle-under-Lyme	390	780
South Staffordshire	310	620
Stafford	420	830
Staffordshire Moorlands	270	540
Tamworth	290	570
Staffordshire	**2,780**	**5,550**

Source: Mental Health Foundation and 2016 mid-year population estimates, Office for National Statistics, Crown copyright

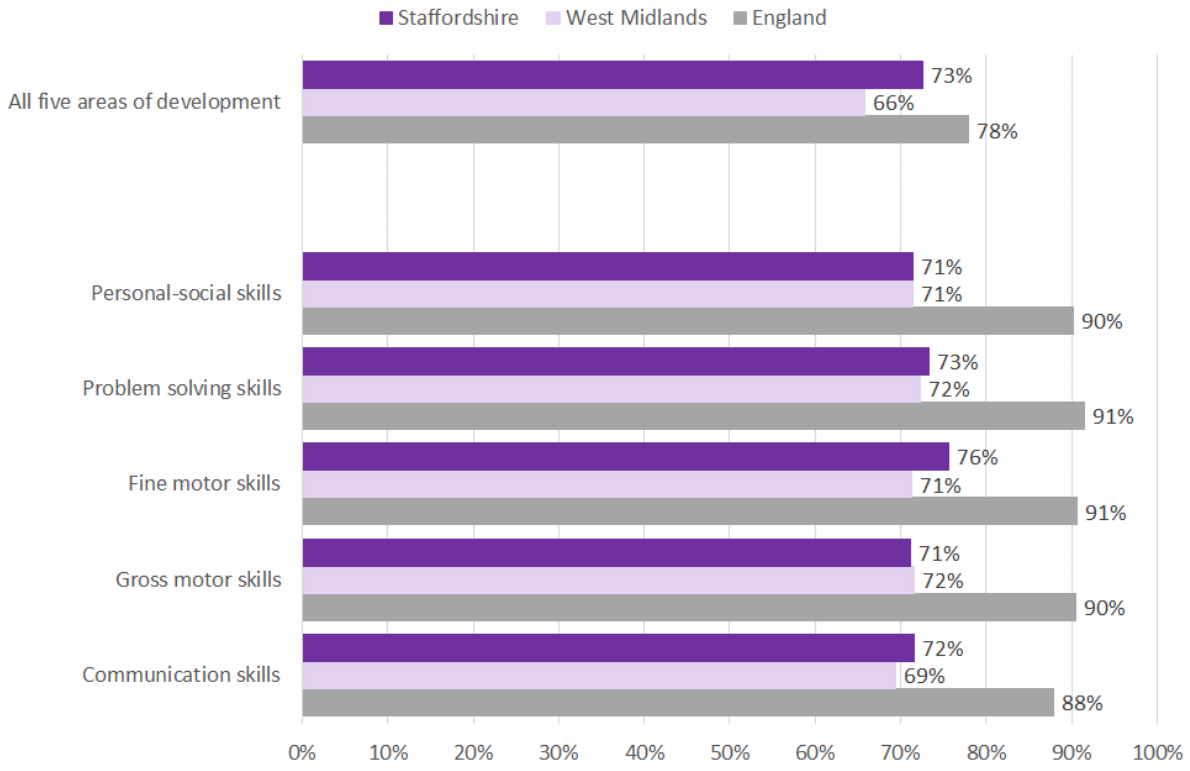
Social-emotional development at 2 to 2.5 years

As part of the Healthy Child Programme, health visitors assess the needs of the family and provide early help as required. The health review aimed at 2-2.5 year olds uses the Ages and Stages Questionnaire 3 (ASQ-3) to assess child development outcomes which include: communication, skills, problem solving, social-emotional development and aspects of physical development. Delays in development identified at this stage are known to lead to poorer longer term outcomes including mental health and wellbeing.

Based on the first three quarters of 2017/18 suggests that the proportion of children who had received a review between 2-2.5 years in Staffordshire was 68% which is lower than the national average of 76%.

Experimental data from October to December 2017 reported on the outcomes of the ASQ for around 1,470 Staffordshire children aged 2-2.5 years. This found that 71% of children aged 2-2.5 years were identified as having met the expected level of social-emotional development. As illustrated in Figure 3 this appears to be comparable with West Midlands but is lower than England; however the data is experimental and may not be comparable with other areas at present due to varying data quality issues.

Figure 3: Child development outcomes at 2-2.5 years, October to December 2017 (experimental statistics)



Source: Child development outcomes at 2-2.5 years, Public Health England, https://www.gov.uk/government/publications/child-development-outcomes-at-2-to-2-and-a-half-years-metrics-2017-to-2018

Early Years Foundation Stage (EYFS)

The Early Years Foundation Stage (EYFS) profile is a teacher assessment of children's development at the end of the year in which the child turns five. The EYFS framework consists of 17 early learning goals (ELGs) across seven areas of learning covering children's physical, intellectual, emotional and social development, each of which are assessed as being emerging, expected or exceeding.

Overall school readiness, measured by children achieving a good level of development at the end of Reception (aged four to five) in Staffordshire continues to be better than England. During 2017 around three-quarters (75%) of children were deemed "ready for school" compared to the national average of 71%.

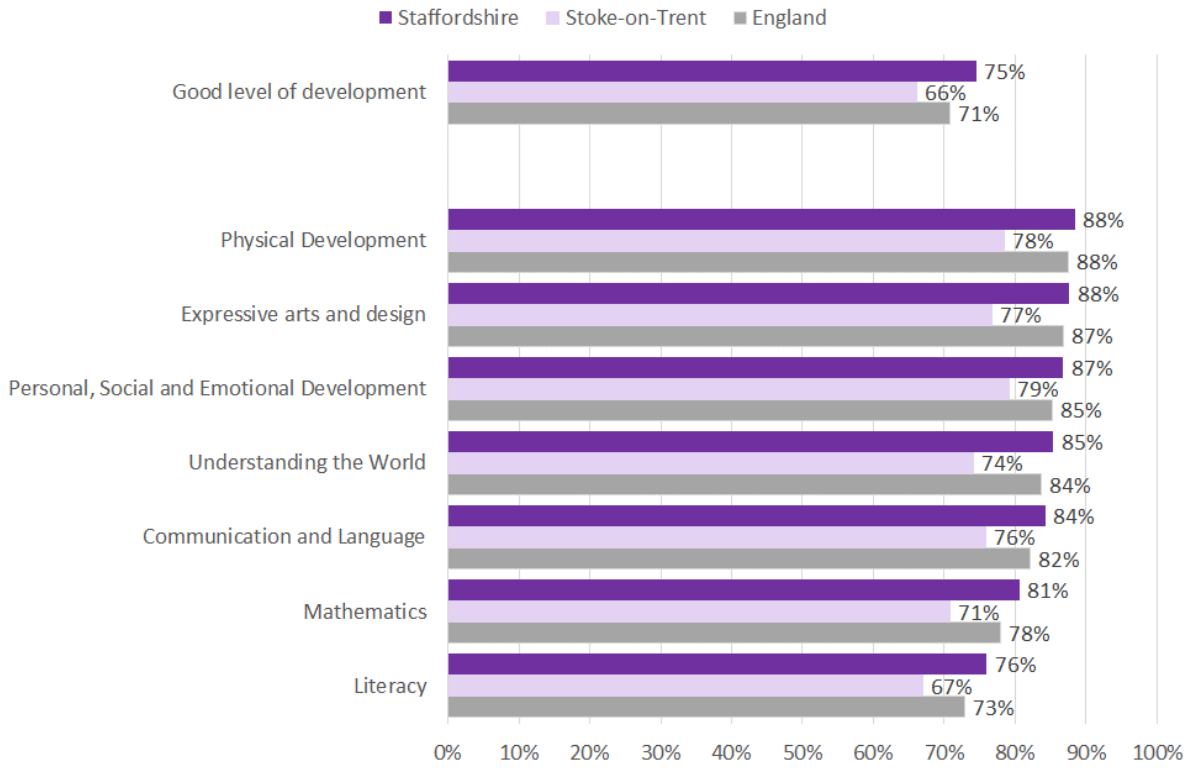
The proportion of children which meet expected levels against the learning areas of "personal, social and emotional development" which assesses children on three ELGs: self-confidence and self-awareness; managing feelings and behaviour; and making relationships was 87% which is slightly higher than the national average of 85% (Figure 4). The proportion of children in East Staffordshire meeting expected levels of PSED was lower at 82%.

There is a 15% gap in children **not** meeting expected levels of PSED between children in the most deprived areas (24%) compared to the least deprived areas (10%).

There is strong evidence that high quality childcare is associated with benefits for a child's development, with the strongest impacts evidenced amongst children from disadvantaged communities particularly in the first three years. The benefits include cognitive, language and social development.[9] The evidence suggests that low quality childcare produces either no benefit or negative effects.

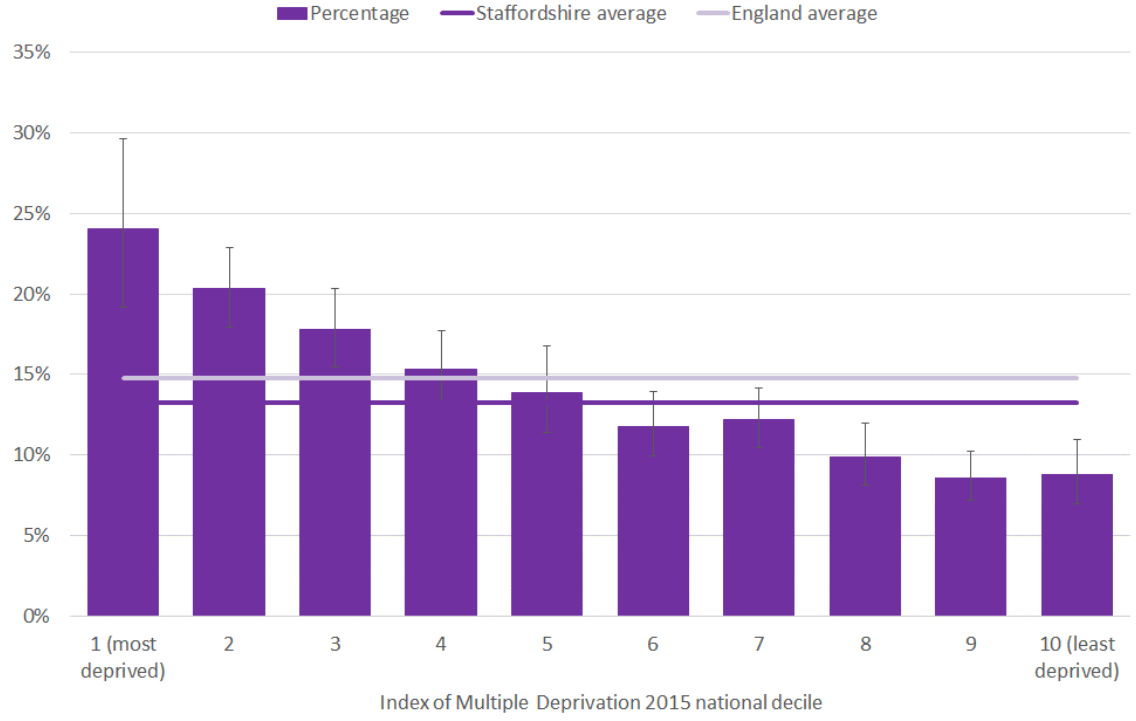
[9] Melhuish EC, Provision on young children, with emphasis given to children from disadvantaged backgrounds, Institute for the Study of Children, Families & Social Issues, Birkbeck, University of London, Prepared for the National Audit Office. 2004

Figure 4: Children achieved expected levels by key areas of learning, 2017



Source: Staffordshire County Council and Department for Education

Figure 5: Staffordshire children NOT achieving expected levels of personal, social and emotional development by deprivation, 2017



Source: Staffordshire County Council and Department for Education

2.3 School-aged children

Our current knowledge on the prevalence of children's mental health is significantly out-of-date with the last survey conducted by the Office for National Statistics in 2004. This found around one in 10 children aged five to 16 had a clinical diagnosed mental disorder; with emotional and conduct disorders being the most common mental disorders: around 5.8% were found to suffer with conduct disorders, 3.7% with emotional disorders and 1.5% with hyperkinetic disorders. Around 1.9% of children will have multiple disorders.

The survey found that boys were more likely to have a mental health disorder compared with girls (11% compared with 8%). Older children (aged 11-16) were also more likely to have a mental health disorder compared with younger children (five to 10) – 12% and 8% respectively. Children living in "vulnerable" households (e.g. lone parents, households where parents were unemployed or claiming disability benefits) were also more likely to have a mental health disorder. This is explored in more detail in the next section.

Based on these prevalence rates around 12,000 children and young people aged five to 17 in Staffordshire are estimated to have a clinically diagnosed mental health condition (Table 3).

A new Child and Adolescent Mental Health Survey was conducted during 2016 to establish the prevalence of mental health disorders in children and young people aged two to 19. The results are due to be published in 2018 and therefore the estimates in this report should be updated post publication.

Table 3: Estimates of mental health disorders in children aged five to 17, 2016

	Any mental health disorder (9.6%)	Emotional disorders (anxiety disorders and depression) (3.7%)	Conduct disorders (5.8%)	Hyperkinetic disorders (1.5%)	Less common disorders (1.3%)
Cannock Chase	1,400	540	840	220	190
East Staffordshire	1,700	670	1,040	270	240
Lichfield	1,400	550	860	220	200
Newcastle-under-Lyme	1,700	650	1,010	260	230
South Staffordshire	1,400	560	860	220	200
Stafford	1,800	700	1,080	280	250
Staffordshire Moorlands	1,300	530	810	210	180
Tamworth	1,200	450	700	180	160
Staffordshire	**12,000**	**4,660**	**7,210**	**1,850**	**1,660**

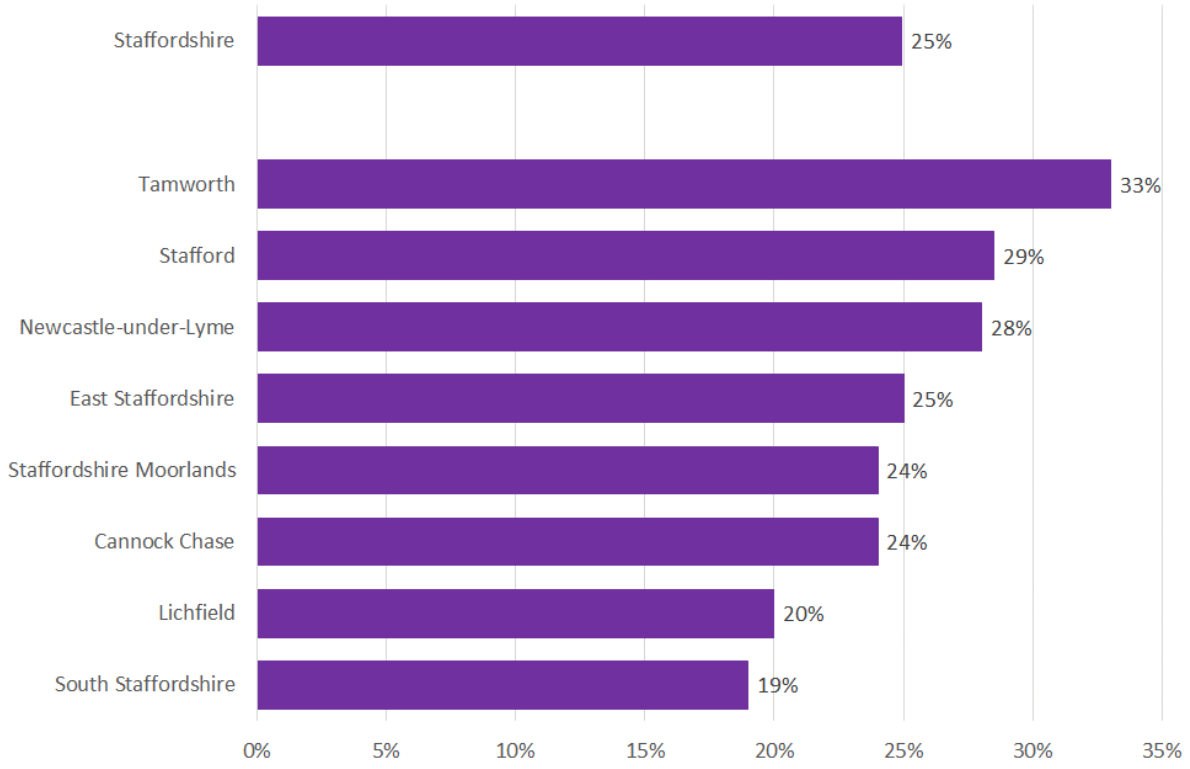
Note: numbers do not add up as some children and young people may have more than one mental health disorder

Source: Green H, McGinnity A, Meltzer H, Ford T and Goodman R; Mental health of children and young people in Great Britain 2004. Office for National Statistics, Crown copyright 2005 and 2016 mid-year population estimates, Office for National Statistics, Crown copyright

Children in Year 7 (aged 11-12)

During 2017 all children entering secondary schools (Year 7) in Staffordshire were sent a questionnaire with the proportion completed being 93% (circa. 8,400 children). Based on this data collection, around one in four children were identified with emotional wellbeing concerns varying from 19% in South Staffordshire to 33% in Tamworth (Figure 6).

Figure 6: Children in Year 7 with emotional wellbeing concerns, 2017



Source: Year 7 questionnaire data, School Nursing Service, Birmingham Community Healthcare NHS Foundation Trust

Children aged 15

Questions about wellbeing were included in What About Youth? (WAY) survey in 2014. The survey covered several areas relating to wellbeing:

- a set of questions which together give us a measure of mental wellbeing; known as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
- wellbeing questions developed by the Office for National Statistics which asked about respondents' feelings on aspects of their life.
- young people's perceptions of their body image; body confidence is a known factor which influences wellbeing
- young people's experience of bullying and cyber-bullying; again bullying is a known factor that impacts on wellbeing

The findings from this survey are available at upper tier local authority level.

The mean overall **Warwick-Edinburgh Mental Well-being (WEMWBS) score** for young people ranges from possible scores of between 14-70 where higher score indicator higher levels of wellbeing. In Staffordshire the mean WEMWBS score was 47 compared to the England average of 48. Boys in Staffordshire had a slightly higher overall mean WEMWBS score than girls (50 compared to 45). This is similar to the national trend.

In terms of **life satisfaction**, around one in four young people in Staffordshire said they had very high life satisfaction (26%) and 43% said they had high life satisfaction (Figure 7). Around 12% of young people in Staffordshire reported low life satisfaction which is similar to the England average.

Staffordshire girls were more likely than boys to have low life satisfaction (17% compared with 9%). Similarly more boys in Staffordshire reported very high levels of life satisfaction compared to girls (31% boys compared to 20% for girls).

Figure 7: Life satisfaction in 15 year olds, 2014

Source: Health and Wellbeing of 15 year olds in England: Wellbeing – Findings from the What About YOUth? Survey 2014, Copyright © 2015, Health and Social Care Information Centre. All rights reserved

In terms of **body image** around one in two (53%) of 15 year olds in Staffordshire thought their body was 'about the right size'. Around 14% felt they were 'too thin' and 33% thought their body was 'too fat'. Boys were more likely to think they were 'too thin', and girls more likely to think they were 'too fat'. Around 19% of boys in Staffordshire thought they were 'too thin', compared with 9% of girls. In contrast, 44% of girls thought they were 'too fat', compared with 22% of boys.

Nationally only 28% of young people who reported low life satisfaction felt their body was about the right size compared with 61% of young people reporting high life satisfaction.

Bullying is where someone hurts another person either physically or verbally intentionally. It can also include sending text messages or online activity. Bullying in schools, particularly repeatedly, can negatively impact health; educational attainment and can pose a suicide risk. The survey found that over half of 15 year olds in Staffordshire had experienced bullying at least once within the past couple of months (56%) which is similar to the England average of 55%. Staffordshire girls were more likely than boys to have experienced bullying (65% and 47% respectively).

Nationally WEMWBS scores were lower in children who have been bullied; in addition 78% of children who reported low life satisfaction had been bullied in the past couple of months; this compares with only 47% of those reporting high or very high life satisfaction.

Around 16% of Staffordshire 15 year olds had experienced cyberbullying (bullying people through the use of technology such as mobile phones and the internet, including social media) within the past couple of months. Similar to the trend in overall bullying more Staffordshire girls reported they had been a victim of cyberbullying than boys (24% and 9% respectively).

National data from the WAY survey found that better wellbeing was reported in less deprived areas.

2.4 Young people aged 16-24

Based on national prevalence rates from the 2014 Adult Psychiatric Morbidity Surveys (APMS) almost 13,000 young people aged 18-24 in Staffordshire are estimated to have a common mental health disorder.

Table 4: Estimates of mental health disorders in young people aged 18-24, 2016

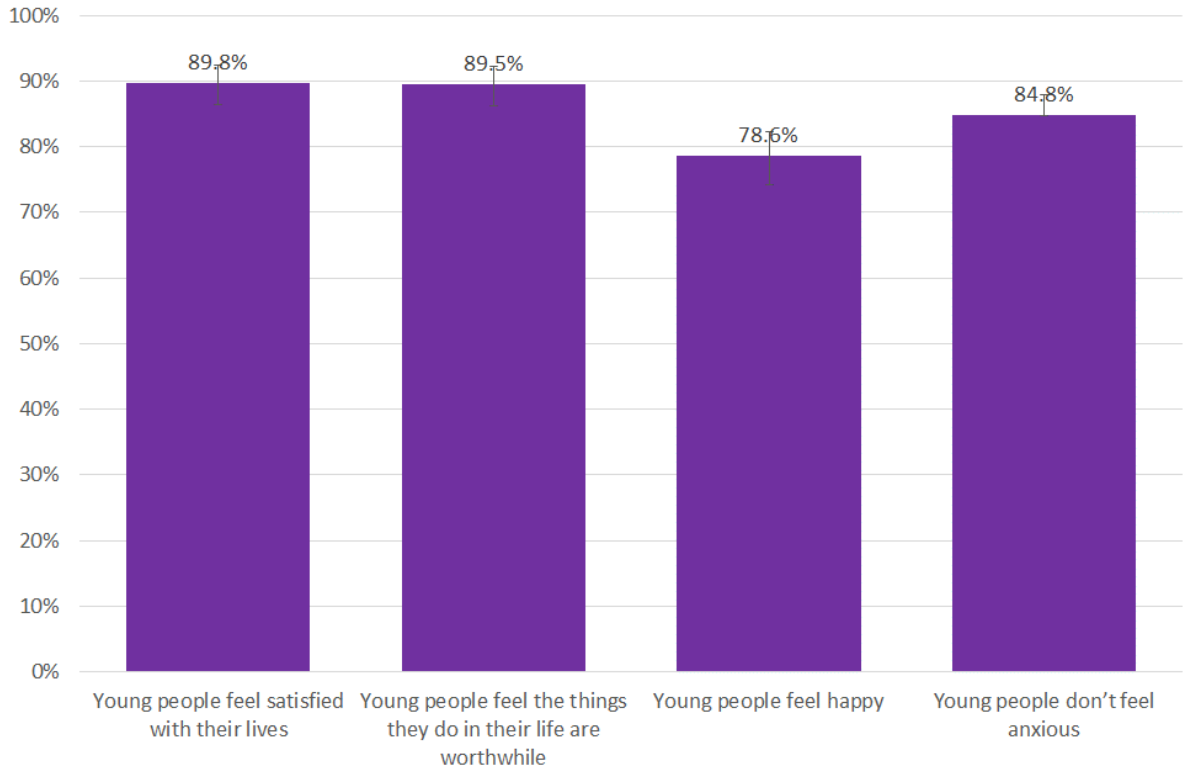
	Any mental health disorder (APMS)	Eating disorders (2007 APMS)	Attention deficit hyperactivity disorder (ADHD) (2007 APMS)
Cannock Chase	1,490	1,020	1,090
East Staffordshire	1,630	1,120	1,220
Lichfield	1,310	900	1,000
Newcastle-under-Lyme	2,700	1,860	1,970
South Staffordshire	1,510	1,040	1,150
Stafford	1,900	1,300	1,460
Staffordshire Moorlands	1,230	850	910
Tamworth	1,130	780	820
Staffordshire	**12,910**	**8,880**	**9,620**

Source: 2007 and 2014 Adult Psychiatric Morbidity Surveys, Copyright © 2016, Health and Social Care Information Centre. NHS Digital is the trading name of the Health and Social Care Information Centre and 2016 mid-year population estimates, Office for National Statistics, Crown copyright

Nationally there are four key outcome measures relating to wellbeing. Data from the Feeling the Difference surveys shown in Figure 8 found that for Staffordshire:

- 90% of young people aged 16-24 feel satisfied with their lives
- 90% of young people aged 16-24 feel the things they do in their life are worthwhile
- 79% of young people aged 16-24 feel happy
- 85% of young people aged 16-24 do not feel anxious

Figure 8: Wellbeing measures for young people aged 16-24 in Staffordshire (n=401), September 2016 to March 2018



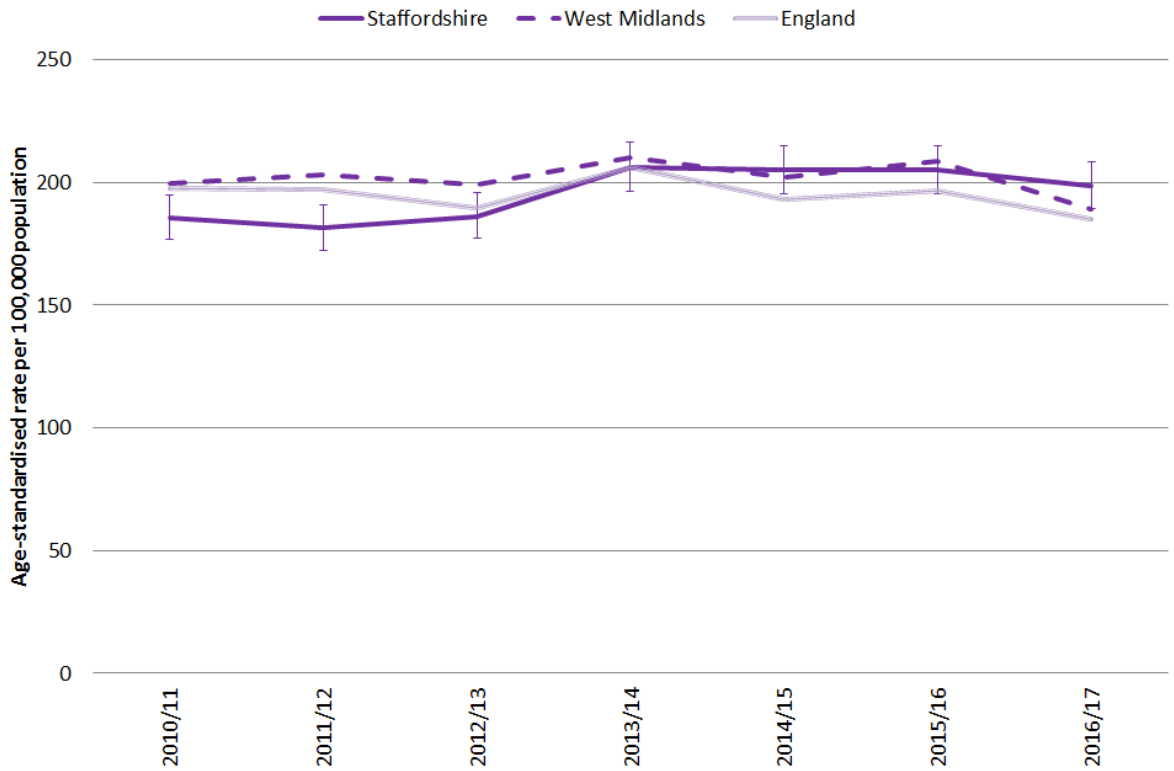
Source: Feeling the Difference, Waves 21-24, Staffordshire County Council

2.5 Self-harm admissions and suicides

Around 640 children and young people in Staffordshire were admitted to hospital due to self-harming in 2016/17. Following a steady increase between 2011/12 and 2015/16, rates between 2015/16 and 2016/17 have fallen slightly (Figure 9). In terms of age breakdown, around 12% of self-harm admissions in Staffordshire are in children aged 10-14, 54% in children and young people aged 15-19 and the remaining 34% in young people aged 20-24. Rates in young people aged 15-19 are higher than the national average. Further analysis to understand self-harm in Staffordshire needs to be undertaken.

Based on data from 2012-2016, there was on average around one suicide committed every year by children under 18 and around six suicides in young people aged 18-24 in Staffordshire with the most common method being hanging (65%).

Figure 9: Trends in self-harm admissions in children and young people aged 10-24



Source: Public Health England

3 Children at increased risk of poor mental health and wellbeing

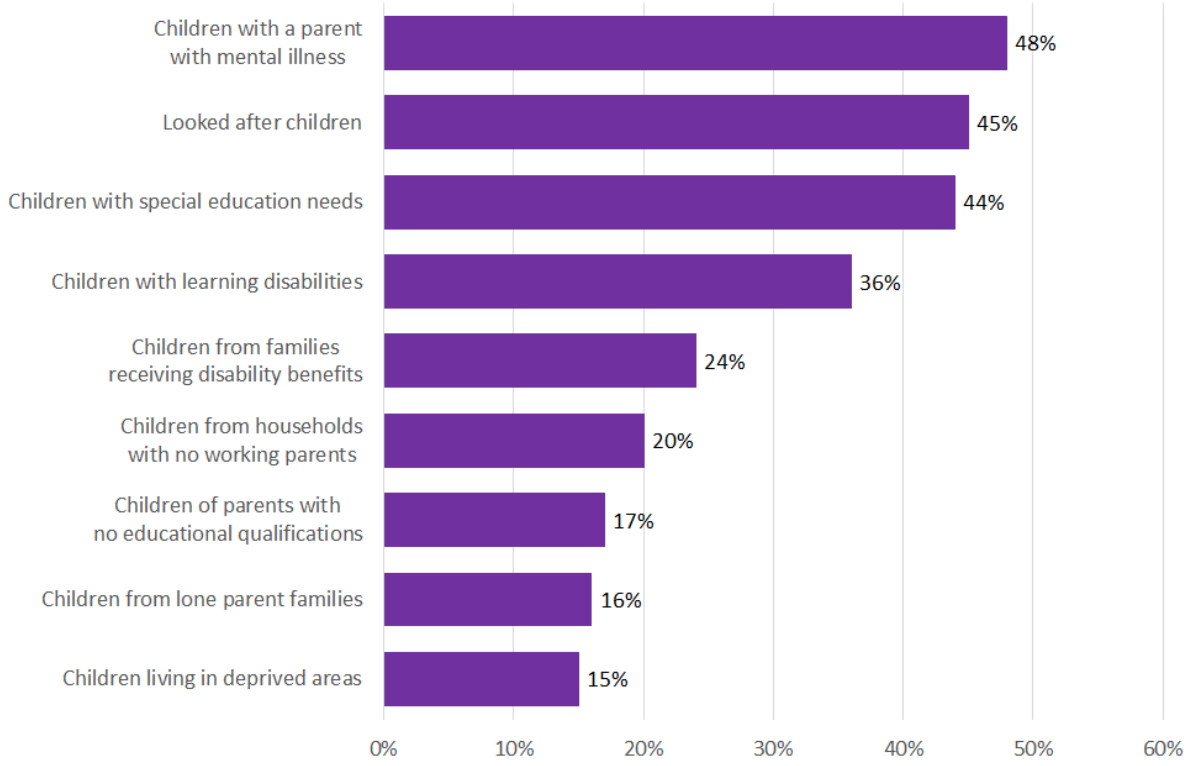
Key messages:

- The prevalence of poor emotional wellbeing and mental health is higher in vulnerable groups such as those living with parent with mental illness, those living in toxic family environments, looked after children, offenders and children with special education needs or learning disabilities; some children will have multiple risks. Suitable support must be available to these groups to reduce inequalities in poor emotional wellbeing.

Poor mental health and wellbeing is not evenly distributed in the child or adult population and some children and young people are at higher risk of developing a mental health condition (Figure 14). Some children will have multiple characteristics, for example they may be a looked after children with special education needs living in a low income household.

Some of these groups alongside other vulnerable groups are explored further in this section.

Figure 10: Estimated mental health prevalence for vulnerable groups



Source: Joint Commissioning Panel for Mental Health, December 2015

Children with a parent with mental illness - it is estimated that almost half of children with a parent with mental illness will also have a mental health disorder themselves. Research published by Public Health England found that almost 27% of children live with at least one parent reporting symptoms of emotional distress and around 50% of children living in workless families have at least one parent reporting symptoms of emotional distress.[10]

Based on the number of households with children from the 2011 Census this equates to 26,700 families in Staffordshire having a parent with mental illness; almost half of these may also have a child within the family home with poor emotional health.

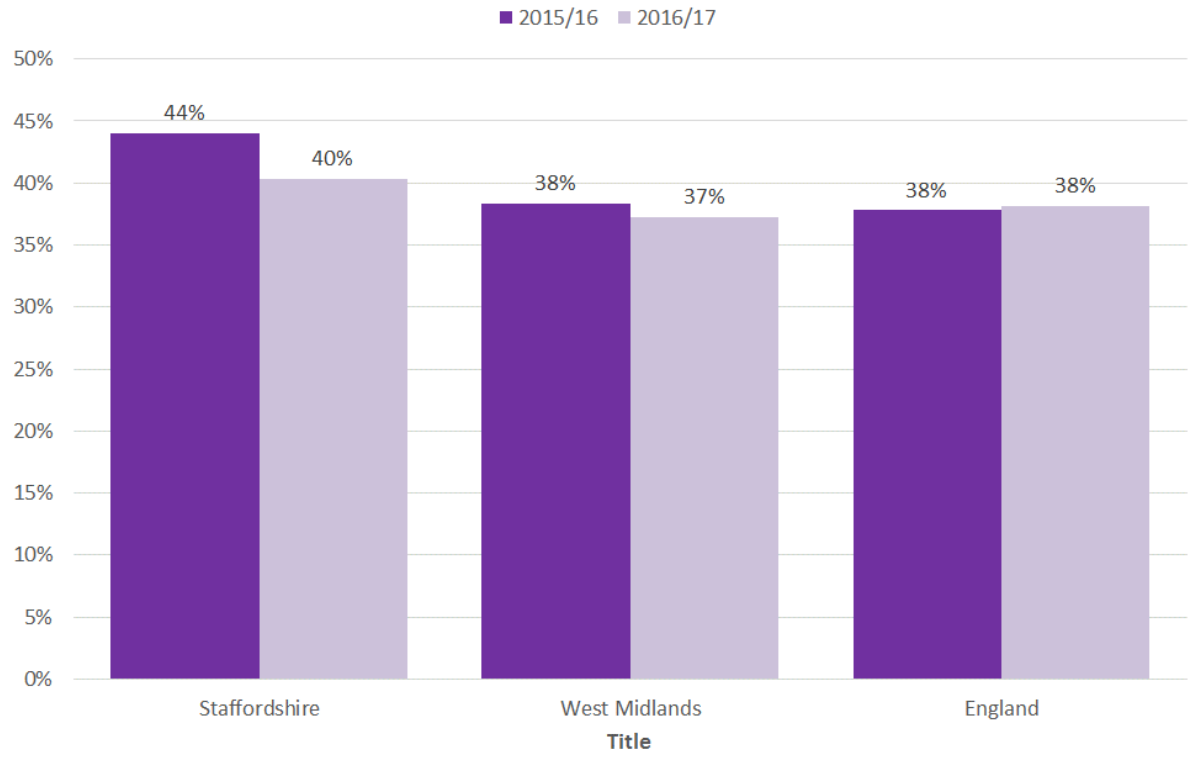
Looked after children - around 45% of looked after children are estimated to have a mental health condition and 70-80% may have recognisable problems.[11] Around two-thirds of looked after children and young people living in residential care are thought to suffer from a mental health disorder compared with 50% of those living independently and two-fifths of those in foster care.[12] As a consequence of their experiences looked after children and care leavers are between four and five times more likely to attempt suicide in adulthood.[13]

There were over 1,100 looked after children at the end of March 2018 in Staffordshire and 330 care leavers during 2016/17.

The strengths and difficulties questionnaire (SDQ) is used to measure the emotional wellbeing of children aged five to 16 who have been looked after continuously for at least 12 months. The SDQ calculates an average "difficulties" score: a higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern). The average score for Staffordshire looked after children in 2016/17 was 14.4 with around two in five children having scores that are of concern indicating that levels of poor emotional wellbeing among looked after children are generally higher than children in the general population (Figure 11).

[10] https://www.gov.uk/government/statistics/children-living-with-parents-in-emotional-distress-2010-to-2016
[11] https://www.nice.org.uk/guidance/ph28/evidence/ep22-the-mental-health-of-looked-after-children-under-5-years-joe-sempik-pdf-430133293
[12] Office for National Statistics (2003) The mental health of young people looked after by local authorities in England. London: HMSO
[13] https://youngminds.org.uk/media/1241/report_-_beyond_adversity.pdf

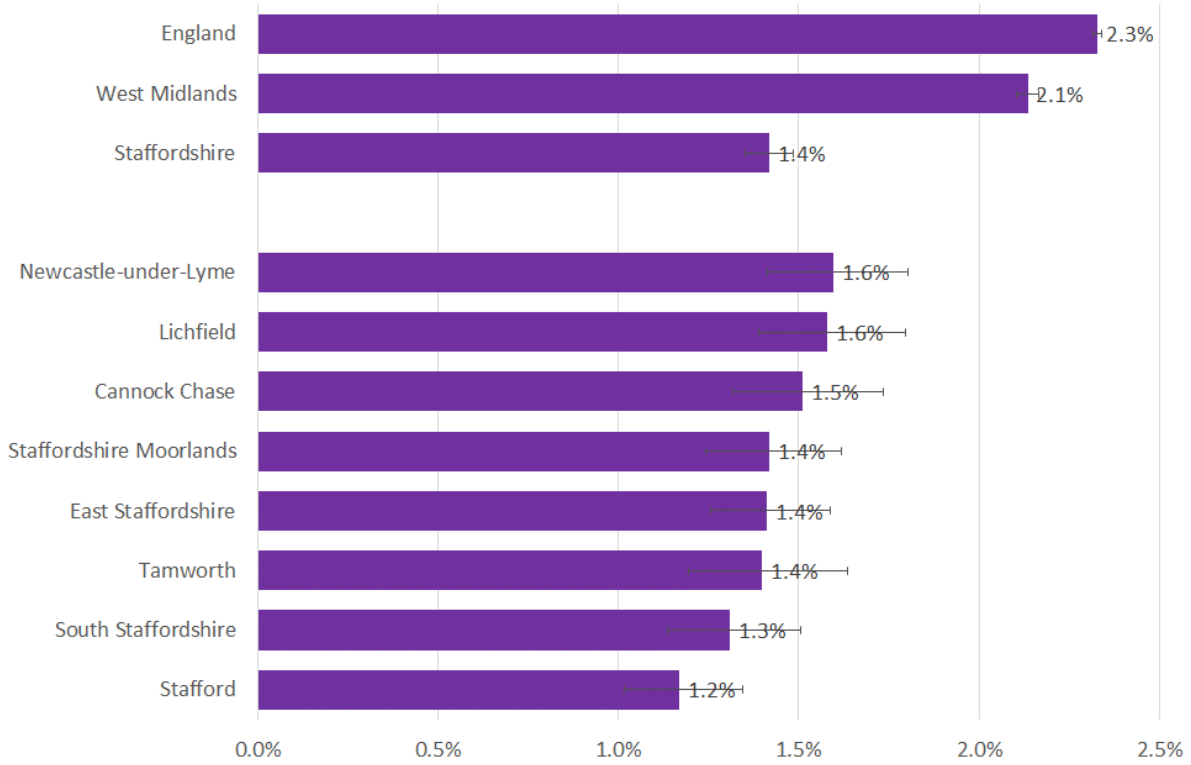
Figure 11: Mental health prevalence for looked after children



Source: Public Health England

Children with special educational needs - according to the January 2017 school census, around 15,600 children across Staffordshire have special educational needs (SEN) equating to 12% of the school-aged population. Of these around 1,700 (1.4% of school-aged population) have a primary need identified as social, emotional and mental health. At a district level this varies from 1.2% in Stafford to 1.6% in Newcastle and Lichfield (Figure 15). Higher levels of school absenteeism has been reported for school children with special educational needs, especially those with poor emotional health and learning disabilities.

Figure 12: Pupils recorded with social, emotional and mental health needs, 2017



Source: Department for Education, https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017

Children with learning disabilities - The 1999 survey on the emotional wellbeing and mental health of children and young people found that 22% of children with a specific learning difficulty had a diagnosable mental disorder.[14] More recent data from the Mental Health Foundation found that rates of diagnosable mental health disorders was higher at 36%.[15]

Children with long-term physical illness are twice as likely to suffer from emotional or conduct disorder problems.[16] Among children who had a life-threatening illness, about one in six were found to have a mental disorder.[14] Based on the 2011 Census around 5,600 Staffordshire children aged under 16 had a limiting long-term illness equating to 4%.

[14] http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/the-mental-health-of-children-and-adolescents-in-great-britain/1999-survey/mental-health-of-children-and-adolescents-in-great-britain.pdf

[15] https://www.mentalhealth.org.uk/learning-disabilities/help-information/learning-disability-statistics-/187699

[16] https://www.gov.uk/government/publications/delivering-better-mental-health-outcomes-for-people-of-all-ages

Young carers - Across Staffordshire there are around 1,700 unpaid carers under the age of 16 years (1.1%) and 4,400 carers aged 16-24 (4.7%) according to the 2011 Census. Around 40% of young carers have a mental health problem, and almost half of young carers report additional stress relating to the care they provide or lack of support they receive.[17] Based on the children in need data locally young carers also had higher mental health concerns.

Children in low income households – The 2004 prevalence study found 15% of children from hard-pressed families had a mental health condition. Research from the Millennium Cohort Study on mental health found that 17% of 11 year olds from families in the bottom fifth of the income distribution had mental health disorders compared with only 4% among those from families in the top fifth.[18] In 2015 around 18,400 children aged under 16 (13%) in Staffordshire lived in low-income households.

Young people who are **not in education, employment or training (NEET)** are at risk of adult unemployment, low income and social exclusion. Being NEET is also known to be a predictor of poor physical and mental health. Research indicates children with mental health and behavioural problems are at higher risk of failing to make the transition from school to employment. Being unemployed is also known to cause young people to have mental health problems such as panic attacks, anxiety and depression and in extreme cases self-harm. The 2018 Youth Index study by the Prince's Trust found that young people aged 16-25 not in work are less likely to be happy.[19]

The proportion of young people aged who were 16-17 year olds NEET or whose activity is not known in Staffordshire during 2016 was 8%, higher than the England average of 7%.

Family relationships - the prevalence of severe mental health problems among 11 year-old children living with both their natural parents was 7%; which is significantly lower than those living within lone parent household (15%) and within step or other family types (18%).[20] Staffordshire has a lower proportion of lone parent households (9%) compared to England (11%).

Military families - Depression, anxiety and stress are common problems amongst military families, often due to the strains of service. A study suggest that military children can fare poorly in terms of physical, mental and behavioural health compared to their peers. [21]

[17] https://youngminds.org.uk/media/1241/report_-_beyond_adversity.pdf
[18] https://www.centreformentalhealth.org.uk/children-of-the-new-century
[19] https://www.princes-trust.org.uk/about-the-trust/research-policies-reports/youth-index-2018
[20] https://www.centreformentalhealth.org.uk/children-of-the-new-century
[21] https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/06/MILITARY-FAMILIES.pdf

Domestic abuse can have a negative effect on parenting, with abuse creating an 'unpredictable and inconsistent' environment for children. Parents and guardians who are affected can often show a lack of emotional warmth or even aggression towards their children. Domestic abuse also increases the risk of parental mental health problems. National research suggests that around 75% of children registered as 'at risk' live in households where domestic abuse occurs, with around 34% of children in households with domestic violence also being directly abused themselves.[22] Studies suggest 12.0% of under 11s, 17.5% 11–17s and 23.7% of 18–24s had been exposed to domestic abuse between adults in their homes during childhood whilst 3.2% of under 11s and 2.5% of 11–17s reported exposure to domestic abuse in the past year.[23]

In total across the Police Force area in Staffordshire there were around 26,000 domestic abuse-related incidents and offences recorded during 2016/17, equivalent to 23 incidents and offences per 1,000 population with rates being higher than both the West Midlands and England averages.

Alcohol dependence and substance misuse are also key causes of societal harm, including crime, family breakdown and poverty. Based on national prevalence around 3.1% of adults aged 16 and over have an alcohol dependency.[24] This equates to 2,700 families in Staffordshire. Around 3.1% adults are also thought to have a drug dependency also equating to similar numbers of families.[24]

Around 24% of Staffordshire children under 18s in specialist substance misuse services were identified with a mental health problem and 15% were involved in self-harm (Table 5).

Table 5: Additional vulnerabilities identified for new presentations at specialist substance misuse services for children and young people, 2016/17

	Staffordshire	England
Involved in offending/antisocial behaviour	31%	32%
Identified mental health problem	24%	18%
Not in education, employment or training	16%	16%
Involved in self-harm	15%	16%
Looked after children	13%	12%
Affected by sexual exploitation	10%	6%
Subject to a Child Protection Plan	9%	8%
Affected by domestic abuse	8%	21%
Affected by others' substance misuse	8%	23%
Number of children	**215**	**-**

Source: Public Health England, Young people - substance misuse JSNA support pack: key data for planning effective young people's substance misuse interventions in 2018/19

[22] Calder, M., Harold, G. and Howarth, E. 2004. Children living with domestic violence: towards a framework for assessment and intervention. London: Russell House.
[23] Radford, L. et al. (2011) Child abuse and neglect in the UK today. London: NSPCC
[24] McManus S, Bebbington P, Jenkins R and Brugha T, Mental health and wellbeing in England. Adult Psychiatric Morbidity Survey 2014. © 2016, Health and Social Care Information Centre

Offending behaviour - children and young people in contact with the Youth Justice System (YJS) have more unmet health and wellbeing needs than other children of their age which include poorer communication skills, mental health problems, learning difficulties and both self-harm and risk of harm to others. They face a range of other difficulties including school exclusion, substance misuse, fragmented family relationships, and unstable living conditions.[25] **Children of prisoners** are also thought to have poorer mental health outcomes.[25]

During 2016 in Staffordshire there were 170 first time entrants to the YJS with rates being lower than the England average.

A local health and wellbeing needs assessment conducted in June 2017 by Staffordshire Youth Offending Services (SYOS) found that 37.5% going through out of court disposals have an identified mental health need and 63% on statutory court orders have an identified mental health need. In addition a new re-offending tracker was set up in November 2017 which collects data for all children Staffordshire Youth Offending Services (SYOS). Of the 217 children that had been entered onto the tracker since this time, 58 (27%) were assessed as having emotional or mental health needs.

Children from minority ethnic groups - Data from the Millennium Cohort Study found that mental health problems were more prevalent in children of from Mixed ethnic backgrounds (particularly girls) followed by those classified as White (particularly boys).[26] Prevalence was lowest among children of Indian origin. Based on data from the 2011 Census around 9% of children and young people aged under 20 across Staffordshire are from a minority ethnic group. This varies from 3% in Staffordshire Moorlands to around 20% in East Staffordshire.

Refugees and asylum-seeking children - Studies of refugees of all ages have found that one in six has significant physical health problems and over two-thirds had suffered from anxiety or depression.[27] Some migrant groups and their children are between two to eight times at greater risk of psychosis.[28] Higher rates of mental health problems in children from asylum seeker or refugee backgrounds are likely to be related to experiences they have had prior to arriving in the UK such as the impact of war, torture, loss, disrupted attachments to parents and fear. However they may also experience social exclusion, isolation and racism on arrival in the UK which will also have an impact on their emotional wellbeing. In Staffordshire there were around 80 looked after unaccompanied asylum seeking children as at 31 March 2018.

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25 http://webarchive.nationalarchives.gov.uk/20130105011344/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf

26 https://www.centreformentalhealth.org.uk/children-of-the-new-century

27 https://web.warwick.ac.uk/fac/soc/CRER_RC/publications/pdfs/Research%20Papers%20in%20Ethnic%20Relations/RP%20No.25.pdf

28 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

Young people who are lesbian, gay, bisexual, transgender and questioning (LGBTQ) LGBTQ are likely to also face increased discrimination because of their sexual orientation and may experience problems with family acceptance and bullying from peers. A study of over 3,700 LGBT pupils across Britain found that around 40% of children who have been bullied for being LGBT (40%) had skipped school because of this bullying; 84% of transgender young people had self-harmed whilst 61% of lesbian, gay and bisexual young people trans had self-harmed. 45% of transgender young people had attempted to take their own life whilst 22% of lesbian, gay and bisexual young people had attempted to take their own life.[29]

School exclusion - children who are excluded from schools are more likely to have social, emotional and mental health needs; a study by the Institute for Public Policy Research found that around one in two children in pupil referral units (schools for excluded children) had social, emotional and mental health needs.[30] Around 150 children were permanently excluded during 2015/16, in addition there were almost 4,200 fixed period exclusions in Staffordshire with rates for both being similar to England.

Home-educated children - Nationally the number of children who are home-educated has increased from 34,000 children in 2014/15 to 48,000 children in 2016/17.[31] Mental health issues and avoiding exclusion are two reasons parents gave for removing children from classrooms. As at the end of May 2018, there were around 840 children who were on the electively home educated register. Anecdotal evidence suggests that the reasons are varied but there is an increasing number who are choosing this option as a result of mental health issues, anxiety, self-harm, avoidance of prosecution for non-attendance and exclusions.

Children who sexually abused or exploited - around 11% of common mental disorders and 17% of post-traumatic stress disorders in England have been attributed to childhood sexual abuse.[32] The Children's Commissioner for England found that around one in four children who had been sexually exploited were exhibiting mental health problems, with almost a third to three-quarters having self-harmed as a result of their experience.[34]

Housing and homelessness - mental health issues such as anxiety and depression have also been linked to overcrowded and unfit housing. Homeless children are three to four times more likely to have mental health problems than other children. Research has found that children who have been in temporary accommodation for more than a year are over three times more likely to demonstrate mental health problems such as anxiety and depression than non-homeless children.[33] In Staffordshire there were 390 homeless families during 2016/17 with rates in Tamworth being higher than the England average.

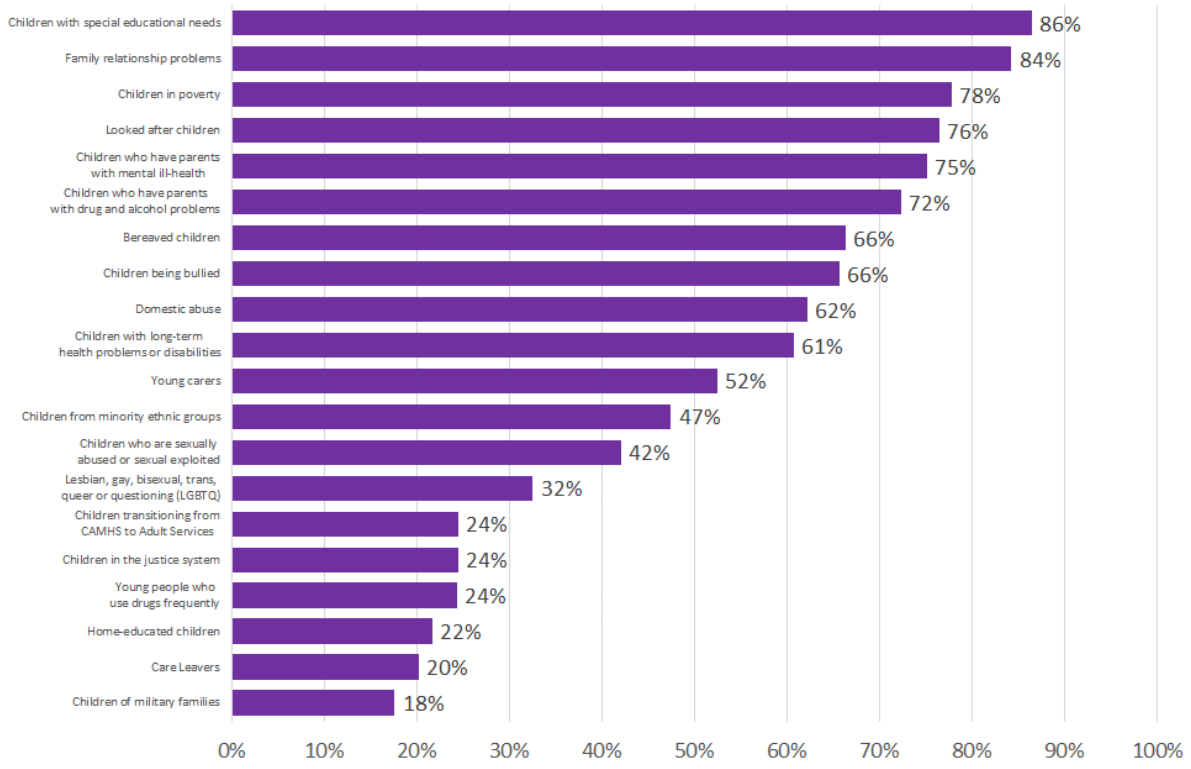
[29] https://www.stonewall.org.uk/sites/default/files/the_school_report_2017.pdf
[30] https://www.ippr.org/files/2017-10/making-the-difference-report-october-2017.pdf
[31] http://www.bbc.co.uk/news/uk-england-42624220
[32] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398674/The_mental_health_needs_of_gang-affiliated_young_people_v3_23_01_1.pdf
[33] https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

Bereavement - children who lose one or both of their parents, sibling or other close family member are 1.5 times more likely than their peers to be diagnosed with a mental health condition and have a higher risk of depression. Around 3% of young people experience the death of a parent, primary care giver (such as a carer or grandparent) or sibling before the age of 16.[34]

Teenage parents - research suggests that over half (53%) of teenage mothers experience postnatal depression associated with feelings of loneliness and low self-esteem.[35] Postnatal depression can have long-term effects on their babies. Teenage pregnancy rates in Staffordshire are higher than the England average; during 2016/17 there were around 70 live births to teenage mothers in Staffordshire.

Common groups worked with in Staffordshire - Data from the local practitioner survey found that most had worked with a wide range of these children due to emotional wellbeing needs with the most common being those with special educational needs (86%); family relationship problems (84%) and children in poverty (78%) as illustrated in Figure 13.

Figure 13: Groups of children that local practitioners had identified as having poor emotional wellbeing needs, March 2018



Source: Practitioner Survey, March 2018, Staffordshire County Council

[34] https://youngminds.org.uk/media/1241/report_-_beyond_adversity.pdf
[35] https://www.mentalhealth.org.uk/projects/young-mums-together

4 What are the risk and protective factors for emotional wellbeing?

Key messages:

- Many of the factors that affect emotional wellbeing for children operate at individual, family, school and community levels. Whilst not all children who experience these factors will go on to develop mental health problems more can be done to mitigate the level of these risks and build the resilience of children and young people from an early age.

- Some of the key prevalent factors are in relation to parental and family environment such as worklessness and poverty, parental mental illness and domestic abuse. School factors such as bullying (including cyber bullying) and peer pressure are also thought to be common. Many children will have more than one risk factor and the risk of having poor emotional wellbeing is increased.

Factors that impact on children's emotional wellbeing relate to the individual child and family circumstances as well as factors relating to the school and within community and wider society (Figure 14).

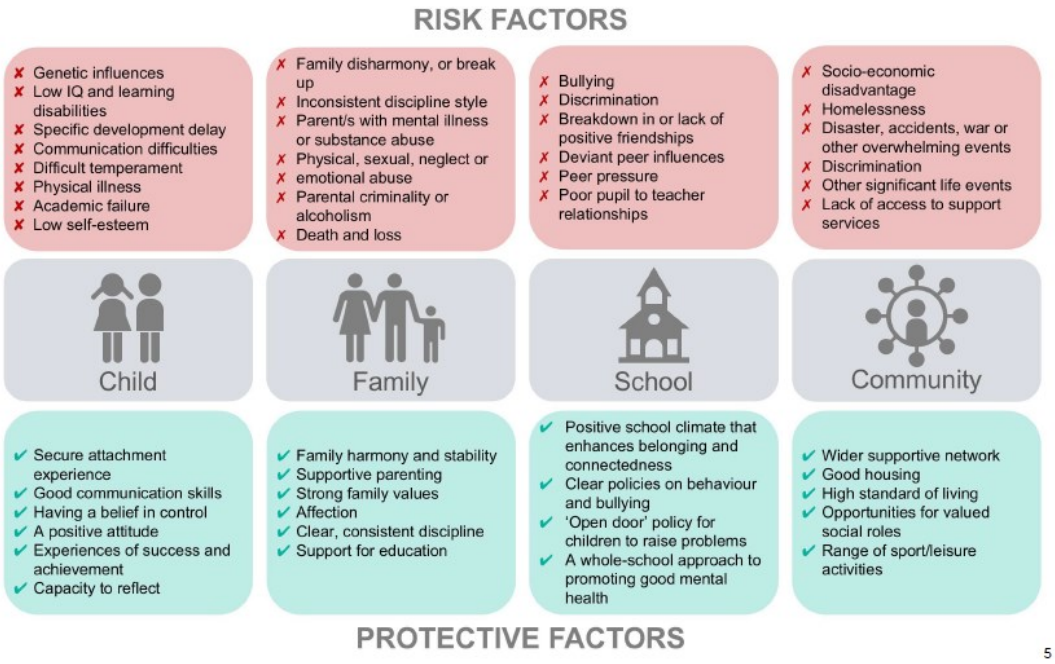
Other emerging risks to children's emotional wellbeing include **social media and cyber bullying**. The recently published Children's Commissioner report into social media use among 8-12 year olds found that it could have a positive effect on children's wellbeing by allowing for them to keep in touch with friends and family. However there were also some negative effects with many children conscious of having to "keep up appearances" on social media and "identity and seeking peer approval become more important". As well as the effects of cyberbullying many children were getting worried and anxious about issues such as: "I need to reply now"; "will my picture get any likes" and "can we all look like celebrities?"[36] Data from the WAY survey found that 16% of 15 year olds in Staffordshire had been cyberbullied in the past month.

Children with more than one risk factor are at increased risk of developing a condition, for example the chance of developing a mental health problem for a child who has one risk factor is around 1-2%, with three risk factors the probability is 8% and for children who have four or more risk factors the probability increases to 20%.[37]

[36] https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/01/Childrens-Commissioner-for-England-Life-in-Likes-3.pdf

[37] http://www.mentalhealthpromotion.net/resources/promoting-childrens-mental-health-with-early-years-and-school-settings.pdf

Figure 14: Risk and protective factors impacting on children's emotional wellbeing



Source: Public Health England

Figure 16 illustrates the prevalence of selected risk and protective factors in Staffordshire's population and Figure 17 the prevalent factors identified by practitioners. Appendix 1 presents these factors at district level. Many of these factors are not dissimilar to the root causes of many of the health and wellbeing issues that children face and should therefore solutions should be incorporated into wider whole system solutions such as place-based approaches (Figure 15).

Figure 15: Place-based model for Staffordshire

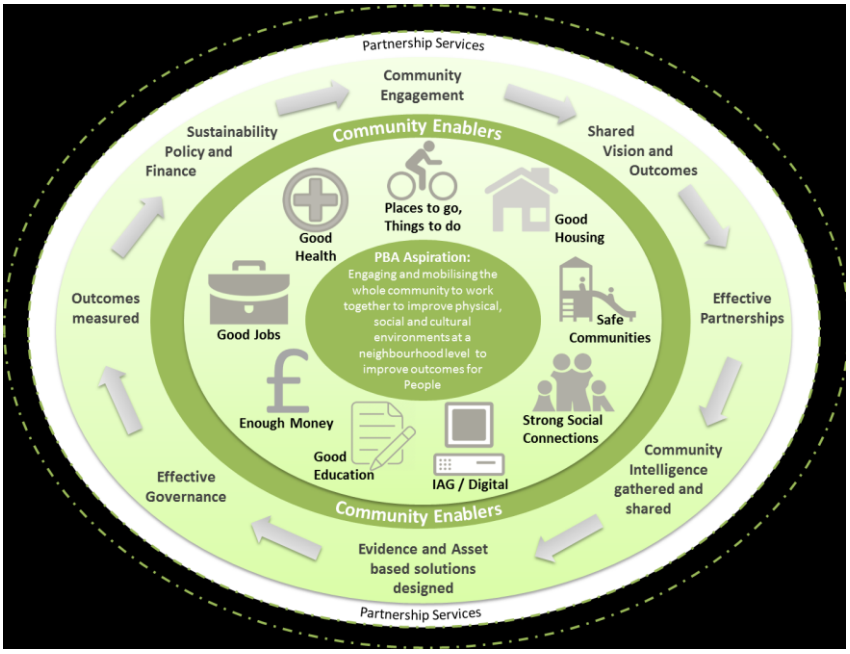
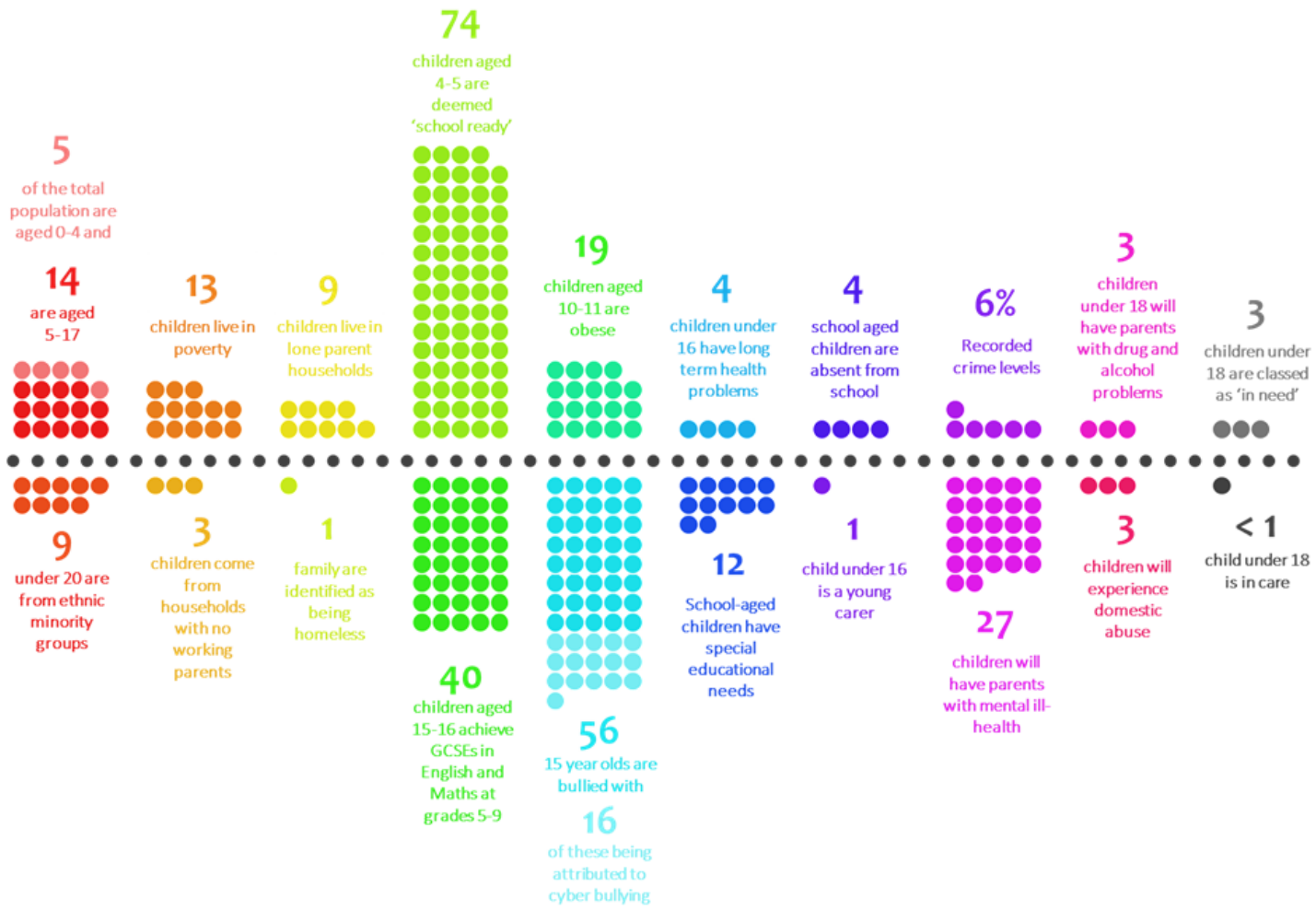
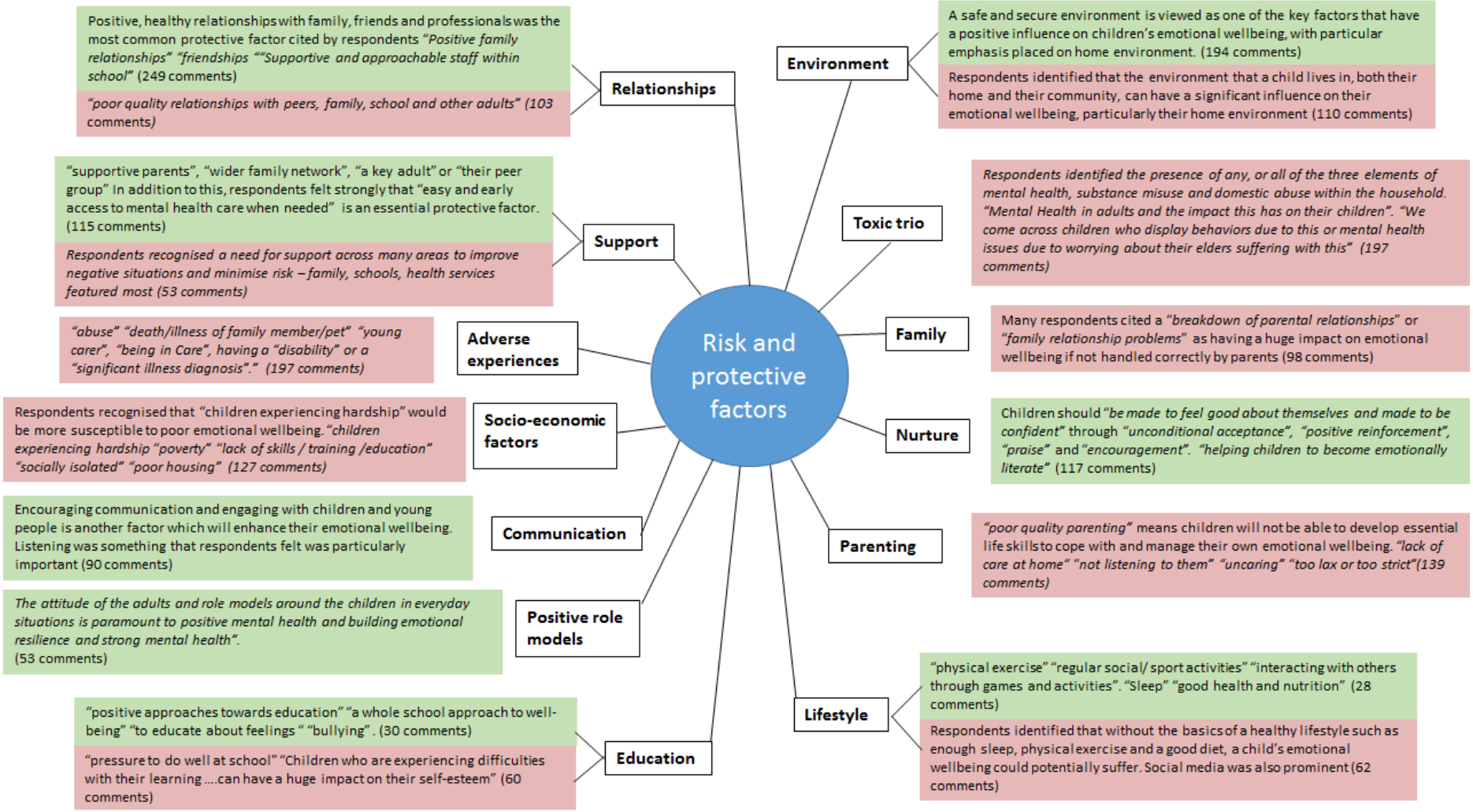


Figure 16: Risk and protective factors for Staffordshire (out of 100 children within age-specific group)



Compiled by Strategy Team, Staffordshire County Council

Figure 17: Risk and protective factors identified by practitioners for Staffordshire



Source: Practitioner Survey, March 2018, Staffordshire County Council

Local datasets have been used to explore what risk factors are associated for different cohorts of children with increased mental health concerns.

Children with special education needs identified as being social, emotional or mental health

Through the national 'Troubled Families' programme, known as the 'Building Resilient Families and Communities' (BRFC) programme in Staffordshire a wealth of data exists from a number of sources including the police, youth offending, education, children's social care, the Department for Work and Pensions and health that help identify and support families with the following criteria:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have children who are identified as in need or are subject to a Child Protection Plan
- Have an adult on out of work benefits or children who are risk of financial exclusion
- Are affected by domestic violence and abuse
- Have a range of health problems

As part of the identification of these families it collects data on all households and thus gives us a rich dataset to conduct analysis on families who have early help needs that could be supported through alternative approaches rather than accessing services, for example digital provision or community infrastructure. One of the indicators included within the dataset is the number of children identified as having a social, emotional and mental health problem derived from the School Census which identifies children with special educational needs with a primary or secondary need identified as being social, emotional and mental.

Based on the October 2017 dataset around 2,100 households in Staffordshire had children with social, emotional and mental health problems, this equates to 2% of all households with children in Staffordshire and 9% of households with any identified indicator.

The dataset also allows us to explore what risk factors are associated for children identified as having social, emotional and mental health problems. The most prevalent factors associated with households with children who were identified as having social, emotional and mental health problems were:

- 30% also had a flag for school absence
- 28% out-of-work benefits
- 9% early help assessments
- 8% were known to have someone experiencing or at risk of domestic abuse
- 8% had children not at school or an alternative setting

Some households also contained large proportions of the children with social, emotional and mental health problems: over half (56%) of households where a child is in alternative provision for behavioural problems also had children with social, emotional and mental health problems, permanent exclusions (42%), fixed term exclusions (38%), children reported missing from home (27%) and children who has received an anti-social behaviour intervention (or equivalent) in the last 12 months (23%).

Family Support Services

Family Support Services offer help to families with young children to deal with the challenges they face by supporting parents as they learn to cope, improve their confidence and build better lives for their children. The data from the Family Support Service data allows us to examine what the primary need was of the family who required support and where families were using the outcomes star for the ten areas of family life. If a family scores as at least eight out of 10 then they consider themselves to be meeting their children's needs with support at times.

One of the ten areas for families is meeting the emotional needs of their children, which involves helping your children grow up happy and resilient with connection and love. Of the 1,310 families who had completed the outcome star about 540 families scored themselves less than eight out of 10 (41%) for meeting children's emotional wellbeing (Table 6). Around 6% of families scored under five (categorised as concerns or accepting help) for meeting emotional needs which is similar to the all areas average of 7%.

A large proportion of families accessing services (52%) also identified having emotional wellbeing issues themselves and 54% had concerns around "boundaries and behaviour" which is about being a positive role model through their own behaviour and being able to deal with difficulties. Families who felt they weren't meeting their children's emotional wellbeing needs also concerns with their own mental health, boundaries and behaviours and social networks.

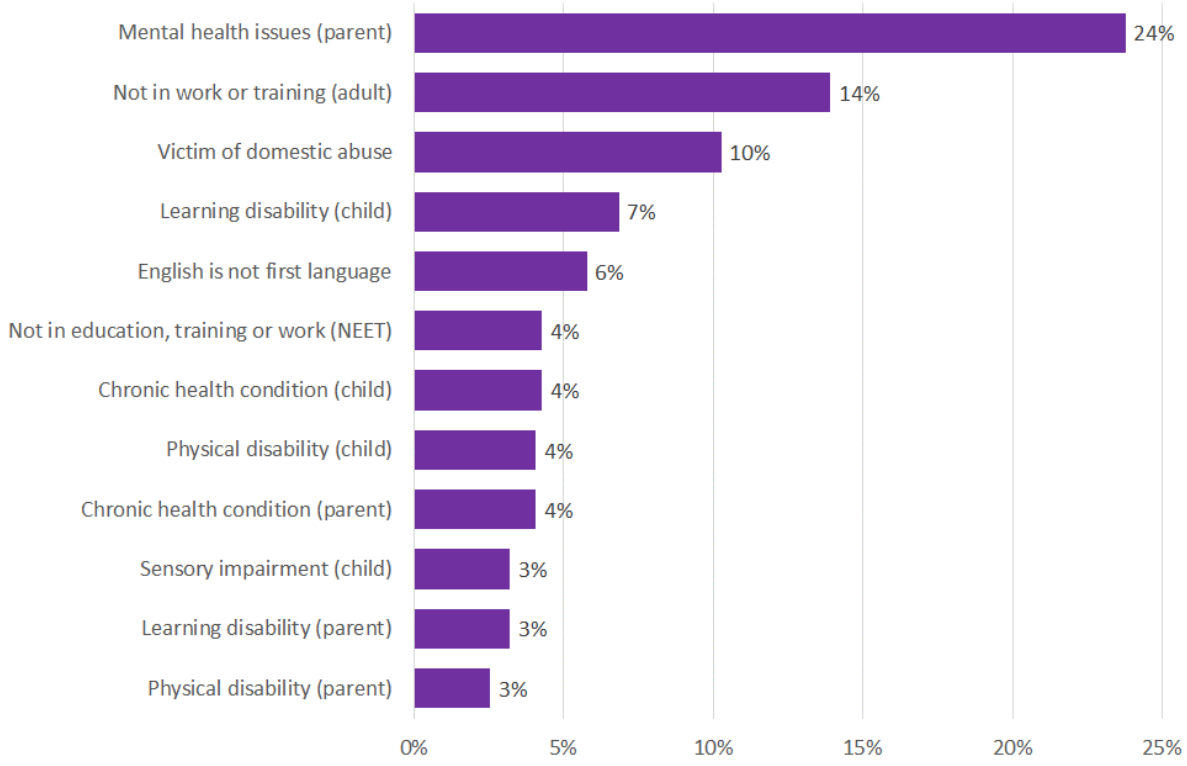
Table 6: Family Support outcome star, Staffordshire, 2015/16 to 2017/18

	All families		Families where emotional needs of children 1-7	
	Average score	Proportion of families scoring 1-7	Average score	Proportion of families scoring 1-7
Physical health	8.4	30%	7.8	43%
Your wellbeing	7.2	52%	6.2	74%
Meeting emotional needs	7.9	41%	5.9	100%
Keeping your children safe	8.9	19%	8.3	31%
Social networks	7.7	42%	6.9	57%
Education and learning	8.1	34%	7.7	44%
Boundaries and behaviour	7.3	54%	6.1	77%
Family routine	8.0	38%	7.3	54%
Home and money	7.9	39%	7.4	50%
Progress to work	8.6	23%	8.0	32%
All areas average	**8.0**	**37%**	**7.3**	**57%**
Number of families	**1,310**	**1,310**	**542**	**452**

Source: Staffordshire County Council

Around a quarter of families who identified that their child's emotional wellbeing needs were not being met also had parental mental health issues (Figure 18). 14% of families did not have adults in work or training and 10% were victims of domestic abuse.

Figure 18: Staffordshire families that have children emotional needs by support needs, 2015/16 to 2017/18

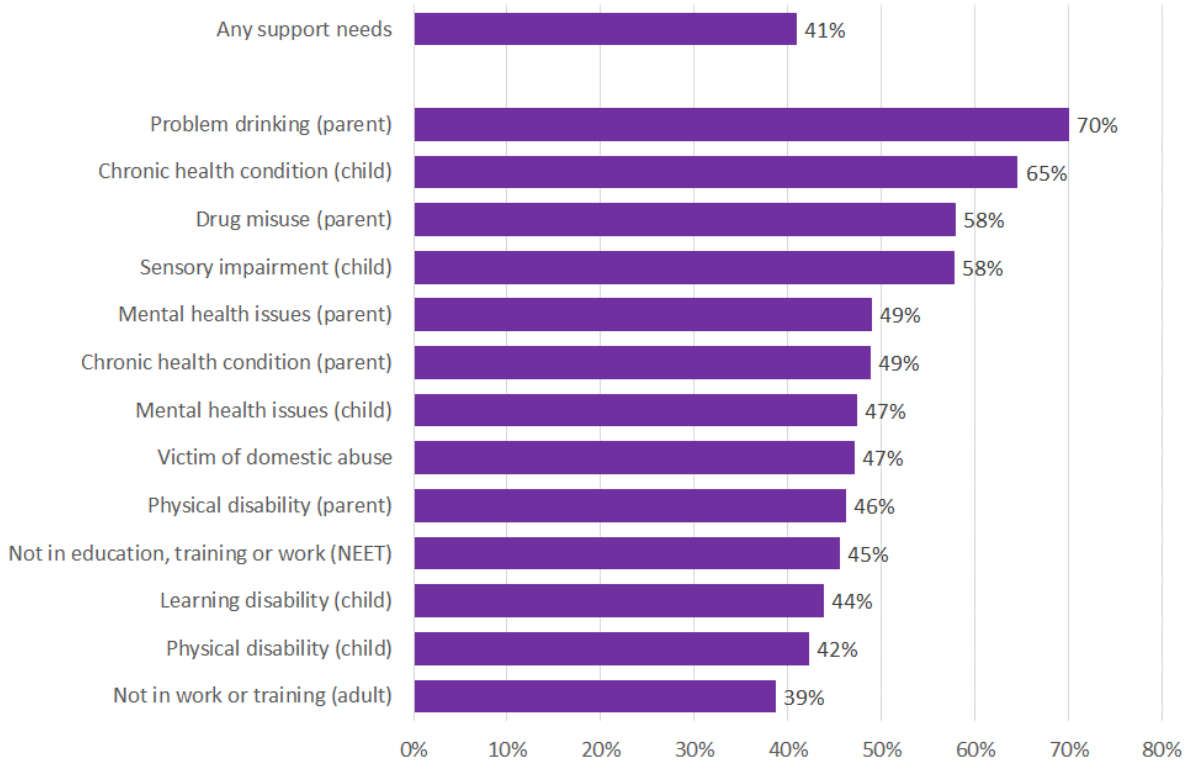


Source: Staffordshire County Council

Around 41% of families who had identified support needs had emotional wellbeing scores of less than eight. The highest proportion of families identified as having children emotional wellbeing needs were for those families where a parent had alcohol problems (70%), long-term conditions in the child (65%), parental substance misuse (58%), sensory impairments in the child (58%) or parental mental illness (49%) (Figure 19).

Children in families where there were more identified support needs had low emotional wellbeing scores which reflects that the ability for parents to meet a child's emotional needs when there are multiple needs within the family environment, for example those with one support needs identified had an average children emotional wellbeing score of 7.9 compared to an average score of 7.0 for those with five or more different needs identified.

Figure 19: Proportion of Staffordshire families with support needs that also have emotional needs scores of under eight, 2015/16 to 2017/18



Source: Staffordshire County Council

Children in need

This children in need (CIN) Census allows us to examine children identified with mental health concerns in more detail and also allows for us to explore what risk factors are associated for this cohort of children with mental health concerns. During 2016/17 there were around 970 assessments with concerns about the mental health of a child (featuring in 12% of assessments) and 460 assessments for those with a child protection plan with concerns about the mental health of a child (featuring in 16% of assessments).[38]

The most prevalent factors associated with children in need (CIN) identified as having mental health concerns were:

- parental mental health concerns (53% of assessments)
- domestic abuse where the child is the victim (30%)
- parental domestic abuse (26%)
- emotional abuse and neglect (both 24%)
- child drug and alcohol abuse (both 21%)

[38] Factors such as mental health concerns do not need to be confined to medically defined 'conditions'. Rather this is intended to record where the professional, as part of the assessment process, feels that mental health is of concern to the child's health and development or parenting capacity to respond to the child's needs, Children in Need Census 2016 to 2017 - Department for Education

The most prevalent factors associated with children with protection plans (CPP) identified as having mental health concerns were:

- parental mental health concerns (62% of assessments)
- neglect (44%)
- domestic abuse where the child is the victim (41%)
- emotional abuse (40%)
- parental domestic abuse (34%)

The toxic trio of parental domestic abuse, mental ill-health and /or alcohol and substance misuse are significant factors leading to poor emotional wellbeing in children. These parental issues are also known to be key causes of hidden harm in families.

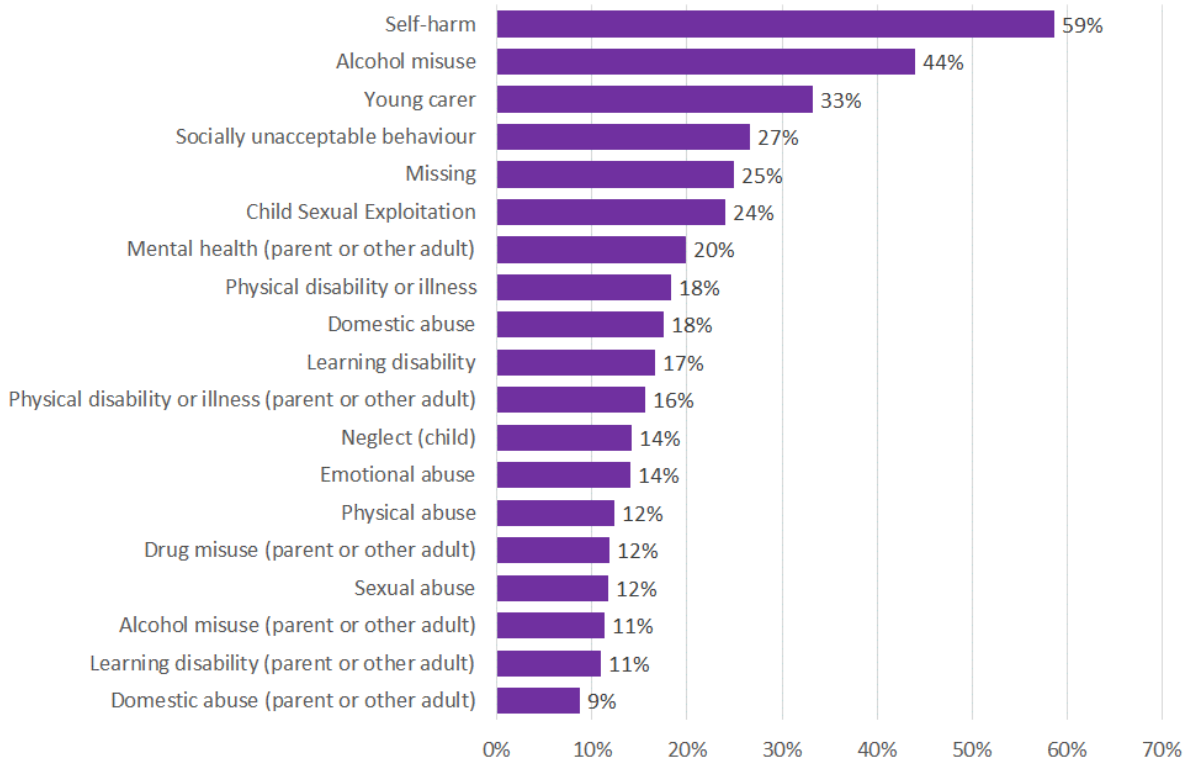
A third (33%) of all CIN assessments contained at least two of the toxic trio factors together in the same assessment, this increased to 42% for those with mental health concerns and 56% for CPP cases with mental health concerns.

Looking at the cohort of children in need with mental health concerns and working out the prevalence of other factors gives an indication of risk factors associated with child mental health concerns but can mask factors where the volume of assessment factors is smaller but there is a large proportion of these with mental illness. Some factors also contain a large proportion of child mental health concerns on the same assessment.

The prevalence of child mental health concerns for children in need who have self-harmed was around 60%, whilst the proportion of mental health concerns amongst children with alcohol issues was 44%. A third of young carers also had mental health concerns (Figure 20).

This analysis tells us that concerns such as domestic abuse feature heavily in terms of volume of child mental health concerns but as a percentage of all domestic abuse cases the proportion is lower whilst self-harm and being a young carer is more prominent. Alcohol and drug misuse by the child as well as parental mental health feature highly on both analyses. Overall parental and other concerns had lower proportions of child mental health concerns with them than child related factors.

Figure 20: Staffordshire children in need with mental health concerns by risk factor, 2016/17



Source: Children in need census 2016/17, Staffordshire County Council

Analysis of the demographics of children with mental health concerns compared to the general population tells us that:

- There are slightly more females with mental health concerns than males
- There is little difference in mental health concerns by ethnic group
- Six out of ten children with mental health concerns are aged 10-19 which is higher than the proportion of children in need (61% compared with 43%).
- Similar to children in need, larger proportions of child mental health concerns are found in more deprived communities

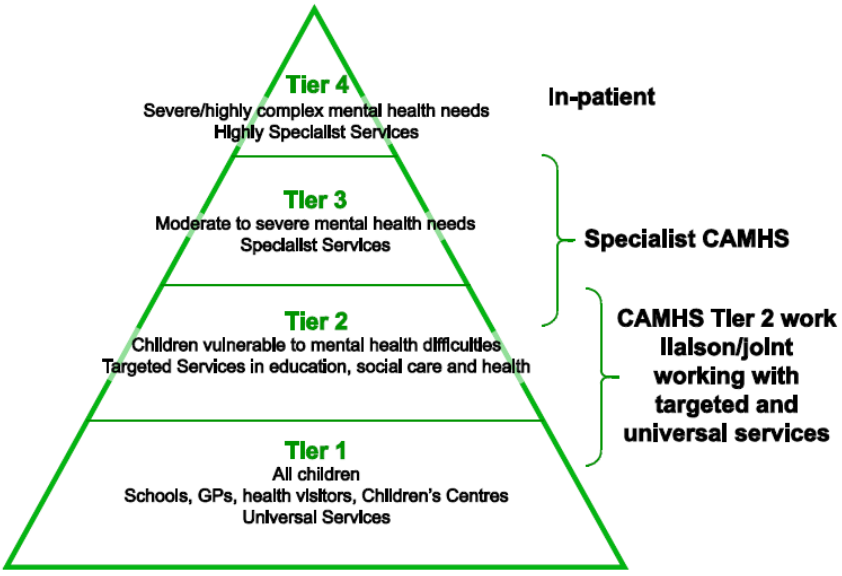
5 Service provision

Key messages:

- The CAMHS Commissioning Board are currently undertaking a review of service provision which will be used to inform the development of the new strategy for children's emotional wellbeing. However findings suggest that the current service model is fragmented and provision is variable across the County partially due to differences in funding levels.
- There appears to be less provision to meet needs early which is likely to put more pressures on most costly specialist NHS services.
- The anticipated level of need should be updated post the publication of the new child and adolescence mental health prevalence survey in Summer 2018.

Traditionally child and adolescent mental health services (CAMHS) have been structured and commissioned using a Tier approach as shown in **Error! Reference source not found.** but in recent years has been criticised for leading to divisions.

Figure 21: CAMHS Tiered Approach



The anticipated level of need for the different Tiers have been estimated using two different methods: Kurtz (2006) which is used by Public Health England (Child and Maternal Health Intelligence Network) and the more recently published rates based on Campion and Fitch (2013) estimates which are used in the Joint Commissioning Panel for Mental Health guidance for commissioning public mental health services, which are lower for Tier 1 but considerably higher for Tiers 3 and 4 as shown in **Error! Reference source not found.**. Note: Both rates have been applied to the under 18 populations.

Table 7: Level of need by CAMHS tiers for children aged under 18 in Staffordshire, 2016

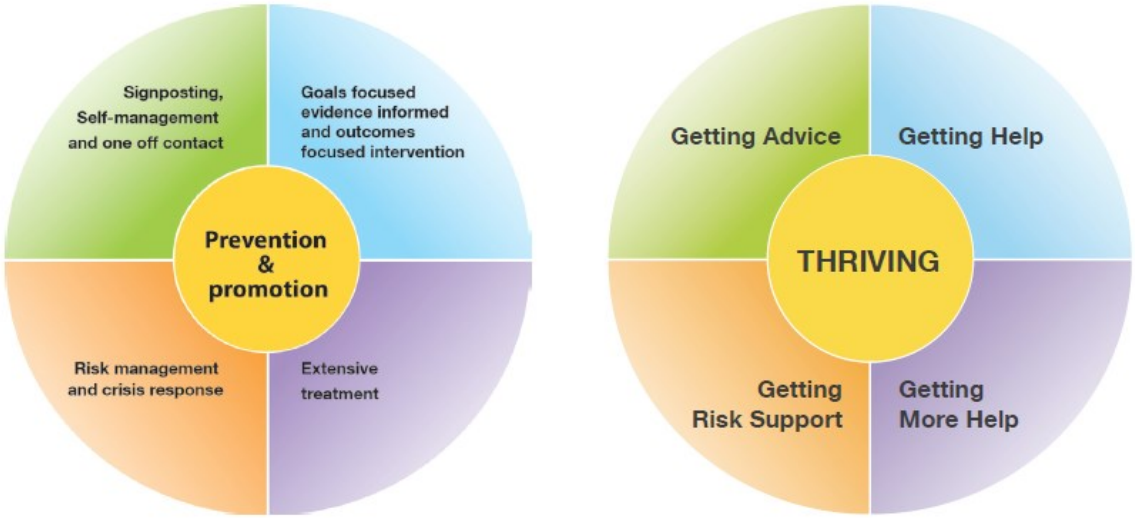
	Kurtz (2006)		Joint Commissioning Panel for Mental Health, December 2015	
	Proportion	Estimated number	Proportion	Estimated number
Tier 1	16%	27,000	10%	16,880
Tier 2	7%	12,600	7%	11,810
Tier 3	2%	3,330	3%	5,060
Tier 4	0.1%	140	0.47%	790

Source: Public Health England, Joint Commissioning Panel for Mental Health, December 2015 and 2016 mid-year population estimates, Office for National Statistics, Crown copyright

The level of need should be updated post the publication of the new child and adolescence mental health prevalence survey in Summer 2018.

The THRIVE model was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. It is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families. It also places more emphasis on prevention and promotion of mental health and wellbeing (**Error! Reference source not found.**).[39]

Figure 22: The THRIVE framework



Source: http://www.implementingthrive.org/about-us/i-thrive-implementing-thrive/

[39] http://www.implementingthrive.org/about-us/i-thrive-implementing-thrive/

The CAMHS Commissioning Board are currently undertaking a review of services which will be used to inform the development of the new strategy for children's emotional wellbeing. This section therefore only provides high level summary activity for selected services which support emotional wellbeing needs where information was readily available.

5.1 Universal services

Universal services are those services that are routinely available to all children and their families and include health provision such as midwives, health visiting, school nursing, GPs as well as early years providers, Children Centres and schools including multi-agency centres and hubs. Some schools also provide or commission pastoral, nurture and counselling services to their pupils.

The **Hope Project** is an early intervention project aimed at supporting the emotional needs of pupils in schools to ensure they are "flourishing" and also provides training to school staff so they are equipped to support their pupils and is provided in the South of the County.

There is also a host of **voluntary and community provision** across the County providing children, young people and families such as Scouting Association and Girl Guiding groups, Cadets, Duke of Edinburgh and Prince's Trust; sporting clubs or access to sporting facilities, community groups such as toddler groups and church or other faith groups, many of these were identified by the practitioner survey as being ideal for low levels of emotional wellbeing.

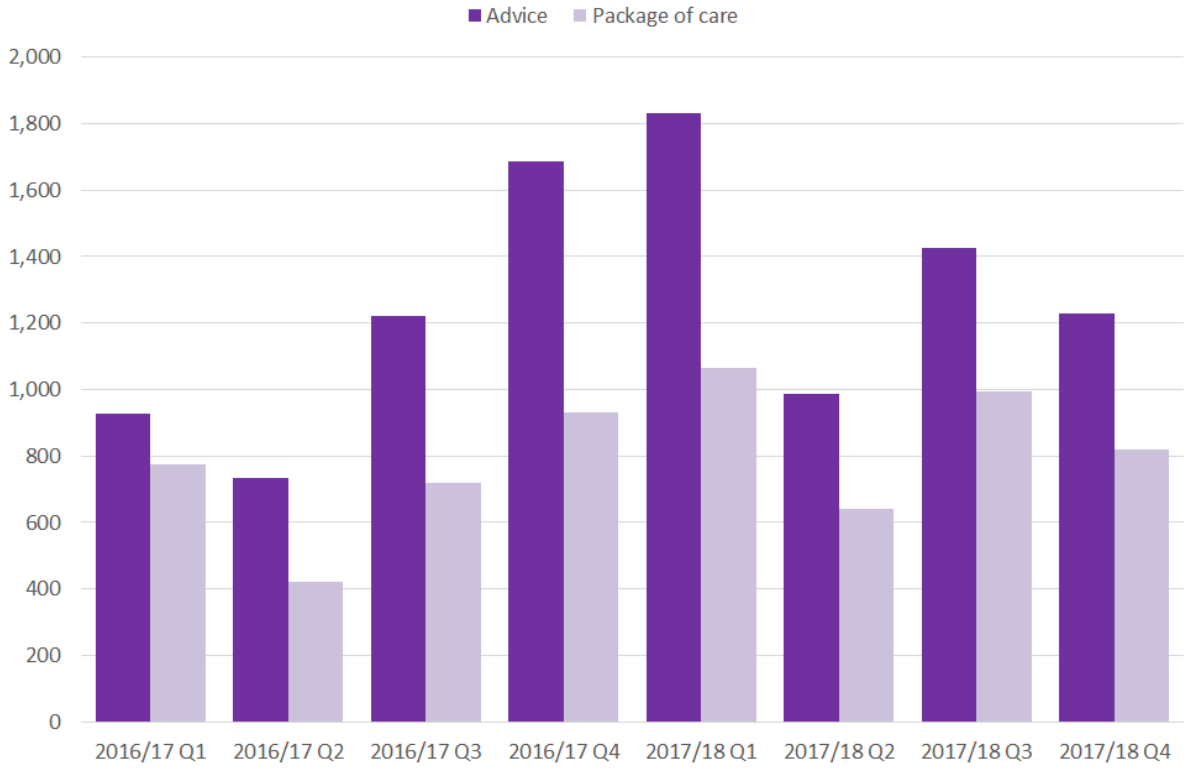
In addition there are a range of statutory and non-statutory **targeted services** which provide a range of interventions and services to vulnerable children and families who will also have emotional wellbeing needs such as Children's Social Care, Youth Offending Services and domestic abuse services.

School nursing

During 2017/18 there were around 7,400 school nursing contacts in relation to emotional wellbeing across Staffordshire, an increase of around 20% from 2016/17. **Error! Reference source not found.** illustrates the number of contacts for the last two years by single contacts for advice and those on package of care. A package of care consists of one to one support from the school nursing services that is between two and six sessions.

Whilst we don't have monthly data there were some seasonal variations seen during 2017/18, for example peak number of contacts seen during the summer (Q1, April to June) and autumn (Q3, October to December) quarters which may be due to starting school and exam periods. There is also lower school nurse activity during Q2 (July to September) reflecting school summer holidays.

Figure 23: Emotional wellbeing interventions provided by Staffordshire School Nursing Services

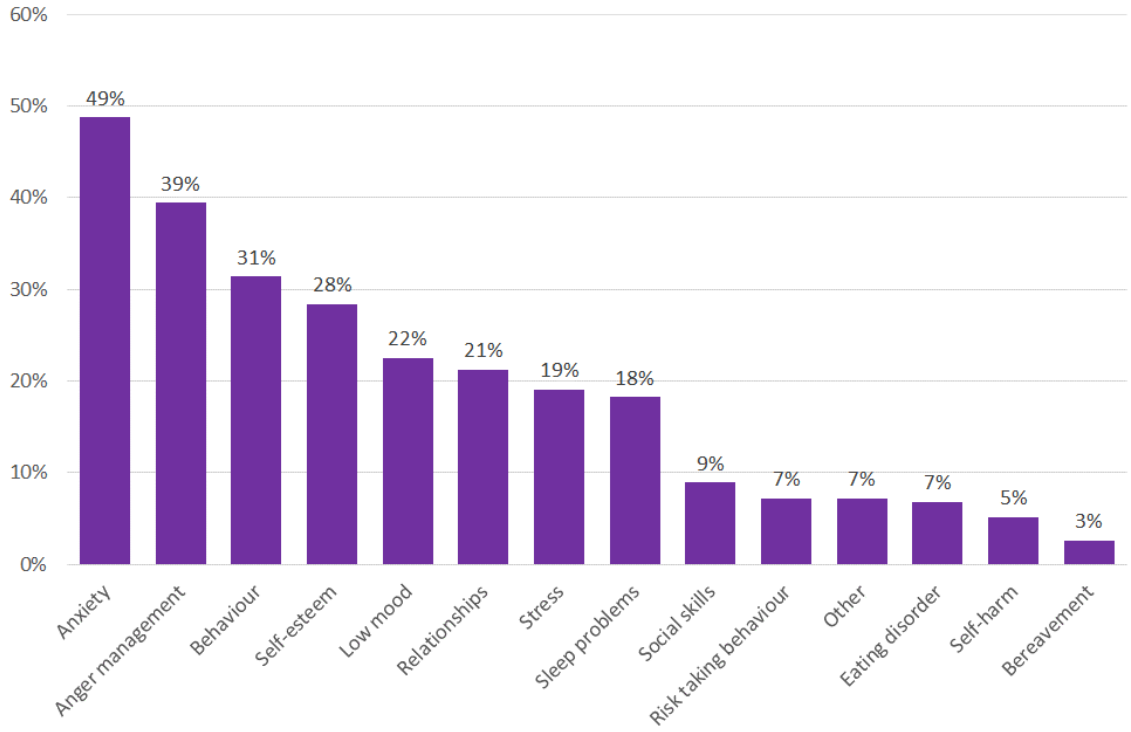


Source: School Nursing Performance Monitoring Datasets, Birmingham Community Healthcare NHS Foundation Trust

Based on an audit that school nurses undertook during January 2018:

- Around three-fifths of school nursing contacts in relation to emotional wellbeing were with girls with the remaining 40% boys
- Around 21% of activity was with children aged under 10, 22% aged 10-12, 46% aged 13-15, 7% aged 16-17 and the remaining 4% was not recorded
- The most common source of referral was from schools (59%) followed by parents or carers (20%)
- The most common types of issues identified and supported by school nurses were anxiety (49%), anger management (39%) and behaviour (31%) (**Error! Reference source not found.**).
- Around 60% of school nursing intervention were discharged back to universal services; 22% were discharged to Tier 2 and 10% to Tier 3. The remaining had either not engaged (6%) or referred to their GP (3%)

Figure 24: Wellbeing issues identified by schools nurses in Staffordshire, January 2018



Source: School Nursing Audit, January 2018, Birmingham Community Healthcare NHS Foundation Trust

5.2 Specialist services

Tier 2

There are a number of Tier 2 service that are commissioned by either the Clinical Commissioning Groups (CCGs) or Staffordshire County Council through the Tier 2 Emotional Wellbeing Framework: The Dove Service for bereaved children (Lichfield and Tamworth), Youth Emotional Support Services (YESS) (Cannock Chase and East Staffordshire), Kaleidoscope (South Staffordshire), CHANGES YP (North Staffordshire) and North Staffordshire Younger MINDS (North Staffordshire and Stafford).

There are also additional services which are commissioned such as Sustain+ who provide physical and mental health services for looked after children and care leavers.

Due to different methodologies of data collection it has not been possible to consistently and accurately report on the number of children and young people who have received Tier 2 interventions across Staffordshire.

- During 2016/17 it is estimated that there were 1,600 new referrals for a Tier 2 intervention in Staffordshire.[40] Whilst there are known gaps in data for Tier 2 services, this still appears to be considerably lower than the expected need of 11,800 to 12,600.

- Waiting times for Tier 2 services are variable between providers. In 2016/17 the average waiting time from referral to initial contact was around seven days (target around five days for most providers). The target for waiting time from initial contact to first appointment is 10 days for most providers and at the end of 2016/17 most had waiting times above this.

- The main presenting conditions for boys during 2017/18 were: anger (13%), anxiety/worries (life in general) (13%), low mood (10%), school refusal/problems (7%) and anxiety (6%). The main presenting conditions for girls during this time period were: anxiety/worries (life in general) (14%), self-esteem (11%), low mood (11%), anger (7%), family relationship problems (7%) and anxiety (7%).

- During 2017/18 based on data from around 500 closed cases during the year the percentage with improved emotional wellbeing was 62% (ranging from 48% to 94%).

Tier 3

Tier 3 community CAMHS provision is commissioned by CCGs and provide assessment and treatment for children and young people who have more moderate to severe emotional, behavioural or mental health needs.

There are two main providers of Tier 3 CAMHS in Staffordshire: North Staffordshire Combined Healthcare NHS Trust and South Staffordshire and Shropshire NHS Healthcare Foundation Trust who provide a range of services including eating disorders, intensive outreach services and also services to children with learning disabilities, looked after children, offenders including those within prisons. Midlands Psychology also provide psychological interventions to vulnerable children in Staffordshire.

Over the last few years there has been increased adverse publicity nationally in relation to the performance of these services particularly in terms of access and waiting times.

The number of children and young people receiving specialist Tier 3 services increased by 20% in Staffordshire between 2015/16 and 2016/17 and based on data from the first two quarters for 2017/18 is projected to continue to increase. Significant increases were seen in the North of the County thought to be due to increased investment.

[40] Staffordshire and Stoke-on-Trent Local Transformation Plan for Children and Young People's Mental Health: Developing our local offer to secure improvements in children and young people's mental health outcomes, November 2017 and South Staffordshire CCG performance datasets

The level of need at Tier 3 across the County is estimated as being between 3,300 and 5,100 children under 19 which based on estimated numbers of children projected to be seen during 2017/18 is largely thought to be met.

Table 8: Children and young people aged under 19 receiving CAMHS treatment by CCG

	2015/16	2016/17	2017/18 projections (based on April to September data)
Cannock Chase	572	566	684
East Staffordshire	406	499	560
North Staffordshire	806	1,167	1,311
South East Staffordshire and Seisdon Peninsula	865	981	1,176
Stafford and Surrounds	517	599	650
Staffordshire CCGs	**3,166**	**3,812**	**4,381**

Source: Staffordshire and Stoke-on-Trent Local Transformation Plan for Children and Young People's Mental Health: Developing our local offer to secure improvements in children and young people's mental health outcomes, November 2017

Tier 4

During 2016/17 there were 84 admissions which is a similar number to the previous year but considerably less in terms of bed days (**Error! Reference source not found.**). Levels of need range from 140 to 790 children and young people; however some patients who may have required hospital beds in the past may now be having their needs me within improved Tier 3 services in some parts of the County.

Activity data from CAMHS inpatient (Tier 4) admissions and demographic data from community CAMHS has highlighted the increasing percentage of females within mental health service and in particular within Tier 4 provisions. For example in May 2017 all the children and young people in Tier 4 accommodation in South Staffordshire were female with over 80% of these admissions attributed to eating disorders.[41]

Table 9: Tier 4 inpatient hospital admissions by CCG

	2015/16			2016/17		
	Patients	Admissions	Bed days	Patients	Admissions	Bed days
Cannock Chase	8	8	669	5	6	393
East Staffordshire	5	5	122	3	5	211
North Staffordshire	24	27	2,760	32	48	3,492
South East Staffordshire and Seisdon Peninsula	15	20	1,462	12	12	1,090
Stafford and Surrounds	14	17	1,977	10	13	1,333
Staffordshire CCGs	**66**	**77**	**6,990**	**62**	**84**	**6,519**

Source: Staffordshire and Stoke-on-Trent Local Transformation Plan for Children and Young People's Mental Health: Developing our local offer to secure improvements in children and young people's mental health outcomes, November 2017

[41] Staffordshire and Stoke-on-Trent Local Transformation Plan for Children and Young People's Mental Health: Developing our local offer to secure improvements in children and young people's mental health outcomes, November 2017

6 Voice of children and young people

There have been a number of strands that have started to collect insight on the views and experiences of children and young people. The Innovation APMG which is focusing on the emotional wellbeing of children and young people have engaged with a number of groups. The findings of these engagement events will be reported back later this month (July 2018).

South Staffordshire Network for Mental Health (SSNMH) is a charitable organisation funded by Staffordshire County Council. It promotes the involvement of people with lived experiences of mental health in the development of mental health services across Staffordshire. During 2015, a project on the engagement and involvement of young people in mental health services was conducted called the 'Young Voices' report.

In this study 'young people' were predominantly from the 13-18 years age bracket. The main focus of this research was to understand what young people knew about mental health, and mental health services, and what barriers there were to access. The results of the report highlighted several key issues:

Young people had very little knowledge about mental health services and where to go to access help

Young people feel there is a stigma attached to mental health, feel embarrassed by the topic and would not feel comfortable approaching a professional for support

There needs to be greater promotion of services available and education around mental and emotional wellbeing

Source: Kinnear H, Young Voices: mental health and young people in Staffordshire, 2016, South Staffordshire Network for Mental Health

7 Views and experiences of professionals

Key messages:

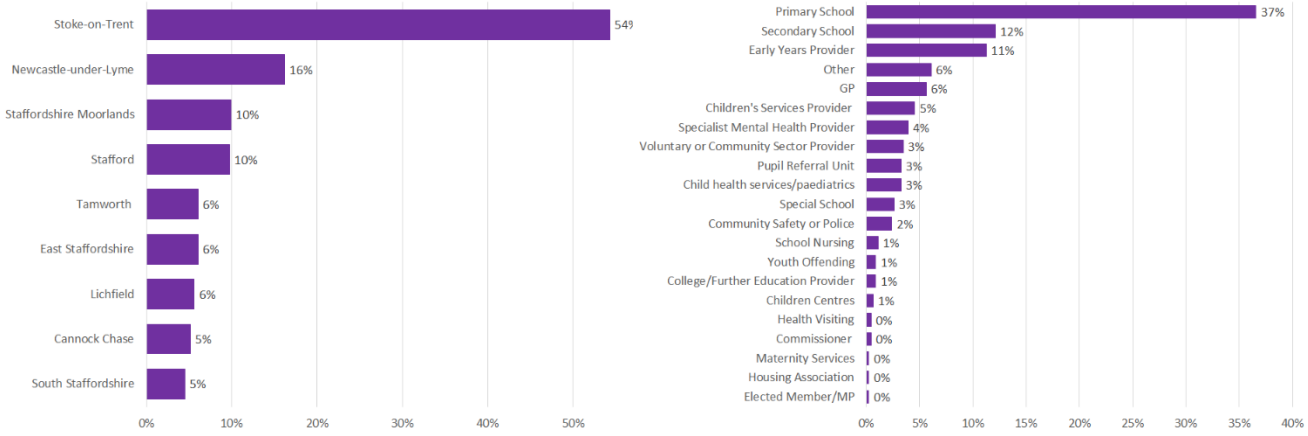
- The most common emotional wellbeing issues seen by local practitioners were: behavioural, family relationships, anger, low self-esteem and anxieties/worries.
- Some of the common themes from the practitioner survey in terms of supporting emotional wellbeing were: accessible support including access to appropriate resources, better communication, training and improved knowledge and partnership working. They also acknowledge the importance of nurture, positive relationships and the child and family environment.
- The majority of local practitioners were confident in identifying when a child or young person has emotional wellbeing needs and dealing with low levels of emotional wellbeing and knew how to get more specialist support if required. They were however less confident in knowing how to access or signposting children and families to locally available community solutions or networks of support.
- Practitioners identified their top three priorities to improve the emotional wellbeing of children and young people as: accessible support, nurture and training; these are similar theme to those they identified as better equipping them to support emotional wellbeing.

To better understand the local picture about children's emotional wellbeing and mental health views were sought from local professionals working with children and families. This included understanding the common types of emotional wellbeing needs, risk and protective factors and local priorities for improving wellbeing.

An electronic survey for professionals was developed by members of the working group (shown in Appendix 2). This was sent to a range of professionals across Staffordshire and Stoke-on-Trent including early year providers, schools, children services including social workers, specialist mental health services, public health nurses working with children (health visitors and school nurses), GPs, maternity services, police, youth offending services, social workers and voluntary groups/providers. Data was collected during March 2018.

A total of 462 practitioners shared their views with responses received across Staffordshire and Stoke-on-Trent primarily from schools and early year providers (Figure 25).

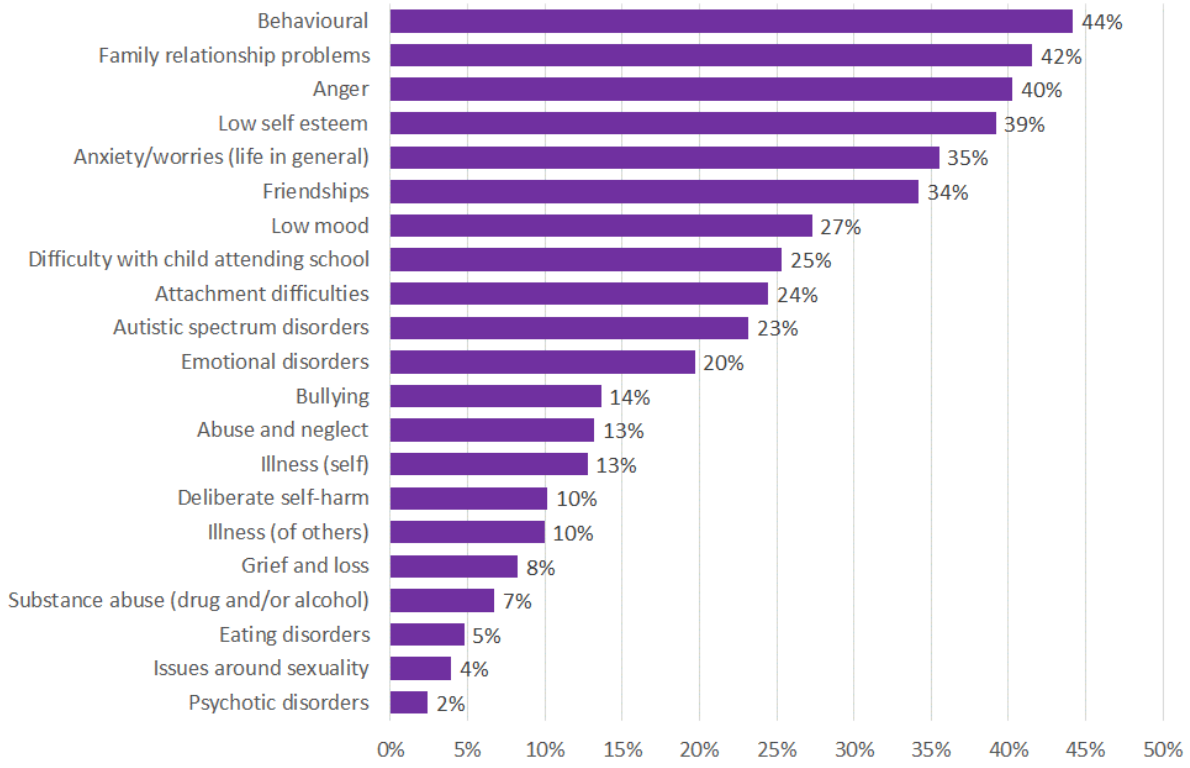
Figure 25: Respondents to the practitioner survey, March 2018



Source: Practitioner Survey, March 2018, Staffordshire County Council

The most common emotional wellbeing issues (defined as those seen 'very often') seen by practitioners locally are: behavioural (44%), family relationships (42%), anger (40%), low self-esteem (39%) and anxieties/worries (35%).

Figure 26: Common issues seen by practitioners, March 2018



Source: Practitioner Survey, March 2018, Staffordshire County Council

Professionals were also asked **what they could do to support and improve the emotional wellbeing of children and young people**; 387 people commented on this question. The key emerging themes from their responses are summarised below:

Accessible support (124 responses)
Several respondents identified that they currently support the improvement of emotional wellbeing of children and young people by *"offering them advice and references they could use in their own time"* or *"signposting to relevant help sources"*.

Other respondents emphasised the importance of *"knowing where to access support for both children and parents"*, ensuring that there is *"a proper pathway leading to support tailored to meet the needs of a complex child".*
Several respondents expressed that they "*would like to have services that are more easily accessible"* and how significant it was for a child to have "*timely access to more specialist services"*.

Some felt that there is a requirement for *"better"* and *"more support from external agencies*" as well as the Local Authority.

Suggestions for different types of support such as a *"drop in resource", "group work", "home visits"* and "*1:1 support"*, that would be effective in improving the emotional wellbeing of children and young people were also cited.

Listen and communication (97 comments)
Many respondents felt that *"talking and listening"* was a really important factor in improving the emotional wellbeing of children and young people, particularly listening, which was cited by many (53 comments) as key to understanding and addressing support needs.

Aside from ensuring good communication channels with the children themselves, respondents felt it was also key to "k*eep communications open with parents"* and between agencies who are engaged with the child.

Increased resources (72 comments)
Time was the key resource that respondents felt was lacking and many stressed that this was a really important factor in engaging with young people and giving them the support they needed:

- *"I feel that by having increased 1:1 time with home liaison pupils we would be able to address any worries or anxieties. We also be able to discuss other personal issues such as personal hygiene, sexual health and safety etc"*
- *"having the time and availability to spend longer periods of time with the children"*
- *"being able to give them more time to be listened to"*

Greater capacity in support services was also identified as so that young people were not subjected to long waiting times to receive the necessary support/intervention they need:

- *"the services that are available are very limited and they are spread to thinly. It is a fact of modern living that mental health is a major problem with young people due to the pressures of today and the services that are available are not enough to cope with the high demand and the range of difficulties that young people are experiencing. Waiting lists are too long, emotional well-being needs to be addressed quickly as thing escalate into more complex situations."*

Some suggested having a dedicated member of staff available within schools for 1:1 support, either *"a trained counsellor"* or someone in "*nurture/pastoral staff who are trained to help with mental health in school".*

Funding was seen as an element of this and this was acknowledged by a few respondents*:*

- *"we need more funding for intermediate services to ensure a child in distress does not have to wait weeks or months for counselling sessions with young MIND"*
- *"getting funding for more out of school hours respite"*

Several respondents also mentioned the importance of children and young people engaging in "*more social activities"* which could be supported by *"assisting with access to local groups for activities"*.

Physical resources were also mentioned, in terms of an information pack or leaflets for teachers in particular.

Nuture (62 comments)
Respondents felt that nurturing children is fundamental to improving their wellbeing. *"Praise", "encouragement"* and "*positive reinforcement"* should be used to *"build children's self-esteem and confidence*" which will *"empower them so they feel confident in talking about any issues"* and make them feel important and worthwhile. "E*nsuring pupils feel safe and looked after"* was also identified as key.

Respondents also felt that "*emotional coaching"* is imperative to equip children and young people with coping strategies and make them more resilient, "*have strategies in place to take themselves out of difficult situations or when they are feeling bad."*

Environment (51 responses)
Ensuring that a child has a "*happy, safe and secure environment"* both at home and at school was felt to be a key element in improving their wellbeing. This environment should be positive and include *"structure*", "*regular routines"*, "*consistency"* and "*stability"* as well as *"clear boundaries"* and will make the child *"feel they belong"*.

Training (50 comments)
A need for training was identified by a considerable number of respondents, focussed on raising awareness of emotional wellbeing issues and the signs for early identification along with methods of supporting these children effectively:

- *"training to parents in emotion coaching and training to school staff in supporting pupils emotional wellbeing"*
- *"improve skills on low level emotional wellbeing"*
- *"by having more training to recognise signs earlier of when a child is beginning to become affected"*
- *"by being aware of any factors that are affecting a child and having training to understand and support these issues so I'm able to identify problems and help children with them"*
- *"basic scripts for holding supportive conversations for non – experts"*
- *"higher level of training within schools. Affordable training."*

Training within schools was specifically discussed as some respondents felt that emotional wellbeing was becoming "*increasingly the role of school staff rather than medical staff"*. Specialist services work with the more complex cases and the opportunity is there for school staff to understand and deal with the early signs of emotional wellbeing issues if the right training is implemented.

Positive relationships (48 comments)
Fostering and maintaining *"positive relationships"* with young people and being a figure that they trust were seen to be very important amongst respondents with an emphasis on the need to be *"patient"*, "*honest"* and "*understanding"* towards them, "b*uilding a relationship so they feel they can be open and honest".*

Respondents also felt it was important to be "*a good role model"* and "*show them what they can achieve in life and highlighting the possible life ahead if they choose not to make positive steps themselves to achieve this".*

Some respondents also felt that in addition to achieving positive relationships with children, it is important "*to maintain the positive relationships that we have made with families and professionals."*

Collaborative working (47 comments)
Respondents stressed the importance of successful, coordinated collaborative working in improving the wellbeing of children and young people:

- *"it is a multi-agency problem, rather than one sole agency"*
- *"we often need a coordinated multiagency joined up approach to deal with aetiological factors impacting on children and young people. Simply referring young people to specialist services when there are unmet family, social and educational factors often serves no real purpose"*

- *"skilled practitioners working more closely with schools to provide immediate support to children and families, as well as staff who are working hard to support"*
- *"create even better links with families."*

With agencies, communities and families all working together, the ability to provide support for all wellbeing issues that young people may face becomes stronger and can effect real change.

School (25 responses)
Several respondents stressed that having a greater focus on emotional wellbeing at school would be beneficial to children and young people, "*make emotional wellbeing a priority in schools - not just something to be discussed in PSHE or behind closed doors, but that is made implicit and intrinsic to everyday life in school".*

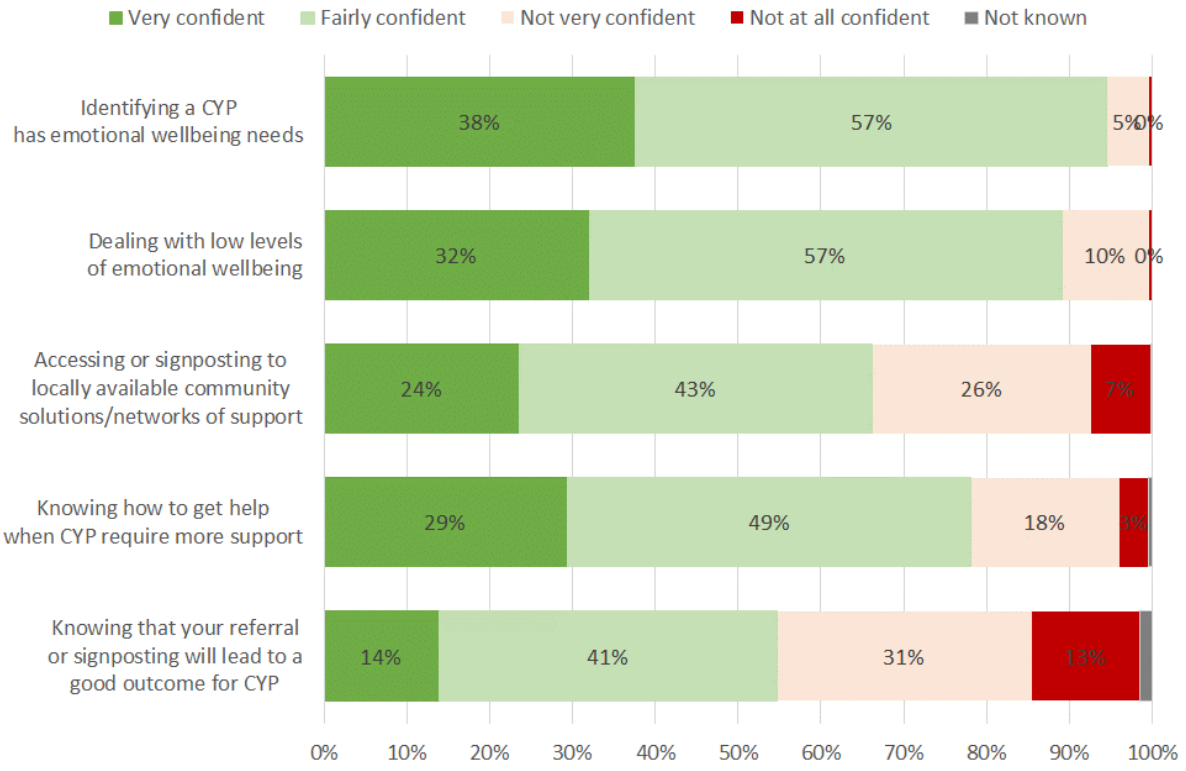
Ideas on how this would look varied, with suggestions of introducing *"mindfulness"*, introducing or increasing "*nurture provision"*, introducing peer or "*learning mentors"*, relaxing the pressure of the curriculum and increasing outdoor learning and school trips.

Supporting practitioners

Practitioners were also asked about their confidence levels in identifying and supporting children with emotional wellbeing needs:

- The majority of practitioners (95%) were confident (defined as very confident or fairly confident) in identifying when a child or young person has emotional wellbeing needs
- Most were also confident (89%) in dealing with low levels of emotional wellbeing
- Around 78% of practitioners were confident in knowing how to get help when children or young people with emotional wellbeing needs require more support;
- Only two-thirds of practitioners (66%) were confident in knowing how accessing or signposting children and families to locally available community solutions/networks of support
- Only one in two (55%) practitioners however were confident that their referral or signposting would lead to a good outcome for the child or young person

Figure 27: Practitioner confidence levels for dealing with children's emotional wellbeing



Source: Practitioner Survey, March 2018, Staffordshire County Council

Practitioners were then asked what would **better equip them to support children and young people with emotional wellbeing needs**; 381 commented on this question. The key emerging themes from their responses are summarised below:

Training and improved knowledge (159 comments)
Training was identified as the most important factor in ensuring respondents were better equipped to identify and support children and young people with emotional wellbeing needs. Respondents felt it was important that there was *"more training*" available to them that it was *"up to date"* and would equip them with the necessary skills "*to recognise the signs and have strategies to support these children".*

Some respondents also felt they needed an improved knowledge of the system and relative processes with clear pathways for referral and signposting, *"knowing how to make referral, knowing what waiting lists are- managing expectations of family/ young person."*

Accessible support (147 comments)
Respondents stressed the importance of "a*ccess to better support"* for children and families and support for professionals from other, more specialist agencies, something that was mentioned particularly by those working in schools:

- *"easier referrals for schools and more accessible support for schools"*
- *"external agency support once school have got to a point where referral is necessary. School aren't qualified counsellors!!"*

- *"better and more prompt advice and support from external professionals"*

It was also acknowledged that suitable support needed to be available for the young people in a timely manner:

- *"guidance on the types of support available and how this support can be accessed (including any thresholds that need to be met) so that the child receives support in a timely way"*
- *"awareness of outreach programs or support networks that don't necessarily have to be accessed through the long drawn out protocol of the referral system"*
- *"having services readily available when the need arises rather than having a long waiting list or the referral declined"*

Greater knowledge of where to go to access support and what support is actually available was highlighted as a prominent issue:

- *"knowing what services are available in our locality [is important] as sometimes these services are funded for short periods of time and disappear quite quickly"*
- *"support and guidance on the services that are out there to signpost families to; knowing that the services have the capacity to support and help families"*

With some respondents expressing a need for comprehensive and "*up to date lists of external support locally"* or directory made available to all, *"one stop website/app with all services/support resources in one place."*

More resources (98 comments)
Respondents felt there is a strong need for *"more funding"* to enable *"increased mental health resources"* and *"additional staff"* as *"current waiting times for appointments too long".* A number of respondents expressed the need for additional resource with a specific focus, including the following suggestions:

- *"the funding for a full time learning mentor in school"*
- *"more resource to facilitate support and accommodation options, especially when supporting young people with complex needs"*
- *"improved range of support / Tier 2 services in community. Improved access and availability of social services support, home support workers, behavioural management services for parents. Family support workers to help parents who are feeling unable to cope"*
- *"provide more access to early intervention at Tier 1 and Tier 2, greater availability of Heath Visitors [and] Psychological Therapies"*
- *"parental peer support and positive activities."*

They also felt there was a need for *"greater access to professional resources",* "*more support from specialist outside agencies"* and *"more support from the local authority".*
The need for physical resources that can be used in schools and other settings were also mentioned in respondent comments.

Partnership working (59 comments)
Respondents recognised the importance of *"working with other agencies more closely"* in order *"to provide a better outcome".* It was highlighted by some that there was a need for *"better links"* and *"access to networking so that staff who are responsible for emotional well-being are able to share skills and knowledge".* Support between professionals was also highlighted as something that needed to improve with some respondents commenting on their frustrations:

- *"to have other professionals listen to what I'm saying, take it on board as well as act upon my findings. Include me in the process instead of leaving it up to me to chase what's going on……..without the support of other professionals and the child's parents it's incredibly difficult and frustrating to get the best outcome for the child because we are NOT working together"*
- *"having recognition for our profession opinion"*
- *"if the relationship between health and education could be more 'open' enabling a more consistent approach to supporting children and families with such needs"*

Priorities identified by practitioners
Practitioners were asked what they considered to be the top three priorities to improve the emotional wellbeing of children and young people. Out of the 472 respondents, 385 replied to this question with the top three priorities being: **accessible support, nurture and training** which were similar to the themes that professionals felt would better equip them to support emotional wellbeing.

Accessible support (347 comments)
Comments focused on the need for support for not only children but also schools, partner agencies and parents. The need for increased mental health support services was also a key emerging theme under accessible support.

Support for the child was seen as a high priority and the need to provide *"direct support for children in difficult circumstances e.g. counselling."* Support provided in appropriate time was also identified to ensure *"…that children have easy and quick access to appropriate support from trained staff."* Respondents felt it was imperative that children received the correct support: *"Giving or getting the right support for the child*" through allocating the right *"staff [who know]how best to support the child".*

Ensuring *"support for parents whose child has emotional problems"* was identified as a priority i.e. a *"team around the family."* It was recognised that through improving *"services and support to families in need of help"* would be beneficial *"so that all families can receive support before things hit crisis."*

Providing schools with support was seen as vital so to *"ensure that schools feel confident to provide quality emotional well-being support."* It was also highlighted that *"supportive school environments"* would be helpful so that *"the impact of educational difficulties on emotional well-being, self-esteem and behaviour is recognised and managed appropriately."*

Close working with schools to offer support through *"workshops for children and their parents".*

The majority of respondents highlighted the need for more support services to be available. There were calls for an *"increase range of services available to children"* which ideally centred on *"more local provision (services, support groups, resources) for parents and communities."* There was also a call to *"reduce waiting lists"* which as a result would lead to *"short waiting time for access to services."*

Respondents felt *"more mental health services"* were required. However it was also felt *"better access"* to existing mental health services was needed. The need for *"support for mental health [for both] parents and the children"* was expressed, especially for *"children who have parents with mental health."*

Mental health support in schools was raised around the need for *"all staff in school have emotional wellbeing training to ensure the support and approach is consistent."* For example employing *"a mental health worker in school"* could be beneficial. Through improving mental health support in schools it will ensure that *"children with issues surrounding emotional wellbeing"* will receive the care and support they need.

Nurture (185 comments)
Nurture was a key priority for respondents to improving children's emotional wellbeing. Respondents focused around the need to develop children.

Respondents focused around ensuring that children knew they had *"the right to feel valued and maintaining a healthy level of self-worth."* This coincided with the need to *"build confidence"* and teach *"children resilience"* to encourage *"growth mind-sets and aspirations."*

Respondents felt children needed access to *"opportunities to develop positive self-esteem, image, confidence and identity"* with the aim of ensuring children have a *"positive view of themselves."* Providing children with a safe, non-judgemental environment which encourages the *"opportunity to talk freely without prejudice"* was seen to be key to improving children's wellbeing.

To support children's development it was suggested the *"use of nurture groups/principles in all schools"* maybe beneficial. Through such groups it could equip children with *"coping strategies"* which they can call on when needed *"to can help to lift their spirits."*
Taking the time to listen to the *"voice of the child"* to ask *"the child how you can help them"* allowing them to *"talk about their emotions"* was seen as vital when helping/developing children.

Respondents called for the need to provide *"opportunities to build relationships with adults and peers wherever possible."* Establishing relationships with children to provide *"the ability for them to know who to speak to safely, someone they can trust outside the family."* For example, key workers were felt to be a potential positive as through providing consistent *"named contact points"* it would enable *"the child to build a relationship".*

Training (128 comments)
A focus around training was seen as a priority for the following groups: children, schools, practitioners and parents.

There was a call to improve awareness around mental health in children, this could be through close working *"with children to pin point if there are mental health issues"* or through educating *"children about good mental health habits and role model these*." This includes teaching children to recognise how they feel and developing prevention strategies e.g. relaxation, sleeping, eating habits as well as coping strategies.

Respondents expressed the need for *"specialist training and resources in schools"* as this could facilitate *"support effectively on a daily basis with emotional difficulties [with] well-appointed and trained staff members."* Through providing training to school staff it was seen it would hopefully increase *"awareness in schools."*

Prioritisation of mental health in schools through altering the curriculum to *"build in [time for] emotional well-being lessons"* was called for alongside it to be *"more valued by DfE/Ofsted"* It was felt schools would benefit from a *"county wide mental wellbeing programs to support teachers."* The need to hold *"emotional wellbeing talks in schools"* were seen as key to raising *"awareness of emotional health."*

Responses stressed the need for *"training for practitioners"* that would *"help them better manage such situations."* It was suggested that through training it would allow staff *"to provide opportunities for children with similar difficulties to meet and discuss their thoughts and feelings."* Through such opportunities it would help teach children *"how to develop strategies for coping with these"* which in turn will help increase confidence and build resilience among them.

Educating parents was also seen as a priority, this links closely with the holistic approach themes. Respondents saw the benefit in providing *"parenting classes"* and provisions that *"offer interventions to educate parents and families in the importance of wellbeing."* Respondents felt the need to educate parents around the importance of *"positive parenting"* was an important factor in improving emotional wellbeing in children.

8 Conclusions and emerging priorities

Our knowledge on the prevalence of poor emotional wellbeing and mental health disorders is limited. Many of our estimates come from out-dated national studies and should be updated post the publication of the new child and adolescence mental health prevalence survey in 2018.

Around 10-15% of mothers during pregnancy have mild to moderate depression; 3% of pregnant women have severe depression. The prevalence of poor social and emotional development at early years, assessed through health visitors and teachers at school entry, is thought to be around 10-30% with significant variation between localities.

Around one in four children aged 11-12 have an emotional wellbeing issue. Around one in ten school-aged children (aged five to 16) have a diagnosed mental health condition. The prevalence of mental health disorders in young men aged 16-24 is 10% but much higher for young women at 28%.

The prevalence of poor emotional wellbeing and mental health is higher in vulnerable groups such as those living with a parent with mental illness, those living in toxic family environments, looked after children, offenders and children with special education needs or learning disabilities. Whilst not all children who experience these factors will go on to develop mental health problems more can be done to mitigate the level of these risks and build the resilience of children and young people from an early age. Many children will have more than one risk factor and are at increased risk of poor emotional wellbeing and mental health. Other emerging risks to children's emotional wellbeing include social media and cyber bullying.

Almost 650 children and young people in Staffordshire were admitted to hospital due to self-harming in 2016/17 with rates of self-harm similar to England.

The current service model for mental health services for children in Staffordshire is felt to be too fragmented and provision variable across the County partially due to differences in funding. There is less support to meet needs early which is putting pressures on more costly specialist NHS services.

Children and young people identify a number of barriers that exist in relation to services; they had little knowledge about mental health services and where to go to access help, they feel there was a stigma attached to mental health, feel embarrassed by the topic and would not feel comfortable approaching a professional for support. They also acknowledge a greater promotion of available services and more education around mental and emotional wellbeing is required.

The majority of local practitioners were confident in identifying when a child or young person has emotional wellbeing needs and dealing with low levels of emotional wellbeing and knew how to get more specialist support if required. They were however less confident in knowing how to access or signpost children and families to locally available community solutions or networks of support.

Some of the common themes from the practitioner survey are: accessible support and access to appropriate resources, better communication, training and improved knowledge and partnership working. They also acknowledge the importance of nurture, positive relationships and the child and family environment. The top three priorities for practitioners are: accessible support, nurture and training.

Emerging priorities:

- **Training and awareness** for children, parents and families and communities on how to recognise and cope with emotional wellbeing needs. This will support being able to identify and building appropriate coping and resilience strategies that promote emotional wellbeing. Training for school staff is reinforced in the Green Paper.

- Building resilience of children and young people through supportive and consistent parenting through a nurturing, stable and safe environment, particularly in **early years**

- Addressing **family and parental issues** such as worklessness and low incomes, domestic abuse, alcohol and substance misuse and parental mental ill-health, will have long-term impact on improving the emotional wellbeing of children and young people. Many of the root causes that predispose to poor emotional wellbeing and mental health such as poor parenting and poverty are the same as those leading to wider health, care and wellbeing issues such as looked after children and offending behaviour; therefore solutions should be incorporated into wider **whole system solutions** to have maximum impact.

Appendix 1: Risk and protective factors by district

The information in the following matrix is mainly benchmarked against England and colour coded using a similar approach to that used in the Public Health Outcomes Framework tool (http://www.phoutcomes.info/).

It is important to remember that a green box may still indicate an important health and wellbeing problem, for example rates of childhood obesity are already high across England so even if an area does not have a significantly high rate this does not mean that it is not a public health issue.

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	England
Mid-year population estimate	2016	98,500	116,700	103,100	128,500	111,200	134,200	98,100	77,000	867,100	55,268,100
Children aged 0-4	2016	5.5% (5,500)	6.3% (7,400)	4.9% (5,100)	4.9% (6,300)	4.5% (5,000)	5.0% (6,700)	4.4% (4,300)	6.1% (4,700)	5.2% (45,000)	6.2%
Children aged 5-17	2016	14.7% (14,500)	15.4% (17,900)	14.3% (14,700)	13.5% (17,400)	13.3% (14,700)	13.9% (18,600)	14.1% (13,800)	15.7% (12,100)	14.3% (123,800)	15.1%
Young people aged 18-24	2016	8.0% (7,900)	7.6% (8,800)	7.0% (7,300)	11.1% (14,300)	7.5% (8,300)	7.9% (10,600)	6.7% (6,600)	7.8% (6,000)	8.0% (69,700)	8.8%
Proportion from minority ethnic groups (0-19)	2011	4.6% (1,100)	20.0% (5,500)	6.7% (1,500)	8.9% (2,500)	7.8% (1,800)	8.5% (2,400)	3.2% (600)	5.5% (1,000)	8.5% (16,500)	20.2%
Early Years Foundation Stage: school readiness	2017	73.3% (780)	71.1% (1,020)	76.3% (870)	75.3% (1,000)	77.9% (920)	76.8% (1,070)	77.1% (790)	74.1% (650)	74.5% (7,130)	70.7%
GCSE attainment (achievement at grades 5-9)	2017	27.9% (230)	44.2% (660)	48.8% (420)	39.1% (420)	39.4% (390)	44.7% (430)	43.3% (520)	29.1% (230)	40.3% (3,300)	42.6%
Pupil absence	Jan-17	4.6%	4.0%	3.8%	4.2%	4.2%	3.9%	4.0%	4.4%	4.1%	4.3%
Children with special educational needs	Jan-17	14.2% (1,900)	12.3% (2,400)	12.1% (1,700)	13.1% (2,100)	11.1% (1,600)	11.3% (1,900)	9.9% (1,500)	13.3% (1,500)	12.1% (14,600)	14.3%
Obesity (children aged four to five)	2016/17	11.4% (120)	10.2% (140)	8.9% (90)	11.9% (150)	11.2% (110)	8.4% (110)	9.8% (90)	11.0% (100)	10.3% (910)	9.6%

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	England
Obesity (children aged 10-11)	2016/17	22.4% (210)	18.6% (230)	19.1% (190)	18.4% (200)	20.2% (190)	16.6% (200)	16.7% (140)	23.4% (180)	19.2% (1,530)	20.0%
Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2014/15-2016/17	43.0 (30)	18.6 (10)	32.0 (20)	28.0 (20)	30.2 (20)	27.8 (20)	29.4 (20)	51.1 (30)	31.5 (160)	34.2
Under-18 conception rates per 1,000 girls aged 15-17	2016	24.3 (40)	17.3 (30)	16.8 (30)	34.4 (70)	18.5 (30)	19.3 (40)	18.1 (30)	33.3 (50)	22.4 (320)	18.8
Children aged under 16 with a limiting long-term illness	2011	4.5% (830)	3.4% (740)	3.6% (630)	3.6% (760)	3.5% (610)	3.8% (850)	3.5% (550)	4.4% (670)	3.8% (5,630)	3.7%
Young carers - provision of unpaid care (0-15)	2011	1.2% (220)	1.0% (210)	0.9% (150)	1.4% (290)	1.1% (190)	1.1% (240)	1.4% (220)	1.1% (180)	1.1% (1,700)	1.1%
Re-offending levels (juveniles)	Jul 2015-Jun 2016	50.0% (20)	34.3% (10)	50.0% (10)	43.9% (30)	33.3% (10)	39.3% (20)	54.0% (30)	42.3% (10)	43.7% (150)	41.6%
Lone parent households	2011	10.1% (4,100)	9.7% (4,600)	8.2% (3,400)	9.6% (5,000)	8.3% (3,700)	8.4% (4,700)	8.4% (3,500)	11.6% (3,700)	9.2% (32,600)	10.6%
Households with children where there are no adults in employment	2011	4.1% (1,700)	3.4% (1,600)	2.6% (1,100)	3.2% (1,700)	2.3% (1,000)	2.4% (1,300)	2.3% (1,000)	4.7% (1,500)	3.1% (10,900)	4.2%
Family homelessness per 1,000 households	2016/17	0.8 (30)	1.8 (90)	0.9 (40)	0.1 (10)	0.7 (30)	1.1 (60)	0.7 (30)	2.8 (90)	1.1 (390)	1.9
Children in need (rate per 10,000 under 18)	2016/17	348 (690)	201 (510)	225 (450)	281 (670)	164 (320)	256 (650)	211 (380)	290 (490)	321 (5,420)	330
Child protection plans (rate per 10,000 under 18)	2016/17	52 (100)	26 (70)	9 (20)	19 (40)	51 (100)	9 (20)	36 (70)	66 (110)	32 (540)	43
Looked after children (rate per 10,000 under 18)	2016/17	58 (120)	56 (140)	38 (80)	39 (90)	69 (140)	20 (50)	69 (130)	65 (110)	59 (990)	62
Depression prevalence (ages 18+)	2016/17	11.2% (9,600)	7.8% (8,500)	7.4% (5,500)	11.3% (12,000)	7.4% (6,000)	8.9% (9,300)	10.0% (7,200)	11.1% (7,600)	9.4% (65,700)	9.1%
Adults aged 16-64 with a limiting long-term illness (16-64)	2011	15.1% (9,600)	12.3% (8,800)	11.7% (7,300)	15.0% (11,600)	11.6% (7,800)	12.1% (9,800)	14.0% (8,500)	13.3% (6,700)	13.1% (70,000)	12.6%
Disability Living Allowance claimants	May-17	5.0% (5,000)	2.7% (3,200)	3.4% (3,500)	3.7% (4,700)	3.3% (3,700)	2.7% (3,600)	3.4% (3,300)	3.8% (2,900)	3.4% (29,900)	3.4%

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	England
Alcohol-related admissions (narrow definition) (ASR per 100,000)	2016/17	869 (850)	737 (840)	662 (720)	857 (1,080)	707 (850)	738 (1,030)	657 (680)	646 (480)	738 (6,530)	636
Domestic abuse (rate per 1,000)	2016/17	8.4 (830)	8.3 (970)	5.4 (560)	10.0 (1,280)	5.1 (570)	6.7 (900)	6.8 (670)	9.8 (750)	7.5 (6,520)	6.4
Index of multiple deprivation (IMD) 2015 weighted score	2015	20.9	18.8	12.7	18.5	12.5	13.5	15.2	20.3	16.4	21.8
Percentage in most deprived IMD 2015 quintile	2016	13.8% (13,600)	17.8% (20,800)	3.9% (4,000)	11.2% (14,400)	1.4% (1,500)	5.3% (7,100)	4.6% (4,500)	17.7% (13,600)	9.2% (79,500)	20.2%
Percentage in second most deprived IMD 2015 quintile	2016	30.0% (29,600)	16.6% (19,300)	10.6% (10,900)	28.9% (37,100)	9.7% (10,800)	12.3% (16,500)	18.2% (17,800)	21.9% (16,900)	18.3% (158,900)	20.5%
Mosaic profile - financial stress	2016	28.7% (28,300)	28.4% (32,700)	22.5% (23,000)	27.5% (34,000)	21.6% (23,600)	24.4% (31,900)	24.5% (23,900)	29.9% (23,200)	25.8% (220,600)	28.0%
Children under 16 living in income deprived families	2015	16.4% (2,900)	12.7% (2,800)	11.3% (1,800)	14.1% (2,800)	11.3% (1,800)	10.6% (2,200)	10.8% (1,600)	16.6% (2,500)	12.9% (18,400)	16.8%
Adults with no qualifications (16-64)	2017	3.3% (2,000)	7.9% (5,700)	2.9% (1,800)	7.9% (6,400)	8.1% (5,300)	n/a	6.9% (4,100)	5.9% (2,800)	5.5% (28,700)	7.6%
People in employment (aged 16-64)	2017	81.9% (50,200)	84.1% (60,900)	78.6% (48,400)	75.7% (61,400)	77.2% (51,000)	83.8% (65,300)	74.1% (44,700)	77.7% (37,000)	79.3% (418,900)	75.1%
Out-of-work benefits	Nov-2016	8.2% (5,200)	7.0% (5,100)	5.7% (3,500)	8.0% (6,500)	5.4% (3,600)	6.0% (4,900)	6.6% (3,900)	7.9% (3,900)	6.8% (36,400)	8.1%
Young people aged 16-24 who are satisfied with area as a place to live (compared to Staffordshire average)	Waves 21-24	94%	93%	97%	90%	94%	98%	100%	87%	94%	n/a
Recorded crime levels (rate per 1,000)	2016/17	66 (6,480)	68 (7,910)	49 (5,060)	68 (8,780)	46 (5,090)	55 (7,370)	49 (4,830)	77 (5,910)	59 (51,440)	74.1
Anti-social behaviour (rate per 1,000)	2016/17	31 (3,020)	30 (3,490)	22 (2,290)	34 (4,270)	17 (1,900)	27 (3,640)	21 (2,060)	29 (2,240)	27 (22,910)	30.7

Appendix 2: Practitioner survey

Emotional wellbeing in children survey 2018

Children and young people's emotional wellbeing impacts upon every area of their lives, from their education, their relationships with friends and family and to the choices they make in life everyday. Children and young people with good emotional health are better able to learn, participate and achieve their potential in life. Good mental health is also important for good physical health.

Research suggests that half of all mental health problems are established by age 14 and 75% before the age of 25 years. Diagnosed mental health problems are thought to affect around one in 10 children aged five to 16. As they grow up, children and young people may have experiences that impact on their emotional wellbeing and mental health. Most are able to cope by themselves or with the support of a friend and family, while others may need some extra help.

On behalf of the Family Strategic Partnerships for Staffordshire and Stoke-on-Trent we are gathering the views and experiences of people who work with children, young people and their families on the issues surrounding children's emotional wellbeing and mental health. The research will also support the development of an emotional wellbeing strategy for children and families across Staffordshire and Stoke-on-Trent.

Please complete this survey by 8th April 2018.

The information which you choose to share will be used for research purposes only and will be treated in confidence in line with the Data Protection Act 1998 and also the General Data Protection Regulation from 25th May 2018.

How often do you encounter the following in relation to the emotional wellbeing of children you see?

	Very often	Fairly often	Not very often	Never	Not known
Grief and loss	○	○	○	○	○
Bullying	○	○	○	○	○
Illness (self)	○	○	○	○	○
Illness (of others)	○	○	○	○	○
Anger	○	○	○	○	○
Difficulty with child attending school	○	○	○	○	○
Attachment difficulties	○	○	○	○	○
Family relationship problems	○	○	○	○	○
Abuse and neglect	○	○	○	○	○
Behavioural	○	○	○	○	○
Issues around sexuality	○	○	○	○	○
Low mood	○	○	○	○	○
Friendships	○	○	○	○	○
Low self esteem	○	○	○	○	○
Anxiety/worries (life in general)	○	○	○	○	○
Autistic spectrum disorders	○	○	○	○	○
Deliberate self-harm (lacerations, self-harm)	○	○	○	○	○
Eating disorders (e.g. pre-school eating problems, anorexia and bulimia)	○	○	○	○	○
Emotional disorders (e.g. anxiety, depression, phobias and OCD)	○	○	○	○	○
Psychotic disorders (schizophrenia, manic depressive disorder and drug induced)	○	○	○	○	○
Substance abuse (drug and/or alcohol)	○	○	○	○	○
Other	○	○	○	○	○

If other (please specify):

There are a range of factors that have a positive influence on children's emotional wellbeing, known as protective factors. What do you consider to be the most important protective factors in building good emotional wellbeing in children and young people?

There are certain social, economic and environment risk factors that mean some children and young people are more likely to experience poor emotional wellbeing problems than others. What do you consider to be the most important risk factors that impact on the emotional wellbeing of children and young people?

How do you feel you could support improving the emotional wellbeing of children and young people?

How confident are you of the following...?

	Very confident	Fairly confident	Not very confident	Not at all confident	Not known
Identifying when a child or young person has emotional wellbeing needs.	○	○	○	○	○
Dealing with low levels of emotional wellbeing.	○	○	○	○	○
Accessing or signposting children and families to locally available community solutions/networks of support for children with emotional wellbeing needs.	○	○	○	○	○
Knowing how to get help when children or young people with emotional wellbeing needs require more support.	○	○	○	○	○
Knowing that your referral or signposting will lead to a good outcome for the child or young person.	○	○	○	○	○

What would make you better equipped to support children and young people with emotional wellbeing needs?

What is available in the local community which can help to build children and young people's resilience?

The following groups of children and young people may be at risk of poor emotional wellbeing and mental health. Please select all those that you have worked with as a result of their poor emotional wellbeing.

- ☐ Children in poverty
- ☐ Bereaved children
- ☐ Children being bullied
- ☐ Children from black and minority ethnic groups/Gypsy, Roma and Traveller children
- ☐ Lesbian, gay, bisexual, trans, queer or questioning (LGBTQ)
- ☐ Children with long-term health problems (such as diabetes and asthma) or disabilities
- ☐ Children with Special Educational Needs
- ☐ Home-educated children
- ☐ Children who are sexually abused or sexual exploited
- ☐ Children of military families
- ☐ Children in the justice system
- ☐ Children in Care/Looked After Children
- ☐ Care Leavers
- ☐ Children transitioning from CAMHS to Adult Services
- ☐ Domestic abuse
- ☐ Family relationship problems
- ☐ Children who have parents with drug and alcohol problems
- ☐ Children who have parents with mental ill-health
- ☐ Young carers
- ☐ Young people who use drugs frequently

Are there any other groups of children and young people that are missing from the above list?

- ○ Yes
- ○ No

If yes (please specify):

What should be the top three priorities to improve children's emotional wellbeing?

Priority one	
Priority two	
Priority three	

Are there any other comments you have that will help us?

Is this an individual or collective survey response?

- ○ I am responding to this survey as an individual
- ○ I am responding on behalf of my organisation, service or team

If you are responding on behalf of your organisation, service or team, please state the name:

Which best describes your role/organisation?

- ○ Early Years Provider
- ○ Primary School
- ○ Secondary School
- ○ Special School
- ○ Pupil Referral Unit
- ○ College/Further Education Provider
- ○ Children Centres
- ○ Maternity Services
- ○ Health Visiting
- ○ School Nursing
- ○ GP
- ○ Specialist Mental Health Provider
- ○ Child health services/paediatrics
- ○ Children's Services Provider
- ○ Adult Services Provider
- ○ Voluntary or Community Sector Provider
- ○ Community Safety or Police
- ○ Youth Offending
- ○ Housing Association
- ○ Commissioner
- ○ Elected Member/MP
- ○ Other

If other (please specify):

Which geographic location are you representing? (please select all that apply)

- ☐ Cannock Chase
- ☐ East Staffordshire
- ☐ Lichfield
- ☐ Newcastle-under-Lyme
- ☐ South Staffordshire
- ☐ Stafford
- ☐ Staffordshire Moorlands
- ☐ Stoke-on-Trent
- ☐ Tamworth

Thank you for taking the time to participate in this survey. Please return your completed survey to: Emotional wellbeing in children survey, Strategy Team, Staffordshire County Council, Staffordshire Place 1, Tipping Street, Stafford, ST16 2DH.

Your views are important to us and will help us to shape a local strategy to improve emotional wellbeing and mental health for children and young people.