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# **LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2022-2025**

## **MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE CHAPTER**

February 2023

Business Intelligence Team

Leicestershire County Council



## **Public Health Intelligence**

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## FOREWORD

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The purpose of the Joint Strategic Needs Assessment (JSNA) is:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Integrated Care Board (ICB) and NHS England for the commissioning of any future services.

The Local Authority and ICBs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the population health needs of the people of Leicestershire in relation to the mental health of children and young people. This has involved looking at the determinants of mental health of children and young people, the health needs of the population in Leicestershire, the impact of mental health difficulties, the policy and guidance supporting the mental health of children and young people, existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are discussed.

The JSNA offers an opportunity for the Local Authority, ICB and NHS England's plans for commissioning services to be informed by up-to-date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, ICB and NHS England must be able to explain why.

## **EXECUTIVE SUMMARY**

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The prevalence of mental health problems has increased in children and young people over recent years. In England in 2022, 18% of 7–16-year-olds and 22% of 17–24-year-olds had a probable mental health disorder; if the same percentages are applied to the Leicestershire 2021 Census population estimate this equates to almost 30,000 children and young people aged 7-24 years old with a probable mental health disorder in Leicestershire.

Exposure to adversity in childhood has short and long-term consequences that increase the risk of experiencing mental and physical stress-related health disorders. The type, duration, number and timing of adverse childhood experiences (ACEs) and the presence of exacerbating or protective factors influence how ACEs impact a child's development and mental health.

ACEs and mental health problems in childhood can have a range of impacts on future health and wellbeing. These include an increased risk of reduced educational attainment, placement instability, antisocial or risky behaviour, drug and alcohol misuse, teenage pregnancy, and involvement in criminal activity. Further, approximately 1 in 3 mental health problems in adulthood are directly linked to adverse childhood experiences and adulthood mental health problems are associated with a reduced life expectancy of 7 to 25 years.

Childhood mental health problems can also impact the health and wellbeing of other members of the family, with severe mental illness increasing the risk of physical and mental health problems, socioeconomic drift and impacts on other children within the household.

In addition, there are significant economic costs associated with poor mental health in children and young people, costing the UK approximately £7.15 billion per year for those aged 0-14 years. In Leicestershire, the two CCGs spent £7.6 million on children and young people's mental health services in 2021/22.

In Leicestershire, protective factors such as having high self-esteem, participating in physical activity, and having a trusted adult were identified as areas for improvement. In addition, a number of risk factors for mental health problems were identified as high prevalence or affecting a high number of children and young people in Leicestershire, these include:

- Deprivation
- Physical health problems
- Special educational needs and/ or disabilities
- Children missing education and those electively home educated
- Bullying and cyberbullying
- Prejudice

In addition, there are certain risk groups that are more likely to have been exposed to multiple or prolonged ACEs. They may also be exposed to more exacerbating factors and have less exposure to protective factors. In Leicestershire, these groups included:

- Children in care (both those who are the responsibility of Leicestershire and those who are the responsibility of another local authority but are placed in Leicestershire).
- Children in need and those on a child protection plan
- Children and young people whose parents have substance misuse or mental health difficulties, or are imprisoned
- Lesbian, gay, bisexual and transgender/ transsexual (LGBT+) children and young people
- Military families
- Those experiencing homelessness
- Those exposed to child criminal exploitation
- Those exposed to child sexual exploitation
- Those exposed to domestic violence
- Unaccompanied Asylum-Seeking Children (UASC)
- Young carers

Across Leicester, Leicestershire and Rutland, referrals to Children and Adolescent Mental Health Services (CAMHS) Access have risen since the pandemic and continue to rise. During the pandemic referrals to both mental health services and neurodevelopmental services increased; whilst mental health referrals are returning to baseline, neurodevelopmental referrals continue to be received at a high rate. A similar pattern could be seen in mental health inpatient rates which were higher than might be expected when compared to outpatient referrals rates in Leicestershire; over half of children and young people admitted to inpatient beds in LLR had a diagnosed neurodevelopmental condition.

A set of joint recommendations were developed focusing on the key areas highlighted above and include the following overarching areas:

1. Supporting children and young people to thrive
2. Addressing risk factors
3. Providing additional support to at-risk groups
4. Connecting, understanding, and enabling services
5. Supporting transition from children's to adults' services
6. Exploring areas requiring further investigation

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## 1. Who is at risk?

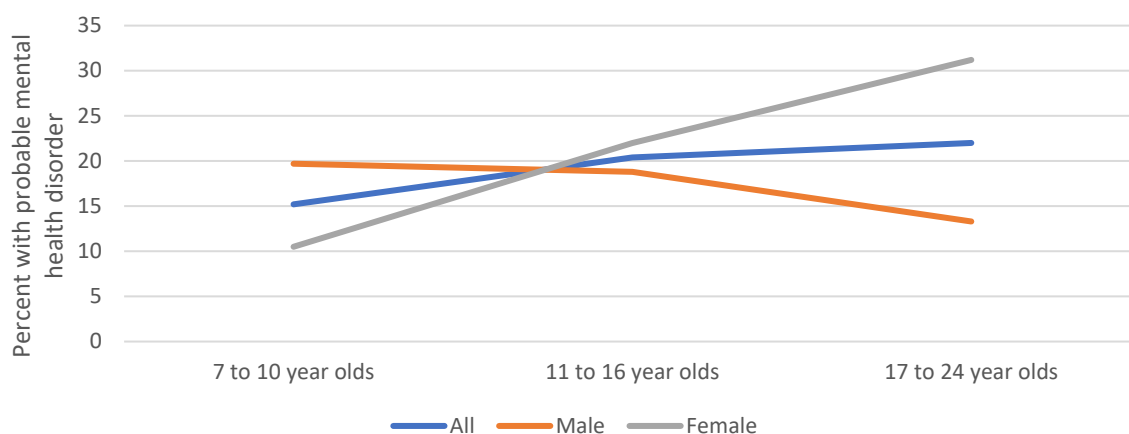
Prevalence of mental health problems has increased in children and young people over recent years. However, risk is not uniform: certain groups have higher prevalence and specific events can increase the risk of developing mental health problems. This section outlines demographic profiles at higher risk, risk factors, protective factors and specific issues identified during the pandemic.

### 1.1. Demographics

#### Age and sex

The 2022 NHS Digital Mental Health of Children and Young People in England survey showed that approximately 18.0% of children aged 7 to 16 years and 22.0% aged 17 to 24 years had a probable mental health disorder; the pattern between boys and girls varied by age group (1). At 7-10 years, boys had almost twice the prevalence of probable mental health disorders (19.7% vs 10.5%); by age 11-16 years, prevalence in males and females was similar (18.8% in boys, 22.0% in girls) however, by ages 17-24 years females had much higher rates than males (13.3% in boys, 31.2% in girls) (Figure 1).

**Figure 1: Percentage of children and young people with a probable mental health disorder in England, 2022**



**Source: Newlove-Delgado et al., 2022 (1)**

#### Ethnicity

A recent review by The Health Foundation reported disparities in the prevalence of mental health disorders for children and young people from different ethnic backgrounds; White children and young people reporting worse mental health than children and young people

from other ethnic backgrounds, however, rates of attempted suicide were similar across ethnic groups (2). The authors suggest that there are several methodological flaws to how such surveys are conducted that may mask true prevalence.

Further, children and young people from ethnic minority backgrounds are more likely to be referred to specialist mental health services via compulsory routes, such as social care, education, and youth justice, rather than voluntary pathways (2). They conclude that the under-representation of children and young people from ethnic minority backgrounds in mental health services may reflect unmet need rather than differences in prevalence.

A recent UK survey of Gypsy, Roma or Traveller (GRT) children found that 53% of GRT children rated themselves as happy with their mental health compared to 58% of BME children and 56% of White British children. Further, Gypsy, Roma and Traveller children were less likely to select mental health as important compared to other children (38% vs 52%) (3).

Additionally, there is evidence to suggest that children and young people who are first- and second-generation migrants are more at risk of mental health problems such as worse wellbeing, depression, and anxiety (4).

### Sexual orientation

In the 2017 NHS digital Mental Health of Children and Young People in England survey, young people aged 14 to 19 years identifying as LGBT were more likely to have a mental disorder than those identifying as heterosexual (34.9% vs 13.2%) (5). Further, a recent review by the Health Foundation found that depressive symptoms and self-harm were reported with higher prevalence in LGB+ young people (2). Additionally, King et al. (2008) found that over half (55%) of young LGBT+ people experienced homophobic, bi-phobic, or transphobic bullying in schools in Britain (6). In 2017, The School Report found that 84% of trans pupils have self-harmed and almost half have attempted to take their own life. For LGBT pupils who aren't trans, 61% have self-harmed and 22% have attempted to take their own life (7). In addition, nearly half of LGBT pupils and almost two-thirds of trans pupils are bullied for being LGBT at school; half never tell anyone about the bullying (7).

### Deprivation

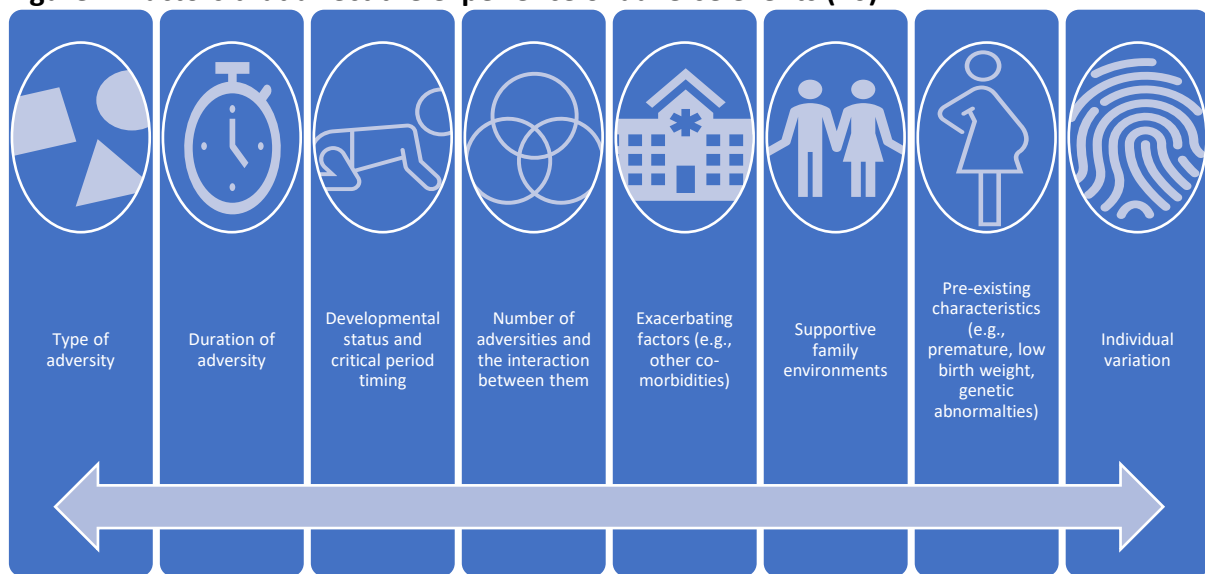
Children and young people living in lower income households are more likely to have poor mental health (2). The 2017 NHS digital survey reported that emotional disorders in 5–19-year-olds were almost twice as prevalent in the 4<sup>th</sup> and 5<sup>th</sup> lowest income quintiles (9.7% and 9.0% respectively) compared to the highest income quintile (4.1%) (5).

In addition, the 2020 NHS Digital survey reported that children aged 5-16 years with a probable mental health disorder were almost three times as likely to live in a household that had fallen behind with payments compared to children who were unlikely to have a mental health disorder (16.3% vs 6.4%) (8). Among 17- to 22-year-olds with a probable mental health disorder, 14.8% reported not being able to buy enough food or using a food bank in the past year, compared to 2.1% of young people unlikely to have a mental health disorder (1).

## 1.2. Childhood Adversity and Adverse Childhood Experiences (ACEs)

Exposure to adversity in childhood has short and long-term consequences that increase the risk of experiencing mental and physical stress-related health disorders. A variety of adverse experiences can trigger a toxic stress response whereby prolonged activation of stress response systems affects brain and other organ development (9). However, adverse events do not necessarily result in mental health problems and there are several factors that influence how these adverse experiences might ultimately impact a child’s development and health (Figure 2).

**Figure 2: Factors that affect the experience of adverse events (10)**



**Source: Nelson et al. (9)**

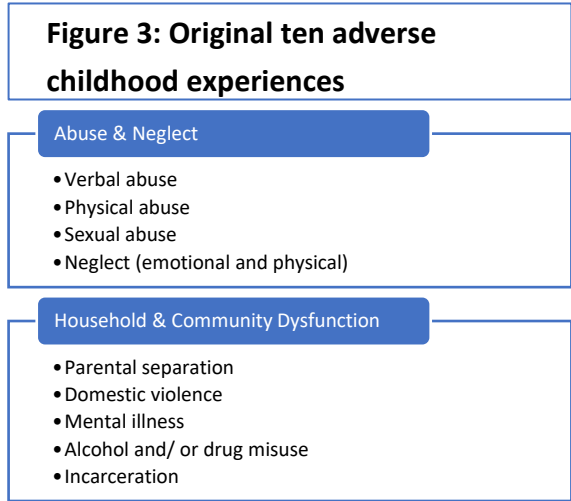


Adverse childhood experiences (ACEs) were originally described as a set of ten exposures associated with a range of mental and physical health problems and increased the chance of risky behaviours in adults; these were categorised into ‘abuse and neglect’ and ‘household and community dysfunction’ (Figure 3) (10).

Since this original description, the definition of ACEs has been broadened to mean “highly stressful, and potentially traumatic events or situations that occur during childhood and/ or adolescence” (11). Examples of ACEs are illustrated in Figure 4 and discussed further in the sub-sections below.

Approximately half of adults have experienced at least one ACE in their lifetime (12). It is important to note that adverse experiences are often inter-related; being exposed to one ACE increases the likelihood of exposure to other related ACEs (for example, the ‘toxic trio’ of domestic violence, substance misuse and parental mental ill health) (13).

ACEs have a cumulative impact on a child’s development, their relationships, their likelihood of engaging in risky behaviours and experiencing physical and mental health problems in adolescence and adulthood. For example, adults with 4 or more ACEs are 4 times more likely to have low levels of mental wellbeing and life satisfaction. Further, 1 in 3 mental health problems in adulthood are directly linked to adverse childhood experiences (11).



**Source: Felitti et al. (10)**

**Figure 4: Examples of Adverse Childhood Experiences**

Maltreatment	For example, physical, sexual, emotional and financial abuse and neglect
Violence and coercion	For example, domestic violence, sexual or criminal exploitation, being the victim of crime or bullying
Inhumane treatment	For example, torture, forced imprisonment, institutionalisation, or genital mutilation
Prejudice	For example, discrimination, victimisation or hate incidents
Household or family adversity	For example, living in a household with individuals who misuse substances, engage in criminal activities, or are not supported with mental health problems. Also includes those living in deprivation, being looked-after, in a children's home or experiencing family or placement breakdown.
Adjustment	For example, moving to a new area with no social bonds, migration, seeking asylum, or ending an emotionally important relationship
Adult responsibilities	For example, being a young carer or involvement in child labour
Bereavement and survivorship	For example, death of a care giver or sibling, surviving an illness, accident, natural disaster or terrorism.

**Source: Young Minds (11)**

### **1.2.1. Maltreatment**

In a recent cohort study, childhood maltreatment was associated with three times the risk of developing mental ill health (depression, anxiety, or serious mental illness) in the subsequent years (median 2.7 years). There was also an increased risk of children requiring treatment for mental health problems if they had been exposed to maltreatment (14).

### **1.2.2. Violence and coercion**

#### **Domestic violence**

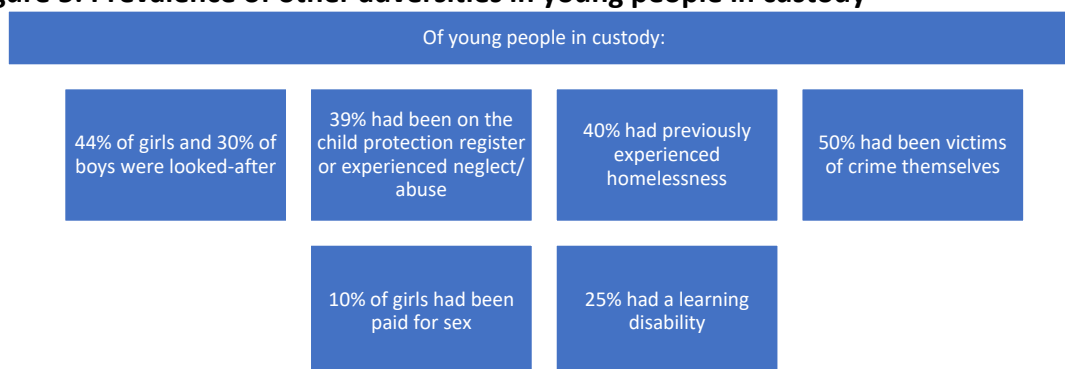
The most frequently reported form of trauma in children is domestic violence between parents; this was reported in almost a quarter (24.8%) of those aged 18 to 24 years old during their childhood (15). Experiencing domestic violence at home impacts mental, emotional, and psychological health and social and educational development, with effects differing at different ages. One study found that children experiencing domestic abuse had problems with emotional wellbeing (89%), feelings of blame or responsibility (60%), behavioural problems (52%), issues with social development or relationships (52%) (13).

Additionally, there is often co-occurrence (a 'toxic trio' of domestic abuse, parental mental ill health and drug or alcohol misuse), all of which are additional risk factors for mental health problems in children (13).

### Criminal exploitation and crime

Almost half (43%) of young people on community orders have emotional and mental health needs, with one study finding that of young people aged 13-18 years old in custody, 18% had depression, 10% had anxiety, 9% had post-traumatic stress disorder and 5% had psychotic symptoms (16). These young people had increased prevalence of other ACEs, demonstrating the complexity and potential accumulation of different adverse events throughout childhood (Figure 5).

**Figure 5: Prevalence of other adversities in young people in custody**



**Source: Lennox et al. (16)**

### Sexual exploitation

Most (89%) young people at risk of child sexual exploitation (CSE) were found to be experiencing mental health problems, most commonly depression and anxiety (17). Almost half (42%) had substance misuse problems. Victims of CSE are also more likely to be involved in risk-taking behaviours and are more than twice as likely to have a criminal record (11).

### Bullying and cyberbullying

A review of the evidence looking at bullying and mental health found that bullying was associated with increased prevalence of depression, anxiety, psychotic disorders, self-harm, and suicide. Longer-term, the effects of bullying include behavioural, emotional and relationship problems lasting into adulthood (18).

Evidence suggests that cyberbullying is a new method to commit bullying rather than a new entity (11). However, cyberbullying presents new and additional challenges given that bullying may not take place in school grounds, perpetrators may be unknown, and anti-bullying interventions may need modification to effectively target cyber-bullying (11).

### **1.2.3. Inhumane treatment**

#### **Genital mutilation**

Female genital mutilation is illegal in the UK and can cause a wide range of physical and mental health problems. It has been associated with depression, anxiety, flashbacks, nightmares, and sleep problems (19).

### **1.2.4. Prejudice**

Prejudice and discrimination, for example, based on LGBT+, sex, race or disability can cause emotional trauma. For example, prejudice and lack of support for LGBT+ children and young people is associated with addiction, depression, anxiety, and suicide/ suicidal ideation (11). Studies have shown that cumulative experiences of racial prejudice have long-term effects on mental health and wellbeing of young people (11).

### **1.2.5. Household or family adversity**

#### **Parental substance use**

There is evidence that parental substance misuse is a contributing factor in 30-60% of maltreated children in the welfare system (US study), with children whose parents misused alcohol four times more likely to be neglected than children whose parents did not have substance use issues (11).

#### **Parental imprisonment**

Children with a parent or carer in prison are more likely to have emotional health and peer problems compared to children without a parent in prison; the risk is greater in older children (more than 11 years old) (20).

#### **Parental mental health**

Most parents with mental health problems do not harm or maltreat their children. However, in child protection cases parental mental health problems are identified in 16.8% at initial assessment, 25% at case conferences and 43% where children are in care (21).

#### **Looked-after children**

In 2021, over a third (37%) of looked after children aged 5 to 16 years old had emotional and behavioural health that was a cause for concern based on their Strengths and Difficulties

Questionnaire (SDQ) score (22). A further 12% of children had borderline score. A greater proportion of boys had SDQ scores which were a cause for concern compared to girls (40% vs 33%); this was seen across almost all age groups except for 15 and 16- year-olds. For children aged 5-15 years who are in residential care, the proportion of children with mental health disorders increases to 72% (23).

### *Children in Need and Child Protection Plans*

Children in Need and those on Child Protection Plans will likely have experienced one or more ACE, thus increasing their risk of mental and physical health problems. In 21/22, mental health problems were identified in 87,750 Children in Need in the England (24).

#### **1.2.6. Adjustment**

##### *Migration and asylum seeking*

Children who migrate, take refuge, or seek asylum in the UK may have experienced multiple adversities in their country of origin or along the journey; children may therefore already be experiencing significant mental health problems upon arrival. They may also experience further accumulation of post-migration adversities known as the '7Ds' (discrimination, detention, dispersal, destitution, denial of the right to work, denial of healthcare, delayed decisions on asylum applications), further impacting mental health (11).

#### **1.2.7. Adult responsibilities**

A young carer is defined as someone who is under 18 years old and helping to look after a relative with a disability, illness, mental health condition, or drug or alcohol problem (25). A survey of young carers found that 38% reported mental health problems and 26% reported being bullied because of their caring role (26). Given that young carers may be looking after parents with mental health problems or substance use issues, they may experience additional and multiple ACEs.

#### **1.2.8. Bereavement and survivorship**

Three percent of children experience the death of a parent, caregiver, or sibling; these children are 1.5 times more likely to be diagnosed with a mental health problem and three times more likely to develop depression (11).

### **1.3. Additional risk factors that increase childhood vulnerability and reduce childhood mental wellbeing**

#### **Physical health problems**

Children with long-term physical illness are at greater risk of emotional and behavioural problems and vice versa (27). Almost three-quarters of children with a mental health problem also have a physical health or developmental problem (28).

#### **Special Educational Needs and/or Disabilities**

The prevalence of mental health problems in children and young people with learning disabilities is 36%, as opposed to 8% in those who do not have a learning disability. The prevalence of schizophrenia in people with learning disability is three times that of the population at 3% and appears to be more common in those of South Asian origin (12).

#### **Homelessness**

Homelessness in the UK includes being in temporary accommodation, sofa surfing or living with friends temporarily (29). Children and young people who are homeless are more likely to experience stress, anxiety, depression, and behavioural problems (30). The impact of homelessness extends beyond the period where a child is homeless and can impact educational attendance, attainment and the likelihood of isolation and bullying: additional risk factors for mental health problems.

#### **School absences and exclusions**

Children with mental health problems are more likely to miss school than those without mental health problems. An Australian study found that children with mental health problems (most commonly attention deficit hyperactivity disorder and anxiety) had approximately double the number of absent days per year in secondary school (for example, 23.1 days vs 10.6 days in years 7-10) (31).

Children who are excluded from school are more likely to have behavioural or attentional difficulties, or difficulties with peer relationships. They also had lower scores for positive wellbeing, emotional strengths and skills and support networks (32).

#### **Use of social media**

The use of social media by children and young people is pervasive and an integral part of modern social networking. In 19/20, 89% of children aged 10 to 15 said they went online every

day (33). There are purported benefits and challenges associated with the use of social media as outlined below.

Social media usage is associated with increased prevalence of anxiety, depression, and poor sleep. Additionally, cyberbullying is a growing phenomenon and can occur via social media platforms; 70% of children and young people report having experienced cyberbullying (34). In England in 2022, 1 in 8 children and young people aged 11 to 16 years reported that they had been bullied online; this increased to 1 in 4 among children and young people with a probable mental health disorder (1).

Positive impacts of social media include the opportunity to access expert health information and other people's experiences of health problems. Further, reports suggest that those who use social media are more emotionally supported through their online contacts (34).

### Military families

There is evidence that military service increases the risk of mental health difficulties for service members, their spouses, and children. Cunitz et al. (2019) found that children in military families experienced more symptoms of anxiety or depression, as well as behavioural symptoms than civilian families; behavioural symptoms were more prevalent in those children whose parent was deployed compared to those who were non-deployed (35).

## **1.4. Protective factors that may decrease vulnerability and increase mental wellbeing**

As discussed in previous sections, childhood adversity and its role in developing mental health problems is complex and likely cumulative and multifactorial. As illustrated in figure 2, there are protective factors, such as supportive family environments, that are likely to increase childhood resilience and act as protective factors (36). Additional protective factors include:

- High self-esteem
- Good education
- Someone from the family being in work
- Development of good oral language skills
- Positive relationships with parents
- Social/ community inclusion

- Sport and physical activity

Benevolent Childhood Experience scales are in development, they aim to assess positive early life experiences as a counterpart to Adverse Childhood Experience questionnaires; questions used in a pilot study can be seen in Figure 6 (37).

**Figure 6: Benevolent Childhood Experiences**

At least one caregiver with whom you felt safe
At least one good friend
Beliefs that gave you comfort
Enjoyment of school
At least one person in school who cares
Good neighbours
An adult (other than parent) who could provide support or advice
Opportunities to have a good time
Like or feel comfortable with yourself
Predictable home routine (meals, bedtime etc)

*Source: Narayan et al (37)*

### **1.5. Groups that were more likely to report difficulties over the pandemic**

During the COVID-19 pandemic, evidence suggests that children and young people’s mental health was significantly affected. During March and June 2020, when schools were closed, symptoms of depression and post-traumatic stress disorder increased in children aged 7.5 to 12 years. Conversely, some pupils reported sleeping and feeling better; primary school children were more likely to report feeling happy and less likely to report feeling lonely compared to secondary aged children (38).

By September 2020, mental health and behavioural problems had settled at a lower level compared to the initial lockdown period, however, data from early 2021 showed that prevalence of having a probable mental health disorder or possible eating disorder had risen since 2017 (38).

Over the pandemic, certain groups were identified as being more likely to have mental health and wellbeing problems, discussed below:



### Special educational needs and disability (SEND)

Evidence showed that children and young people with SEND had increasing mental health, behavioural and emotional difficulties in the first year of the pandemic. In 2021, staff assessing students with SEND felt they were 5 to 8 months behind in their emotional health and mental wellbeing compared to pre-pandemic expectations for development (38).

### Gender and age

During the pandemic, girls were twice as likely to report feeling unhappy with their mental health, with 16- and 17-year-old girls being most worried. Parents and carers reported more symptoms of behavioural and attentional difficulties in boys but more emotional difficulties in girls (38).

### Disadvantaged children and young people

Disadvantaged children had poorer mental health and wellbeing outcomes compared to more affluent counterparts. Young people aged 16 to 24 years old living in the most deprived areas in the UK had a 3.4 times larger increase in psychological distress compared to those living in the least deprived areas (38).

### Pre-existing mental health needs

The evidence for worsening mental health in children and young people with pre-existing mental health problems during the pandemic is mixed; some studies suggest that those with pre-existing conditions were at greatest risk of worsening mental health, whilst other studies suggested that those not previously known to services experienced the greatest increase in mental health problems (38).

However, the evidence does indicate that issues around access and barriers to support increased at the beginning of the pandemic. There is also some evidence that stress around returning to school was a trigger for some children and young people to self-harm or have suicidal thoughts (38).

### Ethnic minority groups

The evidence for differential effects of mental health problems by ethnicity in children and young people over the pandemic are inconsistent (38).

### Lesbian, gay, bisexual, and transgender (LGBT+)

There was limited evidence on how the pandemic impacted LGBT+ children and young people. One study reported a greater proportion of LGBT+ respondents with worsening mental health problems, such as anxiety, depression, panic attacks and suicidal thoughts; however, it was not possible to identify whether this was the trend pre-pandemic or whether the difference has changed over the period of the pandemic (38).

#### Risks and experiences (38):

- Family relationships: young people with closer relationships with parents were found to have less severe symptoms of mental health problems and report less loneliness. Conversely, parents with higher levels of distress reported more emotional, conduct and attentional problems in their children.
- Loneliness: Young people who reported more loneliness also reported more symptoms of mental health problems. The evidence is inconsistent as to whether primary or secondary students experienced greater loneliness.
- Anxiousness: Stress around catching and spreading COVID-19 was reported and this was particularly felt by secondary students who had vulnerable family members. Additional stressors around catching up schoolwork and exams were also reported. Anxiety around COVID-19 was increased when watching or reading news articles.
- Mental health services: children and young people reported more difficulties accessing school counselling due to longer waiting lists and missing appointments due to self-isolation.
- Digital exclusion and workspaces: more disadvantaged children were less likely to have access to a computer at the beginning of the pandemic. Lacking access to a computer was associated with increased mental health symptoms.
- Attendance: children with higher happiness ratings were more likely to attend school regularly than those with lower ratings.

## 2. Level of need in Leicestershire

### 2.1. Demographics

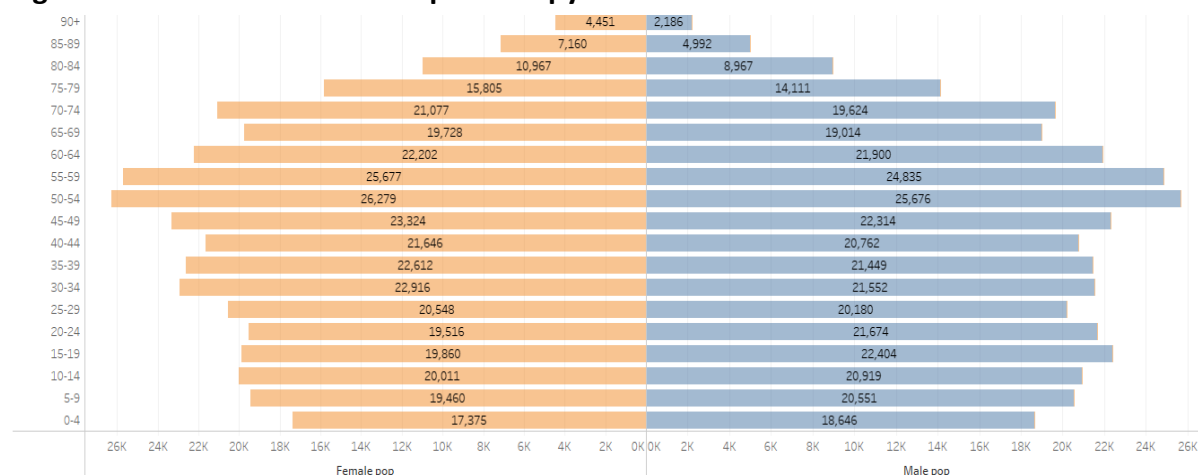
#### Age and sex

There were 200,423 under 25s at the time of the 2021 census in Leicestershire, which is 28.1% of the whole population (712,392). This is a lower proportion than nationally where under 25s make up 29.2% of the population (39).

Of the total population in Leicestershire, 5.1% are aged 0-4 Years, 5.6% are aged 5-9, 5.8% are aged 10-14, 5.9% are aged 15-19, and 5.8% are aged 20-24 years.

In those aged under 25, 52% are male and 48% are female. In age groups 15 to 19 and 20 to 24 years, the proportion of males is slightly more at 53% compared to 47% females.

**Figure 7: Leicestershire 2021 Population pyramid**

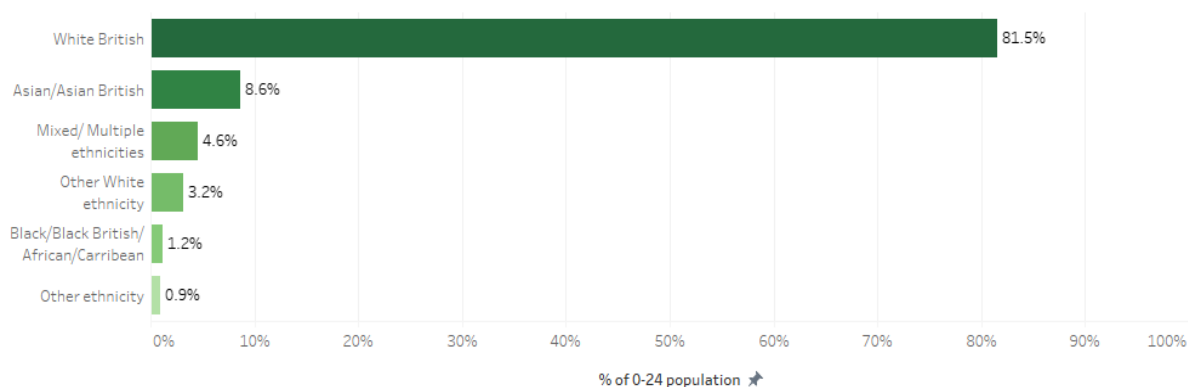


**Source: Census 2021 (39)**

#### Ethnicity

Figure 8 below shows that 81.5% of the Leicestershire 0-24 aged population are of White British ethnicity; this is a slightly lower percentage than the percentage in the all age population of 83.6%. After white British the next biggest ethnic group is the Asian/Asian British (8.6%), followed by Mixed/multiple ethnicities (4.6%) and Other white ethnicities (3.2%).

**Figure 8: Leicestershire 0-24 population by broad ethnic groups**



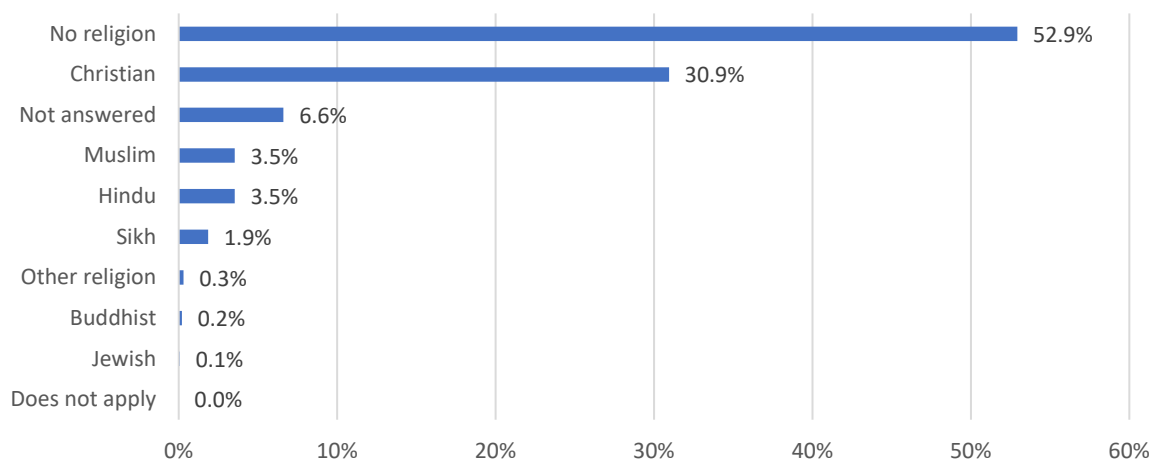
**Source: Census 2021**

The Demography JSNA (2021) reported that there were 47 recognised Gypsy and Traveller sites in Leicestershire. It is difficult to identify exact numbers of children and young people but there were an estimated 400 children on roll in county schools, 184 missing from education and 42 who were home-schooled (40).

### Religion

The 0-24 Leicestershire population mostly identifies as no religion with 52.9% of the population. The next biggest group in Leicestershire are those identifying as Christian with 30.9%. 6.6% did not report a religion, 3.5% identified as Muslim and 3.5% as Hindu.

**Figure 9: Leicestershire 0-24 population by Religion**



**Source: Census 2021**

### Main language

In Leicestershire the main language spoken by the majority of the population (aged three years and over) was English at 95.2%, this is followed by 0.8% of the population who speak Polish, 0.8% Gujarati, 0.6% Panjabi and 0.4% Romanian. Looking at the districts, Oadby & Wigston has the lowest proportion of the population whose main language is English with 89.9%, whereas Harborough and Hinckley & Bosworth have the joint highest proportion with 97.2%.

**Table 1: Leicestershire districts main languages by percentage of speakers**

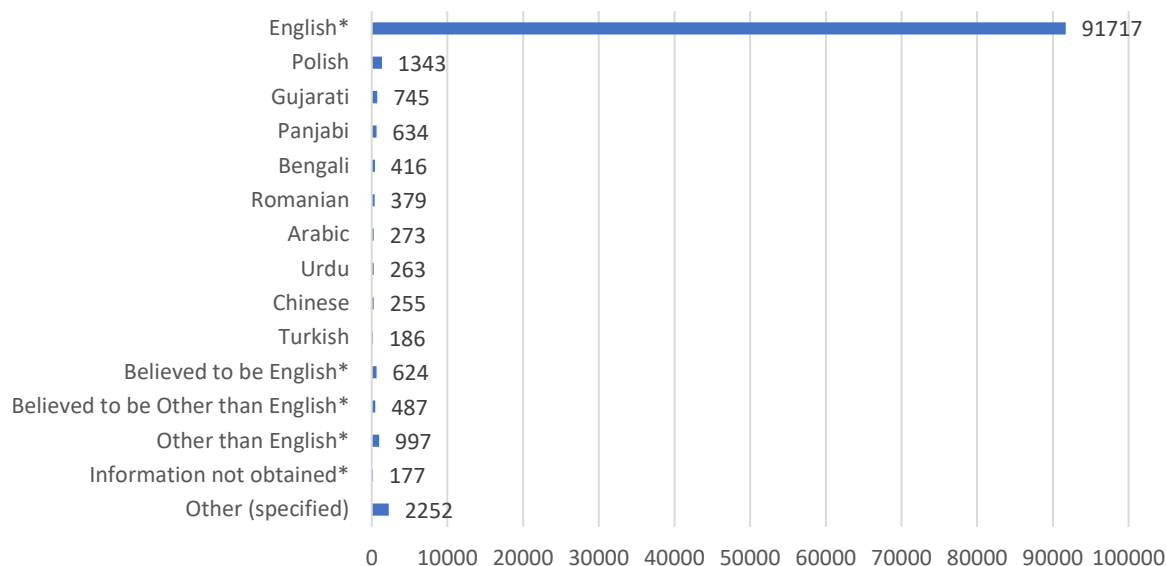
District	Most used main language and percentage speaking that language		Second most used main language and percentage speaking that language		Third most used main language and percentage speaking that language	
	Language	Percentage	Language	Percentage	Language	Percentage
Blaby	English	94.7%	Panjabi	1.1%	Polish	0.9%
Charnwood	English	93.3%	Gujarati	1.7%	Polish	0.7%
Harborough	English	97.2%	Gujarati	0.4%	Panjabi	0.4%
Hinckley & Bosworth	English	97.2%	Polish	0.7%	Romanian	0.4%

Melton	English	97.1%	Polish	1.5%	Romanian	0.2%
North-West Leicestershire	English	97.0%	Polish	1.2%	Romanian	0.4%
Oadby & Wigston	English	89.9%	Panjabi	3.0%	Gujarati	2.3%
<b>Leicestershire</b>	<b>English</b>	<b>95.2%</b>	<b>Gujarati</b>	<b>0.8%</b>	<b>Polish</b>	<b>0.8%</b>

**Source: Census 2021**

According to the school census 2021/22, the most common language spoken by children is English (91.0%). The next most common languages are Polish (1.3%) and Gujarati (0.7%) (Figure 10).

**Figure 10: Main language spoken by children in school census 2021/22**



**Source: Leicestershire County Council**

**Lesbian, gay, bisexual, and transgender (LGBT+)**

Those who identify as LGBT+ are more likely to develop a range of mental health problems. However, the census doesn't examine sexuality in the under 16 population, so the adult proportions by sexuality are presented here. This can only give an indication in the numbers of LGBT+ population in the children and young people of Leicestershire.

1.2% of the 16+ population identify as Homosexual, 1.0% as bisexual, 0.2% as other sexualities, however 6.5% of the population in Leicestershire did not report their sexuality. 91.1% of the over 16 population identified as heterosexual.

**Table 2: Over 16 population by sexuality**

<b>Sexuality</b>	<b>Leicestershire population 2021 (aged 16+)</b>	<b>Leicestershire population 2021 percentage (aged 16+)</b>
<b>Heterosexual</b>	535,086	91.1%
<b>Homosexual (Gay/Lesbian)</b>	7,028	1.2%
<b>Bisexual</b>	5,942	1.0%
<b>Other</b>	1,322	0.2%
<b>Unknown/Not reported</b>	38,055	6.5%
<b>Total</b>	587,433	

**Source: Census, 2021**

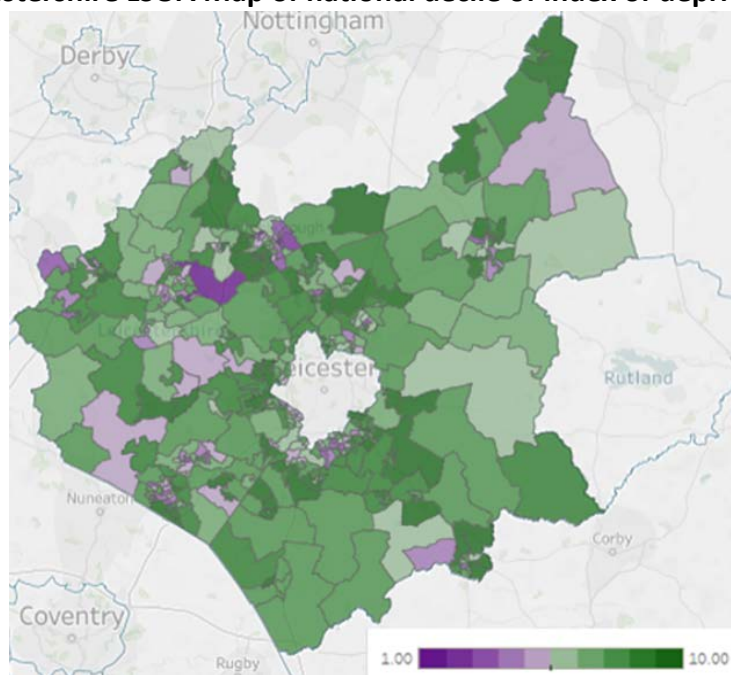
### Deprivation

Relative to other upper tier authority areas, Leicestershire has relatively low levels of deprivation overall and is ranked 137th out of 152 upper tier authorities in England for Multiple Deprivation (41).

In Figure 11, the LSOAs in the lowest deciles (shown in purple) and therefore most deprived can generally be found in the main urban areas such as Loughborough, Coalville, Hinckley, Melton Mowbray, and Market Harborough, as well as parts of Oadby and Wigston Borough. Four neighbourhoods in the county fall within the most deprived decile in England. These areas can be found in Loughborough (Loughborough Bell Foundry and Loughborough Warwick Way LSOAs) and two in the Greenhill area of Coalville.

As LSOAs have broadly consistent populations and urban areas have higher population densities, these areas appear smaller on the map, compared with less densely populated rural areas.

**Figure 11: Leicestershire LSOA Map of national decile of index of deprivation**



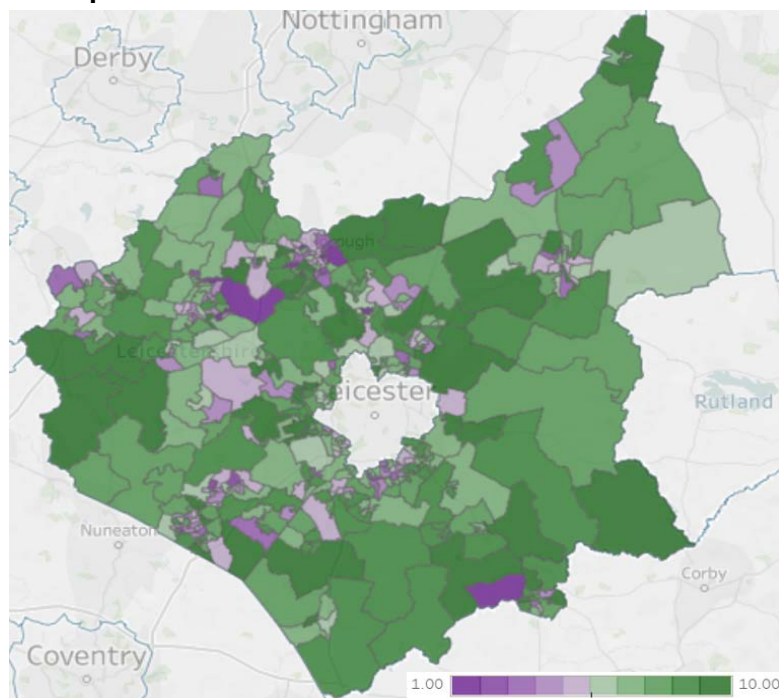
**Source: Index of Multiple Deprivation, 2019 (41)**



The Income Deprivation Affecting Children Index (IDACI) looks at children under 16 affected by poverty. The pattern in Leicestershire broadly mirrors the IMD pattern. There are 7 areas in the lowest decile nationally (shown as dark purple in Figure 12). These areas are:

- Lubenham in Harborough
- Greenhill Northeast and Greenhill Centre in Northwest Leicestershire
- Loughborough Canal South, Loughborough Ashby West, Loughborough Bell Foundry, Loughborough Warwick way and Mountsorrel Centre all in Charnwood.

**Figure 12: LSOA map of IDACI**



**Source: Index of Multiple Deprivation, 2019 (41)**

The percentage of under 16s in both relative and absolute low-income families in Leicestershire in 2020/21 is significantly lower than the national average, with decreasing (improving) trends seen over the last 5 time periods. The percentage of children in absolute low-income families in Leicestershire in 2020/21 was 8.9% and the percentage of children in relative low-income families was 11.3% (42).

All districts also have significantly better (lower) levels of children in both relative and absolute low-income families compared to the national average.

**Table 3: Percentage of children in absolute and relative low-income families in Leicestershire and districts in 2020/21**

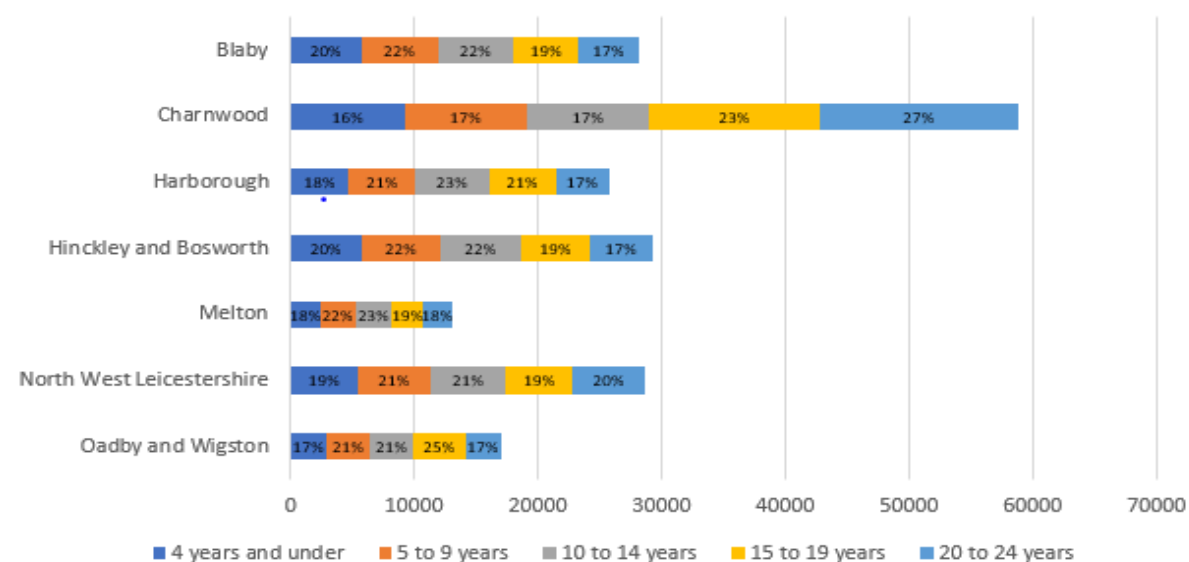
District	Children in absolute Low-income families (under 16s) % 2020/21	Children in relative Low-income families (under 16s) % 2020/21
Blaby	8.9	11.3
Charnwood	9.2	11.6
Harborough	7.2	8.9
Hinckley & Bosworth	9.0	11.6
Melton	8.7	10.7
North-West Leicestershire	9.2	12.2
Oadby & Wigston	10.2	13.1
Leicestershire	8.9	11.3
England	15.1	18.5

*Source: Office for Health Improvement & Disparities Fingertips (42)*

Under 25 population location

Charnwood has the highest absolute number and percentage of 0–24-year-olds as a percentage of the total population at 31.9%. The area with the lowest absolute number and percentage aged 0-24 years is Melton with just 25.2% of the population.

**Figure 13: Leicestershire districts 2021 under 25 Population by age band, count and proportion of under 25 population represented by each 5-year age band**

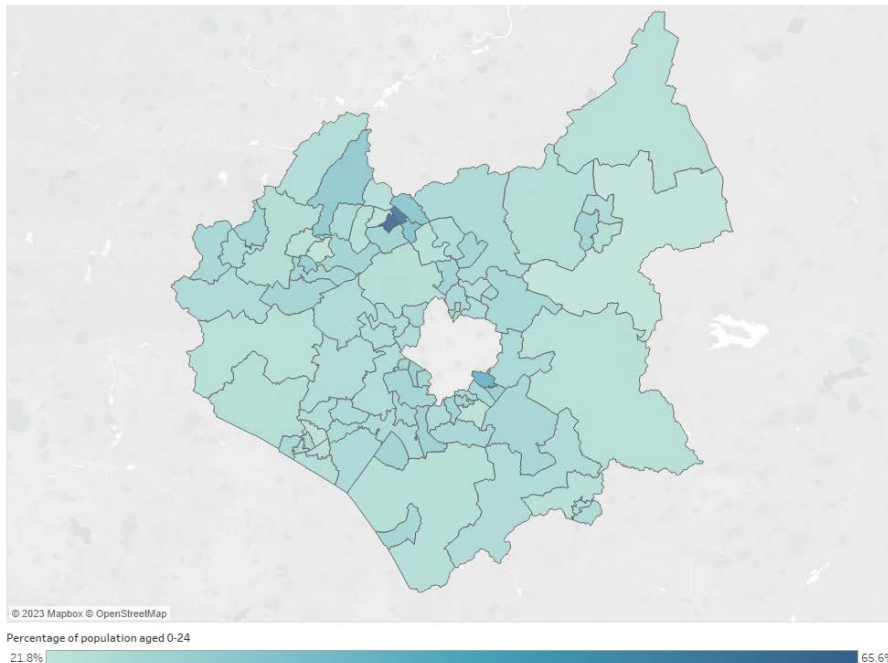


*Source: Census 2021 (39)*

### Under 25 population distribution

Looking at the distribution of 0–24-year-olds across the county the two areas with the highest percentage of 0–24-year-olds compared to the whole population are both located in Loughborough in Charnwood. These are Loughborough University MSOA (65.6%) and Loughborough Storer & Queen's Park MSOA (59.6%). This is likely due to Loughborough University located within these areas and surrounding student housing. This is supported by looking at the 15-19 and 20-24 age band percentages in these areas where again they have the highest percentages. Looking at the 0-4, 5-9 and 10-14 age bands these two areas have the lowest percentages, probably due to the lower likelihood of families with children living in areas popular with students.

**Figure 14: Leicestershire MSOA map showing percentage of the population aged 0-24 as percentage of total population**



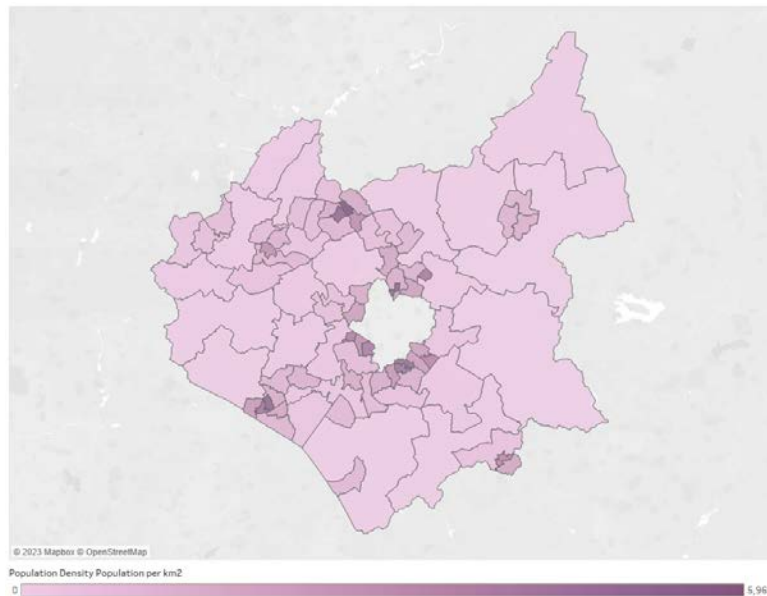
**Source: Census 2021**

### Population density

The highest population density area in Leicestershire is Loughborough Storer and Queens Park MSOA at 5969.3 residents per square kilometre followed by Loughborough University MSOA at 5103.2 residents per square kilometre, both areas are located in Charnwood district.

The lowest population density area is Tilton, Billesdon & Great Easton in Harborough at 29.3 residents per square kilometre.

**Figure 15: Leicestershire MSOA population density map 2021**

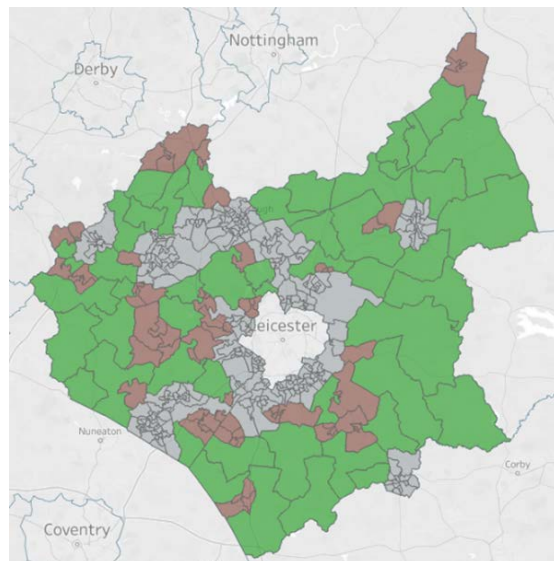


**Source: Census 2021**

**Rural/ Urban distribution**

Leicestershire is predominantly rural by area (shown as the green areas in Figure 16). The majority of Melton and Harborough districts are classed as rural. Urban areas (shown as grey) are found in areas around Leicester, and in the county towns including Loughborough, Coalville, and Hinckley. There are areas of Rural town & fringe dispersed around Leicestershire (brown areas). While the county is rural in terms of area, the population is concentrated within urban areas.

**Figure 16: Leicestershire LSOA map of Rural Urban Classification**



**Source: Census 2011**

## 2.2. Childhood adversity and Adverse Childhood Experiences (ACEs)

### 2.2.1. Maltreatment

In Leicestershire, the category of need for children who were looked after was ‘abuse or neglect’ in two-thirds of looked after children; this equates to 451 children in 2022. The next most common category of need for a child to be looked after was ‘family dysfunction’ at 12%. The number of Children Looked After has risen by 25% since 2018; whilst the proportion in most categories of need has remained constant, ‘absent parenting’ almost doubled in 2022 and now comprises 9% of looked after children (43). Of note, there were 581 children who were the responsibility of another local authority but placed within Leicestershire in 2022 (44). It is important to note that children with Child in Need status or on a Child Protection Plan may also be exposed to maltreatment, as will children who are not known to social services.

**Table 4: Category of Need for Children who are looked After in Leicestershire**

Category of Need	Number (and percentage) of children who are Looked After in Leicestershire				
	2018	2019	2020	2021	2022
<b>N1. Abuse or neglect</b>	343 (62%)	380 (65%)	420 (64%)	472 (67%)	451 (65%)
<b>N2. Child's disability</b>	15 (3%)	15 (3%)	15 (2%)	15 (2%)	15 (2%)
<b>N3. Parental illness or disability</b>	29 (5%)	30 (5%)	37 (6%)	34 (5%)	32 (5%)
<b>N4. Family in acute stress</b>	54 (10%)	48 (8%)	56 (9%)	49 (7%)	44 (6%)
<b>N5. Family dysfunction</b>	75 (14%)	68 (12%)	82 (13%)	90 (13%)	86 (12%)
<b>N6. Socially unacceptable behaviour</b>	6 (1%)	6 (1%)	7 (1%)	9 (1%)	Suppressed
<b>N7. Low income</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	Suppressed
<b>N8. Absent parenting</b>	32 (6%)	36 (6%)	37 (6%)	37 (5%)	63 (9%)
<b>Total</b>	554	583	654	705	694

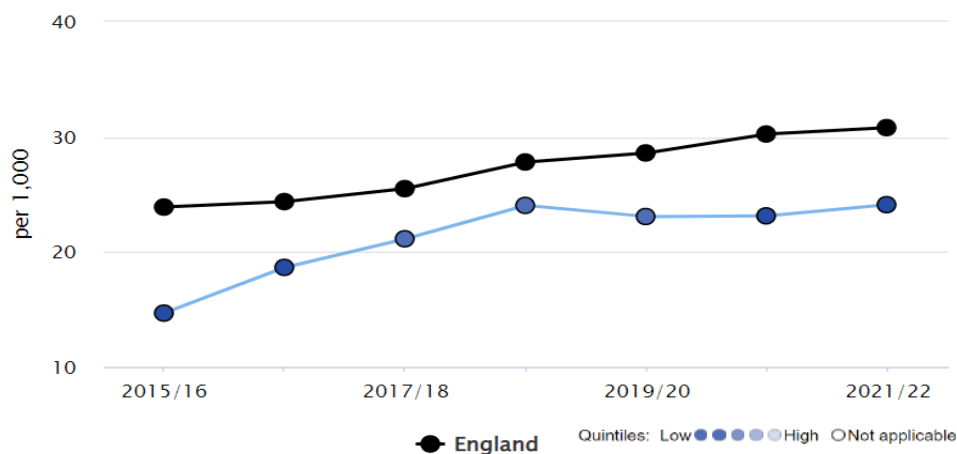
Source: Office for National Statistics (43)

## 2.2.2. Violence and coercion

### Domestic violence

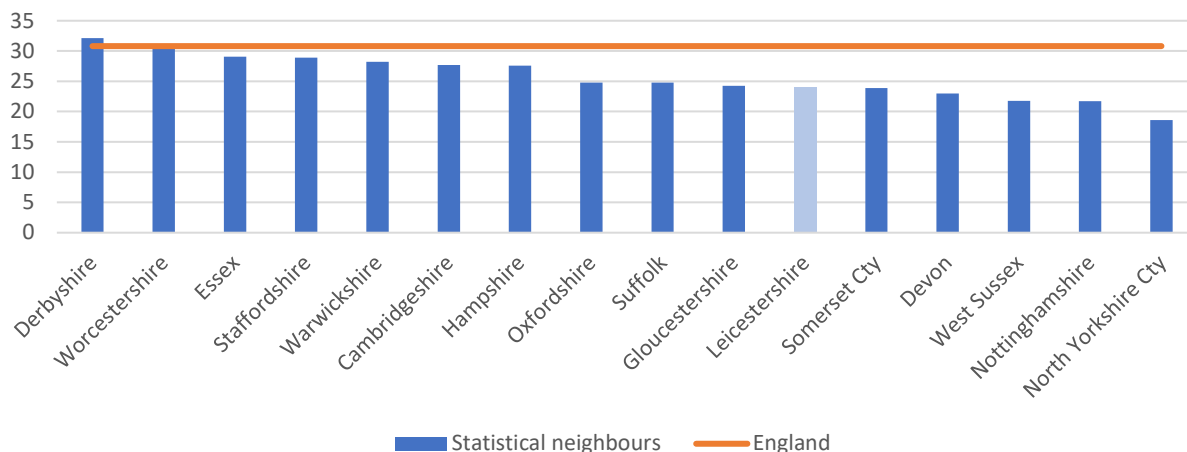
Whilst not all occurrences of domestic violence will involve children, the level in an area may give an indication to the level of domestic violence experienced by children and young people. Domestic abuse-related incidents and crimes are recorded by police force area: Leicester, Leicestershire, and Rutland (LLR). The rate in LLR in 2021/22 is 24.1 per 1000 population, which is lower than the East Midlands (25.8 per 1000) and England rates (30.8 per 1000) and places Leicestershire in the lowest quintile in England (45). The rate in Leicestershire is ranked 6<sup>th</sup> lowest out of 16 when compared to its 15 statistical neighbours. The trend nationally and locally is an increase in reported incidents and crimes since 2015/16 (Figure 17); it is not possible to determine whether this reflects true increase or a change in recording or reporting behaviour. It is also important to note that these are reported incidents and crimes and so do not reflect the true incidence of domestic violence, or whether families with children were involved.

**Figure 17: Domestic abuse related incidents and crimes (rate per 1,000 population) in Leicestershire compared to England between 2015/16 and 2021/22**



**Source: Office for Health Improvement & Disparities Fingertips (45)**

**Figure 18: Domestic abuse related incidents and crimes in Leicestershire compared to statistical neighbours, 2021/22**



**Source: Office for Health Improvement & Disparities Fingertips (45)**

Of the 1511 children referred to the Early Help service in 2022, 420 (27.8%) had recorded domestic abuse (either current, historical or both) (46).

**Criminal exploitation and crime**

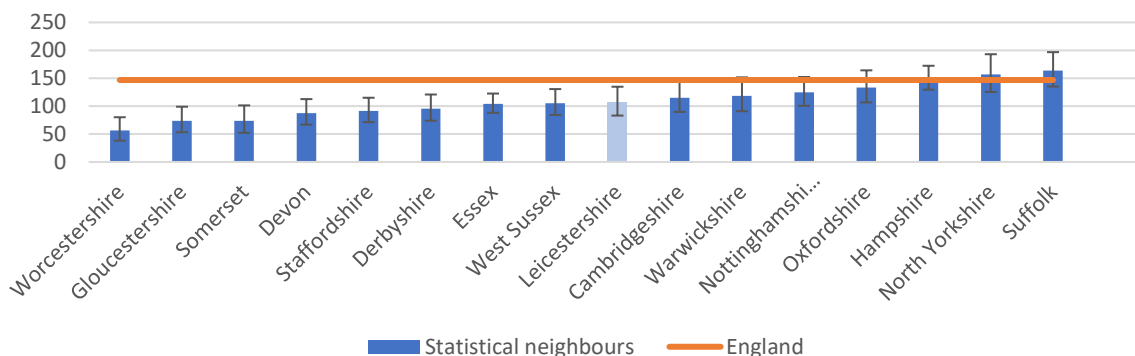
The rate of first-time entrants to the youth justice system in Leicestershire in 2021 was 106.7 per 100,000 population under 18; this is significantly better (lower) than the national average of 146.9 per 100,000 and ranked 9<sup>th</sup> lowest of 16 when compared to its 15 statistical neighbours. Over the last 5 years there has been a significant improving (decreasing) trend witnessed in Leicestershire which is also evident nationally.

**Figure 19: Rate (per 100,000 population) of first-time entrants to the youth justice system in Leicestershire and England between 2010 and 2021**



**Source: Office for Health Improvement & Disparities Fingertips (42)**

**Figure 20: Rate (per 100,000 population) of first-time entrants to the youth justice system in Leicestershire and statistical neighbours, 2021**



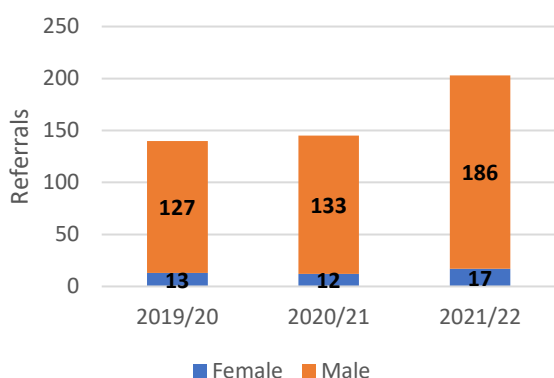
**Source: Office for Health Improvement & Disparities Fingertips (42)**

In Leicestershire, between September 2021 and 2022, 241 children and young people were referred to the Youth Justice team; 117 out of court/ court disposals, 70 prevention, 24 project responsive and 30 reach cases.

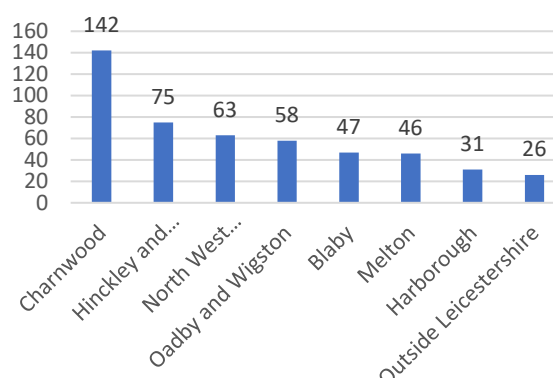
In 2021/22, 203 CYP (predominantly males) were referred to the child criminal exploitation team; this is a 40% increase from the previous year (Figure 21). Over the last three years, referrals have been received from across the county with most from Charnwood, Hinckley, and Bosworth, and North West Leicestershire (Figure 22).

Of the 203 referrals received in 2021/22, 48 (23.6%) were identified as having mental health concerns at referral. It is important to note that this is likely to be a significant underestimate as mental health concerns may not be recorded at referral and are more likely to be disclosed as the team works with a young person.

**Figure 22: referrals to the child criminal exploitation team, Leicestershire (2019/20-2021/22)**



**Figure 21: referrals to child criminal exploitation team by Leicestershire district (2019/20-2021/22)**



**Source: child criminal exploitation team, Leicestershire County Council**



Between April 2017 and March 2022 there were 28 custodial sentences in under 18-year-olds. In this cohort, 46% had been Looked After and 64% had previously been on a child protection plan and/or experienced neglect or abuse; 75% of young people were also identified as having a learning disability or Education, Health and Care Plan. Further, 29% of young people had been a victim of crime, according to local records (47).

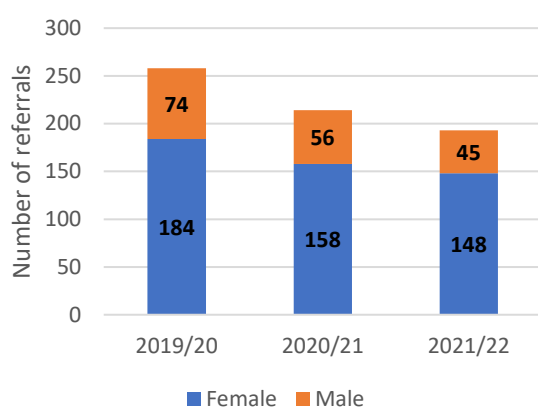
### Sexual exploitation

In 2021/22, 194 CYP were referred to the child sexual exploitation team; around three quarters of these were female. The number of referrals has reduced between 2019/20 and 2021/22 (Figure 23). It is important to note that this does not necessarily reflect a reduction in need but rather that changes over the pandemic may mean that children have not been identified and referred as readily.

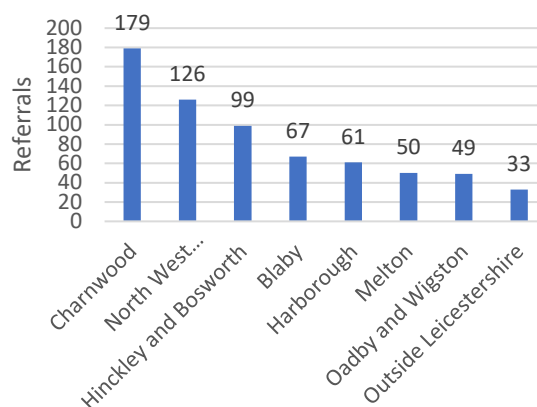
Over the last three years, referrals have been made in all districts, with the most from Charnwood, North West Leicestershire, and Hinckley and Bosworth (Figure 24).

In 2021/22, 28 (14.4%) referrals identified mental health concerns; this was 37.8% in 2019/20. It is important to note that this is likely to be a significant underestimate as mental health concerns may not be recorded at referral and are more likely to be disclosed as the team works with a young person.

**Figure 24: referrals to the child sexual exploitation team, Leicestershire (2019/20-2021/22)**



**Figure 23: referrals to the child sexual exploitation team, by Leicestershire district (2019/20-2021/22)**



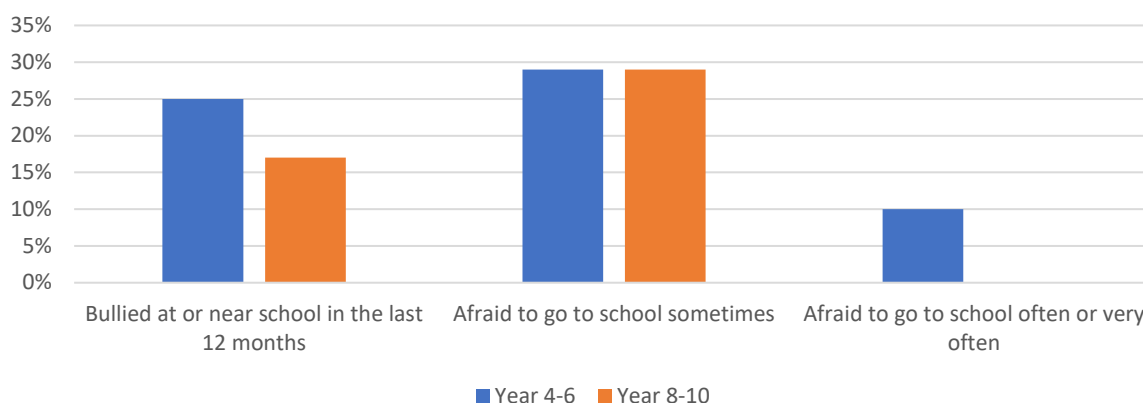
**Source: child sexual exploitation team, Leicestershire County Council**

### Bullying and cyberbullying

The Health Related Behaviour Survey is a school survey of Leicestershire children conducted in 2021. It surveyed 3229 children across 32 primary schools (years 4, 5 and 6) and 4 secondary schools (years 8, 9 and 10). There are some limitations around the representativeness of this data, particularly in the secondary school age groups, and so results should be interpreted with caution (48).

In primary school children, approximately 580 out of 2325 (25%) said that they had been bullied in or near school in the last 12 months and 10% reported being afraid to go to school due to bullying 'often' or 'very often', 29% reported being afraid 'sometimes'. In secondary school children, a smaller proportion of young people reported being bullied in or near school in the last 12 months (approximately 153 out of 902 - 17%). The proportion reporting 'at least sometimes' being afraid to go to school due to bullying was 29%; being afraid to go to school 'often' or 'very often' was not reported for secondary school children. It is important to note that the secondary school cohort surveyed contained only 4 secondary schools with 900 respondents and so results should be interpreted with caution as they may not be representative of the whole secondary school population.

**Figure 25: Bullying in Leicestershire schools, 2021**



**Source: Health Related Behaviour Survey, 2021 (48)**

The LCC School Safeguarding Survey was conducted in 2022 and included 5750 Year 6 and 2878 Year 9 student responses. Almost half (42.8%) of year 6 children reported that someone had been mean to them online, via a mobile or on email. One-sixth (17.0%) of respondents reported sending an unkind text, email, or picture about someone. In year 9, almost one-third (29.6%) of young people reported that they had been threatened, insulted, or harassed online via a phone app and one-third (33.3%) of young people reported that they had been threatened, blackmailed, or harassed by someone they met on camera (49).

### 2.2.3. Inhumane treatment

#### Genital mutilation

NHS Digital have released experimental statistics for female genital mutilation between April 2015 and June 2022; in this period no new FGM cases have been reported in under 18s in Leicestershire (50).

### 2.2.4. Prejudice

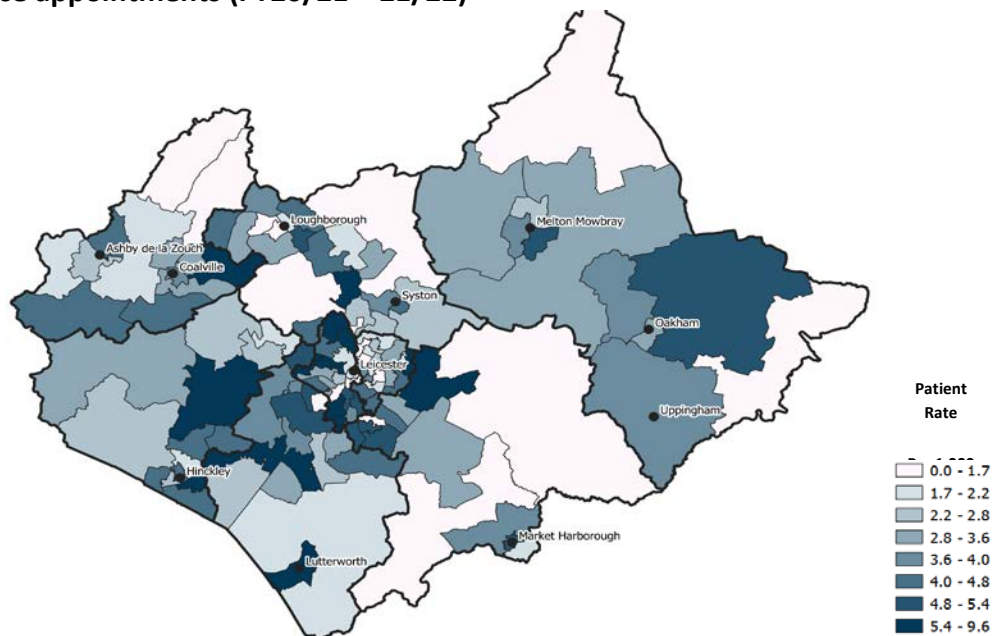
In the Health Related Behaviour Survey 2021, 162 out of 2325 (7%) primary school children reported being bullied because of their colour, ethnicity, religion/ beliefs, or the way that they speak (48).

### 2.2.5. Household or family adversity

#### Parental mental health and parental substance use

Figure 26 shows the rate of patients who attended at least one perinatal mental health service appointment between April 2020 and March 2022. MSOAs in Blaby (Cosby, Croft & Elmesthorpe) and Hinckley & Bosworth (Desford & Newbold Verdon) were in the top 10 highest areas within Leicester, Leicestershire, and Rutland over this time period.

**Figure 26: Patient rate (per 1000 population resident in LLR) attending perinatal mental health service appointments (FY20/21 – 21/22)**



Source: System One

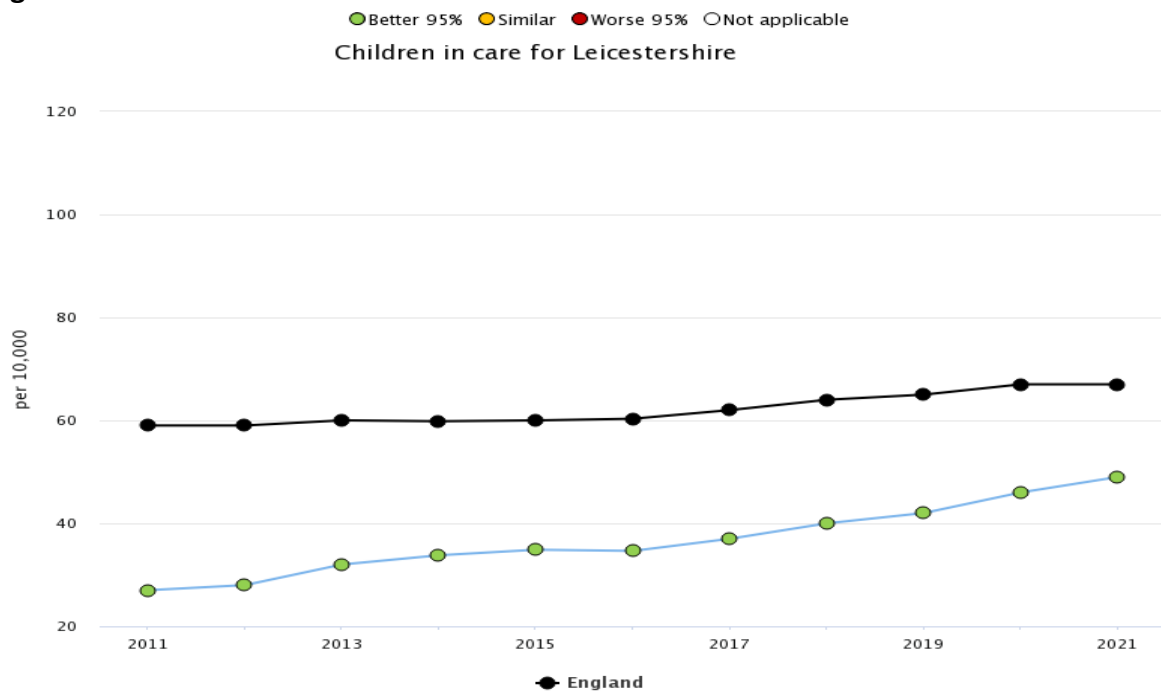
Analysis of 80 local social care cases that had been stepped up to Looked After Child status in 2020/21 showed that parental mental health, parental substance misuse or both were identified as factors in 64% of cases. Parental mental health and parental substance misuse combined were identified in 27% of cases (51).

Of those adults in drug and alcohol treatment with Turning Point, 22.4% were identified as living with children; this equates to 569 individuals living with children (52).

Looked-after children

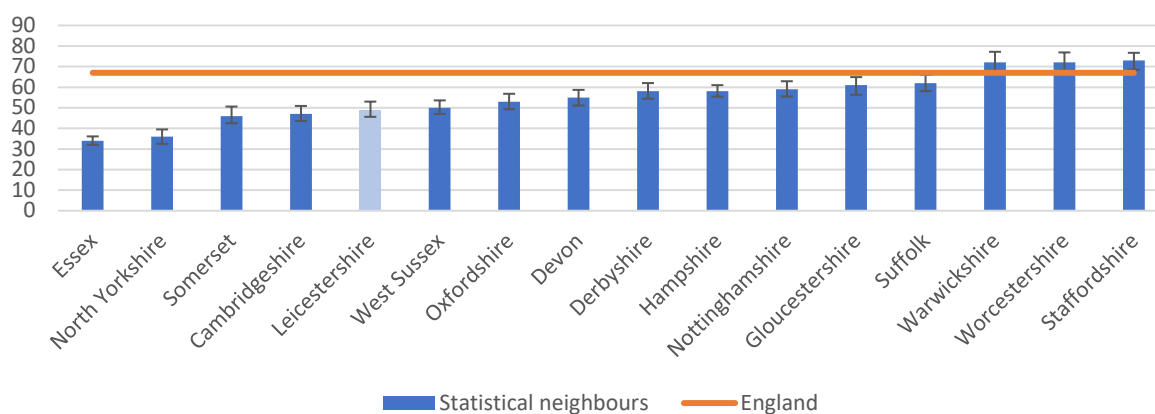
In 2021 the rate of children in care in Leicestershire was 49 per 10,000 children aged under 18, equating to 705 children in care; this is significantly better (lower) than the national rate of 67 per 10,000 population under 18 and is 4<sup>th</sup> lowest out of 16 when compared to its 15 statistical neighbours. Over the last 5 years there has been a significant increasing trend of the rate of children in care in Leicestershire, which is steeper than the increasing trend seen nationally.

**Figure 27: Rate of children in care in Leicestershire**



**Source: Office for Health Improvement & Disparities Fingertips (42)**

**Figure 28: Rate of children in care in Leicestershire compared to statistical neighbours, 2021**



**Source: Office for Health Improvement & Disparities Fingertips (42)**

In March 2023, local data demonstrated that of the approximately 700 Looked After Children in Leicestershire, 400 were resident in Leicestershire, with the remainder resident in other local authorities (see Table 5).

**Table 5: Looked After Children accommodated by Leicestershire County Council, by placement location, March 2023**

Upper Tier Local Authority	Number of Looked After Children
Leicestershire County	400
Leicester City	89
Warwickshire County	18
Derbyshire County	13
Lincolnshire County	13
Nottingham City	11
Nottinghamshire County	11
Other	89
Not recorded	44
<b>Total</b>	<b>688</b>

**Source: Leicestershire County Council**

According to local records there were over 400 Looked After Children on placement in Leicestershire but Looked After by an Other Local Authority (OLA) in 2023; the most common OLA was Leicester City, followed by Warwickshire and Northamptonshire (Table 6).

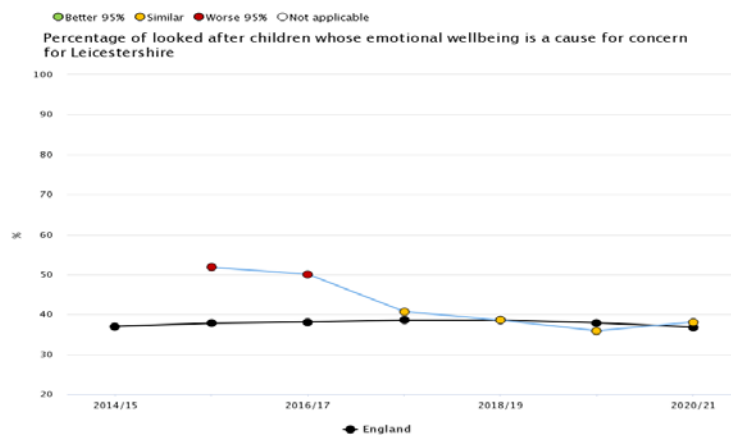
**Table 6: Number of OLA young people residing in Leicestershire County Council, 2023**

<b>Name of OLA</b>	<b>Total number residing in LCC</b>
Leicester City	102
Warwickshire	42
Northamptonshire	34
Derby City	25
Derbyshire County	24
Nottingham City	22
Nottinghamshire County	22
Coventry	15
Stoke - on - Trent	12
Other	114
Total	412

**Source: Leicestershire County Council**

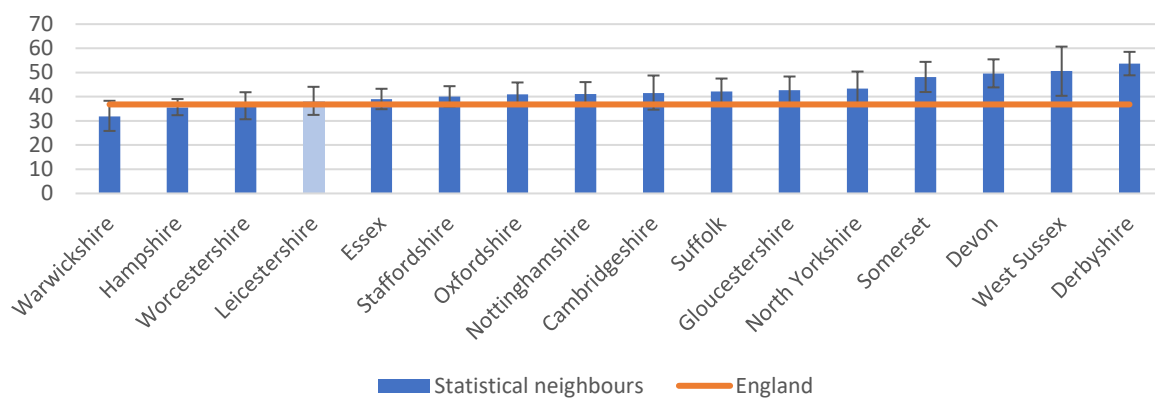
When looking at children in care aged 5-16 years old in Leicestershire in 2020/21, 38.1% have a Strength and Difficulties questionnaire score that indicates that their emotional wellbeing may be a cause for concern; this is statistically similar to the national percentage of 36.8%. Leicestershire performs 4<sup>th</sup> lowest out of 16 for this indicator when compared to its 15 statistical neighbours. Anecdotally it was noted that not all Looked After Children complete the SDQ and thus this percentage may not accurately represent the Looked After Children in Leicestershire; it was not possible to access SDQ completion rates for this JSNA.

**Figure 29: Percentage of looked after children whose emotional wellbeing is a cause for concern**



**Source: Office of Health Improvement & Disparities Fingertips (42)**

**Figure 30: Percentage of looked after children whose emotional wellbeing is a cause for concern for Leicestershire and its statistical neighbours, 2020/21**

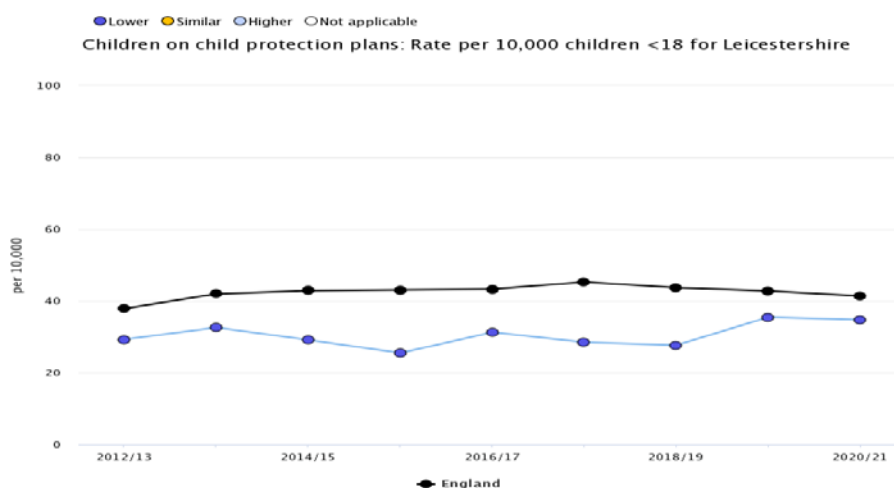


**Source: Office of Health Improvement & Disparities Fingertips (42)**

**Children in Need and Child Protection Plans**

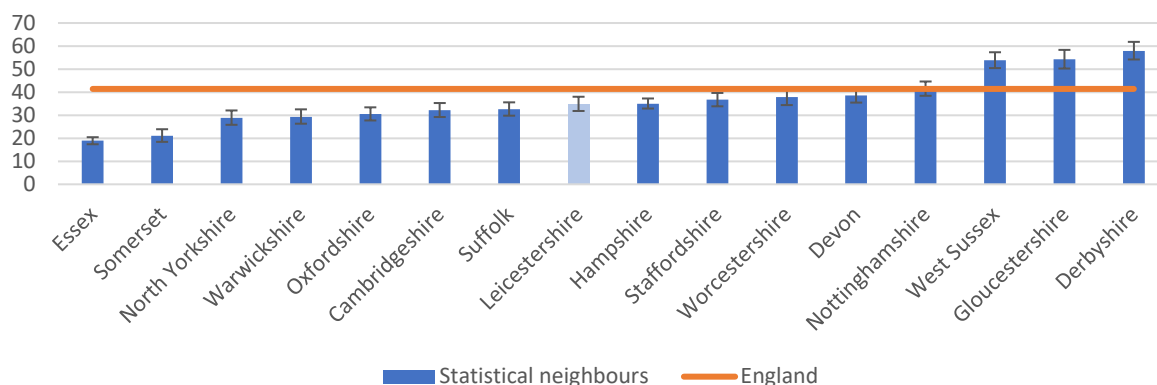
In 2020/21, the rate of children on protection plans in Leicestershire was 34.8 per 10,000 population under 18 which is significantly lower than the national rate of 41.4 per 10,000 population under 18 and is the 8<sup>th</sup> lowest out of 16 when compared to its 15 statistical neighbours; the absolute number of children on child protection plans in this period was 499 in Leicestershire.

**Figure 31: Rate of children on child protection plans in Leicestershire**



*Source: Office for Health Improvement & Disparities Fingertips (42)*

**Figure 32: Rate of children on child protection plans in Leicestershire and its statistical neighbours, 2020/21**



*Source: Office for Health Improvement & Disparities Fingertips (42)*

### 2.2.6. Adjustment

#### Migration and asylum seeking

Local authority level data for children and young people migrating or seeking asylum with parents was not available for this report. However, unaccompanied asylum-seeking children are looked after by local authorities and so local data is available. As discussed in the previous section, these children may have several risk factors that increase the risk of mental health problems. In 2022, there were 53 looked after unaccompanied asylum-seeking children in



Leicestershire; this has doubled between 2021 and 2022 and accounts for approximately 8% of all looked after children (53).

In addition, in 2023 there were 363 children in the County on the Homes for Ukraine scheme; these children and young people may also be at increased risk of mental health difficulties due to exposure to a range of risk factors.

### **2.2.7. Adult responsibilities**

According to the Census, 2.1% (3,477) of the estimated 164,395 people aged between 5 and 24 years old in Leicestershire in 2021 provide at least some level of unpaid care to look after and give help or support to someone who has a long-term physical or mental health condition, illness or problems related to old age. More specifically, 3.6% of those aged 16 to 24 years and 0.9% of those under 15 years old in Leicestershire were providing unpaid care at the time of the 2021 Census (54).

Of the 3,477 young people aged 5 to 24 years old that were providing unpaid care in Leicestershire in 2021, most were providing 19 or less hours of care a week (64.4%), followed by 20 to 49 hours (24.2%) and 50 or more hours per week (11.4%).

**Table 7: Provision of unpaid care in those aged 5 to 24 years in Leicestershire in 2021 according to the 2021 Census.**

<b>Age</b>	<b>Population estimate</b>	<b>Provides no unpaid care</b>	<b>Provides 19 or less hours unpaid care a week</b>	<b>Provides 20 to 49 hours unpaid care a week</b>	<b>Provides 50 or more hours unpaid care a week</b>
Aged 15 years and under	88,912	88,148	556	114	94
Aged 16 to 24 years	75,483	72,770	1,682	727	304

*Note: Includes all usual residents aged 5 years and over*

**Source: Census 2021**

### **2.2.8. Bereavement and survivorship**

It has not been possible to identify the number of children affected by bereavement in Leicestershire for this report, however, approximately 3% of children experience the death of

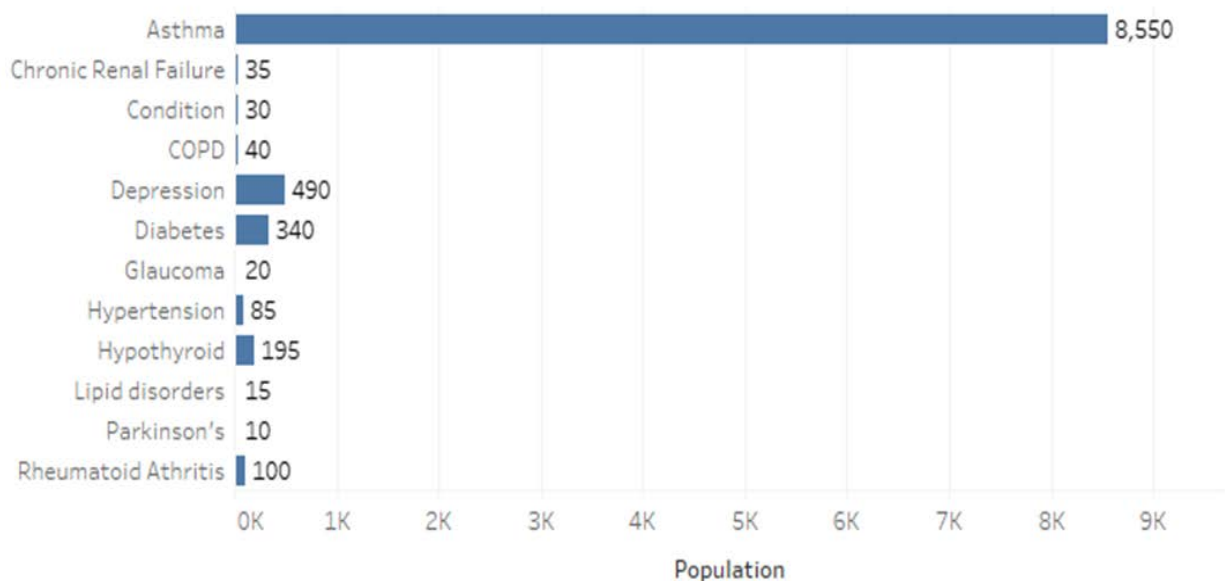
a parent, primary care giver or sibling before age 16 years; applied to the Leicestershire population, this equates to 3748 children aged 0 to 15 years who may be affected by bereavement. Data for children bereaved by suicide is collected locally; 21 individuals who had child aged dependents died by suicide in 2021 and 29 died by suicide in 2022.

**2.3. Additional risk factors that increase childhood vulnerability and reduce childhood mental wellbeing**

Physical health problems

In December 2022 there were 137,145 children aged 0-17 years registered with a GP practice in Leicestershire. Of these, 29,780 (21.7%) had at least one long term condition and 2,295 (1.7%) had 3 or more long term conditions. Asthma was the most common condition (8,550 cases recorded). The second most common condition was depression (490 cases). There were 130 patients aged 0-17 with obesity recorded (55).

**Figure 33: Long term conditions recorded by primary care in 0–17-year-olds in Leicestershire**



**Source: Aristotle (55)**

Disability

In the 2021 census 6.2% of the Leicestershire population reported having a disability under the equality act that limited day-to-day activities a lot, a further 10.1% reported having a disability that limited day-to-day activities a little, for a total of 16.3% with any disability. These percentages are age standardised to allow comparisons between different populations that vary in age structure.

In 2022, the LCC School Safeguarding Survey found that approximately 1 in 7 respondents in year 6 (13.7%) and year 9 (13.6%) reported that they had a long-standing illness, disability, or infirmity (49).

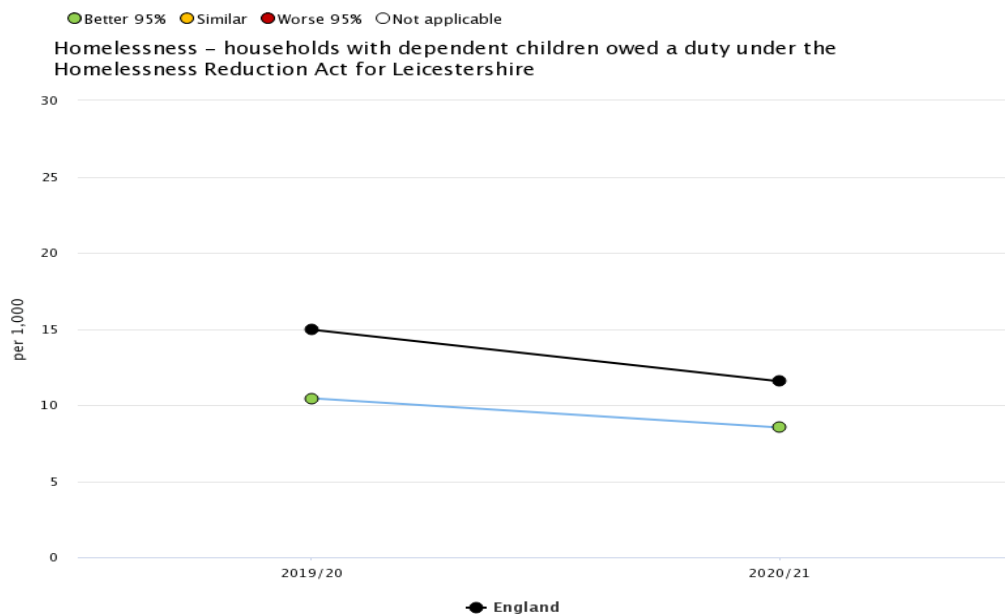
Special Educational Needs and/or Disabilities

In 2020/21, the number of children and young people on a Statement or Education, Health and Care (EHC) Plan was 3943 (3.9% of school children); a further 11651 (11.6% of school children) had Special Educational Needs support (56). There are currently 355 patients aged 0-17 years old who are on the Learning Disability register according to primary care records (55).

Homelessness

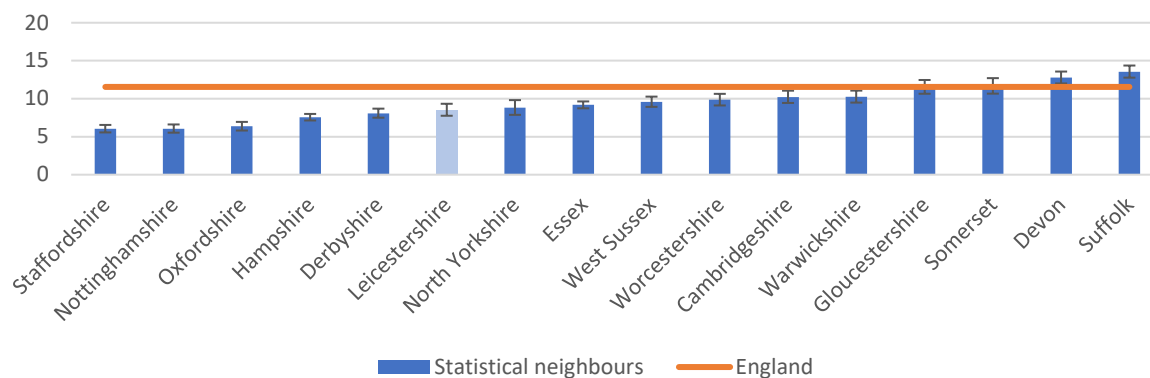
In 2020/21 the rate of households owed a duty under the homelessness reduction act with a dependent child was 8.5 per 1,000 households with at least one dependent child, this is significantly better (lower) than the national rate of 11.6 per 1,000 households. Leicestershire performed 5<sup>th</sup> lowest out of 16 when compared to its 15 statistical comparators.

**Figure 34: Rate of households with dependent children owed a duty under the Homelessness reduction act in Leicestershire**



**Source: Office of Health Improvement & Disparities Fingertips (42)**

**Figure 35: Rate of households with dependent children owed a duty under the Homelessness reduction act in Leicestershire and its statistical neighbours, 2020/21**



**Source: Office of Health Improvement & Disparities Fingertips (42)**

Looking at the districts in Leicestershire with available rates, all perform significantly better (lower) than the national rate apart from Blaby which performs similarly.

**Table 8: Rate of households with dependent children owed a duty under the homelessness reduction act Leicestershire districts, 2020/21**

District	Homelessness-Rate of households with dependent children owed a duty under the homelessness reduction act (Crude rate per 1,000 households) 2020/21
Blaby	12.2
Charnwood	*
Harborough	6.3
Hinckley & Bosworth	8.7
Melton	*
North-West Leicestershire	6.5
Oadby & Wigston	8.7
Leicestershire	8.5
England	11.6

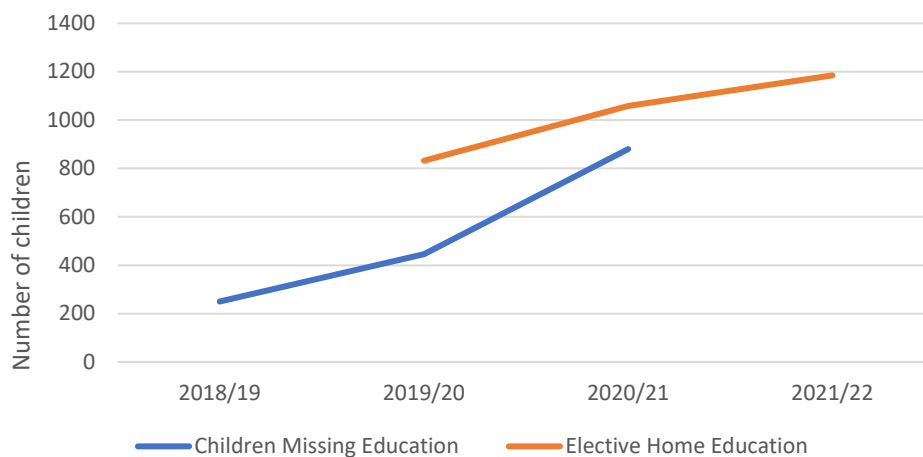
**Source: Office of Health Improvement & Disparities Fingertips (42)**

### School absences and exclusions

In 2020/21 there were 880 children missing education in Leicestershire; this is almost double the number in 2019/20 (446). Almost three-quarters are on a school roll and approximately one-third of children missing education have unknown whereabouts (57).

In 2021/22 there were 1185 children who were electively home educated; this has increased by approximately a third since 2019/20 (Figure 36) (57).

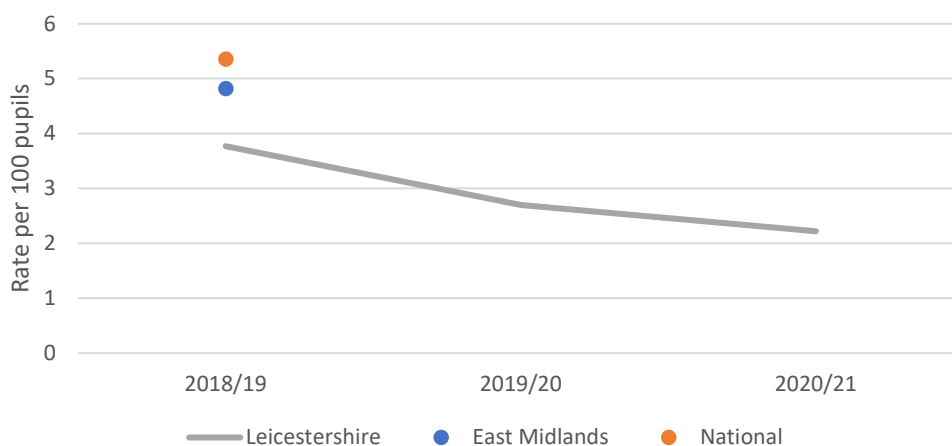
**Figure 36: Children Missing Education and Electively Home Educated in Leicestershire**



**Source: Inclusion service, Leicestershire County Council**

The rate of fixed period exclusions in Leicestershire was below the East Midlands and national average in 2018/19; in Leicestershire the rate has reduced between 2018/19 and 2020/21 (57).

**Figure 37: rate of fixed period exclusions in Leicestershire**

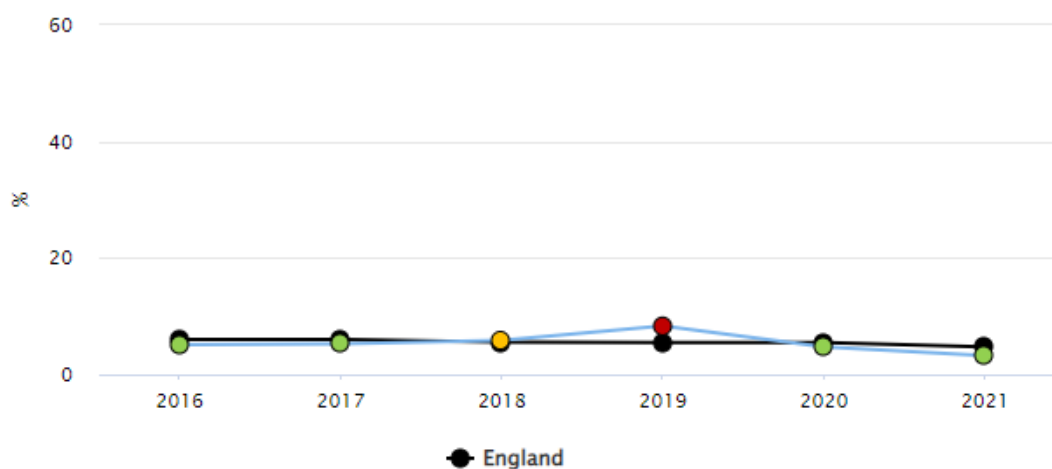


**Source: Inclusion service, Leicestershire County Council**

Not in education, employment, or training at 16-17 years

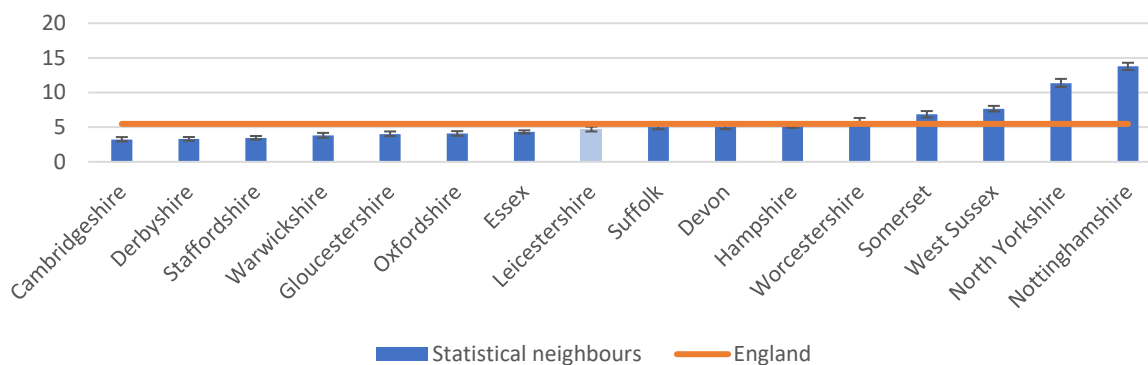
In 2020, 4.7% of 16–17-year-olds in Leicestershire were not in education, employment, or training (NEET) or had an unknown activity; this equates to 660 young people and the percentage is significantly better (lower) than the national average of 5.5%. Leicestershire is 8<sup>th</sup> lowest out of 16 when compared to its 15 statistical neighbours. Looking at the gender split, boys were significantly more likely to be NEET than girls with 4.6% of boys compared to 3.3% of girls.

**Figure 38: Percentage of 16–17-year-olds not in education, employment, or training (NEET) or whose activity is not known in Leicestershire**



Source: Office of Health Improvement & Disparities Fingertips (58)

**Figure 39: Percentage of 16–17-year-olds not in education, employment, or training (NEET) or whose activity is not known in Leicestershire and its statistical neighbours, 2020**

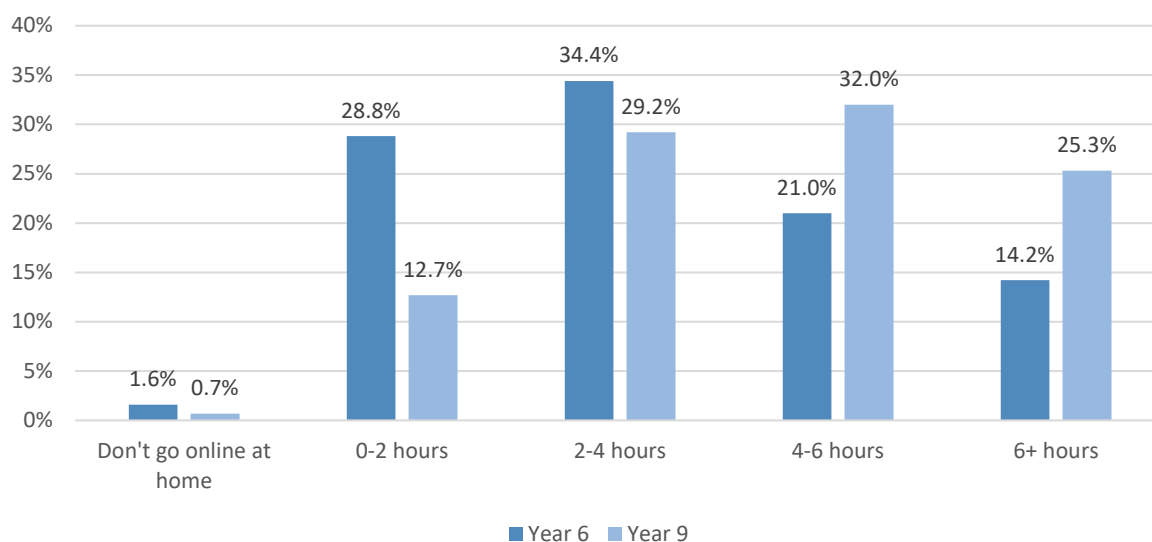


Source: Office of Health Improvement & Disparities Fingertips (58)

## Use of social media

In 2022, the LCC School Safeguarding Survey found that 98.4% of children spent time on the internet each day in year 6 and that 14.2% spent more than 6 hours per day; this increased to 99.3% and 25.3% by year 9 (Figure 40) (49).

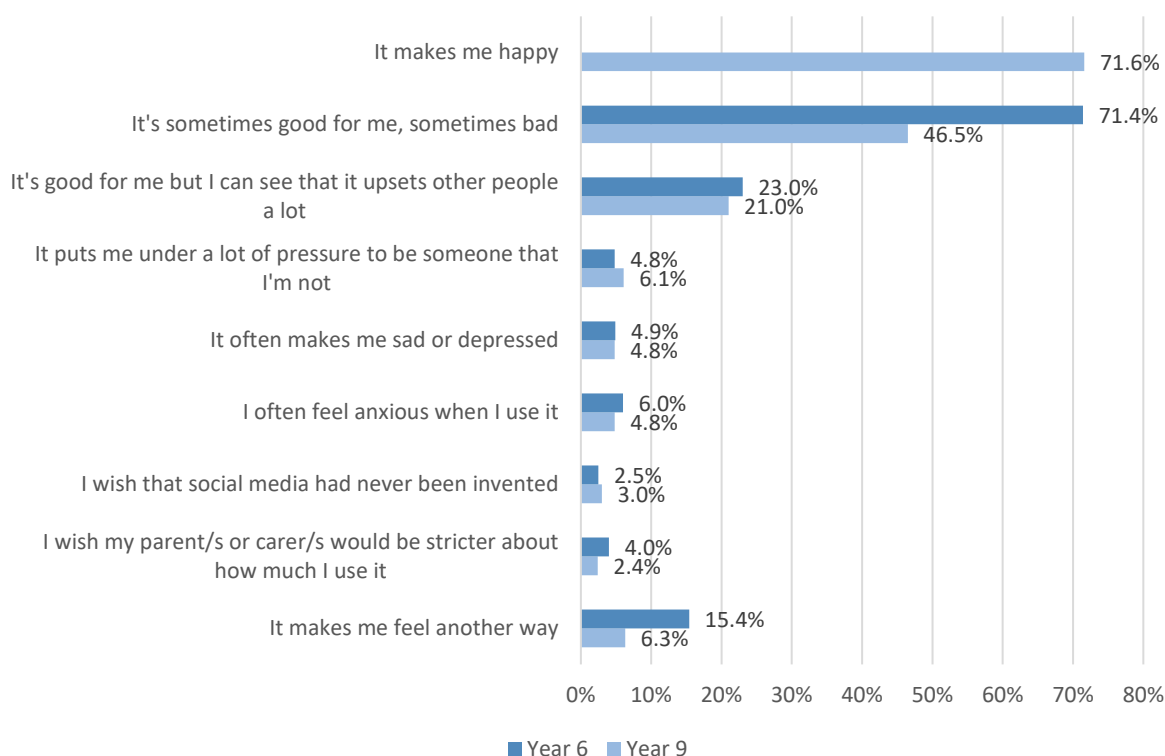
**Figure 40: Length of time usually spent on the internet at home each day (not for schoolwork)**



**Source: LCC School Safeguarding Survey 2022 (49)**

Children and young people had mixed responses when asked how social media, gaming or the internet affected their emotional health. Almost three-quarters of year 9 respondents report that social media makes them feel happy although half also recognise that it sometimes makes them feel good and sometimes bad. Approximately 5% of year 6 and year 9's report feeling sad or depressed, anxious, or feeling pressure to be someone that they are not (Figure 41) (49).

**Figure 41: How social media, gaming or the internet make children and young people feel**



**Source: LCC School Safeguarding Survey 2022 (49)**

**Military families**

Data on service children was collected as part of the school census in 2022, however, parents do not have to disclose their status to schools. Additionally, figures only include pupils attending Leicestershire schools (i.e., not children and young people who live in Leicestershire but attend schools outside Leicestershire or in the independent sector). The number of service children recorded attending Leicestershire schools was approximately 360, the vast majority (over 330) of whom reside in Leicestershire. Table 9 demonstrates that most of these children and young people live in Melton, Charnwood and North West Leicestershire.

**Table 9: Number of service children by district**

District Name	Number of Pupils
Blaby	28
Charnwood	71
Harborough	25
Hinckley and Bosworth	56
Melton	87
North West Leicestershire	68



Oadby and Wigston	<5
Leicester	9
Outside LLR	13
Total	Approx. 360

*Source: Leicestershire School Census, 2022*

#### **2.4. Protective factors that may decrease vulnerability and increase mental wellbeing**

##### High self-esteem

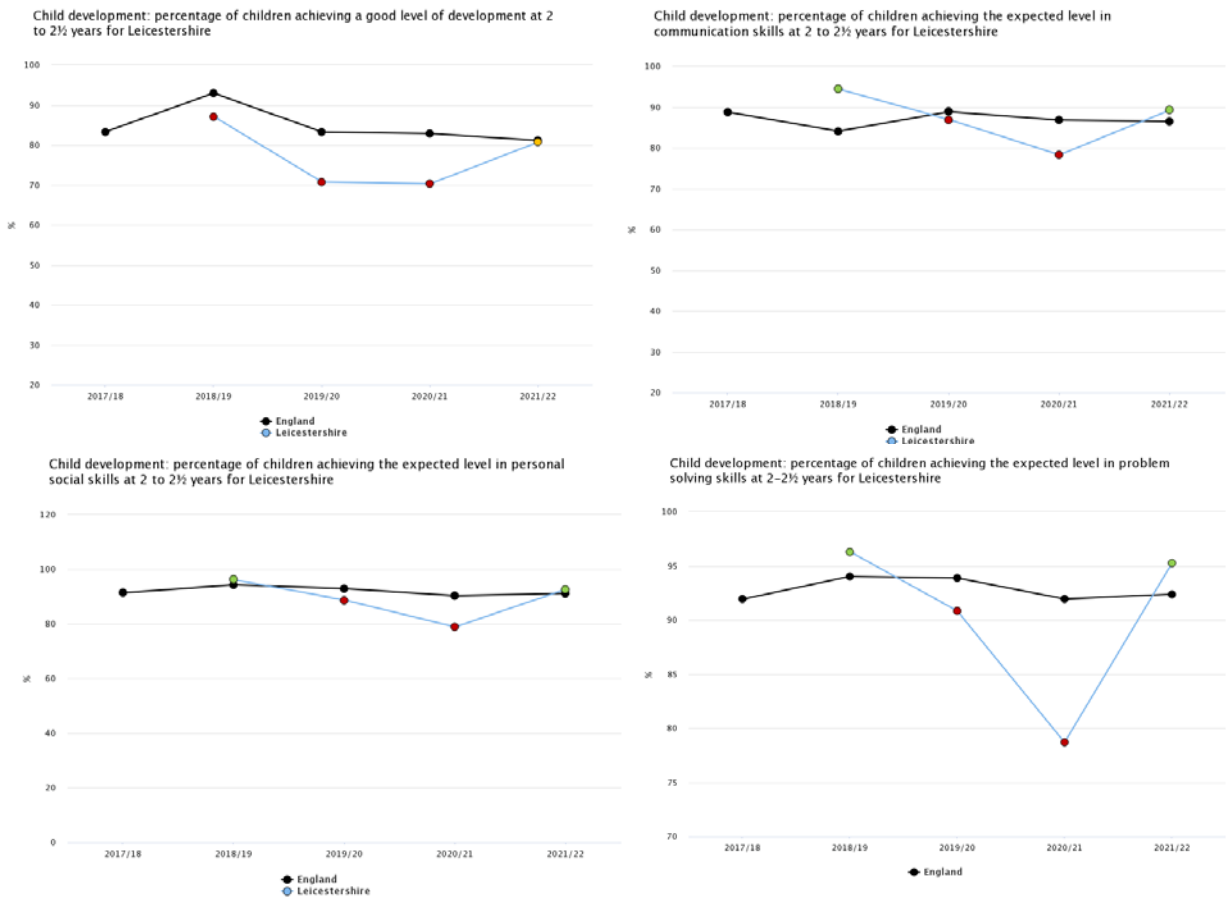
The Health Related Behaviour Survey 2021 found that 34% of pupils in primary school had high self-esteem scores; in Year 6 this was higher in boys (47%) than girls (29%). In secondary school, 29% of respondents reported high self-esteem scores, whilst 8% reported low self-esteem scores.

##### Development of good oral language skills

In 2021/22 80.7% of 2-2.5-year-olds in Leicestershire had achieved a good level of overall development; this is similar to the national average of 81.1%. In communication skills, 89.3% of 2-2.5-year-olds in Leicestershire had achieved the expected level which is significantly better (higher) than the national average of 86.5%. In personal-social skills, 92.6% of 2-2.5-year-olds in Leicestershire had achieved the expected which is also significantly better (higher) than the national average of 91.1%. In problem-solving skills, 95.2% of 2-2.5-year-olds in Leicestershire had achieved the expected level which is significantly better (higher) than the national average of 92.8%. When compared to its 15 statistical neighbours, Leicestershire is 4<sup>th</sup> lowest out of 16 for overall development, however, it is 9<sup>th</sup> lowest out of 16 when considering communication, 8<sup>th</sup> lowest out of 16 for personal social skills and is 5<sup>th</sup> highest out of 16 for problem solving skills.

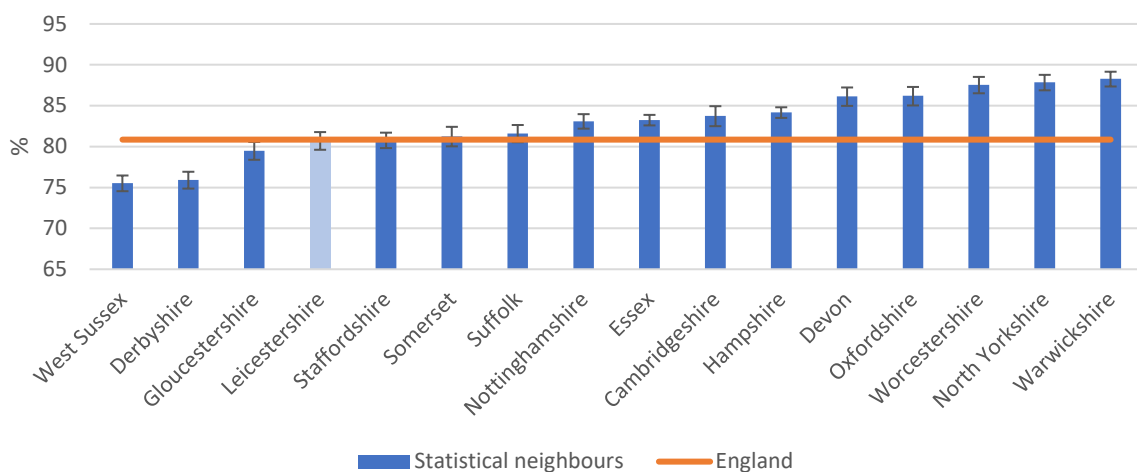
For all four developmental measures, Leicestershire was significantly worse than England in 2019/20 and 2020/21.

**Figure 42: Percentage of 2-2.5-year-olds achieving a good level of development in Leicestershire across the 4 indicators between 2017/18 and 2021/22**



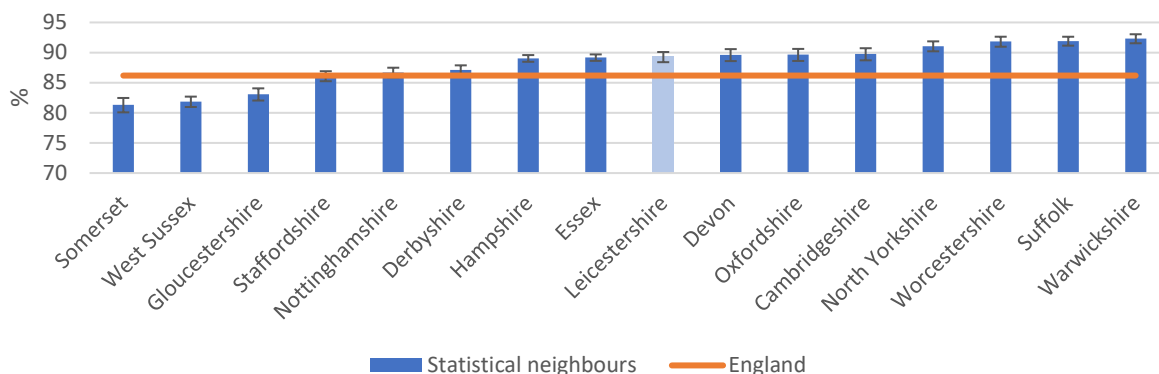
Source: Office of Health Improvement & Disparities Fingertips (42)

**Figure 43: percentage of children achieving a good level of development at 2 to 2½ years in Leicestershire, England and Leicestershire’s statistical neighbours, 2021/22**



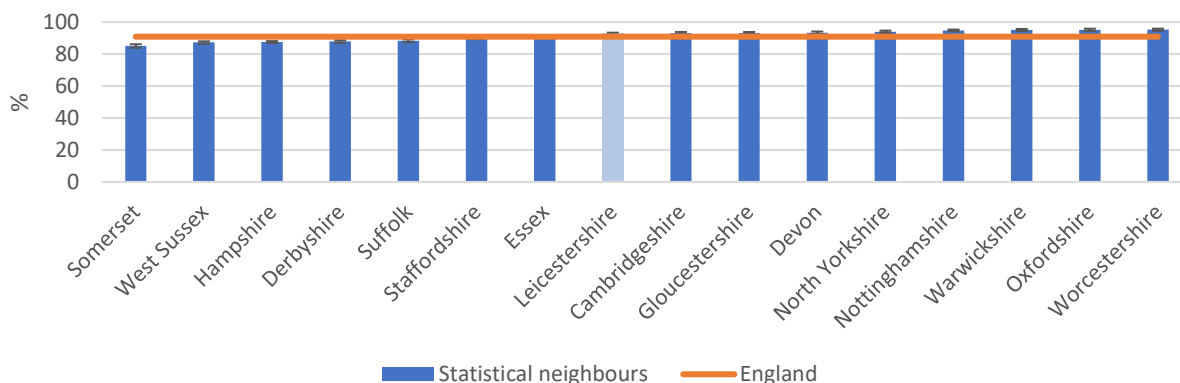
Source: Office of Health Improvement & Disparities Fingertips (42)

**Figure 44: percentage of children achieving the expected level in communication skills at 2 to 2½ years in Leicestershire, England and Leicestershire’s statistical comparators, 2021/22**



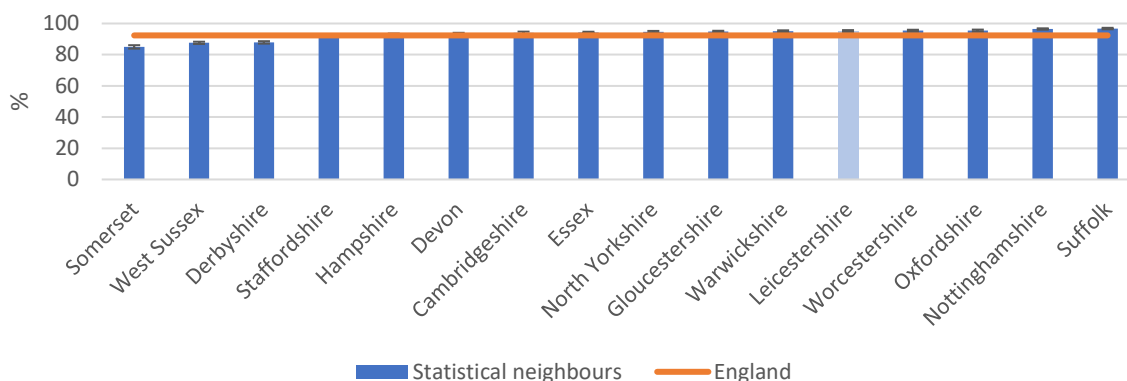
**Source: Office of Health Improvement & Disparities Fingertips (42)**

**Figure 45: percentage of children achieving the expected level in personal social skills at 2 to 2½ years in Leicestershire, England and Leicestershire’s statistical comparators, 2021/22**



**Source: Office of Health Improvement & Disparities Fingertips (42)**

**Figure 46: percentage of children achieving the expected level in problem solving skills at 2-2½ years in Leicestershire and statistical neighbours, 2021/22**



**Source: Office of Health Improvement & Disparities Fingertips (42)**

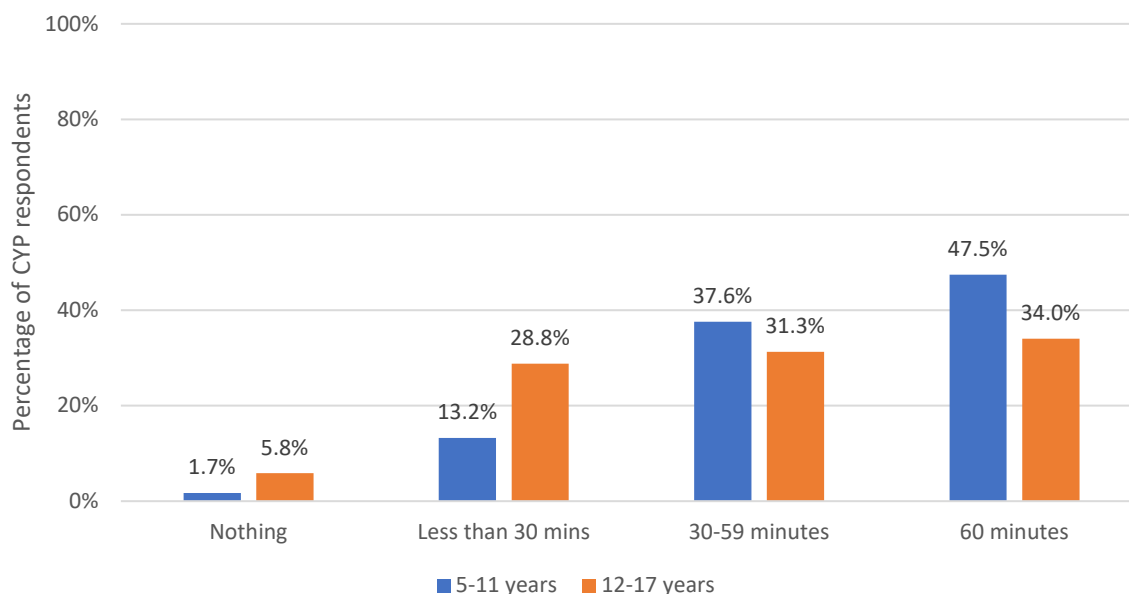
### Sport and physical activity

The Health Related Behaviour Survey 2021 found that 61% of year 6 boys reported that they had taken part in hard exercise on at least 5 days in the previous week; this was lower in girls at 52% (48).

In Year 10 respondents, 51% of boys reported exercising enough to breathe harder and faster on at least 4 days in the previous week, compared to 29% of Year 10 girls. Nine percent of respondents reported that they hadn't exercised hard enough to breathe faster or harder at any point in the previous week (48).

The Active Together Residents' Survey 2022 surveyed 656 parents in Leicestershire; half of 5–11-year-olds and two-thirds of 12-17 year olds had done less than 60 minutes physical activity that made them breathe fast or hot and tired in the past week (Figure 47) (59). Within the survey report no conclusion was made as to how representative of the Leicestershire population the survey was, and so results should be interpreted with caution as they may not be applicable to the rest of the population.

**Figure 47: Percentage of CYP reporting physical activity by age group and total minutes of physical activity in the past week in Leicestershire, 2022**



**Source: Active Together Residents' Survey 2022 (59)**

The Active Lives Children and Young People's Survey for 21/22 (Table 10) found that the proportion of children and young people aged 5-16 years that were considered 'active' (an average of 60 minutes or more a day) in Leicestershire was 51.3% which is above the national

average (47.2%) (60). There was some variation across districts, with Oadby and Wigton having the lowest proportion of active individuals, however, data for Blaby, Harborough and North West Leicestershire were not available.

**Table 10: Sport and physical activity levels for children and young people aged 5-16 years in Leicestershire, Leicestershire Districts and England, 2021/22**

	Active (an average of 60 minutes or more a day)	Fairly active (an average of 30-59 minutes a day)	Less active (less than an average of 30 minutes a day)	Response rate
Blaby	-	-	-	-
Charnwood	54.8%	20.3%	24.9%	299
Harborough	-	-	-	-
Hinckley and Bosworth	55.5%	18.3%	26.2%	188
Melton	52.5%	19.7%	27.8%	238
North West Leicestershire	-	-	-	-
Oadby and Wigston	46.4%	22.1%	31.5%	197
Leicestershire	51.3%	21.4%	27.3%	1166
England	47.2%	22.7%	30.1%	104404

**Source: Active Together**

### Trusted adult in their life

In the Health Related Behaviour questionnaire, over half of primary school children (1371 out of 2325 – 59%) reported that when they had a problem or feel stressed, they talk to someone in their family about it; 25% said they would keep it to themselves. In secondary school respondents, 343 out of 903 (38%) reported that they had someone to talk to in their family if they had a problem or felt stressed; 32% said they would do nothing (47).

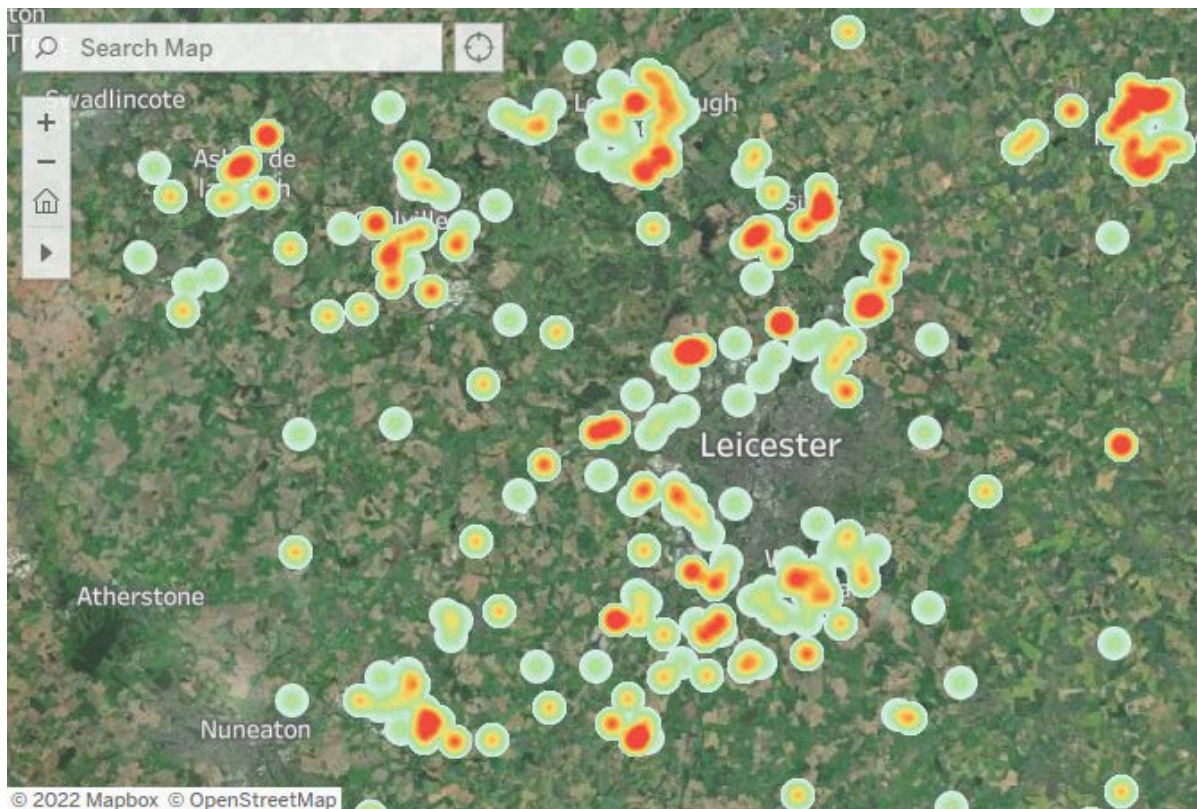
## **2.5. Epidemiology of mental health problems**

In 2022 in England, the Mental Health of Children and Young People in England 2022 survey found that 18.0% of children aged 7 to 16 years and 22.0% of 17- to 24-year-olds had a probable mental health disorder (1). If this prevalence is applied to the Leicestershire population, there would be approximately 14607 children and young people aged 7 to 16

years and 14866 young people aged 17 to 24 years with a probable mental health disorder in Leicestershire.

There were 485 diagnoses of depression in children aged 0-17 years old on primary care records in Leicestershire. The distribution can be seen in Figure 48 below. This number is likely to be an underestimate of all the children living with symptoms of depression.

**Figure 48: Distribution of depression diagnoses recorded on primary care records**



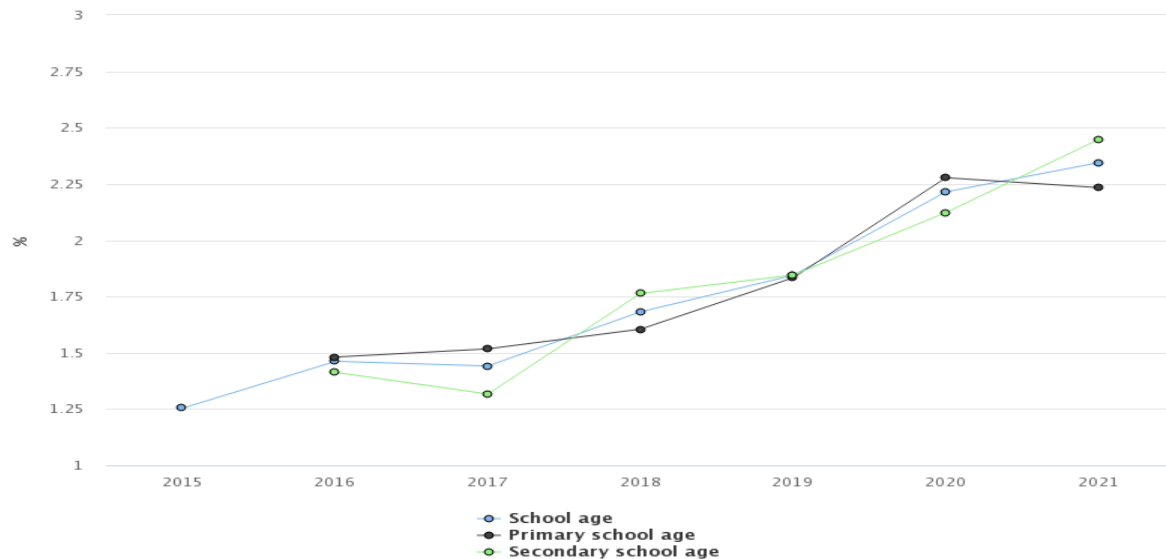
**Source: Aristotle, 2022 (55)**

In 2021, 2.3% of school pupils (2,335 pupils) in Leicestershire had a social, emotional, or mental health need (defined by having a Statement, EHC plan or receiving SEN support); this is significantly better (lower) than the national proportion of 2.8%. Leicestershire has the third lowest (better) rate when compared to its 15 statistical neighbours. There has been a significant worsening (increasing) trend in Leicestershire over the last 5 years and this trend has also been seen nationally (Figure 49) (61).

When splitting by age, 2.2% of primary school pupils and 2.4% of secondary school pupils in 2021 had a social, emotional, or mental health need.

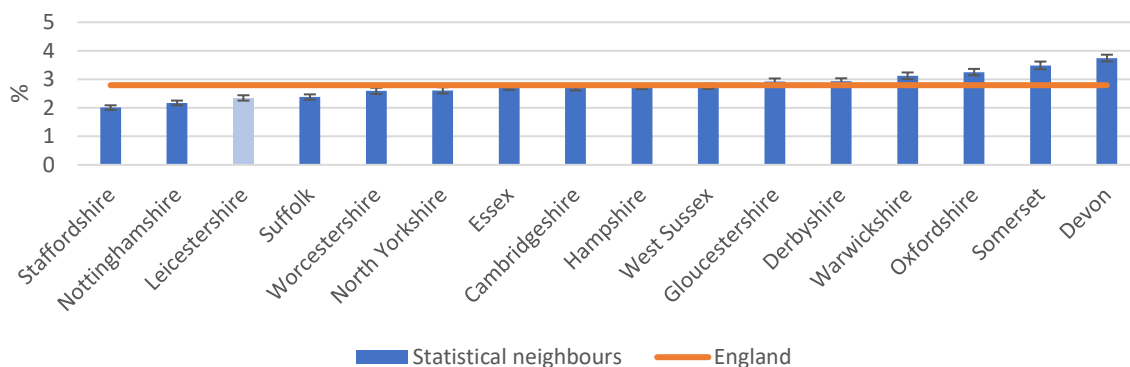
When examining by gender, boys are significantly more likely to have a social, emotional, or mental health need in Leicestershire in 2021 with 3.2% of boys compared to 1.4% of girls; this matches the national pattern.

**Figure 49: Percentage of School Pupils in Leicestershire with social, emotional, or mental health needs. School age, Primary school age and Secondary school age split.**



**Source: Office of Health Improvement & Disparities Fingertips (61)**

**Figure 50: percentage of school pupils with social, emotional, and mental health needs in Leicestershire and statistical neighbours, 2021**



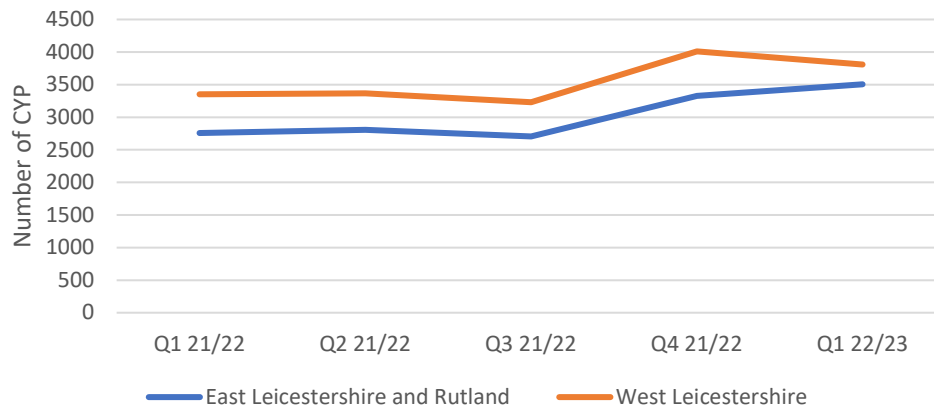
**Source: Office of Health Improvement & Disparities Fingertips (61)**

Community and outpatient services

In the 12 months between Q2 2021-22 – Q1 2022-23, East Leicestershire and Rutland CCG had 3,505 children aged 0-18 attending NHS funded community mental health services; this is 27.2% higher than the rolling year up to Quarter 1 2021/22.

In the 12 months between Q2 2021-22 – Q1 2022-23, West Leicestershire CCG had 3810 children aged 0-18 attending NHS funded community mental health services; this is 13.7% higher than the rolling year up to Quarter 1 2021/22.

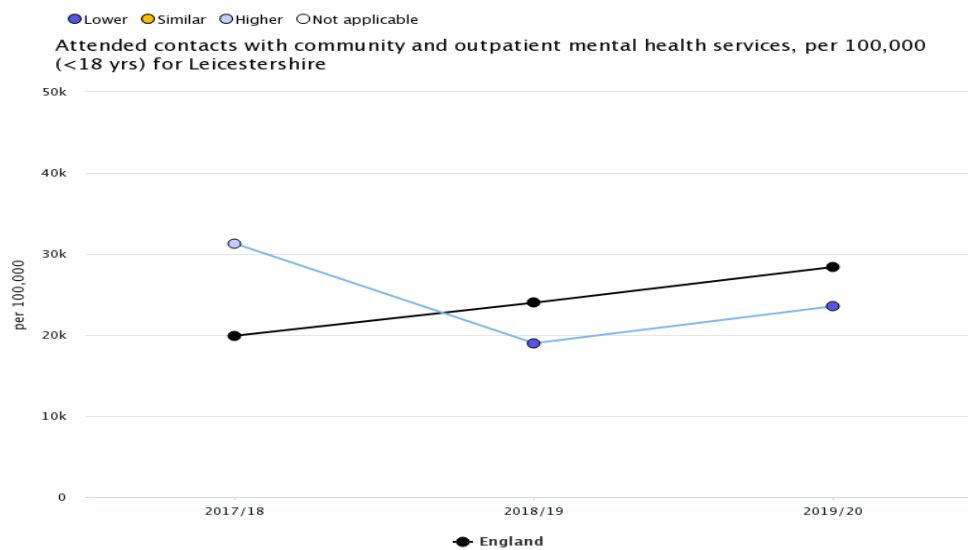
**Figure 51: Number of under 18s accessing NHS funded community mental health services by rolling year in Leicestershire CCGs.**



**Source: NHS Mental health dashboard (62)**

The directly standardised rate of under 18s attended contacts with community and outpatient mental health services in Leicestershire in 2019/20 was 23,551 per 100,000 population under 18; this equates to 32,670 attended contacts in 2019/20. This is significantly lower than the England average of 28,395 per 100,000 population under 18 but about average when compared to statistical neighbours.

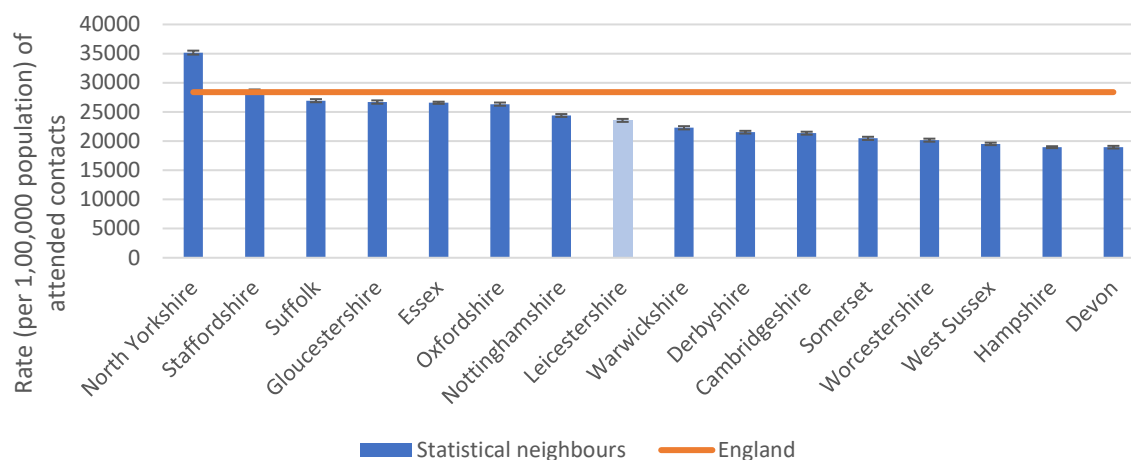
**Figure 52: Rate of under 18 attended contacts with community and outpatient mental health services in Leicestershire**



**Source: Office of Health Improvement & Disparities Fingertips (63)**



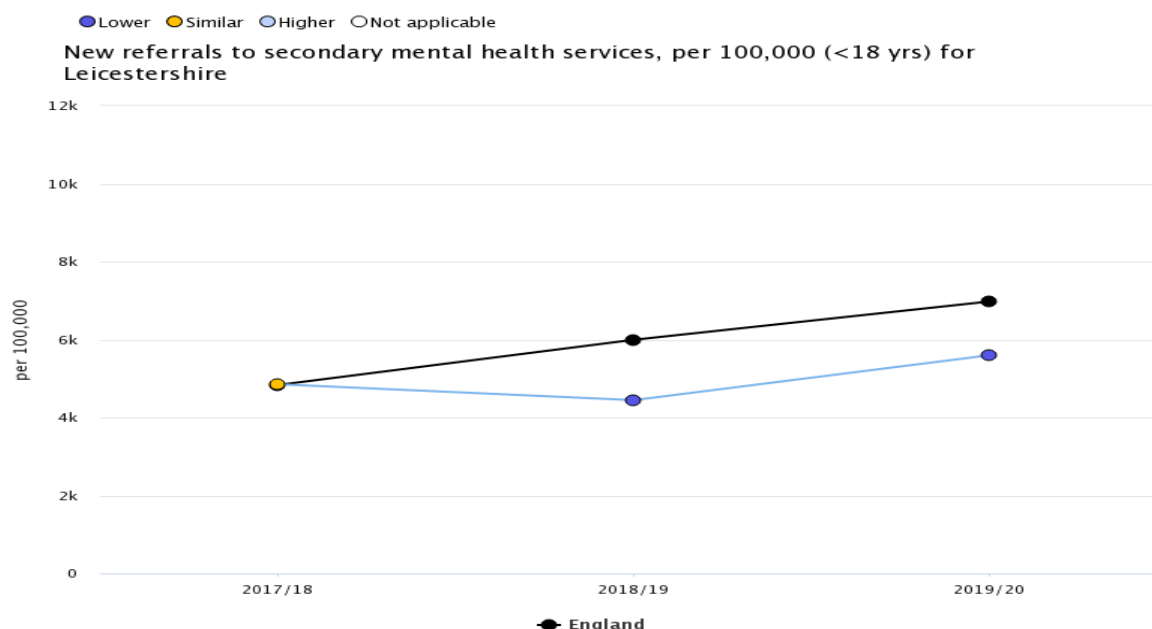
**Figure 53: Attended contacts with community and outpatient mental health services, per 100,000 in Leicestershire and statistical neighbours, 2019/20**



**Source: Office of Health Improvement & Disparities Fingertips (63)**

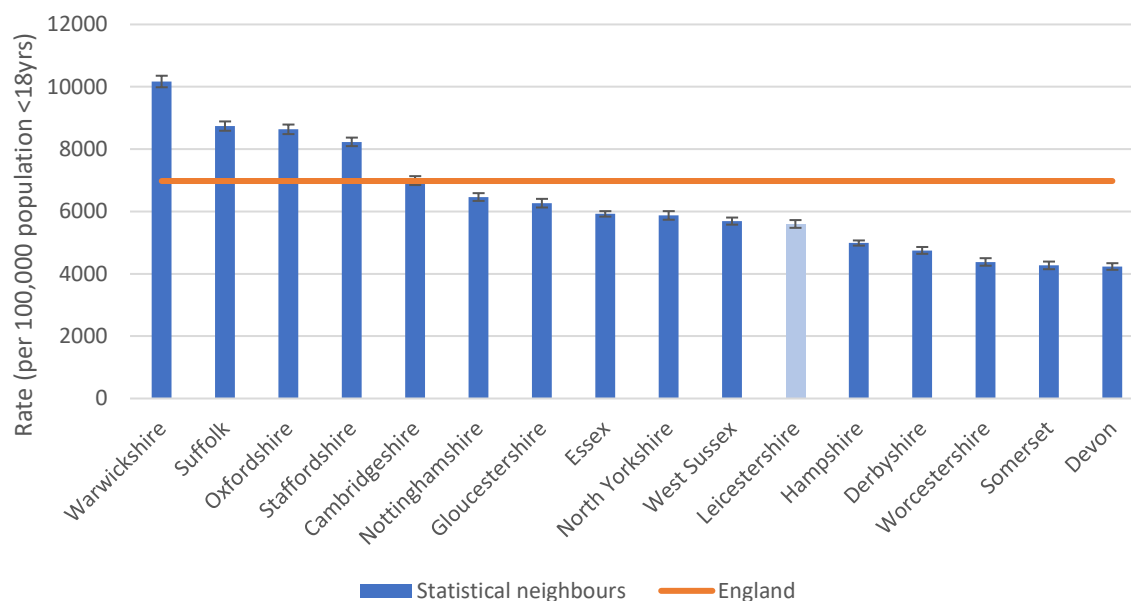
The directly standardised rate of new under 18s referrals to secondary mental health services in Leicestershire in 2019/20 was 5,598 per 100,000 population under 18; this is significantly lower than the national rate of 6,977 per 100,000 population under 18 but is 6<sup>th</sup> lowest out of 16 when compared to its 15 statistical neighbours. Both locally and nationally, the rate of referrals has risen between 2017/18 and 2019/20.

**Figure 54: Rate of new under 18 referrals to secondary mental health services in Leicestershire**



**Source: Office of Health Improvement & Disparities Fingertips (63)**

**Figure 55: Rate of new under 18 referrals to secondary mental health services, per 100,000 aged under 18 in Leicestershire and statistical neighbours, 2019/20**



**Source: Office of Health Improvement & Disparities Fingertips (63)**

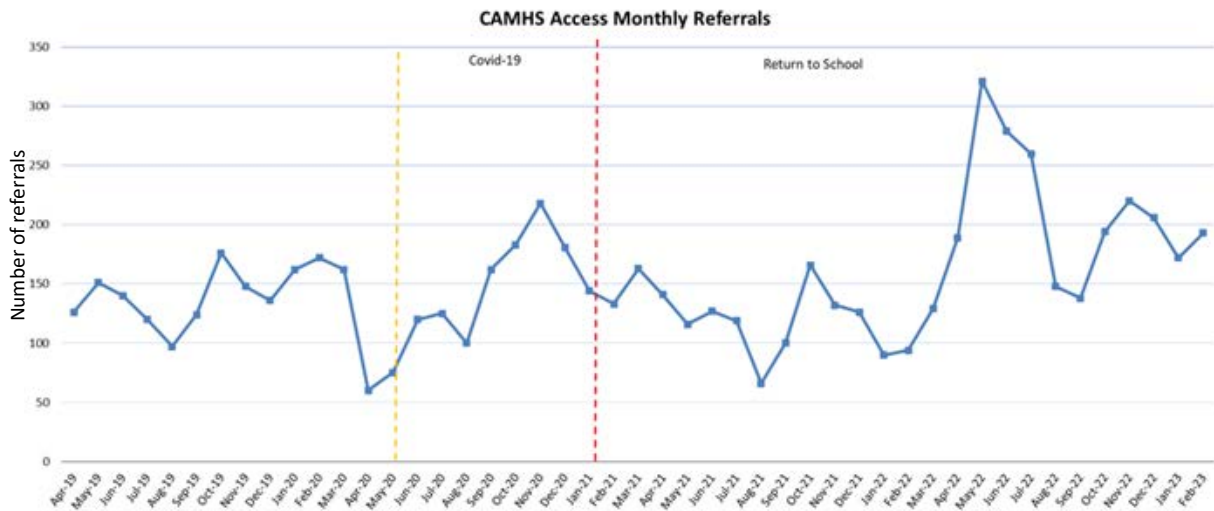
There are two main front doors to CAMHS services: CAMHS access and CAMHS crisis; some specialist teams such as the Young People’s Team and Eating Disorders Team also receive some referrals directly. Within CAMHS there are two distinct functions:

- Managing moderate to severe mental health difficulties
- Neurodevelopmental assessment and post diagnostic support (for secondary school age children. Children of primary school age are diagnosed and managed by community paediatrics). The neurodevelopmental pathway has some touchpoints to mental health but is separate and should not be considered a mental health service.

Referrals via CAMHS access totalled 1698 in 2021/22 and reached 2552 in the first 11 months of 2022/23 (Figure 56). The proportion of routine referrals (compared to urgent) has also increased, at 79% in 2021/22 and 84% in 2022/23. During the pandemic, referrals across the system increased (both mental health and neurodevelopmental pathways). Referrals for mental health services are now reducing back to baseline, however, this is not the case for neurodevelopmental referrals which continue at a higher than baseline level.

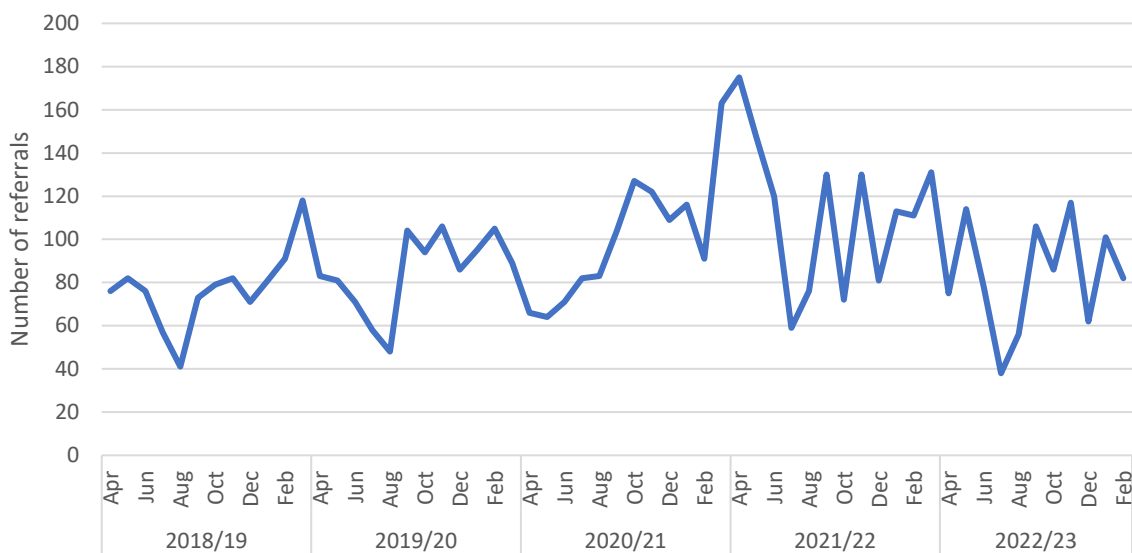
CAMHS Crisis referrals rose by almost 50% between 2018/19 and 2021/22; referrals in 2022/23 were closer to pre-pandemic levels (Figure 57).

**Figure 56: CAMHS Access monthly referrals**



**Source: CAMHS**

**Figure 57: CAMHS Crisis monthly referrals**



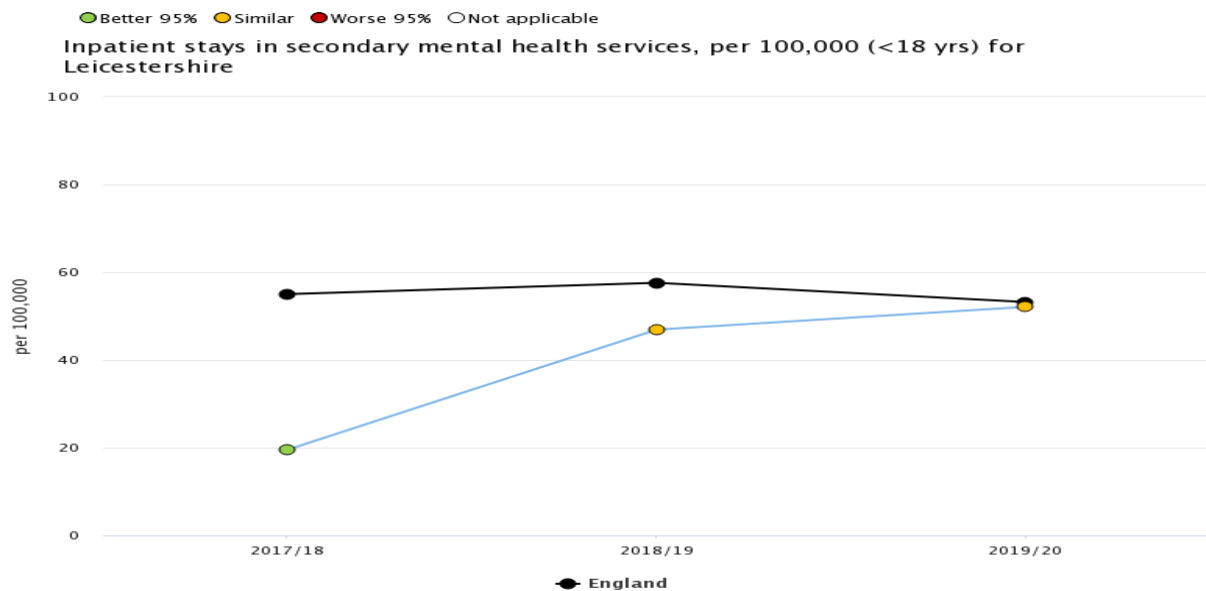
**Source: CAMHS**

Inpatient care

The directly standardised rate of under 18s inpatient stays at secondary mental health services in Leicestershire in 2019/20 was 52 per 100,000 population under 18, equating to 70 stays; this is statistically similar to the national rate of 53 per 100,000 population under 18 and is the second highest (worst) when compared to its 15 statistical neighbours. The rate of inpatient stays in Leicestershire has risen more steeply between 2017-18 and 2019/20 than the national average.

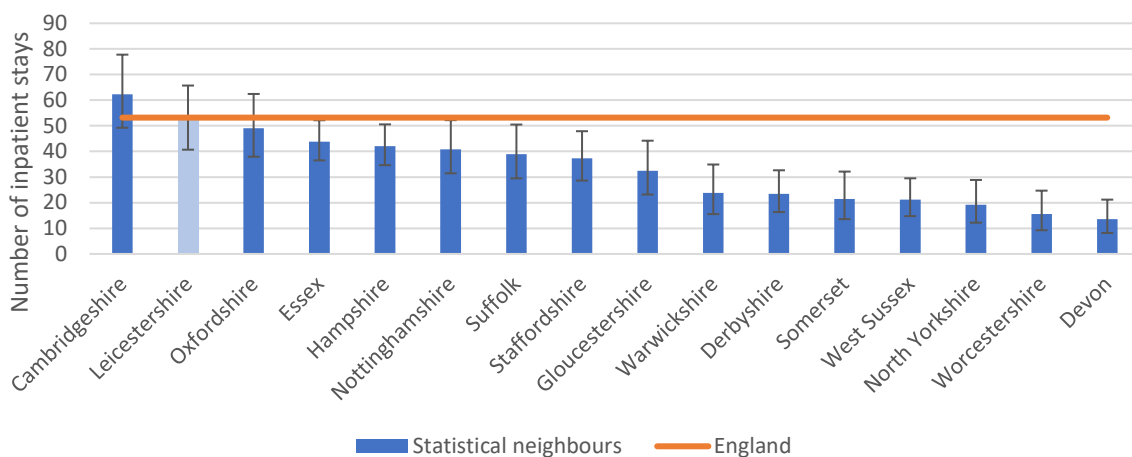
In Leicestershire, community, and outpatient attendance, as well as secondary care referrals are below the national average (Figure 52 and Figure 54); it is therefore interesting that inpatient stays are similar to the national average (Figure 58), suggesting that inpatient stays are proportionally higher in Leicestershire compared to outpatient care.

**Figure 58: Rate of under 18 inpatient stays at secondary mental health services in Leicestershire**



Source: Office of Health Improvement & Disparities Fingertips (63)

**Figure 59: Rate of under 18 inpatient stays in secondary mental health services, per 100,000 population aged under 18 years in Leicestershire and statistical neighbours, 2019/20**



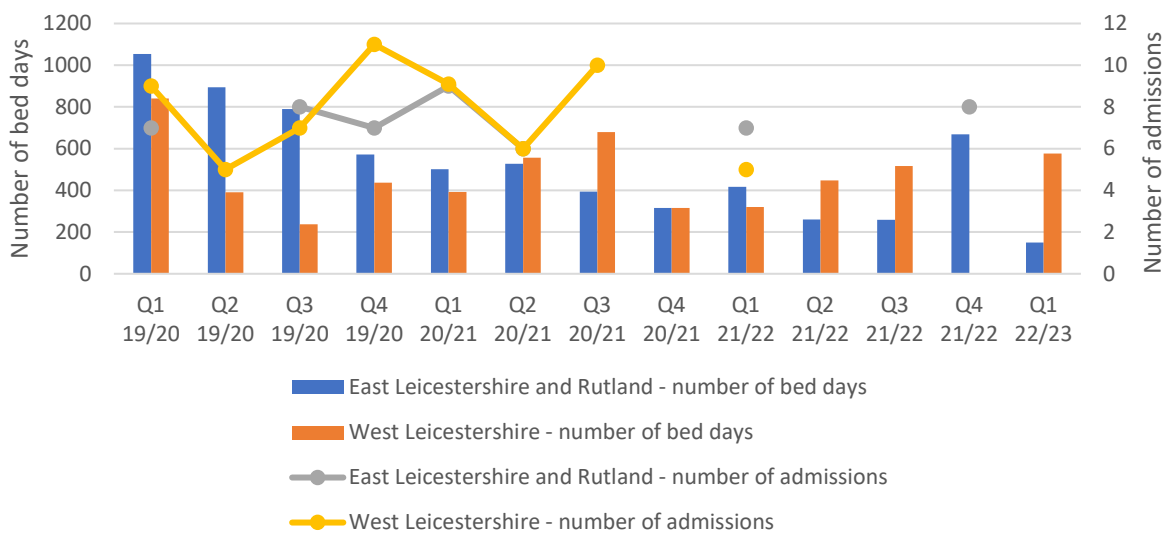
Source: Office of Health Improvement & Disparities Fingertips (63)

In Quarter 1 2022/23, East Leicestershire and Rutland sub-ICB had 150 bed days used by under 18s in child and adolescent mental health service tier 4 wards which is 64.0% lower than

Quarter 1 2021/22. The number of admissions was suppressed. West Leicestershire sub-ICB had 557 bed days used by under 18s in child and adolescent mental health service tier 4 wards which is 64.9% higher than Quarter 1 2021/22 (62). Again, the number of admissions was suppressed.

In West Leicestershire, there were 65 bed days in adult wards for children and young people between quarter 4 20/21 and quarter 2 21/22; the number of admissions were suppressed. This is the only time in either sub-ICB where children and young people were admitted onto adult wards.

**Figure 60: Number of bed days and number of admissions for CYP under 18 in CAMHS tier 4 wards in Leicestershire CCGs between 2019/20 and 2022/23 by Quarter**



**Source: NHS Mental health dashboard (62)**

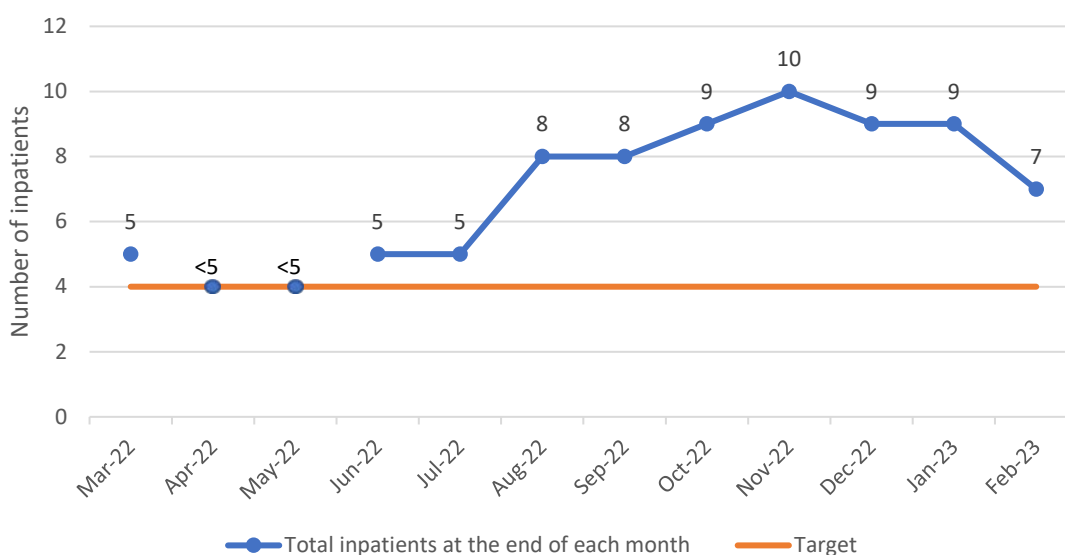
Of note, there were almost 100 inpatient admissions for children and young people living in LLR between January 2021 and February 2023; over half of these had a diagnosed neurodevelopmental condition and total inpatients at the end of each month were consistently above target (see Table 11 and Figure 61). Anecdotally, admissions in this cohort were often necessary due to escalation of risk behaviours and limited support in the community to manage this. The Dynamic Support Pathway was launched in November 2021 for individuals with autism a learning disability or both, to identify concerns and take steps to provide additional support to prevent further deterioration and any escalation.

**Table 11: number of inpatients with neurodevelopmental disorders or a learning disability (January 2021 – February 2023)**

Neurodevelopmental condition	Number of inpatients
No neurodevelopmental condition	18
Autism spectrum disorder (ASD)	35
Attention deficit hyperactivity disorder (ADHD)	45
Learning disability	<5

Source: CAMHS

**Figure 61: total inpatients at the end of each month, March 2022 to February 2023**

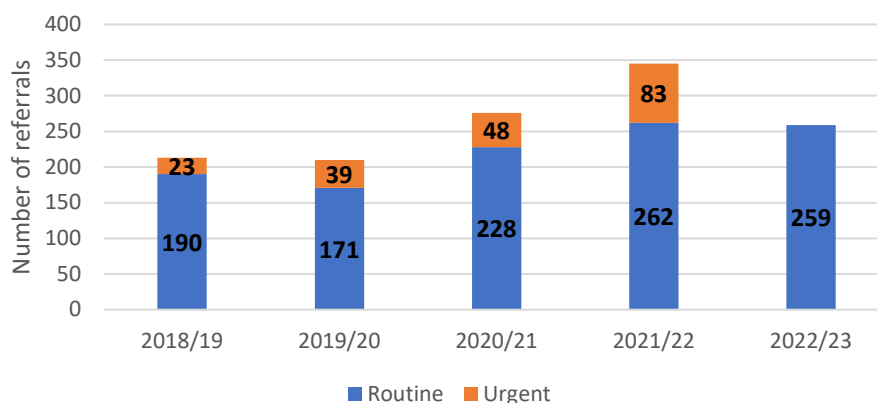


Source: CAMHS

### Eating disorders

Referrals to CAMHS eating disorder team increased by approximately 60% (132 referrals) between 2019/20 and 2021/22 and stabilised in 2022/23 (Figure 62). Urgent referrals more than tripled between 2018/19 and 2021/22; data is not available for 2022/23. The proportion of urgent referrals rose over the same time frame (approx. 10% in 2018/19 compared to 25% in 2021/22).

**Figure 62: Number of routine and urgent referrals to the Eating Disorders service across LLR, 2018/19 to 2022/23**



**Source: CAMHS**

The rising trend in eating disorders in Leicestershire reflects the trend seen in the NHS Digital mental health of children and young people in England surveys, where the rate of possible eating disorders increased between 2017 and 2021, stabilising in 2022 (1).

In the 12 months between Q2 2021-22 – Q1 2022-23, East Leicestershire and Rutland sub-ICB saw 82.6% of urgent eating disorder referrals for children and young people within 1 week, this is 15.9 percentage points higher than the rolling year up to Quarter 1 2021/22. This percentage does not meet the NHS Standard of 95% set for 2022/23 but is above the national average (68.1%) and LLR overall (at 85%) is second highest when compared to other ICBs in the East Midlands (Table 12).

In the 12 months between Q2 2021-22 – Q1 2022-23, West Leicestershire sub-ICB saw 86.4% of urgent eating disorder referrals for children and young people within 1 week, this is 27.1 percentage points higher than the rolling year up to Quarter 1 2021/22. This percentage does not meet the NHS Standard of 95% set for 2022/23 but is above the national average (68.1%) and LLR overall (Table 12).

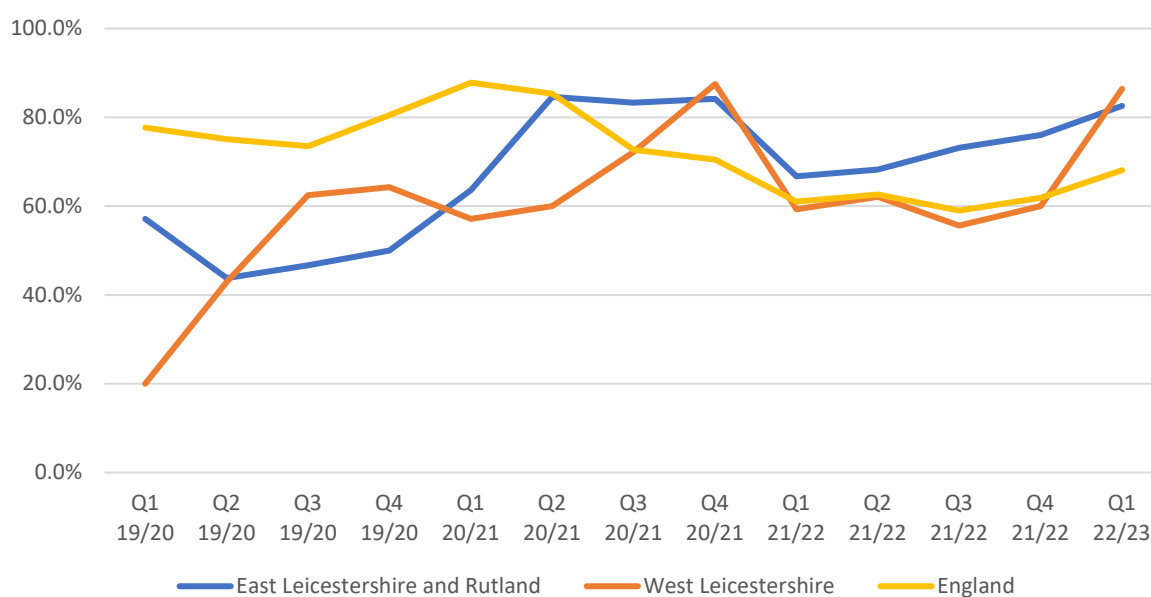
This data is unable to tell us whether the lower levels of urgent referrals achieved within one week are due to increased demand or reduced capacity in the system. However, nationally the proportion of children with possible eating problems has increased substantially since 2017: 6.7% to 13% in 11–16-year-olds, and 44.6% to 58.2% in 17–19-year-olds.

**Table 12: percent of CYP with eating disorders seen within 1 week by East Midland ICB, Q2 2021-22 - Q1 2022-23**

ICB Location	Percent of young people seen within 1 week	12-month percent point difference
Derby and Derbyshire	48.6%	- 46.0%
Leicester, Leicestershire and Rutland	85.0%	+ 27.6%
Lincolnshire	80.0%	- 12.9%
Northamptonshire	44.6%	- 1.7%
Nottingham and Nottinghamshire	90.5%	+ 28.0%
England	68.1%	+7.1%

**Source: NHS mental health dashboard (62)**

**Figure 63: Percentage of Urgent CYP eating disorder referrals seen within one week in Leicestershire sub-ICBs and England**



**Source: NHS Mental health dashboard (62)**

In the 12 months between Q2 2021-22 – Q1 2022-23, East Leicestershire and Rutland sub-ICB saw 33.3% of routine eating disorder referrals for children and young people within 4 weeks, which is 21 percentage points lower than the rolling year up to Quarter 1 2021/22. This percentage does not meet the NHS Standard of 95% set for 2022/23, is well below the national average (68.9%) and is amongst the lowest ICBs in the East Midlands (Table 13).



In the 12 months between Q2 2021-22 – Q1 2022-23, West Leicestershire sub-ICB saw 27.9% of routine eating disorder referrals for children and young people within 4 weeks, this is 45.3 percentage points lower than the rolling year up to Quarter 1 2021/22. This percentage does not meet the NHS Standard of 95% set for 2022/23 and, again, is well below the national average (68.9%) and is amongst the lowest ICBs in the East Midlands (Table 13).

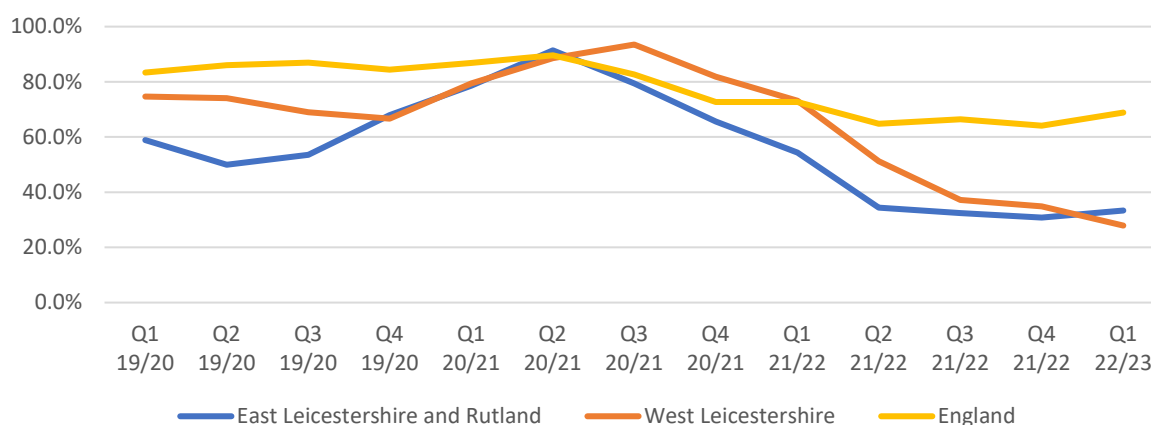
Again, this data is unable to tell us whether the lower levels of routine referrals achieved within four weeks are due to increased demand or reduced capacity in the system. However, as noted above, nationally the proportion of children with possible eating problems has increased substantially since 2017: 6.7% to 13% in 11–16-year-olds, and 44.6% to 58.2% in 17–19-year-olds.

**Table 13: percent of CYP with eating disorders seen within 4 weeks by East Midland ICB, Q2 2021-22 - Q1 2022-23**

ICB Location	Percent of young people seen within 4 weeks	12-month percent point difference
Derby and Derbyshire	64.0%	- 26.9%
Leicester, Leicestershire and Rutland	29.0%	- 32.1%
Lincolnshire	48.7%	- 26.7%
Northamptonshire	19.7%	- 29.1%
Nottingham and Nottinghamshire	69.7%	- 15.7%
England	68.9%	-3.8%

*Source: NHS Mental health dashboard (62)*

**Figure 64: Percentage of routine CYP eating disorder referrals seen within four weeks in Leicestershire sub-ICBs and England**



*Source: NHS England Mental health dashboard (62)*

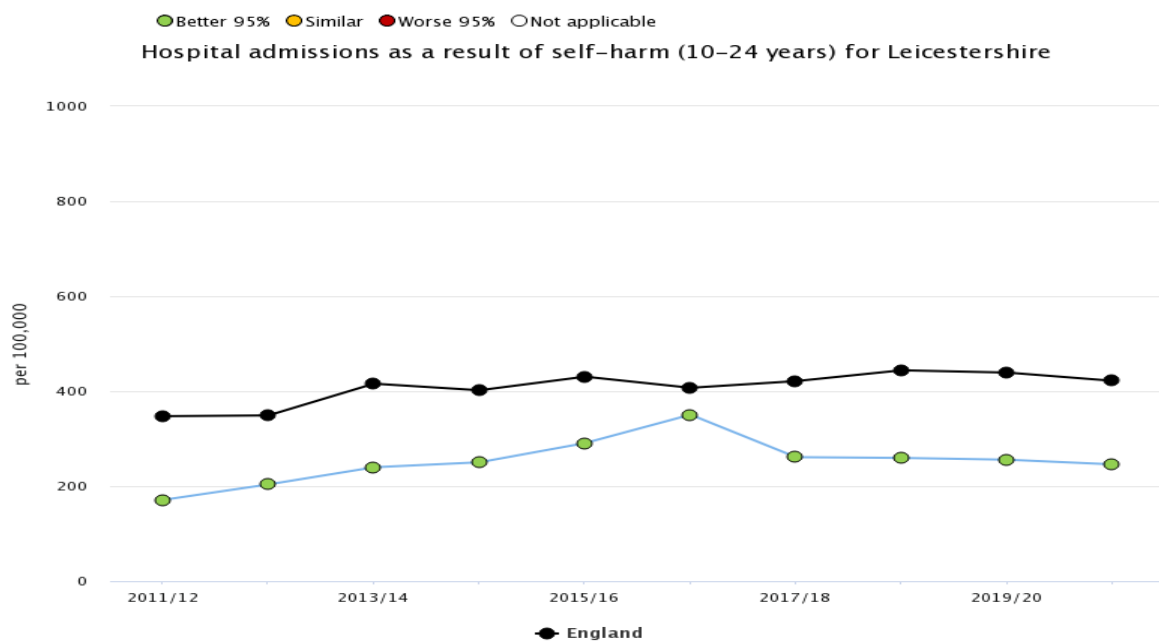
### Self-harm

The Health Related Behaviour Survey 2021 found that 25 out of 149 (17%) of year 10 girls reported that they would cut or hurt themselves if they have a problem or feel stressed; 14 out of 211 (7%) of year 8 girls reported the same. It is important to note the small numbers in this sample and thus results should be interpreted with caution.

In 2020/21, the admission rate for self-harm in 10–24-year-olds in Leicestershire was 245.9 per 100,000 population aged 10-24; this equates to 310 finished admission episodes and is significantly lower than the national rate of 421.9 per 100,000 population aged 10-24 and is the lowest (best) when compared to statistical neighbours. Over the last 5 time periods, the rate of admissions in Leicestershire has significantly improved (decreased) whereas nationally there has been no significant trend.

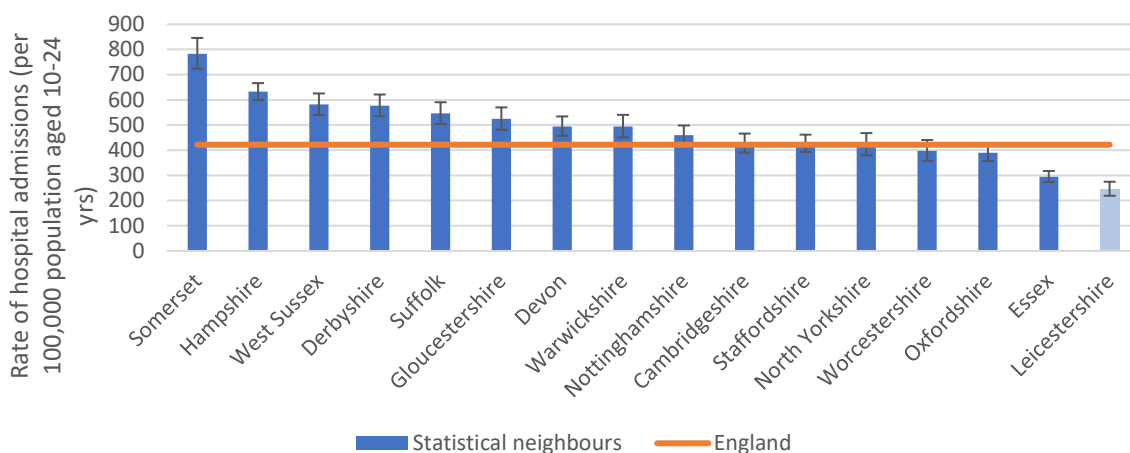
The female self-harm admission rate in Leicestershire is significantly higher than the male rate at 403.5 per 100,000 females aged 10-24 compared to the male rate of 101.7 per 100,000 males aged 10-24. The national pattern also has a higher female admission rate.

**Figure 65: Rate of Hospital admission as a result of self-harm aged 10-24 years in Leicestershire between 2011/12 and 2020/21**



**Source: Office of Health Improvement & Disparities Fingertips (42)**

**Figure 66: Rate of hospital admissions as a result of self-harm (10-24 years) in Leicestershire and statistical neighbours, 2020/21**



**Source: Office of Health Improvement & Disparities Fingertips (42)**

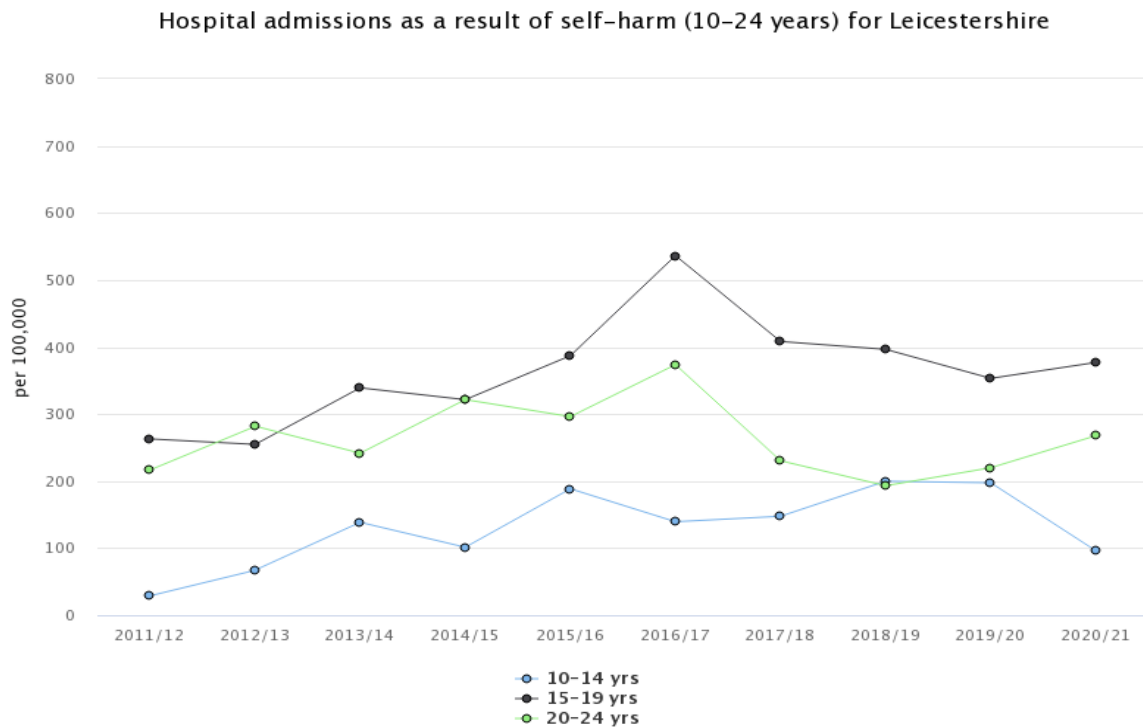
When examining by more specific age bands, in 2020/21 15–19-year-olds have the highest self-harm admission rate in Leicestershire with 376.9 per 100,000 population aged 15-19 years; this is significantly lower than the national rate of 652.6 per 100,000 aged 15-19 years and lowest (best) when compared to statistical neighbours. 15–19-year-olds in Leicestershire have had the highest self-harm admission rate since 2015/16, this age group includes the age group taking national exams, the end of school and the first year of university life events which can be stressful.

The next highest age band is 20–24-year-olds at 267.7 per 100,000 aged 20-24 years; this is significantly lower than the national rate of 401.8 per 100,000 aged 20-24 years and lowest (best) when compared to statistical neighbours.

10–14-year-olds have the lowest rate at 96.0 per 100,000 10-14-year-olds; this is significantly lower than the national rate of 213.0 per 100,000 aged 10-14 years and lowest (best) when compared to statistical neighbours.

It should be noted that not all self-harm will result in hospital admissions and as such this figure will be an underestimate of how many 10–24-year-olds in Leicestershire self-harm.

**Figure 67: Rate of Hospital admission as a results of self-harm ages 10-24 years in Leicestershire. Age split**



**Source: Office of Health Improvement & Disparities Fingertips (64)**

### Suicide

Local police data shows that between August 2015 and April 2021 there have been 10 suicides in under 18s in Leicestershire; these children and young people aged between 13 and 17 (median 16 years), 60% were male, 60% had a previous history of attempted suicide or self-harm, however, only 40% were in contact with mental health services.

The LLR Child Death Overview Process Thematic Review identified the following risk factors for suicide deaths occurring between 2017 and 2020 (65):

- Diagnosed or suspected neurodevelopmental issues – those leading to rigid or impulsive thinking patterns;
- The impact of parental separation on children and young people;
- The impact of Adverse Childhood Experiences;
- Perceived pressure at schools, with private schools featuring quite prominently;
- Many of the young people had at some point expressed an intention to kill themselves.

### **3. How does this impact?**

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#### **3.1. Impacts on the individual**

Children and young people who experience ACEs and mental health problems have an increased risk of other problems in later life, as outlined below.

##### Educational attainment

Evidence demonstrates that health and education are closely associated; pupils with better health and wellbeing are more likely to achieve academically. For example, children with better emotional wellbeing at age 7 were more likely to be successful at key stage 2 (average of more than one term's additional progress), compared to children with poorer wellbeing. Additionally, children who had no attention skills problems at age 13 were more likely to score better at GCSE (average of an additional grade A\* GCSE) compared to those with attention problems (66).

##### Antisocial behaviour

There is an association between mental health and anti-social behaviour; a 2007 study found that a third of young people given an anti-social behaviour order had a mental health problem or learning disability (66).

##### Risky behaviour

Children and young people who have experienced four or more ACEs are three times more likely to smoke in adulthood and five times as likely to have had underage sex compared to those who have experienced no ACEs (11).

An Australian study found that 25% of children and young people aged 13-17 years old with major depressive disorder had smoked cigarettes in the previous 30 days compared to 7% in children and young people without mental health problems (67).

##### Drug and alcohol misuse

Children and young people who have experienced four or more ACEs are twice as likely to binge drink and have a poor diet in adulthood compared to those who have experienced no ACEs. They are also 11 times more likely to have used illicit drugs in adulthood (11).

Children and young people aged 13-17 years old with major depressive disorder were twice as likely to have binge drunk in the past month (28% vs 12%) and were almost twice as likely to have drunk alcohol in the last 30 days (one-third vs 18%). A similar pattern can be seen with cannabis (13% compared to 5%) and other drugs (4-6% compared to 1%) (67).

### Teenage pregnancy

Children and young people who have experienced four or more ACEs are six times more likely to have an unplanned teenage pregnancy compared to those who have experienced no ACEs (11).

### Involvement in criminal activity

Children and young people who have experienced four or more ACEs are seven times more likely to have been involved in violence and 11 times more likely to have been incarcerated in adulthood compared to those who have experienced no ACEs (11).

### Placement instability

Mental health difficulties and externalising behaviours in children in care are strong predictors of placement instability and disruption and can lead to poorer wellbeing outcomes (68).

### Mental health problems in adulthood

Children and young people who have experienced four or more ACEs are four times as likely to have low levels of mental wellbeing and life satisfaction in adulthood compared to those who have experienced no ACEs (11).

Approximately one-third of mental health conditions diagnosed in adulthood are known to directly relate to ACEs and additionally, research has shown that 50% of long term mental health disorders in adults will present by the age of 15 and increases to 75% by the age of 24 (excluding dementia) (2) (11).

### Reduced life expectancy

On average, the life expectancy of individuals with mental health disorders is reduced by between 7 and 25 years; this is predominantly due to associated physical illnesses, but also

includes reductions due to deaths by suicide and complications of drug and alcohol related disorders. In individuals with schizophrenia or bipolar disorder, 60% of excess deaths are thought to be preventable (69).

### **3.2. Impacts on the family**

Severe mental illness of a family member can have multiple impacts on other family members, for example (70):

- Physical health problems (sleeplessness, headache, and extreme tiredness)
- Psychological health problems (depression and other mental health problems)
- Socioeconomic drift (higher divorce rates and greater food insecurity)
- Impacts on children (poorer school performance, nutritional problems, and higher mortality).

Further, there is evidence that children who have experienced ACEs are more likely to have parents who also experienced ACEs, referred to the 'intergenerational transmission of adversity'. This transmission has been reported in relation to mental health, substance misuses and exposure to violence and one study suggests that up to a third of parents who were maltreated as children go on to maltreat their own children (11).

### **3.3. The cost of mental health problems**

In 2019, 10.3 million individuals were experiencing poor mental health and depression alone was the third biggest cause of disability in the UK. Poor mental health costs approximately £118 billion per year in the UK, 6% of which is thought to be due to poor mental health in children and young people (£7.15 billion in those aged 0-14 years old); this estimate is highly conservative and doesn't include dementia, intellectual disabilities, alcohol or substance misuse, self-harm or suicide (71).

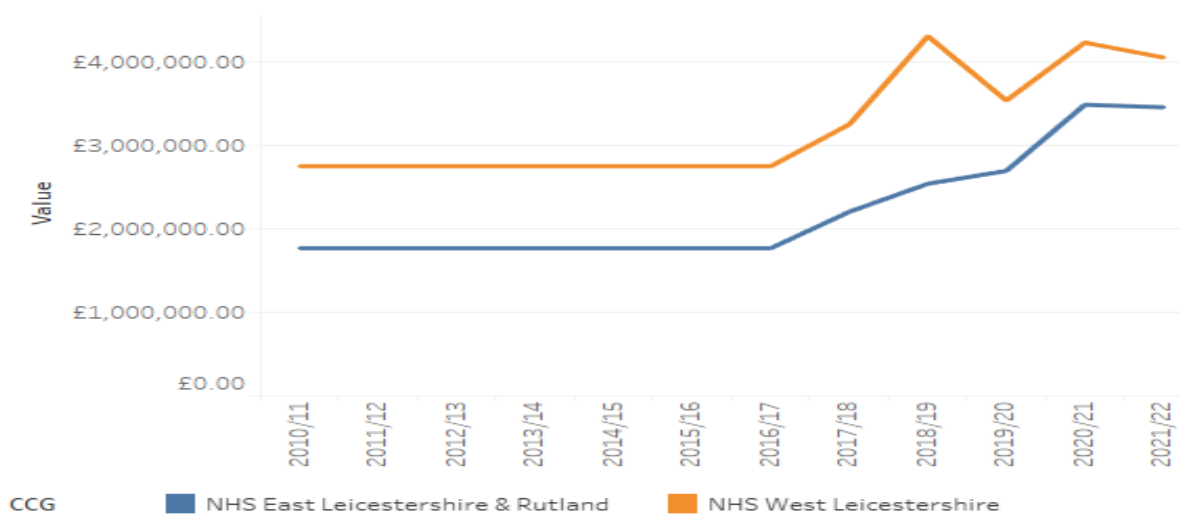
#### Local costs

In 2021/22 East Leicestershire and Rutland CCG had a spend of £3.5 million on child and young person mental health services (excluding learning disabilities and eating disorders) this is 0.9% lower than the 2020/21 but has increased overall since 2015/16 (Figure 68).

In 2021/22 West Leicestershire CCG had a spend of £4.1 million on child and young person mental health services (excluding learning disabilities and eating disorders) this is 4.2% lower than the 2020/21 but has increased overall since 2015/16 (Figure 68).

**Figure 68: CYP mental health services spend in Leicestershire CCGs between 2010/11 and 2021/22**

CYP Mental Health CCG spend - excluding learning disabilities and eating disorders



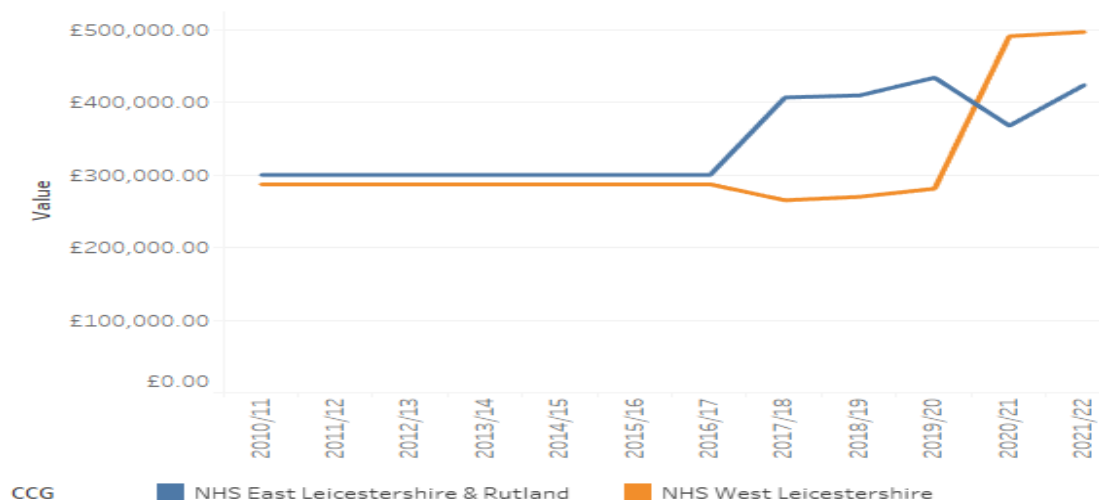
**Source: NHS England Mental health dashboard (62)**

In 2021/22 East Leicestershire and Rutland CCG had a spend of £424,000 on Child and young person eating disorder services this is 15.3% higher than the 2020/21 spend (Figure 69).

In 2021/22 West Leicestershire CCG had a spend of £497,000 on Child and young person eating disorder services this is 1.2% higher than the 2020/21 spend (Figure 69).

**Figure 69: CYP eating disorder services spend in Leicestershire CCGs between 2010/11 and 2021/22**

CYP Mental Health CCG spend - eating disorders



**Source: NHS England Mental health dashboard (62)**



## **4. Policy and Guidance**

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### **4.1. Future in Mind (2015) (72)**

The Department of Health and NHS England published 'Future in Mind: Promoting, protecting and improving children and young people's mental health and wellbeing' in 2015. Future in Mind sets out the Government's aspirations for children and young people's mental health by 2020:

1. Improved public awareness and understanding about mental health issues and where stigma and discrimination are tackled.
2. Timely access to clinically effective mental health support throughout the country
3. Care delivery moving away from a system defined in terms of the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people, and their families.
4. Increased use of evidence-based treatments with services rigorously focused on outcomes, which includes expansion of CYP Improving Access to Psychological Therapies (IAPT) services
5. Making mental health support more visible and easily accessible for children and young people.
6. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
7. Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience, and improve behaviour.
8. A better offer for the most vulnerable children and young people (including those who have been sexually abused and/or exploited), making it easier for them to access the support that they need when, and where they need it.
9. Improved transparency and accountability across the whole system, to drive further improvements in outcomes.
10. Professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it.

### **4.2. The Five Year Forward View for Mental Health (2016) (73)**

The independent Mental Health Taskforce to the NHS in England published this report; a set of priority actions for the NHS by 2020/21 were developed:

1. A 7-day NHS – right care, right time, right quality
2. An integrated mental and physical health approach
3. Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens, including:
  - Prevention at key moments in life
  - Creating mentally healthy communities
  - Building a better future

Recommendations were accepted by the government in full.

#### **4.3. Transforming Children and Young People’s Mental Health Provision: A Green Paper (2017) (74)**

The Green Paper, published in 2017, builds on the government’s vision for children and young people’s mental health set out in Future in Mind (2015) and the Five Year Forward View for Mental Health (2016). It is a joint response from the Department of Health and the Department for Education.

The Paper announced three key elements:

1. To incentivise every school and college to identify a Designated Senior Lead for Mental Health
2. To fund new Mental Health Support Teams (MHSTs)
3. To trial a four-week waiting time for access to specialist NHS children and young people’s mental health service, as MHSTs are rolled out

#### **4.4. Cross-Government Suicide Prevention Workplan (2019) (75)**

This is a delivery plan across national and local government alongside the NHS, criminal justice system and other agencies to address suicide. It outlines key actions which include:

- Ensuring the effectiveness of every local authority suicide prevention plan.
- Ensuring every mental health trust has a zero-suicide ambition plan for mental health inpatients by the end of 2018/19.
- Implementing the Prison Safety Programme across the prison estate.
- Improving data collection at local and national level, and harnessing technology to identify those most at risk of suicide and self-harm.

Specifically with regard to children and young people, the workplan includes the following commitments:

- To train GPs and GP surgery staff in awareness of suicidality and safety planning, with specific frameworks for children and young people
- To address self-harm as an issue and encourage young people who self-harm to seek support, advice, and help
- To build on support for research and collaboration with other organisations in relation to self-harm and suicide
- To produce and implement a joint DHSC and DfE Green Paper on children and young people's mental health
- To explore issues affecting young people which may affect their mental health (e.g., body image and other pressures from social media)
- To tackle homophobic, biphobic and transphobic bullying in schools
- To analyse suicide rates of people at university to identify lessons to be learned and increase awareness of the risk of suicide and mental wellbeing
- To work with the Samaritans and the online sector to address potentially harmful suicide content online and to improve online safety for children and young people

#### **4.5. Advancing our health: prevention in the 2020s – consultation document (2019) (76)**

This green paper presents an approach to public health that puts prevention at the centre of decision-making. It outlines a set of commitments for DHSC around mental health which include:

- Providing advice via the Rise Above programme in schools and online for CYP to deal with difficult emotions and situations
- Encouraging local authorities to create mental health promotion plans and sign up to the Prevention Concordat for Better Mental Health
- Investing in sector-led improvements to support local authority suicide prevention plans
- Investing in a competition to drive innovation in how university students' mental health is supported
- Every Mind Matters campaign to address mental health stigma, which will include advice to parents on supporting their children's mental health

In addition, actions across government include:

- Establishing a statutory Breathing Space scheme to provide respite to those in problem debt
- Revising statutory guidance for schools to ensure mental health is embedded (DfE)
- Developing training for new teachers on how to spot mental health issues (DfE)
- Introducing a requirement for all schools to teach about mental health and wellbeing in

- Relationships (and Sex) Education programmes in primary and secondary schools (DfE)
- Embedding nature-based interventions as part of strategies for preventing and treating mental ill health (Department for Environment, Food and Rural Affairs)
- Committing to tackle wider factors, including alcohol, drug use and sleep.

#### **4.6. The NHS Long Term Plan (2019) (77)**

The NHS Long Term Plan (LTP) sets out how the NHS will move to a new, more joined-up service model, and how funded action will contribute to prevention and addressing health inequalities over the next 10 years. Additionally, it sets out how workforce pressures will be tackled alongside plans to upgrade technology and digitally enable the NHS. It sets out key priority areas, one of which is children and young people’s mental health services; the LTP pledges:

- An expansion of CYP mental health services, with a commitment to increasing funding at a faster rate than overall NHS funding and total mental health spend.
- Investment in expanding access to community-based mental health services for CYP
- Investment in CYP eating disorder services
- Expansion of CYP mental health crisis services
- Embedded mental health support in schools and colleges
- A new approach to young adult mental health services (aged 18-25) to support transition (iThrive model that can be expanded from 0–18-year-olds to cover up to 25 years)

#### **4.7. COVID-19 mental health and wellbeing recovery action plan (2021) (78)**

Since the pandemic self-reported mental health and wellbeing has worsened and has been identified as an important part of COVID-19 recovery. This action plan specifically highlights CYP as a key group and has set out a series of plans for various age and high-risk groups; plans include:

- Additional funding to strengthen MHSTs in schools and colleges, eating disorder, crisis, and community mental health services
- Prioritisation of return to school post-pandemic with DfE establishing a Mental Health in Education Action Group.
- Promotion of support resources and guidance for CYP and their parents or carers.
- Free Psychological First Aid training for people who care for or work with CYP
- Supporting youth engagement programmes and ensuring that CYP views are at the heart of decision-making.
- Focusing on CYP suicide and self-harm prevention
- Improving access and appropriate adjustments to mental health services for CYP with a

learning disability or autism

#### **4.8. Preventing Suicide in England: Fifth Progress Report of the Cross-Government Outcomes Strategy to Save Lives (2021) (79)**

Preventing Suicide in England: A cross-government outcomes strategy to save lives was originally published in 2012 (80) and updated in 2017 (81). There are seven specified areas for action:

1. Reduce the risk of suicide in key high-risk groups; this includes children and young people for whom suicide rates have risen substantially in the last decade (males have double the rate compared to females, however, the rate in females has doubled between 2011 and 2019). Identified antecedents for suicide in children and young people include bullying, internet use and bereavement. Income inequality and high GDP has also been linked to rising suicide rates in children and young people. Additionally, other risk groups relevant to children and young people include people in the care of mental health services, people with a history of self-harm and people in contact with the criminal justice system.
2. Tailor approaches to improve mental health in specific groups; including focus on children and young people (including those who are vulnerable such as looked after children, care leavers and those in the Youth Justice system), survivors of abuse and violence, people vulnerable due to social and economic circumstances, those who misuse drugs or alcohol, LGBT+ people, ethnic minority groups and asylum seekers.
3. Reduce access to the means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection and monitoring.
7. Reducing rates of self-harm as a key indicator of suicide risk.

The Department of Health and Social Care publishes annual progress reports on the strategy; the latest was published in 2021 and was the fifth update. It provides a list of new actions agreed across government, including actions specifically in response to the pandemic. Actions specifically for children and young people include:

- Funding mental health advisers in each local authority to upskill staff in response to trauma
- Additional funding for Mental Health Support Teams
- Implementing guidance for RHSE curriculum
- Developing the University Mental Health Charter Award Scheme
- Funding a Student Space platform
- Every Mind Matters campaign

- Establishing a new duty of care on how online services should deal with illegal and harmful content
- Addressing the lack of LGBT self-harm and suicide data
- Collecting National Child Mortality Database data

#### **4.9. Prevention Concordat for Better Mental Health (updated 2022) (82)**

The concordat is based on an understanding that focusing on prevention improves public mental health and contributes to achieving a fairer and more equitable society. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities.

The consensus statement was updated in 2021 and signatories agree to:

- Commit to reducing mental health inequalities by addressing protective and risk factors
- Work as a whole system and across organisational boundaries
- Commit to take evidence-based preventive and promotional action to support the mental health of the whole population, those at greater risk and those in treatment
- Encourage stakeholder investment in promoting mental wellbeing, preventing mental health conditions, and preventing suicide

#### **4.10. Keeping children safe in education 2022 (83)**

In relation to mental health:

- Staff should be particularly alert to the potential need for early help in children and young people with a mental health need, or other ACEs e.g., parental alcohol or substance misuse, parental mental health issues or domestic violence
- ALL staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of abuse, neglect or exploitation
- Only trained professionals should attempt to diagnose a child, however, school staff are well placed to observe children and identify any concerns
- If a mental health concern and a safeguarding concern are both identified, immediate action should be taken to address both

#### **4.11. 'Feeling heard': partner agencies working together to make a difference for children with mental ill health (84)**

This report summarises findings from Joint Targeted Area Inspections (JTAI) of how multi-agency partnerships identify and respond to children with mental ill health. Key findings are summarised below:

- Systems working/ Public Mental Health workforce development: “When partners work together effectively, prioritise children’s mental health and build a skilled and knowledgeable workforce, this improves children’s access to support with their mental health”
- Community/ place-based working and advocacy for CYP consultation: “Good knowledge of the local community, together with consultation with children and wide partnership engagement is leading to a better understanding of children’s need for support”
- Vulnerabilities: “Professionals do not identify some children’s needs early enough. This includes some children on child in need and child protection plans, as well as some children in care”
- Workforce: “appropriate training and a shared model of practice help professionals understand children’s mental health needs and the impact of trauma. Some health professionals focus too much on presenting issues, problems and behaviours and do not ask the right questions in order to identify children’s mental ill health. (In relation to A&E presentation) they did not routinely receive a holistic assessment of their emotional well-being or mental health. This is a missed opportunity to identify needs early. GPs did not always ask the right questions in order to explore any underlying mental health needs.”
- School nursing: “In only half of the areas visited did we feel confident that school nursing services had systems and capacity to identify children with mental ill health”
- Engaging education sector in wider systems partnership approach: “Children value the role that schools play in supporting their mental health. In order to do this, schools need support from partner agencies; children are benefiting from this joined-up approach.”
- Health and justice: “Children attending youth offending teams (YOTs) receive skilled and detailed assessments so that their needs, including the need for support with mental ill health, are understood.”
- Speech, language and communication: “Poor communication is a mental health risk factor: children with speech, language and communication needs are at increased risk of developing mental health problems.”
- Wider public health workforce: “Police forces need to share good practice to drive improvements across areas so that all children get the response and care that they need.”

#### **4.12. Core20PLUS5 for CYP**

Core20PLUS5 is a national NHS England initiative to support the reduction of health inequalities. The approach defines a target population which includes the most 20% most deprived (Core20), alongside specific, ICS-chosen population groups that experience poorer than average access, experience and/ or outcomes (PLUS).

The '5' refers to the five clinical areas of focus, which includes mental health. Here, the target is to improve access rates to mental health services for certain ethnic groups, age, gender, and deprivation.

#### **4.13. Local Strategies and Plans**

##### **4.13.1. Leicester, Leicestershire and Rutland: Better Care Together. Transformation Plan for Mental Health and Wellbeing for children and young people (2015-2020) (85)**

The Transformation plan identified six core areas of work, which included:

- Improving resilience: includes tackling stigma around mental health and enabling information provision and support via schools, websites and social media
- Enhancing early help: includes a First Response service using agreed risk assessment tools and building relationships with refugee/ asylum seeker and LGBT community groups
- Improving access to specialist Children and Adolescent Mental Health Services: includes a single point of entry triage system, locally agreed waiting times and joint commissioning with improved information sharing. Offers a range of evidence-based therapies.
- Enhancing the community eating disorder service: includes investing in a multi-disciplinary team for community based eating disorder services
- Developing a children's crisis and home treatment service: includes a multi-disciplinary liaison service for acute mental health or behavioural problems arriving in the emergency department
- Workforce development: includes recruiting staff onto the CYP IAPT service and assessment of further training needs

An update to the transformation plan was released in 2018 (86); this focuses on additional aspects of the children and young people's emotional, mental health and wellbeing pathway, such as:

- Primary mental health teams
- Resilience (in schools and 0-19 programme)
- Online counselling
- Social care and early help
- Early intervention
- Specialist mental health (e.g., early psychosis and eating disorder)
- Improved data flow to improve intelligence on access to care and treatment
- ADHD services
- Improved governance and transparency



The 2022-23 Transformation Plan Annual Refresh reports on progress from 2021/22 and areas for development in 2022-23 (87). Progress includes:

- The ARRS neighbourhood approach, recruiting CYP wellbeing practitioners in community Primary Care Networks to support CYP experiencing mental ill health as early as possible and reduce the need for secondary or crisis interventions. These are currently primarily in Leicester city
- Consultation and co-production of a mental health services directory which improves accessibility, visibility, and accuracy
- Support for neurodiverse CYP, with neurodevelopmental assessment being integrated into CAMHS processes and focus on MDT discussion and access to medication clinics
- Crisis provision, with a 7 day a week service offer in children's emergency departments
- Intensive community support teams, created to cater for CYP with multiple, complex needs in the community, where otherwise inpatient admission might be required
- Supporting CYP who attend the emergency department, by developing a joint standard operating procedure between emergency departments, CAMHS and social care
- Mental health support teams established and expanding regularly to cover additional localities
- Health and justice, with updated pathways for young offenders

Areas for development in 2022-2023 include:

- Avoidant/ restrictive Food Intake Disorder (ARFID) service development
- A health inequalities focus which includes infant feeding programme support in Leicestershire County

*Relating local plans to national policy:*

1. Future in Mind (2015) (72): the majority of aspirations are covered in local plans. Areas not covered in the local plan include:

- Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience, and improve behaviour.
- A better offer for the most vulnerable children and young people (including those who have been sexually abused and/or exploited), making it easier for them to access the support that they need when, and where they need it.
- Professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it.

2. Transforming Children and Young People's Mental Health Provision: A Green Paper (2017) (74): Local plans discuss Mental Health Support Teams (MHSTs) in schools in some detail. An element of the national transformation plan not mentioned in the local transformation plan is:

- To trial a four-week waiting time for access to specialist NHS children and young people's mental health service, as MHSTs are rolled out

3. The NHS Long Term Plan (2019) (77): most elements of the Long Term Plan have been included in local plans. Areas not covered include:

- A new approach to young adult mental health services (aged 18-25) to support transition (the iThrive model has been adopted, however, expanding services to cover up to 25-year-olds is not mentioned in local plans)

#### **4.13.2. Suicide is Everyone's Business: LLR Suicide Audit and Prevention Group Suicide Prevention Strategy 2020-2023 (88)**

The Suicide Audit and Prevention Group (SAPG) purpose is to prevent suicide by:

- Supporting people at risk of suicide.
- Supporting people bereaved by suicide.
- Developing the local strategic direction for suicide prevention across LLR.
- Contributing to delivery of the National Suicide Prevention Strategy.
- Influencing commissioning in LLR to optimise opportunities to prevent suicide.
- Encouraging responsible reporting of suicide in the media.
- Promoting mental wellbeing in the wider population.
- Shared learning with other areas.

The key priorities for 2020-2023 are:

- 1) Target support at key high-risk groups (which includes looked after children, young care leavers or young people in the criminal justice system, alongside survivors of abuse);
- 2) Support Primary Care in its suicide prevention role.
- 3) Preventing suicide in public places.
- 4) Protect people with a history of self-harm.
- 5) Engage with Private Sector to enhance their efforts to prevent suicide.
- 6) Support provision of enhanced suicide awareness training.
- 7) Support local media (including social media) to deliver key messages about suicide prevention.

- 8) Raise awareness by using real time surveillance data.
- 9) Work with key partners to provide a coordinated mental wellbeing approach to COVID-19;

*Relating local plans to national policy:*

1. Cross-Government Suicide Prevention Workplan (2019) (75): most elements of the national plan have been adapted and incorporated into the local strategy, however, areas that are not currently highlighted and are applicable at the local level include:
  - Exploring issues affecting young people which may affect their mental health (e.g., body image and other pressures from social media)
  - Tackling homophobic, biphobic and transphobic bullying in schools
2. Preventing Suicide in England: Fifth Progress Report of the Cross-Government Outcomes Strategy to Save Lives (2021) (79): These priorities align well to those set out in the local strategy. However, whilst tailored support for specific groups is a priority both nationally and locally, the range of high-risk groups described nationally is broader than that described locally and includes those who are bullied or are already in the care of mental health services.

#### **4.14. Guidance**

##### **4.14.1. Promoting children and young people's mental health and wellbeing: a whole school or college approach (89)**

This document describes eight principles of a whole school or college approach to promoting mental health and wellbeing. It is aimed at anyone responsible for promoting and supporting mental health and wellbeing of CYP in schools and colleges. The eight principles are:

- Leadership and management that support and champion efforts to promote emotional health and wellbeing
- Curriculum teaching and learning to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- An ethos and environment that promotes respect and values diversity

**4.14.2. NICE: Social and emotional wellbeing: early years [PH40] (2012) (90)**

“This guideline covers supporting the social and emotional wellbeing of vulnerable children under 5 through home visiting, childcare and early education. It aims to optimise care for young children who need extra support because they have or are at risk of social or emotional problems.” (90)

**4.14.3. NICE: Social, emotional and mental wellbeing in primary and secondary education [NG223] (2022) (91)**

“This guideline covers ways to support social, emotional and mental wellbeing in children and young people in primary and secondary education (key stages 1 to 5), and people 25 years and under with special educational needs or disability in further education colleges. It aims to promote good social, emotional and psychological health to protect children and young people against behavioural and health problems.” (91)

**4.14.4. NICE: Transition from children’s to adults’ services for young people using health or social care services [NG43] (2016) (92)**

“This guideline covers the period before, during and after a young person moves from children's to adults' services. It aims to help young people and their carers have a better experience of transition by improving the way it’s planned and carried out. It covers both health and social care.” (92)

**4.14.5. NICE: Transition between inpatient mental health settings and community or care home settings [NG53] (2017) (93)**

“This guideline covers the period before, during and after a person is admitted to, and discharged from, a mental health hospital. It aims to help people who use mental health services, and their families and carers, to have a better experience of transition by improving the way it’s planned and carried out.” (93)

**4.14.6. NICE: Self-harm: assessment, management and preventing recurrence [NG225] (2022) (94)**

“This guideline covers assessment, management and preventing recurrence for children, young people and adults who have self-harmed. It includes those with a mental health problem, neurodevelopmental disorder or learning disability and applies to all sectors that work with people who have self-harmed.” (94)

#### **4.15. Anything Upcoming?**

##### ***4.15.1. Mental Health and Wellbeing Plan (2022)***

The government has committed to develop a 10-year plan for mental health and wellbeing in a cross-government plan for England. A discussion paper and call for evidence was published, and consultation ran between April and July 2022 in order to support this forthcoming plan.

## 5. Current Services

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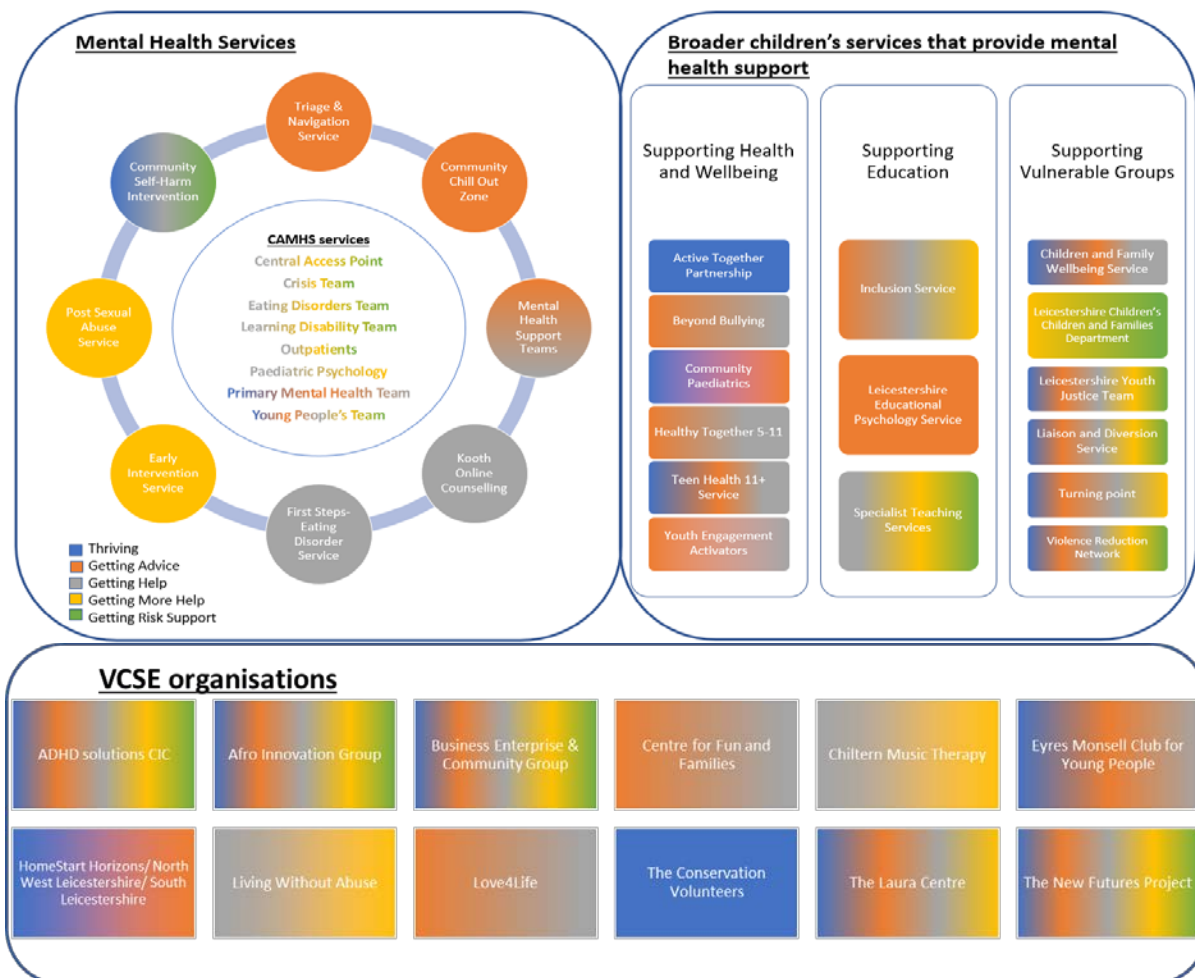
There are a range of mental health services available to children and young people in Leicestershire, including services within Child and Adolescent Mental Health Services (CAMHS), and additional mental health services commissioned by the ICB or local authority. Additionally, there are a range of broader children's services that provide mental health signposting, advice and support alongside broader support for risk factors that might impact future mental health and wellbeing. Finally, there are a range of Voluntary, Community and Social Enterprise (VCSE) organisations that again provide both mental health and broader support. These services are summarised in Figure 70 and span the full range of the THRIVE framework (discussed below). Figure 71 demonstrates the number of services available to children and young people by age; most services are available to those aged 11-18 years, with a significant reduction after 18 years. Figure 72 depicts the services available to refer to, by organisation/ professional group. Further information of services can be found in Table 14 below and detailed information on specific services can be found in Appendix 1.

The principles of the THRIVE framework include providing a common language and shared decision-making framework and partnership working that is needs led (95). Core objectives include a focus on proactive prevention and promotion of mental health, reducing stigma, improving accessibility, and ensuring services are outcome informed.

The five areas included within the framework are:

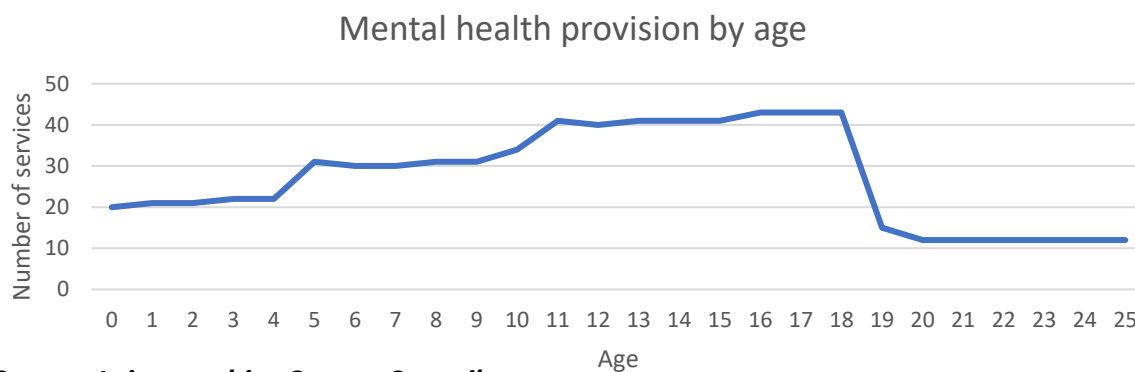
- Thriving: those whose current need is to support mental wellbeing through effective prevention and promotion strategies
- Getting advice: those who need advice and signposting
- Getting help: Those who need focused goals-based input
- Getting more help: Those who need more extensive and specialised goals-based help
- Getting risk support: Those who have not benefited from or are unable to use help but are of such a risk that they are still in contact with services.

**Figure 70: Services available that support mental health or broader wellbeing related to mental health**



Source: Leicestershire County Council

**Figure 71: Number of services available to children and young people, by age, 2023**



Source: Leicestershire County Council

**Figure 72: Services by mode of referral**



Source: Leicestershire County Council



**Table 14: Details of services available that support mental health or broader wellbeing related to mental health in LLR, 2023**

Service name	Funding route(s):	Referral route(s):	THRIVE framework	Age	Reach:
CAMHS Central Access Point	ICB	Triage & Navigation	Getting Help Getting More Help Getting Risk Support	0-18	Referrals per year – 1080-1200
CAMHS Crisis Team	ICB	Triage & Navigation	Getting Help Getting More Help Getting Risk Support	0-18	Referrals per year – 1080-1200
CAMHS Eating Disorders Team	ICB	Triage & Navigation	Getting Help Getting More Help Getting Risk Support	0-18	Caseload – 249 Referrals per year – 345 Appointments – 500 per month
CAMHS Learning Disability Team	ICB	Triage & Navigation	Getting Help Getting More Help Getting Risk Support	0-18	Open caseload – 300
CAMHS Outpatients	ICB	Triage & Navigation, internal referrals via other Specialist CAMHS services	Getting Help Getting More Help Getting Risk Support	0-18	Waiting list for ND and interventions – 1395

CAMHS Paediatric Psychology	UHL/NHS England/ICB	UHL Consultant Paediatricians and Consultant Community Paediatricians.	Getting Help Getting More Help	0-19	Open caseload – 251
CAMHS Primary Mental Health Team	ICB	Triage & Navigation	Thriving Getting Advice Getting Help	0-18	Referrals per year (from Crisis team) – 36-60
CAMHS Young People's Team	NHS and local authorities	Triage & Navigation, and directly from the local authority and healthcare professionals	Thriving Getting Advice Getting Help Getting More Help Getting Risk Support	0-18	Open caseload – 409 Referrals per year – 360 Appointments – 400 per month
Triage & Navigation Service	ICB	GP	Getting Advice	0-18	Referrals per year – 7800
Community Chill Out Zone	ICB	Self, school, or community	Getting Advice	11-18	Contacts per year – 6000
Mental Health Support Teams	NHSE via ICB	Education Settings	Getting Advice Getting Help	5-18	N/A
Kooth Online Counselling	ICB	Self	Getting Help	11-18	Logins per year – 18000

First Steps- Eating Disorder Service	ICB	CAMHS eating disorders team, Schools, GP, self	Getting Help	11-18	Referrals per year – 120
Early Intervention Service	ICB	GP	Getting More Help	5-18	Referrals per year – 1920
Post Sexual Abuse Service	ICB	Social care, GPs, VCSE, CAMHS	Getting more help	5-18	Caseload – 38 average
Community Self-Harm Intervention	Local authority (Public Health) (LLR joint funded)	Self, health care professional	Thriving Getting Help Getting Risk Support	All ages	N/A
Active Together Partnership	Local Authority (Public Health), national and local funding grants	Self	Thriving	All ages	N/A
Beyond bullying	Local authority	Self	Getting Advice Getting Help	0-18	N/A
Community Paediatrics	ICB	Triage & Navigation	Thriving Getting Advice	0-18	Number of cases open to clinicians – 7402 Waiting list – 3110 ND waiting list – 581
Healthy Together 5-11	Local authority (Public	GP, parents/carers,	Getting Advice	5-11	N/A

	Health)	education providers, allied health providers, MHST	Getting Help		
Teen Health 11+ Service (Leicestershire)	Local authority (Public Health)	Schools, parents/ carers, self	Thriving Getting Advice Getting Help	11-19, (25 if SEND needs)	N/A
Youth Engagement Activators	District Council (Hinckley and Bosworth service only)	Schools, social prescribers	Getting Advice Getting Help	6-17	Up to 600 children per year
Inclusion Service	Local authority (CFS)	Schools	Getting Advice Getting Help Getting More Help	5-18	Open caseload – 1000
Leicestershire Educational Psychology Service	(i) School commissioned (via Service Level Agreement with LEPS) (ii) Local Authority (through statutory EHCNA work)	School, local authority	Getting Advice	0 – 25	N/A
Specialist Teaching Service: Autism Outreach Team	Local authority (CFS). Training is charged	Schools	Getting Help Getting More Help Getting Risk Support	5-18	Open caseload – 1800

Specialist Teaching Service: Learning Support Team (LST)	Local authority (CFS). Training is charged	Schools	Getting Help Getting More Help Getting Risk Support	5-18	N/A
Specialist Teaching Service: Hearing Support Team (HST)	Local authority (CFS)	Healthcare professionals, educational settings, Parents/ carers, local authority	Getting Help Getting More Help Getting Risk Support	0-18 (or 25 with an EHCP)	Open caseload – 440
Specialist Teaching Service: Vision Support Team (VST)	Local authority (CFS). Non-child specific training is charged	Healthcare professional, school, health visitor, local authority, parents/carers	Getting Help Getting More Help Getting Risk Support	0-18 (or 25 with an EHCP)	Open caseload – 490
Children and Family Wellbeing Service	County Council plus some grant funded activity	Any professional, self, parents/carers	Thriving Getting Advice Getting Help	0-19 (25)	Annual caseload – 5000
Leicestershire Children's Children and Families Department	Local authority	Any professional, self, parents/carers	Getting More Help Getting Risk Support	0-18 (25 for care leavers)	Open caseload – 3000
Leicestershire Youth Justice Team	Multiple funding routes, including Local	Court Orders and out of Court Police	Thriving Getting Advice	10-18	Annual caseload – 482

	authority, Probation, Police & Crime Commissioner, Health and Youth Justice Board Grant	disposals, general referrals for Crime Prevention Offer	Getting Help Getting More Help Getting Risk Support		
Liaison and Diversion Service	NHS England	Custody staff, police system	Thriving Getting Advice Getting Help Getting More Help Getting Risk Support	0-18	N/A
Turning Point	Local authority	Any professional, self	Thriving Getting Advice Getting Help Getting More Help	0-17 (and 18-25 for young adult service)	Average caseload - 109
Violence Reduction Network	Home office. Youth Endowment Fund	Dependent on intervention but includes schools, police, other professionals and self	Thriving Getting Advice Getting Help Getting More Help Getting Risk Support	Dependent on intervention but target ranges include 10-25	100-500 dependent on intervention
ADHD Solutions Community Interest Company (CIC)	Local authority, Children in Need and other grants and funding schemes	Self, parent/carer, professionals	Thriving Getting Advice Getting Help Getting More Help	3+	Referrals per year – approx. 1040

			Getting Risk Support		
Afro Innovation Group	Mental health funding	Statutory bodies and charity sector, schools	Thriving Getting Advice Getting Help Getting More Help Getting Risk Support	16-25	Annual caseload – 60-130
Business Enterprise & Community Group (BEC)	Grants	N/A	Thriving Getting Advice Getting Help Getting More Help Getting Risk Support	16+	Annual caseload – 100+
Centre for Fun and Families	Multiple funding routes (NHS, LA, grant making trusts)	Any professional, self, parents/carers	Getting Advice and Getting Help	8-18	Annual caseload – 840
Chiltern Music Therapy	Self-funded, school funded, EHCP funded (bursaries available on case-by case basis for self-funded)	Self, family, support worker, school staff, healthcare professionals	Getting Advice and Getting Help	0+	Annual caseload – 598
Eyres Monsell Club for Young People	Grant funded	Self-referral/ referral through agency	Thriving Getting Advice Getting Help	11+	Annual caseload – 25-30

					Annual youth club caseload – 100
HomeStart Horizons/ North West Leicestershire and South Leicestershire	Multiple sources including District Council, County Council, Health, Lottery, Trusts and Foundations, Corporate Donations, Individual Donations, Earned Income.	Any professional, self, parents/carers	Thriving Getting Advice	0-5	Annual caseload - 550
Living Without Abuse	National and local grants	Public and professional	Getting Help Getting More Help	5-18	Annual caseload – approx. 300
Love4Life	Predominantly Trusts & Grants with some support from Major Donors, Corporate and Community fundraising.	Any professional, self (if over 16 years), parents/carers	Getting Advice and Getting Help	11-18	Open caseload – up to 24 (one-to-one support) Waiting time – 3 months (one-to-one support) Group spaces – up to 50 per week
The Conservation	Small grants	Self-referral	Thriving	0+	Approx. 200



Volunteers					
The Laura Centre	Statutory funding, Count council, grants, community fundraising.	Self-referral. Agencies working with the client can also refer.	Thriving Getting Advice Getting Help Getting More Help	5-25	N/A
The New Futures Project	GHIN, Children In Need	Mh CAP, social services, accommodation providers, self/carer referrals	Thriving Getting Advice Getting Help Getting More Help Getting Risk Support	13-18 (or 25 if female)	100+ active cases

**Source: Leicestershire County Council**

## 6. Unmet needs/Gaps

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### 6.1. Risk and protective factors in Leicestershire

There are several risk factors for the development of mental health difficulties that have been identified as affecting large numbers or a high proportion of children and young people in Leicestershire, discussed below.

- **Deprivation:** whilst Leicestershire has relatively low levels, there are pockets of deprivation, with 7 LSOAs in the lowest decile nationally: Lubenham in Harborough, Greenhill Northeast and Greenhill Centre in Northwest Leicestershire, Loughborough Canal South, Loughborough Ashby West, Loughborough Bell Foundry, Loughborough Warwick way and Mountsorrel Centre all in Charnwood. Overall, 8.9% of children and young people under 16 years live in absolute low-income families, which equates to almost 18,000 individuals.
- **Physical health problems:** there are 21.7% (almost 30,000) children aged 0-17 who have a long-term condition recorded on their GP records.
- **Special Educational Needs and/or Disabilities:** 15.5% (almost 16,000) school children have a Statement, Education, Health and Care Plan or Special Educational Needs support. The proportion of these that are specifically for a social, emotional or mental health need has almost doubled since 2015.
- **Children Missing Education and those Electively Home Educated:** whilst the absolute numbers remain relatively low, both groups have been increased rapidly over the last few years with children missing education increasing over 3-fold and those electively home educated increasing by almost 50%.
- **Bullying and cyberbullying:** almost one-third of year 4-6 and year 8-10 reported feeling afraid to attend school sometimes due to bullying. In relation to cyberbullying, almost half of year 6 reported that someone had been mean to them online; one-third of year 9 students reported having been threatened, insulted or harassed online. Tackling bullying (including homophobic, biphobic and transphobic bullying) has been highlighted as a key priority nationally.
- **Prejudice:** approximately 7% of primary school children reported being bullied because of their colour, ethnicity, religion/ beliefs, or the way that they speak. This could

potentially represent a sizeable proportion of children and young people in ethnic minority groups in Leicestershire and requires further investigation to better understand which groups are affected.

There are a number of protective factors thought to increase childhood resilience and protect against mental health difficulties. National guidance emphasises the importance of evidence-based programmes to support attachment, avoid early trauma and build resilience. Protective factors of note in Leicestershire are listed below:

- **High self-esteem:** approximately one-third of children and young people reported having high self-esteem, this was lower in girls than in boys
- **Sport and physical activity:** only half of 5–11-year-olds and one-third of 12–17-year-olds did the recommended amount of physical activity.
- **Trusted adult:** half of primary school children and one-third of those in secondary school reported having someone they felt they could talk to.

## 6.2. Risk groups

There are several groups of children that are likely to be exposed to a greater number or more significant risk factors. National guidance highlights the need for a better offer for the most vulnerable children and young people, including ensuring easier access. Risk groups identified in Leicestershire include:

- Children in care (both those who are the responsibility of Leicestershire and those who are the responsibility of another local authority but are placed in Leicestershire).
- Children in need and those on a child protection plan
- Children and young people whose parents have substance misuse or mental health difficulties, or are imprisoned
- Military families
- Those experiencing homelessness
- Those exposed to child criminal exploitation
- Those exposed to domestic violence

- Those exposed to child sexual exploitation
- Unaccompanied Asylum-Seeking Children and other asylum-seeking children
- Young carers

### **6.3. Services**

- Inpatient rates are high compared to comparators and when compared to community, outpatient and secondary care referrals. A significant proportion of admissions are in children and young people with a diagnosed neurodevelopmental disorder.
- In 2022/23, there was a large increase in the number of children and young people referred via CAMHS access, with routine referrals comprising over 80%. Anecdotally, neurodevelopmental referrals are driving this increase.
- There are large waiting lists for neurodevelopmental assessment and treatment clinics
- The number of referrals to the eating disorders team have increased by approximately two-thirds since 2018/19, with urgent referrals increasing four-fold. Whilst the proportion of urgent referrals seen within a week has dramatically improved over this time period, the proportion of routine referrals seen within four weeks has significantly reduced and only about one-third were seen within this timeframe. First Steps was commissioned as a pilot in April 2022 to provide additional support for this changing pattern; this has been extended until the end of 2023 whilst a full pathway review is conducted.

### **6.4. Potential gaps in guidance**

A comparison of local and national guidance demonstrated close alignment in the majority. Some additional areas in national guidance that were not covered by local guidance assessed were:

- Improving access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience, and improve behaviour.
- A better offer for the most vulnerable children and young people (including those who have been sexually abused and/or exploited), making it easier for them to access the support that they need when, and where they need it.

- Professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it.
- To explore issues affecting young people which may affect their mental health (e.g., body image and other pressures from social media)
- To tackle homophobic, biphobic and transphobic bullying in schools

### **6.5. Transition to Adult Services**

Professionals discuss the importance and difficulties around transition from children to adult services. For the majority of children and young people most services cater for individuals up to 18 years old, when they are transitioned to adult services (see Figure 71). Care navigators help to coordinate transition between children's and adults services, however, evaluation of this service would help to understand where more could be done.

### **6.6. Areas requiring further investigation**

Two key areas were raised by professionals during the process of writing this JSNA:

- **Anxiety:** anecdotally, professionals report that the prevalence of anxiety symptoms has increased significantly since the beginning of the pandemic and is one of the predominant mental health difficulties that they encounter. There is no local data available to investigate this further.
- **Cannabis use:** anecdotally, professionals report that there appears to be a rise in the use of cannabis to manage mental health difficulties rather than engaging with mental health services. There is no local data available to investigate this further.

There were also a number of protective and risk factors that were identified as modifying the risk of mental health problems in children and young people but where no local data was available. It therefore wasn't possible to further understand how these factors affected children and young people in Leicestershire. These factors included:

- Good education
- Someone from the family being in work
- Positive relationships with parents
- Social/ community inclusion
- Parental imprisonment

## **7. Recommendations**

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### **7.1. Supporting children and young people to thrive**

1. Support and build on the use of the Solihull Approach for professionals working with young children, to enhance the understanding of attachment and how to support it.
2. Explore the use of the Five to Thrive model across the local authority, LPT, schools and early year settings to support the development and maintenance of healthy relationships.
3. Consider implementing training in social and emotional child development across all professionals who work with children and young people, as per national guidance.
4. Continue to support the use of the Ages & Stages Questionnaire: ASQ SE (which includes Social and Emotional Development) at the 2-year check to undertake an emotional and mental wellbeing check of the child and provide appropriate support based on the need identified including signposting and referral to other services, as per the previous JSNA. Work with the ASQ data collected to better understand development at a population level and connect with other commissioned services that support child development.
5. Explore the evidence-base for supporting children and young people's self-esteem and consider implementing such a programme to aid self-esteem in children and young people across Leicestershire.
6. Continue to work with Active Together Partnership to promote sport and physical activity across the county, including promoting the use of the Moving Medicine to integrate physical activity conversations into clinical care.
7. Consider targeted physical activity programmes in specific areas (e.g., those with other risk factors such as high deprivation).
8. Consider a targeted physical activity programme for children and young people with long term conditions, including those with mental health conditions.

### **7.2. Addressing risk factors**

9. Identify additional key professional groups that may work with children and young people and their families who are exposed to risk factors (e.g., debt advisors, housing officers, recovery workers, youth workers etc).
10. Consider providing training and resources to those identified in recommendation 10 around mental health to aid understanding about what can be done to provide help and support for those who need it.
11. Continue the implementation of Trauma-Informed Practice (TIP) across the range of professionals who work children and young people.

12. Explore evidence-based programmes to address bullying and cyberbullying, including addressing prejudice such as homophobic, biphobic and transphobic bullying (as per national guidance) and discrimination based on ethnicity, religion or beliefs.
13. Consider working with schools and the anti-bullying team to better understand bullying due to prejudice and which groups are most affected.

### **7.3. Providing additional support to risk groups**

14. Consider including additional groups for prioritised mental health service access (e.g., the Young People's Team), such as children and young people exposed to criminal or sexual exploitation, domestic violence, parental substance misuse, mental health problems or imprisonment, military families and young carers.
15. Ensure service directories and referrals pathways for mental health services are available for Looked After Children who are living outside Leicestershire so that professionals, young people and carers understand what services are available and how to access them.
16. Ensure that service directories and referrals pathways for mental health services are available for Looked After Children living in Leicestershire but Looked After by another local authority so that professionals, young people and carers understand what services are available and how to access them.
17. Build on partnerships with adult services (e.g., mental health, turning point, domestic violence services) to enable good quality, routine data collection around children and young people affected and ensure that referral pathways are clear and easy to navigate.
18. Explore the risks of mental health difficulties in children who identify as LGBT+ and work with mental health services and the VCSE sector to identify specific additional support needs.
19. Support the implementation of the Whole Family Relationships service which aims to support families that experience conflict in the home.
20. Explore the specific needs of UASC and how the current offer (including from the VCSE sector) supports this need and what additional support might be required.
21. Explore the completion rate of the Strength and Difficulties Questionnaires in Looked After Children; consider further investigation of barriers to completion and use this to inform future practice.
22. Consider explicitly including groups identified as higher risk in local strategies and plans

### **7.4. Connecting, understanding, and enabling services**

23. Support the development of the service directory and ensure that it is accessible and identifies services available for a wide range of professionals and disseminate it widely. Ensure that an individual is responsible for keeping this up to date.

24. Support the development of a service directory that is available to children and young people and their families that details what services are available via self-referral.
25. Develop and maintain relationships with VCSE organisations to support use of evidence-based practice, enable potential future collaboration/ partnership working and better understand broader service provision across Leicestershire, including any gaps, to identify future opportunities.
26. Support the continued roll-out of Mental Health Support Teams across the County. Collaborate across organisations to ensure that higher risk schools/ areas are identified and prioritised for implementation.
27. Support schools to access DfE training grants for senior mental health leads.
28. Monitor the First Steps pilot and how this impacts referrals and time taken to be seen.
29. Support the ongoing use of the Dynamic Support Pathway to identify concerns early for those with autism and/ or learning disability and prevent further deterioration and escalation.
30. Support the neurodevelopmental business case to ensure appropriate services are available and escalations reduced for this cohort.
31. Develop and strengthen links with the VCSE sector to support children and young people with neurodevelopmental conditions.
32. Continue to work with autism, neurodevelopmental, and learning disabilities colleagues to encourage a needs-led rather than diagnosis-led system.
33. Explore options to provide supportive, friendly and inclusive environments for those with autism, neurodevelopmental conditions and learning disabilities, for example, using the green light toolkit for mental health services or the NHS England sensory friendly resource pack.

#### **7.5. Supporting transition from children's to adults' services**

34. Support the use of care navigators to support the transition of young people's care from children to adult service.
35. Ensure that this is evaluated to understand strengths and weaknesses and identify any additional actions that may be required.
36. Consider the feasibility, advantages, and disadvantages of extending the age of transition up to 25.

#### **7.6. Areas requiring further investigation**

37. Anxiety has been identified by professionals as a growing concern in children and young people in Leicestershire, however, there is currently limited data available. Consider investigating how anxiety is impacting children and young people, and how it is changing in Leicestershire.



38. Consider investigating the trend in use of cannabis to manage mental health difficulties as described by local professionals. Consider including the use of CBD products within this scope.
39. Consider collecting data on additional protective factors such as having a good education, someone from the family being in work, having a positive relationship with parents, and social/ community inclusion and risk factors such as parental imprisonment.

## **8. Appendix 1 – Description of Current Services supporting children and young people living in Leicestershire**

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### **8.1. Mental health services**

#### **8.1.1. CAMHS services**

The Child and Adolescent Mental Health Service (CAMHS) is a set of specialist mental health services that offer assessment and intervention to children and young people up to 18 years old. CAMHS works with individuals with significant mental health difficulties that have a moderate to severe impact on functioning.

CAMHS teams are multi-disciplinary and include specialists in mental health including nurses, psychiatrists, clinical psychologists, occupational therapists, speech and language therapists, social workers, psychotherapists, peer mentors, those with lived experience of mental health services. Services also collaborate with other children's services such as early help, schools, and social care.

There are a range of specialist outpatient teams, and these are outlined below.

#### **Central Access Point**

This service is accessed directly by phone and offers telephone support 24 hours a day, 7 days a week; they take referrals from any source, either for themselves or for others. Support workers explore a caller's needs and transfer them either directly, or as an urgent or routine call-back from the appropriate team. The service provides assessments and early interventions where appropriate and aims to reduce pressures on other services, particularly NHS111 and the emergency department.

#### **Crisis Team**

This team provides rapid assessment and management of mental health crises in children and young people. This can include up to six weeks with the Intensive Home Treatment service with the aim of achieving and maintaining recovery within the community. Once a referral is received, the team aims to make telephone contact with a family within two hours and to assess the child or young person within 24 hours. The service is operational from 8am until 10pm; outside of these times, telephone support is provided by Central Access Point and urgent assessments occur at the Bradgate Unit Hub or Leicester Royal Infirmary (by the All-

Age Mental Health Triage and Liaison Team).

### Eating Disorders Team

This service works with children and young people with eating disorders; they work with individuals and their families, typically for 12-18 months with an aim to help recovery from their eating disorder. Referrals are accepted from GPs, school nurses and secondary services.

### Learning Disability Team

This team works with children and young people with moderate to profound learning disability and mental health difficulties and/or challenging behaviours. They support individuals and their families and includes an outreach team who offer intensive home intervention. Referrals are accepted from health and social care and voluntary sector groups.

### General Outpatients

This is the largest outpatient team; they work with all other children and young people that don't meet the criteria to fit into one of the specialist services above. Referrals are received via Triage & Navigation or another CAMHS specialist service.

### Paediatric Psychology

This service works with children and young people, and their families, who have physical health conditions and are struggling to adjust to or cope with living with their condition. Individuals must be under the care of, and be referred by, a Consultant Paediatrician at one of the UHL hospitals or in the community.

### Primary Mental Health Team

This team links CAMHS with other Children and Young People's services to support professionals such as teachers, GPs, school nurses, social workers, and youth workers to support mental health and emotional wellbeing. Child Wellbeing Practitioners are also linked to GP practices and offer low intensity support to children and young people with mild mental health difficulties.

### Young People's Team

This team works with children and young people who are at higher risk of mental health difficulties due to adverse childhood experiences and/ or social circumstances; this includes

Looked After Children, adopted young people, unaccompanied asylum seekers, young people known to Youth Justice services and those experiencing homelessness. The team works in partnership with social care, other professionals, carers, and parents to provide advice, consultation, liaison, and training. They also provide specialist mental health assessment and intervention for children and young people who are experiencing mental health difficulties. Referrals are accepted from Triage & Navigation and directly from professionals within the local authority and healthcare.

### **8.1.2. Additional ICB commissioned mental health services**

#### **Triage & Navigation Service**

This service provides a single point of access to all ICB commissioned behavioural, mental health and emotional wellbeing services (including CAMHS) in Leicestershire. Referrals are via the Prism referral form which are processed within two working days, or two hours if identified as urgent. Referrals are accepted from GPs, social workers, educational psychologists, learning disabilities clinicians and early intervention, unless otherwise stated above.

#### **Community Chill Out Zone**

This pop-up service offers drop-ins or digital support to young people aged 11-18 years. It supports young people with overwhelming feelings of anxiety, low mood, suicidal thoughts or thoughts of self-harm; individuals can talk to staff and be supported until they feel calmer and then be signposted to other information and support services.

#### **Kooth Online Counselling**

This service is a digital, anonymous online platform that supports young people aged 11-25. Kooth provides support from practitioners, normally via text. There are also resources such as self-help articles and activities, and opportunities for peer-to-peer support via discussion groups (which are moderated). Access is via self-referral.

#### **First Steps Eating Disorder Service**

This service was commissioned in response to increasing referrals into CAMHS Eating Disorder Team and subsequently long waiting lists. The aim is to deliver a low-level community service to young people aged 11-18 years using drop-in and digital support, which includes access to peer support forums (moderated), to support recovery and prevent escalation. Referrals are

accepted from CAMHS Eating Disorder Team, schools, GP and via self-referral.

### Early Intervention Service

This service provides emotional wellbeing and therapeutic support for those with low to moderate mental health needs, aged 5-18. The service is made up of three organisations: Relate, Centre for Fun and Families and ADHD solutions to offer a range of interventions to young people and their parents or carers. Referrals are accepted from the Triage & Navigation Service, or directly from GPs or CAMHS.

### Post Sexual Abuse Service

Provided by Family Action, this service provides a range of interventions to support children and young people (0-18 years) who have experienced sexual abuse through one-to-one (primarily), group and family support. They also provide advice and support to other professionals who require support on how to support these individuals. Children, young people, or their families can self-refer, otherwise referrals are received via the Triage & Navigation Service or directly from professionals in schools, GPs, CAMHS or Children's Services.

## **8.1.3. Additional NHS England (NHSE) commissioned mental health services**

### Mental Health Support Teams

This service supports children and young people aged 5-19 years in selected education settings across Leicester, Leicestershire, and Rutland; specific schools in Oadby and Wigston, Hinckley, North West Leicestershire, Loughborough and Melton are included from the county (the full list of schools can be accessed [here](#)). They aim to deliver evidence-based interventions for mild to moderate mental health issues, alongside supporting the senior mental health leads in each school or college to develop a whole school/ college approach. They also provide advice to setting staff and liaise with specialist services to enable children and young people to get the right support and remain in education. Referrals are accepted from schools.

## **8.1.4. Additional local authority commissioned mental health services**

### Community Self-Harm Intervention

This service provides both in person and online support for any resident of any age in Leicester, Leicestershire, and Rutland who currently self-harms, has thoughts of self-harm or

has been affected by self-harm in some way. The service provides up to 12 evidence-based treatment sessions for each individual and provides evidence-based training to stakeholders across the self-harm and suicide prevention pathway in LLR. Self-referrals and referrals from a health care professional are accepted.

## **8.2. Broader children and young people's services that provide mental health support**

The below services provide a variety of different types of support to children and young people and as part of this also support mental health (rather than focusing specifically on mental health). They can be broadly divided into those that support overall health and wellbeing, those that support education and those that support specific vulnerable groups of children and young people. All services are commissioned by the local authority Public Health Department unless otherwise stated.

### **8.2.1. Services that support health and wellbeing**

#### **Active Together Partnership**

Moving more can help children and young people build their confidence and self-esteem, improve their sleep, improve their concentration and learning as well as making them feel good. Active Together work closely with District / Borough Councils, School Sport and Physical Activity Networks and wider partners to deliver both targeted and universal physical activity sessions for Children & Young People, with programmes taking place in both school and the community. Some examples include:

- Holiday's Together: Leicestershire Holidays Together is a free and exciting programme for children and young people who are receiving benefits-related free school meals.  
<https://www.active-together.org/holidays-together>
- Active At School
  - School Games: year-round calendar of competition for all students which aims to keep participation in sport and physical activity at the heart of school life and provide more young people with the opportunity to participate, compete and achieve their personal best.  
<https://www.active-together.org/schoolgames>
  - Daily Boost: The Daily Boost aims to encourage children and young people to do 15 minutes of organised activity at school every day, benefiting their long-term physical and mental wellbeing.

<https://www.dailyboost.org/>

- Active Travel to School: Travelling actively to school means that children arrive at school, ready to learn.

<https://www.choosehowyoumove.co.uk/schools/leicestershire-schools-programme/>

They also provide support, guidance and signposting to informal activities, via their website, for leisure centres, parks and open spaces, sports clubs, activity sessions as well as online and at home activities.

### *Beyond Bullying*

Commissioned by the local authority, this service provides information, guidance and signposting advice about bullying to children and young people, parents and professionals. All resources are hosted on their [website](#), where young people and their families can ask the team questions about bullying.

### *Community Paediatrics*

This provides care for children and young people aged up to 18 years. It provides evidence-based interventions for a range of clinics including safeguarding, LAC, developmental delay and Downs syndrome. They also provide neurodevelopmental assessments and pharmacological intervention for primary school aged children. Referrals are accepted from GPs, school nurses and secondary services.

### *Healthy Together 5-11*

This service provides support for children aged 5-11 years old who are not under other services for the same issue. They support low level mental health concerns digitally (via parent chat health and Health for Kids), face-to-face and via phone for up to four contacts per concern. Referrals are accepted from parents, GPs, education settings, MHSTs and allied health providers.

### *Teen Health Service*

The aim of the service is to ensure that all children and young people aged 11-19 years (or up to 25 years if there are additional SEND needs) have access to advice and support to help deliver better health outcomes for children and young people with a focus on reducing risk taking behaviours before they escalate. Local priorities include emotional health and wellbeing including body image and self-esteem, healthy relationships – conflict, abuse and

positive sexual relationships, and substance misuse including alcohol and cannabis. Activities include direct work (groups) in person, at school or community, a digital offer that provides information and signposting advice with some capacity for one-to-one support for more complex children and young people. Self-referrals and referrals from parents or schools are accepted.

### Youth Engagement Activators

This service provides support to children and young people aged 6-17 years old in Hinckley and Bosworth district. They provide an eight-week wellbeing programme offered to up to 20 individuals in primary or secondary schools. Based on the NHS Five steps to wellbeing and includes additional weeks on stress, anxiety and evaluation of the skills learnt. At the end of the programme, children and young people become positivity ambassadors for the school. In addition, offer one-to-one support with an emotional literacy support assistant. Schools are identified in deprived areas and pastoral staff identify children to participate. Referrals are therefore predominantly from schools but can also be received from social prescribers.

### **8.2.2. Services that support education**

#### Inclusion

This service supports children and young people (all statutory aged school children and vulnerable people at post-16) that have had 10 days continuous unexplained absence from school or 15 days non-consecutive unexplained absence. They support any conditions that are preventing children from attending school or young people from accessing post 16 education, training and employment. Officers work with schools to help them to meet children's needs. Education Officers work with schools, families, young people and other agencies to plan education and return to school. Graduated Response Inclusion Practitioners and Youth Workers work with CYP in their homes to build confidence and resilience to encourage them back into formal education. Schools refer children and young people through the Inclusion website. The service is commissioned by the local authority Children and Family Services.

#### Leicestershire Educational Psychology Service

This service focuses on determining the level of special educational need and the provision necessary to meet such need. Referrals are via the school's special educational needs & disability co-ordinator (SENDCo) or via a local authority decision to commence an Education, Health and Care needs assessment (EHCNA) for a child/young person aged <25 years.

#### Specialist Teaching Service



This service has specific teams in Autism Outreach, Learning Support, Hearing Support and Vision Support, described separately below. All services are commissioned by the local authority Children and Family Services.

#### *Autism Outreach Team*

The Autism Outreach Team (AOT) are education-based teachers and practitioners who support Leicestershire maintained schools and academies to improve their understanding of Autism, develop whole-school good autism practice and to implement strategies to support individual autistic children and young people. Low level mental health conditions linked to needs arising from a diagnosis of autism are supported. Referrals are accepted from schools with parental consent and evidence of an autism diagnosis.

#### *Learning Support Team*

The Learning Support Team provide 2 hours of free Consultation time per year for Leicestershire maintained schools and academies to discuss the learning support needs of the school, provide advice, strategies and signposting. In addition, the team also offer termly training on a wide range of topics related to Maths and Literacy difficulties. This team do not hold a caseload of pupils. Low level mental health conditions linked to learning needs are supported. Schools book directly to receive consultation.

#### *Hearing Support Team*

The Hearing Support Team works with families, schools, early years settings and other professionals to offer assessment, observation, and advice on the impact of deafness, and ways to support children to achieve their potential. This may include direct teaching or non-teaching support. Low level mental health conditions linked to hearing needs are supported. Referrals are accepted from parents or carers, schools, healthcare professionals and other local authority services.

#### *Vision Support Team*

The Vision Support Team offers advice and support to all children and young people who have a visual impairment. They also offer support to families, schools and settings and work with other relevant professionals to achieve this. VST will respond to all the statutory requirements of the Code of Practice. Low level mental health conditions linked to vision impairment are supported. Referrals are accepted from parents/ carers, schools, healthcare professionals, SEND or Children and Family Services professionals.

### **8.2.3. Services that support vulnerable groups**

#### **Children and Family Wellbeing Service**

Funded by the local authority plus some grant-funded activity, this service will work with families and young people (aged 0-19 or 25 if additional needs) who have needs which cannot be met by single services/ universal services, described as families who require targeted and enhanced support and/or children with additional needs becoming more complex. As part of this work, they support low level emotional health and wellbeing issues which may include anxiety and low mood. Young people or their families can self-refer, otherwise referrals are accepted from any professionals.

#### **Leicestershire Children's Children and Families Department**

Funded by the local authority, this service provides statutory support safeguarding and protection of children and young people in Leicestershire. They deliver multi-professional models of targeted interventions for children and their families, and as part of this support all mental health conditions where there is a statutory social care need. Referrals are accepted from all professionals and can be made via a multi-agency referral form.

#### **Leicestershire Youth Justice Team**

This service supports young people aged 10-18 years who have been referred via Court Orders, out of Court Police disposals and general referrals for the Crime Prevention Offer. A full range of mental health concerns and conditions are assessed and supported either by a youth worker or referred to CAMHS. They also include the Consultation and Formulation for Youth Justice Team who provide advice, consultation, liaison, and training to youth justice professionals. Funding is via multiple sources including local authority, probation, Police & Crime Commissioner, and grants.

#### **Liaison and Diversion Service**

Funded by NHSE, children and young people aged 10-18 years are referred via custody staff or the police system. The service offers individualised screening tools to identify support required to reduce reoffending behaviour upon release from custody. Mental health difficulties are supported and onward referrals to services are made if required.

#### **Turning Point**

This service supports Young People (under 17 years old) and Young Adults (18-24 years old) with substance misuse by providing one-to-one treatment and psychosocial support using universal, targeted or structured interventions. Referrals are via any professional and young

people can self-refer. The service also provides additional support in the form of education and preventative work at schools and health fairs.

### Violence Reduction Network

The violence reduction network provides several different interventions including:

- Mentors in Violence Prevention (MVP): involves adults in school settings learning and then training older pupils as MVP mentors with the confidence, knowledge and skills to identify and speak out against bullying, abusive behaviour and violence. Targeted at 11–16-year-olds.
- The Reach Programme: an intensive six-month mentoring programme aimed at preventing exclusions. Working closely with and in schools, a youth worker is allocated to at-risk young people and offers a tailored package of support to the young person, their family and friends. Targeted at 10–16-year-olds and currently (as of March 2023) delivered in Castlerock School, Charnwood College, Limehurst Academy and Newbridge High School.
- Violence Intervention Project (VIP): provides timely and tailored support to young people attending the Accident & Emergency department and Euston Street Police Station. Targeted at 11–25-year-olds.
- Chance 2 Change: aims to reach young people getting involved in violence in community settings, providing mentoring and emotional support with the aim to improve social skills and access to support across the system. Targeted at 16–26-year-olds.

### **8.3. Voluntary, community and social enterprise organisations**

#### ADHD solutions CIC

This service is an independent initiative set up to support children, young people and adults who have ADHD, their families, and the professionals who are working with them. Support is available to those aged 3+ years old throughout Leicestershire and includes general help and advice, signposting, support groups, workshops and coaching. Referrals from self, parents/carers and professionals are all accepted.

#### Afro Innovation Group

This service supports 16–25-year-olds who are from refugee, asylum seeker and migrant families and those from BAME communities. They support young people with:

- Depression

- Social anxiety
- Support with dealing with violence
- Support with effect of cost of living on service user.
- Support with county lines and gangs
- Support with drugs
- Support with social isolation

The service provides mental health activities and a range of services and activities to engage, build links and support young people; this includes physical activities and sports, and learning, advice and support to help young people into education, training, volunteering and employment opportunities.

#### *Business Enterprise & Community Group (BEC)*

This service supports autistic and neurodiverse young people aged 16 years and over, mentoring and coaching towards independence; where appropriate they also support finding employment and meaningful engagement. The service is accessed via direct referral from all sources including young people, parents/ carers and any professionals.

#### *Centre for Fun and Families*

This service has different funding routes for different projects which cover set geographical areas. For example, the Early Intervention and Children in Need services are county-wide, whereas their work in schools is conducted in three secondary schools in Blaby only. Overall, the service supports young people (aged 8-18 years) and their families with challenging behaviour and conflict, low mood and depression, worry and anxiety, low self-confidence and low self-esteem; they also provide support for young parents (under 25 years) from pregnancy until their child is 2 years. Support is provided as both one-to-one and group sessions for young people and their parents/ carers. The service is accessed via self-referral.

#### *Chiltern Music Therapy*

This service provides support to children and young people of all ages and covers most of Leicestershire (eligibility determined on a case-by-case basis). They support children and young people with a whole variety of mental-health difficulties, at home and within the community.

The team have wide ranging experience within in-patient and community settings, across the public, charity and private sectors of mental health and work alongside other Allied Health Professionals in this field. Services include music therapy assessments, ongoing music therapy

and MDT work. Referrals are accepted from self, family, support worker, school staff and healthcare professionals.

### *Eyres Monsell Club for Young People*

This service supports young people aged 11 years and over. They provide a face-to-face service that includes talking and fitness sessions in their health hub. Their aims include to increase self-confidence, self-esteem, reduce anger, stress and frustration, release feel good endorphins, and become physically as well as emotionally fitter and healthier. Referrals are accepted from self and via agencies.

### *HomeStart Horizons/ North West Leicestershire and South Leicestershire*

The service offers non-judgmental and confidential support tailored to the needs of families who have a child under the age of 5 years (HomeStart South Leicestershire also has a project with families with a child aged 5-11 years). This may be emotional support or practical help or help to access other services and specialist support. Offers may differ across Districts/City but generally includes:

- One-to-one Co-ordinator support to access appropriate services within Home-Start or externally.
- One to one home-visiting peer support by individually matched, trained, and supported volunteers.
- Family support groups (various locations).
- Family Post Natal Illness support/"MIMs" – postnatal illness support groups/courses/home-visiting.
- Parenting courses (healthy lifestyles/Post Natal Illness).
- Buddying Service – matching parents together for mutual support.
- Support for Young Parents (under 21yrs).

Self-referrals and referrals from professionals are accepted.

### *Living Without Abuse*

This service supports children and young people aged 5-18 years old who have experienced:

- domestic abuse either in the home or in their own intimate relationships (the Jasper service)
- sexual violence or abuse (the Amber service).

The service provides needs-led support for an average of 12-16 sessions; this can include counselling, one to one and group support. Referrals are accepted from the public and professionals.

### Love4Life

This service supports girls aged 11-18 years living in the Loughborough/ Coalville area who need support with their self-esteem, confidence, or relationships. They specifically accept referrals around:

- Those engaged in concerning sexual behaviour / sexting / in an unhealthy relationship / at risk of CSE etc.
- Struggling with body image or have concerningly low self-worth / social anxiety etc.
- Have difficulties maintaining friendships or experiencing bullying / peer-pressure / negative peer groups.

Referrals are accepted from parents/carers, schools and other professionals or via self-referral if the young person is aged over 16 years.

### The Conservation Volunteers

This service supports children, young people and adults of any age. Projects for young people occur mainly in the Measham area and include grow sessions and other activities such as bat walks and guided walks. In addition, there are class activities and events run through Measham school. Referrals are accepted from self/ parents/ carers.

### The Laura Centre

This service supports children and young people aged 5 to 25 years old who have a parent, carer or sibling who has died. They offer one to one therapy, family work, therapeutic groups, psycho-educational groups, alternative therapies and an advice line for professionals and phone support for bereaved clients that do not fit our remit but need some advice/guidance. They also provide professional training and clinical supervision to other professionals.

### The New Futures Project

This service provides support for young people aged 13-18 years (or up to 25 for females) who have any mental health conditions relating to trauma. They offer up to 12 months of free counselling plus ongoing key worker support for practical needs beyond 12 months if required. Referrals are accepted via self/ carer, secondary healthcare services, social services and accommodation providers.



## 9. GLOSSARY OF TERMS

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ACE	Adverse Childhood Events
BAME	Black, Asian and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Service
CIC	Community Interest Company
CCG	Clinical Commissioning Group (replaced by Integrated Care Boards on 1 <sup>st</sup> July 2022)
CYP	Children and Young People
ELRCCG	East Leicestershire and Rutland Clinical Commissioning Group
GP	General Practitioner
GRT	Gypsy, Roma or Traveller
HWB	Health and Wellbeing Board
IDACI	Income Deprivation Affecting Children
ICB	Integrated Care Board (replacing Clinical Commissioning Groups on 1 <sup>st</sup> July 2022)
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LCC	Leicestershire County Council
LGBT+	Lesbian, Gay, Bisexual, Transgender/ Transsexual, Other
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust



LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
ONS	Office of National Statistics
PHE	Public Health England
SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Needs
UKHSA	UK Health Security Agency
VCSE	Voluntary, Community and Social Enterprise
WLCCG	West Leicestershire Clinical Commissioning Group

## 10. REFERENCES

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1. **Newlove-Delgado, T, et al.** Mental Health of Children and Young People in England, 2022. *NHS digital*. [Online] 29 November 2022. [Cited: 4 January 2023.] <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>.
2. **Grimm, Fiona, et al.** Briefing: Improving children and young people's mental health services. Local data insights from England, Scotland and Wales. *The Health Foundation*. [Online] July 2021. [Cited: 24 October 2022.] <https://www.health.org.uk/publications/reports/improving-children-and-young-peoples-mental-health-services>.
3. **Children's Commissioner.** What we learnt from Gypsy, Roma, and Traveller children who responded to The Big Ask. *Gov.uk*. [Online] 1 July 2022. [Cited: 3 November 2022.] <https://www.childrenscommissioner.gov.uk/2022/07/01/what-we-learnt-from-gypsy-roma-and-traveller-children-who-responded-to-the-big-ask/#:~:text=GRT%20children%20were%20less%20happy,to%2052%25%20of%20all%20children..>
4. *The Impact of Migration Status on Adolescents' Mental Health.* **Pieh, Christoph, et al.** 176, 17 January 2022, *Healthcare*, Vol. 10.
5. *Intergenerational and interethnic mental health: An analysis for the United Kingdom.* **Dorsett, Richard, Rienzo, Cinzia and Weale, Martin.** 2, 27 September 2018, *Population, Space and Place*, Vol. 25.
6. **NHS Digital.** Mental Health of Children and Young People in England, 2017. *NHS digital*. [Online] 22 November 2018. [Cited: 24 October 2022.] <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>.
7. *A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people.* **King, Michael, et al.** 70, 18 August 2008, *BMC Psychiatry*, Vol. 8.
8. **Bradlow, Josh, et al.** *School report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017*. s.l. : Stonewall and University of Cambridge Centre for Family Research, 2017.
9. **NHS Digital.** Mental Health of Children and Young People in England, 2020. Wave 1 follow up to the 2017 survey. *NHS Digital*. [Online] 22 October 2020. [Cited: 24 October 2022.] [https://files.digital.nhs.uk/AF/AECD6B/mhcyp\\_2020\\_rep\\_v2.pdf](https://files.digital.nhs.uk/AF/AECD6B/mhcyp_2020_rep_v2.pdf).
10. *Adversity in childhood is linked to mental and physical health throughout life.* **Nelson,**

- Charles A, Bhutta, Zulfiqar A and Danese, Andrea.** 2020, *BMJ*, Vol. 371, p. m3048.
11. *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) study.* **Felitti, Vincent J, et al.** 4, 1998, *American Journal of Preventive Medicine*, Vol. 14, pp. 245-258.
  12. **Young Minds.** *Addressing Adversity: Prioritising adversity and trauma-informed care for children and young people in England.* s.l. : NHS Health Education England, 2017.
  13. —. *Children and Young People with Learning Disabilities - Understanding Their Mental Health.* London : s.n.
  14. **Co-ordinated Action Against Domestic Abuse (CAADA).** In plain sight: The evidence from children exposed to domestic abuse. *Safelives.org.uk.* [Online] February 2014. [Cited: 1 November 2022.] [https://safelives.org.uk/sites/default/files/resources/In\\_plain\\_sight\\_the\\_evidence\\_from\\_children\\_exposed\\_to\\_domestic\\_abuse.pdf](https://safelives.org.uk/sites/default/files/resources/In_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf).
  15. *The burden of mental ill health associated with childhood maltreatment in the UK, using The Health Improvement Network database: a population-based retrospective cohort study.* **Chandan, Joht S, et al.** 11, 1 November 2019, *The Lancet Psychiatry*, Vol. 6, pp. 926-934.
  16. **National Institute of Clinical and Health Excellence.** Domestic violence and abuse: multi-agency working. Public health guideline [PH50]. *NICE.org.uk.* [Online] 26 February 2014. [Cited: 1 November 2022.] <https://www.nice.org.uk/guidance/ph50/chapter/3-Context#domestic-violence-and-abuse-between-parents>.
  17. **Lennox, Charlotte and Khan, Lorraine.** *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays.* s.l. : Gov.uk, 2013.
  18. **SafeLives.** Young people at risk of child sexual exploitation: Research briefing for professionals working with young people. *Safelives.org.uk.* [Online] 2014. [Cited: 2 November 2022.] <https://safelives.org.uk/sites/default/files/resources/SafeLives%20research%20briefing%20-%20young%20people%20at%20risk%20of%20CSE.pdf>.
  19. **Anti-Bullying Alliance and NCB.** *Focus on: Bullying and Mental Health.* 2015.
  20. **NHS.** Female Genital Mutilation (FGM). *NHS.uk.* [Online] 27 September 2022. [Cited: 3 November 2022.] <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>.
  21. **Jones, Adele D, et al.** *Children of Prisoners: Interventions and mitigations to strengthen mental health.*
  22. **Cleaver, Hedy, Unell, Ira and Aldgate, Jane.** *Children's Needs - Parenting Capacity. Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence.* London : TSO, 2011.
  23. **Office for National Statistics.** Reporting Year 2021: Children looked after in England

including adoptions. *Gov.uk*. [Online] 5 April 2022. [Cited: 27 October 2022.] <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021>.

24. **National Institute for Health and Care Excellence**. Looked-after children and young people. *NICE*. [Online] 20 October 2021. [Cited: 27 October 2022.] <https://www.nice.org.uk/guidance/ng205/chapter/Context>.

25. **Office for National Statistics**. Characteristics of children in need. *Gov.uk*. [Online] 27 October 2022. [Cited: 3 November 2022.] <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need#dataBlock-1da023da-5d1b-44af-c150-08daa787e284-charts>.

26. **NHS**. Being a young carer: your rights. *NHS.uk*. [Online] 22 March 2021. [Cited: 3 November 2022.] <https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/being-a-young-carer-your-rights/>.

27. **Sempik, Joe and Becker, Saul**. *Young Adult Carers at School: Experiences and Perceptions of Caring and Education*. s.l. : Carers Trust, 2013.

28. **Gledhill, Julia M and Garralda, Elena**. The relationship between physical and mental health in children and adolescents. *New Oxford Textbook of Psychiatry (2 edn)*. 2012, 9.3.4.

29. **Local Government Association**. Children and young people's emotional wellbeing and mental health – facts and figures. *Gov.uk*. [Online] January 2022. [Cited: 3 November 2022.] <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and>.

30. **Phillips, Amy**. Homelessness and its impact on children. *The Association for Child and Adolescent Mental Health*. [Online] 16 October 2019. [Cited: 3 November 2022.] <https://www.acamh.org/blog/homelessness-impacts-on-children/>.

31. **Leng, Gill**. *The Impact of Homelessness of Health: A Guide for Local Authorities*. s.l. : Local Government Association, 2017.

32. *Impact of mental disorders on attendance at school*. **Lawrence, David, et al.** 1, 14 March 2019, *Australian Journal of Education*, Vol. 63.

33. **HeadStart**. *Learning from HeadStart: the relationship between mental health and school attainment, attendance and exclusions in young people aged 11 to 14*. . s.l. : UCL, 2019.

34. **Office for National Statistics**. Children's online behaviour in England and Wales: year ending March 2020. *ONS*. [Online] 9 February 2021. [Cited: 4 November 2022.] <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childrenonlinebehaviourinenglandandwales/yearendingmarch2020>.

35. **Royal Society for Public Health**. *#Status of Mind: social media and young people's mental health and wellbeing*. 2015.

36. *Parental military deployment as risk factor for children's mental health: a meta-analytical review*. **Cunitz, Katrin, et al.** 26, 21 June 2019, *Child and Adolescent Psychiatry and Mental Health*, Vol. 13.
37. **Public Health England**. Mental health and wellbeing: JSNA toolkit, 5. Children and young people. *Gov.uk*. [Online] 25 October 2019. [Cited: 3 November 2022.] <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people>.
38. *Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale*. **Narayan, Angela J, et al.** 2018, *Child Abuse & Neglect*, Vol. 78, pp. 19-30.
39. **Office for Health Improvements and Disparities**. COVID-19 mental health and wellbeing surveillance: report. 4. Children and Young People. *Gov.uk*. [Online] 12 April 2022. [Cited: 3 November 2022.] <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>.
40. **Office for National Statistics**. Population and household estimates, England and Wales: Census 2021. *ONS*. [Online] 28 June 2022. [Cited: 11 November 2022.] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationandhouseholdestimatesenglandandwalescensus2021>.
41. **Business Intelligence Service, Leicestershire County Council**. *Leicestershire Joint Strategic Needs Assessment 2018-2021*. 2021.
42. **Office for National Statistics**. National statistics: English indices of deprivation 2019. *ONS*. [Online] 26 September 2019. [Cited: 11 November 2022.] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>.
43. **Office for Health Improvement and Disparities**. Child and Maternal Health. *Fingertips*. [Online] 2022. [Cited: 11 November 2022.] <https://fingertips.phe.org.uk/child-health-profiles#page/1/gid/1938133224/pat/15/ati/402/are/E10000018/iid/93701/age/169/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>.
44. **Gov.uk**. Table Tool: Create your own tables. *Gov.uk*. [Online] 2021. [Cited: 22 February 2023.] <https://explore-education-statistics.service.gov.uk/data-tables?search=category+of+need#subjectTabs-createTable>.
45. **Office for National Statistics**. Table Tool: Create your own tables. *Gov.uk*. [Online] [Cited: 22 February 2023.] <https://explore-education-statistics.service.gov.uk/data-tables/fast-track/2c56bad1-16fa-4105-7749-08dab100bfc2>.
46. **Office for Health Improvement and Disparities**. Domestic abuse-related incidents and crimes. *Fingertips*. [Online] 2020/21. [Cited: 4 November 2022.] <https://fingertips.phe.org.uk/search/domestic#page/4/gid/1/pat/6/par/E12000004/ati/402>

/are/E10000018/iid/92863/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0.

47. **Leicestershire County Council and Schools Health Education Unit.** *Supporting the Health of Young People in Leicestershire: A summary report of the Health Related Behaviour Survey 2021.* 2021.

48. **Leicestershire County Council.** *Leicestershire and Rutland School Safeguarding Survey 2022.* 2022.

49. **NHS Digital.** *Female Genital Mutilation (FGM) Quarterly Report: April 2015 to June 2022.* 2022.

50. **Leicestershire County Council.** *Defining CFS for the future 2.* 2022. Internal slidedeck.

51. **Turning Point.** *Adult Numbers in Treatment and Percent Living with Children.* 2022.

52. **Gov.uk.** Table Tool: Create your own tables. *Gov.uk.* [Online] 2021. [Cited: 22 February 2023.] <https://explore-education-statistics.service.gov.uk/data-tables#subjectTabs-createTable>.

53. **NHS Midlands and Lancashire Commissioning Support Unit.** *Aristotle Xi.*

54. **Office for National Statistics.** Special Educational Needs in England. *Gov.uk.* [Online] 16 June 2022. [Cited: 10 November 2022.] <https://explore-education-statistics.service.gov.uk/data-tables/permalink/4e3c0bf2-675f-4a52-a455-08dac345249a>.

55. **Clements, Beth and Roberts, Justine.** *Inclusion Service update: October 2022.* Leicestershire County Council. 2022.

56. **Office for Health Improvement and Disparities.** Wider Determinants of Health. *Fingertips.* [Online] 2022. [Cited: 11 November 2022.] <https://fingertips.phe.org.uk/wider-determinants#gid/1938133042/ati/6>.

57. **Active Together.** *Physical Activity and Wellbeing Residents' Survey 2022: Leicestershire, Leicester and Rutland Anonymised Data.* 2022.

58. **Office for Health Improvement and Disparities.** School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs. *Fingertips.* [Online] 2021. [Cited: 11 November 2022.] <https://fingertips.phe.org.uk/search/social#page/3/gid/1/pat/6/par/E12000004/ati/402/are/E10000018/iid/91871/age/217/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>.

59. **NHS England.** NHS mental health dashboard. *NHS England.* [Online] 10 November 2022. [Cited: 11 November 2022.] <https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/>.

60. **Office for Health Improvement and Disparities.** Children and Young People's Mental Health and Wellbeing. *Fingertips.* [Online] 2022. [Cited: 11 November 2022.] <https://fingertips.phe.org.uk/cypmh#gid/1938133376/ati/6>.

61. —. Local Health - Small Area Public Health Data. *Fingertips*. [Online] 2022. [Cited: 13 November 2022.] <https://fingertips.phe.org.uk/local-health#gid/1938133184/ati/3>.
62. **Public Health England**. *The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings*. 2014.
63. **Australian Institute of Family Studies**. Young Minds Matter: Mental disorders and risk-taking behaviour among 13-17 year-olds in Australia. *Australian Institute of Family Studies*. [Online] September 2017. [Cited: 14 November 2022.] <https://aifs.gov.au/resources/short-articles/young-minds-matter-mental-disorders-and-risk-taking-behaviour-among-13-17>.
64. **Public Mental Health Implementation Centre**. *Public mental health implementation: A new centre and new opportunities. Briefing paper March 2022*. s.l.: Royal College of Psychiatrists, 2022.
65. *Multidimensional impact of severe mental illness on family members: systematic review*. **Fekadu, Wubalem, et al.** 12, 30 December 2019, *BMJ Open*, Vol. 9.
66. **McDaid, David and Park, A-La**. *The economic case for investing in the prevention of mental health conditions in the UK (Summary)*. 2022.
67. **Department of Health and NHS England**. Future in Mind - Promoting, protecting and improving our children and young people's mental health and wellbeing. *Gov.uk*. [Online] 2015. [Cited: 16 August 2022.] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf).
68. **Independent Mental Health Taskforce to the NHS in England**. The Five Year Forward View for Mental Health. *NHS.uk*. [Online] February 2016. [Cited: 16 August 2022.] <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>.
69. **Department of Health and Department for Education**. Transforming Children and Young People's Mental Health Provision: a Green Paper. *Gov.uk*. [Online] December 2017. [Cited: 16 August 2022.] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf).
70. **HM Government**. Cross-Government Suicide Prevention Workplan. *Gov.uk*. [Online] January 2019. [Cited: 17 August 2022.] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/772210/national-suicide-prevention-strategy-workplan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf).
71. —. Advancing Our Health: Prevention in the 2020s. *Gov.uk*. [Online] July 2019. [Cited: 17 August 2022.]

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819766/advancing-our-health-prevention-in-the-2020s-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819766/advancing-our-health-prevention-in-the-2020s-accessible.pdf).

72. **NHS.** The NHS Long Term Plan. *NHS.uk*. [Online] August 2019. [Cited: 17 August 2022.] <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>.

73. **HM Government.** COVID-19 mental health and wellbeing recovery action plan. *Gov.uk*. [Online] 27 March 2021. [Cited: 22 August 2022.] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/973936/covid-19-mental-health-and-wellbeing-recovery-action-plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973936/covid-19-mental-health-and-wellbeing-recovery-action-plan.pdf).

74. —. Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives. *Gov.uk*. [Online] 27 March 2021. [Cited: 17 August 2022.] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf).

75. —. Preventing suicide in England - A cross-government outcomes strategy to save lives. *Gov.uk*. [Online] September 2012. [Cited: 17 August 2022.] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/430720/Preventing-Suicide-.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf).

76. **Bukky Balogun, Katharine Garratt.** Suicide Prevention: Policy and practice. *Parliament.uk*. [Online] 2 February 2022. [Cited: 17 August 2022.] <https://researchbriefings.files.parliament.uk/documents/CBP-8221/CBP-8221.pdf>.

77. **Office for Health Improvement and Disparities.** Policy Paper: Prevention Concordat for Better Mental Health. *Gov.uk*. [Online] 16 June 2022. [Cited: 16 August 2022.] <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>.

78. **Department for Education.** *Keeping children safe in education 2022: Statutory guidance for schools and colleges*. 2022.

79. **Her Majesty's Inspectorate of Probation; Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services; Care Quality Commission; Ofsted.** *'Feeling heard': partner agencies working together to make a difference for children with mental ill health*. 2020.

80. **Leicester, Leicestershire and Rutland Better Care Together.** *Transformation Plan for Mental Health and Wellbeing for children and young people (2015-2020)*. 2016.

81. **West, Chris and Morriss, Elaine Egan.** *Leicester, Leicestershire and Rutland Children & Young People's Emotional, Mental Health & Wellbeing Transformation Plan 2018-2020*. 2018.

82. **Crook, Cat and Thawait, Anima.** *Future in Mind Transformation Plan: Children and Young People's Mental Health Annual Refresh 2022-2023*. s.l. : LLR ICB, 2022.

83. **Suicide Audit and Prevention Group.** *Suicide is Everyone's Business Leicester*,



*Leicestershire and Rutland Suicide Audit and Prevention Group Suicide Prevention Strategy 2020-2023.* 2020.

84. **HM Government and Children & Young People's Mental Health Coalition.** Promoting Children and Young People's Mental Health and Wellbeing: a whole school or college approach. *Gov.uk.* [Online] 20 March 2015. [Cited: 22 August 2022.] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1020249/Promoting\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_and\\_wellbeing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf).

85. **National Institute for Health and Care Excellence.** Social and emotional wellbeing: early years. *NICE.org.uk.* [Online] 24 October 2012. [Cited: 22 August 2022.] <https://www.nice.org.uk/guidance/ph40>.

86. **National Institute of Health and Care Excellence.** Social, emotional and mental wellbeing in primary and secondary education. *NICE.org.uk.* [Online] 6 July 2022. [Cited: 22 August 2022.] <https://www.nice.org.uk/guidance/ng223>.

87. —. Transition from children's to adults' services for young people using health or social care services. *NICE.org.uk.* [Online] 24 February 2016. [Cited: 22 August 2022.] <https://www.nice.org.uk/guidance/ng43>.

88. —. Transition between inpatient mental health settings and community or care home settings. *NICE.org.uk.* [Online] 12 September 2017. [Cited: 22 August 2022.] <https://www.nice.org.uk/guidance/ng53>.

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If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં યોગી મદદ ઇચ્છતાં છો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા યત્ન કરીશું.

નેવર ડુવાનું દિસ નાટકારી નું સમજાવિલ વ્રજ મદદ ચાહીદી હૈ તાં વિરપા વરકે 0116 305 6803 નંબર ડે ફોન કરે અડે અસીં ડુવાડી મદદ લઈ વિસે દા પુર્ણ વર દલાંગે।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔ 0116 305 6803

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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