



**Health Needs Assessment
Children & Young People Emotional
Wellbeing and Mental Health
March 2023**

FINAL

Executive Summary

Health Needs Assessment CYP Emotional Wellbeing and Mental Health

The purpose of this HNA is to identify population health and care needs and to describe factors that should be addressed to improve the emotional wellbeing and mental health of children, young people and families living in Kingston-Upon-Hull.

Methods

The data utilised in this HNA is secondary data, collated from National and local.

Summary of Findings

- Good emotional wellbeing and mental health for CYP is a fundamental for their resilience, happiness and health and supports positive mental health into adult hood.
- The overall rise in prevalence of a probable mental disorder between 2017 and 2022 was evident in boys and girls.
- Prevalence of mental health problems in CYP increase with age.
- More boys at primary school are likely to have mental health problems, similar rate for both sexes at secondary school, ages 17-24, females are more likely to have a probable mental health problem.
- One in eight 5–19-year-olds will experience at least one mental health condition with the most prevalent conditions being anxiety and depression (8.1%).
- Health Inequalities are clear in prevalence of mental health problems in CYP.
- Local service data does not collect enough data to be able to understand if services are reaching groups of CYP who are more likely to have a mental health problem.
- Some local services within the Getting Help section are due to cease 2023 and 2024, this could leave a significant gap of provision.

Recommendations:

- Effective collaboration, integration of services, data sharing, taking a trauma informed approach; truly placing the needs of CYPF at the centre is likely to improve outcomes for CYP. This is across the services working to support CYPF as a whole, including those within the Thrive Framework.
- Ensure resources in the system are used effectively and efficiently, targeting those most in need, while continuing to campaign and advocate for additional resources to support CYP emotional wellbeing and mental health.
- Address longer term funding of some services especially within the Getting Help and Getting More Help.
- Services to collect a standard level of data capturing target groups who have higher prevalence of probable mental health problems. Analysis and action to address any health inequalities taken.

- Co-production of services with target groups to help ensure they are fit for purpose.
- Thrive Partnership to consider promoting specific initiatives/streams of work to help tackle health inequalities such as 'Rainbow Flag Award' and 'poverty proofing access to health'.
- Access project to be completed to improve access to CYP mental health services within Hull including digital access support and innervations. This will include clear referral pathways that are understandable to CYPF and professionals.
- Prevention and Early intervention are key to reducing prevalence of CYP emotional wellbeing and mental health problems, including parent infant relationships.
- Support schools to support their CYP and build capacity around emotional wellbeing and mental health, especially with early intervention such as good quality PSHE / Relational Whole School & College Approach to Emotional Wellbeing and Mental Health / Team Around a School / Senior Mental Health Leads / Relational and Trauma Informed Practice.
- Workforce training in CYP emotional wellbeing, mental health, relational and trauma based practice is important to enable non-mental health professionals to spot early signs, support the child/young person and know where to get advice and help if needed including children and young people who are in distress.
- Continue to promote and improve awareness of services that are available i.e., via the Thrive Directory / professional conference / public facing events / digital presence, including clear referral pathways.
- Support and enable good quality key transitions for CYP, as can be key stressor points, such as primary to secondary school, children services to adult services, home schooled into school/college.
- Improve access and support available to CYP with co-occurring conditions such as neurodiversity and a mental health problem, drug abuse and a mental health problem.
- There are further, more detailed discussions and recommendations after key sections within this HNA.

Conclusion

The results of this HNA identified existing and emerging areas of health-related need in CYP emotional wellbeing and mental health. This assessment will play an important role in shaping the Thrive partnership strategic, system wide response, and operational plans over the next five-year period.

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Health Needs Assessment Children & Young People (CYP) Emotional Wellbeing and Mental Health March 2023

1. Introduction

1.1 Aims of this CYP Emotional Wellbeing and Mental Health Needs

Assessment:

- To produce an updated CYP Health Needs Assessment (HNA) aligned to the Hull Thrive Framework to understand current level of needs and access for emotional wellbeing and mental health support services.
- To share findings and recommendations with the Thrive Operations & Steering Group and other relevant/interested groups.
- Utilise findings in this HNA to re-shape resources and make recommendations.

1.2 Objectives:

- Align the HNA to the strategic Hull Thrive Framework.
- Understand the level and type of need for emotional and mental health support in Hull for our CYP.
- Present service data aligned to the Thrive Framework to help understand level of demand and any pressure points.
- Make recommendations to improve outcomes for CYP in relation to emotional wellbeing and mental health.
- Use information to update Hull JSNA.

2. Why is it important to promote children and young people's mental health and wellbeing?

Promoting children and young people's wellbeing is a key part of keeping them safe, helping them develop and ensuring they have positive outcomes into adulthood.

Mental health is as important to a child's safety and wellbeing as their physical health. It can impact on all aspects of their life, including their educational attainment, relationships, and physical wellbeing (including risk of obesity and inactivity). Mental health can also change over time, to varying degrees of seriousness, and for different reasons.

Good mental health is an essential part of healthy development; it helps young people build positive social, emotional, thinking and communication skills and behaviours. It also lays the foundation for better mental health and wellbeing later in life.

3. Methodology

3.1 This HNA uses secondary data that has already been collated by national / local studies, it has also utilised local service data. No primary data has been collated for this HNA due to limited time, funding, and capacity.

3.2 The main sources of information are from:

- 2017 Mental Health of Children and Young People Survey
- 2021 Mental Health of Children and Young People Survey (Wave 2)
- 2022 (Nov) Mental Health of Children and Young People Survey (Wave 3)

See: [Mental Health of Children and Young People Surveys - NHS Digital](#)

- Public Health Outcomes Framework
- NCMD Thematic review of Suicide in CYP (2021) See: [Suicide in Children & Young People | National Child Mortality Database \(ncmd.info\)](#)

3.3 For population data, where possible, this HNA utilises the latest Census data taken in 2021m with phase one published June 2022. Analysis at a National level is still underway with further phases of data release due over 2023. See: [About census - Office for National Statistics \(ons.gov.uk\)](#)

3.4 The other main area of data utilised for this HNA is that from local providers of CYP mental health services in Hull. Through the Thrive Operational group this data was collated during December 2022. This data is presented in part 2 of this HNA.

3.5 Data is also sourced from Hull CC departments in relation to levels of need they are witnessing in for example Early Help and Safeguarding, NEETS, SEND and school attendance.

3.6 Quotes from CYP have been provided by the Humber and North Yorkshire Health and Care Partnership (HNYHCP) and the local voice and influence team.

3.7 Limitations of this HNA:

- National data has been applied to Hull population data, Hull could have a worse prevalence than national data due to the correlation between deprivation and mental health problems.
- The data supplied from services is assumed to be accurate, though there are noted gaps in information especially in relation to vulnerable groups / health inequalities.
- The HNA does not include every aspect of CYP emotional and mental health support available to CYP. This topic is **everyone's business**, all agencies coming into contact with CYP have a duty to promote good wellbeing. It is not possible, within the confines of this HNA to collate all this activity e.g. Day to day interactions within school, sports and activity clubs CYP take part in and good emotional support from within the home. All such which are crucial in the lives of our CYP.

3.8 Interrelated Local Health Needs Assessments:

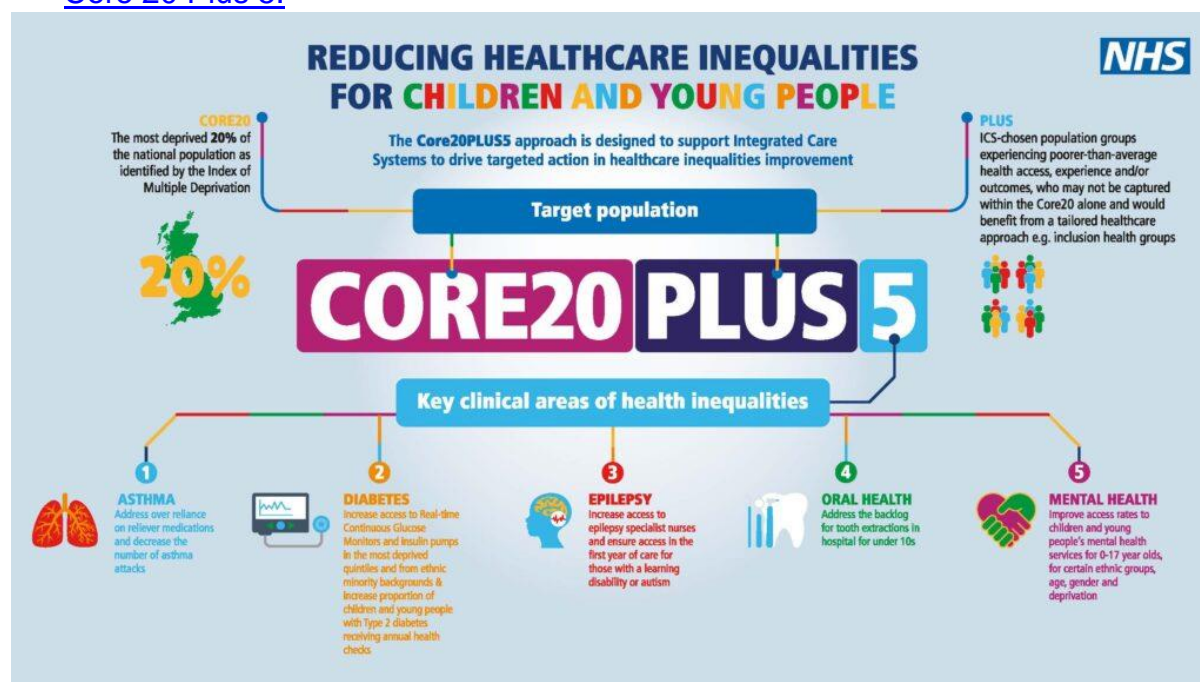
Mental health cannot be viewed in isolation. Other local HNA's that re particularly relevant to this one includes:

- SEND Health Needs Assessment 2021-22: https://www.hulljsna.com/wp-content/uploads/Children/Health/ChildrenWithSEND/JNA_CYP_SEND_2021_2022.pdf
- CYP: Alcohol and Drugs Needs Assessment 24.1.23
- JSNA: Children and Young People Physical Health and Long Term Conditions included.

4. Key Policy Documents

4.1 National

- [Transforming children and young people's mental health provision: a green paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/transforming-children-and-young-peoples-mental-health-provision-a-green-paper) (2017)
- [The government's response to the Health and Social Care Committee report: children and young people's mental health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-governments-response-to-the-health-and-social-care-committee-report-children-and-young-peoples-mental-health) March 2022
- [NHS Long Term Plan » Children and young people's mental health](https://www.longtermplan.nhs.uk/children-and-young-peoples-mental-health/)
- [Core 20 Plus 5:](https://www.nhs.uk/longtermplan/core20plus5/)



[NHS England » Core20PLUS5 infographic – Children and young people](https://www.nhs.uk/longtermplan/core20plus5/) (Nov 2022)

Reducing healthcare inequalities for children and young people (CYP). The Core 20PLUS5 approach is designed to support integrated care systems to drive action in health inequalities and improvement.

- Core20: The most deprived 20% of the national population
- PLUS: ICS chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured

within the Core20 alone and would benefit from a tailored healthcare approach.

4.2 Local

HUMBER AND NORTH YORKSHIRE MENTAL HEALTH, LEARNING DISABILITY AND AUTISM COLLABORATIVE: **Children and Young People's Mental Health Strategic plan priorities**

WORKPLAN – November 2022/ October 2023

SUMMARY OF PRIORITIES:

- improved prevention and early intervention to help people stay healthy and reduce demand on clinical services.
- Improved/Expanded access to Mental Health services for those who need them
- Systems Approach to Trauma Informed Care
- Effective management of risk
- Improved engagement and coproduction with CYP
- Workforce Development

Early Help Strategy;

<https://www.hull.gov.uk/sites/hull/files/media/Hull%20Early%20Help%20and%20Prevention%20Strategy%202021-25.pdf>.

Thrive Hull Action Plan and Strategy Group:

The Thrive Strategic Group drives forward the actions plan to improve CYP emotional wellbeing and mental health in the city. It reports formally into the Health and Wellbeing Board and updates the Better Together Partnership and CYPF Overview and Scrutiny Commission.

[THRIVE Framework \(annafreud.org\)](https://www.annafreud.org). In Hull we utilise the Thrive Framework to organise and explain our CYP emotional wellbeing and mental health offer (see diagram on page 10). This HNA in part 2 is presented under the Thrive headings.

Trauma Informed City:

Senior leaders within Hull, from across many different sectors, including education and health have an ambition to become a trauma-informed city, where knowledge of how adverse childhood experiences can affect the brain, and how organisations can best respond. Being a trauma-informed city follows five principles of safety, trustworthiness, choice, collaboration, and empowerment.

Relationships matter.

PART 1

Demographic and Prevalence Data Children, Young People Emotional Wellbeing and Mental Health



5. Children and Young People in Hull Demographics

5.1 Age Range and Numbers of CYP

The table below gives the mid-year estimated number of young people resident in Hull in 2021, released by the Office for National Statistics in December 2021.

Age	Males	Females	Persons
0-4	8,055	7,731	15,786
5-9	8,790	8,419	17,209
10-14	8,576	8,205	16,781
15-19	7,998	7,367	15,365
20-24	9,630	9,440	19,070
Total 0-24	43,049	41,162	84,211

*Nb. Official data collection is only m/f, does not reflect people who are non-binary.

5.2 Race and Ethnicity

Ethnicity data from the 2021 census was released on 29th December 2022, but only univariate data – there is no age breakdown available as yet. The following table therefore shows the ethnic breakdown for Hull for all ages combined, as well as equivalent figures for England as a whole. If people of different ethnicities have different family sizes on average, the percentages shown may not be valid.

Ethnic group	Hull		England	
	n	%	n	%
White: British	223,962	83.9	41,540,791	73.5
White: Irish	455	0.2	494,251	0.9
White: Gypsy or Traveller	451	0.2	64,218	0.1
White: Roma	286	0.1	99,138	0.2
White: other	19,835	7.4	3,585,003	6.3
All White	244,989	91.8	45,783,401	81.0
Asian/Asian British: Bangadeshi	1,279	0.5	629,567	1.1
Asian/Asian British: Chinese	1,234	0.5	431,165	0.8
Asian/Asian British: Indian	1,259	0.5	1,843,248	3.3
Asian/Asian British: Pakistani	1,292	0.5	1,570,285	2.8
Asian/Asian British: Other	2,451	0.9	952,127	1.7
All Asian/Asian British	7,515	2.8	5,426,392	9.6
Black/Black British: African	4,292	1.6	1,468,474	2.6
Black/Black British: Caribbean	232	0.1	619,419	1.1
Black/Black British: Other	541	0.2	293,831	0.5
All Black/Black British	5,065	1.9	2,381,724	4.2
Multiple ethnic groups: White and Asian	1,172	0.4	474,190	0.8
Multiple ethnic groups: White and Black African	1,144	0.4	241,528	0.4
Multiple ethnic groups: White and Black Caribbean	948	0.4	499,310	0.9

Multiple ethnic groups: other	1,249	0.5	454,350	0.8
All multiple ethnic groups	4,513	1.7	1,669,378	3.0
Other ethnic group: Arab	1,443	0.5	320,203	0.6
Other ethnic group: other	3,488	1.3	908,950	1.6

In 2021 78.1% of children and young people in Hull from the school census are white British.

5.3 EAL- English as an Additional Language

16.6% of the city's school population in the 2021/22 academic year speak English as an Additional Language. The England average is 19.5%. Of the 94 different main languages spoken in England and Wales that were reported in the 2021 census results, 84 were spoken in Hull households, including English. There is significant variation in languages spoken by pupils at ward level across the city.

Hull's CYP Emotional Wellbeing and Mental Health Needs Assessment: March 2023

1. Prevalence of children and young people with mental ill health in Hull

528

2-4 year olds likely to have a mental health issue*



that's one in eighteen children

1,968

5-10 year olds likely to have a mental health issue*



that's one in ten children

2,810

11-16 year olds likely to have a mental issue*



that's one in seven young people

1,542

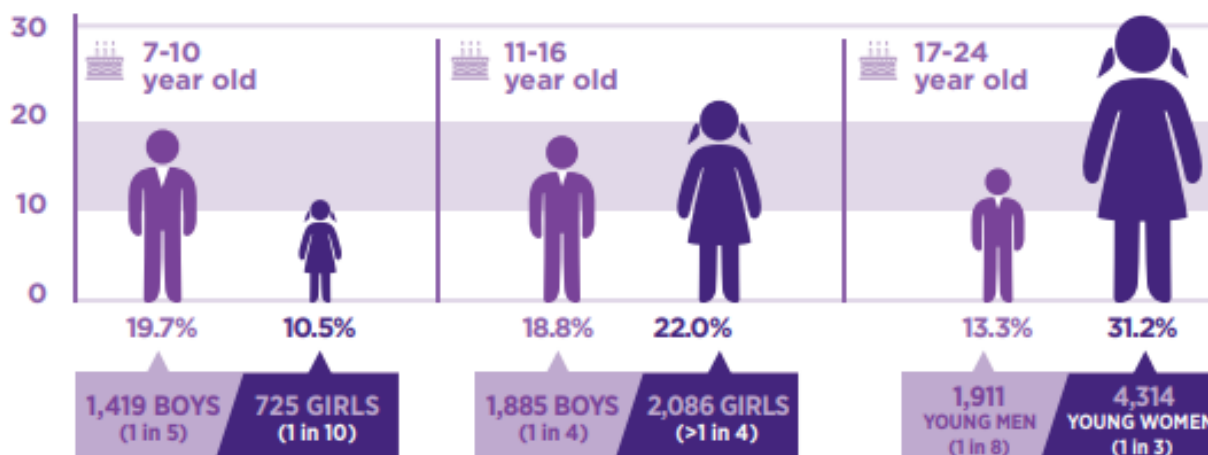
17-19 year olds likely to have a mental health issue*



that's one in six young people

*please note that 'mental health issue' is self reported and might not be clinically diagnosed condition.

2. Prevalence of probable mental health issues by age in Hull



3. Types of issues and presentations

One in eight 5-19-year-olds will experience at least one mental health condition with the most prevalent conditions being anxiety and depression



ONE IN

EIGHT

Eating Disorders

12.9% of 11 to 16 year olds and 60.3% of 17 to 19 year olds had possible eating problems



11-16 year old



17-19 year old

Self Harm



7.8% of children aged 7 to 16 have self-harmed (2,622 Children) in Hull



Girls aged 7 to 16 were more likely to self-harm than boys of the same age (1,589 Girls - 1,034 Boys) in Hull

Loneliness



In 2022, 5.2% of young people in the UK aged 11 to 16 years said they often or always felt lonely.



28.9% of young people with a mental health issue ages 11 to 16 years said they often or always felt lonely

4. Schools and Mental Health



11.8% of Children and Young People with no mental ill health felt unsafe at schools



39.7% of Children and Young People with mental ill health felt unsafe at schools

5. Social Media and Mental Health

1 in 8 (12.6%) young people report online bullying



this increases to 1 in 4 (29.4%) of young people with mental ill health



Data: The majority of this data is from the national prevalence data produced by NHS England in 2017 (Mental Health of Children and Young People in England). This data has been used to predict levels of need in Hull based on the 2021 mid-year population estimates released in December 2022. Mental Health levels were recorded utilising an evidenced based tool, but is not clinical diagnosis

Estimated Hull Prevalence of CYP Mental Health Needs (nb. same information presented in the graphics above).

Estimated numbers for Hull based on applying prevalence from Mental Health of Children and Young People in England 2022 wave 3 to the 2021 mid-year population estimates for Hull released in December 2022 are as follows:

- The prevalence of a probable mental disorder in those aged **7 to 10 years** **15.2%** (Hull: **2,144 / 1 in 6**),
- The prevalence of a probable mental disorder for secondary age pupils is **20.4%** in children aged **11 to 16 years** (Hull: **3,980 / 1 in 5**)
- In 2022, **22%** of young people aged **17 to 24 years**, had a probable mental disorder (Hull: **6,203 / more than 1 in 5**).
- In younger children aged **7 to 10 years**, the prevalence of a probable mental disorder was nearly twice as high in boys (19.7%) as in girls (10.5%) (Hull: **1,419 boys, 1 in 5; 725 girls, 1 in 10; 2,144 total**).
- Rates of a probable mental disorder were similar in boys (18.8%) and girls (22.0%) aged 11 to 16 years (Hull: **1,885 boys, 1 in 4; 2,086 girls, more than 1 in 4; 3,971 total**).
- In young people aged **17 to 24 years**, the pattern was reversed, with much higher rates in young women (31.2%) than young men (13.3%) (Hull: **1,911 boys, 1 in 8; 4,314 girls, 1 in 3; 6,225 total**)
- **1 in 5 (19.9%)** 7 to 16 year olds lived in households that experienced a reduction in household income in the past year (Hull: **6,690**). This was more than **1 in 4 (28.6%)** among children with a probable mental disorder.
- 11 to 16 year olds with a probable mental disorder were less likely to feel safe at school (61.2%) than those unlikely to have a mental disorder (89.2%).
- **1 in 8 (12.6%)** 11 to 16 year old social media users reported that they had been bullied online, including more than **1 in 4 (29.4%)** of those with a probable mental disorder

5.4 Prevalence: National Data applied to Hull– By Age

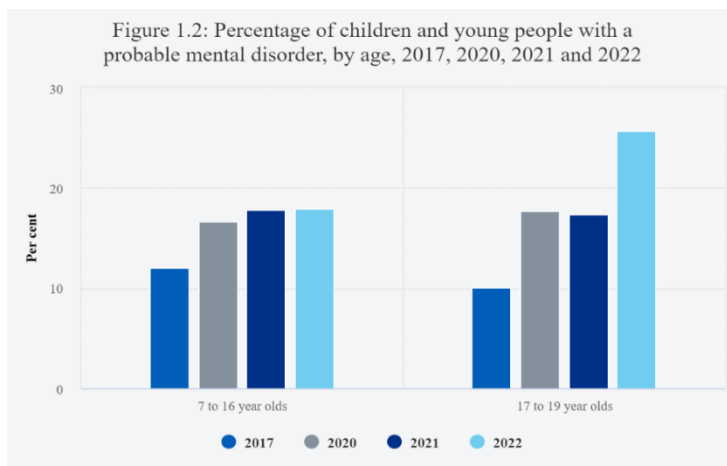
Poor mental health is cumulative, and the impacts can begin in pregnancy and in early years:

- **One in Eighteen (5.5%) 2–4-year-olds** has a mental health disorder. (In Hull that equates 528 children and young people)
- **One in Ten (9.5%) 5–10-year-olds** has a mental health disorder. (In Hull that equates 1,968 children and young people)

- **One in Seven (14.4%) 11–16-year-olds** has a mental disorder. (In Hull that equates 2,810 children and young people)
- **One in six (16.9%) 17–19-year-olds** has a mental health disorder. (In Hull that equates 1,542 children and young people)

This data is again taken from the NHS England report Mental Health of Children and Young People in England 2017, with percentages applied to the most recent Hull population (2021 mid-year estimates released by ONS in December 2022).

5.5 Rise in Prevalence



'Talking about your mental health with the people you trust is often the first step to feeling better' Daisy, 20:
Young Minds

- The overall rise in prevalence of a probable mental disorder between 2017 and 2022 was evident in boys and girls across both age groups (7 to 16 years, and 17 to 19 years).
- The prevalence of a probable mental disorder in children aged **7 to 16** years, rose from **12.1% in 2017** to **16.7% in 2020**. Rates in 2020, 2021 and 2022 were similar with no statistically significant differences between these years. In **2021, 17.8%** of children in this age group had a probable mental disorder, and in **2022 the figure was 18.0%**
- In young people aged **17 to 19** years, rates of a probable mental disorder rose from **10.1% in 2017** to **17.7% in 2020**. Rates did not change between 2020 and 2021. However, there was an increase in the rate of a probable mental disorder, from **17.4% in 2021** to **25.7% in 2022**.

5.6 Hull Wellbeing Measurement Framework Data

In Hull, 3,363 pupils responded to the Wellbeing Measurement Framework (WMF) survey in 2019; these pupils were in year 7 and year 9 at the time (998 and 2,365 respectively).

The key findings from the Hull cohort of young people are summarised in the following figure:

Mental health and wellbeing	Year 9	Year 7
Emotional difficulties	Yellow	Red
Behavioural difficulties	Red	Red
Difficulties with peers	Red	Red
Attention difficulties	Yellow	Red
Positive wellbeing	Yellow	Yellow
Emotional strengths and skills		
Managing emotions	Red	Yellow
Problem solving	Yellow	Green
Coping with stress	Yellow	Yellow
Goal setting	Yellow	Yellow
Empathy	Yellow	Yellow
Helping others	Red	Yellow
Support Network		
Family support	Yellow	Yellow
Community support	Yellow	Yellow
School support	Green	Green
Peer support	Red	Yellow
Participation in community	Red	Red
Participation in home and school	Red	Yellow

Students in Hull are reporting as **WORSE** than average when compared to pupils in other HeadStart partnerships

Students in Hull are not reporting as discernibly different from the **AVERAGE** when compared to pupils in other HeadStart partnerships

Students in Hull are reporting as **BETTER** than average when compared to pupils in other HeadStart partnerships

This shows that pupils in year 7(aged 11-12), at the start of secondary school are struggling with emotional difficulties, behavioural difficulties, difficulties with peers and attention. They do have good school support and problem solving, though low participation in their community.

Year 9 pupils (aged 13-14), at the mid stage of secondary school, are reporting to have behavioural difficulties, difficulties with peers, managing emotions, helping others, peer support and low participation in community, home and school. Though, again, showing strong school support.

5.7. Parent Infant Relationships (PIR) / Infant Mental Health (IMH)

In previous iterations of Hull CYP mental health needs assessments there has been little information within them pertaining to the topic of parent infant relationships / infant mental health. This is mainly due to the focus on primary and secondary aged pupils and that PIR / IMH is an emerging area of research and development.

Definition: 'Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure, responsive relationships that they need to thrive'.

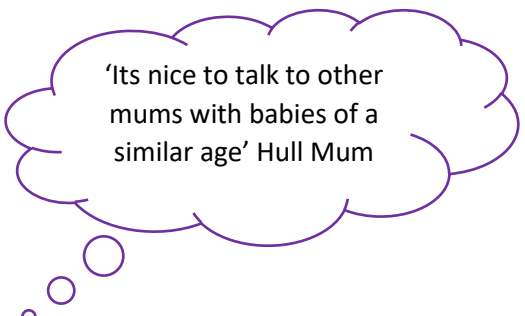
Parent Infant Foundation

Hull CC has recently received funding from the government to roll out Family Hubs as part of the Start for Life funding stream. As part of this initiative there is a strong focus on improving parent infant relationships, with the knowledge of good bonds with care givers is a crucial protective factor for CYP future emotional wellbeing and mental health. As such some data will be included within this HNA, in recognition

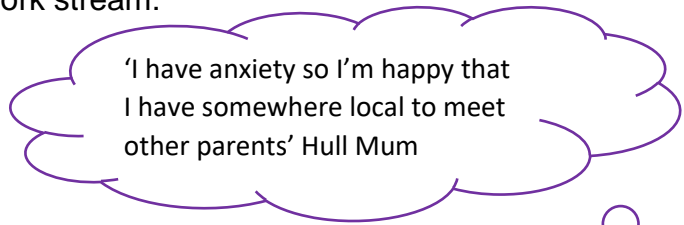
that is a new and emerging area and highly impactful. Though more focused work is taking place in a subgroup of the 1001 day steering group focused on this agenda.

In Hull there are current pathways to support this agenda including Vulnerable Pregnancy pathway and the Perinatal MH pathway. We also have many activities across our Children Centres/Family Hubs as part of early intervention approach.

Quotes below are from Mum's with babies who attended activity sessions as organised as part of the 1001 Day work stream:



'Its nice to talk to other mums with babies of a similar age' Hull Mum



'I have anxiety so I'm happy that I have somewhere local to meet other parents' Hull Mum

Early relationships are fundamental to infant mental health. Young babies need sensitive, responsive adults to help them to bring difficult emotions under control (for example, through soothing them when they cry). Parents' responses shape how babies experience their emotions and how they learn to regulate and express these emotions. Early relationships set a template for how babies begin to think about themselves and others.

It is estimated that around **10-25%** of young children experience significantly distorted relationships with their main carer(s) that will predict a range of poor social, emotional and educational outcomes. This kind of "disorganised attachment" is much more prevalent in families living with stress factors such as **conflict, substance misuse, parental mental illness, exposure to trauma and severe poverty**

The Parent Infant Foundation call for action:

- No mental health without infant mental health. Infants must be considered alongside children and young people in all future mental health strategies and plans.
- There should be specialised parent-infant relationship teams across the UK so that all babies who need this help can access it.

5.8 Possible eating problems in 2022 from Wave 3 survey

Definition: Young people aged 11 to 24 years and parents of children aged 7 to 16 years completed 5 screening questions from the Eating Disorders Development and Well-Being Assessment (DAWBA) module.

'Screening positive' for a possible eating problem was defined as scoring above the threshold (answering yes to 2 or more items where a parent is reporting on a child and answering yes to 1 or more items where a young person is reporting on themselves) on these questions. The questions are available in the questionnaire and materials documentation.

'Screening positive' on the DAWBA Eating Disorders module does not mean that the child or young person had a clinically impairing eating disorder such as anorexia or bulimia, but indicates an increased likelihood of broader problems or difficulties with eating.

Age Groups:

- **12.9% of 11 to 16 year olds and 60.3% of 17 to 19 year olds** had possible eating problems (Hull: 2,517 11-16; 8,020 11-19, 5,503 17-19;).

Across all age groups, the rate of possible eating problems was higher in girls than in boys:

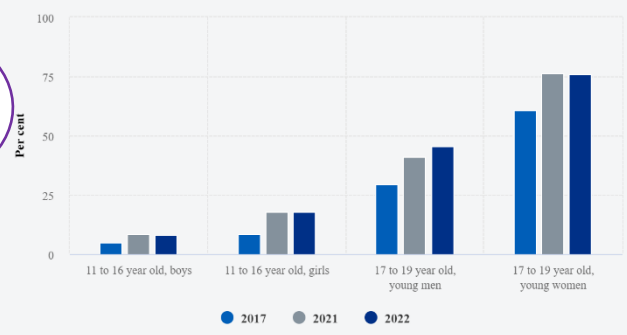
- for children aged **11 to 16 years**, the rate was **17.8% in girls** compared with **8.1% in boys** (Hull: 812 boys; 1,688 girls)
- for young people aged **17 to 19 years**, the rate was **75.9% in young women**, compared with **45.5% in young men** (Hull: 2,156 young men; 3,330 young women)
- for young people aged **20 to 23 years**, the rate was **76.6% in young women** compared with **49.3% in young men** (Hull: 3,805 young men; 5,724 young women)

Rates 2017-2022:

- In **children aged 11 to 16 years**, the rate of possible eating problems rose between 2017 (6.7%) and 2021 (13.0%), and then **remained stable between 2021 and 2022 (12.9%)**.
- In **girls aged 11 to 16 years**, this pattern was the same. Rates rose between 2017 (8.4%) and 2021 (17.8%) and were stable between 2021 and 2022. In boys, rates were similar between 2017 (5.1%), 2021 (8.4%) and **2022 (8.1%)**.
- In young people aged **17 to 19 years**, the prevalence of possible eating problems rose from 44.6% in 2017 to 58.2% in 2021. Rates remained stable between 2021 (58.2%) and **2022 (60.3%)**.

'People are often reluctant to speak to others about what they are experiencing, but doing so is an important first step to recovery' Teenage Eating Disorder Charity

Figure 1.3: Percentage of children and young people who screened positive for possible eating problems, by age and sex, 2017, 2021 and 2022



5.9 Psychotic like experiences in 2022 from Wave 3 survey

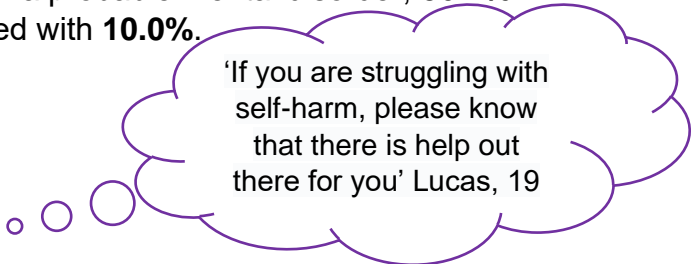
Definition: 'Psychotic-like' experiences (sometimes known as PLEs) include a range of experiences such as hearing or seeing things that others cannot, or a belief in having special powers. These are also sometimes known as 'unusual subjective experiences (USEs)'

Young people completed the Adolescent Psychotic-Like Symptom Screener (APSS). Being 'at-risk' for psychotic-like experiences was defined as scoring 2 or more out of a possible 7 points. The questions are available in the questionnaire and materials documentation.

These questions were asked for the first time in 2022, and so no trends over time can be presented.

- In 2022, **18.4%** of young people aged **17 to 24** years were in the 'at-risk' group for psychotic-like experiences (that is, reported 2 or more experiences) (**Hull: 5,321**). There was no statistically significant difference in the rates for young women (22.6%) and young men (14.4%) (**Hull: 2,069 young men; 3,125 young women**).
- Young people with a **probable mental disorder were more likely to be in the 'at-risk' group for psychotic-like experiences** than those unlikely to have a mental disorder. Of those with a probable mental disorder, **36.4%** scored in the 'at-risk' range, compared with **10.0%**.

5.10 Self-harm from 2022 Wave 3 survey



'If you are struggling with self-harm, please know that there is help out there for you' Lucas, 19

Parents of those aged 7 to 16 years were asked whether their child had either talked about harming themselves or had tried to harm themselves in the past 4 weeks. They were also asked whether they had tried to harm themselves at any point in their life. The same questions were asked directly to young people aged 17 to 24 years.

These questions were included in 2022 only. Similar questions were asked in the 2017 survey, however the questions had to be modified to allow them to be asked in an online rather than face to face survey.

Age Groups:

- **7.8% of children aged 7 to 16** had ever self-harmed (**Hull: 2,622**). Girls aged 7 to 16 were more likely to have ever self-harmed than boys of this age (**9.7%** compared with **6.0%**) (**Hull: 1,034 boys; 1,589 girls**)
- Overall, **9.0%** of young people aged **17 to 24 years** reported having talked about harming themselves in the past 4 weeks (**Hull: 2,538**), and **4.0%** said they had tried to harm themselves in the same period (**Hull: 1,128**). **32.8%** of young people reported having ever self-harmed (**Hull: 9,248**).

Gender:

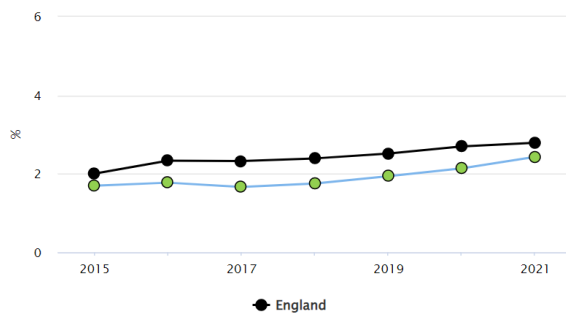
- Girls with a probable mental disorder were more likely to have ever tried to harm themselves. Over their lifetime, **38.6% of girls** with a probable mental

disorder had tried to harm themselves, compared with **19.9% of boys** with a probable mental disorder.

- Young women were more likely to have talked about self-harm in the past 4 weeks than young men (12.4% compared with 5.8%) (**Hull: 833 young men; 1,715 young women**).
- For Children and Young People, self-harm was more common in young people with a probable mental disorder:

5.11 Public Health Outcomes Framework: Jan 2023

5.11.1 School pupils with social, emotional and mental health needs (SEMH): % of school pupils with social, emotional and mental health needs (school age):



Recent trend: ▲ Increasing & getting worse

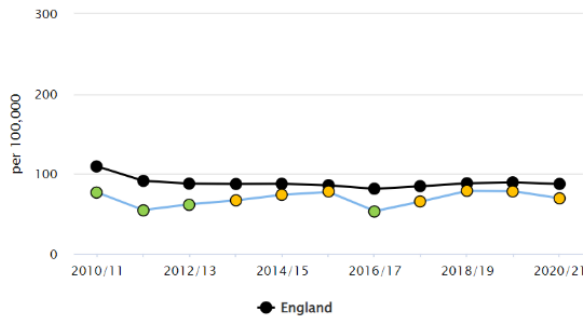
Period		Kingston upon Hull				England
		Count	Value	95% Lower CI	95% Upper CI	
2015	●	659	1.7%	1.6%	1.8%	2.0%*
2016	●	679	1.8%	1.6%	1.9%	2.3%
2017	●	657	1.7%	1.5%	1.8%	2.3%
2018	●	705	1.8%	1.6%	1.9%	2.4%
2019	●	796	1.9%	1.8%	2.1%	2.5%
2020	●	891	2.1%	2.0%	2.3%	2.7%
2021	●	1,016	2.4%	2.3%	2.6%	2.8%

Source: Department for Education special educational needs statistics: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

This graph shows the number of school children with Special Educational Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, expressed as a percentage of all school pupils.

The percentage in **Hull is statistically significantly lower than for England** throughout this period, although the **trend is increasing** both in Hull and for England. In Hull we have a value of 2.4% in 2021, compared with 2.8% for England. Though if in Hull we have poorer access to diagnosis than in England this will affect these rates.

5.11.2 Hospital admissions for mental health conditions (<18 yrs):



Recent trend: ➔ No significant change

Period	Kingston upon Hull				Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI		
2010/11	41	76.8	55.1	104.2	73.5	109.4
2011/12	30	54.8	37.0	78.2	58.3	91.3
2012/13	34	62.0	42.9	86.6	57.9	87.9
2013/14	37	67.0	47.2	92.4	62.1	87.4
2014/15	41	74.1	53.1	100.5	69.3	87.7
2015/16	43	77.4	56.0	104.3	66.3	85.9
2016/17	30	53.6	36.1	76.5	58.6	81.5
2017/18	37	65.5	46.1	90.3	58.9	84.7
2018/19	45	78.9	59.1	107.6	69.9	88.3
2019/20	45	78.4	60.2	108.9	73.5	89.5
2020/21	40	69.5	52.6	98.6	74.5	87.5

Source: Hospital Episode Statistics (HES)

This graph shows that inpatient admission rates for mental health disorders per 100,000 for population aged 0-17 years. **Hull has a lower value** compared to Yorkshire and Humber and England at 69.5 per 100,000, **although the difference is not statistically significant.**

5.12 Suicide: National Data and Hull Surveillance

Gender: Nationally around **three-quarters of people who died by suicide were males** (3,852; 73.8%), consistent with long-term trends, and equivalent to 15.8 deaths per 100,000, the rate for females was 5.5 deaths per 100,000.

In CYP: Suicides were also more common in boys (2.2 deaths per 100,000 population) than girls (1.5 per 100,000 population)

Age: Nationally among **females**, the age-specific suicide rate was highest in those aged **45 to 49 years** (7.6 deaths per 100,000), while among **males it was highest in those aged 50 to 54 years** (22.5 deaths per 100,000).

In CYP: Suicides were more common in older groups, with 78% (n=84) of the deaths in those aged between 15 and 17 years and 22% (n=24) in those aged 14 and below

Ethnicity & CYP: Ethnicity was known in 80% (n=86) of deaths. Of these, 79% (n=68) were children or young people described as being from a White ethnic background, and 21% (n=18) were children or young people from a Black, Asian, Mixed or Other ethnic background.

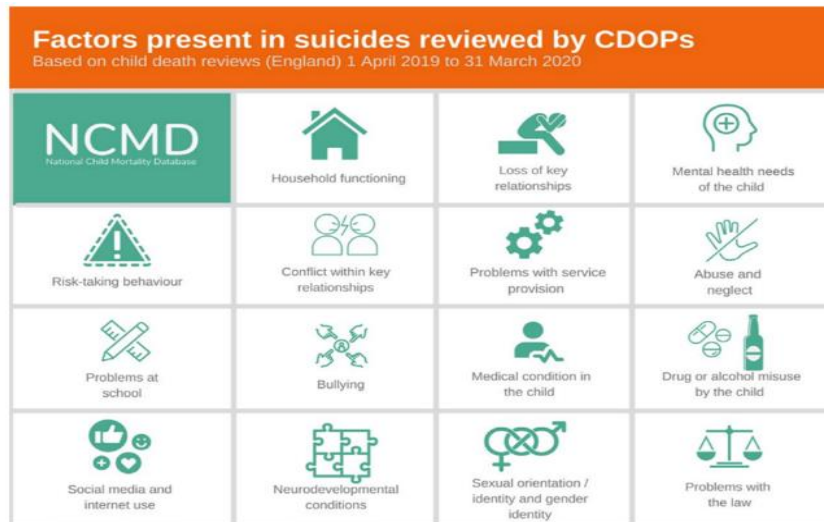
Dependent children: Nationally **23%** of the adults cases had dependent children - and with the repeating generational aspect of suicidality, it is crucial that these children are getting the right support for their bereavement especially in cases where the child found the parent - this is a key aspect where Real Time Surveillance and timely support can play a part in mitigating future risk.

Risk Characteristics of death by suicide by Younger Age:

Child suicide is not limited to certain groups.

- Two-thirds had suffered a significant personal loss in their life prior to death.

- Over one-third had never been in contact with mental health services.
- 16% had confirmed diagnosis of a neurodevelopmental condition at death.
- Almost a quarter had experienced bullying.



Hull Data:

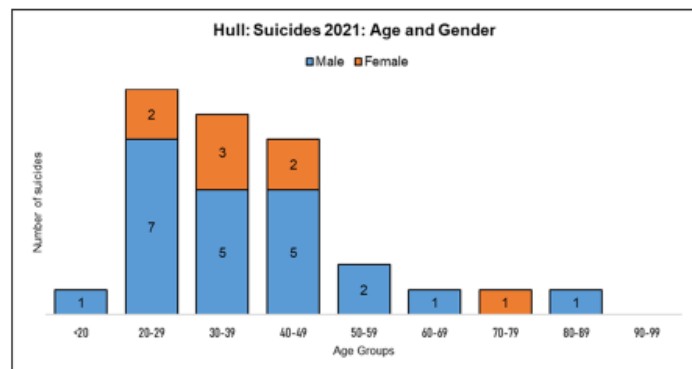


The Hull Picture - Registered Deaths

Age groups

Range	%
under 20*	3
20-25	17
26-34	30
35-49	33
50-64	7
65+	10
Total	100%

Age range 18-81 yrs
Mean (average) age 38 yrs



5.12 Loneliness

Nationally in 2022, 5.2% of children aged 11 to 16 years said they often or always felt lonely. This was similar for boys and girls.

Children with a probable mental disorder were more likely to feel lonely; 18.0% of those with a probable mental disorder said they felt lonely often or always, compared with 1.7% of those unlikely to have a mental disorder.

In 2022, 12.6% of young people aged 17 to 22 years reported often or always feeling lonely, this was more than double the figure for children aged 11 to 16 years (5.2%). Loneliness levels were similar for young men and young women.

Loneliness was higher among young people with a probable mental disorder, 28.9% reported that they often or always felt lonely, compared with 5.2% of those unlikely to have a mental disorder.

Rates of loneliness were similar in 2020, 2021 and 2022.

5.13 Discussion: Part 1

- Increase in prevalence of mental ill health in children and young people aged 5-19 from **9.7% in 1999** to **10.1% in 2004** to **11.2% in 2017**. (The estimates for 1999, 2004 and 2017 were produced using a different and more detailed diagnostic assessment of mental disorder, than the later waves, so there are no prevalence updates. Waves 1-3 used only the Strengths and Difficulties Questionnaire which enable estimates of probable mental disorder, but could not produce prevalence of mental ill health).
- One in eight 5–19-year-olds will experience at least one mental health condition with the most prevalent conditions being **anxiety and depression** (8.1%).
- Rates of mental health conditions increase with age and there are marked gender differences e.g., older girls are more likely to experience emotional disorders.
- **Based on current trends it's projected that mental health problems will increase 63% by 2030 unless action is taken to intervene early.**
- As a Thrive partnership we understand that prevalence mental health problems is increasing both nationally and locally; necessitating more than ever the need for local action, integration of investment and partnership working to best serve the needs of our children, young people and families. Whilst always have a strong focus on the Thriving / prevention element to reduce demand on need for higher end services; **Prevention and Early intervention are key to reducing this prevalence** (focus on the protective factors in diagram below).
- As a Thrive Partnership we know that good emotional and mental health of our children and young people is a critical for their enjoyment of life, learning and their future health and wellbeing going on into adulthood. Ultimately contributing to a successful community and city.

Risk and protective factors for CYP's mental health

RISK FACTORS

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ✗ Genetic influences ✗ Low IQ and learning disabilities ✗ Specific development delay ✗ Communication difficulties ✗ Difficult temperament ✗ Physical illness ✗ Academic failure ✗ Low self-esteem | <ul style="list-style-type: none"> ✗ Family disharmony, or break up ✗ Inconsistent discipline style ✗ Parent/s with mental illness or substance abuse ✗ Physical, sexual, neglect or emotional abuse ✗ Parental criminality or alcoholism ✗ Death and loss | <ul style="list-style-type: none"> ✗ Bullying ✗ Discrimination ✗ Breakdown in or lack of positive friendships ✗ Deviant peer influences ✗ Peer pressure ✗ Poor pupil to teacher relationships | <ul style="list-style-type: none"> ✗ Socio-economic disadvantage ✗ Homelessness ✗ Disaster, accidents, war or other overwhelming events ✗ Discrimination ✗ Other significant life events ✗ Lack of access to support services |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ✓ Secure attachment experience ✓ Good communication skills ✓ Having a belief in control ✓ A positive attitude ✓ Experiences of success and achievement ✓ Capacity to reflect | <ul style="list-style-type: none"> ✓ Family harmony and stability ✓ Supportive parenting ✓ Strong family values ✓ Affection ✓ Clear, consistent discipline ✓ Support for education | <ul style="list-style-type: none"> ✓ Positive school climate that enhances belonging and connectedness ✓ Clear policies on behaviour and bullying ✓ 'Open door' policy for children to raise problems ✓ A whole-school approach to promoting good mental health | <ul style="list-style-type: none"> ✓ Wider supportive network ✓ Good housing ✓ High standard of living ✓ Opportunities for valued social roles ✓ Range of sport/leisure activities |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PROTECTIVE FACTORS

PART 2

Health Inequalities & Vulnerable Groups Children, Young People Emotional Wellbeing and Mental Health

6. Health Inequalities & Vulnerable Groups: Children and Young People & Mental Health

This section will review the data accessible at a Hull level in relation to the prevalence of the key risk factors within children and young people and refer to National data.

Key risk factors for mental health problems in CYP:

Deprivation / Poverty	CYP in contact with Youth Justice System
SEND / Long Term Disability	Children Looked After and Care leavers
Young Carers	Early Help / EHASH: potential abuse, neglect, victim of trauma
LGBTQ+	Asylum Seekers

Other risk factors include **poor housing, domestic violence, witnessing trauma, bereavement, loneliness and bullying.**

6.1 Deprivation and Poverty

Hull is the 4th most deprived LA according to the Index of multiple Deprivation (IMD), this is born out in Hull's eligibility for Free School Meals, a means tested benefit:

FSM- Free School Meals	2021/22 Hull	2021/22 England
Primary Age	32%	23%
Secondary Age	29%	21%

Nationally mental health problems are more common in children living in lower income households (9% compared to 4.1%), as such Hull's children and young people will have higher rates of mental health problems compared to the majority of England, due to the poverty they live in.

From the 2022 Wave 3 follow-up to the Mental Health of Children and Young People in England 2017 survey, with estimated numbers for Hull based on applying percentages to the 2021 mid-year population estimates for Hull:

- 1 in 5 (19.9%) 7 to 16 year olds lived in households that experienced a reduction in household income in the past year (**Hull: 6,690**), including more than 1 in 4 (28.6%) among children with a probable mental disorder (**Hull: 1,731**)
- Among 17 to 22 year olds with a probable mental disorder, **14.8%** reported living in a household that had experienced not being able to buy enough food or using a food bank in the past year, compared with **2.1%** of young people unlikely to have a mental disorder.

So what?

- Deprivation and mental health problems are linked, in Hull due to our high levels of deprivation we will naturally have higher rates of mental health issues.
- The Thrive partnership needs to ensure that services are reaching out and are accessible, relevant and are used by our children and young people living in the most deprived areas of the city. This can be done via data capture, analysis and action.
- Consider a 'poverty proofing' approach to access to services: Poverty Proofing health settings - Children North East (children-ne.org.uk)

6.2 SEND / Long Term Disability

Need	As of 23.12.23	2021/22 England*
Education Health Care Plan	6% (rise of 1% from this time last year)	3.9%
SEN Support	23% (rise from 2% from this time last year)	12.3%

*published June 2002, ned update due June 2023

The most dominant primary needs of pupils with Education, Health and Care plans in the city are as follows:

Dominant primary needs of pupils with EHCP	%
Autistic Spectrum Disorder	21%
Social Emotional and Mental Health	19%
Speech, Language and Communication Needs	19%

The most dominant primary needs for pupils at SEN Support are:

Dominant primary needs of pupils at SEN Support are	%
Speech, Language and Communication Needs	34%
Moderate Learning Difficulty	19%

Nationally, over a third of 5–19-year-olds with a mental health problem (35.6%) were also recognised as having special educational needs.

So what?

- As a Thrive partnership we need to understand if our services are used by CYP with SEND and if not why.
- We need to ensure that front line mental health professionals have training in SEND such as ASD and learning difficulties, to ensure interactions are relevant for the CYP and that the co-curing condition and links are understood.
- We need to engage with relevant SEND providers, including schools, parent carers forum to ensure they know what the Thrive offer is and how to access.
- We need to ensure good data flow between agencies to best support the CYP and pathways are clear and understood.

The most current data is from the 2011 census which shows 2,118 0 – 24 who provided some form of unpaid care (2% of 0 – 24-year-olds).

Provide Unpaid Care	Hull		Y & H	England
	No	%	%	%
Age 0 to 24	2,118	2%	2%	3%

Approximately **30%** of those adults in Secondary mental health services are **parents**.

Approximately **30%** of those adults in adult substance misuse services are **parents**.

Meaning that we're likely to have more unrecognised young carers

So what?

- As a Thrive partnership we need to understand if our services are used by CYP who young carers are and if not why.

6.4 LGBTQ+

univariate data are released. Information on this was not collected in the most recent health and wellbeing survey conducted in secondary schools in 2016.

From the Mental Health of Children and Young People in England survey conducted in 2017 (with estimated numbers for Hull based on applying the national percentages to the Hull mid-year population estimates for 2021), **one in ten (10.2%) of 14 to 19 year olds identified as LGBTQ+**, which in Hull would equate to **1,895** 14 to 19 year olds identifying as LGBTQ.

Nationally, **LGBTQ+ young people aged 14 to 19 were more likely to have a diagnosable mental health problem (34.9%, Hull: 661)** compared to 13.2% of those identifying as heterosexual

- We have not been able to find information on transgender rates in CYP

'Actually, being able to communicate with people who understand and know what they're talking about is key' Non-binary young person, aged 16
Focus Group 3 (LGBTQ+ Children and Young

Focus Group 3 (LGBTQ+ Children and Young People In-Person): unanimously agreed that mental health services should actively involve young people in the design on digital mental health support for children and young people.

So what?

- As a Thrive Partnership we need to understand if our services are accessible and relevant to LGBTQ+ CYP, due to their much high prevalence of possible mental health issues, especially when compared to heterosexual population. This can be done with improved quality data capturing and analysis and actions plans developed to address any inequalities.
- Thrive Partnership to utilise the resources and research from the Queer Future 2 study Home - Queer Futures 2. This is a large national UK study, the main purpose is to identify and evaluate early intervention mental health support and services for LGBTQ+ young people.
- Consider promoting the Rainbow Flag Award for local services Rainbow Flag Award

6.5 Children and Young People in contact with the Youth Justice Service

Update as of 17/01/2023

	Total	%
Size of Cohort	114 (62 Pre Court, 52 Post Court)	
Child in Need	20	18%
Child Looked After	25	22%
Child Protection Plan	11	10%
Mental Health Concerns (<i>post court only</i>)	43 of 52	83%
Substance Misuse Concerns(<i>post court only</i>)	41 of 52	79%
SB Type: Alcohol (<i>post court only</i>)	17 of 52	33%

So What?

- The table above shows that the majority, 83%, of the young people within the youth justice cohort have mental health concerns and 79% have substance misuse. Refresh and ReNew provide local services to support this cohort.
- This defined cohort therefore requires specific support for their mental health, which has currently been commissioned by Hull Youth Justice Team to Hull and East Yorkshire Mind.
- As a Thrive Partnership it is important that these young people are supported into thriving type activity to support their good emotional health and wellbeing.

6.6 Drug and Alcohol Misuse in CYP and Mental Health

The table below is from the CYP Substance Misuse HNA (Jan 2023). It shows the CYP who are in treatment services for drugs and alcohol in Hull, 55% in 21/22 had co-existing mental health and substance misuse.

Wider vulnerabilities	2020/21 (%)	2021/22 (%)
Looked after Child	24	15 ↓
Child in Need	21	21
Domestic abuse	44	36 ↓
Mental health needs	56	55
Sexual exploitation	9	11 ↑
Self-harm	38	49 ↑
NEET	32	17 ↓
Housing problems	6	2 ↓
Parental status/pregnant	6	2 ↓
Child protection plan	9	11 ↑
Anti-social behaviour/ criminal act	53	30 ↓
Affected by other substances misuse	44	43

So What?

- In the HNA for CYP Substance Misuse it states that there is a focus on action for co-existing mental health and substance misuse support.
- Thrive Partnership and the Drugs and Alcohol Strategic Partnership to work collaboratively to support mental health needs of this population.

6.7 Children Looked After (CLA) and Care Leavers

CLA - As at the 31 December 2022 there were **813 children looked after** across the city, at a rate of 137.4 per 10,000. This has decreased by 8% in comparison to the same period last year. Although higher than the latest National and Regional published data from 2020/21 it is now slightly lower than the statistical neighbour rate of 138 per 10,000 and lower than city's published rate of 150 per 10,000

- The latest statutory return published data for children looked after show that 9% have gone missing in the last 12 months with 749 missing episodes, which has reduced by 117 episodes in the last year.
- The number of children looked after identified as having a substance misuse problem during the year has increased from 1% to 4% with 50% receiving intervention and 42% being offered intervention but refusing.
- 10% of the children looked after cohort have been convicted or subject to a final warning or reprimand during the previous 12 months, increasing by 6% in comparison to the previous year.

- Strengths and Difficulties questionnaire (SDQ: a validated brief tool used to assess children’s mental health) for our children looked after demonstrate that 85% of children and young people aged 4 to 16 have an SDQ score:
 - 54% are in the ‘Normal’ band, reducing from 57% in the previous year.
 - 12% are in the ‘Borderline’ band, increasing from 9% in the previous year
 - 34% have a ‘Cause for Concern’, which is the same as last year.

Care Leavers - As of 31 December 2022 there were **328 care leavers**:

- of which 287 are aged 17-21 and 41 aged 22 to 25. This has increased by 3% in comparison to last year.
- Hull City Council are in touch with 95% of 17–21-year-olds,
 - 89% are in suitable accommodation and
 - 52% are in employment, education, or training.

So what?

- The SDQ scores of CLA show that the majority are within the typical band, however there is a significant cohort of 46% who are not within this banding, with 34% classed as a cause for concern. Hull CC and its partners support this cohort (CLA and Care Leavers) with specialist support, including additional support from CAMHS.
- Hull CC as part of its recent ILACS (Inspecting Local Authority Services for Children) Ofsted inspection (Jan 2023) received a rating of ‘Good’ for the support it provides this cohort (nb. the overall ILACS inspection rating for Hull CC was ‘Requires Improvement’).
- As a Thrive Partnership we need to ensure that there are links with the services for CLA and Care Leavers, especially to the Thriving part of the Thrive model, to support step down into community activities and support strengthened wellbeing and mental health of this cohort.

6.8 Early Help & EHASH

In the last rolling year as of (17.1.23) Early Help supported 5,267 CYP and EHASH 13,876 children and young people.

The table below shows the main contact issue into Early Help / EHASH over the last rolling year. NB. These are not all the contact issues, just the ones that had a strong link to CYP emotional and mental health needs.

Main Contact Issue:	Numbers of Young People	
	Early Help	EHASH
Abuse Emotional	30	69
Abuse Neglect	47	353
Abuse Physical	157	986
Abuses Sexual	138	766
Asylum Accompanied	6	47
Asylum Unaccompanied	-	49
Bullying (Physical and Cyber)	43	37

Child Criminal Exploitation	14	111
Child Missing from Education	22	49
Child with Disability / Complex needs	260	621
Chronic School Attendance issues	20	30
Domestic Abuse	602	2058
Family Dysfunction	901	1737
Family in Acute Stress	502	989
Housing / Homelessness (Lone YP)	127	217
Housing / Homelessness (Family)	75	107
Parental Mental/Emotional Health Issues	108	277
Parental Substance Misuse	112	253
Special Educational Needs	28	35
Young Carer	47	27
Young Person Mental/Emotional Health	175	406
Young Person Substance Misuse	39	79

So what?

- As a Thrive Partnership we know that emotional and Mental Health needs are intertwined with, often several other issues that have a significant contributing factor, such as:
 - Domestic violence
 - Witnessing trauma
 - Adverse childhood experiences
 - Poor housing conditions
 - Bullying
- Thrive services are part of Hull's response to support families, as integral part of Early Help and EHASH system.
- Thrive partners endeavour to work across boundaries in a true multi agency way that puts the CYP and family at the centre of what we are about and calling upon other professionals within the system as and when needed.

6.9 Asylum Seekers

The number of children seeking asylum is rising, and this cohort frequently has large unmet mental health needs upon arrival into the UK.

Asylum seekers are widely recognised as one of the most vulnerable demographics within the UK, and they have been noted to have high indices of socioeconomic deprivation, as well as an increased burden of mental health disorders in comparison to the pre-existing population in their destination country.

Asylum seekers are a population which have been shown to have, in some cases, unmet mental health needs, particularly in the children who enter the country unaccompanied. Studies have shown that these groups have a much higher prevalence of post-traumatic stress and other mental health problems than the

general population, with a retrospective, cross-sectional study in the UK suggesting that approximately:

- 62% of this population have experienced significant psychological trauma
- With approximately 8% having sufficient mental health needs to require

So What?

- In Hull there is a dedicated team that support unaccompanied asylum-seeking children and young people, the Refugee and Asylum Seeker Team (RAST) within Hull CC.
- As of March 2023, the RAST team are supporting 109 unaccompanied asylum-seeking children and unaccompanied care leavers, but this figure can change on a regular basis. Been a dedicated team for this cohort of CYP, the professionals that work within RAST are knowledgeable and skilled in relation to all areas to assess and support the needs of these young people including been attuned to their emotional and mental health needs.
- RAST (along with the Leaving Care Team) have a direct link for support and advice through Dr Nathan Badger and Amber George Clinical Psychologists (Complex Emotional Needs Service), Humber Teaching NHS Foundation Trust. A referral can be made for a CENs assessment if the mental health need is not urgent or the young person would require a greater level of flexibility for them to be able to engage in an assessment. The CENs assessment will help to identify the most suitable mental health pathway/intervention for the young person and a referral made for that intervention ie Trauma therapy service. A CENs referral can also be made if the persons' difficulties with their mental health are more complex (e.g., have multiple needs/difficulties which interact with each other and have a significant impact on multiple areas of their life such as their relationships, physical health, and ability to do things required of them for day-to-day living).
- Nathan and Amber also offer consultations and reflective discussions with RAST for those young people that do not wish to access or feel ready to access mental health support yet there are clear indicators they are experiencing poor mental health. This can be practical support for the social worker around how best to support them including offering support and advice for those that care of the young person in question.
- Where a young person is referred to CAMHS and the waiting list is out of time timescale for the young person to start therapy given their level of trauma, a referral can be made to the Complex Needs Panel within Hull City Council and if appropriate, private and expert therapy can be commissioned to ensure that the young person is able to access the required intervention in a timely manner.
- Outside of this and for those young people supported by RAST that have lower mental health needs, they are able to access other talking therapies through the college for example or via voluntary support services such as The Refugee Council and the council will ensure that an interpreter is made available if the service does not provide this.
- The Home Office, Health and Housing commission services through Migration Yorkshire (a partnership of all local authorities and Integrated Care Boards) that support young people and families with emotional wellbeing and mental health and those suffering from Post Traumatic Stress Disorder that have fled war torn countries and provide support in the community and in education.

6.10 Discussion: Part 2

- There are National data gaps in relation to
 - Transgender rates of CYP
 - Mental health rates in ethnic communities of CYP
- Mental health problems & health inequalities are more likely in certain groups:
 - Deprivation / Poverty
 - CYP in contact with Youth Justice System
 - SEND / Long Term Disability
 - Children Looked After and Care leavers
 - Young Carers
 - Early Help / EHASH: potential abuse, neglect, victim of trauma
 - LGBTQ+
 - Asylum Seekers / Refugees
- It is important as Thrive Partnership we recognise and actively work to reduce health inequalities, we need to continue to work with partners and services supporting these groups to improve and support their emotional wellbeing and mental health.
- Coproduction with target groups should help to reduce any barriers and access to service.
- The organisations and agencies of the Thrive Hull Partnership should collate good quality health inequality data to understand who is and is not accessing services. Action should then be taken, ideally via a co-produced methodology to address and make changes to understand why certain groups are not accessing. This includes understanding why people / families do not attend appointments/access services.

PART 3

Education & Children, Young People Emotional Wellbeing and Mental Health

7 Education & Children Young People and Mental Health

7.1 School + Post 16 Demographics

Subject	Primary		Secondary		Primary+Sec		Post 16	
	n	%	n	%	n	%	n	%
Pupil numbers	24,627		16,617		41,244		6,318	
Free school meal numbers	7,972	32.4	5,193	31.3	13,165	31.9		
English Additional Language (EAL)	4,539	18.4	2,625	15.8	7,164	17.4		
Looked After Children (LAC)	153	0.6	134	0.8	287	0.7	103	1.6
Special School numbers	262	1.1	476	2.9	738	1.8		
Suspensions (proxy measure for Risk of Permanent Exclusion)	312	1.3	3,161	19.0	3,473	8.4		
Permanent Exclusion	3	0.0	26	0.2	29	0.1		
Child in Need	632	2.6	369	2.2	1,001	2.4		
Child Protection Plans	183	0.7	92	0.6	275	0.7		
Part-Time Timetables/Reduced Provision	29	0.1	106	0.6	135	0.3		
Elected Home Educated	121	0.5	309	1.9	430	1.0		
Alternative Provision	56	0.2	260	1.6	316	0.8		
Special Education Needs	4,447	18.1	3,335	20.1	7,782	18.9	904	14.3
Long Term Health Conditions (Sullivan Centre)	0	0.0	20	0.1	20	0.0		

Source: Hull City Council January 2023

This data provides a useful snapshot of what the population is like within our schools. High proportions of children and young people on FSM, EAL and SEN clearly stand out. Hull also has one of the highest rates of CYP in Alternative Provision nationally at 1.6% in secondary school.

7.2 Suspensions and Exclusions

Suspensions and permanent exclusions are subject to close scrutiny, on a monthly basis, by the city's Learning and Skills Service.

- **Primary exclusions** – during the 2020/2021 academic year there were *no* exclusions in the city; during the 2021/2022 academic year there were a total of **three** exclusions
- **Primary suspensions** – during the 2020/2021 academic year there were a total of 160 suspensions in the city; during the 2021/2022 academic year

there were 312 suspensions, almost double the rate seen in 2020/2021. The DfE will publish full 2021/2022 data in July 2023

- **Secondary exclusions** – during the 2020/2021 academic year there were a total of 24 exclusions in the city; during 2021/2022 the number of exclusions increased to 28
- **Secondary suspensions** – during the 2020/2021 academic year there were a total of 1561 suspensions; during 2021/2022 suspensions increased to 3161, almost double the rate seen in 2020/2021.

Secondary suspensions and exclusions are a cause of concern for the service and the focus of deep investigation.

- **Nationally School exclusions are more common in children with a mental health difficulty (6.8%) than those without (0.5%)**

7.3 Attendance

- **Primary Schools** – the average level of attendance across the city during the 2021/2022 academic year was 93.4%. At January 2023 in the 2022/2023 academic year the average weekly attendance in the city was 93.4%, the England average was 93.6%.
- **Secondary Schools** – the average level of attendance across the city during the 2021/2022 academic year was 89.8%. At January 2023 in the 2022/2023 academic year the average weekly attendance in the city was 90.2%, the England average was 90.7%.
- **Special Schools** – the average level of attendance across the city during the 2021/2022 academic year was 88.9%. At January 2023 in the 2022/2023 academic year the average weekly attendance in the city was 88.5%, the England average was 86.7%.
- **Alternative Provision/Pupil Referral Units** – the average level of attendance across the city during the 2021/2022 academic year was 77.4%. At January 2023 in the 2022/2023 academic year the average weekly attendance in the city was 75.6%.

7.4 Elective Home Education

At the end of December 2022 there were 426 active cases in the city, in December 2021 there were 401 active cases. Evidence suggests that numbers of pupils choosing elective home education are increasing both locally and nationally.

7.5 Part-Time Timetables/Reduced Provision

At the end of December 2022 there were around 145 pupils on reduced provision in the city. Of that 145, 50 pupils were in receipt of SEN Support, 40 had Education, Health and Care plans, one had a child protection plan, 21 were children in need and 19 were children looked after. On average, at December 2022, pupils spent an average of 23 weeks on reduced provision.

Reasons for part-time timetabling (as of 5.1.23):

Attendance/Disengagement	18
Social and emotional mental health needs (SEMH)	50
SEN	32
Medical	7
Behaviour	38

A large proportion of these CYP have social and emotional mental health needs (SEMH).

7.5 Emotionally Based School Avoidance (EBSA)

Emotionally Based School Avoidance (EBSA) is a broad umbrella term used to describe a group of children and young people who experience significant and enduring challenges in attending school due to emotional factors, mainly feelings of fear and anxiety. The EBSA is more than just a child's perceived dislike for school, it is rooted in emotional and physical anguish, and the child encounters significant distress when faced with the prospect of attending school.

Signs of EBSA can include:

- Fearfulness, anxiety, tantrums or expression of negative feelings, when faced with the prospect of attending school.
- Complaining that they have abdominal pain, headache, and sore throat, often with no signs of actual physical illness.
- Complaining of a racing heart, shaking, sweating, difficulty breathing, butterflies in the tummy or nausea, pins and needles and other physical signs they might be anxious.

These signs are usually worse on weekday mornings and absent at weekends and school holidays.

We don't know the specific rates of EBSA in Hull

Mental health support in schools: young people felt that they had to reach a crisis point before any support could take place and that teachers/ staff didn't have time to listen or give young people the support they need. Hull YP Views sessions Feb 2023

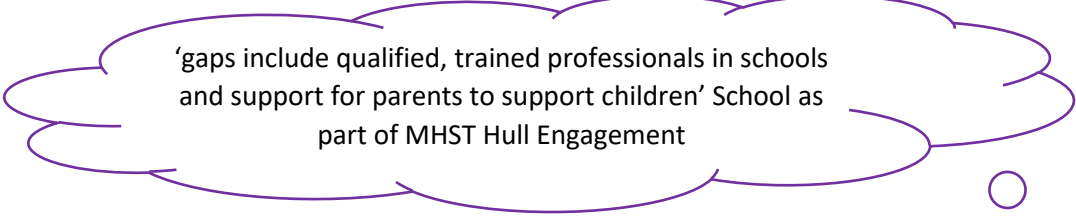
'I feel so worried about going to school, I can feel it in my stomach' Adam, 11

7.6 Bullying:

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening, or undermining someone.

It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming, and mobile phone. School approach to bullying could be improved with a consistent approach across schools, we also need to recognise the bullies as victims too, but equally ensure the bullied feel supported.



'gaps include qualified, trained professionals in schools and support for parents to support children' School as part of MHST Hull Engagement

7.7 NEEDS

From April 2021 a new characteristic, a mental health flag, has been added by the DfE for local authorities to report on using their local Client Caseload Information System (CCIS). This flag will help to identify young people who are experiencing poor mental health which may be impacting their engagement and participation. This characteristic identifies a young person who local authorities are aware is experiencing poor mental health. This information can be obtained from the young person themselves, a parent/carer, or other sources e.g., social worker, education institution, or support organisation.

As at November 2022, **15** Year 11 students educated in Hull and **139** resident Hull young people in year groups 12 and 13 (16–18-year-olds) have had a flag added to their record on Hull's CCIS system (TrakRekord).

This compares to November 2021 when **5** Year 11 students educated in Hull and **72** resident Hull young people in year groups 12 and 13 (16–18-year-olds) had a flag added to their record on Hull's CCIS system (TrakRekord).

7.8 Senior Mental Health Leads in Schools and Education Settings

DfE's senior mental health lead training grant (as of 9.12.23):

- The take up across Hull was **64%**: (65 settings have applied out of 101)
- East Riding of Yorkshire it was **46%**
- Compared to **53%** across the Region
- Compared to approximately **50%** nationally.

The grant from the DfE provides £1,200 for schools and colleges to train a Senior Mental Health Lead. The grant also supports education settings to develop and implement a strategic whole school or college approach, supporting schools to promote children and young people's mental health and wellbeing.

More information: [Senior mental health lead training - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/senior-mental-health-lead-training-grant)

7.9 Discussion: Part 3

- More understanding on the rates of EBSA (Emotionally Based School Avoidance) would be useful to understand the level of need and develop appropriate action plan. (nb. Hull CC Educational Psychology Team are exploring EBSA in Hull).
- Hull has an ambition to become a trauma-informed city, this means taking a holistic approach. It means acknowledging and repairing a system that is inequitable, and that contributes to systemic violence and poverty. A conference based on Trauma and Relational practice was held in 22/23 academic year.
- A re-launch of a 'Whole School and Setting Approach to emotional wellbeing and mental health' is in development.
- Re-establish an Emotional Wellbeing and Mental Health School Network meeting across Hull.
- DfE funding for 'Senior Mental Health Leads in schools and colleges': continue to promote to schools to increase take up in Hull.
- Develop an Education Dashboard to understand each setting's Mental Health and Emotional Wellbeing provision, workforce development and identified Senior Management who lead on Mental Health within each setting.
- Team Around the School approach is currently in development.
- The drivers of absence are wide and complex and persistent absenteeism is almost always a symptom of wider problems a family is facing.
- Humber Teaching NHS Foundation Trust provide Mental Health Support Teams in 35 Hull schools and colleges. These two Mental Health Support Teams (MHST) provide early intervention mental health support for children and young people aged 5 – 18. Wave 9 of the next round of National funding is due to go live September 2023.

PART 4

Engagement in Local Hull Services* Against the Thrive Framework

(*where data is available / has been provided)



8.1 Introduction to Part 4

Part 4 of this HNA has asked local CYP emotional wellbeing/mental health services to provide data about number of people seen, top 3 presenting issues and demographic data of service users.

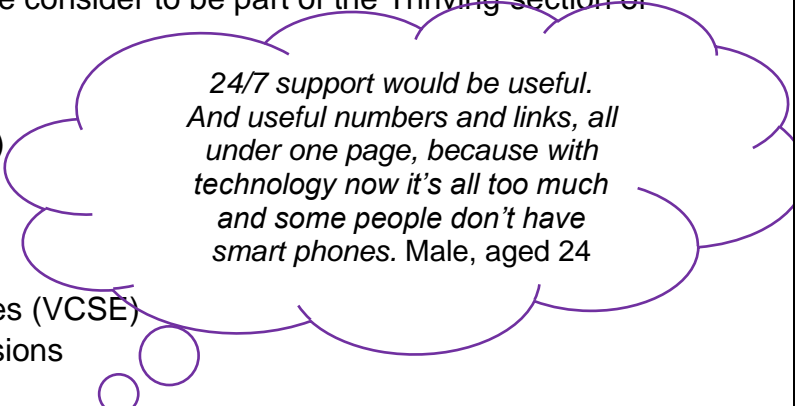
Data used for this section is available upon request.

8.2 THRIVING: *Those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies.*

Thriving services and activities in Hull are vast and majority delivered by the VCSE sector. As such it has not been possible within the scope of this HNA to gather all of this data that impacts on CYP good emotional health and wellbeing.

A sample of what services/activities we consider to be part of the Thriving section of the Framework:

- Healthy Holidays
- 0-19: Universal / statutory (checks)
- 1001 Day Activators
- Family Hubs (Children Centres) and Youth Services activities
- Sports clubs, sessions and activities (VCSE)
- VCSE community groups and sessions



24/7 support would be useful. And useful numbers and links, all under one page, because with technology now it's all too much and some people don't have smart phones. Male, aged 24

8.3 GETTING ADVICE: *Those who need advice and signposting.*

Within the Getting Advice section, support information is also accessible from a number of websites, and via Early Help and various helplines. A main source for advice is via Hull & East Yorkshire Mind Helpline.

What does the service data tell us about 'Getting Advice' services?

- About the same number of females to males access the service.
- A large amount of data in relation to ethnicity is unknown: 38.9%
- Age profile of access:
 - U5: 9.7%
 - 6-11: 29.4%
 - 12-15: 47%-16-18: 13.8%
 - 19+: 0.03%
- Getting advice services are more difficult to quantify as advice can come from many different sources e.g. Websites / phone lines.

8.4 GETTING HELP: *Those who need focused goals-based input.*

Local services included in Getting Help section include:

- Mind Counselling CYP (Hull and East Riding Mind)

- The Warren Counselling (The Warren)
- Emotional Resilience Coaches 10-16 and 16+ (Youth Service, Hull CC)
- Smile (Youth Service, Hull CC)
- Turn 2 Us (Youth Service, Hull CC)
- Early Intervention & Prevention including:
- Childrens Wellbeing Practitioners
- Mental Health Support Teams

What does the service data tell us about 'Getting Help' Services?

- Anxiety was the main presenting issue across Getting Help services, with depression and low self-esteem the joint next main presenting issue.
- 6,144 CYP completed a Getting Help service over one year.
- of the 7 services that provided data, the wait time for Getting Help services ranged from 0 weeks to 13 weeks, which averages at **7 weeks** across all the services.
- The Getting Help services are accessed by more females (60%) v males (38%).
- The Getting Help Services supported:
 - -aged 6-11: 19%
 - -aged 12-15: 46%
 - -aged 16-18: 32%
 - -aged 19+: 3%
- The majority of services within Getting Help did not collect / record data (or it was not provided) on: SEND Disability / LGBTQ+ / Children Looked After Care L / Young Carers / From lowest 20% MDI. This does therefore not allow us to see if our services are reaching groups that we know are more susceptible to mental health problems.
- Most service users where English, Welsh, Scottish, Northern Irish or British White.
- Several the services included within the 'Getting Help' section are time limited and due to end 2023 and 2024. If no additional funding is found this could leave significant gaps within this offer.

8.5 GETTING MORE HELP: Those who need more extensive and specialised goals-based help

Local services included in Getting More Help section include:

- Contact Point
- Core CAMHS
- Community Eating Disorder CAMHS
- Phspher

What does the service data tell us about 'Getting More Help' Services?

- Neurodiversity, Anxiety and PTSD were the top presenting issues.
- 813 CYP completed the intervention in one year.
- 9 months is the average waiting time (36 weeks).
- Age split of service users:
 - U5: 3.3%
 - 6-11: 40.3%
 - 12-15: 40.6%
 - 16-18: 15.7%
- Gender split:
 - 61.7%: male
 - 38.3%: female
- At an Hull & East Riding level there is a current work programme in relation to Access to CYP mental health services, aiming to improve the service offer for CYP and families).

8.6 At Risk Support: *Those who have not benefited or unable to use help but are of such a risk that they are still in contact with services.*

Local services included in At Risk Support section include:

- CAMHS Crisis: Covers Hull and the East Riding and operates 24 hours a day, 7 days a week. This service is for young people (under 18) who are experiencing emotional distress and are struggling to cope.
- Home Intensive Treatment (nb. Did not exist prior to 2021/22 so data not submitted): The team offers a specialist Children and Adolescent Mental Health Service provision to children and young people whose needs (usually due to risk and/or severity of presenting problems) cannot be met by core CAMHS. Intensive Intervention should be considered as an extension of the integrated Pathway Model, ensuring continuity of care for the child, young person and family and enabling an effective step-up, step-down service delivery model.

Secondary Care Mental Health Services CYP:

Inpatient Unit(s) (CAMHS) Across the Humber and North Yorkshire Health & Care Partnership there are two in-patient units for young people. In Hull there is Inspire which the service has 13 beds in total. Nine beds in the general

adolescent unit and four are PICU (Psychiatric Intensive Care Unit) beds. In York there is Mill Lodge which has beds in a general adolescent unit. The purpose of these two units are to keep young people as local as possible to their families and reduce out of area placements. The inpatient units are equipped and staffed to treat young people struggling with a wide range of mental health issues such as depression, severe anxiety, psychosis and eating disorders.

What is this telling us about 'Getting Risk' Support?

- As the Home Intensive Treatment service is relatively new there is no data submitted. The CAMHS Crisis services has seen 516 young people completing service within the year.
- The wait time for CAMHS Crisis service is 0.2 weeks (1 day).
- More females (63.6%) than males (36.4%) access the service.

8.7 Services for Specific Groups:

There are also some specific mental health services within Hull that are commissioned for specific CYP groups, including CLA children and young people with an eating disorder.

These services include:

- CAMHS Looked After
- CAMHS Community Eating Disorder
- CAMHS Harmful Sexual Behaviour

8.8 Discussion: Part 4

- Could all the service data be collated in a standardised manor including more in-depth characteristics to help us better understand if our services are reaching those in need according to the prevalence data and at risk groups? This would allow true analysis of health inequalities.
- Is there a simple way to capture the 'Thriving' element to showcase its impact / understand its reach?
- Workforce training in CYP Emotional Wellbeing and Mental Health is important to enable non-mental health professionals to spot early signs, support the child/young person and no where to get advice and help if needed.
- At primary age we know boys suffer more from mental health problems, do our services reflect this? Within 'getting help' services, more females (60%) v males (38%) access, though at core CAMHS level this is reversed with more males than females accessing. 61.7%: male 38.3%: female. Though age range of service users by gender was not requested. So, more exploration is required in relation to access and gender.
- How long should a wait be for services within the Thrive model? What is our aspiration as a Thrive Partnership? The Access project taking place across Hull and East Riding by the Health and Care Partnership will help to address this and make improvements within 'Getting More Help'.
- Effective collaboration, integration of services, data sharing; truly placing the needs of CYPF at the centre is likely to improve outcomes for CYP. This is across the services working to support CYPF as a whole, including those within the Thrive Framework.
- Some local services within the Getting Help section are due to cease 2023 and 2024, this could leave a significant gap of provision.

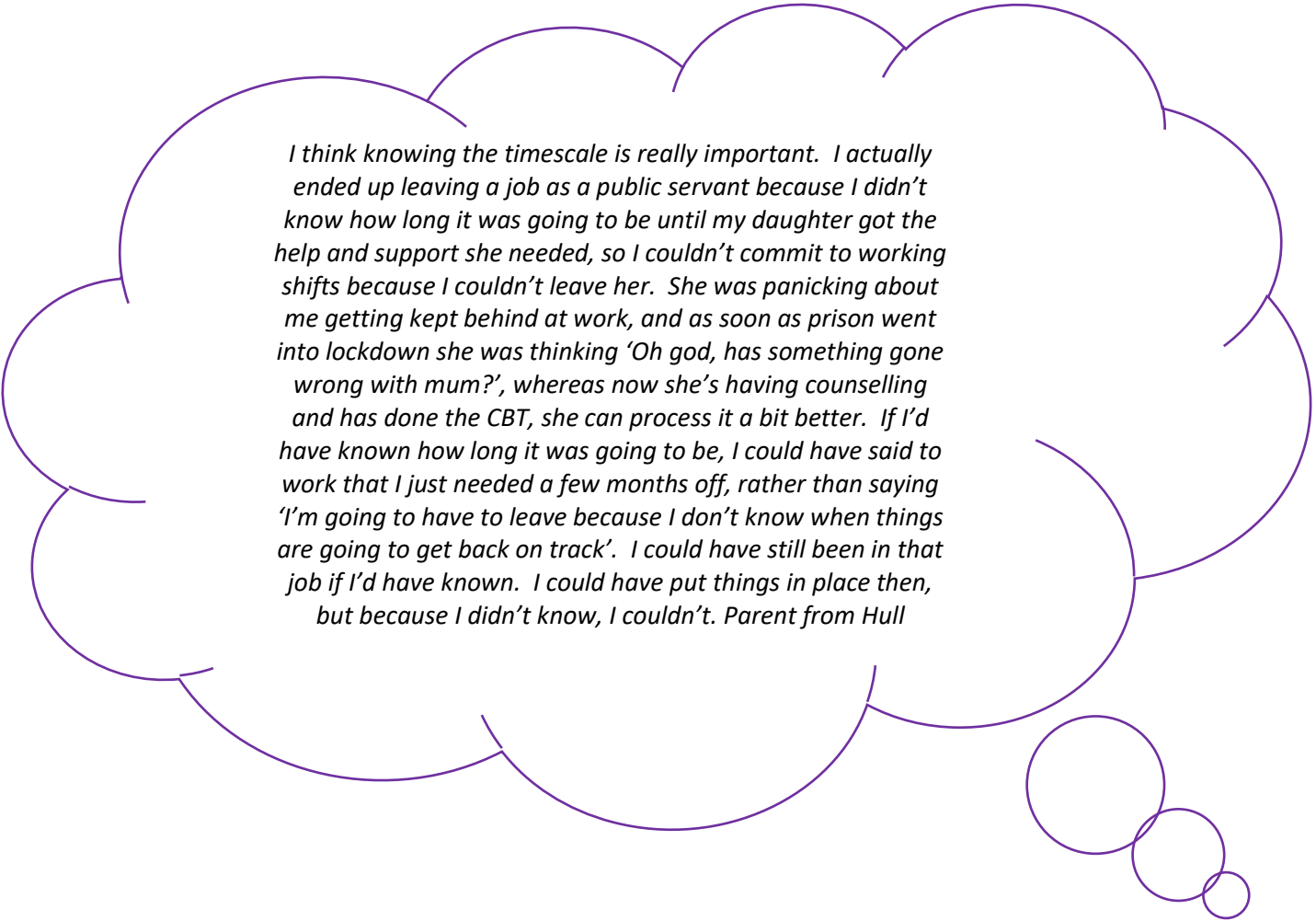
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Thank you to the Hull Emotional Wellbeing & Mental Health Services for providing local service data. Thank you to Voice and Influence Team at Hull CC and the CYP Trauma Informed Care Programme for providing quotes from CYPF used throughout this report.

See: www.howareyoufeeling.org.uk



I think knowing the timescale is really important. I actually ended up leaving a job as a public servant because I didn't know how long it was going to be until my daughter got the help and support she needed, so I couldn't commit to working shifts because I couldn't leave her. She was panicking about me getting kept behind at work, and as soon as prison went into lockdown she was thinking 'Oh god, has something gone wrong with mum?', whereas now she's having counselling and has done the CBT, she can process it a bit better. If I'd have known how long it was going to be, I could have said to work that I just needed a few months off, rather than saying 'I'm going to have to leave because I don't know when things are going to get back on track'. I could have still been in that job if I'd have known. I could have put things in place then, but because I didn't know, I couldn't. Parent from Hull