City of Wolverhampton Children and Young people's Emotional and Mental Health Needs Assessment

CITY OF WOLVERHAMPTON COUNCIL

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Executive Summary

About this needs assessment

The City of Wolverhampton Council, in partnership with NHS Black Country Integrated Care Board (ICB), and on behalf of Wolverhampton's Health and Wellbeing Together Board, commissioned Anna Freud to undertake this children and young people's emotional and mental health needs assessment. The information gathered aims to provide a picture as to:

- the emotional and mental health needs of children and young people in Wolverhampton
- the services and support being offered to address these needs
- opportunities to improve services and support
- any gaps in current knowledge about needs and support.

The needs assessment was carried out over April to July of 2023. The team working on the needs assessment were supported and informed by a Young Persons Advisory Group. Information was gathered from a range of sources including:

- information routinely collected and available in nationally available data-sets
- information routinely collected by local service providers and commissioners
- professionals working with children and young people in Wolverhampton, through a consultation event, interviews and an online survey
- a series of consultative workshops and sessions with children, young people and parents to ask for their knowledge, experience and views
- relevant information and insight captured in other recent consultations, surveys, studies, reports, plans and strategies in Wolverhampton.

The context

Nationally, research points to a worsening in children and young people's wellbeing and mental health over recent years, and to the impact of the coronavirus pandemic in deepening that need and deepening existing health inequalities. Given the relationships between socio-economic deprivation and mental ill-health, the cost-of-living crisis is placing further strain on the emotional and mental health of children, young people and families.

In Wolverhampton, where many children live in low-income families, many areas experience high levels of socio-economic deprivation relative to the rest of the country, and the population is ethnically diverse, this context increases children and young people's vulnerability to mental ill-health. An all-ages survey carried out by The University of Wolverhampton in 2022 found significantly lower wellbeing and higher anxiety in Wolverhampton than that seen in the general population in the UK.

National policies and strategies in recent years have included a focus on expanding access to support through education settings and NHS Children and Young People's Mental Health Services. Alongside this, other Government initiatives supportive of the emotional health of children, young people and families have emphasised cross-system working, more integrated help, and earlier intervention.

In Wolverhampton the Place Partnership, OneWolverhampton, and the Children and Young People's Emotional Health and Wellbeing Board provide leadership in delivering key plans. They are using the THRIVE Framework to improve the system of support for children and young people's emotional and mental health in an integrated and needs-led way.

Findings about the emotional and mental health needs of children and young people in Wolverhampton

There are approximately eighty-three thousand children and young people under 25 years old living in Wolverhampton.

Families in Wolverhampton experience a range of challenges which can impact on emotional and mental health. Levels of deprivation are high, and a third of children live in low income families. Some of the life experiences that increase children and young people's vulnerability to mental ill health are more common in Wolverhampton, including for example living in poverty, living in a single parent household, and incidents of domestic abuse. Challenges for Wolverhampton children are visible from age two and a half, when 65.5% of children in Wolverhampton meet expected levels of development compared to 80% nationally.

The 2023 Wolverhampton Health Related Behaviour Survey (HRBS) was completed by approximately seven and a half thousand mainstream primary (Years 4-6) and secondary (Years 7-12) school pupils in 2023. This found that:

- the percentage of primary age pupils (ages 7 to 11) reporting low or medium-low wellbeing increased between 2018 and 2022, and remained at a similar level - 19% - in 2023
- among secondary school pupils (ages 11 to 16), the proportion reporting low or medium-low wellbeing had also risen between 2018 and 2022, but saw a fall in 2023, from 43% to 33%
- in keeping with other research, levels of emotional difficulty in Wolverhampton vary by age and by gender. Girls report more emotional difficulties and lower wellbeing than boys from approximately Year 6. Compared to girls, boys' wellbeing is more stable over time, and their emotional difficulties reduce through adolescence.

The needs assessment highlights a number of groups where emotional and mental health needs are higher and children are more vulnerable to difficulties.

At various age points, the HRBS data showed a statistically significant relationship between pupils reporting emotional difficulty and pupils who reported:

- being non-binary/ transgender
- being Black
- having special educational needs and disabilities (SEND)
- being a young carer
- being lesbian, gay or bisexual
- living in single parent household

Assessment data from services in Wolverhampton highlights mental health concerns for about a third of those children and young people who are in care and around a third of those who engage with the Youth Offending Team. Information about under-18 year olds with special educational needs indicate that social, emotional and mental health needs are rising.

Additionally, young people and professionals spoke of a broad range of life experiences that can contribute to emotional and mental health challenges for children and young people including:

- being in an ethnically minoritised group
- being a refugee or asylum seeker
- identity issues or differences that could result in exclusion, discrimination, isolation or not feeling understood
- impacts of trauma
- familial relationships and peer relationships (including bullying)
- have parents experiencing emotional mental health difficulties
- social pressures and expectations associated with gender or family
- academic pressures
- money worries
- worries about the future

Professionals also pointed to issues relating to home environment and parent and family wellbeing, in relation to younger children, and issues relating to social media and body image in relation to older young people.

These challenges can intersect: children and young people and their families may be facing multiple barriers to wellbeing, and a number of aspects of their lives may increase their vulnerability to mental ill-health. Professional consultees said that it is the complexity of need as much as the severity of need that has increased in recent years.

The most common emotional and mental health issues being presented to services and professionals are anxiety; behaviour or conduct issues; self-harm behaviours; the impacts of neurodevelopmental conditions; managing anger; managing relationships; and impacts of trauma.

How well are current services and support meeting children and young people's needs, and what opportunities are there to do better?

The needs assessment picked up on a number of areas of strengths in Wolverhampton's support for emotional and mental health needs. These included positive experiences of some services, good practice happening in schools, the contribution made by community groups, and examples of effective multi-agency working and collaborative commissioning.

The needs assessment also raised a range of ways in which emotional and mental health services and support could be improved or developed to more fully address these needs. In response to the information and feedback gathered, the needs assessment recommends that work is carried out in nine areas:

1. **Addressing demand for core CAMHS (The Child and Family Service) and reducing waiting times**

Given the challenge for the service in meeting demand, the recommendation includes looking at service resourcing, support for those on the waiting list, and work with referrers on referral quality – as well as delivering recommendations two and three below.

2. **Improving clarity and communication across the system about the support available to help children and young people with their emotional and mental health**

Improving information and communication for professionals, young people, parents and carers about the full range of support available - and the value and role of different types of help - will improve advice and signposting, helping all children and young people to access the most appropriate support in a timely way.

3. **Increasing opportunities for earlier intervention**

Early intervention can prevent issues from escalating. Young people consulted asked for more informal opportunities to engage with a trusted adult about emotion and mental health concerns as and when they needed. Developing capacity in this area can build on existing strengths in the city, for example working through schools; voluntary sector or community-based clubs and services; using digital and online spaces; and investing in the skills of a wide range of adults who already have contact with and support children and young people.

4. **Developing the support offer in schools and colleges**

There are opportunities to more systematically build on pockets of good practice in Wolverhampton, to support more widespread and consistent adoption of high quality, effective approaches to promoting emotional and mental health in school.

5. **Increasing support available for parents, carers and families**

Three aspects of support for parents are highlighted as opportunity areas: reaching more parents and carers with information and advice about the mental health needs of children and young people and how to support appropriately; addressing parental mental health support needs; and family support.

6. **Improving emotional and mental health support for children and young people who are neurodivergent and/ or have special education needs and disabilities (SEND)**

Developing knowledge and skills in the mental health workforce, and mental health support options, that cater to the distinct needs of children and young people with diverse SEND.

7. **Capturing more information and undertaking further engagement to better understand and meet support needs of minoritised ethnic groups**

Research shows that the way people's emotional and mental health needs present, and the way they engage with services, can differ across ethnicities. Further engagement work is recommended with organisations and communities in Wolverhampton to understand and address health inequalities arising from this that impact children and young people's mental health in the city.

8. **Addressing gaps in support for specific groups or specialisms**

It is recommended to look at developing support and workforce skills for these groups, including children young people who: are LGBTQ+; are young carers; are refugees or new communities in the city; have long-term health conditions; have experienced trauma.

9. **Collective consideration of workforce training needs**

To more fully assess training needs in the wider workforce supporting children and young people, as well as specific gaps identified by young people and professionals - underpinned by a commitment and resourcing to carry out ongoing training.

10. **Reviewing strategic governance and collaborative working arrangements**

Given the cross-cutting nature of these recommendations, a review of governance arrangements is suggested to ensure there is clear strategic leadership and oversight to deliver this work. Other development areas to support collaborative working include information-sharing and cross-agency working.

11. **Co-production and involvement**

Work to improve emotional and mental health support should involve all stakeholders. In particular, ways of working should ensure that children and young people, parents and carers, and the voluntary and community sector are involved in designing, planning and improving support.

12. Addressing information gaps

Improving the information that is gathered and available to decision-makers about who is accessing different services, and their quality and impact.

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- Young People Advisory Group: the six young people from Wolverhampton who came together to help guide our approach and inform this needs assessment
- The project steering group: Bal Kaur, Consultant in Public Health, Louise Sharrod, Principal Public Health Specialist, Howard Jobber, Senior Public Health Specialist, and Louise Jones, Senior Commissioning Manager
- All of the young people and parents who gave up their time to share their experiences and perspectives.
- The professionals who made time to meet with us to share their views and perspectives (see Appendix 1)
- Alan Jarvis, Head of Service, and Jane Woodham, Therapeutic Co-Ordinator, Base25
- Grace Bird, Service Manager and Clinical Lead, Wolverhampton and Sandwell CAMHS SPA
- Lucy Palin, X2Y Operations Manager
- Liam Tucker, Senior Support Worker, Spurgeons Young Carers

1. Introduction

The City of Wolverhampton Council in partnership with NHS Black Country Integrated Care Board (ICB) and Wolverhampton's Health and Wellbeing Together Board commissioned the CORC team at Anna Freud to undertake this children and young people's emotional and mental health needs assessment. The data gathered aims to provide a picture as to:

- the emotional and mental health needs of children and young people in Wolverhampton
- the emotional and mental health services and support being offered to children and young people in the city
- opportunities to improve services and support for children and young people's emotional and mental health
- gaps in knowledge about children and young people in Wolverhampton's emotional and mental and how services and support can best support them.

The needs assessment is divided into the following sections:

Section	Description
2. Approach	Describing how the needs assessment was carried out.
3. National Context	Outlining levels of need nationally, and national policies and initiatives shaping emotion and mental health support for children, young people and families
4. Local Context	Outlining key bodies, strategies plans and developments shaping child and youth emotional and mental health support in Wolverhampton.
5. Population data	Describing the population of children and young people in Wolverhampton, with a focus on factors associated with vulnerability to low wellbeing or mental ill-health
6. Emotional and mental health needs	Reviewing information about the level and nature of need in Wolverhampton, drawing on the Health Related Behaviour Survey and consultation with professionals, parents and carers and young people.
7. Emotional and mental health services	Exploring how the needs of children and young people are reflected and met in the demand, uptake and delivery of key services.
8. Insight about services and support	Sharing perspectives of professionals, children, young people, parents and carers on emotional and mental health services available to support children and young people, gaps, and opportunities for improvement.
9. Discussion and recommendations	Reflecting on key messages and setting out recommendations in twelve areas.

2. Approach

The needs assessment was carried out from April to July of 2023. The information gathered, collated and analysed has been draw from a range of sources including:

- nationally available data-sets
- aggregate anonymised information made available by local providers and commissioners and drawn from local administrative and reporting systems
- relevant insight captured in other recent consultations, surveys, studies, reports, plans and strategies produced in Wolverhampton
- the knowledge, experiences and views of professionals working with children and young people in Wolverhampton. Consultees were from a range of job roles and organisational settings, including public and voluntary sector and spanning education, youth justice, health, social care, culture and community wellbeing provision, and their contribution was captured through:
    - an interactive workshop attended by 47 professionals who work with children and young people in Wolverhampton
    - an anonymous online survey completed by 148 professionals working with children and young people across the city. Respondents were from a spread of health, education, early years, children's services, youth justice and voluntary and community sector settings. The vast majority fell into the categories of: commissioner or senior leadership (26%); middle management (19%); or practitioners (35%)
    - individual and small group online interviews with 28 commissioners, managers and frontline professionals who work to support children and young people's mental health.
    - the knowledge, experiences and views of several groups of parents and young people, captured through consultative workshops and sessions. Participation was sought through pre-existing forums and participative structures supported by Wolverhampton organisations. The consultation sought to hear from a range of children and young people, including those who are currently thriving, those with experience of current mental health services and systems, and groups of young people whose characteristics or life experiences may increase their vulnerability to mental ill-health.

See Appendix 1 for details of consultees who informed this needs assessment.

The team working on the needs assessment were supported and informed by a Young Persons Advisory Group and a facilitative Delivery Group comprising professionals based at City of Wolverhampton Council and NHS Black Country Integrated Care Board.

3. National Context

The national picture for children's mental health over the last few years has been one of increasing need, and the wellbeing of children and young people has been increasingly a focus of Government policy and public interest. The impact of the coronavirus pandemic has further focussed attention on children and young people's emotional health needs. Policies and strategies in recent years have included a focus on expanding access to support through education settings and NHS Children and Young People's Mental Health Services. Alongside this, a number of other Government initiatives supportive of the emotional health of children, young people and families have been introduced, with an emphasis on cross-system working, more integrated help, and earlier intervention.

3.1 Levels of mental health need

The recent Health and Social Care Committee report on Children and Young People's Mental Health evidenced that the mental health of children and young people had been worsening since 2017, and that the coronavirus pandemic exacerbated this trend[1]. NHS Digital prevalence estimates indicate that among children aged 7 to 16 in England, the proportion with a probable mental disorder rose from 1 in 9 (12.1%) in 2017 to 1 in 6 (16.7%) in 2020. In 2022, an estimated 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder[2], indicating heightened levels of mental disorder have been sustained post the covid pandemic.

According to modelling from the Centre for Mental Health, 1.5 million children and young people may need new or additional mental health support as a result of the coronavirus pandemic[3]. Researchers have pointed to the pandemic's impact on a number of areas of child development with implications for children and young people's emotional wellbeing - including school readiness, educational attainment, socialisation skills and mental health – alongside its impact on the wider social determinants that increase the risk of mental ill-health[4]. Research points to associations between social isolation in 6 to 17 year olds and anxiety[5].

Evidence shows that the pandemic entrenched existing health inequalities, with already vulnerable children and young people - for example LGBTQ+ young people, children with preexisting physical or mental health conditions, children and young people of colour, and those experiencing other forms of social and economic disadvantage - experiencing a disproportionate mental health impact[6]. Other factors identified as mediating experiences of the pandemic include a child's age

over the time, the family support structure, overall health, opportunities for e-learning and learning at home, and community environment[7]'.

More than 1 in 4 of all children in the UK now live in poverty[8] and these children in the most vulnerable and precarious circumstances are among those most exposed to the cost-of-living crisis. In May 2022, 7 million low income households were going without at least one essential (such as a warm home, enough food, appropriate clothing or basic toiletries) and over 2 million families were neither eating properly nor heating their home adequately according to the Joseph Rowntree Foundation[9]. Growing up in poverty can harm children's life chances, limiting their opportunities, holding them back in education, or leading to worse physical and mental health outcomes[10].

In the State of Child Poverty 2023 report[11], frontline social workers describe the problem:

- mental illness is not being treated sufficiently or early enough to prevent long-term impacts; families feel abandoned, and problems are escalating
- home lives are stressful for parents and children in light of the cost-of-living crisis; this is leading to toxic coping mechanisms including substance abuse, neglect and self-harm, and is contributing to family breakdowns, including increased emotional and physical abuse
- children can be isolated by these circumstances, struggling with building relationships and accessing opportunities outside their homes
- many are suffering with poor self-esteem and lack confidence, at a level that stops them from attending school or college.

Alongside the coronavirus pandemic and the cost of living crisis, recent years have seen a steep increase in demand for mental health support. Nationally, the number of under 18s referred to Child and Adolescent Mental Health Services (CAMHS) has risen by 53% between 2019 and 2022, further increasing to an imputed 1.3 million in 2023, according to data from NHS Digital[12]. The Mental Health Foundation states that that 75% of children and young people who experience mental health problems are not getting the help they need[13]. Despite progress in expanding the provision of children and young people's mental health services in recent years, and additional funding, already stretched children and young people's mental health services are under increasing strain.

3.2 National policy and developments

The NHS Long Term Plan[14] sets out the government's priorities for expanding Children and Young People's Mental Health Services over a 10 year period, including widening access to services closer to home, reducing unnecessary delays, and delivering specialist mental health care which is based on a clearer

understanding of young people's needs and provided in ways that work better for them. **The Mental Health Implementation Plan 2019/20 to 2023/4[15] focuses on the immediate delivery period**, setting out specific targets for children and young People's mental health, including: increasing access, through both NHS-funded services and school or college; time standards for eating disorder services; coverage of 24/7 crisis care provision; alignment of mental health plans with those for children and young people with learning disability and/or autism, special educational needs and disability (SEND), children and young people's services, and health and justice services; and a flexible deliverable to put in place a comprehensive offer for 0-25 year olds reaching across children and young people and adults. The Plan also included a commitment to increase access to specialist community care to women with perinatal mental health difficulties, and their partners, and to implement maternity outreach clinics.

These proposals in turn built on proposals and service transformation programmes introduced in response to **Future in Mind**[16], and **the Five Year Forward View for Mental Health**[17] (an independent report by the Mental Health Task Force, setting out transformation priorities and recommendations for the NHS) and the **Transforming Children and Young People's Mental Health provision: A Green Paper** [18].

To improve prevention, and support for children and young people showing early signs of distress, the Green Paper set out plans to introduce senior mental health leads in all schools and colleges and to roll out Mental Health Support Teams (MHSTs). MHSTs have been gradually rolled out across England since 2018, offering three functions: support to senior mental health leads to promote good mental health and wellbeing and develop whole school or college approaches; providing advice to school and college staff and linking with other services so children and young people get help for their individual needs; and delivery of evidence-based interventions for mild to moderate mental health issues.

NHS policy and guidance currently places emphasis on effective, evidence-based services, underpinned by local, system-wide leadership, and developed with the participation of essential partners - including involving children, young people and those who care for them in their own care and in the development of services. There is a commitment to support the development of integrated services with care pathways, from early intervention to crisis and inpatient care, along with the infrastructure to evidence outcomes, waiting and access times.

A cross-system approach is considered key to achieving strategic priorities, supported by genuine partnership working. This is underpinned by reforms introduced through the 2022 Health and Care Act, **the integrated care systems (ICS) model** now in place underpin this move into a more integrated and collaborative model of working in England. Integrated Care Boards working with Integrated Care Partnerships bring together NHS organisations, local authorities, voluntary, community and social enterprise and others to take collective

responsibility for developing a health and care strategy for a region. With a focus on place and population needs, the ICS's aim to plan effective services, improve population health outcomes, tackle inequalities and support broader social and economic development across a geographical region.

Government policy has also sought to support integration in the support system through its investment in the development of Family Hubs across UK. Family Hubs are a place-based way of joining up locally in the planning and delivery of family services, offering support to families from conception, and to those with children of all ages (0–19, or up to 25 for those with special educational needs and disabilities). They bring services together to improve access and improve the connections between families, professionals, services and providers, with the aim of developing a strengthened and more connected universal and targeted offer for families, responsive to the specific strengths and needs of local communities. Family Hubs aim to support more systematic and early identification of need, offering a vehicle for delivering integrated early help, and working across various policy areas that seek to identify needs within families early and providing coordinated support before problems become complex. These include Start for Life, Supporting Families, Reducing Parental Conflict and youth provision.

The Start for Life offer is core to the Family Hub: in 2021 the Government's invested in transforming Start for Life and Family Hub services in 75 local authorities by funding "a network of Family Hubs, Start for Life and family help services, including breastfeeding services, parenting programmes and parent-infant mental health support". This was a response to Early Years Healthy Development Review, "The Best Start for Life A Vision for the 1,001 Critical Days"[19]. Drawing on the science of brain development and attachment theory, this report highlighted the critical role of the period between conception and the age of two in setting up babies to maximise their potential for lifelong emotional and physical wellbeing, and outlined how the Start for Life offer can be developed to improve the health outcomes of babies across England.

The emphasis on relationship is also reinforced by the Government's reducing parental conflict programme (funded to 2025) which responded to the Early Intervention Foundation report "What works to enhance the interparental relationships and improve outcomes for children?"[20], supporting local authorities to integrate different levels of support that can reduce parental conflict - and in so doing reduce risks for children and improve their long-term health and life chances.

The Government's vision for the reform of children's social care, set out in its 2023 response to three independent reviews, "Stable homes, built on love: implementation strategy and consultation" also relates to children and young people's mental health. It states the need to "rebalance children's social care away from costly crisis intervention to more meaningful and effective help for families ... a major reset that puts love and stable relationships at the heart of

what children's social care does". In addition to investing in support, relationships and stable homes for children in care, the six pillars of transformation include multi-disciplinary Family Help services which will work with wider universal, community and specialist support (such as health visiting, schools and mental health services) to provide effective and intensive support to any family facing significant challenges that make it harder to provide their children with a loving, stable and safe family life[21].

Other investment with potential to reinforce emotional and mental health support children and young people includes the Youth Guarantee, the government's response to the Youth Review, part of its commitment to build back better following the pandemic. The Youth Review looked at the role of the diverse range of youth and community organisations, local authority run services and professional youth workers and volunteers offering young people "somewhere to go, something to do and someone to talk to outside of school". Young people said allow young people to "be around friends in a safe space and be themselves", offering a "second family" and the opportunity to speak to someone from outside the home and school environment[22]. In response the Government committed to 'levelling up' and expanding access to youth provision, supporting the youth sector, and expanding youth engagement in policy and decision-making.

4. Local Context

4.1 System leadership and key strategies and plans

The Wolverhampton Place Partnership, OneWolverhampton, is a partnership of health, social care, voluntary and community organisations who are working together to improve people's health and care. The partnership takes a population approach, aiming to improve the physical and mental health outcomes and wellbeing of people across the borough, while reducing widening gaps in health inequalities. It acts to reduce the occurrence of ill-health, to deliver appropriate services, and to act on wider determinants of health. OneWolverhampton aims to put people at the heart of what is done and to support everyone in Wolverhampton to get the right care in the right place at the right time, by working better together. The Partnership Plan identifies 'Children and Young People' as one of six priority areas[23]. This includes looking at how better outcomes can be delivered through CAMHS, Family Hubs, delivering on the Start for Life First 1001 Days agenda, improving primary and secondary care interfaces, and working to avoid hospital admission avoidance and expedite discharge.

Alongside this, The Children & Families Together Board in Wolverhampton brings together senior representatives of key partner organisations, providing system leadership to drive improvements in outcomes for children, young people and their families. **The Children, Young People & Families Plan for Wolverhampton 2015-2025[24] identifies Health and Wellbeing as one of the Board's priorities.** Within this, a target outcome is to improve pathways for children, young people and families to access mental health support and increase appropriate uptake of services at earliest point.

The Wolverhampton Children and Young People's Emotional Health and Wellbeing Board provides the system leadership to drive forward the strategic and service-level plans to achieve this outcome, and to ensure that the emotional and mental health and well-being needs of children and young people are met in a timely, effective and sustainable manner. Key outcomes the Board is accountable for achieving for children, young people and families in Wolverhampton include:

- reducing the numbers entering inpatient settings by redesigning emotional health and well-being services, taking into account vulnerable groups
- reducing the number in the social emotional mental health system
- ensuring those with emotional and mental health needs are seen at an earlier point
- reducing high cost and out of area interventions and keeping young people in Wolverhampton

- improving patient and carer experience, and injecting additional funds into service system
- maintaining quality in all developments, as well as ensuring safety and managing risk.

Wolverhampton's CAMHS Long Term Plan (2015-2020) was published in 2015 in response to the publication of Future in Mind, and has been refreshed annually, detailing the ongoing commitment to promoting, protecting and improving children and young people's mental health in Wolverhampton, and describing investments, impacts, ongoing challenges and actions for services.

The Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22 was updated for the Black Country ICB. This sets out a vision for the Black Country and aims to drive change to improve outcomes across the system including through health, local authorities and voluntary sector. The vision for children and young people across the Black Country is that: all children and young people will enjoy a happy and fulfilling childhood; all children and young people will be resilient and manage their emotional health and wellbeing in their family, school and community; and the most vulnerable children and young people will have access to the most appropriate range of services. The transformation plan aims to remove barriers to access (including reducing service waiting times), improve awareness, and offer earlier intervention and dedicated support to the most vulnerable young people and their families. It seeks to do this through collaborative, seamless, flexible and creative services; age appropriate support to young people and support through transitions; informed and outcome-focussed commissioning, and evidence-based practice.

While progress has been made in many areas identified in the original plan, progress has been impacted by the coronavirus pandemic. This needs assessment reflects a significant increase in demand for emotional mental health and wellbeing support services, which has not been accompanied by an equivalent increase in capacity to deliver them. **The University of Wolverhampton carried out a city-wide all ages survey of mental health and wellbeing in 2022 to understand the wellbeing of people living in Wolverhampton, and explore the pandemic's impact**[25]. The survey indicated that the wellbeing of people in Wolverhampton was significantly lower than that of the general population in the UK; anxiety was considerably higher; and that levels of satisfaction, feeling that life is worthwhile and happiness were all lower than national comparator data. The report '#WolvesWellbeingandMe' identified population sub-groups who experienced mental health inequalities prior to COVID-19, alongside sub-groups for whom COVID-19 significantly increased their risk of poor mental health across the life course. These included children; children with Special Educational Needs and Disabilities (SEND) and their parents/carers; young, unemployed people; refugees and migrants; ethnic minorities, and women.

The Wolverhampton Health and Wellbeing Together Board sets the strategy for population and wellbeing inequalities in the city. **The Wolverhampton Health Inequalities Strategy 2021-23 identifies stark inequalities in Wolverhampton**, exacerbated by the coronavirus pandemic, and sets out priorities in pro-actively addressing these inequalities, with a commitment to increasing understanding around health inequalities; working collaboratively across the health and care system; and working in partnership with local people, groups and forums to ensure health and care pathways are informed and co-produced by people with lived experience, under-represented and protected groups.

4.2 Recent developments and initiatives

The Emotional Mental Health and Wellbeing Board have agreed to adopt and embed the THRIVE model to develop a coherent Emotional Mental Health and Wellbeing offer for the city. The THRIVE Framework for system change[26] is an integrated, person-centred and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Tavistock and Portman NHS Foundation Trust and Anna Freud. It provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families, and conceptualises the mental health and wellbeing needs of children, young people and families in terms of five needs-based groupings, made up of those who are thriving; those who are getting advice and signposting, those who need help, or more help, and those who need risk support. A number of cross-sector engagement events have supported mapping and review work to understand the challenges that the system faces and gain insight into the particular needs of the local population of children and young people.

The Wolverhampton Early Help Strategy 2018-2022[27] set the aim of "Engaging with families as early as possible to enable them to provide a safe, stable and nurturing environment in which children and young people can thrive". Its aims include supporting the emotional health and resilience of children and young people, and ensuring they are supported by their parents, communities and practitioners to thrive and be successful. Early Years delivery and Family Hubs were identified as mechanisms for supporting that early engagement, and **in 2021 Wolverhampton was announced as one of 75 areas to be offered Government investment to transform Start for Life and Family Hub services**. In Wolverhampton the eight Family Hubs across the city offer a place children, young people and their families can tgo to access services from different agencies across the area and offer a range of services, including support for emotional health and wellbeing, infant feeding, child development, parenting support, SEND support and out of school activities.

In 2023 Wolverhampton became one of three areas offered a two year grant to deliver the Families First for Children pathfinder. The programme aims to develop and test best practice models that will ensure that early help and intervention is available for families with challenges such as addiction, domestic abuse or poor mental health, to help them overcome adversity and stay together where possible. In testing new ways to reform children's social care, help children stay with families in safe and loving homes, and protect vulnerable children it implements the Government's children's social care implementation strategy, "Stable Homes, Built on Love"[28].

While suicides in children and young people are low in Wolverhampton and the Black Country, a recent unusual cluster instigated a joint plan of action. In Wolverhampton this included a focus on training professionals in understanding suicide risk factors and how best to respond to suicidality; promotion of support services; investment in youth mental health first aiders; and tailored guidance on self-harm.

Between 2016 and 2022 Wolverhampton was one of six local-authority led partnerships across the country to receive HeadStart funding from The National Lottery Community Fund, with the aim of exploring and testing new ways to improve the mental health and wellbeing of young people aged 10 to 16. HeadStart worked with over 75 community providers, online services and schools to engage with young people and give them the skills to cope with the challenges of modern life, with a focus on selected areas of the city. The approach to involving young people has informed and enhanced the city-wide co-production offer. The programme included the development, in HeadStart schools, of an emotional and wellbeing toolkit. While programme funding has ended, the interventions and initiatives generated learning which can be embedded into everyday work and the future planning of wellbeing services for children and young people. The HeadStart well-being measurement framework has been continued through the **Health Related Behaviour Survey,** an annual survey conducted through schools and colleges that provides longitudinal information about the emotional wellbeing of children and young people in the city.

The Black Country's Mental Health Support Teams offer, Reflexions, was introduced to increase access to mental health support in children and young people in schools across Dudley, Sandwell, Walsall and Wolverhampton. The Wolverhampton team started work in 2020, and as of August 2023 worked in 51 education settings in the city. This includes working alongside the school's mental health lead and staff to plan and address mental health and emotional wellbeing needs through whole school approaches (including for example staff training, psychoeducational groups and workshops and school assemblies) and one to one support interventions with young people and their families to address issues such as low mood, exam stress, sleep, low self-esteem and anxiety.

This needs assessment should be considered alongside other recent needs assessments and analyses relating to children and families in Wolverhampton including:

- Adult Mental Health Joint Strategic Needs Assessment 2023
- Healthy Child Programme 0-19 Service Development: Rapid Needs Assessment report
- Children and Young People with Special Educational Needs and Disabilities: topic Wolverhampton Joint Strategic Needs Assessment specific report, 2019
- An Assessment of Violence and the Risk of Violence in Wolverhampton May 2021 (West Midlands Violence Reduction Unit Strategic Needs Assessment).

5. Population data relevant to understanding emotional and mental health needs of children and young people

5.1 Section introduction and summary

5.1.1 Introduction

This section describes the population of children and young people in Wolverhampton. It sets out some of the characteristics of the group, with attention to factors which can be associated with vulnerability to lower wellbeing or mental ill-health.

While research suggests the presence of risk factors in a child or young person's life increase the likelihood of emotional and mental health difficulties, many children and young people with these vulnerabilities do not face difficulties or require additional support. Risks may also be balanced by the presence of protective factors, such as having multiple and trusted sources of support (e.g., family, friends and school) or being able to successfully regulate emotions[29].

While this needs assessment explores available information about risk factors as discrete groupings, it is important to hold in mind that these experiences, contexts, characteristics or identities are not discrete or isolated features in a child or young person's life. Children and young people and their families may be facing multiple and intersecting barriers to wellbeing. Consultees for this needs assessment noted that it is the complexity of need as much as the severity that has increased in recent years.

5.1.2 section summary

There were approximately 83325 children and young people under 25 years living in Wolverhampton in March 2021. The Wolverhampton population is ethnically diverse, and 39% of children and young people are of non-'White British' heritage.

There are a range of challenges and stressors on emotional health tied to poverty and deprivation, and children living in poverty are more likely to suffer from mental health problems than those who are not. These challenges and stressors are very evident in Wolverhampton, for example:

- 28% of areas in the city are among the 10% most deprived nationally
- A third of children in Wolverhampton live in relative low income families
- 15% of Wolverhampton households are single parent families (compared to 11% nationally) and higher proportion of women conceive age under-18 compared to the wider region and country

The wellbeing of people in Wolverhampton (of all-ages) is significantly lower than that of the general population in the UK, and anxiety levels are higher.

Early parent-infant relationships and emotional development can predict later wellbeing. Challenges for Wolverhampton children are visible from age two and a half, when 65.5% of children in Wolverhampton meet expected levels of development at age two and a half – including social and communication skills – compared to 80% nationally.

A range of life experiences and personal characteristics are evidenced to increase the risk of a child or young person experiencing mental health difficulty, and are being experienced by children and young people in Wolverhampton. Some of these include:

- Having a parent with a mental health disorder – national prevalence data suggests this may affect approximately 30% of children and young people in Wolverhampton
- Being LGBTQ+: national statistics suggest 9.3% of 16-24 year olds identify as LGBT, which would equate to close to 3000 young people in this age band in Wolverhampton. Responses to the Wolverhampton Health Related Behaviour Survey (HRBS) indicate 20% of young people aged 14 to 15 identify as gay, lesbian, bisexual, alternative or questioning while 6% identify as transgender. Research indicates half of LGBTQ+ people have experienced depression, and three in five had experienced anxiety.
- Being a young carer:–estimates are that 10 to 20% of 10 to 17 year olds in Wolverhampton may have caring responsibilities, and research suggests a quarter to a third of young carers experience mental health difficulty
- Having a special educational need or disability (SEND): in Wolverhampton approximately 18% of children attending school have SEND and for around 19% of these pupils the primary need identified is social, emotional and mental health
- Having an autistic spectrum condition (ASC): - national prevalence data suggests 1.6% (938) of under-16 year olds in Wolverhampton may have ASC and local data shows year on year increases in the number and proportion of children with an Emotional Health Care Plan for whom ASC is the primary need. Research suggests 70-80% of autistic children experience mental health problems.

- Being a child in care: emotional and mental health is a concern for approximately 36% (188) of the 521 children and young people in care in Wolverhampton
- Being a refugee or asylum seeker: this can raise a range of mental health challenges, and the number of asylum seekers (all ages) is increasing in Wolverhampton
- Not being in education, employment or training at age 16 and 17: over 100 young people in Wolverhampton were in this category in early 2023
- Engaging with the youth justice system: mental health was identified as a concern for approaching 50 young people working with Youth Offending Teams in 2022/23

5.1.3 Contents of this section

There are a wide range of potential risk factors associated with emotional and mental health difficulties, including a number for which adequate data is not available in relation to children and young people in Wolverhampton at this time, or has not been possible to access for this needs assessment. Areas covered are:

5.2 Demographic factors

- 5.2.1 Age
- 5.2.2 Gender
- 5.2.3 Ethnicity

5.3 Social factors

- 5.3.1 Poverty and deprivation
- 5.3.2 Early years development
- 5.3.3 Children in need

5.4 Household/ family experiences

- 5.4.1 Children living in single parent households
- 5.4.2 Children and young people with caring responsibilities
- 5.4.3 Children and young people with parents and carers with mental health difficulties
- 5.4.4 Under-18 Conceptions
- 5.4.5 Children Looked After
- 5.4.6 Experience of domestic abuse

5.5 Individual level characteristics

- 5.5.1 Autism Spectrum Condition (ASC)
- 5.5.2 Children and young people who are lesbian, gay, bisexual, trans, questioning, and other genders and sexualities (LGBTQ+)

- 5.5.3 Special educational needs and disability (SEND)

5.6 Other challenging or adverse life experience that increase risk of emotional and mental health difficulties

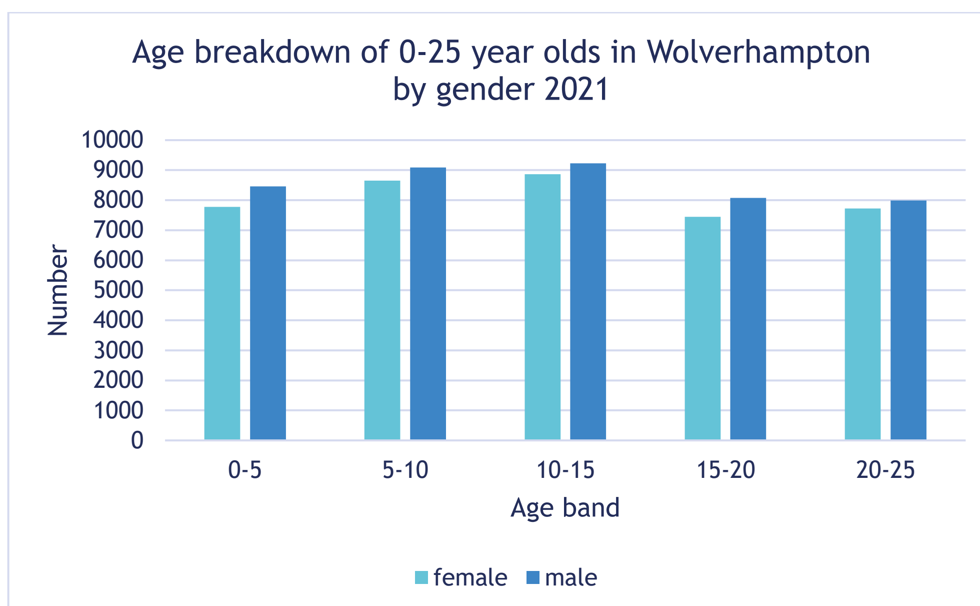
- 5.6.1 Refugee and asylum seeking children and young people.
- 5.6.2 Bullying
- 5.6.3 Suspensions and exclusions
- 5.6.4 Children and young people in the youth justice system
- 5.6.5 Children and young people not in education, employment or training

5.2 Demographic factors

5.2.1 Age

According to the Census, in 2021 there were 83325 children and young people aged 0 to 25 in Wolverhampton, comprising 32% of the overall population. Chart 1 displays the profile of these 83325 children and young people by age group and gender.

Chart 1

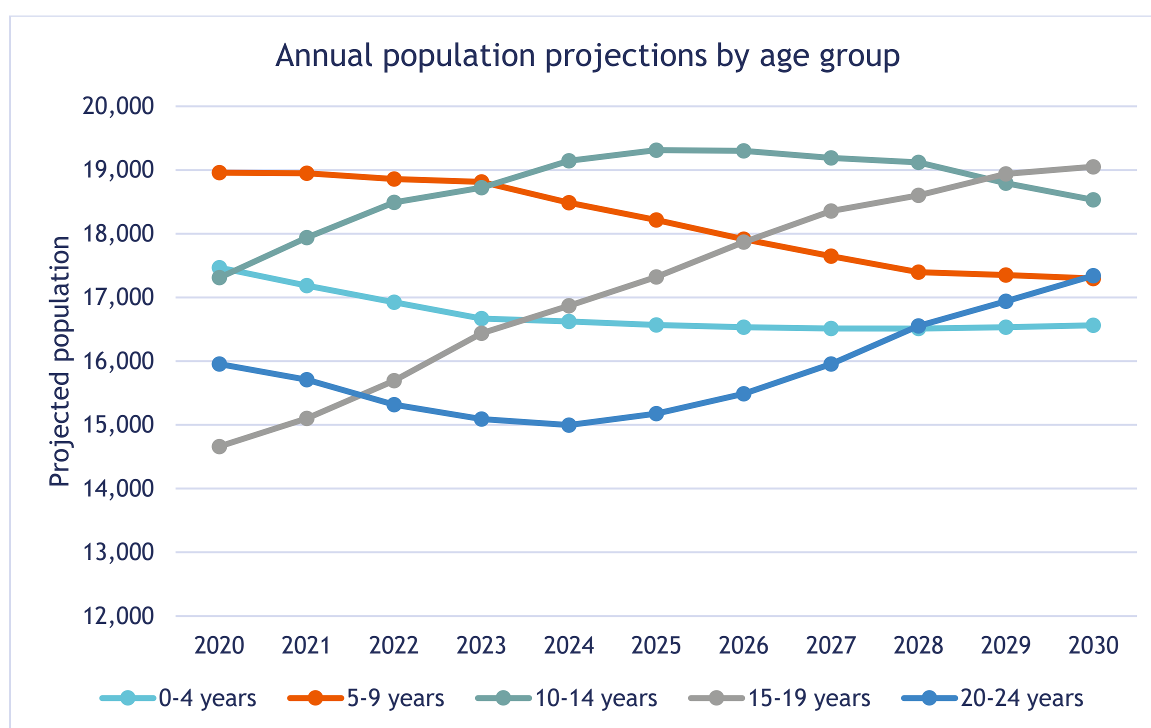


Source: Census 2021

Emotional and mental health needs in children and young people vary with age. Data shows that probable mental disorders increase throughout the age range 7-24 years, with adolescence and young adult years the peak age for the first onset of mental illness. Globally the onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in 62.5%, with a peak/median age at onset of 14.5/18 years across all mental disorders[30].

Chart 2 below displays how the populations of children and young people in different age bands in Wolverhampton have been changing, and are forecast to change. 10-14 year olds currently make up the largest proportion of the child and youth population, and forecasts suggest this will continue to be the case until approximately 2029. There has been a steady increase in the population of 15-19 year olds (from 14,662 in 2020 to a forecast 19,052 in 2030).

Chart 2



Source: Population estimates - local authority based by five year age band, Nomis

5.2.2 Gender

Data from NHS Digital's Mental Health of Children and Young People survey evidences that emotional and mental health needs vary across genders and with age.

Among younger age groups (ages 7 to 10), rates of probable disorder are greater for boys than girls, but this trend reverses in older age groups[31]. In the UK in 2022, 10.5% of females aged 7 to 10 years had a probable mental disorder; this rose to 31.2 by ages 17 to 24. For males, the proportion was higher among those aged 7 to 10, remained fairly stable over adolescence,and fell among young men aged 17 to 24 (19.7% to 13.3%)[32].

Women between the ages of 16 and 24 are almost three times as likely (26%) to experience a common mental health issue as males of the same age (9%)[33]. The Children's Society Good Childhood Report 2021 reported that nearly 2 in 5 of 16-17-year-old girls were unhappy with their mental health and over a quarter of girls aged 17 said they had self harmed, compared to 1 in 5 boys of the same age[34].

Girls also report lower subjective well-being than boys, with the gap appearing to widen throughout adolescence.

As displayed in Chart 1, census data from 2021 tells us that of the 83,325 children and young people aged 0-25 living in Wolverhampton, there were slightly more males (51.5%) than females (48.5%).

5.2.3 Ethnicity

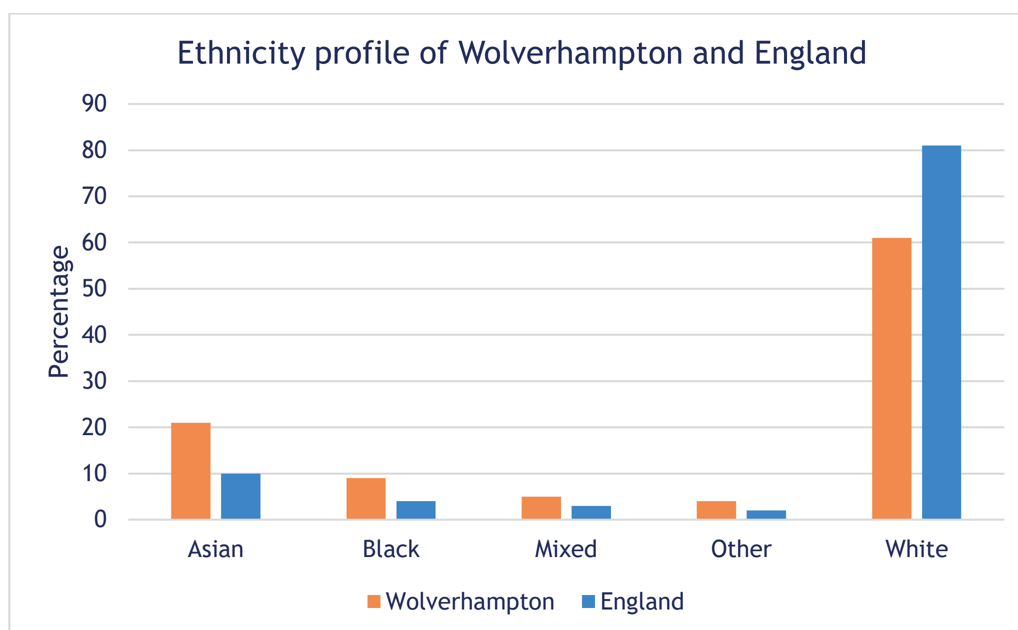
Research highlights differences in the presentation of need and engagement with services across different ethnic groups. Studies indicate that children and young people in racialized communities can lack mental health awareness, can experience higher levels of stigma, can have negative perceptions of mental health care and are more likely to access child and youth mental health services through compulsory rather than voluntary pathways[35]. The structural inequalities and structural racism that children and young people from minoritised ethnic groups are exposed to is a risk factor for worse mental health outcomes: for example children and young people of colour face racial discrimination, racial profiling and racist microaggressions that can have negative effects on mental health and other types of outcomes[36]. Findings include:

- people from Black Asian and Minority Ethnic communities are at higher risk of developing a mental health problem in adulthood, but are less likely to receive support for their mental health[37]
- in 2020 Black and Mixed-race children accounted for 36% of young people detained in the highest level mental health units, despite representing just 11 per cent of the population. These children also made up only 5 per cent of general CAMHS lists, and just one per cent of those accessing community eating disorder services[38]
- young people from Black and minoritised backgrounds were more likely to be referred to mental health services through routes such as youth justice and social services, than they were through perceived 'voluntary' routes such as primary care[39]
- substantial disparities exist in access to mental health services for black and minority ethnic (BME) populations[40].

Data collected through the HeadStart programme (in which Wolverhampton was a partner – see p16) indicated that being in an ethnic group other than White reduced the odds of children and young people reporting mental health difficulties. Specifically, being Asian, Black, Mixed or 'Any Other Ethnic Group' reduced the odds of experiencing emotional difficulties. Being Asian, Chinese or 'Any Other Ethnic Group' reduced the odds of experiencing behavioural difficulties[41].

Wolverhampton has a more ethnically diverse population than the whole of England as shown in Chart 3. Based on the 2021 Census, Wolverhampton is an ethnically diverse city: 45% of residents in 2021 were ethnic minority (that is, residents of non-White British heritage). 23% of the population in 2021 were not born in the UK, and for 15% English was not their main language. The groups that are not White British groups are concentrated in more central areas of the City, including in Blakenhall, St Peters and Ettingshall North wards.

Chart 3

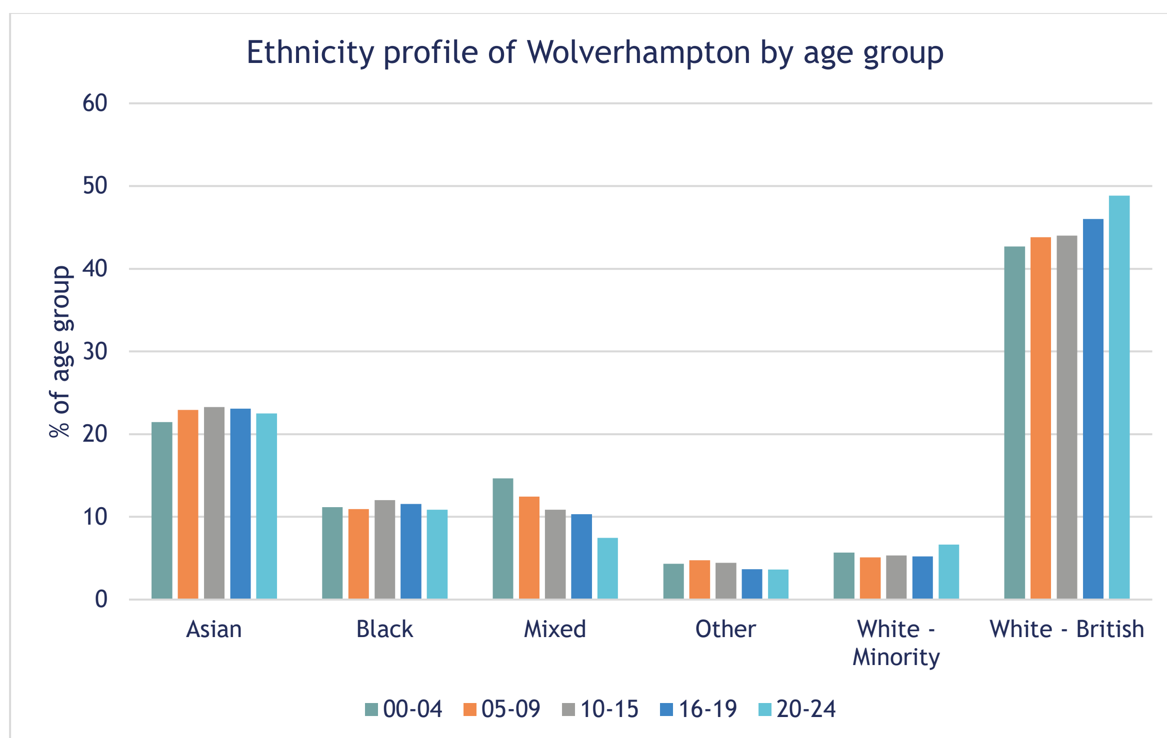


Source: Census 2021

Chart 4 shows the differences in the ethnicity profile of the under 25 population of the city within different age groups.

While differences across age brackets are not large, Chart 4 indicates that in younger age groups a larger proportion of children are of Mixed ethnicity and a smaller proportion are of White-British ethnicity, as compared to older age groups. The age distribution among Asian, Black, White-Minority and Other ethnicity groups is more even across age brackets.

Chart 4



Source: Census 2021

Further to the ethnic diversity of the city 23% of the population in 2021 (all-ages) were not born in the UK. Data shows that between September 2022 abd June 2023, there were 1029 international new arrivals to schools (primary and secondary) in Wolverhampton[42].

5.3 Social factors

5.3.1 Poverty and deprivation

There is a wide range of evidence for the link between emotional and mental health needs and poverty and deprivation. Deprivation (a lack of money, resources and access to life opportunities) or being in a position of relative disadvantage (having significantly less resource than others) is associated with poorer health, including mental health[43]. Children living in poverty are more likely to suffer from poor health and are over three times more likely to suffer from mental health problems than children who are not poor[44].

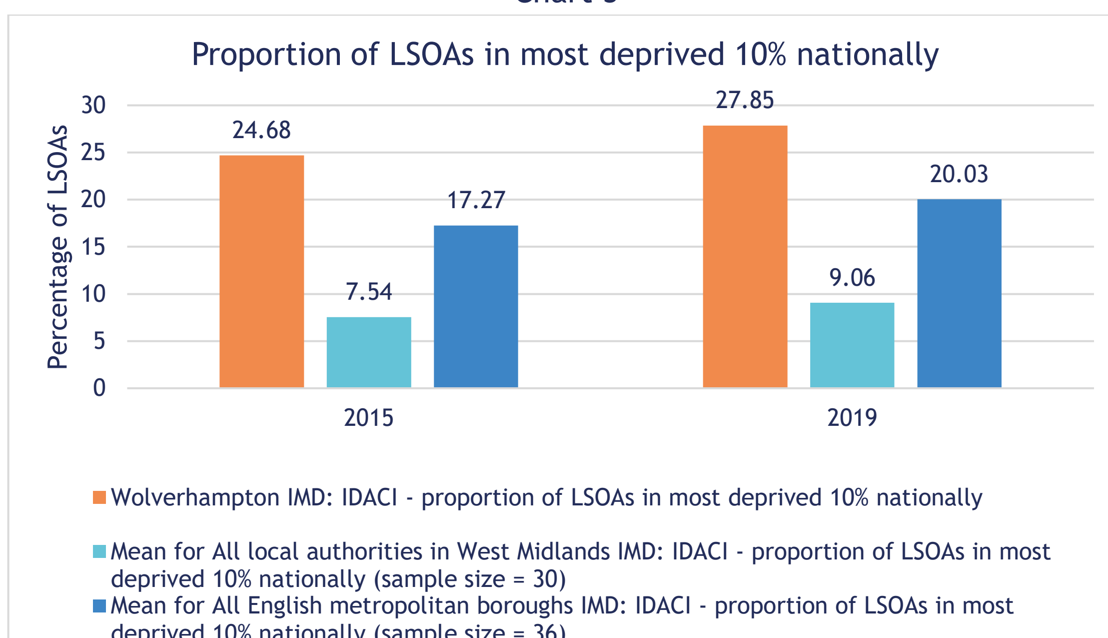
Analysis of data from the Millennium Cohort Study found that young people from more disadvantaged families, in the lowest 40% of the income distribution, were twice as likely to report having attempted suicide compared to their more advantaged counterparts. The proportion experiencing psychological distress was also higher among those from lower income families[45].

As a measure of deprivation relative to children and young people, this assessment reports the Income Deprivation Affecting Children Index (IDACI). a sub-set of the Income Deprivation domain which measures the proportion of all children aged 0 to 15 living in income deprived families.

The more deprived an area is, the higher the IDACI score is. The most recent IDACI data was generated in 2019. This indicates that 27.85%,of Lower Layer Super Output Areas (LSOAs) in Wolverhampton fall within the most deprived 10% of LSOAs nationally. This was an increase on 2015, when 24.68% of Wolverhampton LSOAs were in the most deprived 10% nationally.

In 2019, Wolverhampton had the ninth highest proportion of LSOAs in the 10% most deprived in England, a greater proportion than nearby areas such as Walsall (28.74%), Dudley (13.93%) and Sandwell (21.51%).

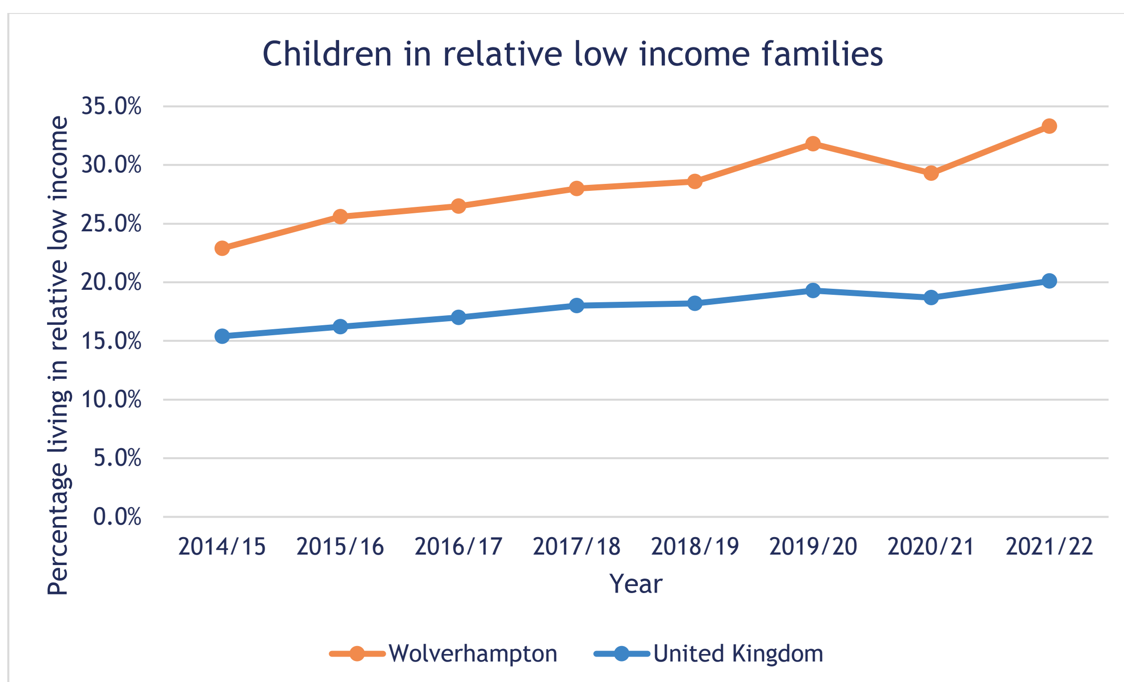
Chart 5



Source: Dept for Levelling Up, Housing & Communities

Chart 6 displays the trend in the proportion of children living in low income families from 2014 to 2022 in Wolverhampton, set against the UK trend. A higher proportion of children live in relative low income families in Wolverhampton (33.3% in 2021/2) than in the UK more widely, and the proportion is increasing at a faster rate.

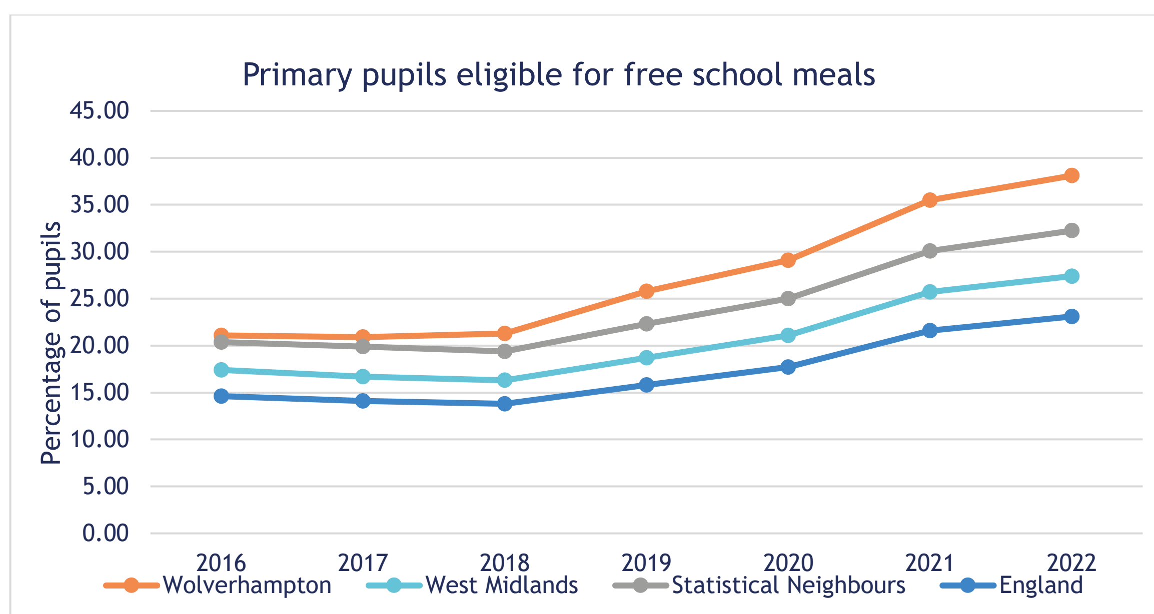
Chart 6



Source: Dept for Work and Pensions, Children in low income families: local area statistics

Chart 7 displays trends in the proportion of primary school aged children about children eligible for Free School Meals (FSM) (provided by a school where a child's parent or guardian is in receipt of income related benefits). The percentage receiving FSM in Wolverhampton has consistently been higher than the proportion in the West Midlands, England and the nearest statistical neighbours since 2018. Rates are increasing at the same rate in all areas since 2018. This trend is also seen in FSM data for secondary school pupils.

Chart 7



Source: DfE statistics, Schools, pupils and their characteristics

5.3.2 Early years development

As highlighted in the Government's Early Years Healthy Development Review, "The Best Start for Life A Vision for the 1,001 Critical Days"[46], research into brain development and attachment theory demonstrates the critical role of the period between conception and the age of three in setting up babies to maximise their potential for lifelong emotional and physical wellbeing. This is a peak period of brain development, and for laying down the foundations of cognitive, emotional and social capabilities[47].

Research shows clear connections between stress in pregnancy and early life and insecurity in the parent-infant relationship, and later mental health problems. Supporting infant mental health during early development can help children to develop behavioural and physiological regulation and trusting relationships which are foundations for resilience, adaptability, learning, and the management of emotions and behaviours throughout the life-course. Research indicates that early relationships and emotional wellbeing and development, can predict later wellbeing in multiple domains such as mental and physical health, emotional and social skills, trusting relationships, learning, positive behaviour, learning and parenting ability[48].

The World Health Organisation states: "The period from pregnancy to age three is when children are most susceptible to environmental influences. Investing in this period is one of the most efficient and effective ways to help eliminate extreme poverty and inequality, boost shared prosperity, and create the human capital for economies to diversify and grow"[49]

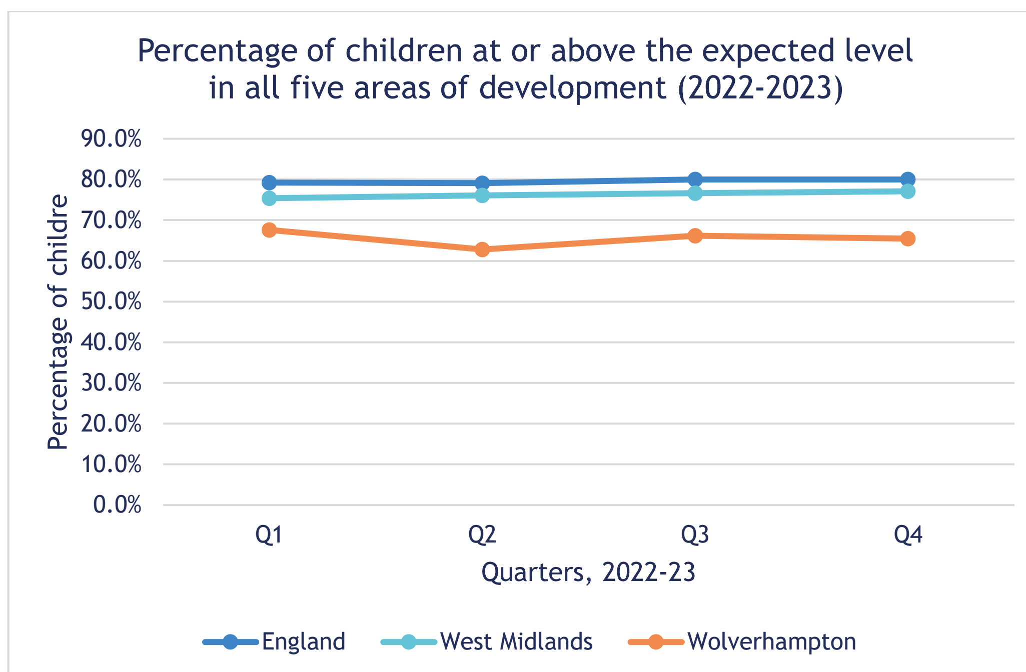
In addition to the wider context of deprivation and poverty outlined above, several indicators suggest Wolverhampton families face challenges in relation to maternal health, infant health and parent-infant attachments at levels above national averages. These include:

- Infant mortality: over 2019-21 this was at a level of 5.2 per 1000 births in Wolverhampton, higher than the level in England (3.0 per 1,000) or the average across the West Midlands (3.9 per 1,000)
- Low birth weight of term babies: in 2021 4.2% of babies in Wolverhampton had a low birth weight, a higher percentage than in England (2.8%) or the West Midlands (3.0%)
- Smoking at time of delivery: in 2021 this was at a rate of 5.2 per 1,000 births in Wolverhampton, higher than the level in England (3.9 per 1,000), although lower than the West Midlands average (5.6 per 1,000)

The Healthy Child Programme Rapid Needs Assessment[50] offers further detail on early years outcomes and early years development. Quarterly local authority metrics on outcomes for children at 2 to 2 and a half years, measured by the Ages and Stages Questionnaire 3 (ASQ-3)[51] – a developmental screening tool that pinpoints developmental progress in children - is shown for the year 2022-23 in

Chart 8. This chart shows that a smaller proportion of children in Wolverhampton are at or above expected levels of development than those in the West Midland and England.

Chart 8



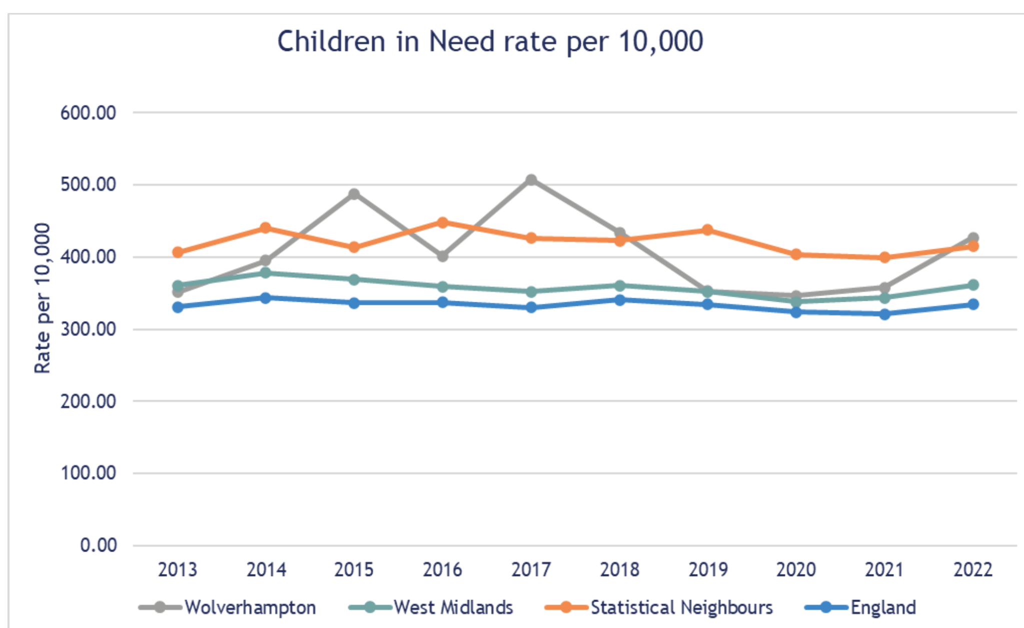
Source: Office for Health Improvement and Disparities

5.3.3 Children in Need

Children in Need are defined in law as children who need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development, or are disabled. Children in Need are at high risk for mental ill health[52]. In 2021, data collated by the Department for Education (DfE) showed that significant numbers of children in care had social and emotional difficulties[53]. However data for estimating levels of actual need is poor, in particular due to poor integration of information, making it difficult to accurately estimate emotional and mental health need in this population.

Despite being higher in previous years, in recent years (2019 to 2021) the Child in Need rate in Wolverhampton has aligned with the England average rate. Data for 2022 shows however that the rate on Children in Need in Wolverhampton has recently been increasing more steeply than the rate in England.

Chart 9



Source: Children in need census, October 2022

Based on the Children in Need Census, 11.9% of Children in Need in Wolverhampton have a disability, as compared to 12.3% of Children in Need nationally, and 11.2% of Children in Need across the West Midlands.

5.4 Household/ family experiences

5.4.1 Children living in single parent households

In 2021, there were 3 million single-parent families in the UK. Research suggests children from single parent families are more likely to face emotional and behavioural health challenges compared to peers raised by married parents. The Milennium Cohort Study found that the prevalence of severe mental health problems among 11-year-old children living with both natural parents was under half the level found among children in other family types (single-parent families, step-families etc.)[54]'.

As indicated above, there are associations between poverty and mental ill-health. According to the Joseph Rowntree Foundation's 2023 annual report, 34% of children in single-parent households were in relative poverty, compared with 20% of children in a household with a couple. Polling from Gingerbread[55] 2023 shows that the cost-of-living crisis is taking a significant toll on the wellbeing of single parents, with half of them reporting that their mental health has declined because of the rising cost-of-living.

Data from the Census 2021 (ONS) shows that an average of 15% of Wolverhampton households are single parent households, compared with 11% nationally. The proportion of single parent households varies across Wolverhampton wards, from from 9% in Penn ward to 24% in Bushbury South and Low Hill.

Analysis of Wolverhampton children and young people's responses to the 2023 Health Related Behaviour Survey (HRBS) indicated that living in a single parent household was associated with being unhappy with life, worrying a lot about friends and family, and having behavioural difficulties.

5.4.2 Children and young people with caring responsibilities

A young carer is someone aged 25 and under who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Older young carers are also known as young adult carers and they may have different support needs to younger carers.

In response to the Big Ask survey carried out by the Children's Commissioner in England in 2021, 25% of young carers in reported that they were unhappy with their mental health, compared to 20% of all other children; 19% said they were unhappy with their life at school and college, compared to 16% of all other children [56].

While the most recent Census data suggested there are 166,000 young carers in the UK, this figure is widely considered to be an underestimate. Recent surveys indicate one in five children may be carrying out some care for sick and disabled family members[57]. The Children's Society estimate there are approximately 800,000 young carers aged 11-16 years in the UK. They report that 39% of young carers said that nobody in their school was aware of their caring responsibilities, and that one in three young carers have a mental health issue[58].

In responses to the Health Related Behaviour Survey (HRBS) 2023 10% of pupils in Years 7 to 10 (age 11 to 15) in Wolverhampton reported that they "regularly help to look after someone in your family because they are disabled, ill or are not able to look after themselves".

In 2017, 2018 and 2019, as part of the HeadStart programme, the Wellbeing Measurement Framework (WMF)[59] pupil survey asked pupils in HeadStart areas in Wolverhampton if they had caring responsibilities at home. HeadStart worked primarily with children and young people in Low Hill, Bushbury and The Scotlands; Blakenhall, All Saints, Parkfields and Ettingshall; Heath Town, Park Village, Eastfield, Springfield and Old Heath; and Bilston East. The results are displayed in the table below and suggest that about 20% of young people aged 11-14 years were young carers, in these areas of Wolverhampton.

Wolverhampton:	WMF survey 2017	WMF survey 2018	WMF survey 2019
Number of pupils indicating that they have caring responsibilities at home	344 **(19.5%)** (Years 7 & 9)	344 **(21.2%)** (Years 7 & 8)	604 **(22.5%)** (Years 7, 8 & 9)

Findings from the HRBS 2023 showed that among secondary school aged young people, being a young carer was associated with being unhappy with life, worrying about the way they look (body image), worrying about your mental health, worrying about family relationships, not having an adult at home or at school to speak to if worried, low wellbeing, and having clinically significant emotional and behavioural difficulties.

5.4.3 Children and young people with parents and carers who have mental health disorders

Parental emotional distress (in mothers and fathers) can lead to mental health problems including anxiety or depression in children. It is associated with an increased risk of behavioural and emotional difficulties in later childhood and adulthood'[60]. Research indicates children whose mothers have depression are three to four times more likely to develop depression than children whose mothers are not depressed[61]. A 2018 study found that a child with a parent who has depression is 41% more likely to have an Accident and Emergency attendance than a child whose parent does not have depression[62].

Public Health England found that in 2018 to 2019 around one in three children in England (32%) lived with at least one parent reporting emotional distress – this includes children living in either a lone or couple parent family. The data indicated this rate had been increasing since 2016[63].

If the above estimates are applied to the population statistics for Wolverhampton they would suggest approximately 21,500 under-18 year olds live in a household where an adult has moderate or severe symptoms of mental ill-health.

5.4.4 Under-18 conceptions

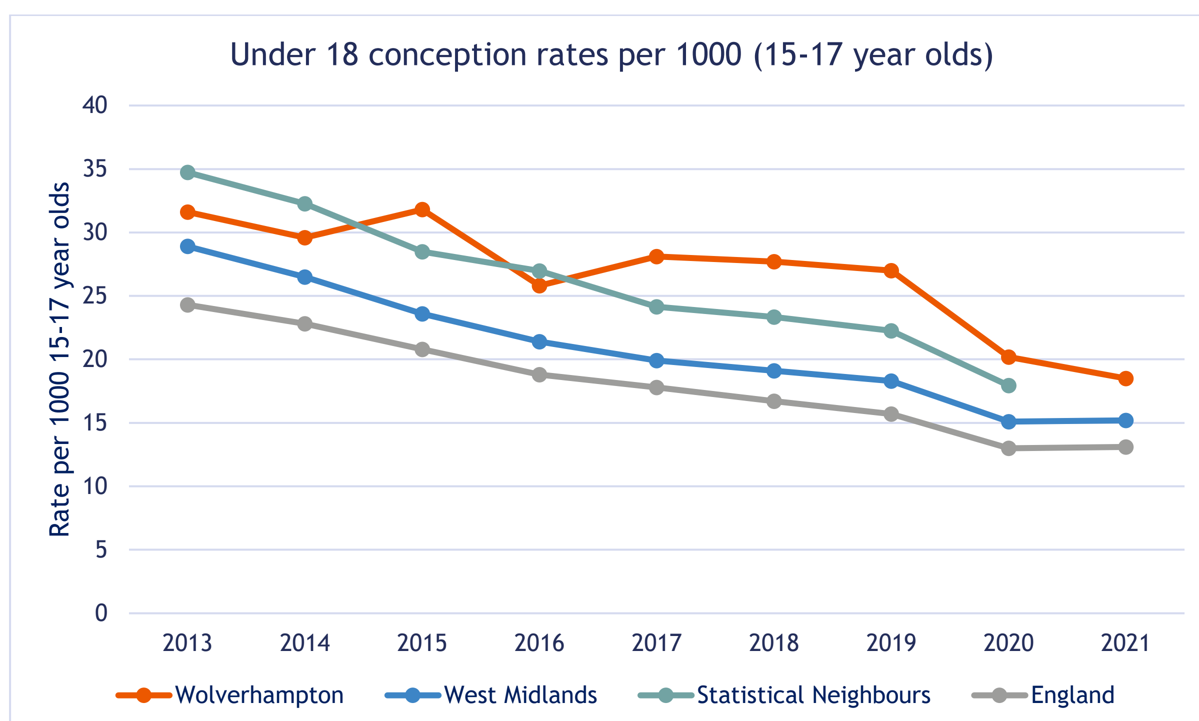
Research carried out by the Nuffield Trust has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of mental health problems than older mothers. Infant mortality rates are 60% higher for babies born

to teenage mothers. As children, they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems[64].

Young mothers are at a higher risk of postpartum depression than average, which is associated with feelings of isolation and low self-esteem. Postpartum depression, if unchecked, can have long-term consequences for both the mother and her child. In addition, a lack of support with mental health difficulties can have negative effects on parenting practices and can affect the mother's ability to bond with her child[65].

Chart 10 shows that the rate of under 18 conception rates in Wolverhampton has fallen overall since 2013 but remains higher than the rates for the West Midlands and England.

Chart 10



Source: Quarterly conceptions to women aged under 18 years, England and Wales, ONS

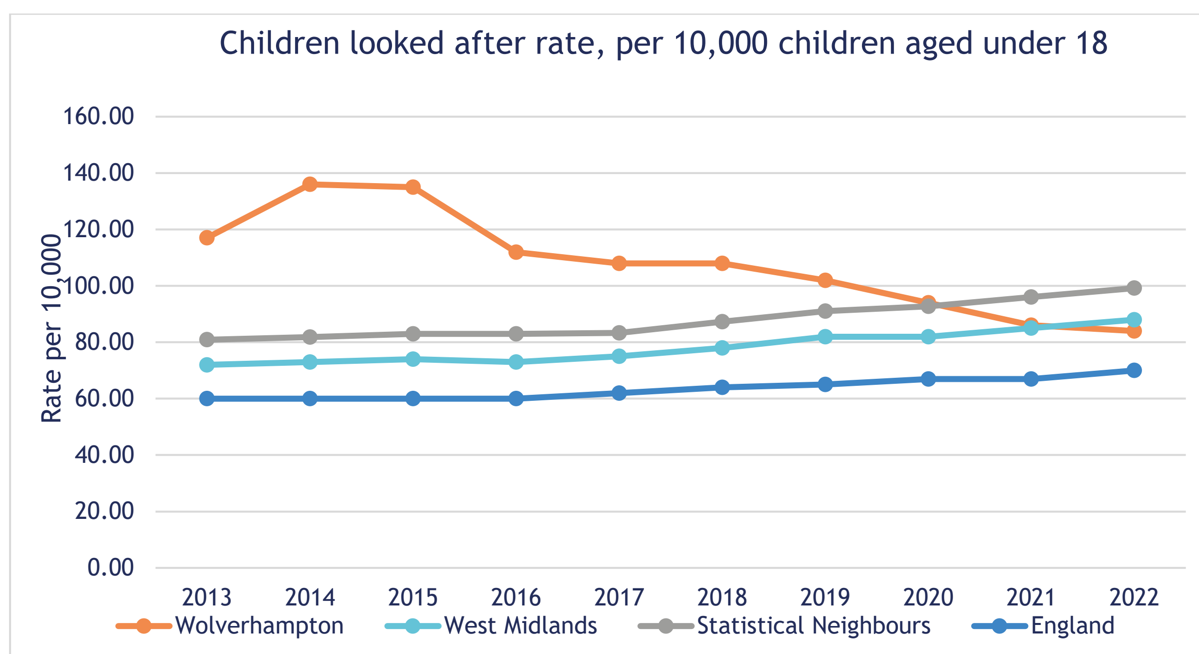
5.4.5 Children Looked After

Statistics indicate that the majority of children are looked after due to abuse or neglect, which can have a lasting impact on their mental health and emotional wellbeing[66]. A 2021 review by the National Institute for Health and Care Excellence indicated that 45% of children looked after have a mental health disorders, with the rate for those in residential care being 72%.

Currently half of all Children Looked After nationally meet the criteria for a possible mental health disorder, compared to one in eight children outside the care system[67].

As of March 2022 there were 521 Children Looked After in Wolverhampton. Chart 11 shows that the rates of Children Looked After per 10,000 children in Wolverhampton in 2022 (84) was slightly lower than the West Midlands average (88), but higher than the national average (70). Although the rate of Children Looked After has consistently been higher in Wolverhampton than the national average over the last 10 years, there has been a downward trend since 2015.

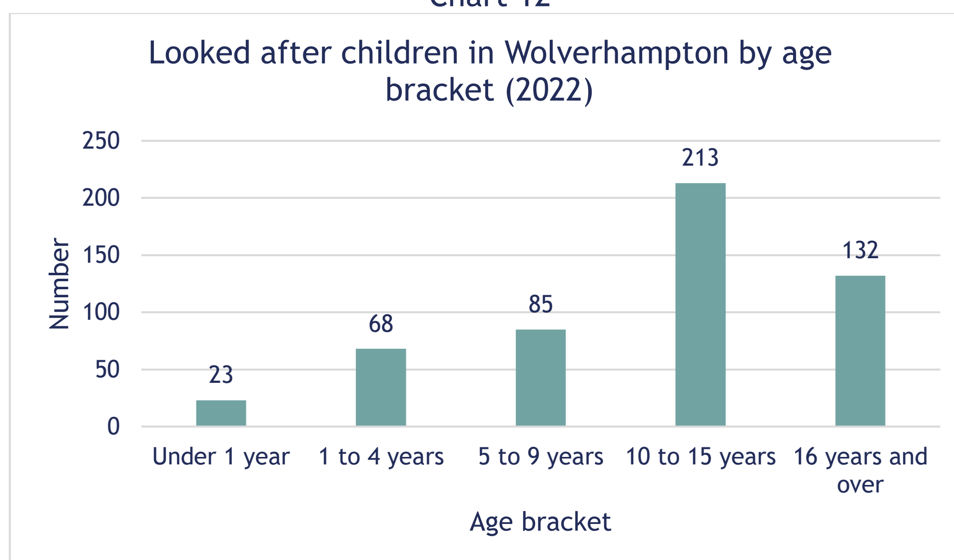
Chart 11



Source: DfE statistics, Children Looked After in England

The age profile of Children Looked After in Wolverhampton can be seen in Chart 12. The proportion in each age bracket in Wolverhampton is similar to the relevant proportion of looked after children in England.

Chart 12



Source: DfE statistics, Children Looked After in England

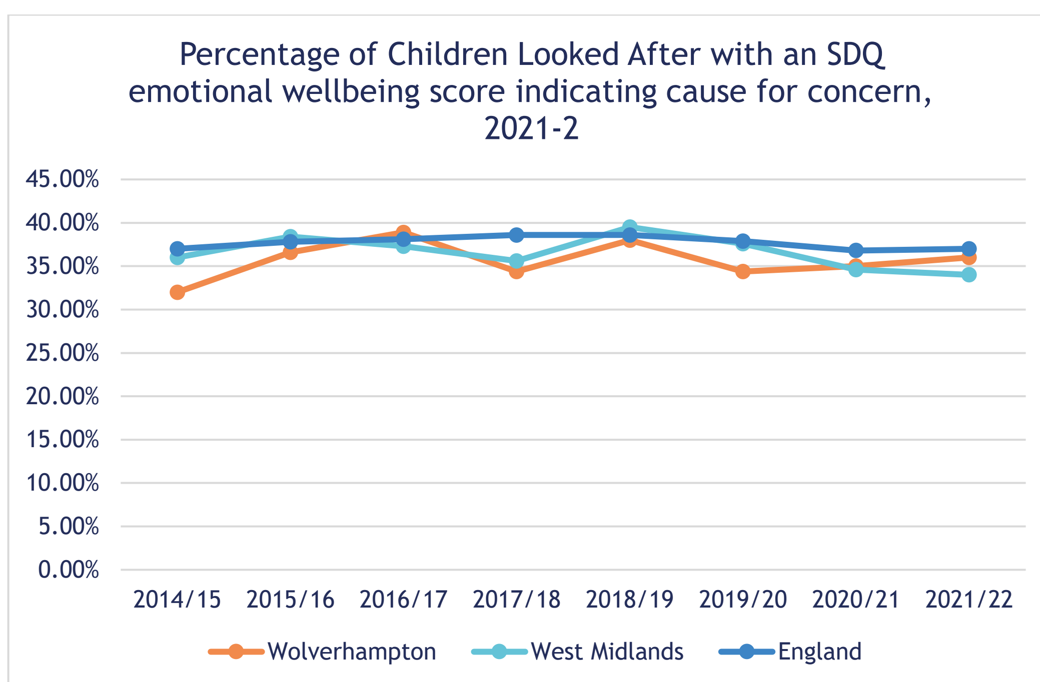
The emotional and mental health of children in care is assessed through the completion of the Strengths and Difficulties Questionnaire (SDQ) by a main carer. The SDQ is a measure of emotional and behavioural difficulties. A score of 0 to 13 is considered normal, 14 to 16 is borderline, and 17 to 40 is a cause for concern.

The average SDQ score for Children Looked After in Wolverhampton was 13.8 in 2022. This was the same as the average SDQ score for looked after children nationally, and both saw a slight upward shift compared to the previous year.

Chart 13 displays the proportion of Children Looked After where emotional and mental health may be a cause for concern: the proportion of all Children Looked After aged 5 to 16 (who have been in care for at least 12 months) whose SDQ score was 17 or over at their latest assessment.

The emotional and behavioural health of 36% of looked after children in Wolverhampton appeared to be a cause for concern in 2021/22, with similar rates seen across the West Midlands and England.

Chart 13



Source: DfE statistics, Children Looked After in England

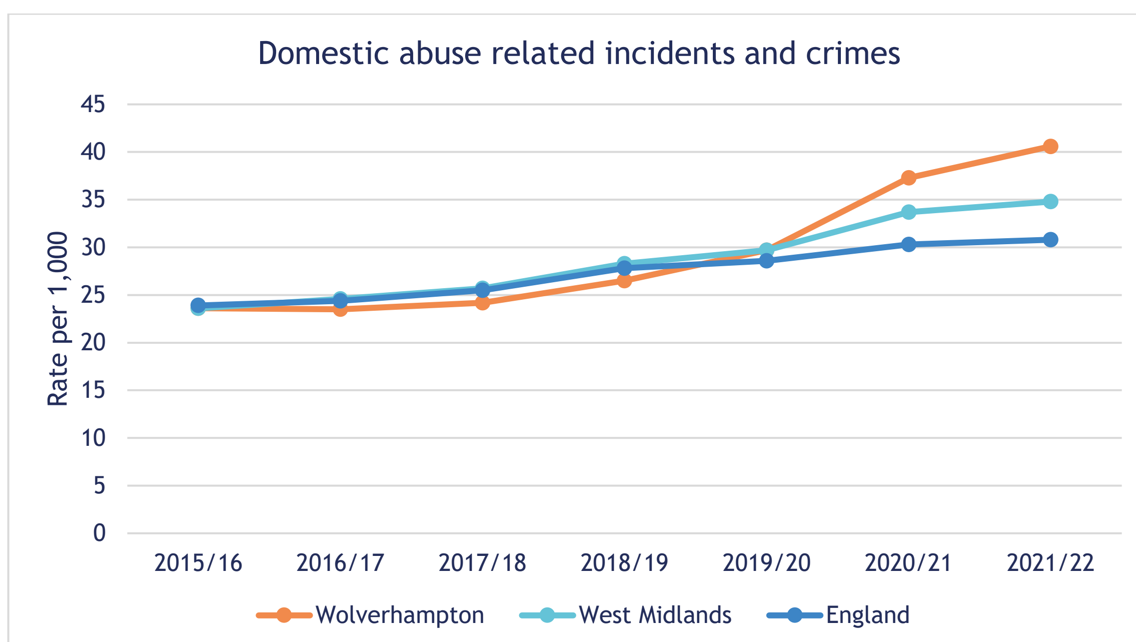
According to the Virtual School Head Annual Report 2022 among Wolverhampton children and young people in care with Education, Health and Care Plans (EHCPs), social, emotional and mental health difficulty was by far the most prevalent category of need, accounting for almost 54% of need. This proportion was- 5% higher than that in 2021 and 11% higher than that in 2020.

5.4.6 Experience of domestic abuse and poor inter-parental relationships

Children who witness domestic abuse are at increased risk of for long-term physical and mental health problems. Studies have found strong links between experiences of domestic abuse and poorer educational outcomes and higher levels of mental health problems[68].

Chart 14 shows rates of reported domestic abuse related incidents and crimes (for over 16s) have been increasing nationally since 2015, and have increased more in Wolverhampton than in England or the West Midlands.

Chart 14



Source: Office for National Statistics. Domestic abuse victim characteristics, England and Wales: year ending March 2022.

Research from the NSPCC reports that 12% of under 11s, 17.5% of 11–17s and 23.7% 18–24s had been exposed to domestic violence between adults in their homes during childhood[69].

In the Wolverhampton Health Related Behaviour Survey (HRBS) in 2023 15% of the primary pupils surveyed (aged approximately 9 to 11), and 7% of secondary pupils (aged approximately 12 to 16) reported that there had (at least once or twice) been violence between adults (e.g. hitting, punching) at home in the last month that frightened them.

5.5 Individual-level characteristics

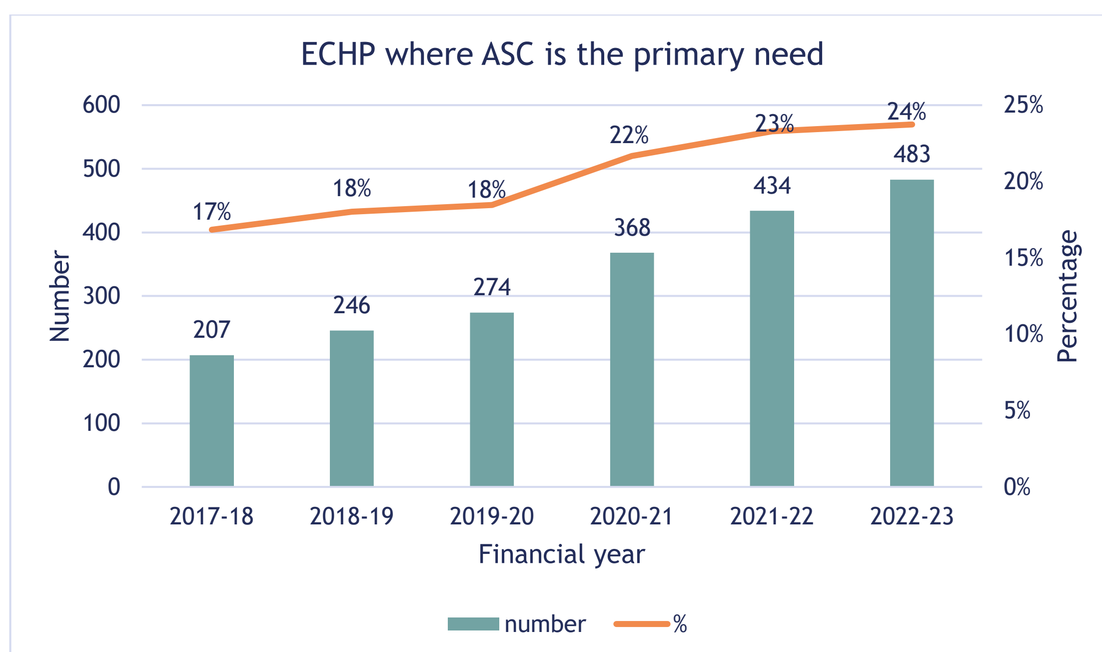
5.5.1 Autism Spectrum Condition (ASC)

Evidence shows that mental illnesses such as depression and anxiety or poor wellbeing can be more common in people with ASC[70]. Prevalence research has indicated 70% of autistic children as experiencing mental health problems (a comorbid psychiatric disorder)[71].

In the year 2022 to 2023, one in four of Wolverhampton pupils with an Education Health and Care Plan (EHCP) were identified as requiring support primarily associated with an ASC[72]. Support to address social, emotional and mental health needs was one of the three most commonly-identified support needs for this group (alongside speech, language and communication, and moderate learning difficulty).

The number and proportion of children in Wolverhampton with an EHCP and a primary need of ASC has seen a year on year increase since 2017 (see Chart 15).

Chart 15



Source: DfE statistics, Special educational needs in England

Recent UK estimates suggest that the diagnosis of autism in children (under 16 years) is around 1.6%[73]. This would equate to 938 0-16 year olds in Wolverhampton in 2022.

Researchers have suggested that autism may be underdiagnosed in females[74], gender-fluid and non-binary people[75], and those from ethnic minorities[76].

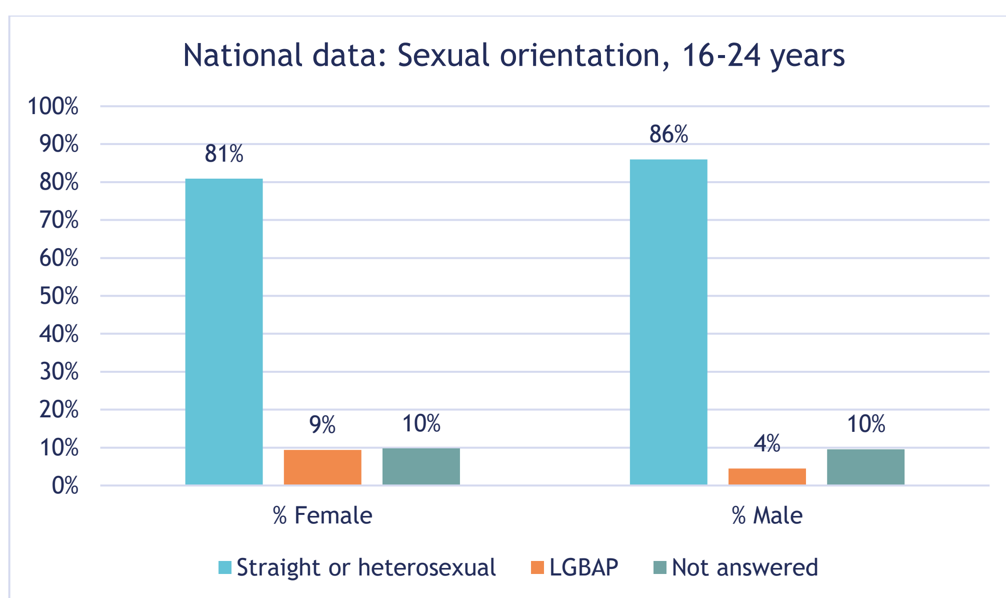
5.5.2. Children and young people who are lesbian, gay, bisexual, trans, questioning, and other genders and sexualities (LGBTQ+)

Identifying as part of the LGBTQ+ community can lead to unique challenges in growing up and as an adult – including fears about coming out, worries about being accepted by friends and family, and the impact of prejudice and discrimination. Cross-sectional studies consistently report that sexual-minority young people have poorer mental health profiles than their heterosexual peers[77], including higher prevalence of self-harm and suicide attempts[78]. A recent study found wellbeing inequalities relating to gender and sexuality were routinely substantially greater than those concerning other characteristics (e.g., socio-economic disadvantage). Non-binary and gay/lesbian or bi/pansexual adolescents were subject to the most substantial disparities[79].

Stonewall's LGBT in Britain: Health Report (2018)[80] found that half of lesbian, gay, bisexual and transgender (LGBT) people had experienced depression, and three in five had experienced anxiety. One in eight LGBT people aged 18-24 (13 per cent) said they had attempted to take their own life in the last year.

Data from the Census 2021 showed that nationally 9% of females and 4% of males aged 16-24 years described themselves as being lesbian, gay, bisexual, asexual or pansexual (LGBAP), as set out in Chart 16.

Chart 16



Source: Census 2021

The 2021 Census also indicated that one in a hundred people aged 16 to 24 years identified as trans[81].

Among pupils responding to the 2023 Wolverhampton Health Related Behaviour Survey (HRBS), 5% of Year 8s (aged 12-13), 6% of Year 10s (aged 14-15), and 8% of Years 12+ pupils (aged 16-18) reported being transgender.

20% of Year 10 pupils (aged 14-15) and 17% of Year 12 pupils (aged 16-17) identified as being Gay/Lesbian, Bisexual, 'don't know' (young people who are questioning their sexuality) or 'I use another term'.

The HRBS also revealed associations between identifying as LGBTQ+ and levels of emotional and mental health. In both Years 8 (aged 12-13) and 10 (aged 14-15), identifying as non-binary or transgender was associated with higher emotional difficulties and lower wellbeing. Among Year 10 pupils, identifying as lesbian, gay or bisexual was also associated with higher emotional difficulties and lower wellbeing.

Results of the HRBS 2023 showed that approximately half of Year 10 pupils (aged 14-15) who identified as LGBTQ+ worried at least quite a lot about their mental health. About a quarter were unhappy with their lives. 36% reported clinically significant emotional difficulties (based upon the results of the Me and My Feelings questionnaire[82]) compared with 14% of all Year 10 pupils.

5.5.3 Special educational needs and disabilities (SEND)

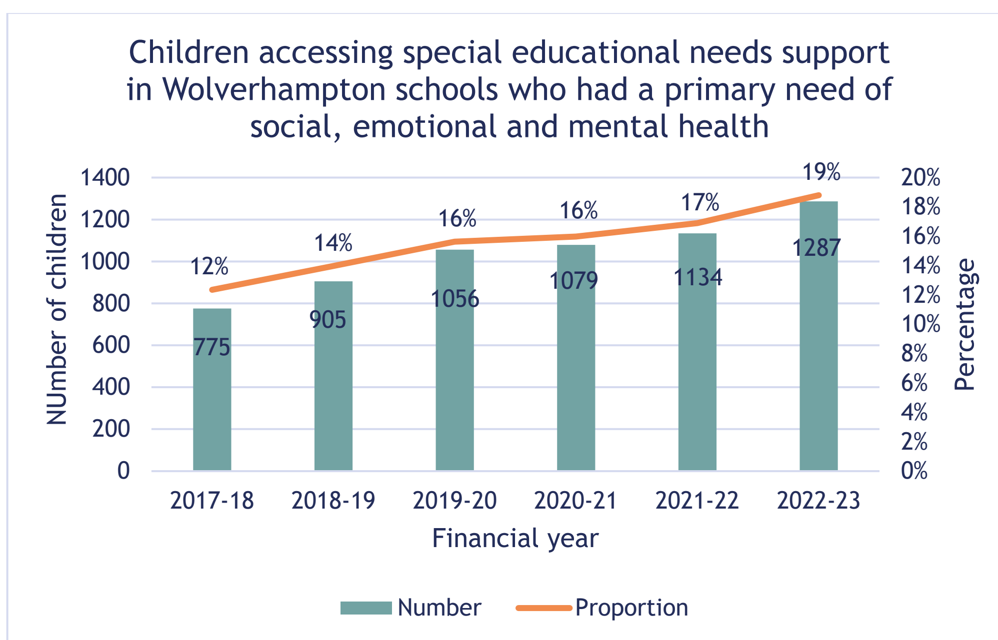
Wolverhampton pupils' responses to the 2023 Health Related Behaviour Survey (HRBS) evidenced an association between having SEND and being unhappy with life, worrying about mental health, having clinically significant emotional difficulties, and being bullied in or outside of school.

In 2022-23 13.7% of children attending school in Wolverhampton were identified as receiving special educational needs support. This is broadly in line with percentages for the West Midlands (13.2%) and England (12.8%), and these levels have not fluctuated much in recent years[83].

In 2022-23 4% of Wolverhampton pupils had a statement of special educational need or an Education, Health and Care Plan. Again this is in line with percentages for the West Midlands (3.8%) and England (4.2%) and the trend in Wolverhampton has been in line with those nationally over recent years[84]. This have seen a gradual increase in this percentage (from 2.7% of Wolverhampton pupils have a statement or plan in 2018).

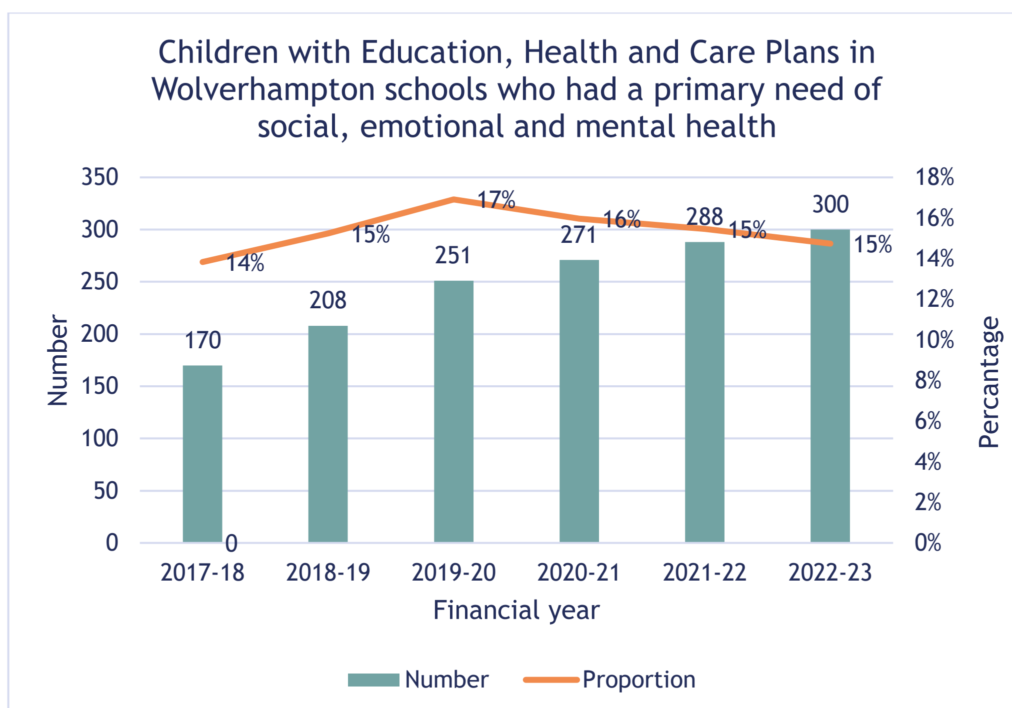
Among those under-18 year olds in Wolverhampton who have an Education Health Care Plan or access special educational needs support, the number for whom social and emotional mental health is the **primary need** has been rising since 2017 - as illustrated in Charts 17 and 18.

Chart 17



Source: DfE statistics, Special educational needs in England

Chart 18



Source: DfE statistics, Special Educational Needs-in England

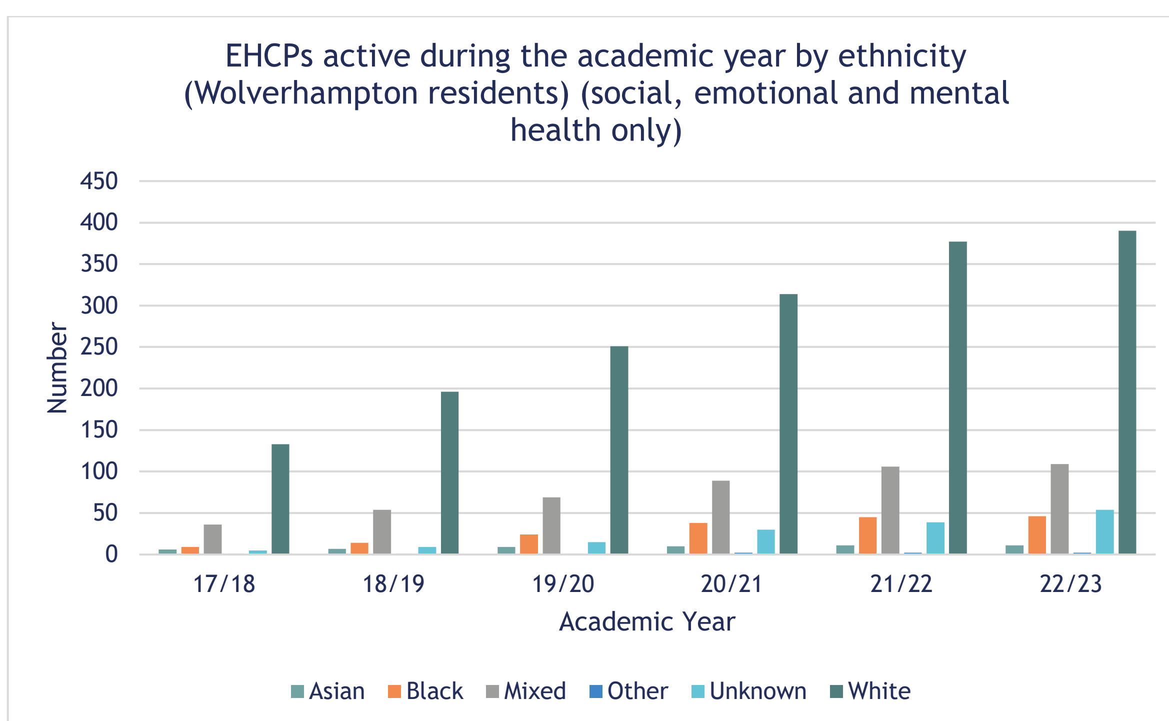
In the year 2021 to 2022, 2.8% of all school pupils in Wolverhampton had an identified social, emotional and mental health (SEMH) need, compared with 3% nationally[85]. This can be broken down into primary and secondary-age pupils.

1.54% of primary-age pupils in Wolverhampton had an identified social emotional mental health need, which is lower than the averages for the West Midlands and England (2.20% and 2.45% respectively).

3.51% of secondary-age pupils in Wolverhampton have a diagnosed social, emotional and mental health need, higher than the averages for the West Midlands and England (2.39% and 2.67% respectively).

Chart 19 shows the rates of children and young people with Education Health and Care Plans by ethnic group from 2017 to 2022/23. It shows increases in numbers of children and young people in the White Mixed and Black ethnic groups whilst the number of those with Asian ethnicity has remained fairly level since 2017.

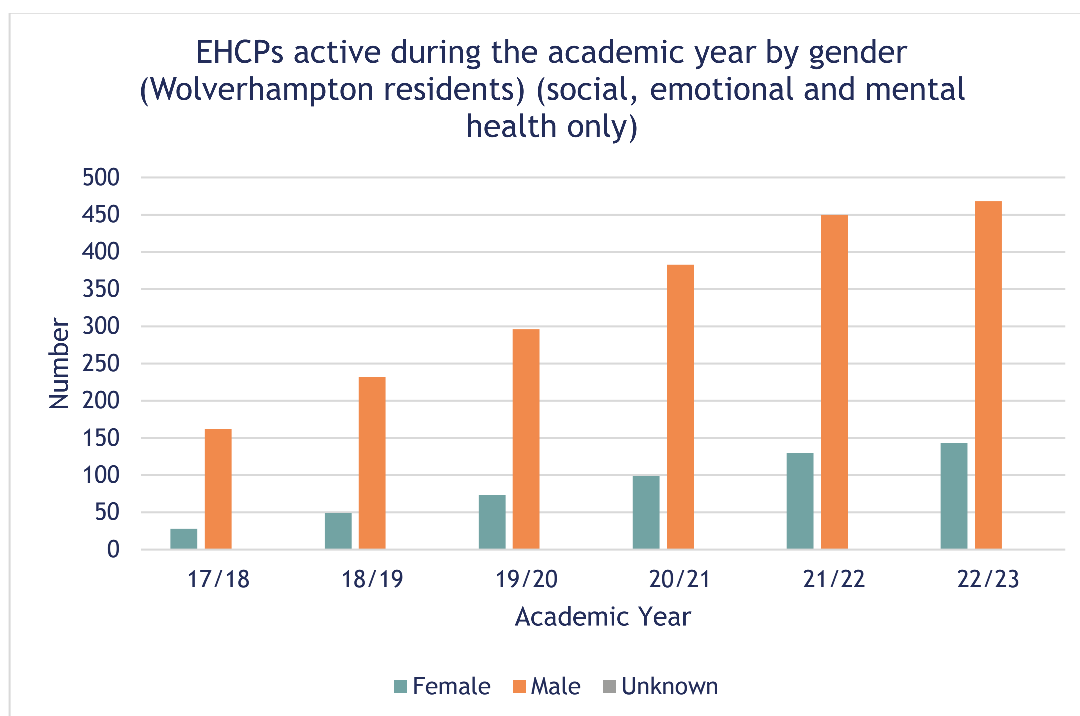
Chart 19



Source: DfE statistics, Special Educational Needs-in England

Data made available by Wolverhampton City Council Data Analytics Team shows the majority of those with an active EHCP are white and male.

Chart 20



Source: DfE statistics, Special Educational Needs-in England

5.6 Other challenging or adverse life experiences that increase risks of emotional and mental health issues

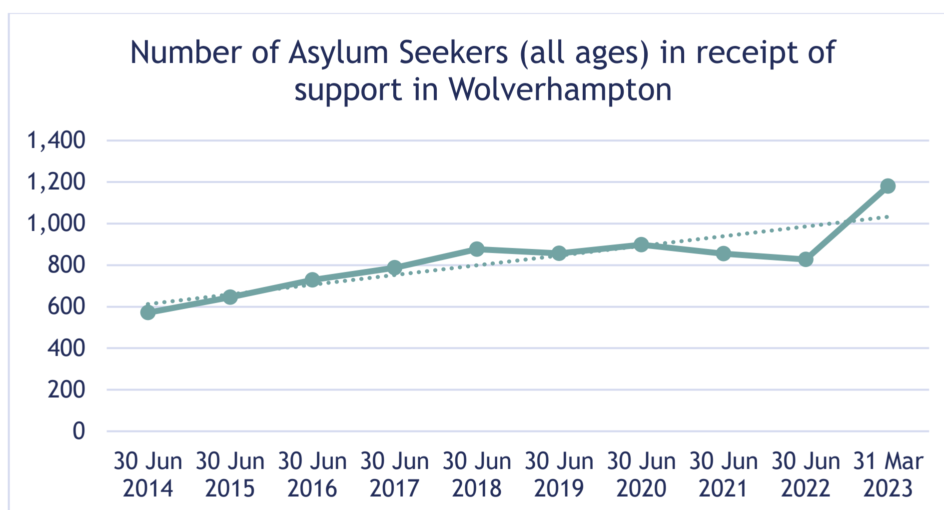
5.6.1 Refugee and asylum seeking children and young people

There a number of emotional and mental health challenges associated with being a refugee or asylum seeker including a loss of broader family networks, friends, customs and surroundings, bereavement, a need to start from scratch, language difficulties, differing expectations and values, discrimination and stigma, trauma and post-traumatic stress disorder and their insecure status within the county.

The available literature shows increased levels of psychological distress among refugee children, seen in the incidence of post-traumatic stress disorder, depression, and anxiety disorders. Studies report particular emotional and mental health concerns about the emotional and mental health of unaccompanied children[86].

Chart 21 shows the number of asylum seekers, of all ages, (of all ages) in receipt of support has recently increased in Wolverhampton. This needs assessment has not been able to source information about the number of asylum seekers aged 0-25.

Chart 21



Source: Home Office, Immigration System Statistics, year ending March 2023

5.6.2 Bullying

Having been bullied is detrimental to mental health. Studies have found mental health problems to be four times higher among boys who had been bullied compared to those not bullied. The corresponding figure for girls was 2.4 times higher[87].

In responses to the June 2022 DfE's Parent, Pupil and Learner Panel survey[88] 23% of primary-aged children and 22% of secondary-aged children and young people nationally reported or were reported as having been bullied in the previous twelve months. Among primary-aged pupils, reported bullying was greater among pupils with special educational needs and disabilities and pupils eligible for free school meals. At secondary school White pupils were also more likely to report bullying than ethnic minority pupils.

In the Wolverhampton Health Related Behaviour Survey (HRBS) in 2023, 18% of pupils in Years 4-6 (8 to 11), 28% of Year 8 pupils (aged 12 to 13) and 18% of pupils in Years 7-10 (aged 11 to 15) reported being bullied in school in the last 6 months.

Findings from the 2022 HRBS show that 31% of primary aged pupils (Years 4-6) and 23% of secondary aged pupils (Years 7-10) reported they are at least 'sometimes' afraid of going to school because of bullying.

Results from the same year show that around 1 in 10 pupils report being bullied due to their race, colour or nationality; proportions are higher in the secondary phase and higher for girls. 23% of secondary pupils (years 7-10) said they had been bullied because of their size or weight. This was higher than the 18% who reported this in 2018. 25% had been bullied for the way they look, a greater proportion than the 22% who reported this in 2018.

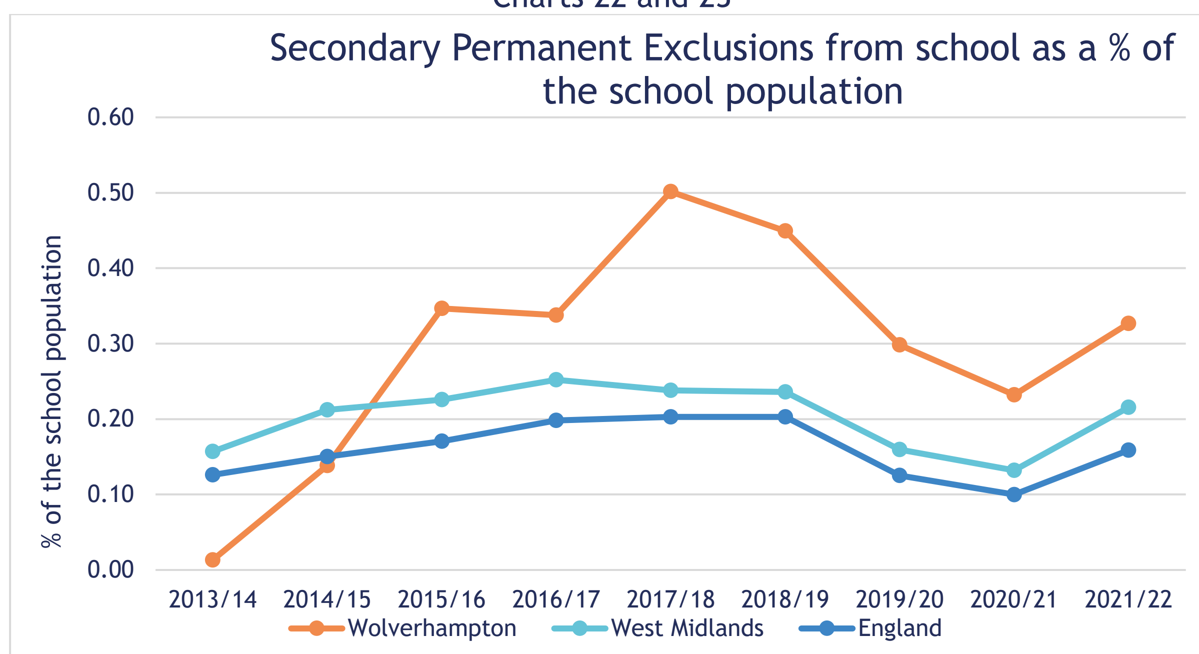
5.6.3 Suspensions and exclusions

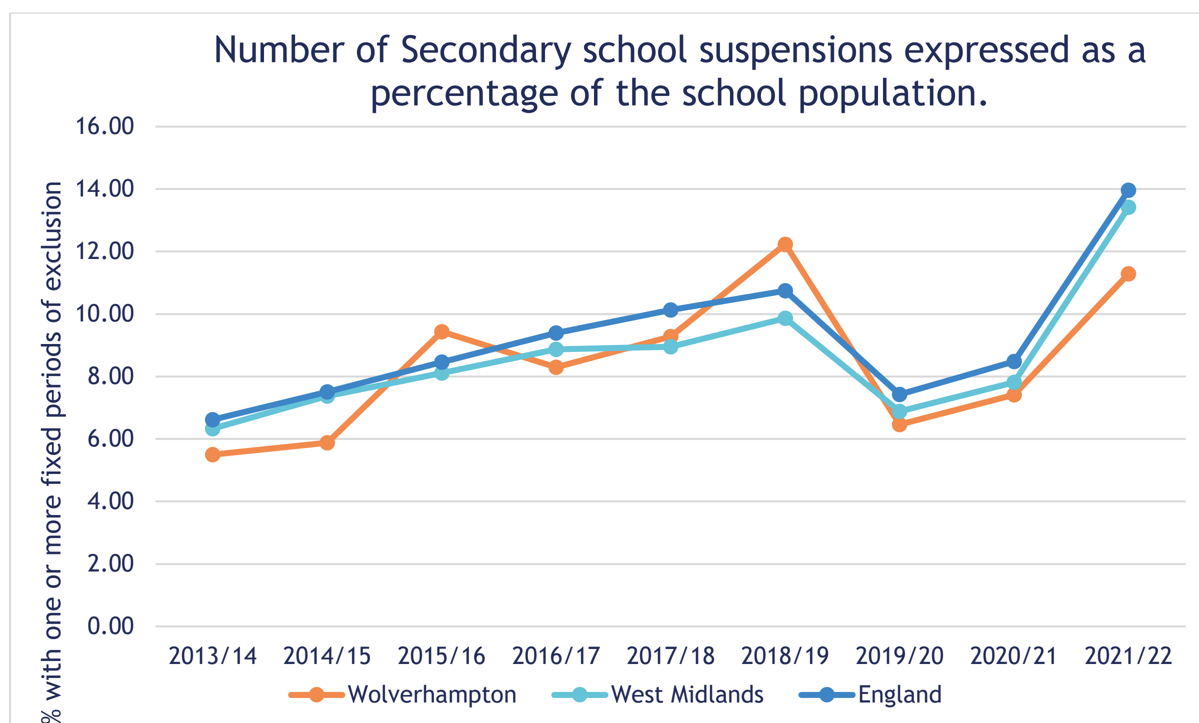
Research indicates poor mental health contributes to and results from exclusion from school. Boys who enter school with poor mental health are at high risk of exclusion in primary school. Boys and girls who are excluded between age 15 and 16 may have poor, and in the case of girls, deteriorating, mental health[89].

The rate of exclusions in primary schools is very low. Chart 22 shows the trend in rates of exclusions in Wolverhampton secondary schools from 2013 to 2021: the rate in Wolverhampton is higher than that in the West Midlands and England but the trend since 2017/18 has been to move closer to national and regional averages.

In contrast Chart 23 shows suspension rates in Wolverhampton secondary schools are lower than those in the West Midlands and England, although trends over time are broadly aligned.

Charts 22 and 23





Source: DfE statistics: exclusions

Data collected for the West Midlands Violence Reduction Assessment of the Risk of Violence[90] indicated that pupils with identified social, emotional and mental health needs have a much higher risk of being permanent excluded (1.6%) when compared to the risk for all secondary school pupils in Wolverhampton (0.2%).

A new report by a new Who's Losing Learning? Coalition (September 2023) shows that in England more than half of all suspensions were of children living in poverty, who are 3.7 times more likely to be sent home than other children.

5.6.4 Children and young people in the youth justice system

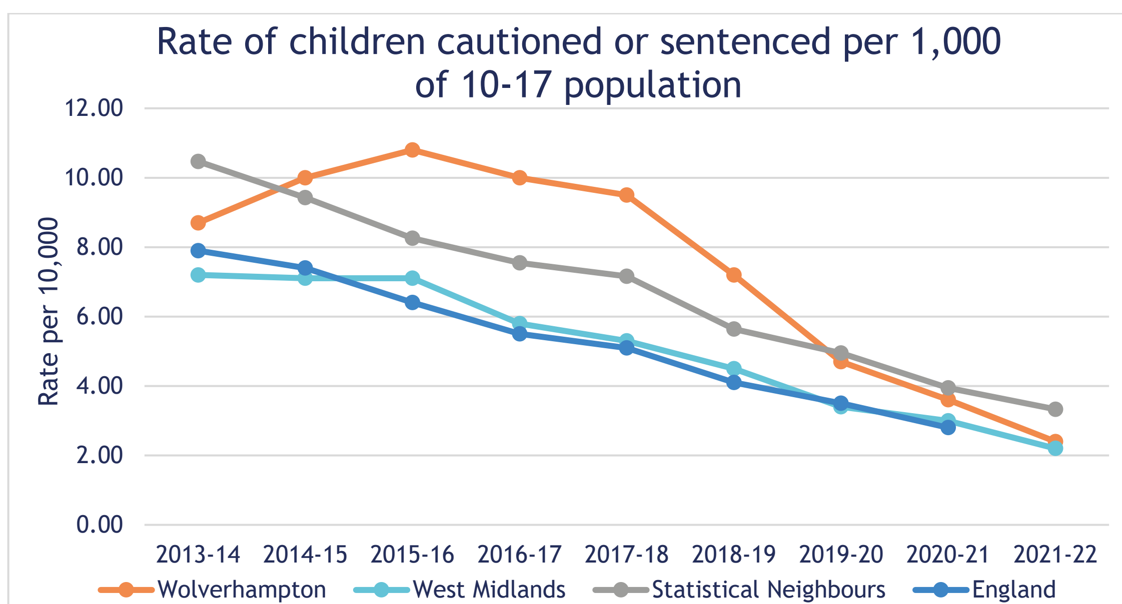
The prevalence of mental health needs amongst children within the youth justice system has been found to be higher than within the general population of young people. Of those children sentenced in England in the year ending March 2020 there were concerns in relation to mental health in 72 per cent of cases[68].

A number of risk factors for children getting involved in offending are also risk factors for mental health difficulty, including for example being subject to trauma or severe neglect, social disadvantage, substance misuse, and not accessing services or support in a timely way despite complex or high levels of need[91].

Chart 24 shows the rate of 10-17 year olds cautioned or sentenced in Wolverhampton compared with the West midlands and England. The rate of children cautioned or sentenced age 10-17 in Wolverhampton – 2.4 per 1,000 in 2021-22 – has been falling in recent years. In previous years the rate in Wolverhampton was higher than that in England, however the gap is closing: although comparator data for England was not available for 2021-2,

Wolverhampton rates were in line with those in the West Midlands and lower than statistical neighbours.

Chart 24



Source: Youth Justice statistics

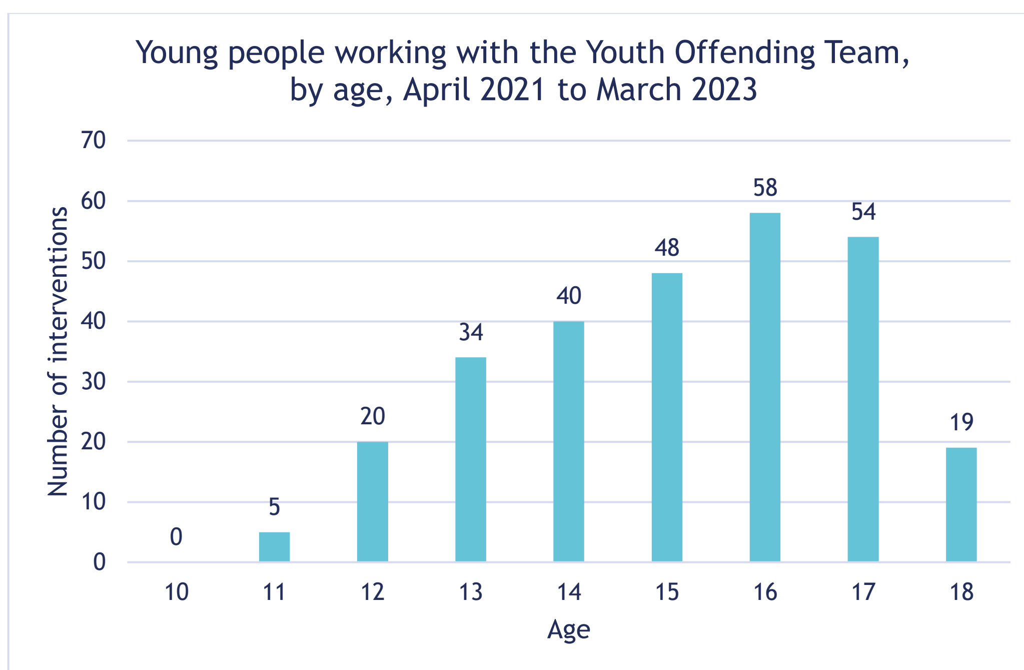
Between April 2021 and March 2023 the Youth Offending Team worked with 281 children and young people in Wolverhampton, 74% of these were male. The ethnicity profile of those worked with are shown in chart 25.

Chart 25

Source: Wolverhampton Childrens Services, Data and Analytics

The age profile of these children and young people is shown in Chart 26.

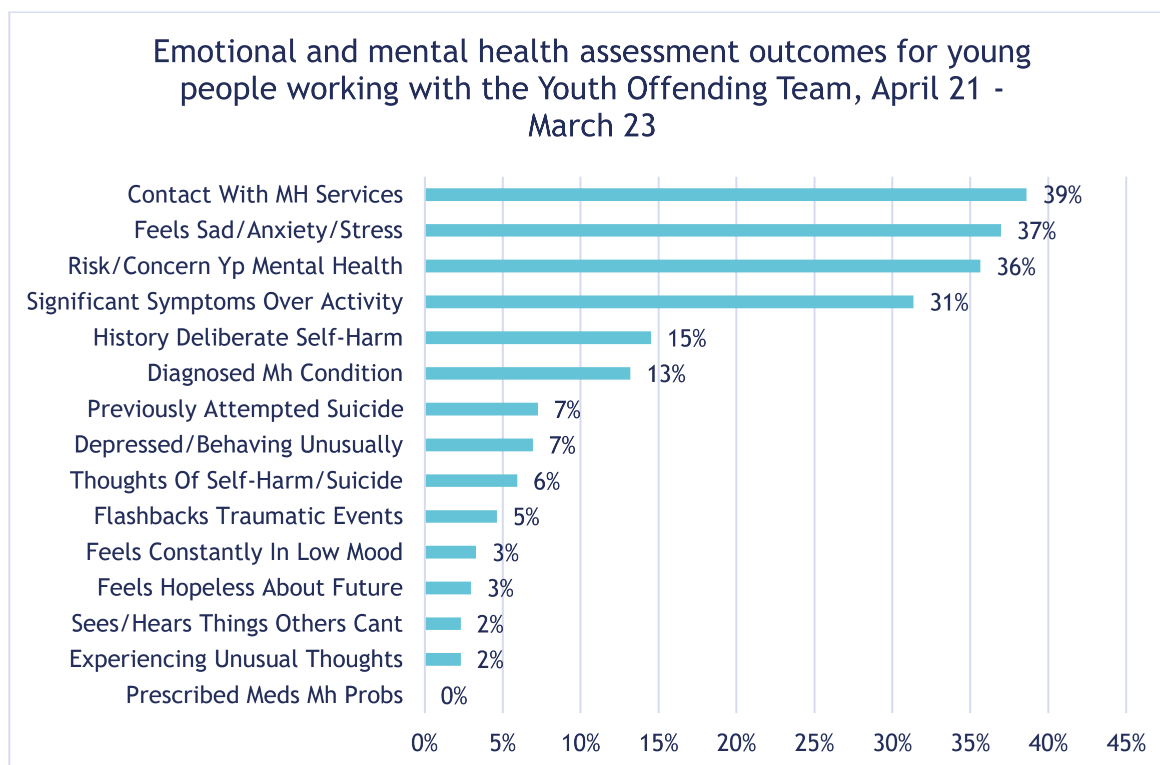
Chart 26



Source: Wolverhampton Childrens Services, Data and Analytics

The Youth Offending Team carry out health assessments with each child and young person supported. 39% of those assessments related to children and young people who were in contact with mental health services, and concerns about mental health were identified for 36% of those assessed.

Chart 27



Source: Wolverhampton Childrens Services, Data and Analytics

In the period April 2022 to March 2023, 46 referrals (c. 30% of all children and young people supported in the year) were made from the Youth Offending Team to core CAMHS (The Child and Family Service). The primary reasons for referral were emotional health; trauma; ADHD; self-harm and autism.

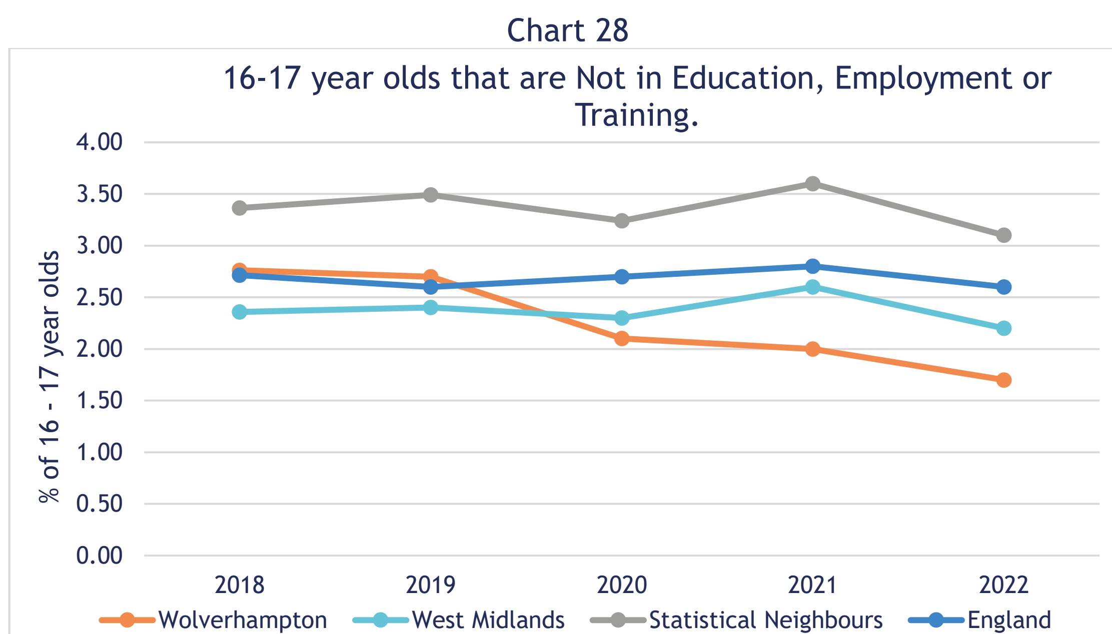
The West Midlands Violence Reduction Unit risk index is based on factors with correlations with violence (deprivation affecting children; rates of mental health; and lack of educational development in early years) and indicates variation across the Wolverhampton footprint. The map of risk indicated that neighbourhoods with higher risk and higher rates of violence were Wolverhampton Central and Waterloo Road, and Bliston Lunt and Loxdale in the south east of Wolverhampton[92].

5.6.5 Young people Not in Education, Employment or Training (NEET)

The association between young people who are NEET and their emotional and mental health has been evidenced. A systematic review by Gariépy, Danna et al showed "meaningful, significant associations between youth mental health and substance use problems and being NEET"[93]. In research by the Learning and Work Institute and The Prince's Trust almost four in 10 young people said that the main reason they couldn't find work was due to a mental health problem or disability. Their analysis of labour market data indicated that the proportion of out of work young people reporting a mental health problem had increased from 11% in 2011 to 30% in 2022[94].

There were approximately 116 16-17 year olds in Wolverhampton that were NEET in the first part of 2023. Chart 28 displays the trend from 2018 to 2022. The proportion of 16 and 17 year olds who are NEET in Wolverhampton has been lower than the England average since 2019.

Chart 28



Source: Participation in education, training and NEET age 16 to 17 by local authority

6. The emotional and mental health needs of children and young people in Wolverhampton

6.1 Section introduction and summary

6.1.1 Introduction

This section reports information on nature and level of children and young people's emotional and mental health need in Wolverhampton. In addition to drawing on available nationally collected data, information sources include:

- local information from the Health Related Behaviour Survey (HRBS) which is caried out through schools and colleges to capture information directly from children and young people about their levels of emotional and mental health
- consultation undertaken for this needs assessment
    - with professionals. 148 responded to a survey, 47 attended an interactive workshop, and 28 participated in interviews.
    - with groups of young people and parents, engaged through pre-existing forums and participative structures. This sought to hear from a range of young people, including those who are currently thriving, those with experience of current mental health services and systems, and groups of young people whose characteristics or life experiences may increase their vulnerability to mental ill-health.

See the 'Approach' and Appendix 1 for more detail on the consultation and consultation participants.

6.1.2 Section summary

National NHS Digital data on the on the prevalence of mental health difficulties in 2022 indicates that 18% of children aged 7 to 16 years and 22% of young people aged 17 to 24 years had a probable mental disorder[1]. For Wolverhampton these percentages would equate to approximately 5,800 7 to 16 year olds and approximately 5,200 17 to 24 year olds.

Wolverhampton's Health Related Behaviour Survey (HRBS) was completed by approximately seven and a half thousand mainstream primary (Years 4-6) and secondary (Years 7-12) school pupils in 2023. This indicated that:

- the proportion of primary age pupils (ages 7 to 11) reporting low or medium-low wellbeing rose between 2018 and 2022 and has remained at a similar level (19%) in 2023

- the proportion of pupils age 11 to 16 age bracket reporting low or medium-low wellbeing, rose between 2018 and 2022, but has fallen in 2023 (from 43% to 33%)
- there are significant gender differences, with girls in Wolverhampton consistently reporting higher difficulties through adolescence while boys' self-reported difficulties reduce with age
- there is an association between pupils reporting emotional difficulty and pupils reporting being
    - non-binary/ transgender;
    - being female;
    - being Black
    - having a special educational need or disability (SEND)
    - being a Young Carer
    - being lesbian gay or bisexual
    - living in single parent household.

Professional and young person consultees shared perspectives about which groups in Wolverhampton are particularly vulnerable to mental health issues. Groups that were identified in addition to those highlighted through the HRBS included children and young people:

- were neurodivergent
- had parents experiencing emotional and mental health difficulties
- were Children Looked After
- were in an ethnically minoritized group

Consultees stressed that it is the complexity of need as much as the severity of need that has increased in recent years.

Young people raised a range of life experiences that, additional to the experiences highlighted above, they considered contribute to emotional and mental health challenges. These spanned social pressures, peer and familial relationships, academic pressures, expectations associated with gender or family, money worries and worries about the future, impacts of trauma, addiction and identity issues or differences (e.g. being in care, LGBTQ+, a young carer or a refugee or asylum seeker) that could result in exclusion, discrimination, isolation or not feeling understood.

Additional to these, professionals also highlighted issues around home environment and parent/ family wellbeing as important among for younger children, and emphasised social media, body image and crime and safety having an impact for older young people.

6.1.3 Contents of this section

6.2 Needs identified by the Health Related Behaviour Survey (HRBS)

6.3 Overarching needs identified in the consultation with young people

6.4 Overarching needs identified by the consultation with professionals

6.5 Needs of particular groups

6.6 The incidence of suicide

6.2 Needs identified by the Health Related Behaviour Survey (HRBS)

Wolverhampton schools have been using the Health Related Behaviour Survey every two years since 2006, as a way of collecting robust information about young people's lifestyles, funded by the City of Wolverhampton Council Public Health Team. Four versions of the survey (Key Stage 1, Key Stage 2, secondary and a version for special schools) ask age-appropriate questions. Below we reflect back responses from the 2022 and 2023 survey.

The HRBS 2022 was completed by a total of 7959 pupils in primary and secondary settings, plus the Further Education college and two special schools.

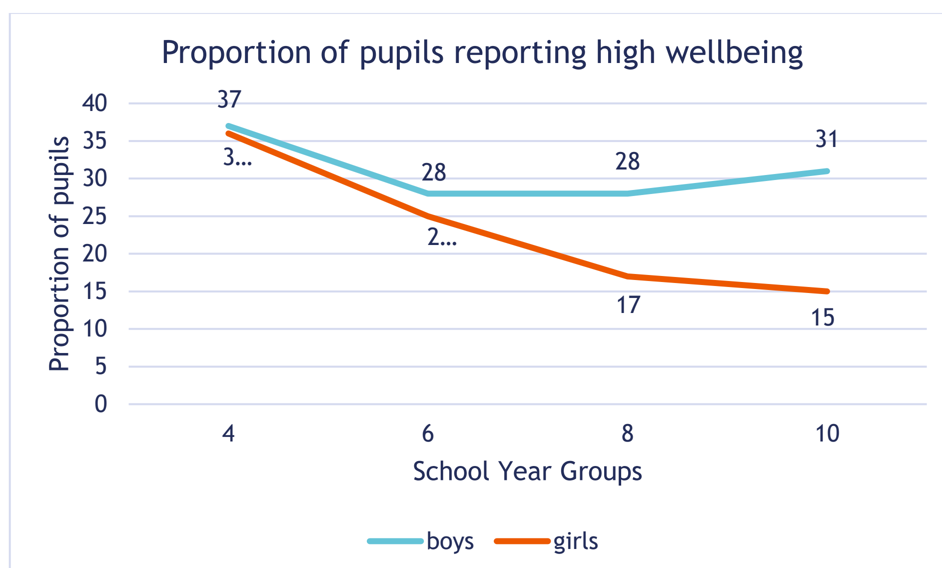
The HRBS 2023 was completed by a total of 7340 pupils in mainstream schools (c. 8500 including special schools); 3090 pupils in Primary school (Years 4-6) and 4250 pupils in Secondary school (Years 7-12).

Survey findings from 2023 showed that whilst fairly similar at primary school age, significant differences emerged between boys' and girls' emotional and mental health at secondary school age.

The HRBS measured pupil wellbeing using two validated questionnaires: the Stirling Children's Wellbeing Scale[95] was used to measure wellbeing for Year 4 and 6 pupils and the Short Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)[96] was used for those in Years 8 and 10.

Chart 29 shows that the overall proportion of pupils reporting high wellbeing reduced in the latter years of primary school (from an average of 36% in Year 4 to an average of 22% in Year 6). In secondary school, the proportion of girls reporting high wellbeing dropped (to 15% by year 10), while the percentage of boys in this group remained more stable (31% in year 10).

Chart 29

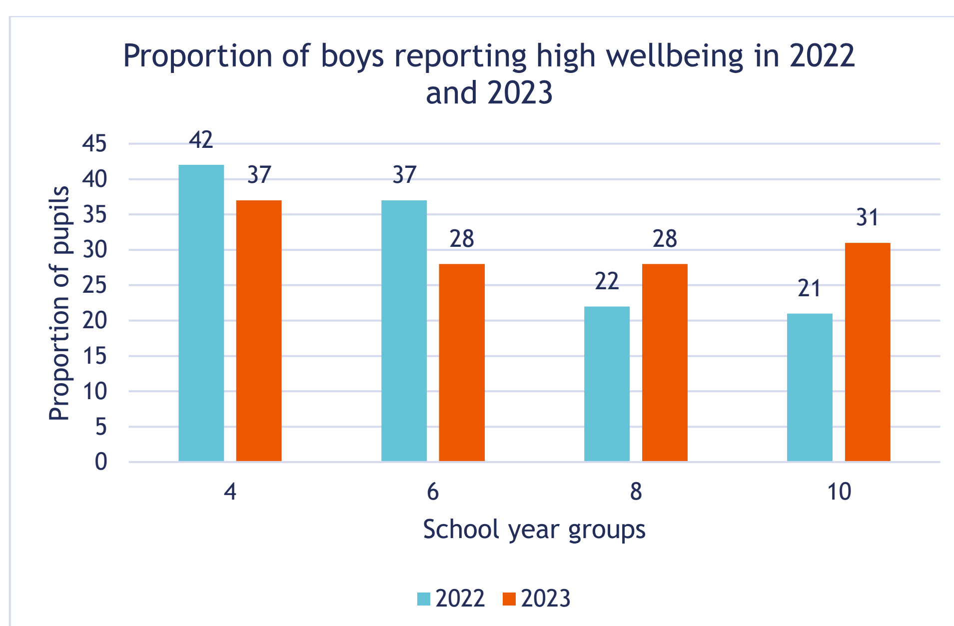


Comparing the results from 2023 to the previous year's results shows changes over time as well as between genders.

In 2022, the largest drop in the proportion of boys' reporting high wellbeing occurred between Years 6 and 8 - i.e. between primary and secondary school - a drop of 15%. In 2023 the largest drop in the proportion reporting high well-being was seen within the primary stage – a drop of 9% between Years 4 and 6.

In both 2022 and 2023, boys' wellbeing remained steadier across years 8 (age 12/13) and 10 (age 14/15), however a higher proportion experienced high wellbeing in 2023 than in 2022.

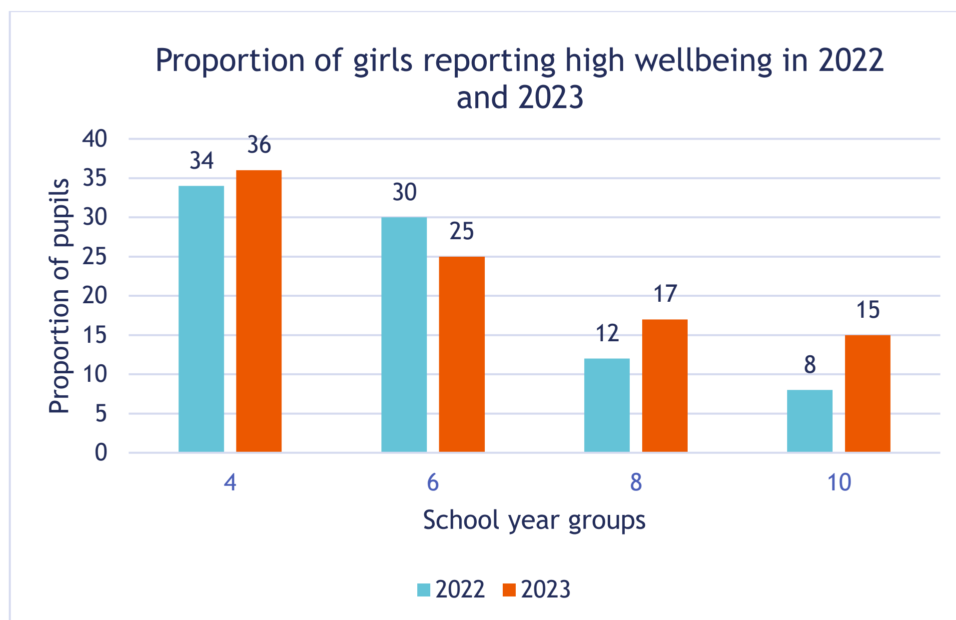
Chart 30



As for the boys, in 2022 girls reported the largest a drop in wellbeing between primary and secondary, but in 2023 the largest drop downwards occurred within the primary stage, between Years 4 and 6.

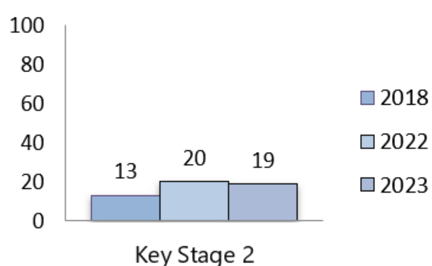
For girls, there was also an increase in the proportion of pupils reporting high wellbeing at secondary school age between 2022 and 2023.

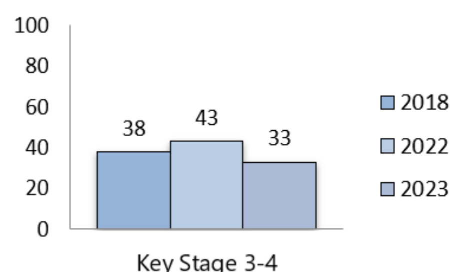
Chart 31



The proportion of primary age pupils (all genders) reporting low or medium-low wellbeing rose between 2018 and 2022 and remained at a similar level in 2023. The proportion of secondary age pupils (all genders) reporting low or medium-low wellbeing also rose between 2018 and 2022 but fell in 2023 (from 43% to 33%).

Chart 32





In addition to measuring wellbeing, questionnaires included in the HRBS survey measured levels of emotional and behavioural difficulty the Me and My Feelings outcome measurement questionnaire.

2023 data indicated that there were significant differences between boys' and girls' emotional difficulties across all year groups surveyed. Girls showed greater levels of emotional difficulty. While the proportion of boys reporting emotional difficulties gradually reduced between Years 6 and 12 (from 13% to 4%), the proportion of girls reporting emotional difficulties remained at the (approximately) same higher level (18% - 20%) from years 6 to 10, before reducing in Year 12.

Chart 33

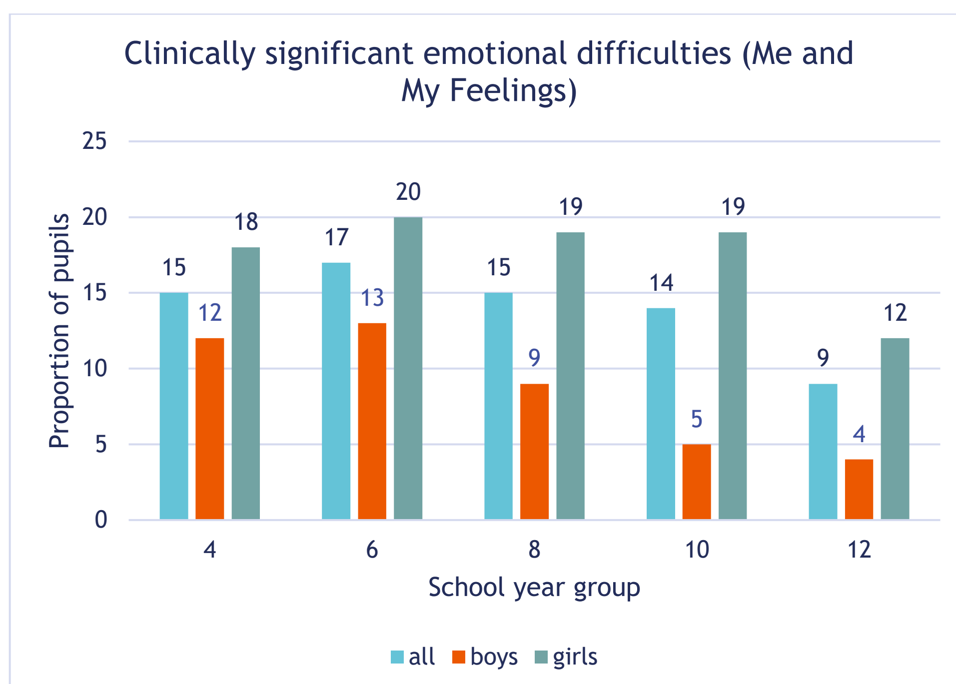


Chart 34 shows factors associated with low wellbeing for Year 8 (age 12-13) and Year 10 (age 14-15) pupils, in both 2022 and 2023. Low wellbeing is determined by a low score of between 7 - 13 on the SWEMWB Scale.

In 2023, for both year groups there was an association between reporting low wellbeing and being non-binary or transgender, and being a young carer.

For Year 8 pupils in both 2022 and 2023 there was also a statistically significant relationship between reporting low wellbeing and having SEND, living in a single parent family, and being Black. Across the two secondary age year groups, 2023 findings showed clinically significant emotional difficulties associated with being female, identifying as LGBTQ+, having a SEND, and being a young carer for secondary age.

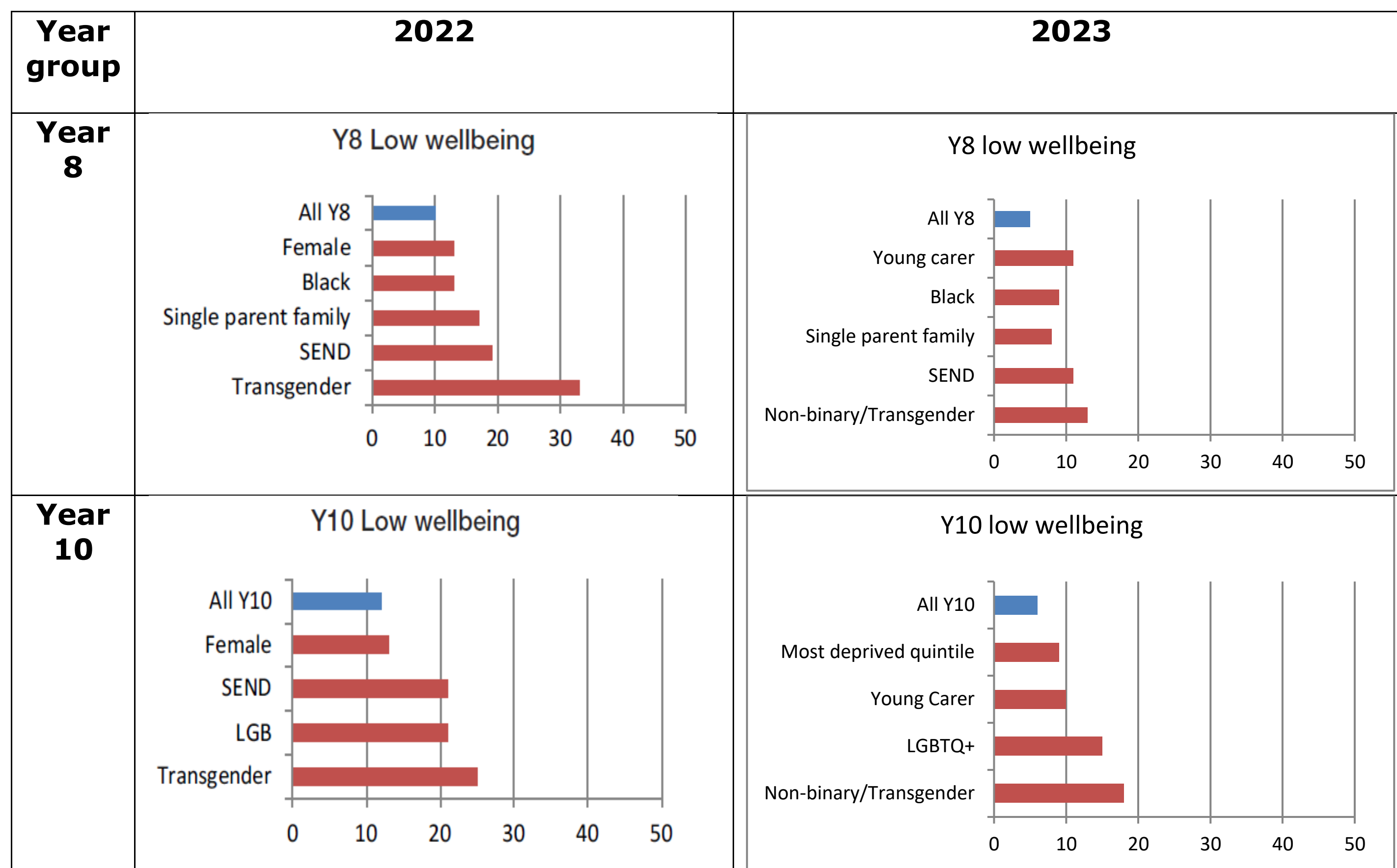
For Year 8 pupils specifically there was a statistically significant relationship between being Black, having a SEND, living in a single parent family and identifying as transgender and/or non-binary and reporting as having low wellbeing.

Identifying as LGB or transgender/non-binary are consistently associated with low wellbeing. For year 10 pupils in both 2022 and 2023 there was a statistically

significant relationship between identifying as LGB or LGBTQ+ and reporting low wellbeing.

In 2023 an association also emerged between low wellbeing and deprivation.

Chart 34



Source: Findings from the Health Related Behaviour Survey 2022 Emotional Health and Wellbeing, City of Wolverhampton Council

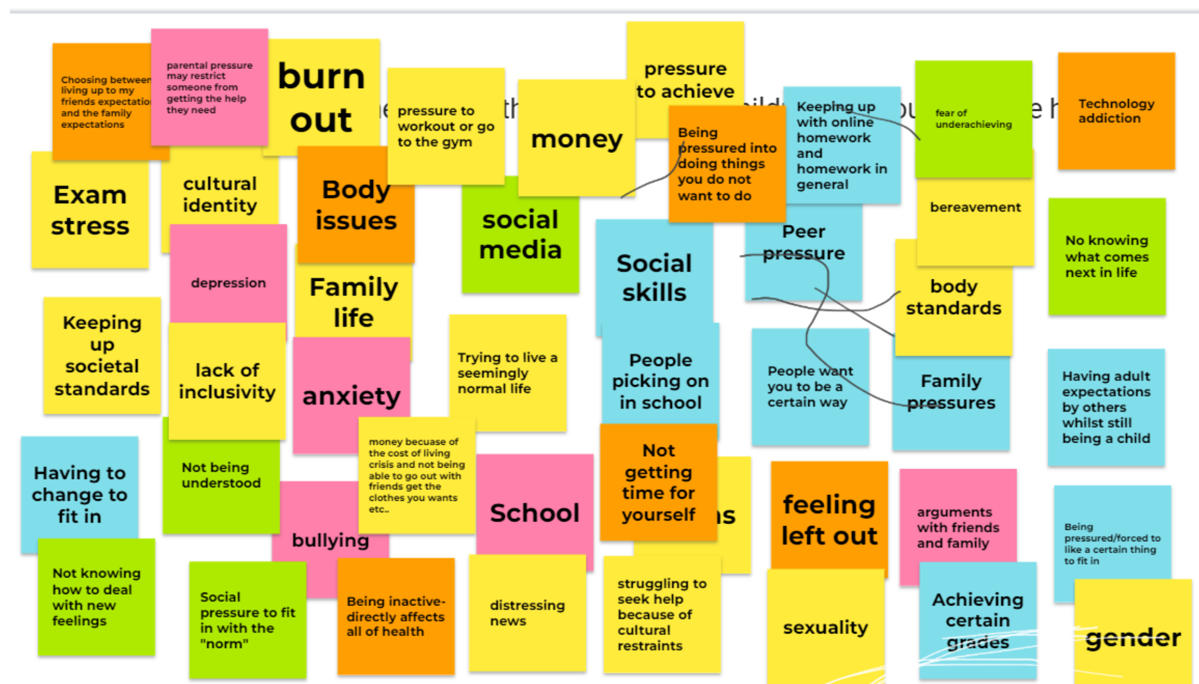
In comparison to the 2022 responses to the HRBS, 2023 findings indicated a significant increase in the proportion of pupils who reported knowing an adult they trusted **at home** who they can talk to if they were worried about something (for secondary school pupils, could talk to about their mental health). There was variation across age and gender In 2023:

- Among girls, between 82% and 73% (reducing with age from Year 4 to Year 10) knew an adult they trust at home. In 2022 between 67% and 47% did.
- Among boys, between 84 and 80% (varying by Year group) knew an adult they could trust at home. In 2022 between 65% and 47% did.

The proportion of boys and girls who report knowing an adult they trust **at school** who they can talk to if worried/about their mental health is much lower for all year groups; between 66% (year 5) and 42% (year 10) boys and girls know an adult at school who they can talk to (HRBS 2023 findings).

6.3 Overarching needs identified in the consultation with young people

The children and young people who were part of the Young Person Advisory Group shared their views on the types of emotional or mental health challenges that children and young people can experience:



Children and young people at the Youth Council shared many of the same types of issues but also added:

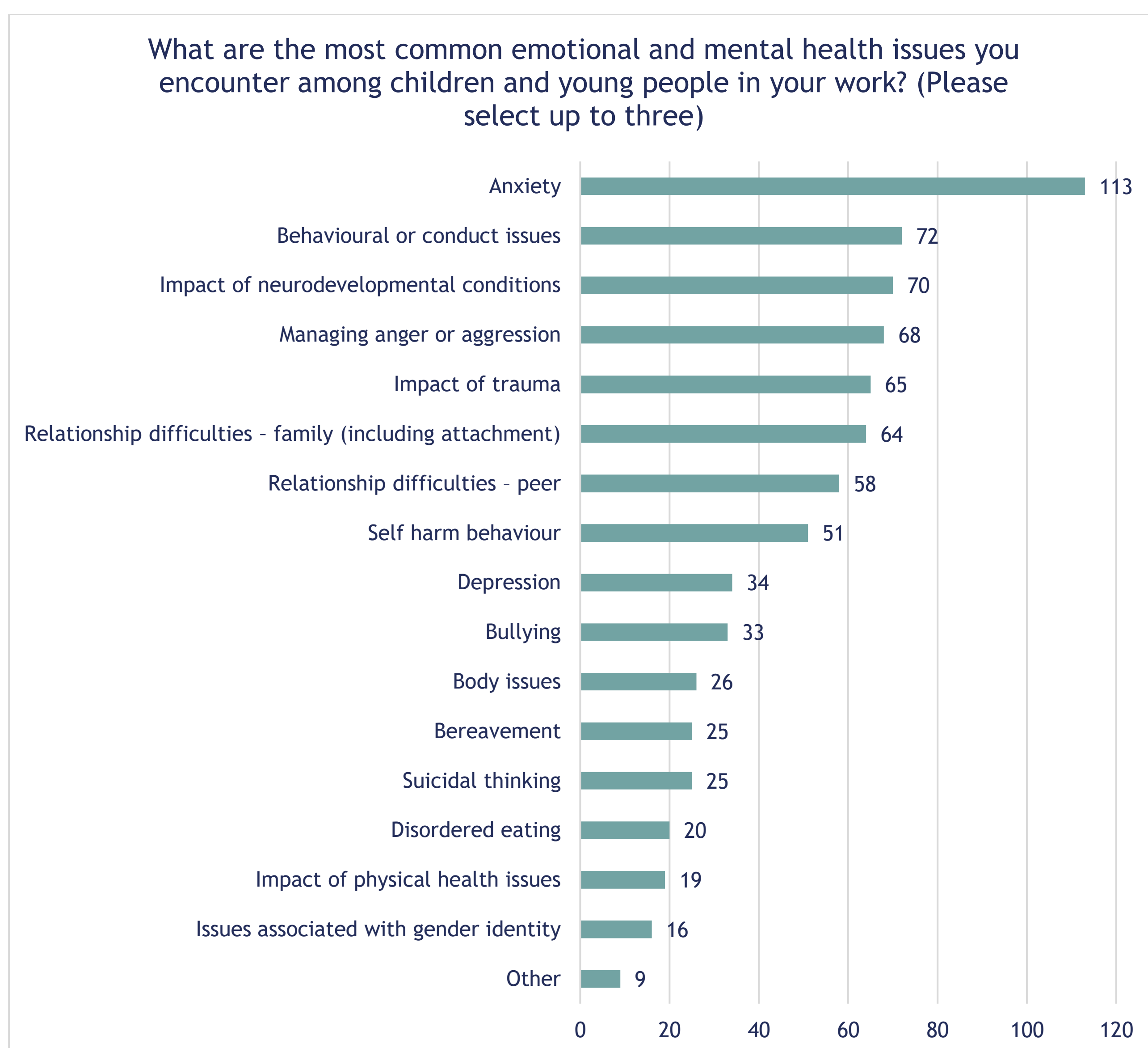
- social isolation and loneliness
- worrying about the future
- placements in foster care
- 'toxic' family situations
- expectations – masculinity and femininity
- identity – faith, gender, ethnicity, sexuality
- addiction
- teachers – judging, comparing
- boredom
- rejection
- deprivation and poverty
- experience of trauma
- school pressures – homework
- money worries

Section 6.5 below shares young people's feedback on the needs of particular groups of children and young people.

6.4 Overarching needs identified in the consultation with professionals

The survey asked professionals in Wolverhampton to identify the most common emotional and mental health issues they encounter among children and young people in their work. Respondents were able to select up to three issues, and as indicated on Chart 35 below, a broad range of issues were identified. Of the top three, 86% selected anxiety, 55% selected behavioural or conduct issues, and 53% selected the impact of neurodevelopmental conditions, e.g. autism, ADHD. The number on the chart reflects the number of people selecting each option.

Chart 35



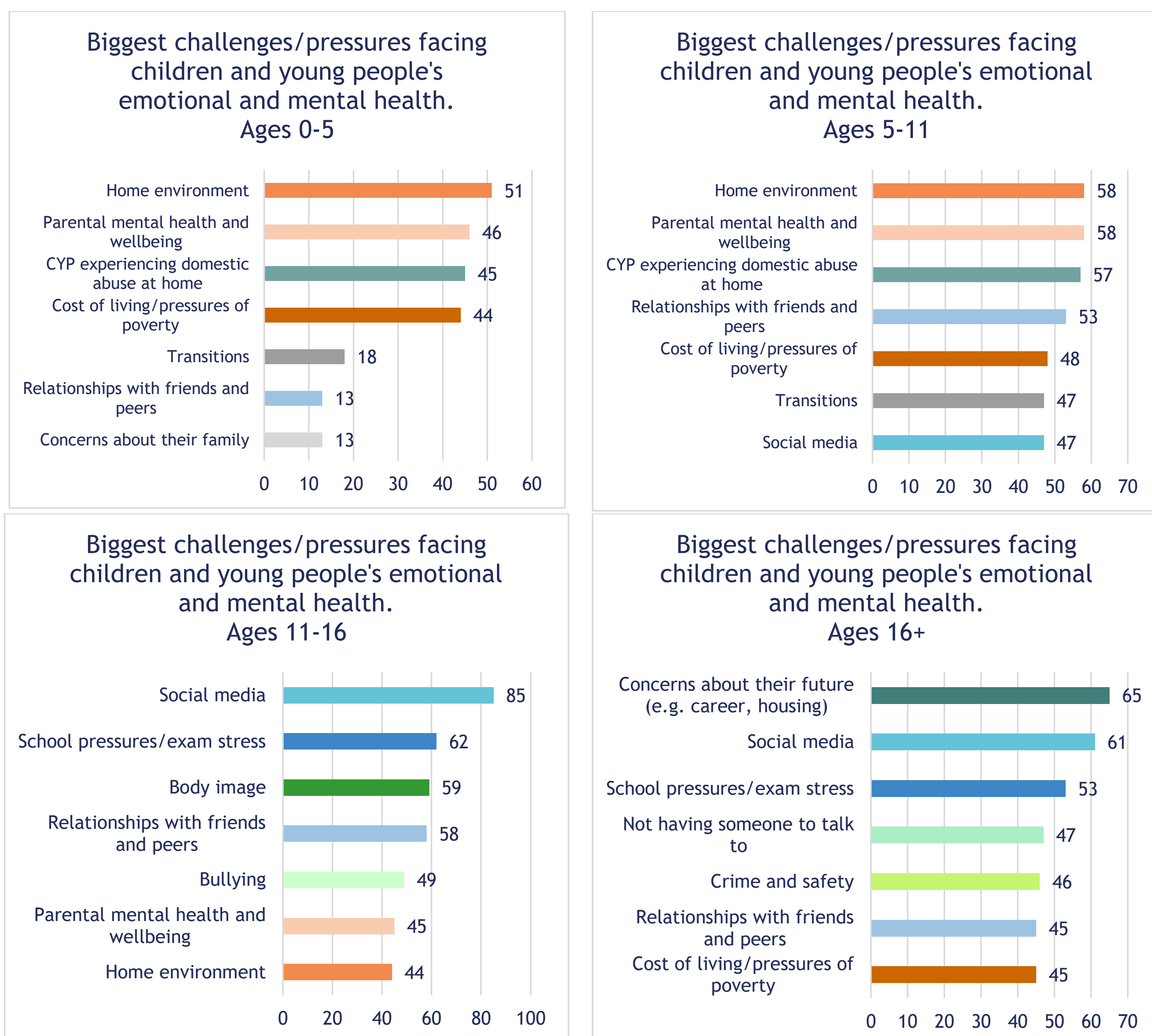
For each of four age brackets (0-5, 5-11, 11-16 and 16+ years), professionals were asked what they considered to be the biggest challenges or pressures facing

children and young people's emotional and mental health. Chart 36 shows the responses for each of the four age brackets.

Professionals identified the same top three challenges or pressures for children aged 0-5 and children aged 5-11: home environment, parental mental health and wellbeing, and experiencing domestic abuse at home.

Pressures considered to be facing those aged 11-16, and those aged 16+, social media appeared in the top three, along with school pressures and exam stress. For the 11-16 years, body image was also identified as among the top three. For the over-16's, concerns about the future was selected by the largest number of respondents as a challenge/pressure.

Chart 36



Professionals who were interviewed as key stakeholders in this needs assessment also shared their views on issues that had an impact on children and young people's emotional and mental health. Issues they referenced, additional to the challenges and needs highlighted as significant in the survey (above), included:

- witnessing or being a victim of crime
- impacts of trauma and attachment-based needs
- harmful sexualised behaviours, and/ or vulnerable to child exploitation
- having missed out on opportunities around socialisation
- school avoidance as a result of wanting to be at home
- social isolation
- social media and internet safety, including the amount of time spent on screens rather than off-screen interaction, and the role of online communities (where negative)
- gender identity and issues related to sexuality
- cost of living related challenges
- few or lack of aspirations
- being home-educated
- emotional based school avoidance
- limited parenting associated with family circumstances
- children, young people and parents/ carers seeking labels – trying to put a name on things rather than focusing on the factors that might drive the issues.

Some consultees noted that children and young people's needs are increasingly complex, and that this can be compounded where it has taken them a long time to get help.

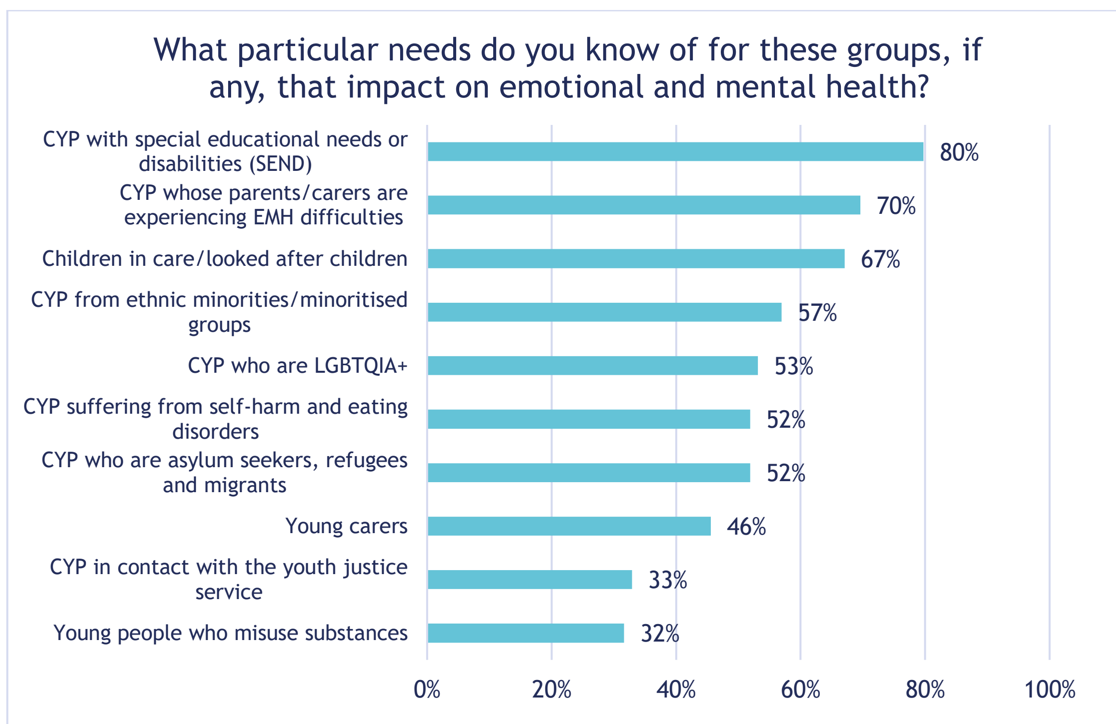
6.5 Needs of particular groups

6.5.1 Professional views on emotional and mental health needs of specific groups

Wolverhampton professionals were asked to select which groups of children and young people have particular needs that impact their emotional and mental health. As Chart 37 indicates, respondents identified a number of groups; among the top three, 80% (63) selected children young people with SEND, 70% (55) selected children and young people whose parents/carers are experiencing emotional and mental health difficulties, and 67% selected children in care.As Chart 44 indicates, respondents identified a number of groups; among the top

three, 80% (63) selected children young people with special educational needs and disabilities (SEND), 70% (55) selected children and young people whose parents/carers are experiencing emotional and mental health difficulties, and 67% selected Children Looked After.

Chart 37



Other groups of children and young people that were mentioned by staff as being more vulnerable to emotional and mental health issues included:

- children and young people with hidden disabilities
- young parents
- care leavers
- children who experienced bereavement of a close family member
- those who have parents in prison
- children exposed to domestic violence, neglect and emotional abuse
- those living in poverty and in inadequate housing
- children whose parents are separated or divorced
- pubescent girls, boys who don't fit the traditional "male" stereotype
- young people experiencing gender identify issues
- those with language and communication needs
- young people who have neuro developmental delay and children with neurodevelopmental needs.
- siblings of children with SEND

Staff shared the range of emotional and mental health difficulties faced by children young people in specific groups. In relation to the top three:

Professionals see **children and young people with SEND** as struggling with:

- social relationships, including difficulties with peers
- anxiety, isolation and self-confidence
- understanding and regulating emotions
- academic work and post-school opportunities
- expectations and identity – faith, gender, ethnicity, sexuality
- stigma and social exclusion
- transitions
- independence
- bodily changes/ hormones
- risk of abuse and neglect
- access to services and getting their voices heard.
- challenging behaviour
- placements in foster care
- 'toxic' family situations
- disordered eating and self-harm

Professionals see **children and young people whose parents were experiencing mental health problems** as struggling with**:**

- fear of what they experience or see, (trauma, instability at home, incidents of abuse, neglect and reduced safety)
- relating to others and having less time to socialize
- poor focus, fatigue and slow progress in school
- difficulties with attachment and separation anxiety
- lack of parenting and trusted adults available e.g. school staff
- managing emotions/ lower resilience
- isolation and shame, trying to hide issues
- cost of living issues
- anger
- behavioural issues
- depression
- anxiety
- low self-esteem
- suicidal thoughts.

Professionals see **Children Looked After** as struggling with:

- a lack of stability, consistency, trusted adults, and parental type relationships
- lack of a sense of belonging and acceptance – feeling different
- the impact of trauma e.g. abuse, adverse childhood experiences, rejection from family
- negative self image and low self-esteem
- co-regulation, self-regulation and attachment
- fears for the future
- exploitation
- limited peer groups
- isolation
- identity, including gender identity
- not having access visits or missing parents

6.5.2 Young people's views on emotional and mental health needs of specific groups

The group consultations held with groups of children and young people also explored some of the emotional and mental health needs and challenges associated with their particular circumstances.

Young people see issues for **Children Looked After** as including

- facing challenges with mental health while having to find and settle into a new place to live, a new community and not getting used to it very quickly
- often not feeling wanted by anyone because they're always moving
- not living with siblings
- dealing with teachers who don't understand
- being put with a culturally different family who don't understand them

Young people see issues for children and young people who are LGBTQ+ (lesbian, gay, bisexual, transgender, queer plus) as including

- experiencing mental health issues due to stigma within society and issues with both acceptance from peers and family and self-acceptance.
- lack of education and resources and a lack of specific support
- depression: often hidden as many young people are good at hiding how they really feel, and this means they may lash out or become distant and quiet
- anxiety and stress
- relationships in general and difficult relationships with parents in particular
- being more vulnerable to seeking acceptance or love in unhealthy or unsafe ways
- discrimination, and hate crime at school not being taken seriously
- bullying
- schools being cis-hetro normative environments, making young people feel excluded and a lack of support from schools
- school staff not being knowledgeable, mis-information being spread at schools, and education not being consistently LGBTQ+ inclusive
- lack of inclusive facilities at schools, so having to use staff, or disabled facilities

Young people see issues for children and young people who are **young carers** as including

- finding it difficult to cope at school, often having no space at home or time to do school work and no resources
- not having someone to talk to, not knowing where to get help
- bullying

- having different experiences from other young people, which leaves them feeling isolated: they react differently to things, and are often ostracized
- embarrassed about their situation
- pressure to blend in, have to act and hide things so as not to stick out or let people to know
- getting left out and behind - being behind in school and have to do things for themselves
- Not being able to plan or think about the future
- schools having low expectations – expecting young carers to get lower grades, and not supporting them to do better
- Feeling they are not doing well enough and not performing as well as they should

Young people see issues for **refugees and asylum seekers** as including

- language: where children and young people aren't able to speak English, they can't communicate, ask for help or ask questions, and there is a lack of help to learn English, and a lack of interpreters for their languages
- where there is no 'leave to remain' the future is uncertain and worrying and this is stressful
- Isolation; keeping to themselves, feeling alone, scared and not having family or friends to speak to
- impacts of trauma
- being treated differently by others (discrimination)
- staff (social workers, teachers, advisors) not understanding circumstances and needs

Young people using mental health services saw key issues they experienced as including

- teachers and other students not understanding emotional and mental health as well as they should, for example not being aware of things like panic attacks and how to respond
- School pressure
    - teachers caring about lessons and being in lessons, not about emotional health; shouting at or embarrassing pupils (for example for lateness, forgetting books) rather than being caring or concerned
    - exam stress
    - bullying, in school and online
- parents not understanding what's going on.

6.6 The incidence of suicide

Suicide is one of the leading causes of death in children and young people in the UK. The rate of suicide among 15 to 24 year old was 9.1 per 100,000 in 2018. Among young people aged 15-24, young men are three times as likely to take their own life as female peers[97].

Over half of young people who die by suicide have a history of self-harm[98]. Self-harm has risen in the last 15 years; in 2014, one in five young women reported having ever self-harmed, twice the rate in young men and three times higher than reported 15 years ago[99]. Recently self-harm has become more common as an antecedent of suicide in patients of mental health services over the last 20 years[100].

A report[60] examining suicides by children and young people aged under 20 in England, cited ten common themes:

- family factors such as mental illness
- abuse and neglect
- bereavement and experience of suicide
- bullying
- suicide-related internet use
- academic pressures, especially related to exams
- social isolation or withdrawal
- physical health conditions that may have social impact
- alcohol and illicit drugs
- mental ill health, self-harm and suicidal ideas

Children Looked After, care leavers and children, young people in the youth justice system and those that are LGBTQ+ are also at greater risk as well as are those with untreated depression[101].

Please see the forthcoming Wolverhampton Joint Strategic Needs Assessment: All Age Suicide Prevention, Topic Specific Report, 2023 for more exploration of this topic.

The overall rate of suicide in England between April 2019 and 31 March 2020,was 1.8 per 100,000 in 9 to 17 year olds. For the West Midlands, there were 6 deaths by suicide in this age range in this time period; 0.9 per 100,000[102]. The number of suicides in Wolverhampton is too low to be shared, however the recently produced Wolverhampton Joint Strategic Needs Assessment: All Age Suicide Prevention, Topic Specific Report, May 2023 explores the issue further.

7. Emotional and mental health services in Wolverhampton

7.1 Introduction and summary

7.1.1 Section introduction

This section explores how the emotional mental health needs of children and young people in Wolverhampton are reflected in demand for mental health services, and are met through the uptake and delivery of those services.

The section explores both how the services are being accessed and used overall, and the demographic information that is available about how different groups are engaging with services. Data about the ethnicity of children and young people accessing services is often not well-recorded, which limits the ability to identify any health inequalities relating to this. Available ethnicity data is shared, however caution should be exercised in interpreting this: where ethnicity 'not stated' for a large number, it is difficult to make inferences and use this data as a meaningful basis for understanding patterns in service access (see recommendation 9.11).

The services explored in depth are commissioned by the public sector (for example the NHS and the City of Wolverhampton Council). The table at 7.2 reflects the wide range of other services and organisations with a key role in supporting and promoting children and young people's emotional wellbeing.

7.1.2.Section summary

Data captured and recorded by Wolverhampton services evidences increasing demand for emotional and mental health support in the city. Services generally reported being used to capacity, and experiencing strain in attempting to stretch the service to meet high demand.

- While hospital admissions for mental health conditions in Wolverhampton are not high relative to national figures, rates for self-harm admissions exceed those in the wider region and UK.
- Referrals to the Single Point of Access (SPA) have been rising since 2018 (in line with national trends) and peaked in Jan 2023 when 298 referrals were received in one month. GPs and education providers are the largest source of referrals.

  The most common reasons for SPA referral were anxiety, conduct disorders and depression, with neurodevelopmental conditions, self-harm, impacts of trauma and relationship issues also featuring as frequent presenting issues.

- The number of referrals requiring assessment by core CAMHS (The Child and Family Service) has been rising, and average waiting times for these assessments have been increasing (to approximately nine weeks).

  Following assessment, those requiring core CAMHS support are allocated to Routine or Urgent (reflecting higher risk) waiting lists: at April 2023, 220 children and young people were on the Routine waiting list and 114 the on the Urgent waiting list. Waiting times are long, and increasing, however due to the way it is recorded the current data is likely to under-report the real wait times experienced by children and young people.

Voluntary sector provisions reported delivering at or above commissioned capacity:

- Base25 report exceeding contracted performance targets. Approximately 1250 individual children and young people accessed Mi-Choice in the most recent financial year 2022-23.
- Kooth reported delivering above contracted delivery hours targets, currently delivering an average of 145 hours per month. 77% of Kooth logins are outside of office hours. The main issues presented by young people who use Kooth in Wolverhampton are anxiety (34% of service users), self harm (25%) and suicidal thoughts (23%).
- Barnardo's STAR service, supporting Children Looked After, is at capacity.

There has been temporary additional capacity in the system: temporary service reconfiguration in core CAMHS to bring in additional clinicians to help reduce the backlog, and additional provision commissioned from Base 25. In 2020-21 the commissioned target for STAR was increased from 60 to 90 children and young people. There is also sustained new capacity in the Reflexions Service (support in schools) and the Perinatal Mental Health Team

- Referrals to the Perinatal Mental Health Team have risen since September 2020; a peak of 78 referrals were received in March 2023.
- The number of pupils receiving support from Reflexions has been increasing since its inception in October 2020 as the service is embedded.

In relation to more specialist services:

- Referrals to CAMHS ASC assessment have been steady since 2019.
- Between April 2022 and March 2023 66 children and young people were supported by the Eating Disorder service, 88% of whom were female.

Emotional and mental health was reported as a priority for the School Nursing Service by the majority of staff, stakeholders and partners, however the majority of parents and children and young people are not aware of the service or what it offers.

7.1.3 Section contents

This section explores data that relates to the delivery of the following services:

- **Hospital admission**: responding to serious and life-threatening emergencies, including children and young people experiencing a mental health crisis.
- **Crisis Intervention Team**: providing a swift response where children and young people requiring an urgent intervention because of the immediate impact of mental ill-health on their functioning.
- **The Single Point of Access (SPA)**: operated by Wolverhampton CAMHS (Black Country Healthcare NHS Foundation Trust) to provides a first point of contact for referrals into child and youth mental health services, ensuring children and young people are assessed, if appropriate, and directed to the service that best suits their needs.
- **The Child and Family Service, the core CAMHS team**: a specialist service within CAMHS for children and young people aged 0 to 18 who present with severe and enduring (longer term) mental health difficulties.
- **Inspire:** the part of CAMHS that supports children with a learning disability with mental health related difficulties (alongside some other difficulties).
- **Wolverhampton Autism Spectrum Conditions (ASC) pathway**: Wolverhampton CAMHS co-ordinate a multi-disciplinary assessment to determine whether a child or young person's presentation is best explained with a diagnosis of ASC.
- **The Perinatal Mental Health Team**: specialises in the assessment, diagnosis and short-term treatment of those affected by a moderate to severe mental health illness in the preconception, antenatal and postnatal period.
- Eating Disorder Service: supports those aged over eight years old with eating disorders.
- **The 0-19 Service**: provides a range of services for pregnant women and children and young people aged 0 to 19 and their families, with the aim of health promotion, health protection, prevention of ill health and accidents and early intervention. Services explored here are School Nursing and Chat Health.
- **Reflexions:** the Mental Health Support Team in Wolverhampton, a new service increasing access to mental health support in schools. Working with school mental health leads on whole school approaches to mental health and delivering weekly interventions with young people and their families.
- **Base 25** is a Wolverhampton based charity working with children, young people and families and providing a range of services, which include counselling and emotional wellbeing support.
- **Kooth:** a safe, anonymous online mental wellbeing community for children and young people aged 11 to 19. Kooth offers confidential online counselling, advice and support in Wolverhampton for young people aged 11 to 19.
- **The STAR service**: is run by Barnardos and provides therapeutic and evidence based interventions in Wolverhampton for Children Looked After and their families with complex needs to prevent relationship or placement breakdowns.

7.2 Map of emotional and mental health support for children and young people

While the scope of this needs assessment is finite, in keeping with the THRIVE Framework - which has been adopted as a framework for system change to improve children and young people's mental health and wellbeing support in Wolverhampton – it also takes into consideration the role of a much wider set of organisations, professionals and helping adults in supporting children and young people – by contributing to their resilience, giving them advice, signposting them to self-help or help, and helping them to manage mental health risks and difficulties on an ongoing basis.

The table below sets out a number of wider services in Wolverhampton that have an important role to play in supporting children and young people's emotional and mental health. While this does not offer a full and comprehensive mapping of all the relevant support in Wolverhampton, it provides a basis for understanding a large proportion of the core services and support in the City, and how they serve children and young people of different ages.

7.2 Map of wider emotional and mental health support available to children and young people in Wolverhampton

	Provider/ lead organisation	Service	early years/ under-5s	Primary	Secondary	Post-16
			0 1 2 3 4	5 6 7 8 9 10	11 12 13 14 15 16	17 18 20-25
Education based EMH support	Schools	pastoral support				
	Child Development Service (CDS)	Educational Psychologly Service				
	The Orchard Centre	Pupil Referral Unit (PRU)				
	The Haven School	an independent special school for young people who have an EHCP for social, emotional and mental health difficulties				
	City of Wolverhampton Council	Wolverhampton Outreach Service offers support to mainstream practitioners to enable them to more confidently meet the needs of children with SEND				
	Virtual School	For Looked After Children				
	Virtual School	Special Educational Needs Statutory Assessment and Review Team SENStart				
	SEND Team	Special Educational Needs and Disabilities (SEND) Team				
	Wolverhampton Information, Advice and Support Service	For special educational needs and disability				
	City of Wolverhampton College	counselling and safeguarding team				
	University of Wolverhampton	Mental Health and Wellbeing team				
NHS provided mental health services	Reflexions	Mental Health Support Teams				
	CAMHS	specialist mental health care				
	CAMHS	ASC assessment				
	CAMHS Inspire	mental health support for CYP with learning disabilities				
	CAMHS	mental health support for Children in Care				
	CAMHS	Crisis Team				
	CAMHS	Perinatal mental health team				
	CAMHS	Eating Disorder Service				

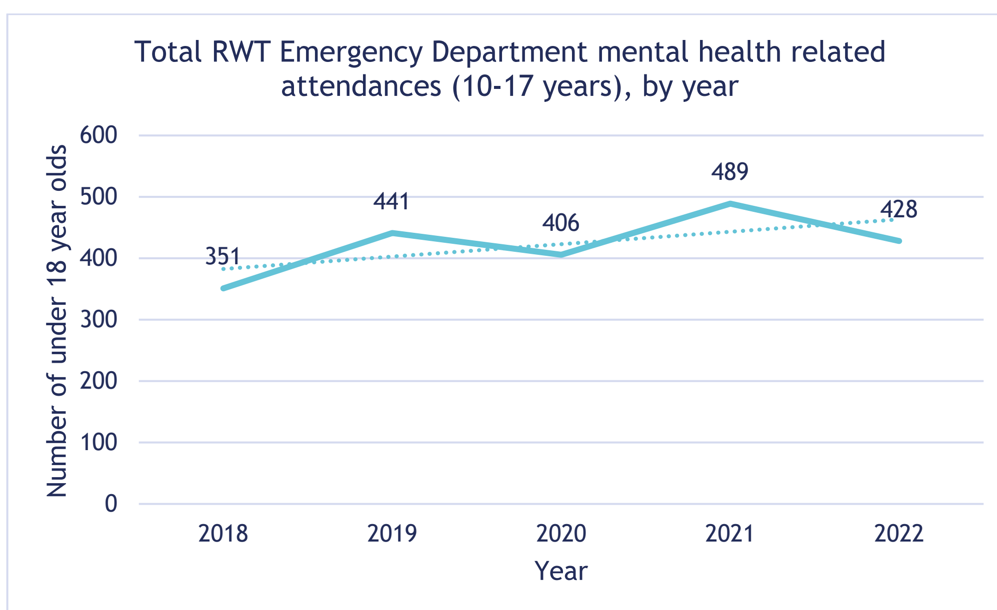
Voluntary and community sector mental health support	Base25	counselling
	Kooth	Kooth.com; online counselling
	Believe to Achieve (B2A)	Believe to Achieve (B2A)
	The Haven	support for women and children who have been subjected to Domestic Abuse
	Bernardo's	STAR; Support for looked after children
	LifeSIGNS	Self-Injury Guidance & Network Support NATIONAL
	Papyrus	national organisation which aims to prevent suicide in young people
Family Help & Support for vulnerable CYP and famillies	0-19 Service	ChatHealth
	0-19 Service	school nursing service
	0-19 Service	Health visiting
	0-19 Service	Partnering Families Team (PFT); offers intensive support to young parents
	City of Wolverhampton Council	Strengthening Families
	City of Wolverhampton Council	Family Hubs/ children's centres - Start For Life
	City of Wolverhampton Council	Children's Services
	Wolverhampton Information, Advice and Support Service	For special educational needs and disability.
	NHS BlackCountry	Community Paediatrics
	Child Development Service (CDS)	Occupational Therapy Services, Speech and Language Therapy, Community Nursing
Community EMH support	The Way	The way youth zone
	RMC	refugee and migrant centre
	X2Y	support for LGBTQi+ CYP 11-15 years
	Spurgeons	Young Carers support service
	Wolves Foundation	Advantage Mentoring
	KIDS	charity for disabled children, young people and their families
	Various VCS	community and faith based support groups
Non- specialist mental health provision	Catch22	violence reduction service
	Youth Offending Team	YOT
	Recovery Near You	substance misuse service
	Aquarius	W360 support with alcohol or drugs
	Voice4Parents	Parent Carer Forum

7.3 Service data

7.3.1 Hospital attendances

Chart 38 sets out data about numbers of children and young people attending the Emergency Department at the Royal Wolverhampton Trust due to a mental health issue between 2018 and 2022. It shows there has been an increase in the number of 10 to 17 year olds presenting to the Emergency Department with mental health issues over this period.

Chart 38



Source: Information provided by The Royal Wolverhampton NHS Trust

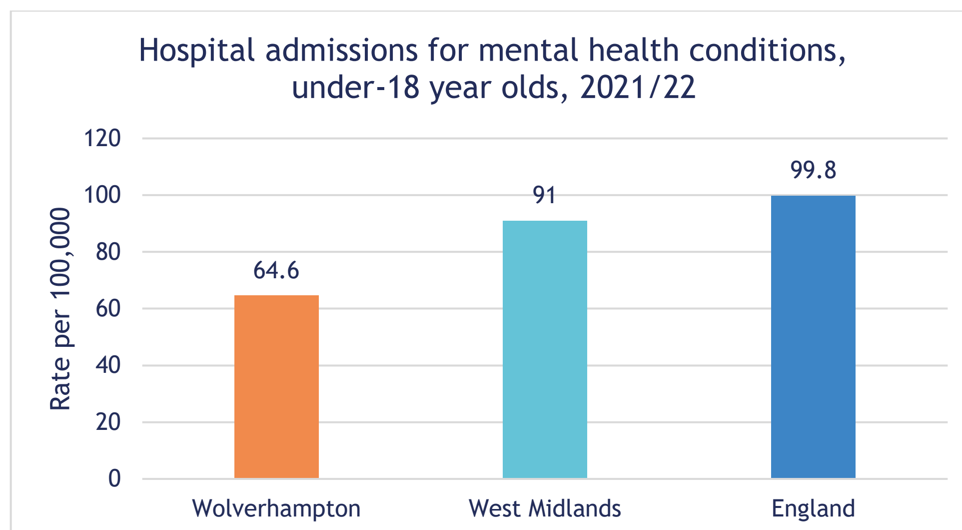
72% of the 10 to 17 years olds attending the Emergency Department at the Royal Wolverhampton Trust in the period 2018 to 2022 were female. 63% were aged 15-17 years. 74% lived in the most deprived areas of the city, measured by the Index of Multiple Deprivation IMD (postcode based).

While children aged under 10 years old will also have attended with a mental health related issue, RWT Emergency Department staff indicate the number is very small. Emergency Department information systems for paediatric patients don't allow for the extraction of this data.

7.3.2 Hospital admissions

Chart 39 shows the rate of children and young people (per 100,000 population) admitted to hospital for mental health conditions between March 2021 and April 2022. A **lower** proportion of children and young people were admitted to hospital due to a mental health issue in Wolverhampton than in the West Midlands or England.

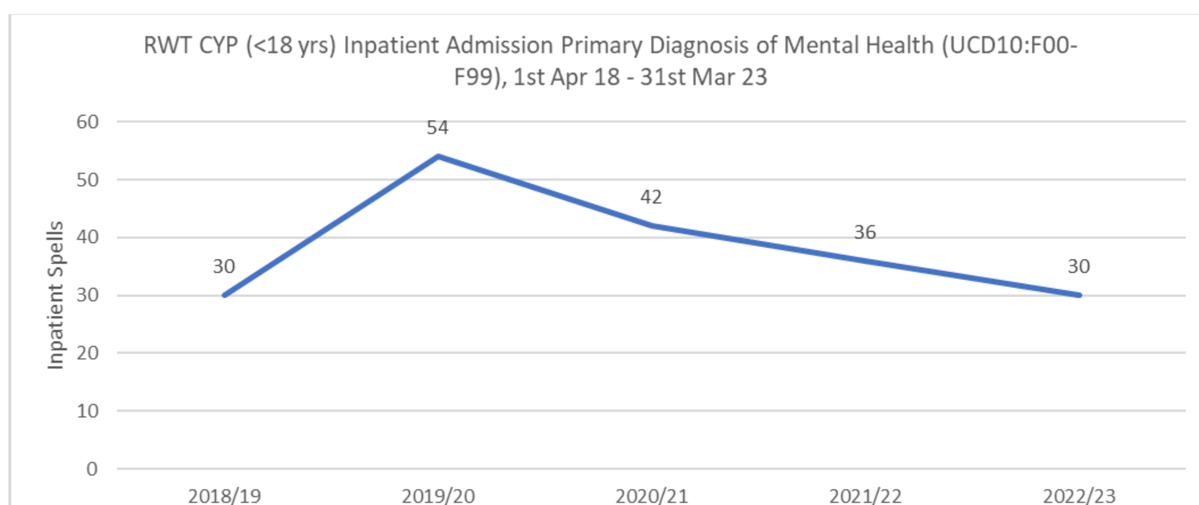
Chart 39



Source: Hospital Episode Statistics. Copyright © 2020, Re-used with the permission of NHS Digital

The chart below, shared by The Royal Wolverhampton NHS Trust, shows admissions of under-18 year olds with a mental health primary diagnosis have fallen since 2019-20, and in the year 2022-23 were at the same level as in 2018-19.

Chart 40

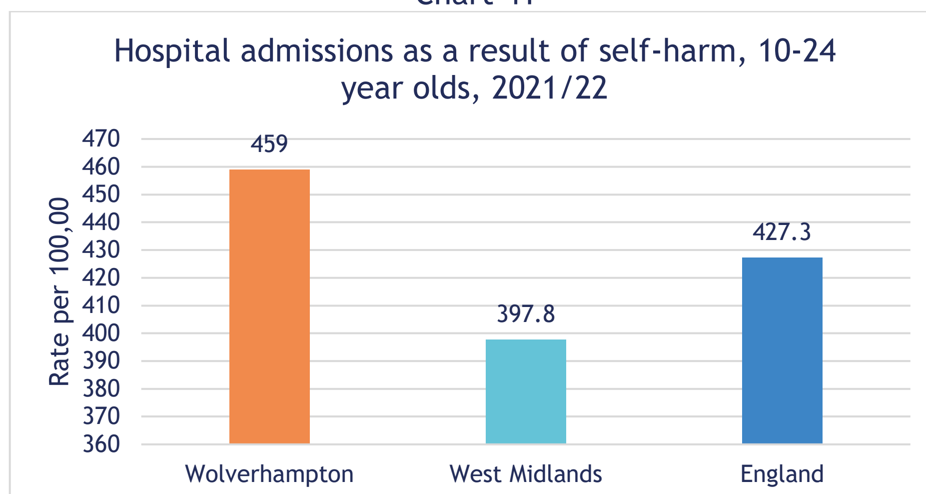


Source: Information provided by The Royal Wolverhampton NHS Trust

67% of all under 18's admitted to hospital due to a mental health diagnosis in the years 2018-19 to 2022-23 were female.

Chart 41 reports the rate of hospital admissions for 10 to 24 year olds as a result of self harm in the same financial year. A **higher** proportion of children and young people were admitted to hospital due to self-harm in Wolverhampton than in the West Midlands or England.

Chart 41



Source: Hospital Episode Statistics. Copyright © 2020, Re-used with the permission of NHS Digital

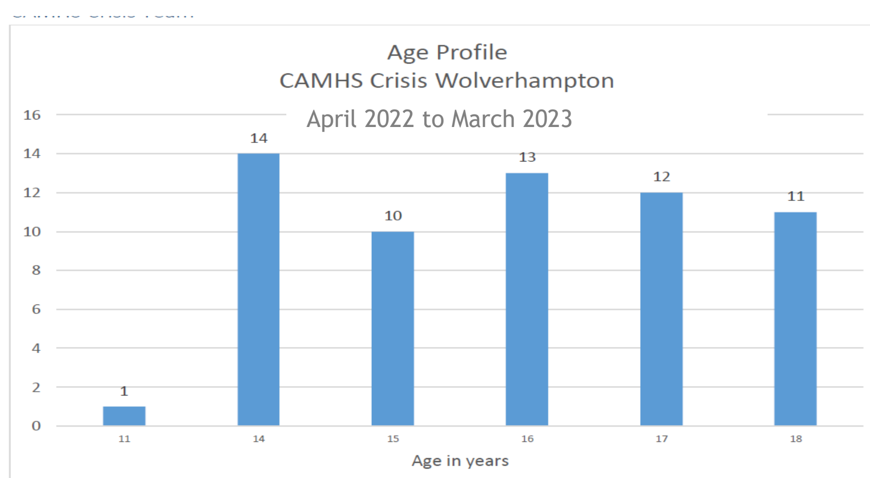
Between 2017 and 2020, Wolverhampton had a higher rate of hospital admissions among 15 to 24 year olds for substance misuse related conditions (122.5 per 100,000) than the wider region (a rate of 70.5) or England (84.7).

During the same period, Wolverhampton saw a **lower** rate of hospital admissions among under-18s for alcohol related conditions (19.1 per 100,000) than the rate regionally (25.8) and in England (30.7)[ciii].

7.3.3 Crisis Intervention

The CAMHS Crisis Intervention Team provides specialist services to children and young people who require an urgent intervention because of the impact of mental ill-health on their functioning (usually due to risk, or severity of mental illness). It aims to respond quickly and intensively, and to reduce admissions to an inpatient unit, keeping children and young people at home with their families or carers.

The Crisis Team supported 61 young people aged between 11 and 18 years in the period April 2022 and March 2023. 79% were female. Ages are shown below.



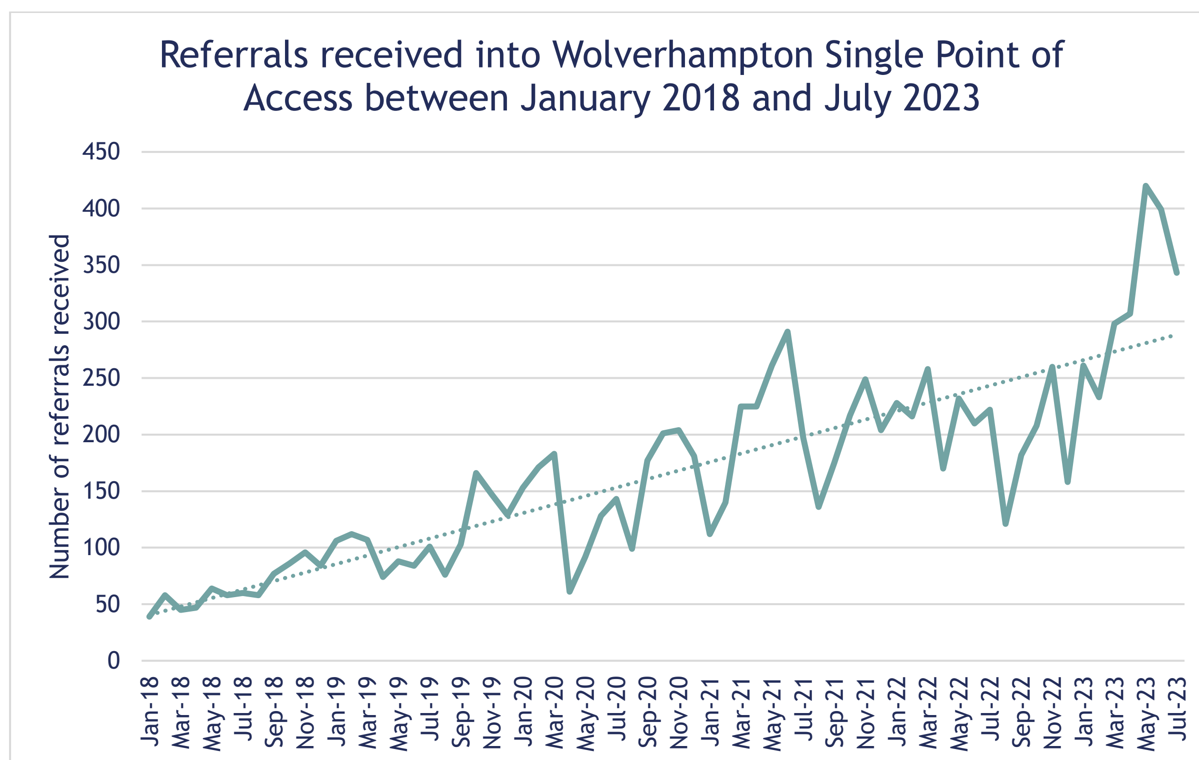
Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023.

7.3.4 Single Point of Access

Wolverhampton Child and Adolescent Mental Health Services (CAMHS) operates a Single Point of Access (SPA) bringing together all NHS Wolverhampton CAMHS services and children's learning disability services across the city. The SPA manages referrals for Core CAMHS, Inspire (learning disabilities), Children in Care, Autism Spectrum Condition assessment and other NHS commissioned emotional and mental health services, including Base25. All external referrals (referrals from outside of the Black Country Healthcare Trust) into these services are triaged through the SPA. On average in Wolverhampton, for the first half of 2023, the SPA team received 328 referrals per month.

Chart 42 shows the trend in the rate of referrals to the SPA since January 2019. This indicates that, while there is significant variation month on month, overall there has been a significant increase in referrals over the period.

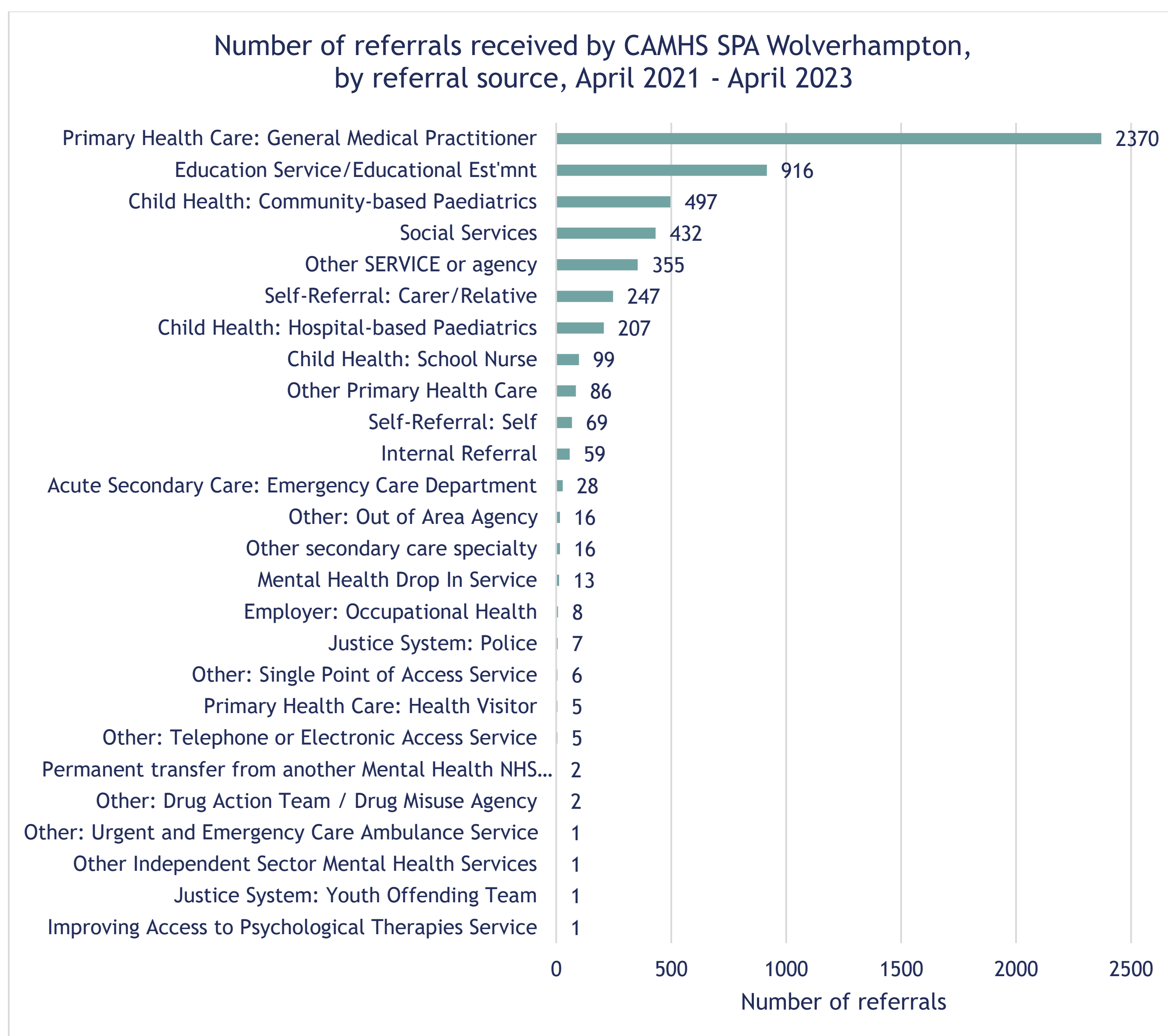
Chart 42



Source: data supplied by Wolverhampton CAMHS SPA

Chart 43 displays a breakdown of referrals to the SPA by referrer since January 2021. This shows that GPs make the largest proportion of referrals, education providers are the second most significant referrers, and community paediatrics, and social care also come into the top four.

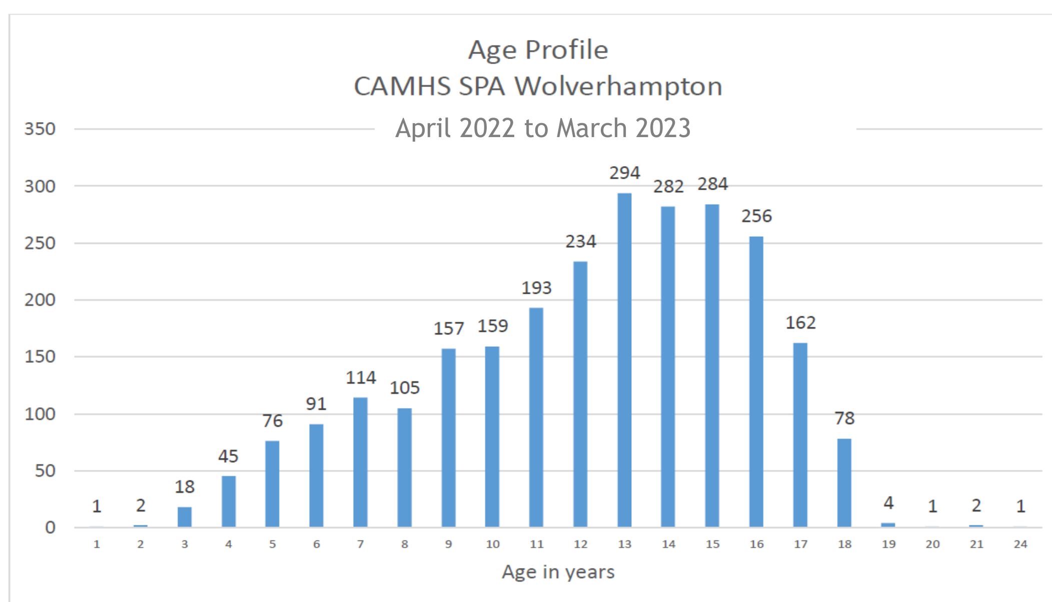
Chart 43



Source: data supplied by Wolverhampton CAMHS SPA

Slightly more females (53%) are referred to the SPA compared to males (47%). As displayed in Chart 44, 44% of referrals in the year related to children and young people aged 13-16 years.

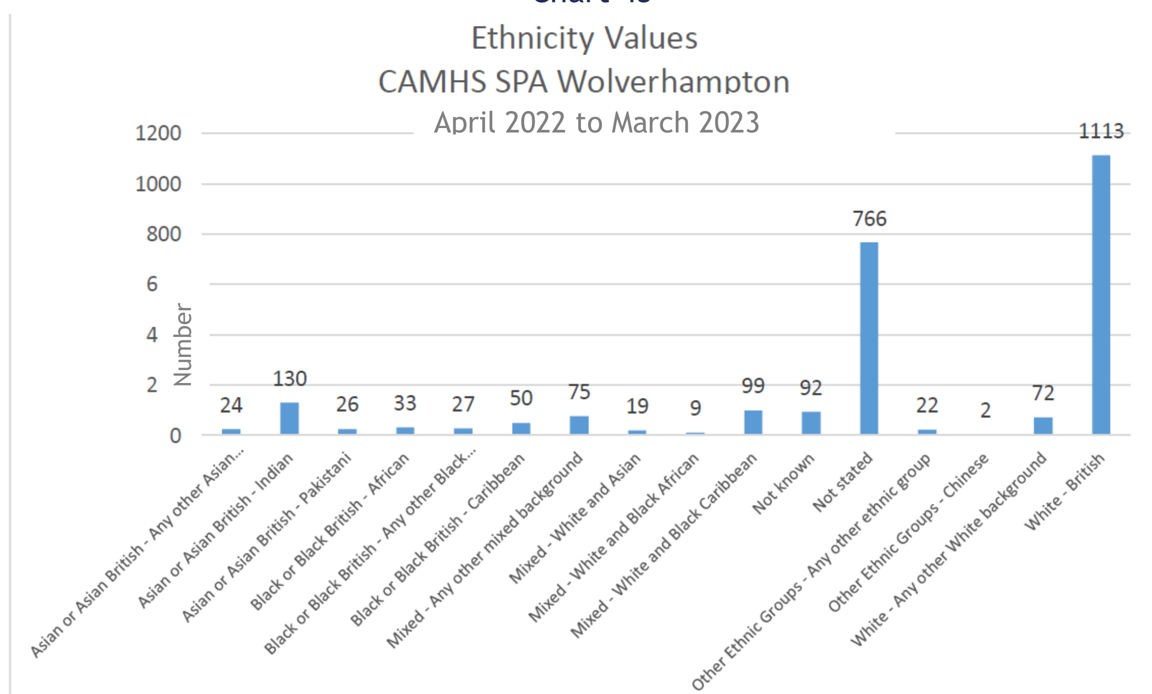
Chart 44



Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

Within the referral data records, a significant proportion of cases have no ethnicity stated. As a result we cannot make any assertions with confidence about how the ethnicity of SPA referrals compares to the ethnicity of young people in Wolverhampton overall.

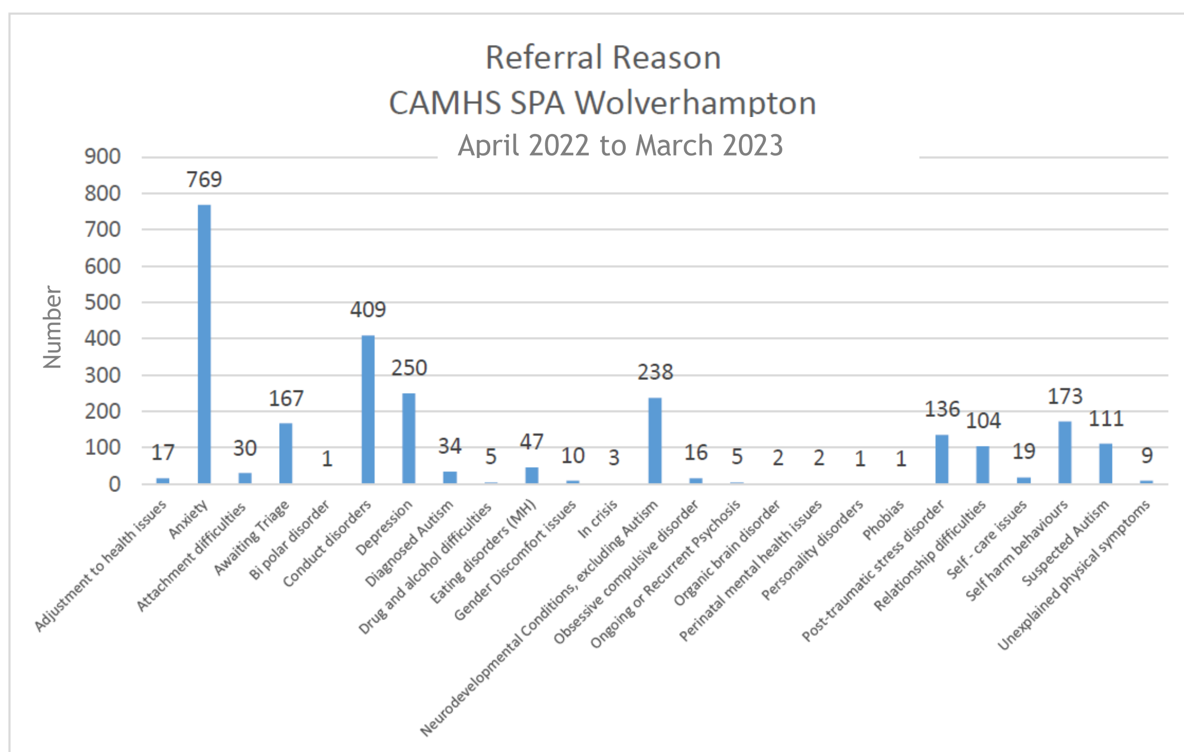
Chart 45



Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

Chart 46 shows the referral reason for the SPA referrals in the same time period. There is alignment with consultation feedback in that the most common reasons for referral were anxiety, conduct disorders and depression, with neurodevelopmental conditions, self-harm, impacts of trauma and relationship issues also featuring as frequent presenting issues.

Chart 46



Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

Once triaged by the SPA, referrals are signposted or referred to a variety of NHS services including core CAMHS (see section below), Base25, Early Help, the Autism Spectrum Condition (ASC) pathway, paediatrics, NHS talking therapies (16+ years), Educational Psychology, the Eating Disorders service plus others depending on specific needs, for example Edward's Trust for bereavement support or Women's Aid for domestic abuse support.

Approximately 20% of SPA referrals are accepted for assessment in core CAMHS; 30% go to other NHS commissioned emotional and mental health services (including Base 25 who received approximately 100 per month in 2023); and the remaining 50% are signposted or referred on to other services. The SPA works to offer helpful signposting advice for every referral that is not felt to be appropriate for either Base 25 or core CAMHS.

7.3.5 The Child and Family service (core CAMHS)

The Child and Family Service is the core CAMHS team for 0 to 18 year olds in Wolverhampton, and provides a specialist service within CAMHS for children who present with severe and enduring (longer term) mental health difficulties. Examples of these would be depression, anxiety, severe self-harm, suicidal intent, hearing voices. Some of these young people may also have some specific learning difficulties (for example, dyslexia) but will not have a learning disability.

Over the first quarter of the 2023-2024 financial year there were, on average. 375 referrals per month to the single point of access (SPA). Table 5 shows the proportion of SPA referrals that were assessed and accepted for treatment by core CAMHS. Between 6-11% of referrals received by the SPA each month go on to need an initial assessment at core CAMHS.

On average during this period, 57% of those assessed were accepted for treatment and put on an intervention waiting list. This translated to an average of 6% of all referrals into the SPA as being assessed as suitable for intervention from core CAMHS (approximately 22 out of an average 375 SPA referrals each month).

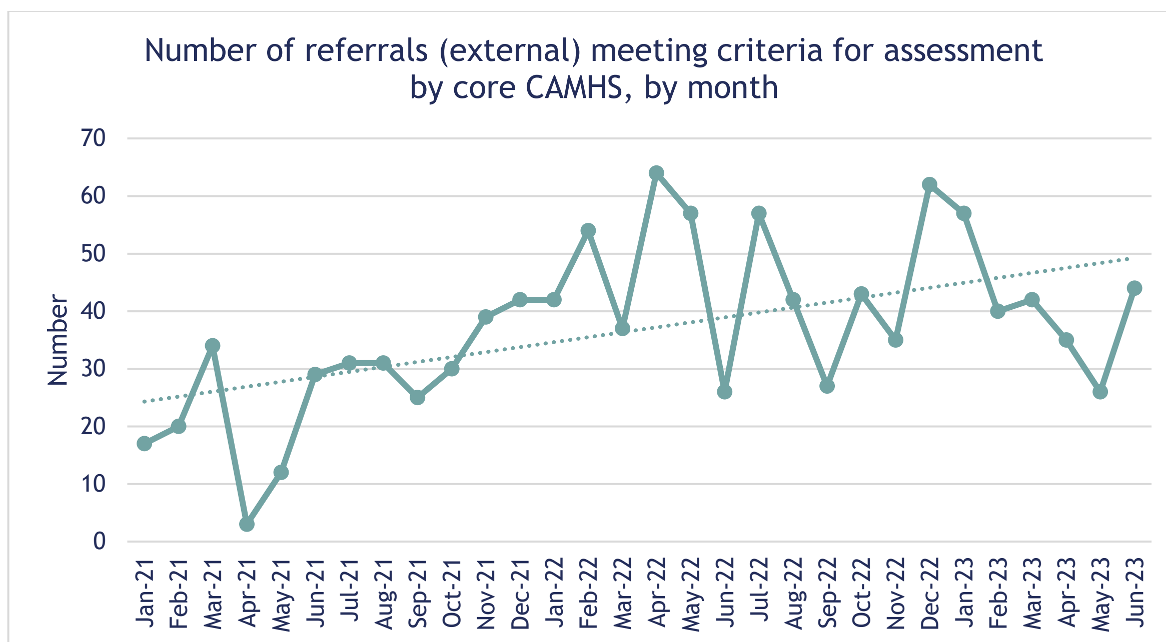
Average monthly figures for Wolverhampton SPA referrals and CAMHS assessments and interventions, Q1 2023-24			
	April '23	May '23	June '23
SPA referrals received	307	420	399
Percentage of SPA referrals requiring initial CAMHS assessment	11%	6%	11%
Percentage of assessments requiring core CAMHS intervention	51%	58%	61%
Percentage of all SPA referrals requiring core CAMHS intervention	6%	4%	7%

Source: Assessment Team, Wolverhampton and Sandwell CAMHS

Nationally, the number of under 18s referred to child and youth mental health services rose by 53% between 2019 and 2022, further increasing to an imputed 1.3 million in 2023, according to data from NHS Digital[civ].

This trend is mirrored in Wolverhampton: the number of external (those from outside of the Black Country Healthcare Trust) referrals via the SPA each month that meet the threshold for assessment for core CAMHS support has been increasing steadily over the last 2 years, as shown by the trend line in Chart 47.

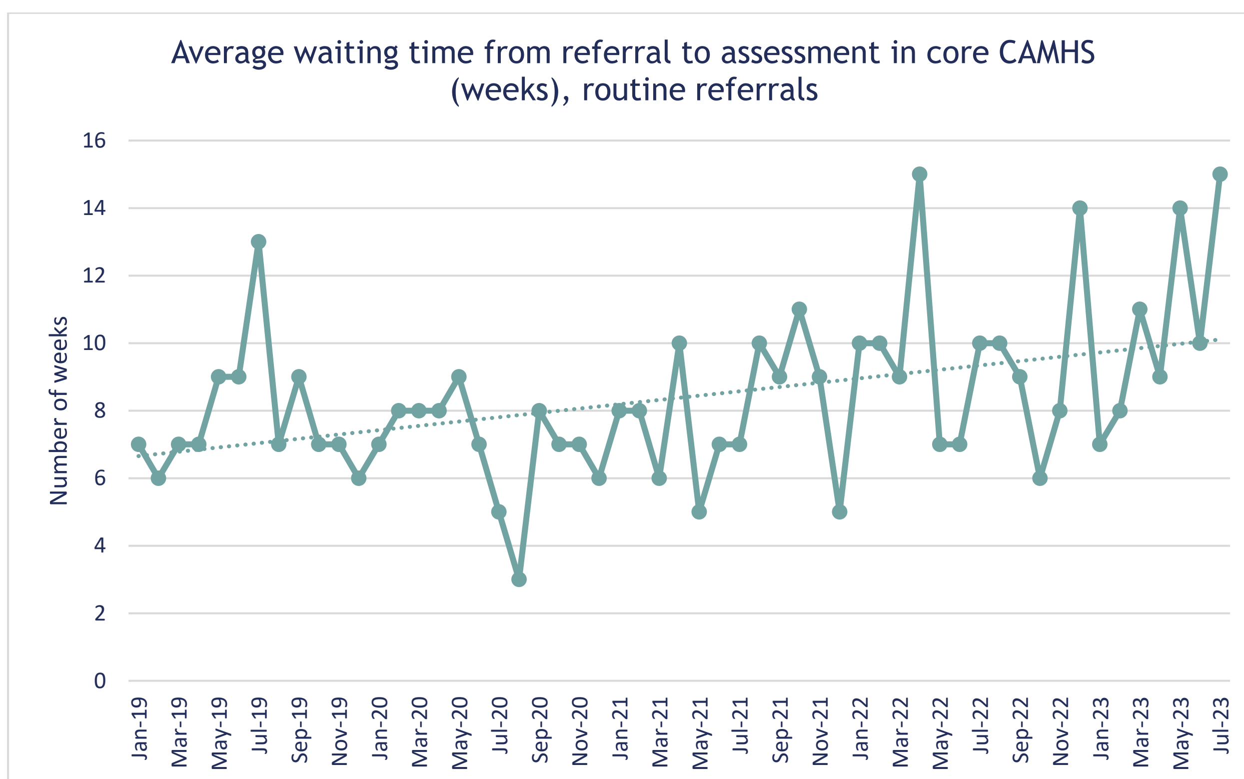
Chart 47



Source: Assessment Team, Wolverhampton and Sandwell CAMHS

The average waiting times for children and young people who have been referred to core CAMHS to be first seen for assessment have been rising slowly, as displayed in chart 48. In the last year, June 2022 to June 2023, the average wait time for a child or young person to be seen by core CAMHS was just over 9 weeks.

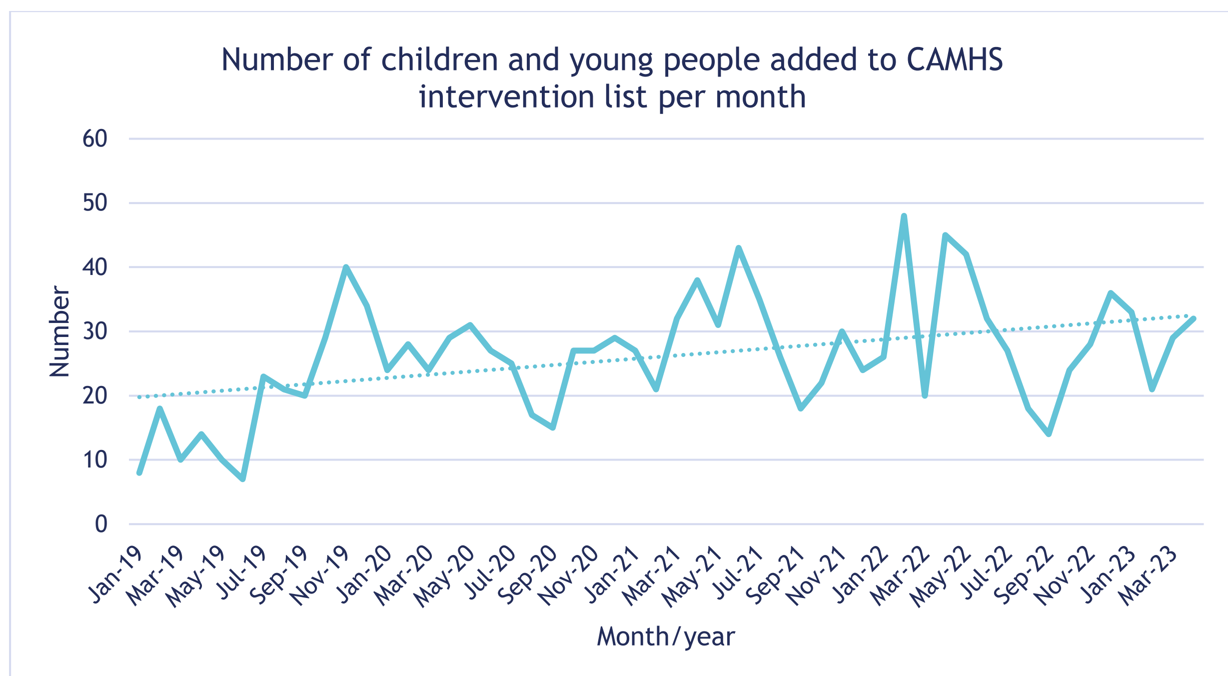
Chart 48



Source: Assessment Team, Wolverhampton and Sandwell CAMHS

The number of children and young people accepted for treatment per month (having been assessed as in need of core CAMHS support) has also been rising steadily in Wolverhampton as shown in chart 49.

Chart 49

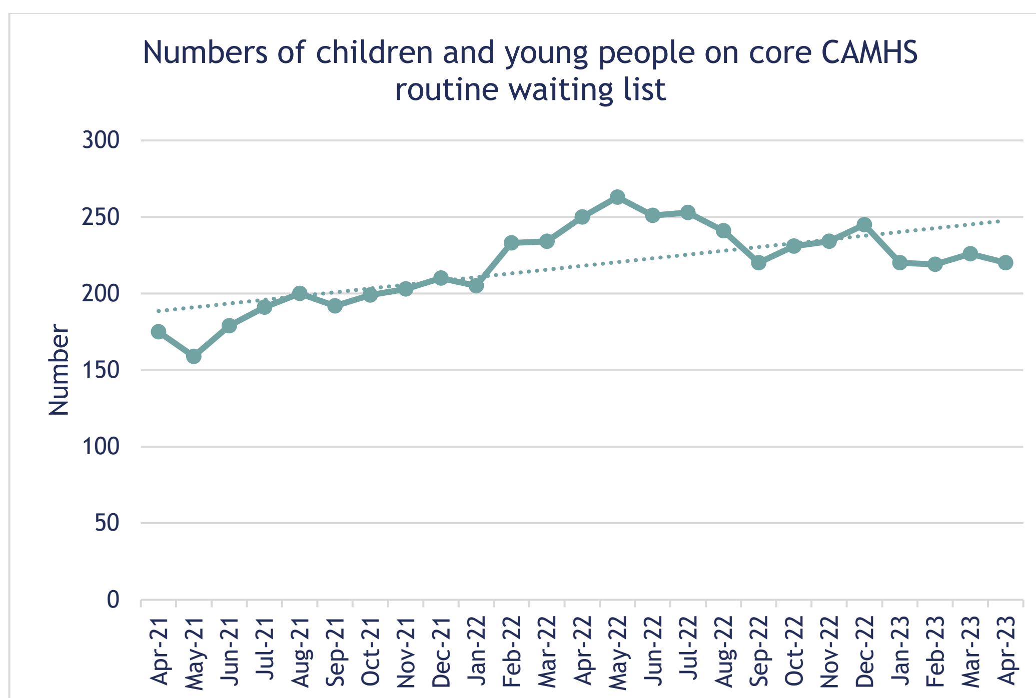


Source: Assessment Team, Wolverhampton and Sandwell CAMHS

Cases that have been assessed by core CAMHS are identified as being either routine or urgent cases and added to the corresponding waitng list for treatment. As of April 2023 there were 220 children and young people on the routine waiting list for core CAMHS and 114 on the urgent waiting list.

The number of children and young people on the 'routine' waiting list for support by core CAMHS between April 2021 and April 2023 is shown in chart 50. Numbers reached a peak in May 2022 with 263 children and young people waiting to be supported. Since this point the number waiting has been falling overall but is higher than pre pandemic levels.

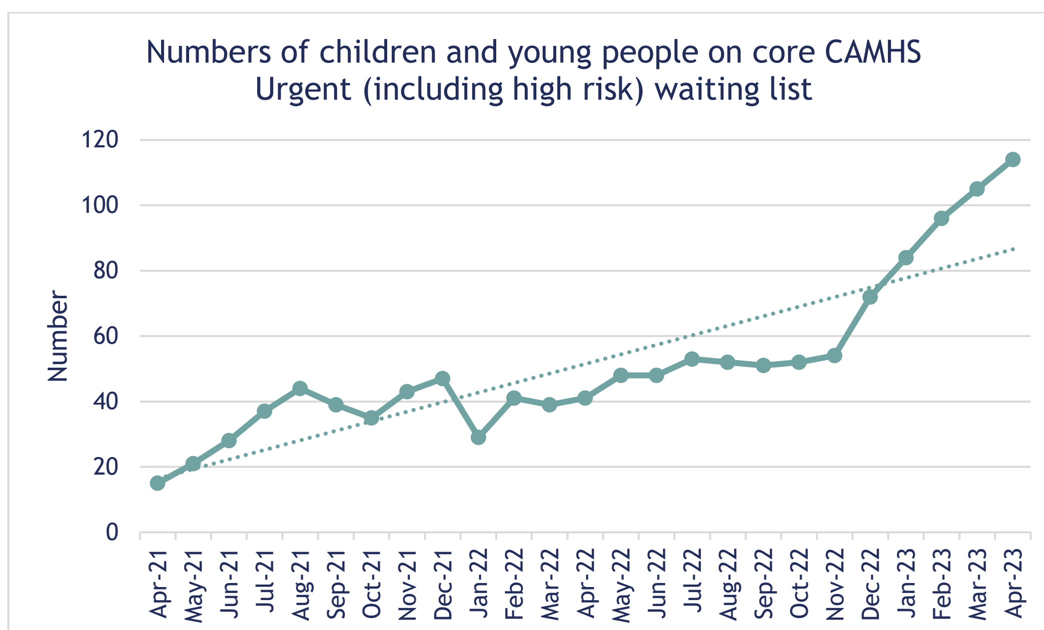
Chart 50



Source: data supplied by Assessment Team, Wolverhampton and Sandwell CAMHS

During the same period, numbers of children and young people on the 'urgent' wait list have also grown as shown in Chart 51. The number of children and young people requiring urgent or high risk care has increased steeply since November 2022, reaching a peak number of 114 in April 2023.

Chart 51



Source: data supplied by Assessment Team, Wolverhampton and Sandwell CAMHS

The time that children and young people are waiting to be seen for treatment, after assessment, has been rising. Core CAMHS have periodically piloted processes to reduce wait times for children and young people. These included a temporary reconfiguration of resources to enable five extra clinicians to join the team on a short-term basis.

Data on waiting times is complex. Some routine reporting (for example to the Emotional Mental Health and Wellbeing Board) does not accurately reflect the full period that children and young people wait for treatment at core CAMHS because it reports on the time between a first contact – assessment – and a second contact. Part of core CAMHS endeavors to reduce the length of the waiting list has included calling children and young people on the wait list to review their needs, and this call is recorded as a second contact date. In these cases the time between first and second contact is not the time spent waiting for the core CAMHS treatment to begin.

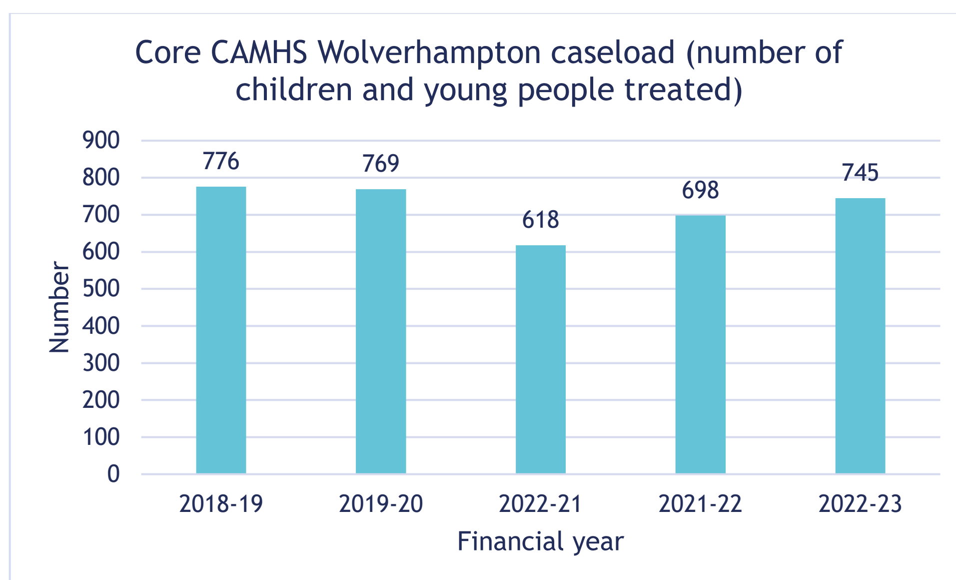
It has not been possible as part of this needs assessment to determine how the actual waiting times experienced by children and young people have changed over time: addressing this is part of our recommendation to improve data quality (see Recommendations). However, Wolverhampton CAMHS have supplied data in the table below reflecting full waiting times (from assessment to treatment start) for cases at the start of August 2023. This indicates that the longest wait times are currently 112 weeks for urgent cases and 118 weeks for those on the routine wait list.

Waiting list	Number of CYP Waiting	Longest Wait	Average wait for the top ten children and young people waiting the longest
Urgent	115	112 weeks	86.6 weeks
Routine	261	118 weeks	102 weeks

Source: Wolverhampton CAMHS, reflecting waiting times on 1 August 2023

The core CAMHS caseload – the number of children and young people who received treatment from core CAMHS – was lower in 2022-23 than in 2018-19, as shown in Chart 52.

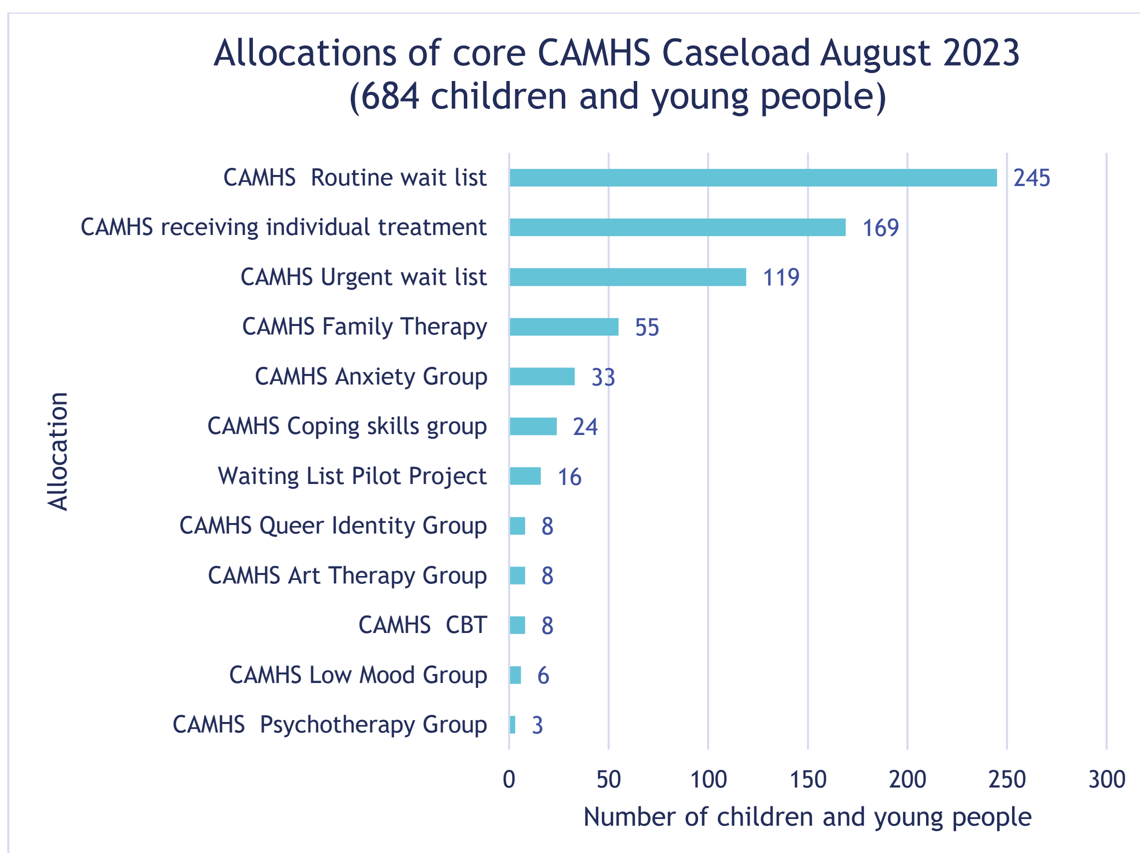
Chart 52



Source: data supplied by Performance, Improvement & Planning Team, Black Country Healthcare NHS FT

As of August 2023 there were 684 children and young people allocated to core CAMHS. Their sub allocations are shown on chart 53.

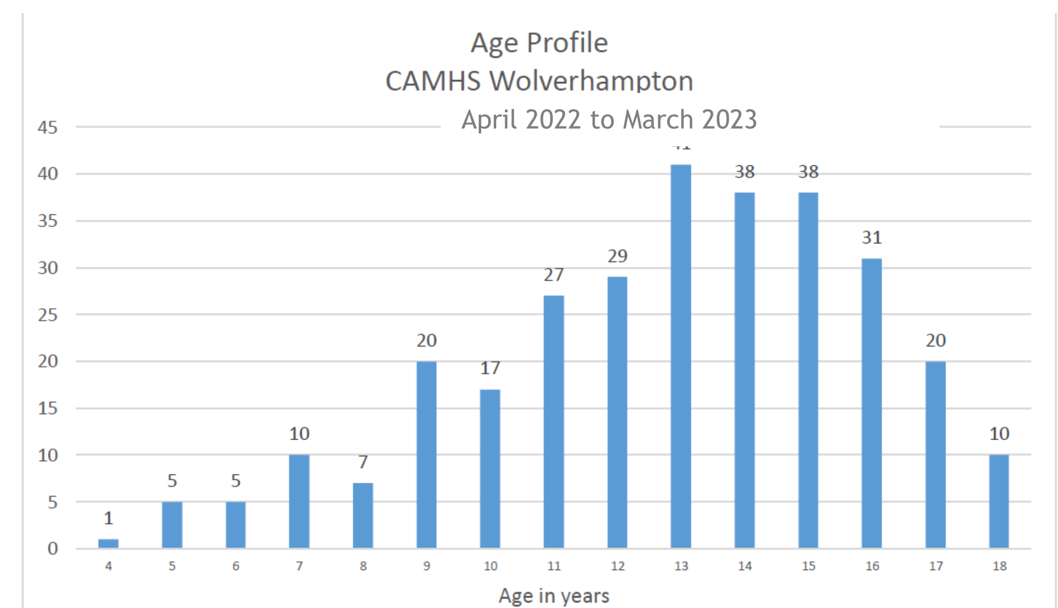
Chart 53



Source: CAMHS Wolverhampton

Compared to the young population of Wolverhampton, CAMHS service users are more likely to be female (c.61%). The profiles of CAMHS service users in the period April 2022 to April 2023 by age is shown in chart 54.

Chart 54

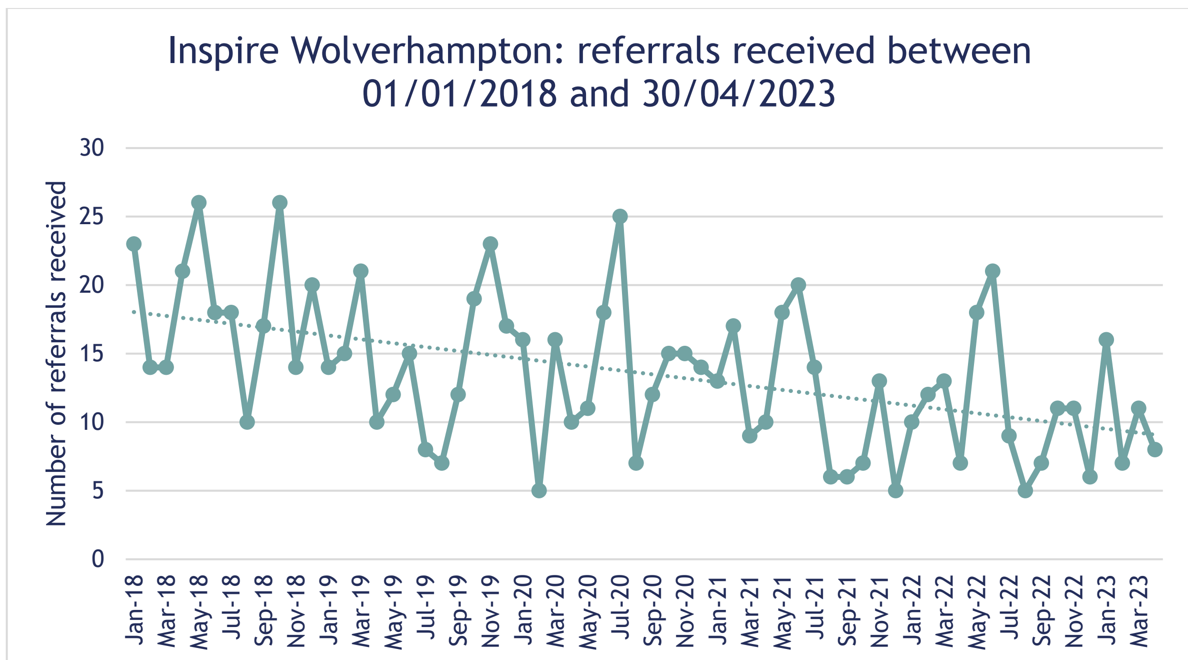


Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

7.3.6 Inspire service (CAMHS Learning Disabilities Team)

The Inspire service supports children with a learning disability with mental health related difficulties. Chart 55 presents the trend in referrals to Inspire between January 2018 and April 2023. The fall in referrals over the period relates to changes to team referral criteria, to only accept children and young people with a learning disability and mental health problem. Previously the service was able to support children and young people with more preventative activity, for example incontinence, sleep, health action planning.

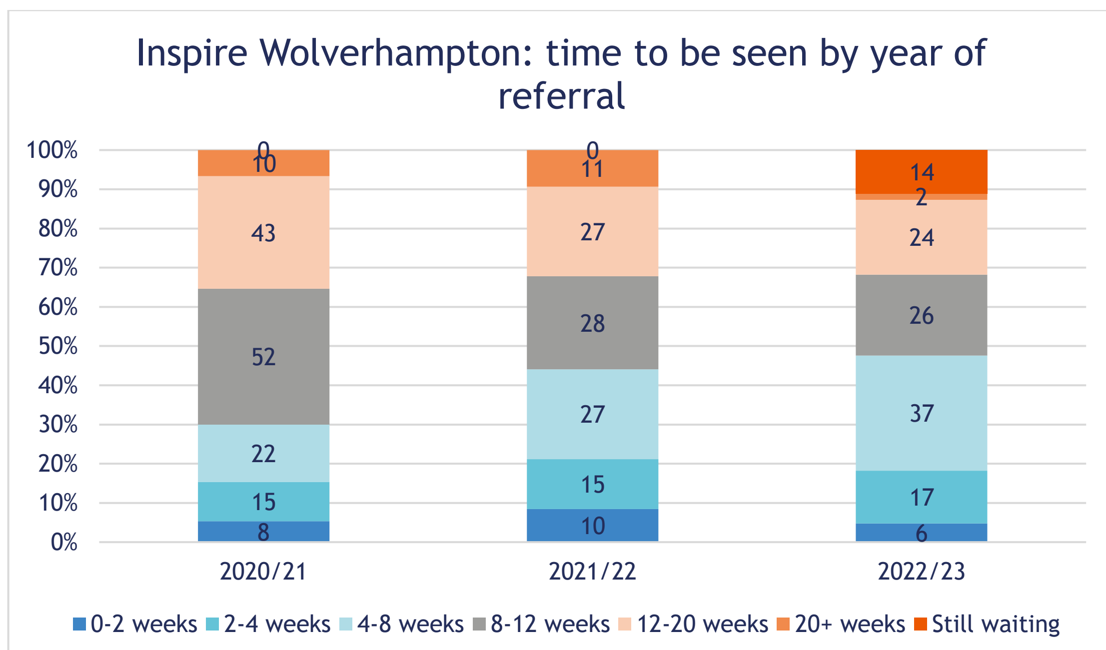
Chart 55



Source: Assessment Team, Wolverhampton and Sandwell CAMHS

Chart 56 displays a graph of the time between referral and being first seen for the most recent three financial years. 4% of referrals in 2022-2023 are still waiting to be seen so caution should be exercised in comparing that years data.

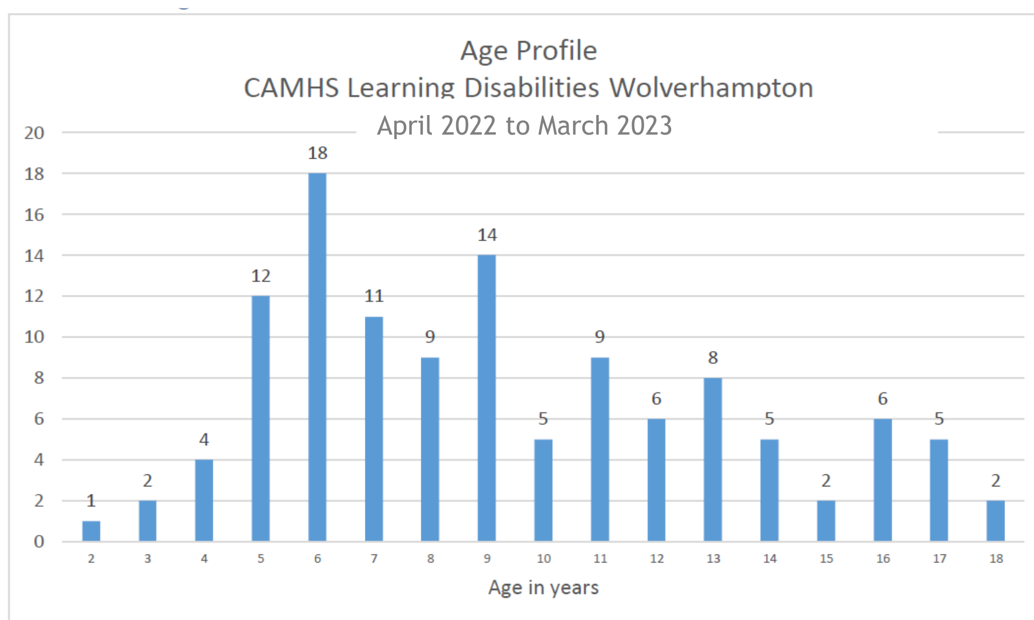
Chart 56



Source: CAMHS Wolverhampton

The gender and age profile of children and young people supported by Inspire show that children and young people supported by the Inspire are mostly male (79%), and of primary school age.

Chart 57

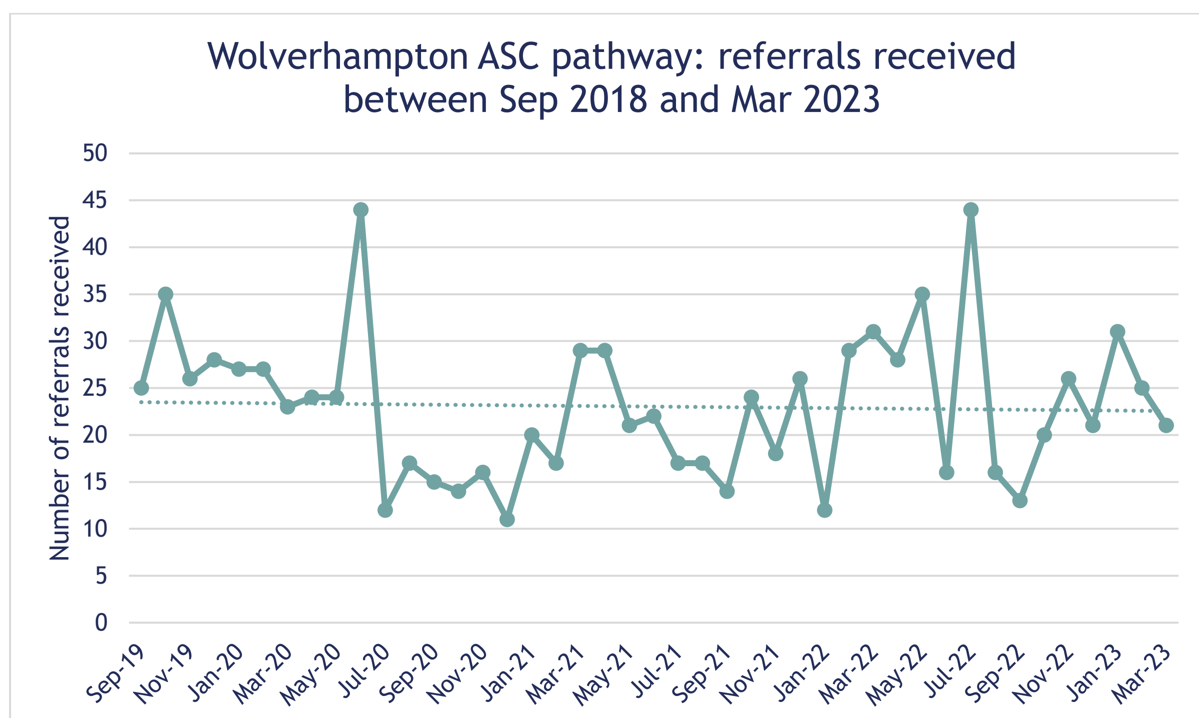


Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023.

7.3.7 Autism Spectrum Condition (ASC) assessment pathway

Referrals for the ASC assessment pathway from September 2018 to March 2023 are shown in Chart 58. The trend line suggests that whilst there has been seasonal variation, overall the volumes have been fairly stable over time.

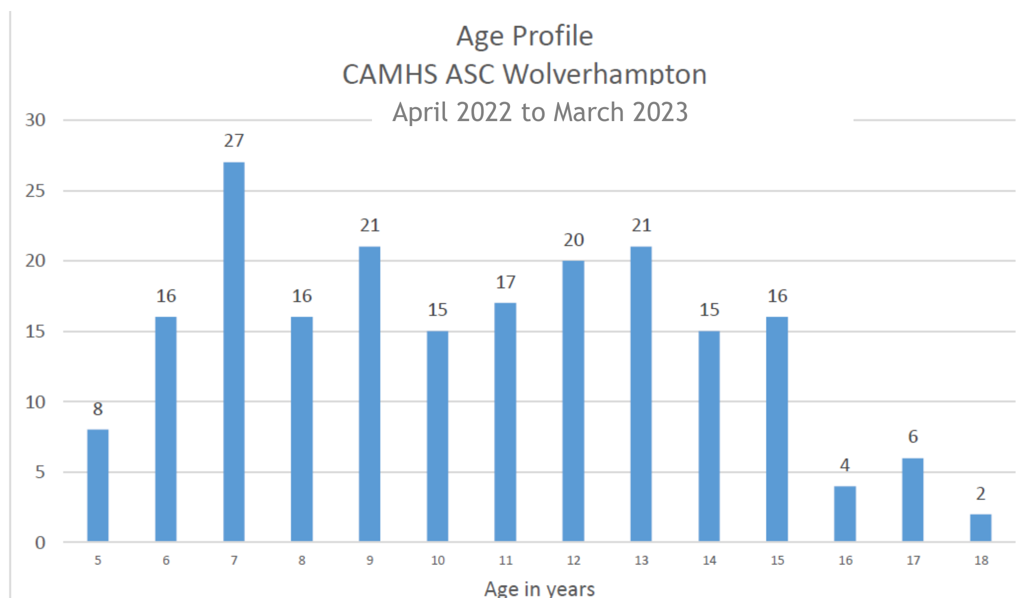
Chart 58



Source: CAMHS Wolverhampton

Referrals for ASC assessment are mostly for male children and young people (69%). The age profile shows a spread of ages primarily in the 8-15 years range.

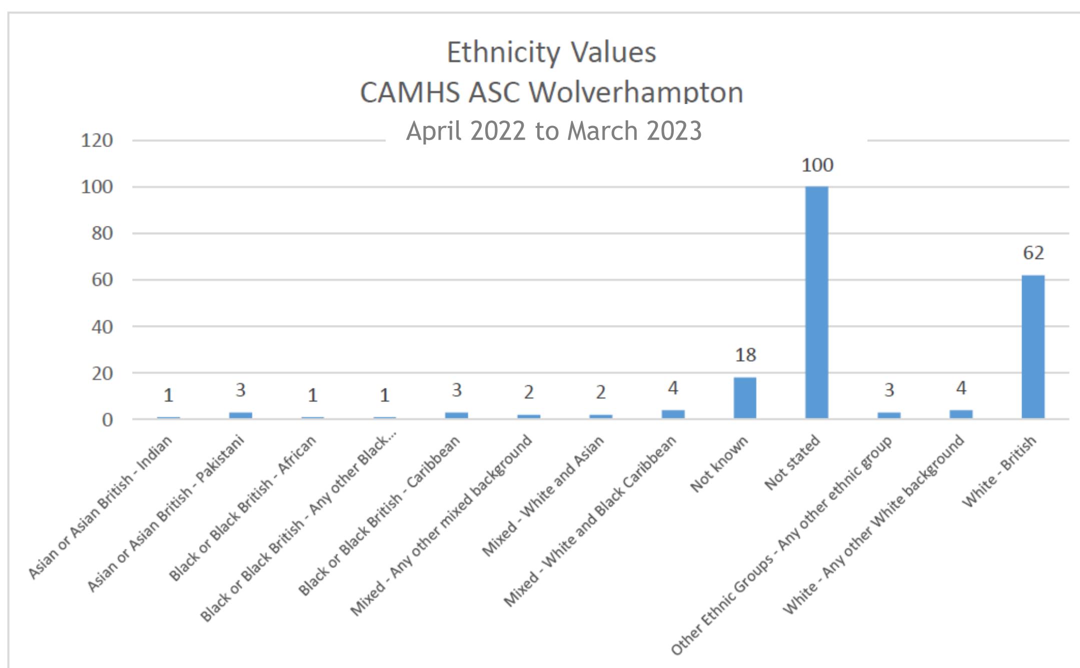
Chart 59



Source: CAMHS Wolverhampton

Ethnicity data includes a large proportion of children and young people for whom ethnicity was recorded as 'not stated', making it difficult to draw firm conclusions from the data.

Chart 60

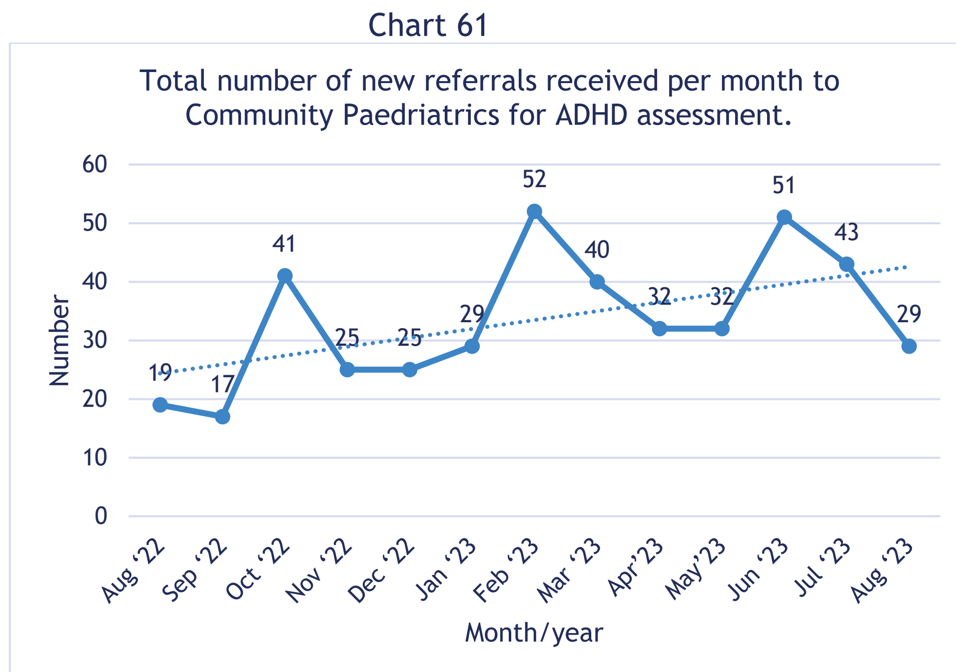


Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

7.3.8 Attention Deficit Hyperactivity Disorder (ADHD) assessment pathway

Children and young people (under 18 years) are referred to the Community Paediatrics team at the Royal Wolverhampton Trust for ADHD assessment. Chart 61 shows the number of referrals per month in the period August 2022 to August 2023. The trend line indicates referrals increased overall across this period.

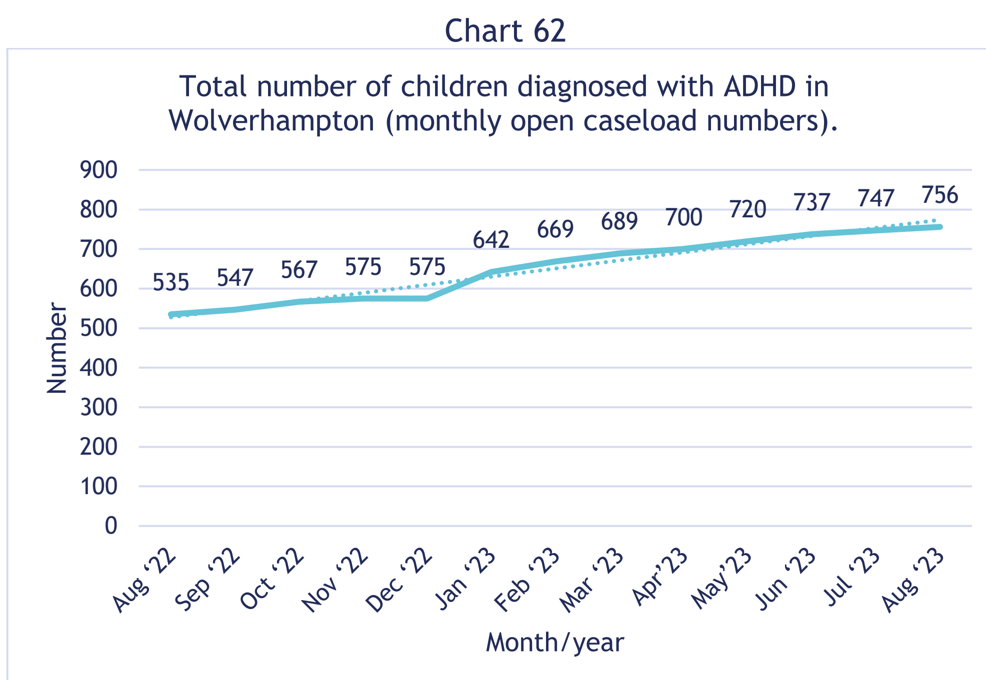
Chart 61



Source: data supplied by the Royal Wolverhampton Trust

There were 756 children and young people diagnosed with ADHD and supported by the Community Paediatrics team as of August 2023. This is a 41% increase on the number in August 2022.

Chart 62



Source: data supplied by the Royal Wolverhampton Trust

We were not able to access information about the demographic profile of these children and young people for this needs assessment.

7.3.9 Perinatal Mental Health Team (PMHT)

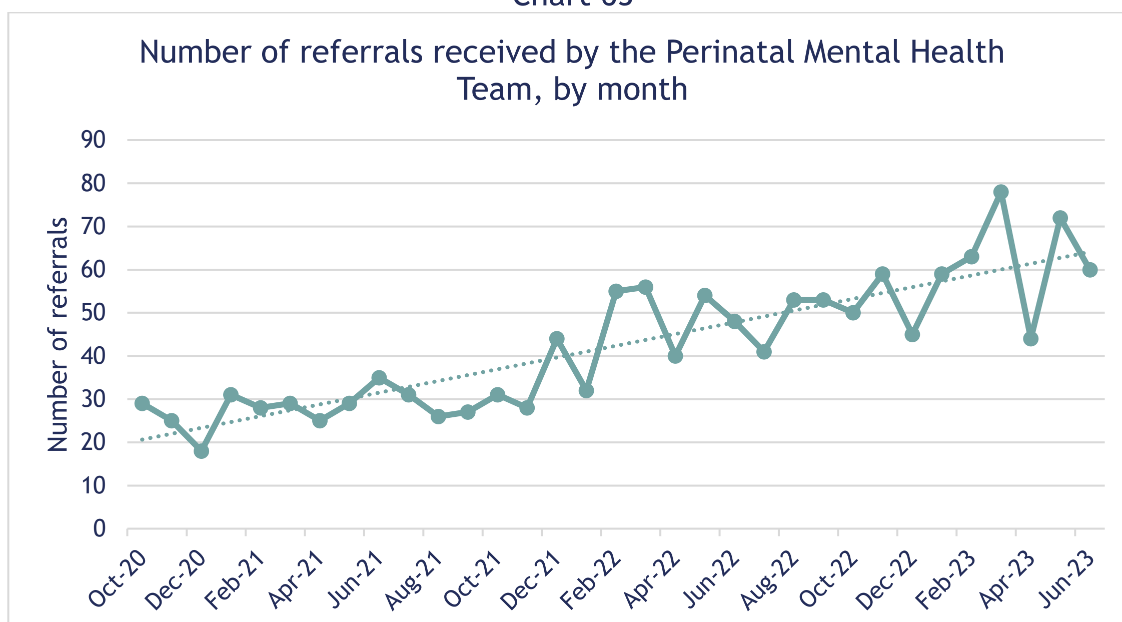
Evidence shows perinatal mental disorders are associated with an increase in a range of psychological and developmental disturbances in children, but such disturbances are not inevitable[cv].

The Perinatal Mental Health Team PMHT specialises in the assessment, diagnosis and short-term treatment of those affected by a moderate to severe mental health illness in the preconception, antenatal and postnatal period.

Referrals to the Wolverhampton PMHT have been rising steadily since 2020 as shown in Chart 63. The team reported that the increase does not only reflect rising need for the service but can also be explained by the growing connections with the team's partner organisations (such a specialist midwives, GPs, family hubs etc), including a better awareness of the service and understanding of what it offers.

Furthermore, in line with national commitments to increase the reach of perinatal mental health services, this increase corresponds to changes to the performance targets set for the team: initially their target was to support c.2.5% of the birthing population, this was increased to 7.5% and has been further increased to the current target of 10%. The team have not yet reached this target due to staff recruitment challenges.

Chart 63

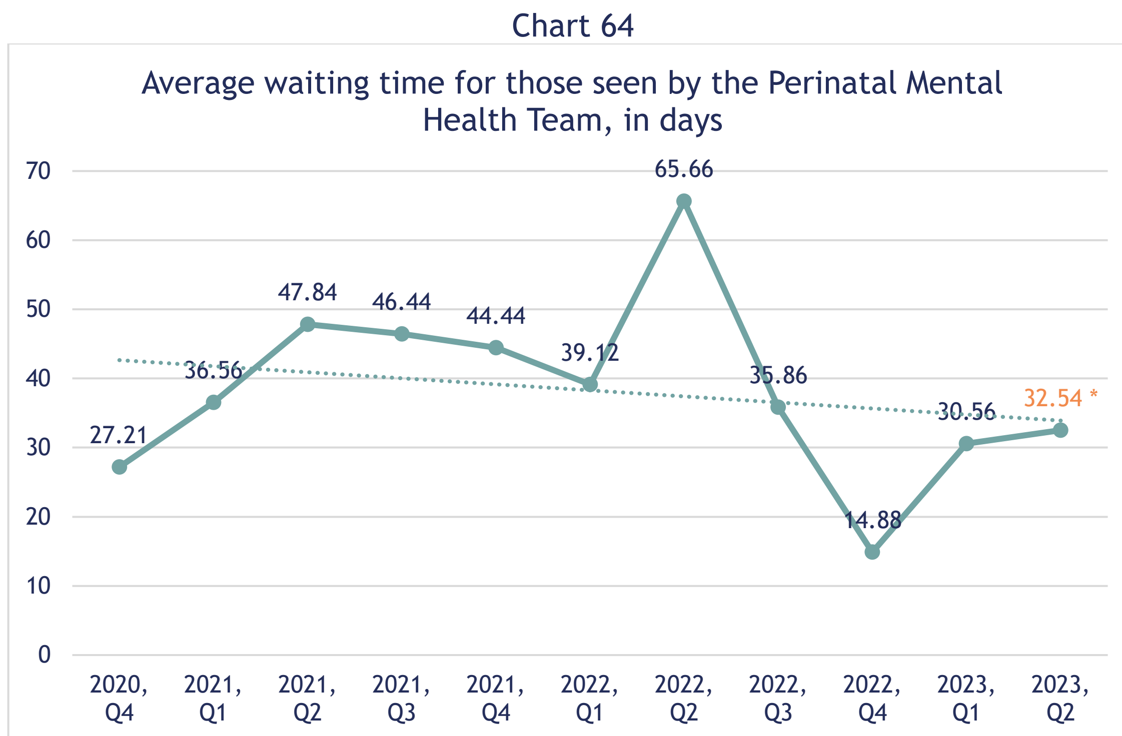


Source: The Perinatal Mental Health Team Wolverhampton

Ethnicity is unknown or not stated for 32.13% of these referrals which makes any analysis of access to the PMHT by ethnic group problematic.

The average waiting time between referral and being seen by the PMHT is shown in Chart 64. Please note the figures are based on referrals that have been seen by the PMHT. Caution should be exercised in interpreting the final figure (2023 Q2): there are referrals made in this period who are still waiting and therefore their wait time is not included in the analysis.

Chart 64



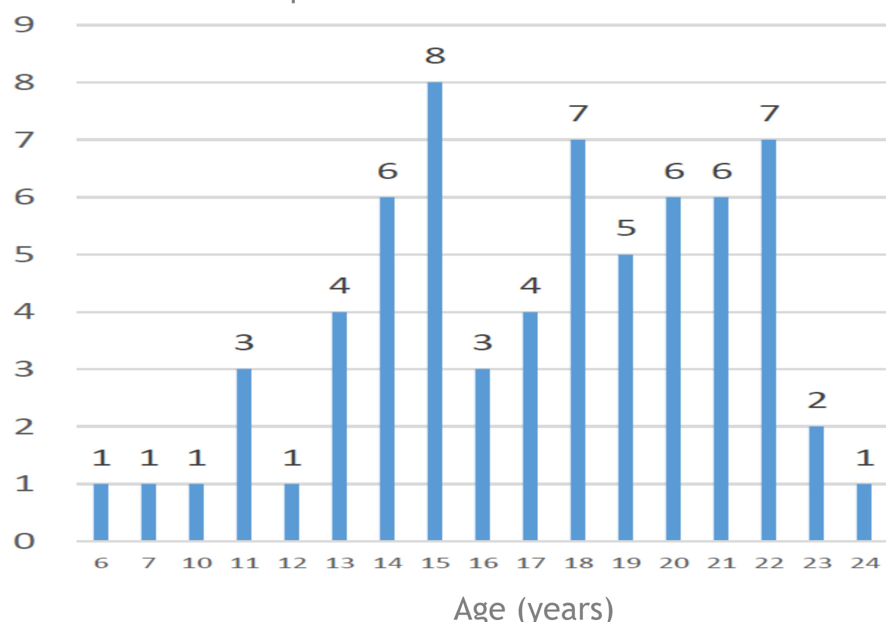
Source: The Perinatal Mental Health Team Wolverhampton

7.3.10 Eating Disorder Service

Nationally hospital admissions for eating disorders are rising among children and young people. Among under-18s, there were 7,719 admissions in 2021/22, up from 6,079 the previous year and 4,232 in 2019/20 – an 82% rise across the two years since the start of the pandemic[cvi].

Between April 2022 and March 2023 there were 127 people of all ages supported by the Eating Disorder service in Wolverhampton; 66 (52%) were aged 6 to 24 years, 88% of these were female.

Chart 65



Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

7.3.11 The 0-19 Service

The 0-19 Service provides a range of services for pregnant women and children and young people from the age of 0 to 19 and their families. Its main aims are health promotion, health protection, prevention of ill health and accidents and early intervention.

School Nursing

Findings from the School Nurse Consultation Report August 2022 show that the school nurse service is an important component of emotional and mental health support for children and young people in both primary and secondary schools in Wolverhampton.

Partners and stakeholders were asked to prioritise several health and wellbeing thematic areas requiring support from the School Nursing Service for primary age children. 54.9% pf respondents indicated emotional wellbeing was a priority area (the second highest area after safeguarding). School Nurses specifically (as a sub-group of respondents) reported emotional wellbeing to be their first priority (70.6% of school nurses).

For secondary age children and young people, emotional wellbeing was indicated as a priority for 62% of respondents (the second highest priority). Amongst School

Nurses, emotional wellbeing was reported as a first priority (88.2% of school nurses).

Parents and carers were asked to select health priorities from a list that they would like the School Nursing service to offer advice and support on. They indicated their first priority for children and young people (of all ages) as emotional wellbeing (68.5% of parents and carers; 69.3% for primary and 71% for secondary).

children and young people indicated their top priority to be covered by the School Nursing Service as emotional wellbeing (60.4% of children and young people).

These findings contrast with other findings in the Report that indicate that large proportions of parents and carers and children and young people were not aware of the School Nursing service:

- 77% of parents and carers and 47% of young people were unsure or did not know how to access the School Nursing Service.
- 58% of partners and stakeholders reported that the School Nursing service offer is clear.
- 68% of parents and carers were unaware or unsure about the services provided by the School Nursing Service.

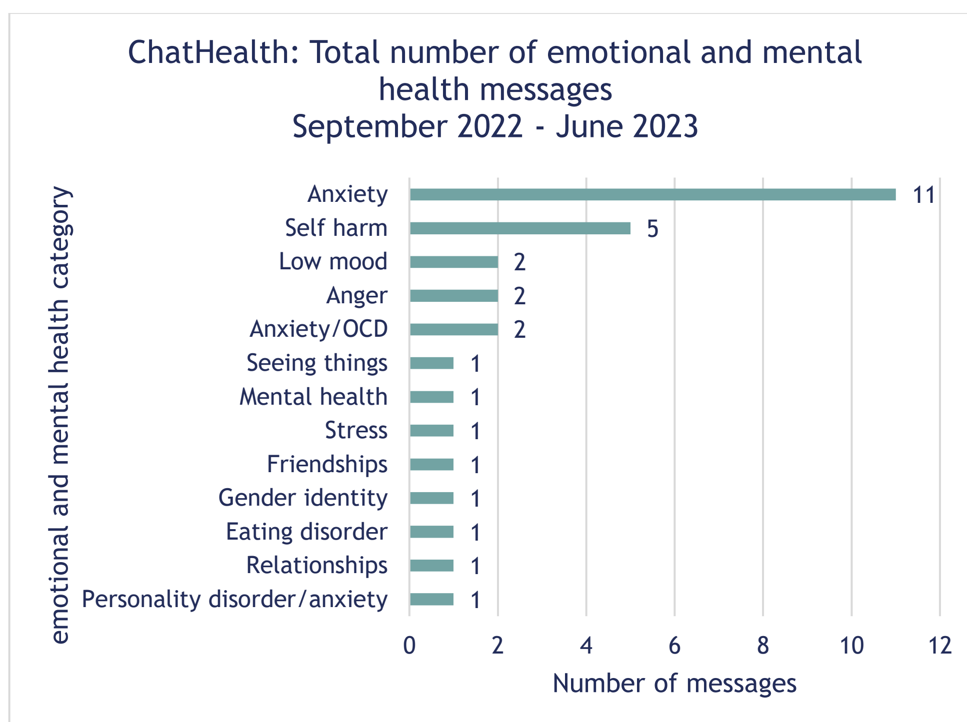
ChatHealth

ChatHealth is a NHS text messaging service for young people across Wolverhampton. 11 to 19 year olds can text a school nurse to get confidential advice and support for a range of health and wellbeing issues.

56 messages were received by ChatHealth between September 2022 and June 2023, 54% (30 messages) related to emotional and mental health. 80% of users were female.

The subject type of these messages is shown in Chart 66.

Chart 66



Source: The Royal Wolverhampton NHS Trust

7.3.12 Reflexions Wolverhampton

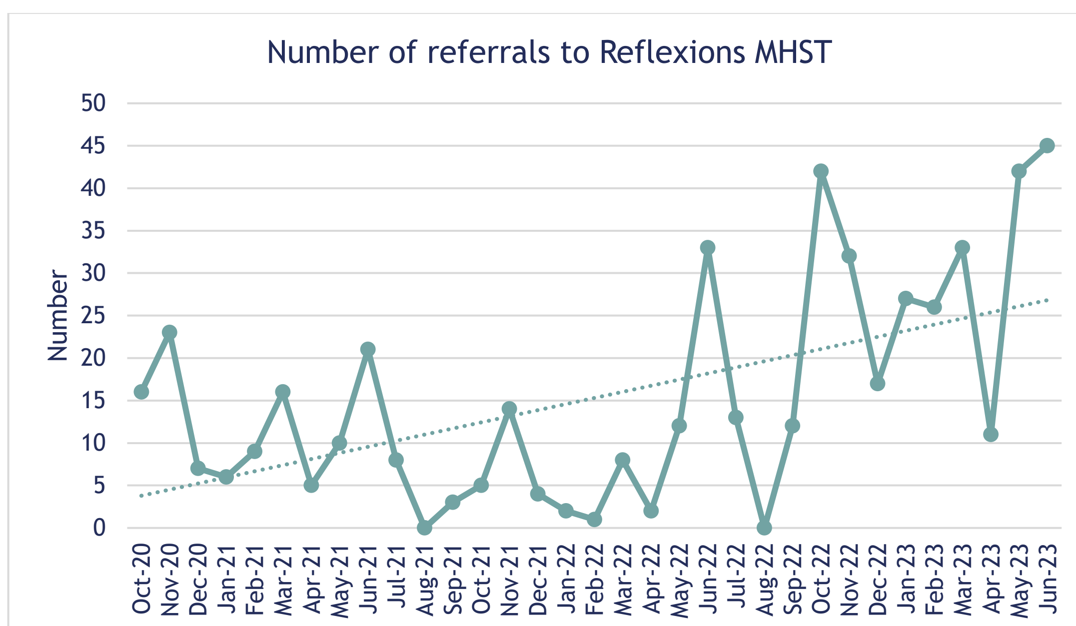
Reflexions, the Mental Health Support Team in Wolverhampton is a relatively new service currently working with 51 education settings across the Wolverhampton region and due to take another approximately 16 settings in January 2024 once NHS England funding for the next wave of MHST investment (Wave 10) is agreed.

As of August 2023, Reflexions were almost fully staffed in Wolverhampton, however with a high number of trainees, due to low staffing numbers previously. Training requirements reduce the availability of trainee staff to work clinically to two days per week. As a result the service was not at full capacity in terms of delivery. The service anticipated increased capacity to deliver with the completion of this training in February/ March 2024. Furter to this, subject to agreement of funding, a new cohort of trainees will also be employed to work with newly accepted schools in Wave 10.

Support provided by Reflexions is flexible, however the loose model is for this to be allocated 50% to Whole School Approach (WSA) support, 30% to one-to-one support and 20% to all other work. Some schools choose to access more support for WSA and other require a high level of one-to-one intervention, depending upon their need.

As the team beds in, referrals have been rising since October 2020, with June 2023 seeing the highest number of referrals 45 – as shown in Chart 67.

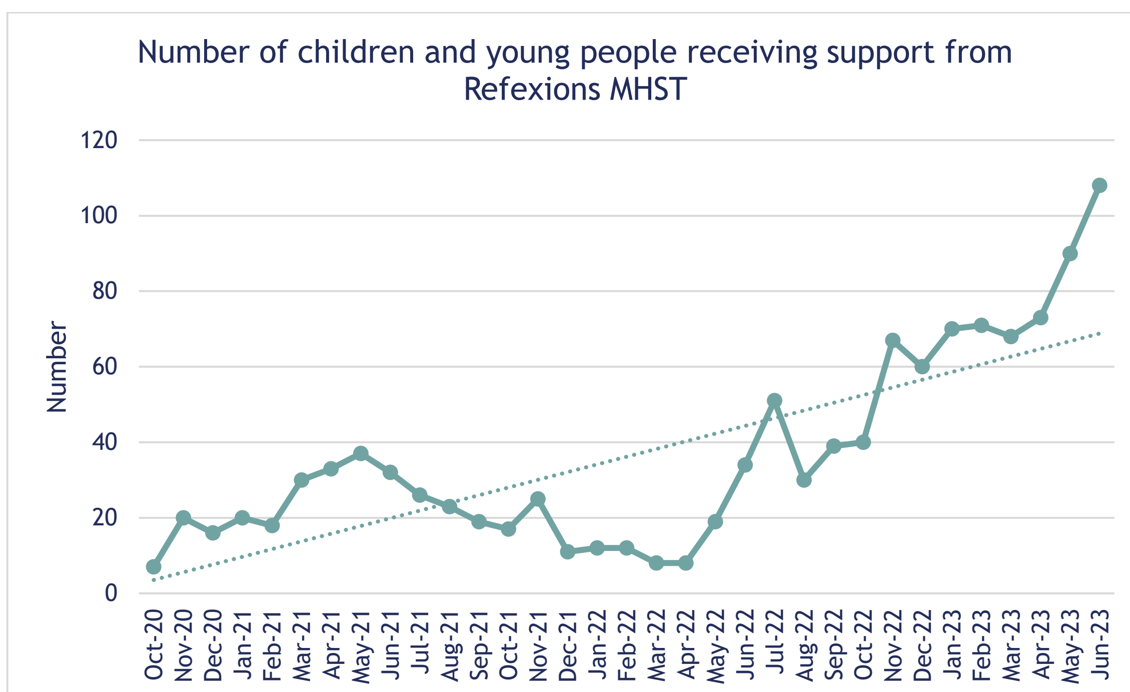
Chart 67



Source: data Assessment Team, Wolverhampton and Sandwell CAMHS

Accordingly, the number of children and young people being supported by Reflexions has increased over the same time period.

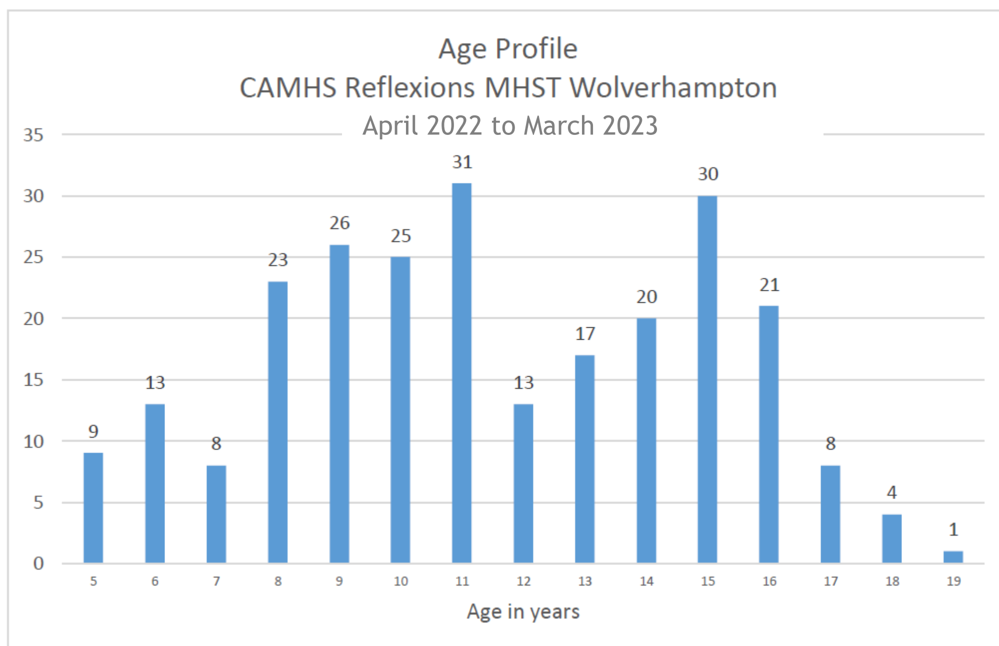
Chart 68



Source: Assessment Team, Wolverhampton and Sandwell CAMHS

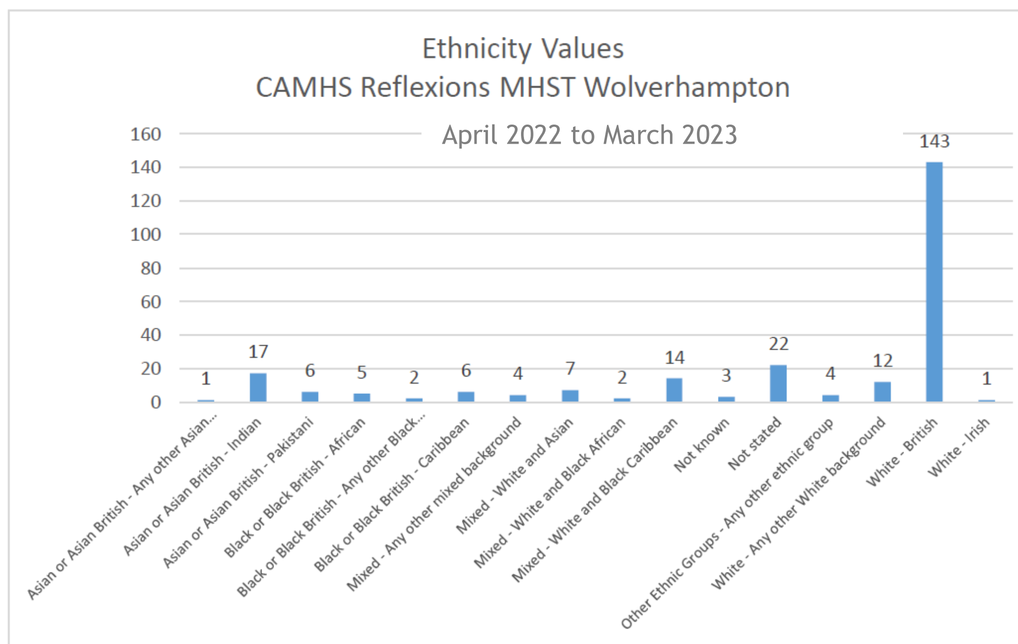
In terms of gender profile, 56% of the 249 children and young people supported by the Reflexions MHST between April 2022 and April 2023 were female. Charts 69 and 70 show the age and ethnicity profile of the 249 children and young people.

Chart 69



Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

Chart 70

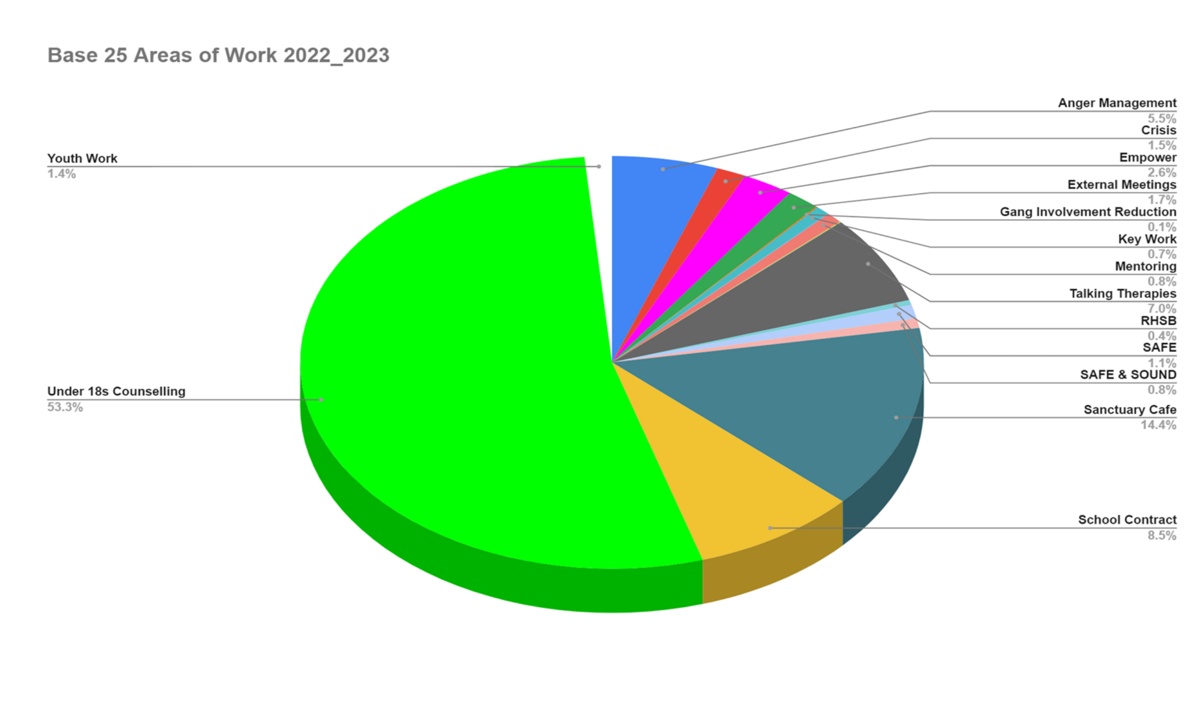


Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

7.3.13 Base25

Base25 is a Wolverhampton based charity that works with children, young people and families. It provides an array of different types of support as seen in Chart 71. Just over half of its support is provided via under 18 years counselling.

Chart 71



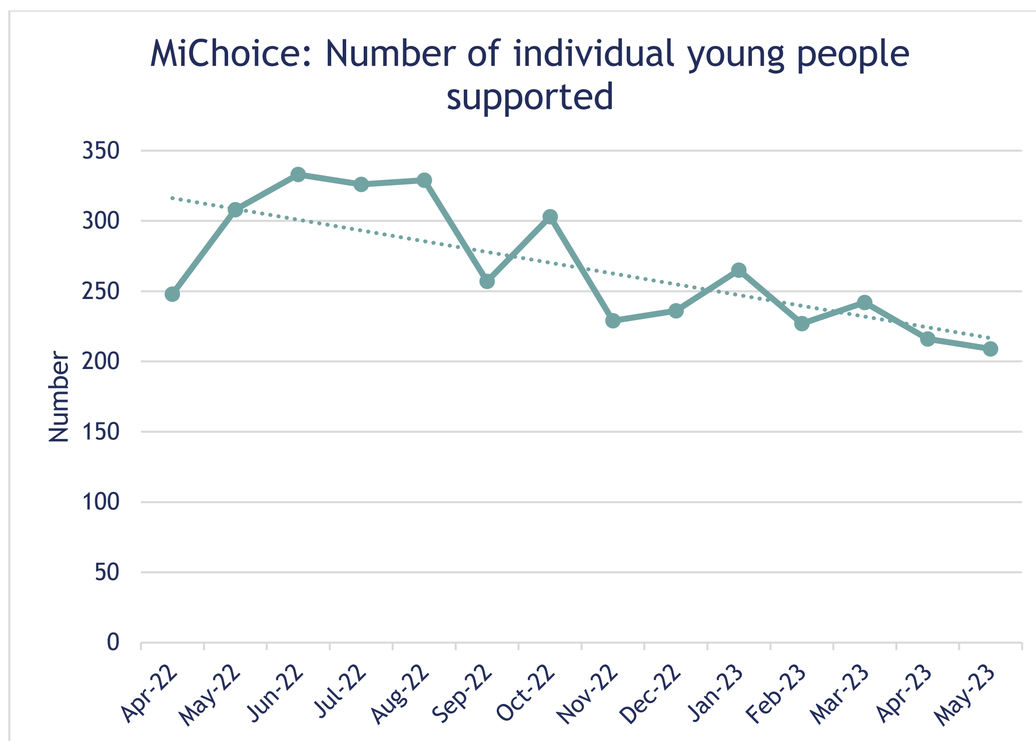
Source: Base25

Whilst Base25 offer a range of services, the focus in this section is on Mi-Choice, their under 18s counselling provision for children and young people. Mi-Choice provides up to 6 sessions of counselling - a range of evidence-based therapies for under 18's – which hare offered at an option of Base 25, its community satellites, school, GP surgery, community hub, digitally, by telephone and/or in open green spaces for under 18s.

All Mi-Choice referrals are jointly triaged with CAMHS at the SPA.

Approximately 1250 individual children and young people accessed Mi-Choice in the most recent financial year 2022-23, well above its contracted threshold of 600 per annum. The numbers accessing Mi-Choice each month in the financial year are shown below: Base25 received additional funding to avoid capping the numbers of children and young people that it could support. As of August 2023 the Mi-Choice service has delivered 4% above its contractual target for the April – August time period, and is in line to meet its target for the total number of children and young people supported for the April 2023-March 2024 financial year by the end of December 2023.

Chart 72



Source: data reported by Base25

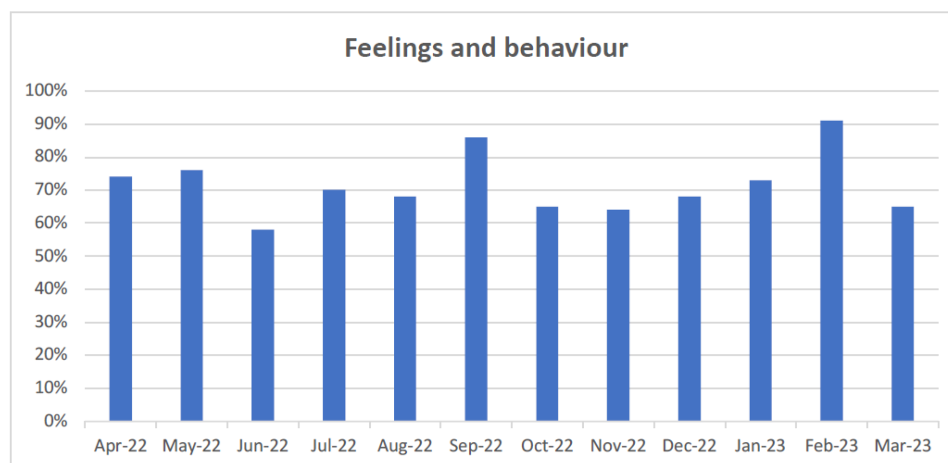
There is no waiting times for children and young people referred to Base25 Mi Choice support: once assessed, weekly sessions begin for a children and young people.

Data for May 2023 shows that 94% of children and young people supported by Mi Choice completed the intervention in a planned way (as stated in their individual Support Plan). Almost all children and young people supported by Mi Choice show improvement in their peer networks, confidence and self-esteem and family networks: figures for May 2022 and 2023 can be seen in the table below.

Outcome:	Target:	Actual May 2022	Actual May 2023
% of young people reporting improved peer networks as a result of intervention	75%	82%	94%
% of young people reporting improved confidence and self-esteem	75%	88%	88%
% of young people reporting stronger family networks	75%	87%	82%

Children and young people supported by Mi Choice are supported to complete MyStar Outcomes Star outcome measures[cvii]. Charts 73 shows the percentage of service users that report improvement in Feelings and Behaviour between completing My Star with their worker at their first and last sessions between April 2022 and March 2023.

Chart 73



Source: My Star Outcome measure, Base 25, 2022 – 2023.

7.3.14 Kooth

Kooth delivers confidential counselling, advice and support online for young people aged 11 to 19. Counselling sessions are available from 12pm until 10pm Monday to Friday, and 6pm until 10pm Saturday and Sunday. Other types of support that children and young people can access through Kooth includes a messaging service, journaling, peer-to-peer forums and writing and reading articles.

Kooth in Wolverhampton has been consistently delivering above its contracted delivery hours target. The target is 110 hours per month while actual delivery hours have ranged from 106 to 222 hours in 2022-23, with an average of 145 hours per month. This average has increased to 156 hours per month in quarter 1 of 2023-24.

The presenting emotional and mental health needs of young people using Kooth in Wolverhampton are high and increasing, and they are above those of Kooth service users in the West Midlands and nationally. 77% of Wolverhampton Kooth service users in 2022-23 scored in the severe range of need (based upon scores of the CORE outcome measure[cviii]); this has increased from 71% of service users in 2021-22. The average score of users since July 2022 is 27.2 which is above the average for the West Midlands (26.5) and nationally (26.1).

The number of service users classified as High Risk - a measure of perceived risk reported by practitioners within 24 hours of an interaction – has risen from an

average of 12 young people per quarter in 2021-22 to an average of 20 per quarter in 2022-23.

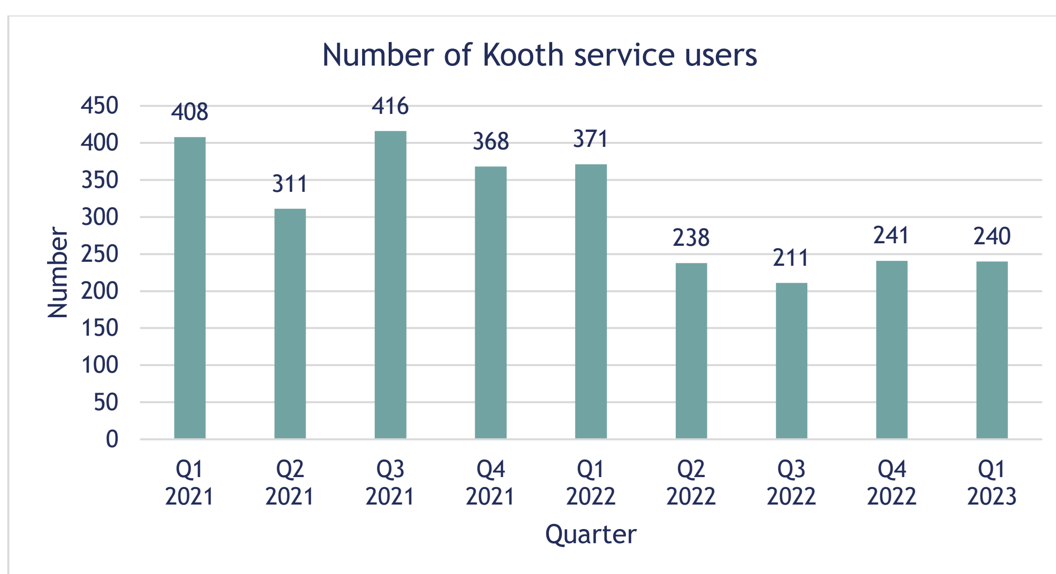
The period of time after the pandemic saw large numbers of young people register and since then, there has been an average of 156 new registrations per quarter over the four most recent quarters. Approximately 50% of new registrations hear about Kooth through education settings, 18% through a health service or professional, and 11% through friends.

The number of service users of Kooth in Wolverhampton has followed a pattern similar to that for new registrations, as seen in Chart 74.

The number of logins to Kooth has remained steady since January 2021 (an average of 2500 logins per quarter). Chart 80 below indicates service users have fallen, which means that the usage of Kooth per young person has increased: data shows that in the financial year 2021-22 the average number of logins for a young person was 5.3 and this has risen to 8.4 logins per user in quarter 1 of 2023-24.

77% of logins to Kooth take place outside of office hours (9am-5pm).

Chart 74



Source: Wolverhampton (BC) Kooth Insight Reports

The majority of Kooth service users are 13-15 years old. The age profile of young people registered with Kooth in Wolverhampton is similar to the West Midlands and the whole of Kooth nationally.

Chart 75

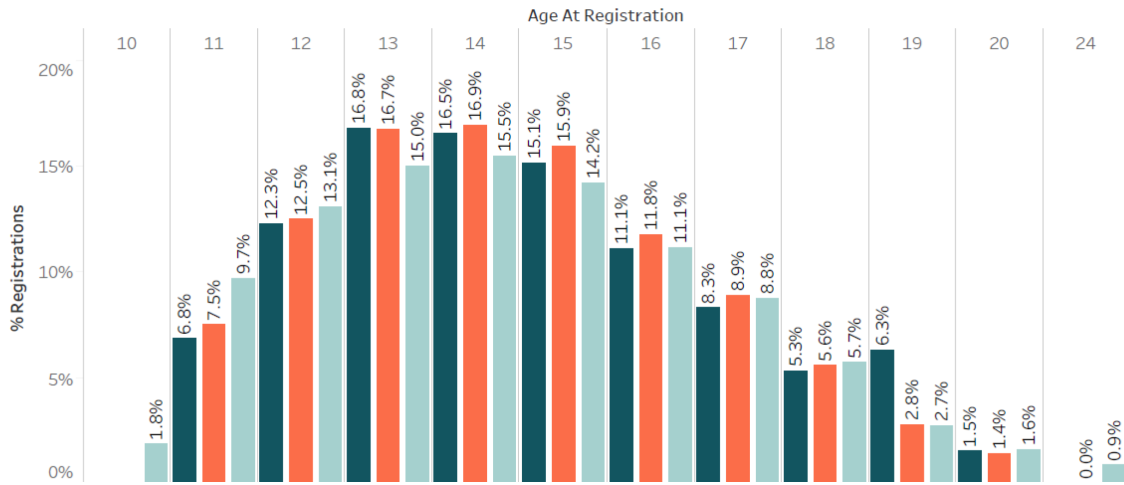
Period: 01-Apr-22 to 31-Mar-23

Age Breakdown

This breakdown compares the age composition in your area to the rest of the service. Note: only comparisons for the age range of your contract will be shown.

- Registrations (Selection)
- Registrations (Sub Region)
- Registrations (Kooth)

Selection: Wolverhampton (BC) Kooth CYP | Sub Region: Midlands



Source: Wolverhampton (BC) Kooth, 1/4/2022 To 31/3/2023 Insight Report

The ethnicity profile of young users of Kooth in Wolverhampton is more diverse than service users in the West Midlands and nationally; 16% of users in Wolverhampton were Asian/Asian British compared with 7% of users in the region and nationally. The ethnic profile of service users in Wolverhampton is similar to the profile of all young people in the city.

Chart 76

Period: 01-Apr-22 to 31-Mar-23

Ethnicity Category
- White
- AsianOrAsianBritish
- Mixed
- NotStated
- BlackOrBlackBritish
- OtherEthnicGroups

Users Logging in By Ethnic Group

Your selection: Wolverhampton (BC) Kooth CYP

Sub Region: All

Service: Kooth

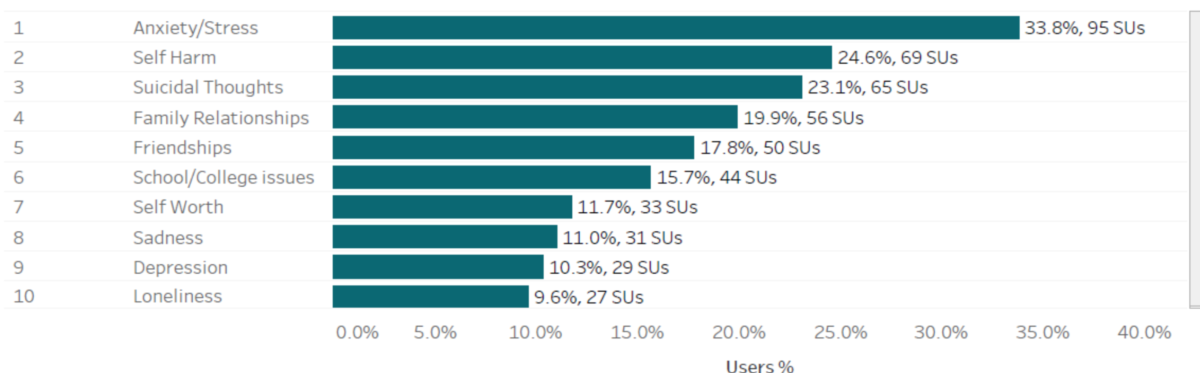
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

% of Total SUs Logging In

Source: Wolverhampton (BC) Kooth, April 2022 to March 2023 Insight Report

The main issues presented by young people who use Kooth in Wolverhampton are anxiety (34% of service users), self harm (25%) and suicidal thoughts (23%).

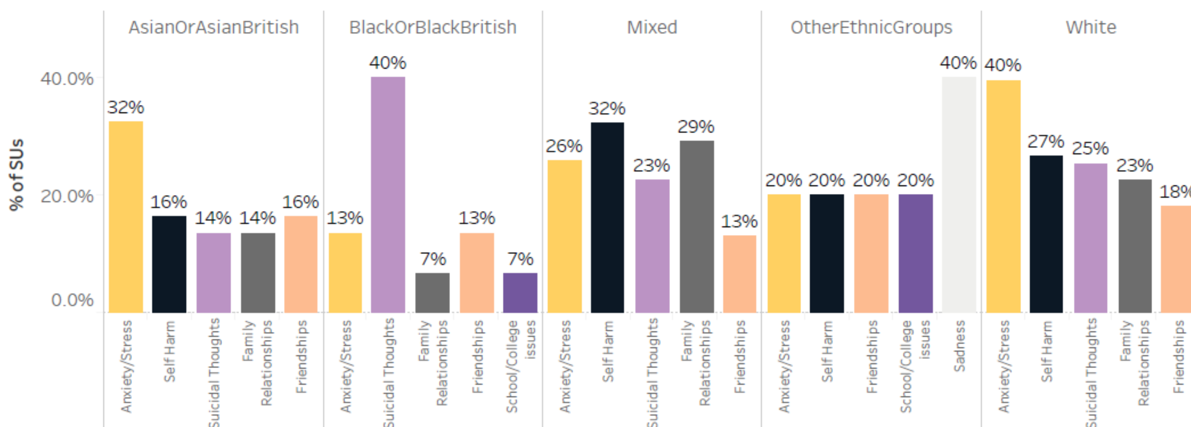
Chart 77



Source: Wolverhampton (BC) Kooth, April 2022 to March 2023 Insight Report

The presenting issues by young people at Kooth in Wolverhampton varied according to the ethnicity of the service user as shown below. 40% of Black service users present with suicidal thoughts, compared with 25% of White service users.

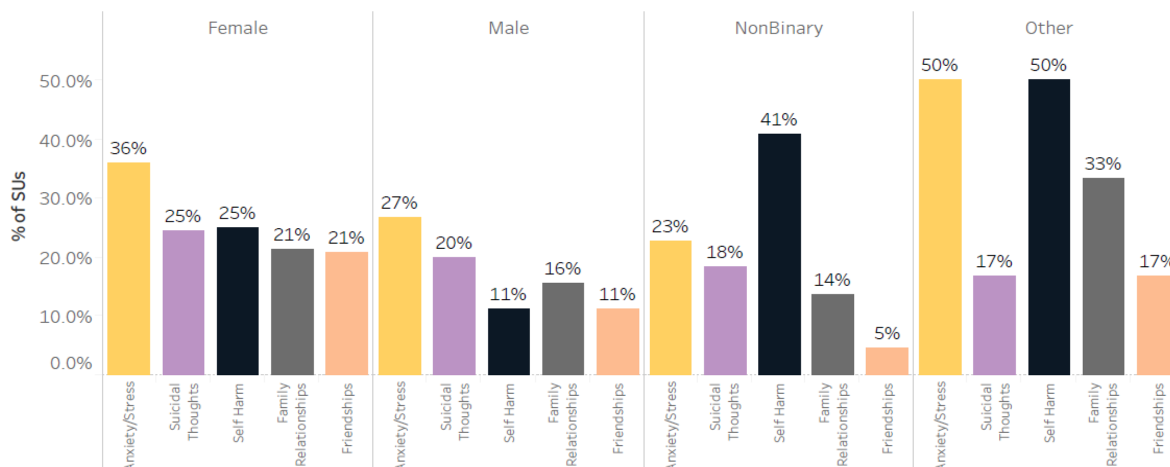
Chart 78



Source: Wolverhampton (BC) Kooth, April 20220 to March 2023 Insight Report

71% of Kooth service users in Wolverhampton identify as female. The issues presented by young people at Kooth in Wolverhampton varies by gender; 36% of females presented with anxiety compared with 27% of males. 41% of non-binary young service users (50% of other genders) presented with self harm compared with 25% of females and of 11% males.

Chart 79



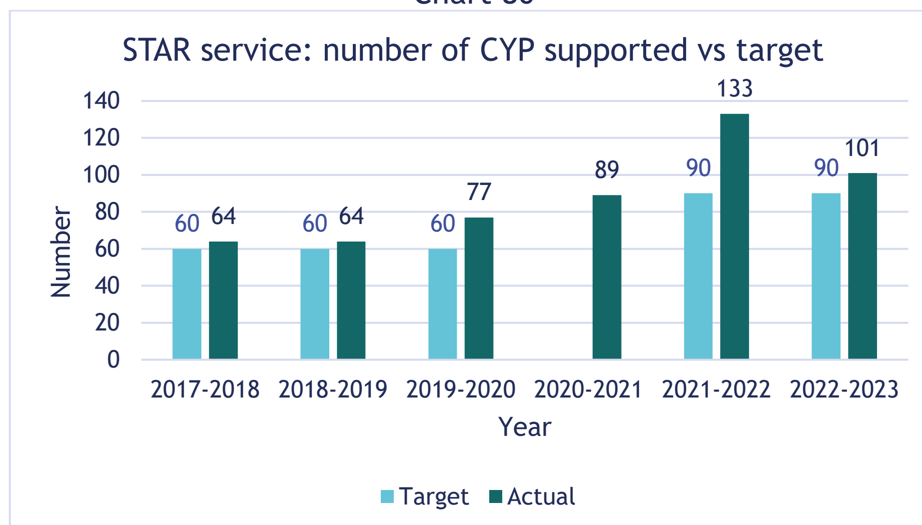
Source: Wolverhampton (BC) Kooth April 2022 to March 2023 Insight Report

Kooth service users set therapeutic goals that can be scored to review progress. In 2021-2 and 2022-3 50% of service users reported significant progress towards their goals. In 2022-23 90% of service users in Wolverhampton said they would recommend Kooth to a friend. 90% said that was a useful source of support.

7.3.14 STAR Barnardo's

The STAR service run by Barnardo's provides therapeutic and evidence based interventions to work with looked after young people and their families with complex needs to prevent relationship or placement breakdowns. Chart 80 shows the numbers of children and young people supported by the STAR service since its commencement in 2017. In 2020-21 the commissioned target was increased from a minimum of 60 to a minimum of 90 children and young people.

Chart 80



Source: data provided by Bernardo's STAR team

8. Insight about services and support

8.1 Introduction and Summary

8.1.1 Introduction

Consultative work was undertaken for this needs assessment with professionals, young people, parents and carers (including a survey, one to one interviews and group workshops outlined in the Approach section and further detailed in Appendix 1) to understand different perspectives on the services and support available to support children and young people with their emotional and mental health; any gaps and unaddressed needs; and opportunities to strengthen current provision.

8.1.2 Section summary

The consultation sought perspectives from professionals, young people, parents and carers about services and support available to support children and young people with emotional and mental health, and opportunities to improve them.

Strengths highlighted in current support systems included positive experiences of the majority of emotional and mental health services; the presence of community and faith groups and charities offering children and young people places to meet and a trusted adult; and areas of good practice in schools, in commissioning, and in cross-agency working arrangements.

There was substantial consistency in perceptions of gaps in support. Key themes were:

- improving the availability of, and waiting time for, specialist emotional and mental health support from core CAMHS (The Child and Family Service)
- increasing the availability of emotional and mental health provision for less complex and severe mental health needs, that do not meet criteria for core CAMHS support, and can be offered in a more timely and accessible way, for example through the voluntary and community sector and in school
- More focus on prevention and on ensuring needs are picked up in a timely way to enable early intervention – including educating, supporting and improving resilience through universal services (such as schools, early years and family services); investing in youth services, clubs and positive activities; and investing in building up skills of those who have a lot of contact with young people to empower them to better support children and young people (e.g. foster carers)

- improving awareness and clarity about what is available to support children, young people and families with their emotional and mental health, and how to access it - among professionals and among children, young people and parents and carers
- ensuring schools offer the best possible support for children's emotional and mental health - for example through training teachers, using the school curriculum and ensuring schools are inclusive environments and offer spaces to talk
- improving assessment for neurodivergent children and young people, and the mental health support available to them
- ensuring suitable support is available for children and young people with Special Educational Needs and Disability (SEND)
- offering more support to parents and carers : accessible information and advice, family support, and support for parents and carers own mental health
- Development of support in certain areas: for minoritised groups; at transition; for issues associated with gender identity; for young carers; for those who have experienced trauma

Opportunities to strengthen how the system of emotion and mental health support were identified in relation to commissioning; collaborative working; and more effectively embedding THRIVE principles and ways of working.

Stress and pressure on professionals was highlighted as a key issue, as well as difficulties in recruiting suitable staff to roles.

8.1.3 Section contents

8.2 Strengths in Wolverhampton services and support

8.3 Unmet needs and gaps in the current service and support offer

8.4 Strengths in how the system of emotional and mental health support is working

8.5 Opportunities to strengthen how the system of emotional and mental health support is working

8.2 Strengths in Wolverhampton services and support

In the survey of professionals, 62 respondents provided information on what they believe works well in Wolverhampton to support children and young people's emotional and mental health, and the stakeholders interviewed by the assessment team also reflected on strengths in the city. Key themes raised reflected:

- **Valuable work is taking place in schools** with a significant commitment from many schools. Examples of good practice that were mentioned included effective pastoral teams, inclusion of emotional and mental health in curriculum, the provision of wellbeing committee meetings, and schools that offer a Young Carers champion as part of their pastoral team. Examples of good practice that were mentioned included effective pastoral teams, inclusion of emotional and mental health in the curriculum, the provision of wellbeing committee meetings, and schools that offer a Young Carers champion as part of their pastoral team.
- **Helpful emotional and mental health services in the city**: positive references were made to Base25, Reflexions (the Mental Health Support Team), Barnardo's, ChatHealth, School nurse drop-ins (in school provision), the Educational Psychology Service, social worker in schools project, social prescribing, Holiday Activity Fund (HAF) clubs, CAMHS, Strengthening Family Service (targeted early intervention with children, young people and families pre-social care), the Virtual School and the Advantage Mentoring Scheme (working with football clubs).
- **The presence of community groups, faith groups and charities** that provide places to meet, places to be valued, a trusted adult, for example, e.g. voluntary and community sector collaboratives formed under Headstart such as the WV10 consortium. These operate very much in their neighbourhoods; many have gone on to apply for their own funding.

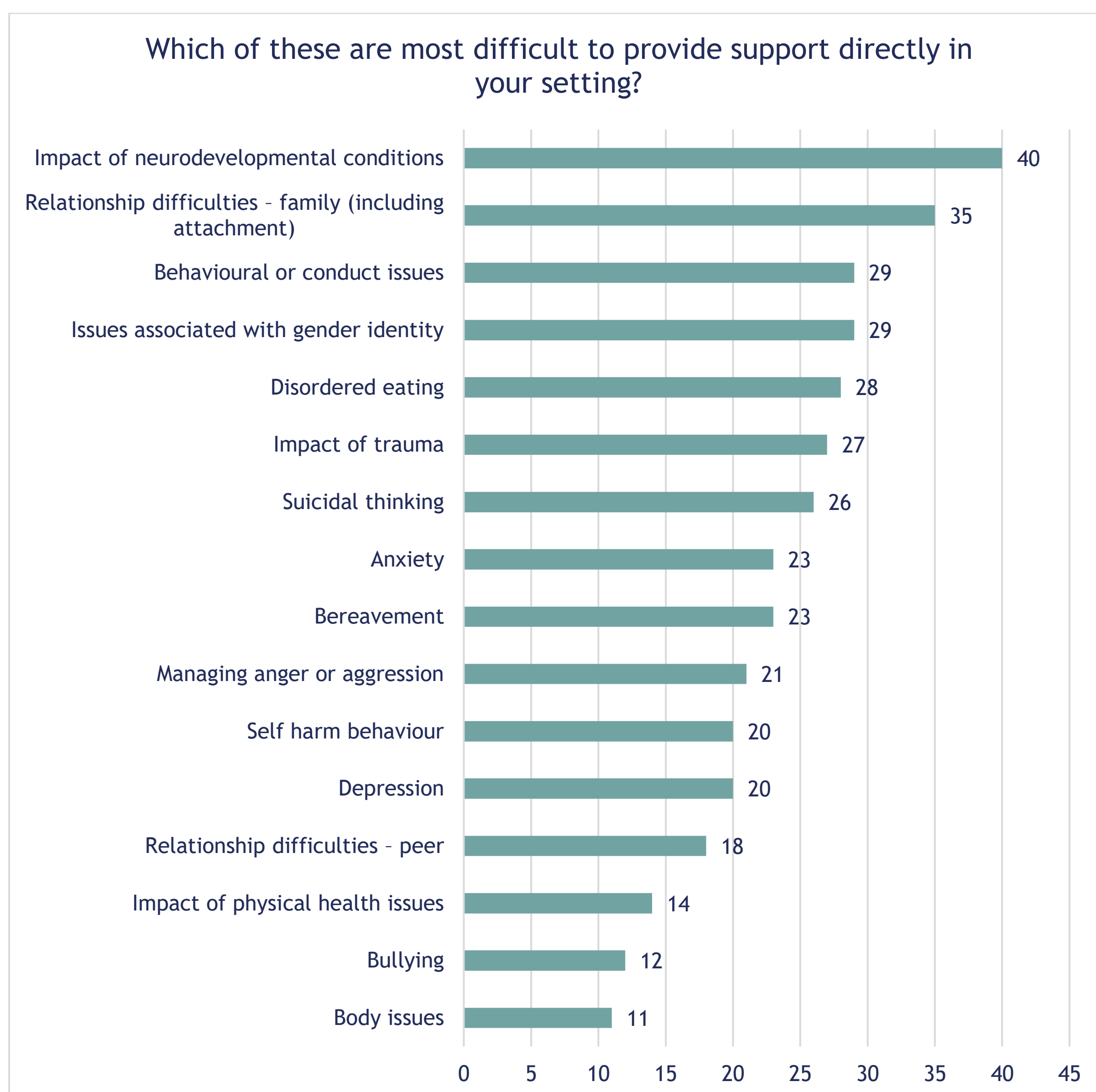
8.3 Unmet needs and gaps in the current service and support offer

The staff survey asked staff which factors that can support children and young people's emotional and mental health need to be given more attention in Wolverhampton (respondents were asked to select up to three). The top responses were:

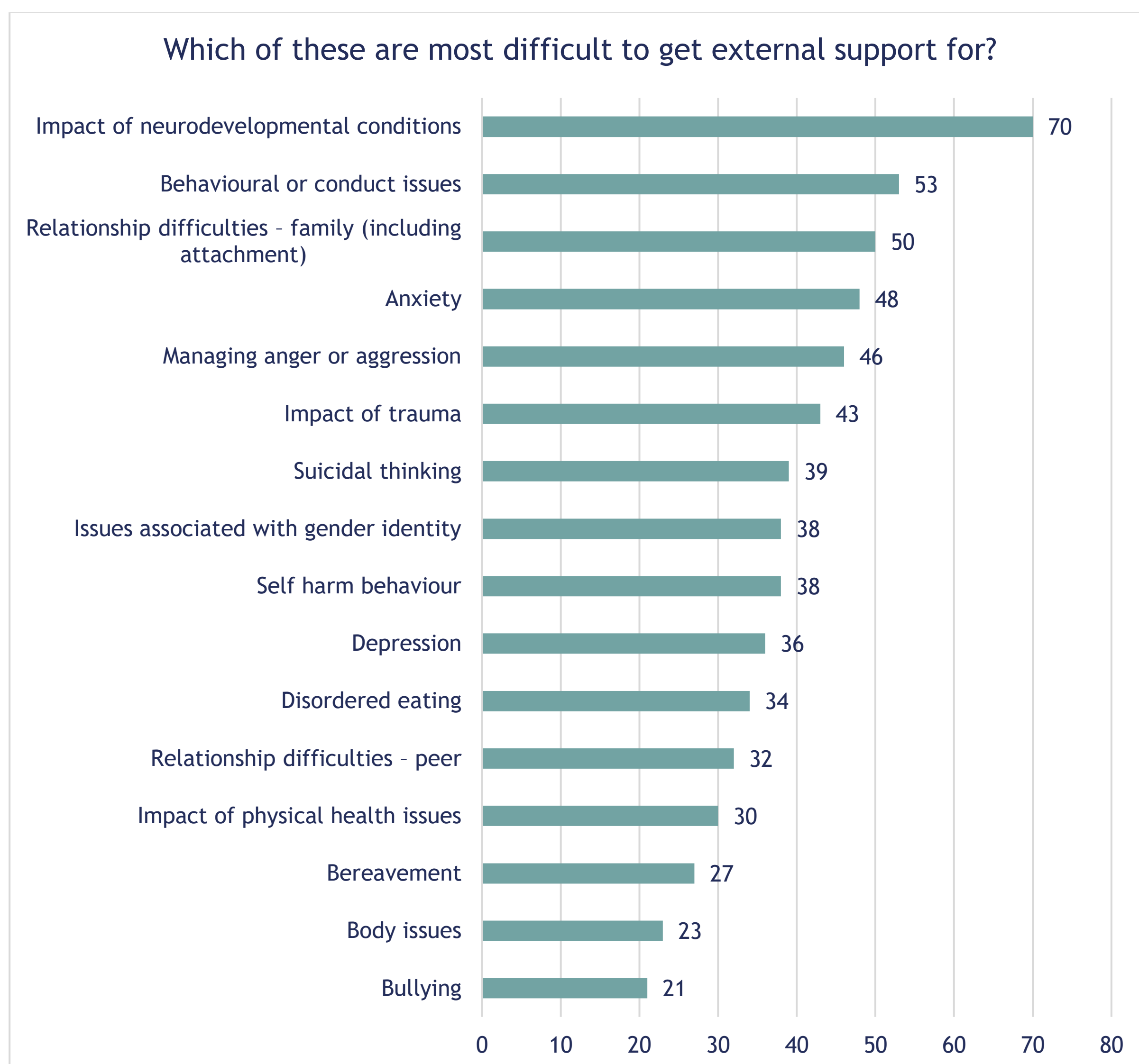
- parent and carer relationships (selected by 60%)
- feeling safe at home, at school and in the community (selected by 60%)
- peer relationships (selected by 50%)
- hopes for the future (selected by 50%).

Staff responding to the needs assessment survey were asked to select the (up to three) aspects of emotional and mental health they found most difficult to support in their own work setting, and subsequently the aspects were most difficult to get external support with. The survey also asked professionals to select (up to three) aspects of children and young people's emotional and mental health that they found most difficult to support in their own work setting, and subsequently the aspects that were most difficult to get external support with. 126 people answered the question, and they ranked the answer options the same for both questions.

The top three issues identified as difficult to support for were: the impact of neurodiversity; relationship difficulties involving family (including attachment), issues associated with gender identity.



Source: Needs assessment survey (see 'Approach and Appendix 1 for detail)



Source: Needs assessment survey (see 'Approach and Appendix 1 for detail)

The survey asked professionals working with children and young people what types of provision - aside from specialist mental health support - should be increased in Wolverhampton. 57% of (110) survey respondents indicated that emotional and mental health support for parents should be increased as a priority, followed by 55% of respondents selecting positive social activities and 50% selecting drop-in support.

There was substantial overlap and complementarity between the priorities identified by survey respondents, raised in interviews with key stakeholders and explored in feedback from workshops and groups. Eleven themes arose:

8.3.1 The availability of, and waiting time for, specialist emotional and mental health support

Across survey respondents, stakeholder interviews, in feedback from young people and parents, and at the stakeholder workshop, the issue of the availability of emotional and mental health support and waiting times for that support was raised almost universally. Stakeholders interviewed recognized that increasing demand made access more challenging.

Some key considerations raised in relation to waiting lists for specialist mental health support were:

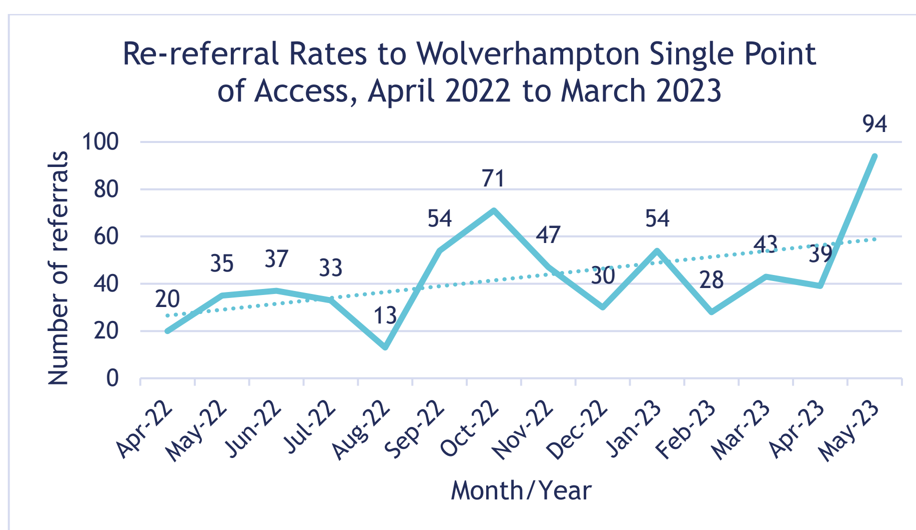
- the risk of mental health issues escalating during the wait, and the management of issues associated with this, such as schools' anxieties in handling self harm
- a need to offer support for children, young people and families while waiting - respondents called for feedback and advice to schools, and an offer of family support
- a need for greater responsiveness, flexibility, and skills mix in the support on offer.

A couple of key issues were highlighted through which referrers (including GPs as one of the significant sources of referrals) may be play a role in the wait for, and response of, CAMHS support:

- some consultees had experienced referring professionals being less aware of, or placing less value on, mental health support that is not one to one NHS CAMHS provision – for example group work in voluntary sector settings
- level of re-referral which (as illustrated in Chart 89) have risen over the year April 2022 to May 2023. A factor identified as contributing to this this was inadequate or incomplete referrals: where information in the first referral does not fully detail the young person's needs, the outcome or advice offered is less likely to adequately address those needs, driving re-referrals into the SPA.

Professionals at the SPA reported challenges associated with inadequate or incomplete referrals, resulting in a high number of re-referrals into the SPA; information on the first referral did not provide a sufficient explanation of the young person's needs and therefore the outcome/advice offered was also not sufficient to meet their needs. This issue reportedly relates most to GP referrals, and as can be seen in chart 49, GPs are the highest referrers to the SPA. Re-referral rates have risen from 20 a month in April 2022 to a highest of 94 in May 2023 as seen in Chart 84.

Chart 84



Source: Wolverhampton CAMHS, Data Report for the year April 2022 to March 2023. Prepared for April 2023, Emotional Wellbeing Mental Health Board

8.3.2 Increased availability of emotional and mental health support that is less 'specialist' for less complex and severe needs

The consultation exposed a perception that there were limited mental health support options to refer to outside of NHS CAMHS provisions and Base25. It was suggested by some of the professionals that more focus and funding was needed on provision for less complex and severe mental health needs, that do not meet criteria for core CAMHS support. In THRIVE terms, this was expressed increasing provision for the needs-based grouping 'Getting Help', as opposed to the 'Getting More Help' group. Some noted that expansion in the Reflexions (Mental Health Support Team) capacity will go some way to help with this picture.

Young person groups who were spoken to as part of the needs assessment asked for emotional and mental health help when it was needed, not offered after a significant wait. They said that this help didn't need to be provided by a professional with lots of experience and training; it could rather come from adults such as youth workers. Some specific points raised were:

- Some of the young people involved in the needs assessment said that online support is impersonal and that face-to-face support felt more comfortable. Many said that they would not use telephone help lines at all.
- Many of the young people consulted with praised the support that they received from charities (voluntary sector groups) such as Young Carers, X2Y, Base25 and asked for greater investment in these types of support so that more young people could be supported. Most examples of such support related to having a trusted adult/staff member who they could speak with when they needed to.

- Group work was rated as good by the young people; opportunities to meet other young people with similar experiences, and to connect with them. They preferred longer term group support, which they told us wasn't often available.
- These young people asked to have drop-in type support available, which they recognised couldn't always be available but asked for it be available frequently and consistently.
- They also requested more support for the family who could be struggling and impacting upon their emotional and mental health. They also requested more support for the family who could be struggling and feeling an impact on their own emotional and mental health.

Staff consultees echoed some of these messages, and spoke of a need for:

- more low-level support in schools, in the community, or in digital/ online spaces
- funding for services social prescribing link workers to signpost to
- better knowledge and communication of the Early Help offer (Early Help in Wolverhampton is described as being offered at "the point at which the services offered to every child (universal) no longer supports the individual to reach their full potential"[cix]).

8.3.3 More focus on prevention and on early intervention

The need for more focus on prevention activity that builds the resilience of children and young people and families, and on ensuring needs are picked up in a timely way to enable early intervention, was raised by professionals who responded to the survey, attended the workshop and in interviews. Specifically, they identified a need for:

- universal emotional and mental healthv education and support (in school and communities)
- evidence-based resilience programmes
- more clubs, youth centres or community centres where children and young people can develop their skills and hobbies, and offering them somewhere to go and a trusted adult to speak to
- investment in building up the skills of those who are not experts but have a lot of contact with children and young people - for example school staff, foster carers - to empower them to better support children and young people
- more preventative work through universal support, especially in early years
- a response to the social media pressure experienced by children and young people.

8.3.4 Greater clarity about what is available to support children and young people and families, and better communication of this

Young people involved in the needs assessment raised as an issue knowing where to go to get any type of help and support. They suggested emotional and mental health support could be improved through more promotion and advertising of services. They also said that it would beneficial to have more information about local groups available and any online forums or sites that would be helpful to help people.

Attendees at the cross-sector workshop noted similar issues at a system level. Issues raised included:

- that there was a lack of awareness of the single front door for emotional health and wellbeing – of where to go for help
- that there was a lack of understanding and awareness between professionals about the range of services and support available in Wolverhampton, and the value and role of different aspects of the offer. GPs, parents and schools were particularly mentioned as important to engage in addressing this
- that in the absence of this, CAMHS was often the one service people were aware of, which contributed to the large numbers of referrals into CAMHS
- That there was a lack of coordination across the system, and a corollary of this was that some children and young people were accessing a lot of help, while others' needs were not being addressed until they reached crisis level. That there was a lack of coordination across the system, and a corollary of this was that some children and young people were accessing a lot of help, while others' needs were not being addressed until they reached crisis level.

Professionals stressed a need to put clear processes and procedures in place that would underpin who to go to and where to access support.

The Wolverhampton Parent Carer Forum Voice4Parents conducts an annual survey to capture views of parents and carers of children and young people with SEND. Parents and carers responding to this also identified an issue around awareness of what help is available and how to access it. 55% of parents and carers responded 'no' or 'not sure' to the survey questions 'do you what support is available for you and your families mental health?. The majority said they had found it difficult or very difficult to get information about which services are available and what they offer or do[cx].

Needs assessment consultees attending workshops and responding tot the Parents of children and young people with SEND responding to the Voice4Parents annual survey also identified an issue around awareness of what help is available and how to access it. 55% of parents and carers responded 'no' or 'not sure' to the survey questions 'do you what support is available for you and your families mental health?'.

The majority of respondents reported that it is difficult to get information about what services that are available and what they offer/do.

survey suggested that providing greater clarity about what support is available, and enabling people to access it, would involve:

- working on clear pathways: an easy to navigate structure or path to the variety of support available - a universal route to get help to a child or young person, all held in one single place
- multi agency working
- a well-communicated offer, built on one vision which all are working towards.

8.3.5 Support in schools

The young people attending needs assessment workshops told us that teachers and other students didn't understand emotional and mental health as well as they thought that they should. A number reported that school was stressful and adversely affected their emotional and mental health, with too much pressure and emphasis placed upon exams, attendance and homework at the expense of emotional and mental health, and with approaches to punctuality that were punitive rather than considerate or empathetic. Some young people told us that no type of support was not offered to them until attendance became an issue. The young people suggested:

- training for teachers and school staff on how to approach and talk to pupils, and how to support them – to help teachers understand children and young people more, be more supportive, and be less offensive and threatening. training for teachers and school staff on how to approach and talk to pupils, and how to support them – to help teachers understand children and young people more, be more supportive, and be less offensive and threatening
- better use of Personal, Social, Health and Economic education (PSHE) to talk about emotional and mental health, and more opportunities to discuss associated subjects
- spaces to chat about how they are feeling that are less formal and more comfortable, without the need for note taking and for parents and carers to be informed. Many of those we spoke to were unhappy with the school's approach to talking to children and young people about emotional issues which were felt to be very formal (for example involving specific meetings booked in advance, parents informed and notes taken by the member of staff involved)
- working to make schools more inclusive, particularly for LGBTQ+ children and young people. Greater awareness and acceptance of LGBTQ+ - with education present throughout the whole curriculum, and the whole school year – was suggested to normalise this.

The parents involved in the needs assessment consultation also said that there should be more help available in school, given this is where the problems are often lived through or experienced (for example panic attacks). Some felt that teachers did not listen, and only see a problem if a child is naughty. Parents said there is a need for regular check-ins with pupils and someone to speak with and help with issues when they arise. They also felt that once a course of help (e.g. counselling) has finished, there needs to be support in school to help pupils cope.

School support was also a theme in feedback from professionals. Some of the priorities identified were:

- getting a better understanding of what is in place in schools to support pupils' emotional and mental health -
- for clarity, and to improve communication of the school offer
- to consider what schools provide and the quality of this – for example is provision evidence-based, best use of resource, measuring outcomes?
- to address issues of equity arising from schools having different pastoral support offers
- improving the consistency of what is offered in schools
- improving the school culture, making it less stressful and more considerate
- reducing school and academic pressures, and placing more priority on mental health throughout the school calendar
- providing more emotional and mental health professionals in schools, more often providing more emotional and mental health professionals in schools
- creating confidence in education settings to support pupils, to provide a key adult and a focus on creating a safe space for children and young people
- strengthening a standardised curriculum offer in relation to emotional health and wellbeing, including diversity, resilience, how to get help, relationships, making a positive contribution
- supporting schools in their role in early identification of mental health difficulties and in early intervention, by supporting staff to have the emotional literacy, skills and knowledge to identify needs and know the next steps
- strengthening school support in specific areas: supporting young carers; supporting parents in relation to attendance
- supporting staff wellbeing so staff are not too overloaded to support young people.

Consultees referenced discussions about establishing the 'Sandwell Well-Being Charter Mark[cxi]' in the city to get schools involved in what a whole school approach to mental health and wellbeing means to them and address some of these issues.

8.3.6 Addressing the needs of neurodivergent children and young people, including autism assessment and support

The professional stakeholders interviewed raised the need to improve assessment and support for neurodivergent children and young people. Areas raised for attention included:

- offering more mental health support options tailored to the needs of neurodivergent children and young people, and strengthening knowledge and skills in the mental health workforce about their needs
- supporting mental health needs of children and young people who may be neurodiverse (and have associated mental health needs) pre-diagnosis (given long waiting lists)
- ensuring effective multi agency pathways for ASC and ADHD are commissioned.

The Voice4Parents Annual Report 2022, reflecting feedback from consultation with parents of SEND children and young people, identified major challenges associated with autism (and other forms of neurodiversity) and the availability of suitable emotional and mental health support in Wolverhampton reported by parents and carers as being: The Voice4Parents Annual Report 2022, reflecting feedback from consultation with parents of SEND children and young people, identified major challenges associated with autism (and other forms of neurodivergence) and the availability of suitable emotional and mental health support in Wolverhampton reported by parents and carers as being:

- access to a single and defined pathway for diagnosis
- long waiting lists for diagnosis
- confusion over which list or pathway a child might be on and why there are huge disparities in waiting times for panels
- lack of support pre and post diagnosis
- inaccessibility of mental health services for children and young people with autism.

The report notes that while the Inspire service caters for children with a learning disability "there is no specialist service for neurodevelopmental disorders and treatment by mental health services can be inappropriate".

8.3.7 Supporting children and young people with Special Educational Needs and Disability (SEND)

Staff responding through the survey, interviews and workshop identified a number of gaps in provision for children and young people who have SEND, including:

- emotional and mental health support that is suitable - equipped to understand and cater for the distinct needs of children and young people with diverse SEND
- appropriate short-breaks provision and respite for SEN/ disabled children and young people and their parents/ carers appropriate short-breaks provision and respite for children and young people who have SEND and their parents and carers
- reasonable adaptation to meet the needs of children and young people who have SEND education and other services

A number said they had found it a challenge to get additional support from school or services without a diagnosis. They spoke of the need to address inconsistencies between schools in implementing the graduated response, and perceived there not to be good mechanisms for holding schools to account where support for those with SEND is poor.

Voice4Parents carry out an annual survey for parents of children and young people with SEND. The main reported findings on emotional and mental health for children and young people with SEND over the last two years (2021 and 2022) show that there are some main areas of concern, including:

- **accessibility of mental health services for children and young people,** including long wait times; not meeting CAMHS eligibility criteria; a lack of understanding and considerate support for children and young people with SEND; the lack of a clear pathway for accessing services and signposting by professionals; and challenges getting re-referred into the service following discharge
- **dissatisfaction with services for this group**: considered to be inappropriate or inflexible to the needs of disabled children - for example brief in duration, and not adaptable to the changing needs of the young person who may need to access the mental health services several times
- **dissatisfaction with services for children and young people with SEND**: considered to be inappropriate or inflexible to the needs of disabled children - for example brief in duration, and not adaptable to the changing needs of the young person who may need to access the mental health services several times
- **a need for a 'whole family' approach to mental health services,** addressing the way SEND impacts not only the child/young person but their whole family: this holistic approach takes on board that it is not just children and young people who are isolated but their families, and the need to support parents as the primary caregivers. This was felt to be absent in Wolverhampton: "No one asks about our mental health, no one cares. And if you ask for help you get shamed or ignored"
- **Parent and carer engagement and voice:** the report reflects that a large number of parent and carers did not feel listened to, involved in decision

making, and there was a lack of collaborative work between the families of disabled children and the professionals or treated valued partners in the process of helping their child[cxii].

8.3.8 Support for parents and carers and families

Staff in all consultative forums felt that provision of support for parents and families was a priority area in improving emotional and mental health support for children and young people in the city. As indicated above, 57% of (110) survey respondents indicated it was a priority to increase emotional and mental health support for parents. As indicated above, 57% of (110) survey respondents indicated it was a priority to increase emotional and mental health support for parents and carers. When asked what types of provision or support for parents and carers should be increased most urgently, the top three responses were:

- accessible information and advice about mental health needs of children and young people and how to support appropriately (selected by 84 respondents (76%))
- parental mental health support (selected by 75 (68%))
- family support (selected by 66 (60%)).

In interviews, professionals reflected on the need for:

- more work with parents on how they support young people in the home environment to prevent needs escalating, as well as general information about normal development and behaviour at different ages
- earlier intervention and support for parents across the life course (not just young children) which ensures they do not feel criticised – rather, framing this as 'parenting courses', framing it as 'everyone needs some advice'
- more support for parents of young people waiting for specialist mental health support
- providing intensive support for families who may not meet thresholds for social support but need support in supporting children, e.g. involved in the Emotionally Based School Avoidance pathway
- more support for parents' and carers' own mental health
- exploring peer support between parents.

Parents and carers involved in the needs assessment consultation stressed their need for better communication from services. Some of the comments related to:

- services (for example schools, GPs, Base25) needing to talk to each other, and to parents and carers
- poor communication from school – not learning for a long time that their child was under the SEND team
- that it would have been helpful for counsellor to speak with parents on phone before first appointment.

8.3.9 Support for minoritised groups of young people

Professionals in the consultation identified a need to do more to understand the diversity of need and its complexity within the diverse community of Wolverhampton. This was raised in particular in relation to ethnic diversity. Consultees acknowledged many unknowns about how services can be more accessible, adaptable, inviting and useful for young people not currently engaging with existing services. There were considered to be opportunities to learn from local experience, for example adult mental health services and Kooth which more successfully engage minoritised groups.

Young people and professionals spoke to the need to address stigma related to mental ill-health within some sections of the community. Stigma was raised in particular in relation to support for men's emotional and mental health (with this an issue in majority as well as minoritised communities). Some of the non-White young people feeding into the needs assessment said that their family would look to trusted community-based sources (for example religious groups) as a first source of advice and support in relation to mental ill-health.
In consultation discussions young people raised was the need to have staff available in services - such as CAMHS and Base25 - who understand the challenges faced by YP, including those that are LGBTQ+, those that have SEND, those of diverse cultural backgrounds and those children and young people coming from overseas to reside in Wolverhampton (migrants, refugee and asylum seeking children).

Consultees identified that greater consideration should be given to support for some specific groups:

- refugee and new communities
- LGBTQ+ young people
- traditional non-engagers – including services for young people who are Not in Education, Employment or Training, misuse substances or are teenage parents.

8.3.10 Support with transitions

A number of interviewees and consultees mentioned the need for services to do better in supporting young people with transitions, in particular for those transitioning from CAMHS into adult services and for care leavers. The move from primary to secondary school was also mentioned as an important transition point. A project is in train to provide guidance on supporting young people in transition.

8.3.11 Gaps in services for specific groups or specialisms

Professional stakeholders highlighted a number of specific gaps where service support was absent or should be improved. These included:

- support for those who have experienced trauma
- supporting Children Looked After, including resilience work, support to address their experiences of trauma, and support for those leaving care
- counselling for parents to cope with past and present trauma
- support around harmful sexual behaviour
- support for children and young people with long term heath conditions, including physical disabilities
- support for young carers
- support for transgender children and young people.

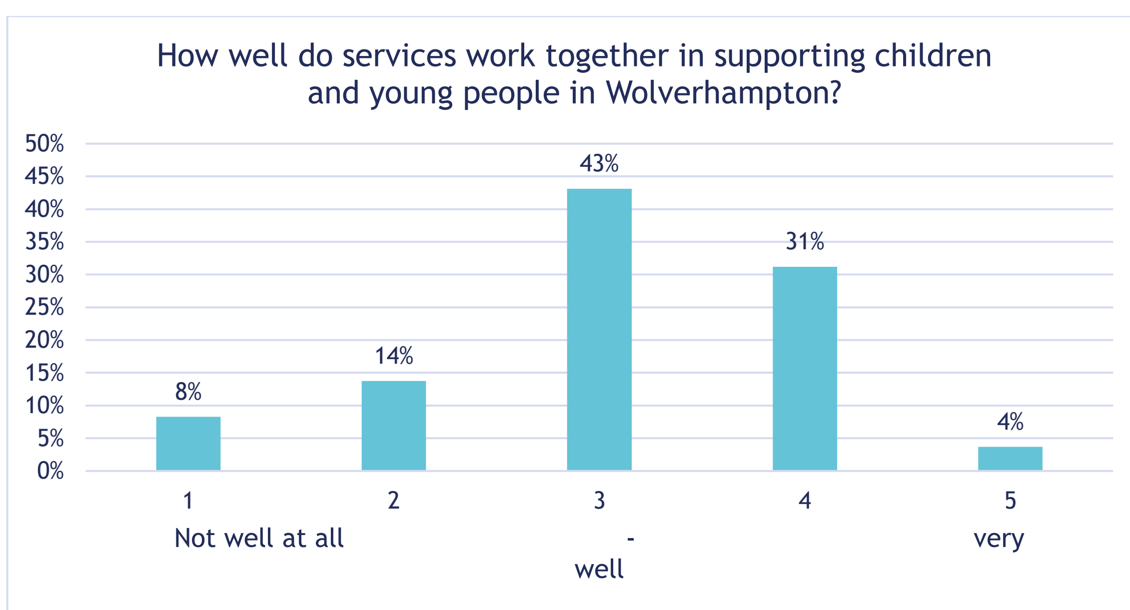
8.4 Strengths in how the system of emotional and mental health support is working

Professionals involved in the consultation pointed to several strengths in cross-agency working and collaboration in Wolverhampton, and regarding some of the system facilitators in place, that underpin an effective response to children and young people's emotional and mental health needs, or a positive experience for children and families. These included:

- Forums supporting effective multi-agency work
    - The External Placements Panel (EPP) in supporting joint working provides and decision making about children and young people with high needs and continuing care needs.
    - Multiagency panel for Autism Spectrum Disorder
- Collaboration across teams and in multi-agency teams
    - The substance misuse service was a cited example where effective working links existed across social care, Youth Offending Team, exploitation teams and some schools
    - Base25 was highlighted as a service with strong links to other services and a good community base.
- Facilitators to coordination and joining up across agencies
    - having a single point of access (SPA)
    - The Education Wellbeing (wellbeing in education) Network, as a valued space for sharing information and good practice in schools.
    - the local authority commitment to children and young people and those organisations who support children and young people's emotional and mental health

- Commissioning:
    - Some consultees felt robust joint commissioning arrangements were now be in place for emotional and mental health support, while others said commissioning could still be siloed (see below)
    - An example of effective commissioning was suggested as being commissioners work with the Base25 to allow the service to adapt to meet emerging and changing needs.

The survey asked staff to rate on a scale of how well they felt services work together in supporting children and young people in Wolverhampton, with a rating of 1 being 'not well' and 5 being 'very well'. As reflected in the chart below, 35% rated this positively (a 4 or 5) and 22% rated this as requiring improvement (at a 1 or 2).



Source: Needs assessment survey (see 'Approach and Appendix 1 for detail)

8.5 Opportunities to strengthen how the system of emotional and mental health support is working

8.5.1 Commissioning

Alongside some positive experiences of collaborative working between service commissioners and service providers (see above), it was felt there were opportunities to improve commissioning in relation to:

- addressing commissioning silos through joint commissioning
- a long-term vision and strategy
- addressing the issue that a lot of funding is short-term which can disadvantage voluntary sector organisations and result in them competing

with one another rather than working together to deliver the long-term strategy
- support from the local authority for effective commissioning across groups of schools
- specific challenges related to the commissioning of the pathway for ASD assessments, and with capacity in commissioning of ADHD assessments by paediatrics.

8.5.2 Collaborative working

In responses to the survey and interviews, professional consultees raised several areas in which they felt collaborative working could be improve in the emotional and mental health system: In responses to the survey and interviews, professional consultees raised several areas in which they felt collaborative working could be improve in the emotional and mental health system.

- Cultures of information sharing between services, and better communication across services working with children and young people (including education providers)
    - consultees stressed the need for services have details of who is involved in a young persons life when a referral if made; for services working with the same child, young person or family keeping one another up-to-date; and for mental health services to share regular updates with other professionals
    - a 'tell it once' approach so service users do not have to repeat their story each time they engage
    - consultees said this would be enabled by better IT systems and closer working arrangements.
- Accessible information about services and their offer: this issue is also discussed in the above section. Consultees spoke of the need for a database of services that was kept up to date, and regular sharing between agencies of what services were being providing.
- Structures and cultures to tackle disconnected support services, strengthen collaborative working and reduce silo-working
    - regular multi-agency meetings, and commitments from services to attend multi-agency meetings
    - health and education working closer together on Early Help Assessments and Education Health and Care Plans
    - improved structures of commissioning and co-working with the voluntary and community sector.
- More consultation and involvement of children and young people in designing and developing services

- promoting a culture of listening and understanding what families need and adapting approaches as a result.

8.5.3 Implementing THRIVE

Some consultation responses reflected that professionals were signed up to THRIVE principles and thoughtful about how to support different needs-based groupings. However a number of consultees noted it has been challenging to embed THRIVE principles effectively – or that this seemed to have been delayed - and that these should be more consistently understood and applied. It was noted that it was challenging to create capacity for this, especially within the voluntary and community sector. A particular area raised for attention was ensuring that the helping system was adopting a needs-led approach to service delivery, rather than a diagnostic driven approach.

8.5.4 Resources, capacity and workforce issues

Professional consultees highlighted the impact of limited funding on efforts to address emotional and mental health needs. They pointed to the finite capacity of frontline staff as a challenge. Keeping up with changes in the system – in children and young people's needs, in service providers, and policy changes – also was highlighted as a challenge in itself, contributing to strains on the system.

SPA and NHS CAMHS stakeholders in particular reflected that staff pressure and motivation were an issue in a context where demands exceed capacity: staff said they were facing pressure and criticism from unhappy children and young people, their families and also referral partners.

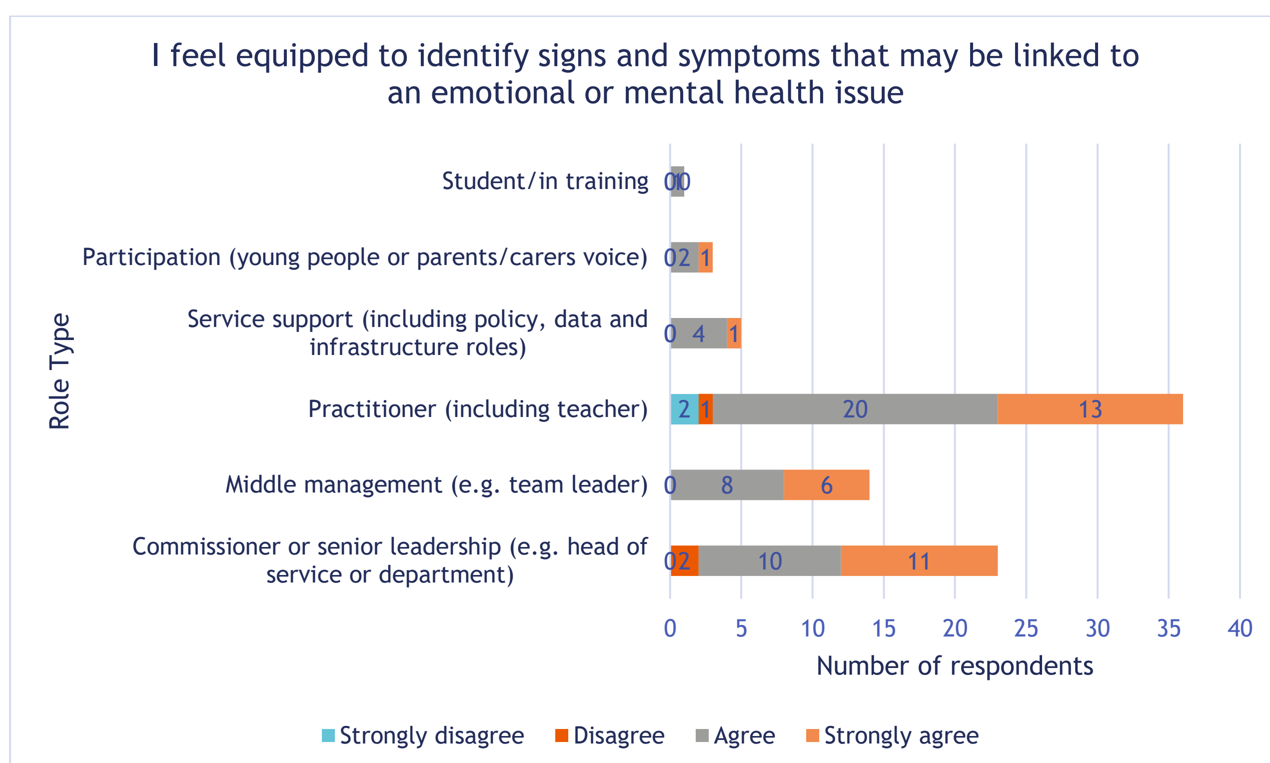
In this context, providing and maintaining a resilient workforce was highlighted as a priority by many professional consultees. Issues relating to recruitment and development were raised including:

- difficulties recruiting suitable staff to roles
- having a core workforce in place equipped with core skills for developing children and young people's resilience
- improving the knowledge and confidence of all front line staff to talk about certain topics at an age appropriate level, topics like eating disorder, self-harm, sexuality and gender, harmful sexual exploitation. Needing to skill up staff to pick up those sensitive topics, and get that support earlier for children and young people.

Among staff surveyed, the majority reported feeling adequately supported in their workplace to support children and young people with their emotional and mental health needs. We note however that the sample of staff responding to the survey is not representative of all staff with a role in supporting children and young people's emotional and mental health, and likely to be skewed towards those professionals

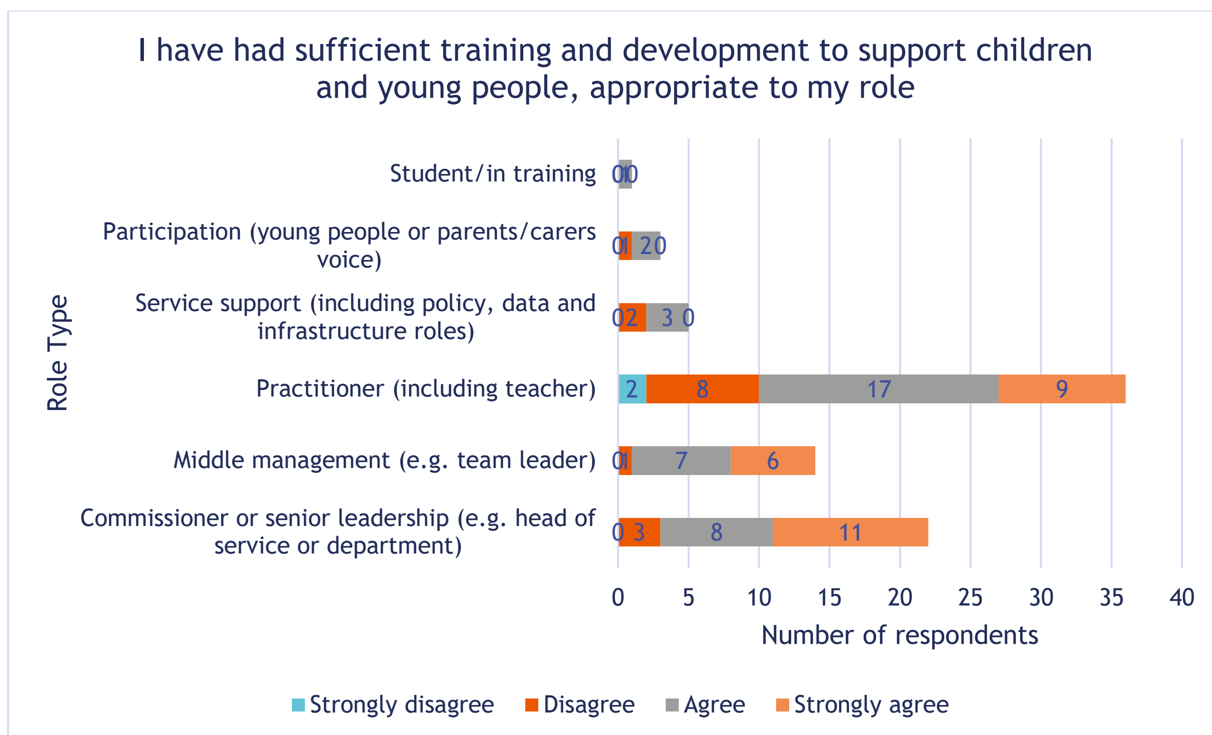
who give more priority or focus to emotional and mental health. Young people involved in the needs assessment consultation suggested that the wider workforce supporting them (across education, social care, health and community settings) did need further training and development to understand the range of emotional and mental health needs they experience and how to respond to these, particularly in relation to different groups and experiences.

Holding this data caveat in mind, as displayed below, the vast majority of survey respondents, across different role types, stated that they felt equipped to identify signs and symptoms linked to an emotional or mental health issue. When asked to agree or disagree with the statement 'my knowledge about children and young people's emotional and mental health is at a level appropriate to my role', responses per role type displayed a very similar pattern.



Source: Needs assessment survey (see 'Approach and Appendix 1 for detail)

The staff surveyed also indicated that they had received sufficient training and development to support children and young people with their emotional and mental health (see below). Analysis indicated that the 17 respondents who disagreed they had had sufficient training were not concentrated in any one service context.



Source: Needs assessment survey (see 'Approach and Appendix 1 for detail)

9. Discussion and recommendations

Nationally, research points to a worsening in children and young people's wellbeing and mental health over recent years, and to the impact of the Covid-19 pandemic in deepening that need and entrenching existing health inequalities. Given the relationships between socio-economic deprivation and mental ill-health, the cost of living crisis will be placing further strain on the emotional and mental health of children, young people and families. In Wolverhampton, where many children live in low-income families, many areas experience high levels of socio-economic deprivation relative to the rest of the country, and the population is ethnically diverse, this context increases children and young people's vulnerability to mental ill-health.

The University of Wolverhampton study #WolvesWellbeingandMe[cxiii] conducted in 2022 to investigate wellbeing among all age-groups in Wolverhampton following the pandemic, identified several population sub-groups particularly at risk of poor mental health, including children, females, children with special educational needs and disabilities (SEND), the young unemployed, ethnic minorities and refugees and asylum seekers. Section 1 of this needs assessment considers emotional and mental health risks for children and young people that fall within these groups in Wolverhampton, as well as exploring how children and young people might be impacted by a range of other social factors, familial situations, individual-level characteristics and adverse life experiences.

Many of these risks are experienced at similar levels in Wolverhampton as in communities across the country, for example being a child in need or in care; having SEND; being bullied; being involved in offending; not being in education, employment and training; or under-18 conception. There are also a number of social and familial factors that increase vulnerability to mental ill-heath experiences of which are more widespread among children and young people in Wolverhampton than in other areas, for example living in poverty, living in a single parent household, and incidents of domestic abuse. Challenges for Wolverhampton children are visible from age two and a half, when 65.5% of children in Wolverhampton meet expected levels of development at age two and a half – including social and communication skills – compared to 80% nationally.

The most recent and comprehensive data available that directly measures the emotional and mental health needs of children and young people in Wolverhampton is the 2022/23 Health-Related Behavior Survey. NHS Digital prevalence data for the percentage of probable mental disorders among 7 to 16 year olds suggests that nationally difficulties have worsened since 2017, but have been levelling off in recent years (2021 and 2022). This is in keeping with the trend shown by Wolverhampton HRBS data for primary pupils, which indicates that the

proportion of primary age pupils (ages 7 to 11) reporting low or medium-low wellbeing rose between 2018 and 2022 and has remained at a similar level (19%) in 2023. However, the most recent HRBS indicates there may be an improving situation for secondary pupils, with findings that the proportion of pupils in the 11 to 16 age bracket reporting low or medium-low wellbeing, which rose between 2018 and 2022, has fallen in 2023 (from 43% to 33%).

Within this, the gender differentials in Wolverhampton are marked, with girls in Wolverhampton consistently reporting higher difficulties through adolescence while boys' self-reported difficulties reduce with age. The HRBS is also able to reflect the inter-play of other risk factors, in that data shows an association between pupils reporting emotional difficulty and pupils reporting being non-binary or transgender; being female; being Black, having SEND; being a young carer; being lesbian gay or bisexual; and living in single parent household. Assessment information recorded by those working with Children Looked After, and those involved with the Youth Offending Team also evidence mental health are a cause of concern among 36% of the children and young people they work with.

Through the consultation, professionals shared their knowledge and experience about which groups in Wolverhampton are particularly vulnerable to mental health issues. Their perspectives aligned with the HRBS and research data, and groups that were highlighted by the most respondents were children and young people who had SEND (in particular those who were neurodivergent), children and young people with parents and carers experiencing emotional and mental health difficulties, and Children Looked After. While this needs assessment gives consideration to available information about different groups and categories of need, it is crucial to hold in mind that this perspective can obscure the way such groupings intersect. Children and young people and their families may be facing multiple barriers to wellbeing, and a number of aspects of their lives may increase their vulnerability to mental ill-health. Consultees for this needs assessment stressed that it is the complexity of need as much as the severity of need that has increased in recent years.

Consultation with children and young people raised a broad range of life experiences (additional to the above) considered to contribute to emotional and mental health challenges. These spanned social pressures, peer and familial relationships, academic pressures, expectations associated with gender or family, money worries and worries about the future, impacts of trauma, addiction and identity issues or differences (e.g. being a Child Looked After, LGBTQ+, a young carer or a refugee or asylum seeker) that could result in exclusion, discrimination, isolation or not feeling understood. Additional to these, professionals also highlighted issues around home environment and parent and family wellbeing as important among for younger children, and emphasised social media, body image and crime and safety having an impact for older young people.

Emanating from this, the data captured and recorded by Wolverhampton services evidences increasing demand for mental health services in the city. While hospital admissions for mental health conditions in Wolverhampton are not high relative to national figures, rates for self-harm admissions exceed those in the wider region and UK. Data for the Wolverhampton Single Point of Access (SPA) show referrals to have been increasing over the last two years, with GPs and education providers the largest source of referrals. The most common reasons for referral were anxiety, conduct disorders and depression, with neurodevelopmental conditions, self-harm, impacts of trauma and relationship issues also featuring as frequent presenting issue - which aligns with professional consultees reporting (in the survey) as to the most common emotional and mental issues they see. Demands on the core CAMHS service (The Child and Family Service) have been increasing, and in consequence waiting lists and waiting times are also rising. Consultees spoke of issues raised by prolonged waits for ADHD and ASC assessments, and concerns about the mental health needs of those on waiting lists across the board. Even while there has been increased capacity in some mental health services recently (for example in the Perinatal Mental Health Team and the Reflexions Service, and temporarily in Base 25 and core CAMHS to address high demand) generally all services are being used to capacity and staff feel under strain due to high demand. The voluntary sector emotional and mental health services in the city play a key role in meeting children and young people's needs, and were reported to be widely valued: many needs assessment consultees perceived a need for more of this type of help - less formal and more community-based provision – in particular.

While consulted professionals indicated they were knowledgeable and confident in their ability to support children and young people with their emotional and mental health, the sample was small relative to the wide workforce with a role in this support this, and skewed towards staff with a mental health focus. The young people consulted said the wider workforce supporting them (across education, social care, health and community settings) needed further training and development, in particular to understand the range of emotional and mental health needs they experience and how to respond to these, particularly in relation to different groups and experiences. Professionals highlighted the areas where they felt less able to provide or source support, most common amongst which were: the impact of neurodevelopmental conditions; relationship difficulties; issues associated with gender identity; and behavioural or conduct issues.

The consultation feedback spoke to a range of strengths in the emotional and mental health support offer for children and young people in the city, including positive experiences of the majority of services, and areas of good practice including in schools and in commissioning and cross-agency working arrangements. The needs assessment work also speaks to a number of areas in which there are opportunities to improve the support for children and young people's emotional and mental health needs in the city, and these are outlined below.

The most consistent message heard in this assessment was that the priority for better supporting children and young people's mental health is to address the waiting times for core CAMHS support (The Child and Family Service). A large number of the recommendations below can contribute to this, including intervening earlier to prevent issues escalating and requiring specialist mental health input and widening awareness of other types of help and support. There are opportunities to further develop the contribution the wider support system makes to this support, for example by enabling parents and carers and schools, and by leveraging current initiatives such as Family Hubs and the Families First for Children Pathfinder.

These recommendations also hold in mind the city's commitment to applying THRIVE framework[cxiv] to improve the child and youth mental health system, and considering how well what is of on offer for the five needs-based groupings appears to be meeting current needs, and where THRIVE principles can be further embedded.

9.1 Addressing demand for core CAMHS (The Child and Family Service) and reducing waiting times

In addition to reviewing the resourcing of core CAMHS relative to service demand, addressing the issues raised by the waiting times involves

- greater attention to communication between mental health professionals and children and young people (and their supporters) while they are waiting, including the information, advice and signposting offered to them during this period
- working with referrers on improving the quality and completeness of referrals into the Single Point of Access, to ensure the first response adequately addresses a child or young persons' needs, avoiding a need for re-referral
- ensuring referrers and communities are aware of the role and value of other emotional and mental health support available in the city (outside of core CAMHS) – as described in the recommendation below

In relation to the THRIVE Framework, this activity speaks to both improving the timeliness and accessibility of the Getting More Help needs-based grouping, and to considering that while waiting this group also (temporarily and by necessity) have Advice and Signposting needs. Over the medium to long-term further focus on the Getting Help offer (rec 2), and on early intervention and prevention with those who are thriving can help to avoid the escalation of mental health difficulties and the demand for specialist mental health input.

9.2 Improving clarity and communication across the system about the support available to help children and young people with emotional and mental health

Professionals, children, young people, parents and carers need to be more aware and informed about the different types of emotional and health support available to children and young people in Wolverhampton, and how to engage with that.

In addition to increasing awareness of what is on offer in the city for whom and how this can be accessed, the system would benefit from communication that builds understanding about the value and status of forms of mental health help that are not one-to-one NHS provision. This would include the help on offer from the voluntary and community sector, Early Help, school and group provisions for example. Action to support this might include:

- a more comprehensive, widely-known and trusted source of information about what is on offer that is kept up to date and reflects all agencies in the city
- better promotion of the Single Point of Access (SPA) and its offer
- additional support for those professionals who are involved in having conversations with children and young people and families about their emotional and mental health needs (for example training or availability of advice through SPA, Reflexions or similar).
  Drawing on THRIVE principles, to improving staff confidence and assurance in these conversations would place emphasis not only on knowledge of what is on offer in the system, but also on shared-decision making that is holistic and asset-led, and that is transparent about the outcomes and accessibility of the full range of help available.

Given that the limited knowledge of the range and value of different types of help contributes to high demand for core CAMHS, initial focus may be to work with those referring most (GPs and education providers).

9.3 Strengthening opportunities for earlier intervention

Consultation feedback from staff and young people indicates greater focus should be given to developing the availability of forms of help that are closer to the community, and able to offer more accessible and timely response to emotional and mental health needs. Young people's feedback was to put in place more opportunities that were less formal to engage with a trusted adult about emotional and mental health concerns, and for ongoing provisions that could make support as and when need needed (for example drop-in style provisions).

Developing capacity in the city in this area might focus on a range of contexts including:

- working alongside existing well-received voluntary and community sector services
- low-level support in schools, the community, or digital and online spaces
- 'clubs' and youth services offering children and young people somewhere to go and someone to speak to
- investing in the skills of those who have a lot of contact with children and young people – for example school staff, foster carers - to empower them to better support children and young people.

Further engagement is needed with agencies and workers in these contexts to - In the language of the THRIVE Framework - establish the most effective way to develop and empower them to offer Advice and Signposting to children and young people in relation to their emotional and mental health, and in some settings to offer goal-focused Help.

9.4 Developing the support offer in schools and colleges

There are opportunities to review good practice in the city and build on this systematically to ensure the emotional and mental health support in Wolverhampton schools' is consistently of high quality and equitable in terms of the support offered to pupils.

Based on the consultation and good practice examples from other areas, this might include whole school and college frameworks, and area-wide or multi-school collaborative work, underpinned by an audit framework and structure to support continuous improvement, and addressing a range of dimensions. These include staff training and support, common Personal, Social, Health and Economic (PSHE) standards, participation of young people and parents and carers; awareness of children and young people's needs, risks and vulnerabilities; supportive and inclusive school cultures (including effectively addressing bullying); and the availability of support from a trusted adult when needed.

Opportunities to build on include:

- the continued embedding and development of Reflexions, which provides the Mental Health Support Team offer in Wolverhampton, supporting schools in the geographies it covers in three areas: interventions for mild to moderate mental health difficulties; developing the whole school approach; and referrals to the wider health system
- building on the experience and learning from HeadStart in the city
- proposals to introduce the Sandwell Well-being Charter Mark.

9.5 Increasing the support available for parents, carers and families

Parents, carers and families can support children and young people to develop and manage their emotional and mental health; strains and challenges experienced by parents, carers and families can also have a negative impact on children and young peoples emotional and mental health. Acting on this was widely suggested to be a priority by professionals, with three aspects of provision to be considered:

- accessible information and advice about mental health needs of children and young people and how to support appropriately
- parental mental health support
- family support.

The work to develop the Family Hubs offer in the city provides opportunities to address needs for family support in relation to prevention and early intervention to promote emotional and mental health. The Families First for Children pathfinder is also an opportunity to improve early help and social care-led support for families with poor mental health and related challenges such as addiction and domestic abuse. Alongside the Family Hub, schools offer a potential route for offering accessible information, advice and support to parents on how supporting children and young people's mental health needs. Addressing the need for more parental mental health support would benefit from a multi-agency approach, underpinned by a whole family ethos.

9.6 Improving emotional and mental health support for children and young people who are neurodivergent and/ or have special education needs and disabilities (SEND)

Emotional and mental health needs are emerging as a high priority in assessments of the support needs of children and young people who have SEND. Associations between having SEND and lower emotional and mental health are discernible in Wolverhampton data as well as wider research, and parent and professional consultees highlighted that the support available is not sufficient or suitably adapted to addressing growing the need and demands for support. Key areas raised to address include:

- strengthening knowledge and skills in the mental health workforce about the needs of children and young people with a diversity of SEND, and of neurodivergent children and young people specifically
- more, or more adaptable and flexible, mental health support options able to cater to the distinct needs of children and young people with diverse SEND
- addressing mental health needs of children and young people who may be neurodivergent (and have associated mental health needs) before diagnosis - given long waiting lists

- ensuring effective multi agency pathways for Autism Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) are commissioned
- offering appropriate short-breaks provision and respite for children and young people who have SEND and their parents and carers
- more work with schools to ensure a good consistency and quality in implementation of a graduated response to emotional and mental health needs.

9.7 Capturing more information and undertaking further engagement and to better understand and meet the support needs of minoritised ethnic groups

Research indicates that different ethnic groups engage with services in different ways, and that racialised communities can lack mental health awareness and experience higher levels of stigma, can have negative perceptions of mental health care and are more likely to access child and youth mental health services through compulsory rather than voluntary pathways. The information gathered in this needs assessment is limited in its ability to establish whether or to what extent these issues are impacting on children and young people's emotional and mental health in Wolverhampton. HRBS data suggests an association between being Black and low wellbeing among year 8 pupils. Some of the non-White young people feeding into the needs assessment said that their family would look to trusted community-based sources (e.g. religious groups) as a first source of advice and support in relation to mental ill-health. The limited information being captured about these sources (or accessible to this needs assessment) makes it difficult to assess how appropriate, inclusive or accessible support is for different groups.

Following from this, a recommendation from this work is to capture more information through routine service data capture, and to undertake further engagement work with organisations and communities in Wolverhampton, to investigate what improvement is needed. Early indications from young people are that addressing stigma, and ensuring the workforce understand the challenges faced by children and young people in a diversity of cultural backgrounds may be two areas for attention.

9.8 Addressing gaps in support for specific groups or specialisms

In addition to the areas above, the needs assessment identified a need to develop support the available for a number of groups of children and young people vulnerable to mental ill-health, whose specific needs may not be fully addressed by existing pathways and support offers. These included a need to address the specific support needs of:

- LGBTQ+ children and young people
- children and young people with long term health conditions
- refugees and new communities

- young carers
- children and young people who have experienced trauma, and in particular those who are Children Looked After.

9.9 Collective consideration of workforce training needs

Young person consultees for the needs assessment said that wider workforce supporting them (across education, social care, health and community settings) needed further training and development, to understand the range of emotional and mental health needs they experience and how to respond to these, and particularly in relation to different groups and experiences (for example mental health considerations related being a young carer, LGBTQ+, minoritised ethnicity, Child Looked After, or having SEND).

Surveyed professionals highlighted areas where they felt less able to support, the most common of which were: the impact of neurodevelopmental conditions; relationship difficulties; issues associated with gender identity; and behavioural or conduct issues.

The needs analysis was not equipped to adequately assess workforce development needs in different parts of the system supporting children and young people's emotional and mental health. It is recommended that further assessment is carried out, underpinned by a commitment and resourcing to carry out ongoing training, with attention to:

- ensuring the wider workforce who may support children and young people through advice, signposting, early identification and early intervention have the core skills and foundational knowledge to do so
- addressing areas where young people said professionals lack the understanding and skills to support them
- developing knowledge in more specialist areas where the workforce feel under-equipped to offer support.

9.10 Reviewing strategic governance and collaborative working arrangements

Recommendations emerging from this needs assessment are cross-cutting, with implications for a wide range of organisations, services, professionalisms, community stakeholders, and existing or emerging areas of work. Given this complexity, a review of governance arrangements is recommended to ensure there is clear strategic leadership and oversight of work to address the recommendations and improve children and young people's emotional and mental health.

Underpinning this, the consultation for the needs assessment identified specific areas in which there are opportunities to improve cross-system working in

Wolverhampton. A number of strengths were highlighted in current ways of work, however areas for development are:

- mechanisms for information-sharing and a culture of information-sharing between professionals working with a child or young person and their family
- developing structures and promoting a culture that supports collaborative working and tackles silo-working, at a strategic level through joint commissioning arrangements, and at delivery level through multi-agency meetings and working arrangements

9.11 Co-production and involvement

Implementation of this recommendation will cut across implementation of the other recommendations. Ways of working should be adopted that co-produce new approaches, and involve stakeholders from across sectors in improving support. These should ensure in particular that the voluntary and community sector, children and young people, and their parents and carers, are involved in designing, planning and improving the support available in Wolverhampton.

9.12 Addressing information gaps

The needs assessment has identified that limited data is available in many parts of the system of emotional and mental health support for children and young people about service users and about the impact of support.

It is recommended that work is undertaken to improve the quality and quality of data available for decision-making purposes. Areas for attention include:

- demographic data about the service users accessing different types of support, to support better understanding of the extent to which emotional and mental health services are supporting the diverse make-up of children and young people in the city, for example in relation to different ethnicities, sexualities and genders
- information about the quality of support, and the impact that support is having on different groups of children and young people
- information about waiting times: real waiting times are difficult to determine for core CAMHS support, due to the way that the data is recorded and reported
- emotional and mental health data about the specific emotional and mental health needs of children and young people who have SEND.

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[cvii] MyStar looks at eight parts of life that are important to CHILDREN AND YOUNG PEOPLE; physical health, where they live, being safe, relationships, feelings and behaviours, friends, confidence and self esteem, education and learning
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Appendix 1 - consultees

Professionals interviewed for the consultation:

Helen Taylor	Specialist Educational Mental Health Team Lead
Emma Bennett	Director, Childrens Services, City of Wolverhampton Council
Alison Hinds	Deputy Director, Children's Services, City of Wolverhampton Council
Andrew Wolverson	Deputy Director Commissioning, Children's Servicees, City of Wolverhampton Council
Bal Kaur	Public Health Consultant, City of Wolverhampton Council
Sarah Hogan	Deputy Director, CAMHS Black Country Healthcare NHS
Anna Barlow	Service Manager and Clinical Lead, Child and Family Service and Inspire Team, Wolverhampton CAMHS
Sian Thomas	Deputy Chief Operating Officer, - Division 3 and Partnership Director, OneWolverhampton
Kate Jenks	Group Manager, Acute and Community Paediatrics (Children and Young People)
Cathy Higgins	SEND Partnership Officer, NHS RWT
Katrina McCormick	Senior Programme Manager SEND, NHS Black Country Integrated Care Board
Mags Courts	Head of CAMHS Commissioning, Black Country Healthcare
Jo Strong	Service manager, Voices 4 Parents - parent support group inc. SEND
Alan Jarvis	Head of Service, Base 25
Stephen Dodd	Operations Manager, Wolverhampton Voluntary & Community Action
Sarah Reynolds	Head of SEN Early Identification and Support, City of Wolverhampton Council
Helen Bakewell	Head of Service Inclusion and Empowerment Education and Skills, City of Wolverhampton Council
Emma Thornbery	Principal Educational Psychologist, City of Wolverhampton Council
Elaine Perry	Educational Psychology, City of Wolverhampton Council
Deborah Smith	Prevent and Cohesion Co Ordinator, Public Health and Wellbeing
Angel Power	Project Worker, Wolverhampton STAR Service
Laura Colley	Children's Services Manager, Wolverhampton STAR Service
Liam Tucker	Senior Support Worker, Spurgeons - Young Carers
Angie Jones	Service Manager, Spurgeons - Young Carers
Helen Kilgallon	Operations Manager, Wolverhampton Substance Misuse Service
Lisa Byrne	Drug And Alcohol Counselor, Wolverhampton Substance Misuse Service
Lucy Palin	X2Y Operations Manager, X2Y
Denise Williams	Head of Strengthening Families, Early Intervention, City of Wolverhampton Council

Groups of young people and parents and carers consulted:

- Wolverhampton Youth Council,
- Wolverhampton Young Carers,
- Wolverhampton Children In Care Council
- Service users at Base25
- Parents of service users at Base25
- Wolverhampton refugee and asylum seeking children

Information about survey respondents:

- Breakdown by organisational context:

Answer choices	Response Percent	Responses
NHS - mental health service (including perinatal)	9.70%	16
NHS - other	6.06%	10
NHS 0-19 Service	9.09%	15
Education provider, age 5+	26.67%	44
Early years, 0-5 years	3.03%	5
Local authority: children's services	17.58%	29
Local authority: other	9.70%	16
Youth offending/justice	1.82%	3
Voluntary and community sector: emotional and mental health service	4.24%	7
Voluntary and community sector: other	4.85%	8
Other (please specify)	7.27%	12
	Answered	165

- Breakdown by role

Answer Choices	**Response Percent**	**Responses**
Commissioner or senior leadership (e.g. head of service or department)	26.51%	44
Middle management (e.g. team leader)	18.67%	31
Practitioner (including teacher)	34.94%	58
Service support (including policy, data and infrastructure roles)	6.63%	11
Participation (young people or parents/carers voice)	3.61%	6
Student/in training	0.60%	1
Other (please specify)	9.04%	15
	Answered	166

- Breakdown according to which type of support (drawn from the THRIVE Framework for System Change) they were involved in offering children and young people in relation to their emotional and mental health. Respondents could select all that apply.

Answer Choices	Response Percent	Responses
Getting Advice: Advice and signposting	77.11%	128
Getting Help: Help, in the form of a specific intervention or piece of work, focussed on an agreed goal or outcome	69.28%	115
Getting More Help: More extensive and specialised help, where needs are more complex or severe in their impact (possibly involving involve longer-term or multi-agency support)	49.40%	82
Getting Risk Support: Supporting those with ongoing mental health risks â€“ in circumstances where young people have not benefitted from or are unable to use help	27.71%	46
Other (please specify)	7.83%	13

- Breakdown of respondents based on how long they had worked with children and young people or parents in Wolverhampton

Answer Choices	Response Percent	Responses
Less than 2 years	13.86%	23
More than 2 years	86.14%	143
	Answered	166