Health needs assessment

Children and young people in Suffolk with emotional and/or behavioural difficulties

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1 Executive summary

Professionals working with children and young people across Suffolk have raised concerns about the number of children and young people demonstrating emotional and/or behavioural difficulties who are unable to access the appropriate level of support.

The previous 2013 children and adolescent mental health services (CAMHS) needs assessment identified a gap in the local knowledge about children and young people with emotional and behavioural difficulties or ‘conduct disorder’ (Maidrag 2013) and related services.

The overall aim of this needs assessment was to determine the size and needs of this group of children and young people, establish whether available provision in Suffolk is adequately supporting these children and young people and identify areas for further development.

The following key issues and areas for improvement have been identified as a result of this exercise.

Key issues

- Up to a third of all children and young people aged 11-15 in Suffolk (national survey on health behaviour in school aged children), report experiencing some form of difficulty at any given time e.g. low self-esteem, poor concentration indicating emotional and/or behavioural issues.
- Families and frontline practitioners should be able to provide support when and as required.
- Universal services (Tier1) are providing some assessment and interventions but data is not available at specific service level (e.g. GP, Health Visiting).
- An estimated 7,000 -10,000 children and young people aged 0-19 experience emotional and behavioural difficulties in Suffolk at any given time. This means these children require targeted intervention at Tier 2.
- Although some targeted provision is available to support these children and young people, services are fragmented (e.g. Primary Mental Health Workers (PMHW), Behaviour Support Service).
• Access to current service provision depends on where you live (Greater referrals for PMHW in East compared to West), and the willingness of schools to commission support services (e.g. academies and behaviour support service).

• Frontline practitioners report poor communication between services.

• Capacity of targeted provision is insufficient to respond to the current needs of this group of children and young people.

• Available services are diagnosis and age specific meaning they are not flexible to the needs of the children.

• There is a lack of a designated provision able to respond to the needs of children and young people with emotional and behavioural difficulties or conduct disorder within the current system at large, and lack of a clear pathway to access available services.

**Areas for Improvement**

1. Develop a single point of access and assessment centre/team. In order to provide needs based and coordinated support for children and young people with emotional and or behavioural difficulties or conduct disorder.

2. Develop a clear pathway to this single point access and assessment centre/team for children and young people, families experiencing difficulties as well as for frontline practitioners with clear roles and responsibilities.

3. Commissioners review current provision provided by PMHWs to make sure services are equitable for all CYP required their support.

4. Support schools in adopting whole school approaches in order to promote and improving emotional resilience in children and young people.

5. Provide training to skill up frontline practitioners to effectively identify and intervene when CYP in their care experience emotional, mental and behavioural difficulties.

6. Develop and disseminate resources for parents to support children and young people experiencing emotional and behavioural difficulties.

7. Develop and implement a common dataset and outcome framework for services working with children and young people experiencing emotional and/ or behavioural difficulties to enable monitoring of service impact.
2 Main report

3 What is the issue and why it is important for Suffolk?
Professionals working with children and young people across Suffolk have raised concerns about the number of children and young people demonstrating emotional and/or behavioural difficulties who are unable to access the appropriate level of support.

A child or young person’s behaviour is an important indicator of their emotional and mental state. It is not uncommon for children and young people to behave and act in ways outside of what adults consider to be socially acceptable. This kind of behaviour is part of normal child development where boundaries are tested. The concern is when these behaviours persist and start to impact on their ability to maintain positive relationships, achieve in school and be resilient to the challenges of life (NHS England 2015).

The cause of emotional and/or behavioural difficulties can be multifactorial and complex. Children and young people can experience emotional and/or behavioural difficulties at any given time but majority of them do not require a mental health disorder/diagnosis.

There is strong evidence and economic argument (HM Government 2011) for early identification and a ‘needs based’ approach (rather than clinical diagnosis approach) to prevent emotional and mental health issues becoming lifelong challenges both for individuals and the local system.

The previous 2013 CAMHS needs assessment identified a gap in the local knowledge about the CYP with emotional and behavioural difficulties or ‘conduct disorder’ (Maidrag 2013) and related services.

4 Which population is this needs assessment about?
This needs assessment relates to children and young people (CYP) aged 0 to 19 years (including those aged 18) living in Suffolk county experiencing emotional and/or behavioural difficulties. Information related to CYP living in Waveney area is provided where possible. Emotional and/or behavioural difficulties can be
characterised as significant and/or persistent internalised behaviours (withdrawn or isolated) or externalised behaviours (challenging, disruptive or disturbing behaviour). Examples of such behaviour may include (Nottingham City CCG 2014):

- Social withdrawal or social isolation
- Aggression towards others
- Underachieving
- Loss/lack of interest
- Worrying about situations that is not proportionate
- Changes/unusual eating habits, maybe avoiding food or over eating
- Unable to pay attention to task
- Hyperactivity
- Over familiar/avoidant with others
- Being obsessive on task
- Sleep disturbances: waking in the night or sleeping in the day (outside of normal age patterns), sleeping too much or too little
- Not responding to boundaries
- Self-harm: unusual marks, bruises
- Inappropriate clothing
- Over/under reactive emotions
- Low self-esteem

5 What is the focus of this needs assessment?

This needs assessment will focus mainly on those children and young people experiencing emotional and/or behavioural difficulties who require/receiving support from tier 1 universal and tier 2 targeted services (see Table 1 below for definition) (Integrated Care Pathways for Mental Health 2015).
### Table 1: Definition of tier 1 and tier 2 mental health services

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
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</table>
| **Child and adolescent mental health services at Tier 1 are provided by practitioners working in universal services who are not mental health specialists such as:**<br>  - GPs  
  - Health visitors  
  - School nurses  
  - Teachers  
  - School staff  
  - Social workers  
  - Early years practitioners, and  
  - Youth justice workers and voluntary agencies<br><br>Tier 1 practitioners expected to offer general advice and support for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person’s development, intervene within their knowledge and skills and refer to more specialist services when needed. | **Mental health practitioners at Tier 2 level tend to be CAMH specialists working in teams in the community and primary care settings (although many will also work as part of Tier 3 services). They can include, for example:**<br>  - mental health professionals employed to deliver primary mental health work, and  
  - Psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.<br><br>Tier 2 practitioners offer consultation to families and frontline practitioners. They assess and provide intervention to CYP with severe or complex needs (which may lead to treatment at a different tier). They also provide training to practitioners at Tier 1 level. |

The overall aim is to determine the size and needs of this group of CYP and whether available provision in Suffolk is adequate enough to respond to the needs of this group and make recommendations to support resource prioritisation and planning process. The objectives are to:
• Quantify and describe expected number of children with emotional and/or behavioural difficulties and their characteristics by person, place and time.
• Identify gaps in service provision through service mapping exercise.
• Describe and review service usage.
• Understand the view of stakeholders including commissioners, providers, CYP and families.
• Review the evidence to identify effective interventions addressing CYP who are experiencing emotional and behavioural difficulties in different settings to reduce further escalation.

6 Expected numbers, distribution and pattern by person, place and time

Population estimate
2013 Office for National Statistics (Office for National Statistics 2013) population estimates for Suffolk suggested there were 160,900 children aged between 0 and 18. A breakdown by gender and five-year age bands is provided in Table 2.

Table 2: Population estimates for children and young people in Suffolk

<table>
<thead>
<tr>
<th></th>
<th>0-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-18</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21,661</td>
<td>21,417</td>
<td>20,693</td>
<td>18,193</td>
<td>4,006</td>
</tr>
<tr>
<td>Female</td>
<td>20,799</td>
<td>20,492</td>
<td>19,546</td>
<td>17,099</td>
<td>3,444</td>
</tr>
<tr>
<td>Total</td>
<td>43,460</td>
<td>41,909</td>
<td>40,239</td>
<td>35,292</td>
<td>7450</td>
</tr>
</tbody>
</table>

6.1 Estimating the prevalence of emotional and or behavioural difficulties
Quantifying the expected number of children in Suffolk experiencing emotional and/or behavioural difficulties is challenging due to the lack of an agreed definition/criteria. Therefore estimates vary considerably. In order to provide a baseline for the needs assessment international, national and local estimates were explored and triangulated and a summary is presented below.

6.1.1 National surveys based on the Strength and Difficulties Questionnaire (SDQ)
The US National Health Interview Survey, 2001-2007 (Pastor et al. 2012) measured the prevalence emotional and behavioural difficulties using either a high score on the brief version of the strength and difficulties questionnaire (SDQ) or parents identifying
there child as having serious overall difficulties. The survey estimated the prevalence of emotional and behavioural difficulties among 4-17 year olds as 7.4%.

Growing up in Scotland study (The Scottish Government 2010) measured social, emotional, and behavioural difficulties using the parent reported strength and difficulty questionnaire for children at entry point to primary school. The study found that 5% of 5 year olds starting primary school had emotional symptoms and 12% conduct problems.

6.1.2 Estimated prevalence of conduct disorder
The prevalence of conduct disorder among children and young people provides a potential indicator of the burden of emotional and/or behaviour in the population. The majority of children with the disorder will be undiagnosed as the primary presenting problem is behavioural e.g. persistent pattern of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age-appropriate social expectation (NICE 2013), which is outside the remit of many mental health and paediatric services. The prevalence of conduct disorder in the UK, based on the mental health of children and young people in Great Britain survey 2004, is estimated to be 6% among 5-16 year olds (Green et al. 2005).

6.1.3 Educational statement for Social, Emotional and Mental Health need (SEMH)
The January 2015 Suffolk school census (Suffolk county council 2015) shows there were 1,964 children resident in Suffolk (attending either state funded primary, secondary, or special schools or academies and technology colleges in Suffolk) with an Educational and Health Care Plan or primary educational statement of ‘Social, Emotional and Mental Health needs’ (which was previously labelled as Behavioural, Emotional and Social Difficulties). Children with this need show difficulties in managing their emotions, social interaction and mental health experiences. These difficulties may be displayed through children becoming withdrawn or isolated, as well as through challenging behaviour and may require additional and different provision in their school in order to achieve their full potential (Essex County Council 2015). This equates to 1.9% of all school age children (5-19 years old). A further 543 children of this age group had a secondary statement of SEMH. In total this equates to 2.4% of children aged 5-19 years of age.
6.1.4 Estimated numbers of children and young people in Suffolk

Table 3 applies the prevalence estimates from the above studies to the Suffolk population. The above US national health survey (Pastor et al. 2012) is the largest and most robust study. The use of SDQ in identifying children, rather than clinical criteria, means the result could be reasonably applied to a UK setting. The prevalence estimate is similar to that found by (Visor 2003) who examined the prevalence of children with EBD in mainstream schools. Further the estimate is very similar to the prevalence estimate for conduct disorder (Green et al. 2005).

Based on these findings we will use a prevalence estimate of 7% for CYP aged 5-19 for this needs assessment exercise. Based on this application we could estimate that there are approximately 8220 children and young people aged 5-19 in Suffolk who have emotional and or behavioural difficulties.

Table 3: Prevalence of emotional and or behavioural difficulties from international and national studies applied to the Suffolk population.

<table>
<thead>
<tr>
<th>Source</th>
<th>Country</th>
<th>Condition</th>
<th>Age Group</th>
<th>Prevalence</th>
<th>Suffolk Estimate for age group</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pastor et al 2012</td>
<td>US</td>
<td>Emotional and behavioural difficulties</td>
<td>5-16</td>
<td>7.4%</td>
<td>7431</td>
<td>High score on the brief version of the strength and difficulties questionnaire (SDQ) and/or parents rating their child as having serious overall difficulties</td>
</tr>
<tr>
<td>Scottish Government 2010</td>
<td>Scotland</td>
<td>emotional symptoms</td>
<td>5 year olds</td>
<td>5%</td>
<td>395</td>
<td>Children with an abnormal score based on parent reported response to strength and difficulty questionnaire (SDQ)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conduct problems</td>
<td></td>
<td>12%</td>
<td>948</td>
<td></td>
</tr>
<tr>
<td>Green et al 2005</td>
<td>UK</td>
<td>Conduct disorder</td>
<td>5-16</td>
<td>6%</td>
<td>5751</td>
<td>DSM IV</td>
</tr>
</tbody>
</table>

10
6.1.5 Estimated number of children and young people requiring support from mental health services in Suffolk

As well as the specific estimates for emotional and or behavioural difficulties the Child and Maternal Health Observatory (ChiMat) estimated the number of children (aged 17 and under) requiring support from all tiers of mental health services (See Table 4) (Kurtz 1996). It shows that just under 11,000 children require help from tier 2 and 23,000 from tier 1 services in Suffolk at any given time. These estimates suggest the majority of children requiring support from tier 2 mental health services are likely to be experiencing some form of emotional and or behavioural difficulty.

It is important to note that estimated prevalence of mental health disorders does not equal to estimated service need. Each child with a diagnosable mental health condition does not need specialist mental health support (Tier 3) support at any given time. Also, there are a number of children with mental needs that do not fulfil diagnostic criteria but who nevertheless need support mainly from frontline staff.

Table 4: Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS

<table>
<thead>
<tr>
<th>CAMHs Tier</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Suffolk Population under 17 requiring services in each tier</td>
<td>22,700</td>
<td>10,595</td>
<td>2,800</td>
<td>115</td>
</tr>
</tbody>
</table>

6.2 Risk Factors for EBDs

There is a reasonably strong evidence base for a multitude of risk factors for childhood and adolescent emotional and or behavioural difficulties (SEBDA 2006). At the broadest level factors can be split into individual/non-modifiable factors (e.g. physiology, wiring) or environmental/modifiable factors (e.g. family, community, school, broader society), or a combination of the two (see figure 1).

Figure 1: Risk factors for emotional and or behavioural difficulties
The following section describes how the prevalence of emotional and or behavioural difficulties differs by the non-modifiable and modifiable risk factors (as shown in the above graph) based on the findings from the studies listed below:

- Mental health of children and young people in Great Britain survey 2004 (Green et al. 2005) - Conduct disorder.
- Educational statement for Social, Emotional and Mental Health Need (Suffolk county council 2015).

### 6.2.1 Non-modifiable risk factors

**Age**
The US national health survey (Pastor et al. 2012), found the prevalence of emotional and behavioural difficulties increased with age with twice as many 15-17 year olds reporting problems compared to 4-7 year olds. A similar although smaller effect was found by for conduct disorder (Green et al. 2005) (11-16 years olds 1.2 x more likely have conduct disorder compared to 5-10 year olds). Again a similar smaller effect was found for children and young people with educational statements for Social Emotional and Mental Health (SEMH) with 10-16 year old 1.2 times more likely to have a statement compared to 5-9 year olds).
Gender
Boys were 2-2.5 time more likely to have an emotional and behavioural problem (Pastor et al. 2012) or conduct disorder (Green et al. 2005) compared to girls. This was reflected in the local educational statement/EHC information where there were 3 times as many boys with a statement for SEMH.

Ethnicity
Conduct disorders varies by ethnicity, with a higher proportion of white and black children being affected by conduct disorders. There was no difference in the rate of educational statements.

Disability
The US national health survey (Pastor et al. 2012) found a strong association between developmental conditions and children with emotional and behavioural problems. Using the two measures (SDQ and single parent response) the rates of diagnoses were as follows:

- ADHD ranged from 21.3% to 49.8%
- Learning disability ranged from 23.4% to 44.9% (in the US LD refers mainly to what in the UK is termed learning difficulties e.g. dyslexia)
- Intellectual disability ranged from 2.0% to 6.0% (in the UK labelled as learning disability)

The 2004 UK National Mental Health Survey (Green et al. 2005) result showed similar findings where 46% of boys and 36% of girls with a conduct disorder had at least 1 co-existing mental health problem. The co-existence of conduct disorders with attention deficit hyperactivity disorder (ADHD) was particularly prevalent and in some groups, more than 40% of children and young people with a diagnosis of conduct disorder also have a diagnosis of ADHD.

The 2015 Suffolk school census result showed that one in five (451) children and young people with a primary educational statement of SEMH also had a secondary need. Out of these 451 children and young people with secondary need, 21% had moderate learning difficulty, 15% ASD, 16% speech, language or communication issues, 18% specific learning difficulty and 15% other difficulties respectively.
In addition to the CYP with primary educational statement for SEMH, a further 543 children had a secondary educational need for SEMH in Suffolk in 2015. The main primary needs for these children included moderate learning difficulty (24%), specific learning difficulty (19%) and speech, language or communication needs (18.6%) respectively.

### 6.2.2 Modifiable Risk Factors

#### Socio-Economic Status

The US national health survey (Pastor et al. 2012) found a significant effect of socio-economic status on the prevalence of emotional and behavioural difficulties with the highest rates among children living in families living below the poverty level.

Again there was a similar effect for conduct disorder (Green et al. 2005) with children in low income families nearly twice as likely to develop conduct disorder.

The rate of children with statements for SEMH was strongly related to deprivation with the rate in the most deprived parts of Suffolk four times higher than in the least deprived areas.

#### Family factors

The prevalence of conduct disorder (Green et al. 2005) was strongly associated with family factors. With a higher prevalence among mother only families compared to two parent families (rate twice as high).

Children and young people living in a household where parent have no educational qualifications were twice as likely to experience conduct disorder.

Family and parental physical and mental health were also important risk factors with children and young people living in a household where someone receives disability benefits or where a parent has emotional disorder 2-2.5 times more likely to have conduct disorder.
Parenting style, child attachment, Witnessing inter-parental or partner violence and abuse were also predictors of conduct disorder (NICE 2013).

6.3 Self-reported prevalence of health behaviour indicating emotional and behavioural problems among young people in England

The studies above estimate the prevalence of emotional and behavioural difficulties based on a multi domain measurement tool (SDQ) which are likely to identify those children with the most severe difficulties (e.g. those requiring support from tier 2 services).

The above studies do not tell us about children experiencing lower level emotional and/or behavioural difficulties or difficulties in a particular aspect of their life e.g. low self-esteem, loneliness.

The 2014 National Survey on Health Behaviour in School aged Children (HBSC) provides a self-reported measures of the physical, mental and emotional health of 5500 children and young people aged 11 to 15 in England (Brooks et al. 2015).

Results from this survey has been used to estimate prevalence of internalised and externalised behaviours indicative of potential difficulties (see table 5).

The prevalence of selected difficulties ranged from 8% for loneliness and low life satisfaction to 30% for sleeping difficulties at least once a week. Overall girls self-reported a higher prevalence of symptoms/problems (up to 2-3 times higher) compared to boys (with the exception of fighting). For nearly all measures the prevalence was higher among 15 years year olds compared to 11 year olds (again fighting was the exception) with girls reporting the biggest differences (up to a 4 fold difference between 11 and 15 year olds).

Compared to the overall prevalence estimates for emotional and behavioural difficulties and conduct disorder (taken from the US survey and UK mental health survey) the above findings suggest individual difficulties and behaviours e.g. self-harm, low esteem are far more prevalent (8% to 30% for individual behaviours and difficulties compared to 7% estimate for emotional and behavioural difficulties).
These findings are not incompatible and suggest there may be a core group of children and young people with more serious emotional and behavioural difficulties (7% or 8000-9000 children) which impact significantly on their functioning and then a larger group of children with difficulties in specific areas of their life. These findings also fit with the Tier 1 and Tier 2 estimates given above with approximately 10,000 children needing support from tier 2 mental health services and 23,000 from tier 1.
Table 5: Estimated number of children aged 11-15 year in Suffolk with health behaviour indicating emotional and/or behavioural problems (based on the 2014 National Survey of Health Behaviour in School aged Children)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Age Group</th>
<th>Prevalence in sample pop</th>
<th>Est number in Suffolk</th>
<th>Prevalence by age and gender</th>
<th>Trend over time</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-harm</td>
<td>Deliberately hurting oneself in some way, such as cut or hit on purpose or take an overdose.</td>
<td>15</td>
<td>22%</td>
<td>1891</td>
<td>32% I 11%</td>
<td>Increasing</td>
<td>3 times as many girls as boys Among those who self-harm - 38% of girls and 21% boys self-harmed at least once per week</td>
</tr>
<tr>
<td>Lack of Sleep</td>
<td>Normally not getting enough sleep to feel awake and concentrate on school work</td>
<td>11-15</td>
<td>22%</td>
<td>9025</td>
<td>25% I 19%</td>
<td>-</td>
<td>Lack of sleep increases with age.</td>
</tr>
<tr>
<td>Sleeping Difficulties</td>
<td>Sleeping Difficulties at least once a week</td>
<td>11-15</td>
<td>34%</td>
<td>13948</td>
<td>39% I 29%</td>
<td>-</td>
<td>increase with age Girls are 30% more likely to experience difficulties compared to boys</td>
</tr>
<tr>
<td>Fighting</td>
<td>Been in a physical fight two or more times in the past twelve months.</td>
<td>11-15</td>
<td>17%</td>
<td>6974</td>
<td>9% I 25%</td>
<td>Decreasing</td>
<td>3 times as many boys as girls. Decreases with age. Overall downward trajectory over time</td>
</tr>
<tr>
<td></td>
<td>The Cantril Ladder as a measure of subjective life satisfaction. 0 to 4 = Low life satisfaction.</td>
<td>11-15</td>
<td>8%</td>
<td>3282</td>
<td>11%</td>
<td>16%</td>
<td>Girls</td>
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<tr>
<td>Low life satisfaction</td>
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<tr>
<td>Feeling low</td>
<td>Feeling low at least once a week</td>
<td></td>
<td>26%</td>
<td>10666</td>
<td>34%</td>
<td>18%</td>
<td>Girls</td>
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<tr>
<td>Irritability</td>
<td>Feeling irritated at least once a week</td>
<td></td>
<td>35%</td>
<td>14358</td>
<td>38%</td>
<td>32%</td>
<td>Girls</td>
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<tr>
<td>Lonely</td>
<td>Felt lonely during the last week</td>
<td></td>
<td>8%</td>
<td>3282</td>
<td>11%</td>
<td>5%</td>
<td>Girls</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Attention</td>
<td>Felt unable to pay attention during the last week</td>
<td></td>
<td>35%</td>
<td>14358</td>
<td>34%</td>
<td>37%</td>
<td>Girls</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- Girls twice as likely to report low life satisfaction
- Prevalence increasing over time
- Twice as many girls as boys
- Increases with age
6.4 Estimated number of children known to/or receiving provision from local services experiencing emotional and/or behavioural difficulties in Suffolk

In the above section we have attempted to estimate the number of children and young people in Suffolk who are likely to have or experience emotional and behavioural difficulties at any given time based on international and national studies. We have also presented the estimated number of children and young people who likely to require services at different tiers.

In order to understand the actual number of children and young people who are known to local services or receiving support due to their emotional and behavioural difficulties, we have examined some available data.

We have included all available datasets which contained information/indicators of behaviours which may be indicative of emotional and or behavioural difficulties. These indicators were taken from the nature of the issue/main needs (e.g. why children were referred/accessing services) and underlying/associated risk factors (e.g. risks factor which may be affecting a child). Although the recording of risk factors can vary depending on the practitioners and teams undertaking the assessments, the information provided extremely valuable insight.

Table 6 outlines the datasets and the risk factors that each of them used. All data relates to children and young people aged 0-19 years, resident in Suffolk (based on child’s postcode), captured by one of the systems below in the 2014-15 financial year.
Table 6: Datasets and risk factors used to identify children with emotional and/or behavioural difficulties.

<table>
<thead>
<tr>
<th>Dataset</th>
<th>Time frame</th>
<th>Nature of issues</th>
<th>Underlying/ associated risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multi agency safeguarding hub enquiries (Guardian system)</strong></td>
<td>Aug 14 – Mar 15 data analysis</td>
<td>Antisocial behaviour</td>
<td>Mental health Involvement in crime/antisocial behaviour Exclusion from school Poor attendance/NEET Missing person</td>
</tr>
<tr>
<td><strong>Common assessment framework (Profile database)</strong></td>
<td>2014/15</td>
<td>Behaviour</td>
<td>Mental health Mental health/emotional wellbeing Education attendance</td>
</tr>
<tr>
<td><strong>Children in need (CIN Census)</strong></td>
<td>2014/15</td>
<td>Behaviour</td>
<td>Mental health Socially unacceptable behaviour Self-harm Going/being missing</td>
</tr>
<tr>
<td><strong>Activities unlimited</strong></td>
<td>Snapshot as of Sept 2015</td>
<td>Behaviour</td>
<td>Behavioural need</td>
</tr>
<tr>
<td><strong>Educational data (EMIS and School census)</strong></td>
<td>Census – Jan 2015</td>
<td>Educational statement/EHC for social, emotional and mental health needs</td>
<td></td>
</tr>
</tbody>
</table>

### 6.4.1 Multi agency safeguarding hub (MASH)

The multi-agency safeguarding hub (MASH) is the central point for safeguarding enquiries for children and adults in Suffolk. A new recording system was put in place in August 2014 which means a full financial years’ worth of data is not available. The MASH data system captures information on all enquiries including the nature of enquiry (the main reason an enquiry is made) and underlying risk factors (factors which may impact on the child).
The following information refers to children who were the subjects of an enquiry (excludes) with a final RAG rating of green, amber and red (e.g. enquiries which led to a social care response). In total there were 13,010 enquiries to the MASH (meeting the above criteria) between 1/08/2014 and 31/03/2015.

**Antisocial behaviour**
- One in six (1821) of all enquiries (13,010) during this period was related to antisocial behaviour (ASB).
- The rate of enquiries was highest among 10 to 16 yrs olds (twice as high as the Suffolk rate) and among boys (118.2 per 100,000 vs 101.2) which reflects the expected prevalence.
- There was a strong association between ASB and deprivation, the rate of enquiries was twice as high in the most deprived areas compared with the least deprived areas. For example, Ipswich and Waveney had significantly higher rates compared to Suffolk whilst Mid Suffolk and Suffolk coastal had significantly lower rates.

The MASH started to capture information on underlying risk factors in November 2014. This means the current data is relatively limited. In total 940 enquiries included the following risk factors in relation to emotional and or behavioural difficulties.
- Mental health
- Involvement in crime/antisocial behaviour
- Exclusion from school
- Poor attendance/NEET
- Missing person
Table 7 shows that children with one of the above risk factors were more likely to be female (mental health and missing person) and aged 10-16 years of age. There was a higher rate of enquiries for the above risk factors in Waveney, which could be due to recording practices. There was a higher rate of enquiries in the most deprived areas relating to above listed risk factors. The quality of ethnicity recording made it difficult to draw any conclusions.
Table 7: Characteristics of children and young people aged 0-19 years in Suffolk with risk factors as part of a MASH enquiry indicative of emotional and/or behavioural difficulties.

<table>
<thead>
<tr>
<th>Underlying need</th>
<th>Number of children</th>
<th>Gender</th>
<th>Age</th>
<th>Geographic distribution (Districts)</th>
<th>Ethnicity</th>
<th>Deprivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>294</td>
<td>Rate in girls 2 times higher than boys</td>
<td>Highest rates amongst 10-16 year olds</td>
<td>Rates higher in Waveney and lower in Forest Heath</td>
<td>Recording of ethnicity very poor</td>
<td>Rate in most deprived 3-4 times higher than least deprived</td>
</tr>
<tr>
<td>Involvement in crime/antisocial behaviour</td>
<td>292</td>
<td>No differences</td>
<td>Highest rates amongst 10-16 year olds</td>
<td>Rates higher in Waveney, lower in Mid Suffolk.</td>
<td>Predominantly white. Poor recording.</td>
<td>Rate in most deprived 6 times higher than least deprived.</td>
</tr>
<tr>
<td>Exclusion from school</td>
<td>51</td>
<td>No differences</td>
<td>Highest rates amongst 10-16 year olds</td>
<td>No differences</td>
<td>Predominantly white</td>
<td>Rate in most deprived nearly 10 times higher than any of 3 least deprived.</td>
</tr>
<tr>
<td>Poor attendance/NEET</td>
<td>184</td>
<td>No differences</td>
<td>Highest rates amongst 10-16 year olds</td>
<td>Rates higher Waveney, lower in Mid Suffolk.</td>
<td>Predominantly white. Poor recording.</td>
<td>Rate in most deprived 7 times higher than any of 5 least deprived.</td>
</tr>
<tr>
<td>Missing person</td>
<td>119</td>
<td>Rate in girls twice as high compared to boys.</td>
<td>Highest rates amongst 10-16 year olds</td>
<td>Rates higher Waveney, lower in Mid Suffolk.</td>
<td>Predominantly white.</td>
<td>Rate in 3 most deprived 6 times higher than any of the 3 least deprived.</td>
</tr>
</tbody>
</table>
6.4.2 Common assessment framework

Common Assessment Framework (CAF) is a voluntary process to enable services to gather and share information about a child in order to identify their needs and make a decision to respond to their needs.

One or more underlying needs are recorded for each CAF. In 2014/15, a total of 3934 children resident in Suffolk county aged 0-19 had a CAF opened for them. Behaviour and mental health accounted for the largest proportion of underlying needs (1 in 4 children) whilst 1 in 12 children had a need relating to educational attendance.

Table x describes the characteristics of children for each underlying need. For behaviour the highest rates of underlying need were among 5-9 year olds and 10-16 years whilst for mental health and school attendance there were higher rates amongst 10-16 year olds. For all three underlying risk factors there were differences in the rates among district and boroughs in Suffolk which could be due to recording practices.

We can conclude that children and young people who have behaviour and mental health needs feature strongly among those children requiring a coordinated multiagency approach.
Table 8: Characteristics of children and young people aged 0-19 years in Suffolk with underlying needs as part of common assessment framework indicative of emotional and/or behavioural difficulties.

<table>
<thead>
<tr>
<th>Underlying need</th>
<th>Number (% of children)</th>
<th>Age</th>
<th>Geographic distribution</th>
<th>Deprivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour</td>
<td>1091 (28%)</td>
<td>Highest rates among 5-9 year olds and 10-16 year olds</td>
<td>Higher rates in Suffolk coastal and lower in Mid Suffolk.</td>
<td>Rates in most deprived areas 2-3 times higher compared to least deprived.</td>
</tr>
<tr>
<td>Mental health/ emotional wellbeing</td>
<td>986 (25%)</td>
<td>Highest rate among 10-16 year olds</td>
<td>Higher rates in Waveney and lower rates in Bury St Edmunds and Forest health</td>
<td>Rates in most deprived areas 2-3 times higher compared to least deprived.</td>
</tr>
<tr>
<td>Education attendance</td>
<td>303 (8%)</td>
<td>Rate twice as high among 10-16 year olds compared to 5-9 year olds</td>
<td>Significantly higher rate in Waveney, Forest Health and St. Edmundsburun significantly lower rates than the county as a whole.</td>
<td>Rates in most deprived areas 2-3 times higher compared to least deprived.</td>
</tr>
</tbody>
</table>

6.4.3 Children in Need

According to the CIN census 2014/15 (Department for Education 2015b) there were 8,651 children in Suffolk classified as a Child in Need (CIN). Of these, 5035 children had at least 1 assessment factor, with 50% identified as concerns for mental health, 10% socially unacceptable behaviour, 9% self-harm and 6% going missing. In 2014/15, information collection on assessment factors was a relatively new so it should be treated with caution(Department for Education 2015a).

The percentage of children with assessment factors relating to emotional and/or behavioural difficulties in Suffolk was higher compared to England (see table 9). It is difficult to say whether this represents a real difference or an artefact due to recording practices.
Table 9: Number of children and young people aged 0-18 years in Suffolk with underlying risk factors as part of a child in need episode indicative of emotional and/or behavioural difficulties.

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Number and % of CIN episodes with assessment factor information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>England</td>
</tr>
<tr>
<td>Mental health**</td>
<td>133600</td>
</tr>
<tr>
<td>Socially unacceptable behaviour</td>
<td>29100</td>
</tr>
<tr>
<td>Self-harm</td>
<td>16000</td>
</tr>
<tr>
<td>Going/being missing</td>
<td>8900</td>
</tr>
<tr>
<td>Total episodes</td>
<td>410500</td>
</tr>
</tbody>
</table>

** relates to the child, parent/carer or another family member

Mental health as a risk factor in the CIN census given in Table 9 is related to mental health concerns of the child, parent/carers or another family member. When only children with a mental health assessment factor are included, the number reduces to 755 which are 15% of all CIN episodes.

6.4.4 Activities unlimited

Activities Unlimited provides short breaks and leisure activities to disabled children aged 0-25 in Suffolk as part of Suffolk county council statutory duty. As part of the online enrolment and assessment process (to assess if child and family are eligible for support) parents and carers provide detailed information about their child’s needs. A snapshot from the activities unlimited database (as of 15/09/2015) identified 3038 children and young people resident in Suffolk aged 0-19 years. Among these children two thirds (77% - 2352) were recorded as having some form of behavioural need.

Children and young people with behavioural needs were more likely to be boys (three times as many boys as girls). This is in line with the research findings discussed above. Among the 0-19 year olds the majority of children were aged 5-14 years. Sixty five percent of children with a behavioural need had an educational statement whilst a further 11% were awaiting a decision. Further, just over half of
children had a formal diagnosis of autism (41%), Asperger’s (9%) or a combination of the two (3%).

6.4.5 Educational statement for Social, Emotional and Mental Health Need

‘Social, Emotional and Mental Health Needs’ (SEMH) is an overarching term for children and young people who show difficulties in one or more of the following:

- managing their emotions
- social interaction
- mental health

These difficulties may be displayed through children becoming withdrawn or isolated, as well as through challenging behaviour and may require additional and different provision in their school in order to achieve (Essex County Council 2015).

The January 2015 Suffolk School census found there were 1,964 children resident in Suffolk (attending either state funded primary, secondary, or special schools or academies and technology colleges in Suffolk) with a primary Special Educational Need of Social, Emotional and Mental Health needs (previously labelled as Behavioural, Emotional and Social Difficulties). This equates to 1.9% of all school age children (5-19 years of age). In addition to this, a further 543 children had a secondary statement of SEMH. In total this equates to 2.4% of all school age children in Suffolk.

Children with an educational statement for SEMH were more likely to be a boy (three times as many boys).

The rate of children with a statement for SEMH was higher in Waveney and Ipswich (compared to Suffolk County as a whole) and lower in Babergh, Forest Heath and St Edmundsbury.

Rate of children with statements for SEMH in most deprived parts of Suffolk was more than four times higher than in the least deprived areas.

The distribution of statements by ethnic groups generally reflected the Suffolk population.
Children with a statement for SEMH had the highest proportion of persistence absence (authorised and unauthorised absence greater 10%) among children with an educational statement with 33% of children and young people missing more than 10% of sessions. This proportion for all children at school in Suffolk is 10%.

The prevalence of children and young people with statements for social, emotional and mental health is relatively low in Suffolk compared to prevalence rates in the published studies. This could be due to only those children with the most severe and externalising behaviours receiving statements in Suffolk.

6.5 Summary
The data above provides an indication of the burden of emotional and/or behavioural difficulties among children and young people accessing CYP services, receiving care and/or known to schools in Suffolk. The results of the data analysis are generally consistent with the reviewed literature with a higher rate of behavioural issues amongst boys and more mental health difficulties amongst girls. The strong correlation with deprivation also mirrors the national literature. The data shows that on a day to day basis CYP services and schools are dealing with a large number of children experiencing emotional and or behavioural difficulties.

In order to provide an overall estimate of need, the CYP data hub team linked individual records in the above datasets using identifiers including DOB, Name and address.

As a result it has identified approximately 8000 unique children across the 5 datasets with risk factors indicative for the emotional and or behavioural difficulties (see appendix A for more detail). This could be an underestimate, due to limitations of the data linkage (differences in the spelling of names, DOB and the use of pseudonyms) and the variability in recoding risk factors.

The above figure matches the estimated number of children with emotional and/or behavioural difficulties from the literature (8220 children and young people) as well as the estimated number of children needing a tier 2 response in Suffolk (10,000).
children and young people). This suggests many of the children experiencing emotional and or behavioural difficulties are known too/ have been assessed by/ or are receiving support from Suffolk county council children services. However this does not mean children are receiving targeted interventions to deal with their emotional and or behavioural difficulties.

7 Existing services and service use
A service mapping exercise was undertaken to identify services at tier 1 and 2 that provide support to children and young people experiencing emotional and/or behavioural difficulties in Suffolk. We are aiming to identify unmet needs of this group of children and young people by comparing the service specific activity data with the expected numbers of children should be known to/or receiving support.

Details of adhoc services commissioned by schools were excluded due to the resources needed to map activities for each school in Suffolk.

This exercise found very few services or pathways targeted specifically at this group of children and young people. Services were provided as part of a broader provision making it difficult to tease out the available provision for this group of children. Further, very few services were able to provide activity data.

7.1.1 Health visiting
Health visiting services in the East and West of the county are provided by Suffolk county council whilst services in the north East Coast Community Healthcare. Alongside universal support for all pregnant women and children (aged 0-5 years) health visitors across east and west Suffolk provide enhanced support to children and families experiencing difficulties through the universal plus and universal partnership plus response. As part of this enhanced support the service provides a ‘parent support pathway’ which provides support on behaviour management of children.

Although information on these children has been captured historically on SystemOne by Health visitors the quality of reporting was variable; the service was therefore unwilling to share the information. The pathways have been now been reviewed and moving forward the data quality should have improved.
7.1.2 School nursing service
As with health visiting, school nursing services in the East and West of Suffolk are provided by Suffolk county council whilst services in the north are provided by East Coast Community Healthcare.

School nurses in the East and West of Suffolk offer enhanced support to school age children experiencing difficulties as part of the Universal plus and partnership plus response. As part of this enhanced response the service provides a ‘behavioural/psychosocial’ pathway which includes:

- advice on behaviour and social circumstances
- bullying counselling
- emotional and psychosocial support
- support on self-harm

Although information on these children has been captured historically on SystemOne by the school nurses the quality of reporting was variable; the service was therefore unwilling to share the information. The pathways have been now been reviewed and moving forward the data quality should have improved.

7.1.3 Wellbeing service
Suffolk Wellbeing Service provides Tier 1 and 2 care and provision, which is delivered through a multi-agency collaboration with NHS and voluntary sector organisations for person aged 13 and upwards.

The service includes psychological wellbeing interventions and therapies including guided self-help. The service can be accessed via self-referral. Discussions with commissioner found there was no available information.

7.1.4 Parenting programme
There is a core offer of early intervention programmes currently offered by CYPS which are delivered and/or coordinated by the Parenting Coordinators Team with a significant contribution from a range of facilitators from services inside Suffolk County Council (SCC) and partner agencies.
Core programmes include Triple P Programmes (0-11 and Teen), Webster Stratton Incredible Years Programme (both NICE-recommended) as well as Solihull, Strengthening Families 10-14 and Caring Dads. Parents can be referred by a professional or self-refer. Some of the programmes are specifically designed for parents of children with ADHD.

A 2015 (Adeti 2015) rapid evaluation of parenting programmes in Suffolk found that 230 parenting programmes were run during 2012-14, of which 102 were Triple P Programmes (0-11 and Teen) and 33 the Webster Stratton Incredible Years Programme. Other programmes included Triple P seminars, Strengthening Families 10-14, Solihull and Caring Dads. 2453 referrals were received, mainly from Integrated Teams including children’s centres, Health, schools, Social Care or self-referral, with a small number from other health practitioners eg GPs and paediatricians.

Only half (51.2% or 1138) of these 2223 parents started the course (measured by attending one or more sessions) 39% of original number referred completed the course (almost 80% of those attending one or more sessions).

Focus groups with parents found that hyperactivity was rated by parents attending the focus groups as the largest child behavioural problem, followed by conduct behaviour problems. This was reflected in the SDQ questionnaires undertaken by parent pre and post training. Analysis of pre and post intervention SDQ scores showed an overall improvement in total difficulties, changing from an abnormal to borderline.

7.1.5 Early help team

The early Help teams offer information, guidance and support for children aged 0-19 and their families. The early help service are organised across five geographical areas in thirteen local teams across Suffolk. Services relevant to the current needs assessment include:

- Working with children, young people and their families to increase their skills, knowledge and confidence and emotional well-being.
- Providing Parenting Support and Parenting Programmes.
- Promoting regular attendance at school.
• Working with young people and their families to identify barriers to progression into learning or training.
• Working with young people who have offended and are at risk of offending and anti-social behaviour.

7.1.6 Community psychology service
This countywide local authority service provides a core educational psychology support for all ages up to 19 year. The core statutory work (free at the point of delivery) is targeted to meet the needs of children and young people with SEND. Requests for this work e.g. psychological assessment as part of the Education, Health and Care Plans (EHCP) and work with children and young people who have or may need an EHCP go through the SEN panel and the SEN Service. This also includes some work in relation to young people with complex needs e.g. those at risk of permanent exclusion which is allocated through the In-Year Fair Access Panel meetings (IYFAP). Other educational psychology services will only be provided as traded service through Schools’ Choice.

7.1.7 Behaviour support service
The Behavioural Support Service (BSS) run by Suffolk county council is a free (maintained school) and traded service (academies) that works directly with individual pupils, paired and groups of children in order to help them better manage their own behaviour. The service also provides training for school staff on strategies for coping with specific behaviours e.g. anger management and work in partnership with other agencies to help schools identify specific pupil needs. Skills and difficulties dealt with by the BSS team include:

• Anger Management
• Conflict Resolution
• Emotional Literacy
• Social Skills
• Playground Skills
• Bullying Issues
• Friendship Issues
• Self Esteem
• Behaviour Management
• Assertiveness
- Transition Programmes
- Stress and Relaxation Techniques

Pupils and teachers access the service via a referral from a school, from TAC/CAF meetings, through IYFAP meetings or a request from County Inclusion Co-ordinators. In 2013/14 the Behaviour Support Service in Suffolk supported 1169 pupils of which 81% (951) were male. The ratio of boys to girls generally reflects what would be expected for this group of children.

The majority of the support was provided in primary school setting (68% or 798 pupils). Although encouraging that primary schools made good use of the service the prevalence of emotional and or behavioural difficulties would suggest there is greater need in the secondary school population. This may reflect the fact that most secondary schools are academies and purchase support as part of a traded service.

Further data from spring term of 2015 found that 8.7% of pupils were either a looked after child, a child in need or the feature of a child protection plan. The distribution of pupils from a BME group generally reflects the Suffolk population.

Overall 57% of pupils receiving support had either an Education and health care plan or educational statement whilst 36% were in receipt of free school meals. These figures generally reflect what would be expected.

The behaviour support service uses a ‘level of concern measure’ pre and post intervention to assess the impact of their intervention on the child’s behaviour. A snapshot from the autumn term 2014 showed that the level of concern for most children decreased during and following their intervention.

7.1.8 In year fair access panel (IYFAP)

The IYFAP is a single referral pathway for all schools/ Academies and stakeholders, instigated in April 2015 by Suffolk county council so that alternative provision and support for vulnerable learners can be quickly accessed thereby preventing exclusion and non-attendance.
Vulnerable learners can be pupils demonstrating challenging behaviour and those with health needs. Monthly meeting take place across three areas in Suffolk (North, South and West) with representation from schools, social care, early help, and school nursing service.

Behaviours which may lead to IYFAP referrals include:

- Physical Assault: Pupil
- Verbal / Threatening: Pupil
- Bullying
- Sexual Misconduct
- Damage
- Persistent Disruptive Behaviour
- Physical Assault: Adult
- Verbal / Threatening: Adult
- Racist Abuse
- Drug / Alcohol
- Theft
- Other

The panel adopts a multiagency approaches and where necessary seeks input from:

- Social Worker
- Social Inclusion Service
- SEN Team
- Child and Adolescent Mental Health Service (CAMHS)
- Educational Psychology (EP)
- Integrated Teams
- Education Welfare Officer (EWO)
- Pupil Referral Unit (PRU)
- Youth Offending Service (YOS)
- Others

In the first quarter in 2015-16 the pathway reviewed 400 children.
7.1.9  Youth Offending Service

Suffolk Youth Offending Service (YOS) works with young people aged 0-17 years who have received a youth caution from the Police or an order from the Court.

A national assessment tool known as an ASSET is used to identify specific needs of each young person. The service provides purposeful and targeted work with children and young people (YP) and families across a range of assessed issues which includes emotional and wellbeing using a wide range of evidence based programmes. Staff are skilled in working with children and YP (particularly adolescents) which other services find to reach and engage. The service may make use of co-located health resources to directly work with YP, access/refer to other health services required and/or to support staff to work with the YP. Staff team deliver range of ‘tier 2’ interventions linked to emotional wellbeing concerns.

The service also directly works with 10 -17 years (but can work with 8-10 years) children and Young people displaying sexually harmful behaviour as well as providing support to the early help and Specialist Services Teams. The service uses AIM assessment and G-map intervention to work with children and YP referred through either Youth Justice route or safeguarding route.

Between 1/1/14 and 1/12/14 the Youth offending service received 186 prevention referrals, 297 Early Intervention Referrals and 345 Statutory Referrals

7.1.10  Suffolk community health care child & family psychological therapies Service

The Child & Family Psychological Therapies Service – ‘Specialist Attachment Pathway’ provides support to children presenting in the context of one or more of the following difficulties:

- Developmental difficulties including physical disabilities (e.g. Cerebral Palsy) or Global Developmental Delay.
- Communication difficulties including specific Speech and Language Disorders requiring intervention within ICPS.
- Self-regulation difficulties (i.e. difficulties in managing feelings and behaviour) resulting from any of the above issues which may include a history of trauma, neglect or abuse.
Referrals for this pathway are accepted from Consultant Community Paediatrician within ICPS. Currently the service accepts children ages of three and eight, but trials extending the service up to the age of 11. The funding for this pathway is integrated within the SCH funding stream from CCGs.

7.1.11 Children with learning disabilities – Community Nursing

Community Nursing Team for Children and Young People with Learning Disabilities is commissioned by the CCGs, provided by Suffolk county council and co-located with Suffolk Community Healthcare community paediatrics. The service has bases in both Ipswich and Bury St. Edmunds and provides care for children aged up to 18 who have a moderate, severe or profound learning disability, as defined by the Department of Health (IQ of less than 70). The team provide support for behaviour management, continence promotion, health surveillance, self-esteem promotion, post-diagnosis support, family maintenance, accessing services, skill development, sexuality issues and care transition.

7.1.12 Primary Mental Health Workers

The service offers advice, consultation and training for any professional supporting children, young people (up to the age of 18 years, in exceptional cases to 25yrs) and their families with emotional, psychological, and mental health needs who require access to either brief individual support or an evidenced based programme of interventions. The service operates across East and West Suffolk and does not require a formal referral in the initial instance. PMHW are assigned to specific GP practices, school and CYP integrated teams.

Service performance data is limited for the PMHW service with data available from January to May 2015 (May data incomplete). The available data is presented in the tables below. For the first five months of 2015, most of the PMHW activity was concentrated in East Suffolk area.
Table 10: Number of new referrals to Primary Health Worker Teams

<table>
<thead>
<tr>
<th>Locality</th>
<th>Month</th>
<th>Jan -15</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffolk East Primary Mental Health Workers</td>
<td></td>
<td>73</td>
<td>33</td>
<td>97</td>
<td>23</td>
<td>9</td>
<td>235</td>
</tr>
<tr>
<td>Suffolk West Primary Mental Health Workers</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>73</td>
<td>33</td>
<td>98</td>
<td>23</td>
<td>9</td>
<td>236</td>
</tr>
</tbody>
</table>

7.1.13 Norfolk and Suffolk Foundation Trust access and assessment team

Although the focus of this needs assessment is on children and young people with emotional and/or behavioural difficulties (Tier 1 and Tier 2) data on referrals to the tier 3 and 4 services through Access and Assessment Team provides important information about potential unmet need. It should be noted that some Tier 2 services, such as PMHWs, may be accessed via the service (it is not possible to ascertain this from the information).

In 2014/15 the AAT received 3898 referrals of which 1127 or 29% were referred onto Tier 3 integrated delivery teams. This means 2771 children and young people did not meet the criteria for tier 3 or 4 services. Although they did not meet the criteria for mental health services it is likely they still had needs which are not being met. As already identified children with conduct disorder are unlikely to be able to access these services (unless they have a comorbid mental health problem).

7.2 Section summary

The service mapping exercise identified a number of services, however very few could provide data on children with emotional and or behavioural difficulty, making it difficult to truly understand current capacity within the system.

The majority of services provide support to children with emotional and or behavioural difficulties as part of a broader service or support professionals working
with children. The behaviour support service was the only service providing dedicated support to children with these difficulties. The AAT data shows there are a large number of children with needs associated with emotional and or behavioural difficulties who do not meet the access criteria for tier 3 mental health services.

8 Stakeholders views

In previous sections we attempted to quantify unmet need in Suffolk by reviewing current service provision and how this compares to the estimated level of need (based on international and national studies). In order to validate these findings we also undertook a survey of professionals working with children and young people during June and July 2015. In total 179 professional working in Schools, GP practices, universal and specialist services responded. Quantitative analysis and thematic analysis of free text questions was undertaken to identify key findings. The main findings are described below:

8.1.1 What are the main needs of children?

The main needs identified included anxiety, low self-esteem, self-harm and anger/aggression. Communication problems and difficulties making and maintaining relationships also featured. Parenting ability/capacity and social context (parental mental health, domestic abuse; substance misuse, bereavement and family breakdown and bullying etc) played an important role in the development of emotional or behavioural difficulties. In general the needs identified by professionals were similar to that identified in the literature including the national 2014 Health behaviour in school aged children survey.

8.1.2 How big is the problem?

Estimates of the number of children displaying difficulties differed considerably by respondent with health visitors and GPs estimating that on average 10% of children displayed emotional or behavioural difficulties. This figure is similar to the findings from the literature.

Family support practitioners, school nurses, and youth support workers estimated that over 60% of the children displayed emotional or behavioural difficulties. This
estimate shows that emotional and or behavioural difficulties are a considerable issue for children and young people accessing more targeted services.

8.1.3 How are needs assessed?

When assessing a child’s needs, GP practices and schools were more likely to speak to the child or parent whilst professionals within universal services were less likely to talk to the child. Schools were more likely to instigate a formal assessment e.g. CAF, talk to professionals outside of the service or talk to colleagues within the service compared to other respondents.

There were clear differences in the referral patterns between services with GP practices most commonly referring children to clinical services, schools to a mixture of psychological, behavioural, universal health and social care services and universal services to other SCC children services/programmes and CAMHS.

8.1.4 How is the current system working?

GP and school responders felt services in Suffolk were not working effectively together, did not meet the needs of children and were not easily accessible. Respondents from universal services were more equivocal about the state of partnership working; although a larger proportion agreed that services did not meet the need of children or were easily accessible. This was reflected in the free text comments where respondents reported that services and pathways were overly complex and fragmented and it was extremely difficult for families and professionals to navigate the system and access timely services. Communication and information sharing between services was identified by universal services and schools as a barrier. In particular this related to the outcome of referrals to specialist services. Overall professionals felt more early help was needed to prevent issues from escalating, rather than waiting until a child’s situation becomes worse.

These finding reflects the service mapping exercise which found no clear pathway or services for children with emotional and/or behavioural difficulties.

8.1.5 Do staff feel they have relevant skills and knowledge to support children?

Overall the majority of respondents agreed at least somewhat that they had the necessary knowledge and skills to work with children expressing emotional or
behavioural difficulties. A larger proportion of GP and school respondents (quarter and fifth) disagreed with the statement. However the majority of respondents also reported a need for further training. This was reflected in the free text comments where respondents identified training needs related to 1) identifying difficulties early, 2) supporting children experiencing difficulties and 3) accessing the appropriate specialist support.

9 Evidence of effectiveness

It is important to assess both the achieved outcomes for children and young people across the services and the level of unmet need. However, due to limited services data on children and young people with emotional and/or behavioural difficulties it was impossible to assess the impact of interventions and outcomes of the services. Suffolk parenting programmes and the behaviour support service which provided some information on outcomes of children and young people/families accessing their services.

The behaviour support service uses a ‘level of concern measure’ pre and post intervention to assess the impact of their intervention on the child’s behaviour. A snapshot from the autumn term 2014 showed that the level of concern for most children decreased during and following their intervention.

Parent reported SDQ were used by some parenting programmes to measure child outcomes pre and post intervention. Based on a sample of 140 responses the majority of children’s remained abnormal for most domains (Emotional problems, Conduct problems, Hyperactivity problems, Peer problems), however there was change in total difficulties score with children moving from abnormal to borderline.

Unmet need and service gaps

Provided in Table x is a summary of service use compared to the expected need. For the Suffolk child population as a whole, an estimated 8000 – 9000 CYP experienced emotional and or behavioural difficulties (children experiencing persistent difficulties requiring a more targeted approach).

Although a number services were identified during the service mapping exercise very few (with the exception of behaviour support service) provided support
targeted specifically at children and young people experiencing emotional and or behavioural difficulties.
Access to some of these services were contingent on schools commissioning services (behaviour support service, community educational psychologist service) creating a potential for inequity in service access.

Further a considerable amount of unmet need was identified from Access and Assessment Team (Norfolk and Suffolk Foundation Trust) data which showed that two thirds of referrals were not considered to require a specialist mental health response. Comparing the estimated need to current service use suggests there is considerable unmet need in Suffolk. This finding is supported by the stakeholder survey of professionals working with children and young people.
### Table 11: Unmet need and service gaps

<table>
<thead>
<tr>
<th>Tier</th>
<th>Estimated need</th>
<th>Service Evidence of number of children accessing the services</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>8000-9000 with emotional and behavioural difficulty requiring a targeted approach</td>
<td><strong>PMHWs</strong>&lt;br&gt;Jan 2015 to Mar 2015: 203 referrals in three months (1000 children if annualised)</td>
<td>Front line staff generally reported services in Suffolk did not meet the needs of children and were not easily accessible. Data for PMHW service was limited as the service is still bedding in. The service is designed predominantly to support professionals working with children rather providing direct care. Therefore the capacity for direct treatment and support is limited. There was no service data on Suffolk Wellbeing Service – given the service provides support to young people over the age the 13 years its reach is limited. Community educational psychology service provides very little provision outside of statutory assessments (unless as part of a procured service). Therefore unless a child attends a school or academy willing to pay for a service or the child’s needs require a statutory assessment they are unlikely to be supported.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Suffolk Wellbeing Service</strong>&lt;br&gt;No available data</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Community Educational Psychology</strong>&lt;br&gt;• Waveney: 500&lt;br&gt;• IESCCG &amp; WSCCG: 1474</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Suffolk Community Health</strong>&lt;br&gt;No available data</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Behaviour support service (Suffolk wide)</strong></td>
<td>1169 pupils supported in 2013/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parenting programmes (Suffolk wide)</strong></td>
<td>1138 parents started programme over two year period, this is equivalent to 569 parents per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In Year Fair Access Panel</strong></td>
<td>400 children reviewed in the first quarter 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Behaviour support service is free to all state maintained schools. If a child attends an academy they are reliant on the school procuring the service. There is currently a mismatch between need and service provision as the service provides a greater amount of support to primary schools, even though EBD increases with age.

The data on parenting programmes shows there is a large dropout rate with either parents not starting or completing programmes. The programme outcomes are reliant on fidelity (e.g. adherence to the programme) which may explain the small improvement in outcomes.

Although not a service in itself the In Year Fair Access Panel brings together many of the above services with schools to focus on those children and young people with the most severe and disruptive behaviours (at risk of exclusion). This provides an opportunity for additional support to be procured/put in place. This process generally focuses on those children demonstrating the most extreme externalised behaviour.
| Tier 1 | 22,700 requiring support from universal services | There is little data on the use of universal services to support emotional and or behavioural difficulties. **Suffolk Wellbeing Service**

No available data

**Schools**

No available data

**Health visiting and school nurses**

No available data |
| --- | --- | --- |

Overall the type of need identified by professionals during the stakeholder engagement reflected the issues identified by the national school survey (low self-esteem, self-harm etc) suggesting the type of need in Suffolk reflects the national picture.

The needs of these children are generally lower level (compared to tier 2) and transitory (e.g. dealing with bullying, loss of a relative) and would benefit from support from parents, schools (whole school approach to increase resilience) and general professionals working with children.

The service mapping exercise was unable to identify any specific training programmes or resources for parents and frontline professionals in Suffolk. It is also unclear whether any schools in Suffolk were adopting whole school approach to promoting resilience and improving emotional and/or mental health.
9.1.1 What does the evidence suggest is the most effective way of providing services and care?

Following the identification of potential unmet need and service gaps we undertook a number of literature reviews. The aim of the reviews was to identify good practice which could help build resilience in children, support professionals and develop services which meet the need of children and young people with emotional and or behavioural difficulties.

Key themes include:
1. Responding to children and young people based on need (not purely on diagnosis.)
2. Provision of a single point of access where professionals and parents can access advice and guidance and where necessary refer children and young people to appropriate services.
3. Ensuring individuals working with children have the knowledge, skills and confidence to respond to a child or young person experiencing difficulties, at a level appropriate to their role and experience.
4. Effectively supporting schools in responding to emotional and behavioural problems, promoting resilience and providing a healthy environment. With schools.
   a. Providing intervention continuously and at a whole school level rather than targeted at a specific class group.
   b. Embedding social and emotional skills development within all areas of the curriculum, teaching, learning, and leadership & management.
   c. Providing students with a voice to influence program development.
   d. Working in partnership with parents, carers and other family members to promote young people’s social and emotional wellbeing and help parents and carers develop their parenting skills.

The full findings of the reviews are summarised in the table 12.
<table>
<thead>
<tr>
<th>Question</th>
<th>Background</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) What are the key principles for whole school approaches for promoting and improving emotional resilience in children and young people?</td>
<td>Whole school approaches incorporating social and emotional learning are proven to be effective in improving children’s resilience, social and emotional skills, attitudes, behaviour, and academic performance. Programmes disproportionately benefit those students facing the greatest disadvantage, reducing inequalities and levelling up outcomes.</td>
<td>1. Interventions should be focused at whole schools rather than individual class groups. 2. A safe environment should be provided which nurtures and encourages young people’s sense of self-worth and self-efficacy, reduces the threat of bullying and violence, promotes mutual respect, and values diversity. 3. School based Interventions should be run continuously and for more than a year. 4. Students’ should be provided with a voice to influence development of programmes. 5. Social and emotional skills development should be embedded within all areas of the curriculum, teaching, learning and leadership and management. 6. Programmes should be delivered by teachers. 7. Social and emotional wellbeing should be integrated within the training and continuing professional development of practitioners and governors to support their own wellbeing and that of students. 8. School should work in partnership with parents, carers and other family members to promote young people’s social and emotional wellbeing and help parents and carers develop their parenting skills.</td>
</tr>
</tbody>
</table>
| 2) Examples of best practice for whole system approaches reviewed. Whole system approaches reviewed. The Liverpool Model | Nottingham City Single Point of Access (SPOA) models reviewed. Northamptonshire Healthcare - | 1. Respond to children and young people based on their need 2. Ensure that children with any level of need can easily access the services. For instance through a multi-agency Single Point of Access. 3. Ensure individuals working with children have the knowledge, skills and confidence to respond to a child or young person experiencing difficulties, at a
and mental health difficulties and models of single point of access (SPO).

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Referral</th>
<th>level appropriate to their role and experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leeds Whole System Review</td>
<td>Referral Management Centre (RMC)</td>
<td>4. Identify and intervene early to prevent behavioural, emotional and mental health problems escalating.</td>
</tr>
<tr>
<td>Hertfordshire Whole System Review</td>
<td>The Liverpool Model</td>
<td>5. Ensure children and their families can access a range of services based on need from the voluntary and statutory sector that work effectively together to support the child and family.</td>
</tr>
<tr>
<td>Oxfordshire Early Intervention Hubs</td>
<td>Nottingham City SPOA</td>
<td>6. Effectively support schools in responding to emotional and behavioural problems, promoting resilience and providing a healthy environment.</td>
</tr>
<tr>
<td>Hackney Youth Hubs</td>
<td>Bury Council – CYP IAPT</td>
<td>7. Enable CYP to effectively make the transition to adult services if and when this becomes necessary.</td>
</tr>
<tr>
<td></td>
<td>Liverpool Alder hey Children’s Hospital</td>
<td></td>
</tr>
</tbody>
</table>
3) How can we support frontline professionals (teachers, social workers, health visitors, school nurses, early year care and children’s centres staff) to effectively identify and intervene with children experiencing emotional behavioural and mental health difficulties?

This brief review aimed to find evidence to answer the following questions:

- What knowledge, skills or competencies do the wider children’s workforce* need to support children and young people with mental health problems?
- What kind of training do they need?

There is little published evidence examining the effectiveness of training programmes aimed at frontline professional (tier 1 and 2) working with children with emotional, mental and behavioural problems.

There are some examples of frameworks relevant to professionals working within the child and adolescent mental health services. There are also some generic guides, which encompass the mental health workforce rather than the non-mental health workforce.

There are numerous providers of training to the non-mental health workforce (MindEd, Youth Mental Health First Aid, Everybody’s Business - learning and training, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Learning and Development Team, YoungMinds)

The training programmes provide a fair guide to the range of subject areas relevant to this group of staff and range of skills that they may be reasonably expected to attain.

Of particular note are MindEd who offer a free, evidence based ‘core curriculum’. They are collaboration of some leading children’s institutions including, the Royal College of Paediatrics and Child Health, Young Minds and NCB.
10 Information gaps

This need assessment identified the following information gaps:

- Although individual child needs is assessed and captured by practitioners (such as Health visitor or School nurse) the needs assessment was unable to report on the number of children receiving support for emotional and or behavioural difficulties from these services due to data quality and recording issues.

- Suffolk schools independently commission support services for children with emotional and mental health difficulties and school level information was not accessible by us at the time of writing this report.

- Some data on referrals and activity for Primary Mental Health workers was available but it was limited to make a meaningful inference.

- With the exception of behavioural support service there was little comprehensive information on the achieved outcomes of services supporting children and young people with emotional and behavioural difficulties.

- There was considerable variation in the recording of risk factors among SCC children service datasets making it difficult to ascertain the true number of children and young people with emotional and/or behavioural difficulties being supported.

- Due to capacity we were not able to talk to young people to get their views, but their experiences and views were recently captured through CYPS engagement hub as part of the children emotional wellbeing transformation programme (Eugene Staunton and Richard Selwyn 2015).
11 Conclusions

Based on information on unmet need, information gaps and evidence review/good practice the following key issues and areas for improvement have been identified.

Key issues

- Up to a third of all children and young people aged 11-15 in Suffolk (National Survey on Health Behaviour in School aged Children) report experiencing some form of difficulty at any given time e.g. low self-esteem, poor concentration indicating emotional and/or behavioural issues.
- Families and frontline practitioners should be able to provide support when and as required.
- Universal services (Tier1) are providing some assessment and interventions but data is not available at specific service level (e.g. GP, Health Visiting).
- An estimated 7,000 -10,000 children and young people aged 0-19 experience emotional and behavioural difficulties in Suffolk at any given time. This means these children require targeted intervention at Tier 2.
- Although some targeted provision is available to support these children and young people, services are fragmented (e.g., Primary Mental Health Workers, Behaviour Support Service).
- Access to current service provision depends on where you live (Greater referrals for PMHW in East compared to West) and the willingness of schools to commission support services (e.g. academies and behaviour support service).
- Frontline practitioners report poor communication between services.
- Capacity of targeted provision is insufficient to respond to the current needs of this group of children and young people.
- Available services are diagnosis and age specific meaning they are not flexible to the needs of the children.
- There is a lack of a designated provision able to respond to the needs of children and young people with emotional and behavioural difficulties or conduct disorder within the current system at large and lack of a clear pathway to access available services.
Areas for Improvement

1. Develop a single point of access and assessment centre/team to provide needs based and coordinated support for children and young people with emotional and or behavioural difficulties or conduct disorder.

2. Develop a clear pathway to this single point access and assessment centre/team for children and young people, families experiencing difficulties as well as for frontline practitioners with clear roles and responsibilities.

3. Commissioners review current provision provided by PMHWs to make sure services are equitable for all CYP required their support.

4. Support schools in adopting whole school approaches in order to promote and improving emotional resilience in children and young people.

5. Provide training to skill up frontline practitioners to effectively identify and intervene when CYP in their care experience emotional, mental and behavioural difficulties.

6. Develop and disseminate resources for parents to support children and young people experiencing emotional and behavioural difficulties.

7. Develop and implement a common dataset and outcome framework for services working with children and young people experiencing emotional and/ or behavioural difficulties to enable monitoring of service impact.
References


Suffolk county council, 2015. School census,


Vissor, J., 2003. A study of children and young people who present challenging behaviour,
Appendix A: Dataflow diagram

**MASH enquiries - 2324**
- Nature of enquiry
  - ASB
- Underlying risk factors
  - Mental health
  - Involvement in crime/ASB
  - Exclusion from school
  - Poor attendance/NEET
  - Missing person

**1121 unique children with a CIN episode**
- Associated risk factors
  - Mental health concerns about the child
  - Socially unacceptable behaviour
  - Self-harm
  - Going missing

**1836 unique children who were the focus of a MASH enquiry**

**2352 unique children registered with Activities Unlimited with a behavioural need**

**2492 unique children with a primary or secondary educational statement for SEMH**

**1913 unique children with a CAF**

**CAFs - 1980**
- Underlying need
  - Mental health/emotional wellbeing
  - Behaviour
  - Educational attendance

**Inclusion criteria**
- Aged 0-19 years
- Postcode in Suffolk county
- Risk factor, nature of enquiry, statement relating to emotional and or behavioural difficulties
- Activity within 2014/15

**8132 unique children**