A thriving community of children and young people in Surrey

A strategy for their emotional wellbeing and mental health

2019 – 2022

version 9, February 2019
Building on our strengths and addressing our challenges to help more young people like Freya

Whenever I tell my story it generally starts with ‘I was always an anxious child’. For as long as I can remember I’ve gone through periods of having panic attacks and everyone just treated them as part of my personality and said it would settle down after a while, which it did until I turned sixteen. I began having multiple panic attacks a day, and even though I somehow always managed to make it into school, all I could focus on was the absolute terror.

Around this time, my mood was getting lower and lower and I began hurting myself as a way to cope. I was always very secretive about it, as I was about most things regarding my mental health, and this continued for another few months.

I decided to try going to the GP as I knew I couldn’t keep going on the way I was. I was with the GP for three minutes, during which time she referred me to a website which, in her own words ‘probably isn’t very good’. It wasn’t a great start to my recovery journey, and it took a good few months after that for me to even attempt to open-up again.

By this point I was struggling with anxiety, OCD, depression and an eating disorder. OCD tendencies I’d had for all my life were getting worse and much more frequent.

Eventually, I managed to speak to one of my teachers at school who was incredible and so understanding. She shared with me some of her own experiences and with her support, I met a mental health outreach nurse who I worked with for about a month. She referred me into the main body of CAMHS where I was put on the waiting list. After eight months, with some support provided along the way, I was allocated a psychologist who worked with me for a year, and quite literally saved my life.

She was the first person I felt able to open-up to about my eating disorder, and I was able to tell her about plans I had made to take my life. I not only managed to sit my A levels but passed them with good enough grades to get into my first choice University. After taking a gap year, I can happily say that I love being at University. I have been transferred to services there, and I know that even though I’ve come very far, I do still have a fair way to go, but overall, I’m so different to the girl I was four years ago.

I’m so grateful to everyone who’s played a part in my journey, and I am genuinely looking forward to seeing what the future holds. I’ve got some amazing friends and have managed to get onto the highest-level competitive cheerleading team, and I’m looking forward to a life that is no longer dominated by mental illness.
What my experiences have taught me about providing emotional wellbeing and mental health support to children and young people:

- having workers who can show empathy to children and young people and let them know that they aren’t alone, that people do care, and that there is hope, is so important
- that services need to recognise that a one size fits all approach won’t work, and instead a personalised, adapted approach will be so much more effective and helpful – care should be adaptable, flexible and person centred
- having a say in my care was very important to me – making care plans and safety plans is definitely a good idea
- earlier interventions and preventative care should be prioritised over curative care
1. **A call to action**

Working together as a system, Surrey County Council, the Surrey Clinical Commissioning Groups (CCGs), schools, voluntary sector organisations and community groups are committed to supporting children and young people to have the best start in life at home, in school, with friends and in their community. A fundamental element of having this best start is their emotional wellbeing and mental health. In the words of children and young people:

‘I want to feel loved by friends, family and adults in my life’

‘I want to have hope that my life can get better’

‘I want to have fun’

‘I want someone to help me change difficult things in my life’

‘I want to have coping strategies for when I am feeling anxious’

In the recently developed Children & Young People’s Emotional Wellbeing & Mental Health Charter, set out below, children and young people have described what they want.

<table>
<thead>
<tr>
<th>Children &amp; Young People’s Charter</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need to know that the right support is there when I need it, that I can access it quickly and that it is age appropriate. It should improve my emotional wellbeing and mental health</td>
</tr>
<tr>
<td>I want the stigma around my mental health issues to be reduced because this will help me and my family to enjoy more positive mental health, be more resilient and manage challenges more independently</td>
</tr>
<tr>
<td>I want to have more control over decisions that impact my emotional wellbeing and mental health and any care I receive</td>
</tr>
<tr>
<td>I want to be able to access the best information and advice to support my emotional wellbeing and mental health. I want my family and people who look after me to be able to do the same</td>
</tr>
<tr>
<td>I need support as soon as I start to feel like I’m struggling to cope with my emotions or mental health issues. I want to be able to access support in a way that suits me</td>
</tr>
<tr>
<td>I only want to tell my story to the people looking after me once</td>
</tr>
<tr>
<td>I need to be able to access support as quickly as possible when I feel like I am in crisis and I want to be able to access that support locally, within my community</td>
</tr>
<tr>
<td>I worry about what will happen to my support when I reach adulthood. To make it easier for me I need to know that when I move into adulthood I will not lose my support</td>
</tr>
<tr>
<td>I want the people who are supporting me to be competent and confident in supporting my emotional wellbeing and mental health</td>
</tr>
</tbody>
</table>

We have recently completed a series of engagement events where children and young people and their families, teachers, GPs, social workers and care professionals came together with wider stakeholders to tell us more about what is important to them. Five themes emerged from these workshops – with the Charter, these will underpin our plans. In developing this strategy, we as Surrey County Council and the Surrey CCGs build on the ambitions we describe in Surrey 2030 Plan, set out our partnership and our ambitions to shape a different culture, support and services for children and young people in Surrey. This is a whole system response to a whole system challenge – not just a commissioning strategy for SCC and the CCGs.
We will be integrating care and ensuring that emotional wellbeing and mental health are prioritised equally to the physical health needs of children and young people.

1.1. Our pledge

To the children and young people of Surrey, to the parents, carers and friends in Surrey, to our community and to the committed teachers, social care professionals, health professionals and army of volunteers... we have listened to your feedback and we will focus on:

- Early intervention and community support
- Collaborative working
- Creating a navigable system
- Communication with children, young people and parents
- Environmental design

Finally, this strategy is not the last word on this topic, but rather the start of a conversation – a document that sets out a new direction of travel and something we can build on and evolve as we learn more and co-design the future together.

Mr Tim Oliver, Co-Chair
Cabinet Member for People, Surrey County Council

Dr Elango Vijaykumar, Co-Chair
Clinical Chair, NHS East Surrey Clinical Commissioning Group
2. **Background and context**

In 2018 Surrey County Council and the Surrey CCGs recognised that children and young people were not getting the emotional wellbeing and mental health support they need to make the best start in life and fulfil their potential.

In this section of the Strategy we outline the:

- background within which we have written this strategy
- national picture
- local picture
- our local partnership
- our transformation programme
- the scope of the Strategy

2.1. **Background**

In early 2018, we heard and listened to feedback from children and young people, their families and carers, their friends and from professionals working alongside children and young people. It pointed to significant gaps in the support available and services provided for children and young people. Feedback highlighted long waits and delays, a lack of clarity of referral routes and pathways, a lack of appropriate support for those with complex and enduring needs, a perceived lack of listening and professional respect, inequality of access for those who are more vulnerable or from disadvantaged groups and poorly managed transition to adult services.

Since then, we have reflected deeply on this feedback, and what it means for our future approach to the emotional wellbeing and mental health of children and young people in Surrey.

In this document we collectively take responsibility for these challenges, accept that both immediate and longer-term action is required and commit to driving through the positive transformation that is necessary to do better for children and young people in Surrey.

It is important to note that there are services that received very positive feedback and we will retain and build on these strengths in the future.
2.2. The national picture

Mental ill-health can affect us all – directly, in our families and communities, or as friends, colleagues or employers. It is impacted by many things – trauma and difficult life experiences, stigma and marginalisation, problems with relationships, unhealthy lifestyles, bereavement, employment, social media, housing and the environment. A person can develop poor mental health at any stage of their life; however key factors can increase the likelihood of this happening. Figure 1 highlights key risk factors that can impact both positively and negatively on a child and young person’s resilience and emotional wellbeing.

Figure 1 – Risk and Protective Factors for Children and Young People’s Mental Health

2.2.1. What the national statistics say

The national data points to increasing demands for emotional wellbeing and mental health support for children and young people.

Figure 2 – National statistics

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.8%</td>
<td>Young people aged 5-19 suffer from a clinically significant mental health illness</td>
</tr>
<tr>
<td>25%</td>
<td>Children who need treatment receive it</td>
</tr>
<tr>
<td>50%</td>
<td>Those with lifetime mental illness (excluding dementia) will experience symptoms by the time they are 14</td>
</tr>
<tr>
<td>75%</td>
<td>Those with lifetime mental illness (excluding dementia) will experience symptoms by the time they are 24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ratio</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18x</td>
<td>Young people in prison are 18x more likely to take their own lives than others of the same age</td>
</tr>
<tr>
<td>5x</td>
<td>Maternal depression is associated with a five fold increased risk of mental health illness for the child</td>
</tr>
<tr>
<td>60%</td>
<td>Looked after children have some form of emotional or mental health illness</td>
</tr>
</tbody>
</table>

2.2.2. National strategy

In response to the national data and population needs, policy makers have prioritised mental health and have published a number of documents within which they set the agenda of emotional wellbeing and mental health support for children and young people. These include:

- NHS 10 Year Long-Term Plan and funding settlement
- Future in Mind
- Mental Health Forward View
- Transformation Children and Young People Mental Health: Green Paper
- CQC national review of Children and Adolescent Mental Health services (CAMHS)

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2 NHS Clinical Commissioners, Defragmenting CAMHS – commissioning the children and young people’s mental health system
2.3. The local picture

Children and young people in Surrey face the same challenges as children around England. We know about their specific needs and have developed strategies with those in mind.

2.3.1. What the local statistics say

Using local data, we know that there are 287,600 children and young people aged 0-19 living in Surrey and it is expected that there will be a 14% increase in children aged between 10-14 years between now and 2022.

Figure 3 – local statistics

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Looked after children, who</td>
<td>Care leavers, who have</td>
<td>Increase in Unaccompanied</td>
<td>Children in need, who are</td>
<td></td>
</tr>
<tr>
<td>are 4-5 times more likely to</td>
<td>have higher risk of poor</td>
<td>Asylum Seeking Children</td>
<td>likely to have additional</td>
<td></td>
</tr>
<tr>
<td>suffer mental health issues</td>
<td>mental health due to their</td>
<td>over last 5 years, high risk</td>
<td>physical or mental health</td>
<td></td>
</tr>
<tr>
<td>than their peers</td>
<td>childhood experiences</td>
<td>of poor emotional health</td>
<td>needs</td>
<td></td>
</tr>
<tr>
<td>871</td>
<td>479</td>
<td>131%</td>
<td>6,227</td>
<td></td>
</tr>
<tr>
<td>Children and young people</td>
<td>Children and young people</td>
<td>Young carers, whose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>experiencing domestic</td>
<td>living in poverty, increasing</td>
<td>experience could lead to a</td>
<td></td>
<td></td>
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<tr>
<td>abuse and more likely to</td>
<td>the likelihood of their</td>
<td>severe and long term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>become aggressive, anxious</td>
<td>developing poor mental</td>
<td>impact on their health and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and depressed</td>
<td>health</td>
<td>wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3,300</td>
<td>10%</td>
<td>14,000</td>
<td></td>
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</tr>
</tbody>
</table>

With a projected growth in the population of Surrey’s children and young people and a greater awareness of the need for good emotional wellbeing and mental health, it is anticipated that there will be an increase in demand for emotional wellbeing support and services across 2019-2022.

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1 Joint Emotional Wellbeing & Mental Health Needs Assessment for Children and Young People in Surrey (2017), Surrey County Council
2.3.2. Local strategy

There are several local strategies and initiatives to which we have aligned this strategy, particularly the wider and developing Children’s Strategy for Surrey. The long-list of strategies we have built on include:

Figure 4 – local strategies and programmes

2.3.3. What does this mean for children and young people and care professionals in Surrey?

These statistics are brought to life when listening to children, young people, families and carers, teachers and schools, GPs, social care, the voluntary sector and wider care professionals across Surrey. They talk of children, young people and families in crisis, the pressures of social media and educational demands, drugs and alcohol and the shortages of resources across the whole system. They speak of children and young children struggling to cope with their everyday lives, but also of those where acute needs demand timely, responsive and integrated specialist support. They particularly highlight the need for preventative interventions and early help to build the resilience of families and empower and equip children and young people to manage their own emotional wellbeing and mental health, alongside the need for reliable and coherent acute and risk support and services.
2.4. Our local partnership

In response to the statistics set out above, and the feedback we have received from children, young people, parents and carers and care professionals in Surrey, Surrey County Council and Surrey CCGs have formed a partnership with local organisations and groups to drive through transformation of emotional wellbeing and mental health for children and young people. Figure 5 outlines this partnership.

Figure 5 – Our partners across Surrey
2.5. Our transformation programme

The partnership outlined above, and driven by Surrey County Council and Surrey CCGs, has launched an extensive programme of work to design and deliver a coordinated whole system transformation programme. Figure 6 below highlights the key phases of that journey.

Figure 6 – Our transformation programme

2.6. Phase 1: Listening and learning

During Phase 1 we:

- worked with children and young people, their families and carers to develop the Charter (see page 7) which outlines what local children and young people have said they want to see from us
- listened to the feedback from Youth Cabinet who asked young people to vote on the key issues that they think will help to improve their lives. In Surrey, mental health was voted as the top priority for change by the young people that voted
• engaged schools to understand their lived experience of the needs of children and young people and of working with the current children and adolescent mental health services
• worked with the provider of children and adolescent mental health services in Surrey to tackle access to services and improve communication and processes between schools and GPs – access to services remains challenging
• commissioned an independent review of the service to establish the reasons behind the challenges being faced and identify where and how the service needs to be improved
• focused on improving our services through the Surrey Children & Adolescent Mental Health Service Transformation Plan\(^4\) which is updated annually and seeks to implement projects that will make a real difference to the lives of children, young people, their families, and carers experiencing mental health issues
• launched a pilot to trial the development of locality teams to build our expertise and learning about how we can work together to meet the needs of children and young people
• carried out a series of workshops with a range of key stakeholders, including children, young people, parents, carers, and people who work with children and young people – the themes from these workshops underpin this strategy

This document sets out ambitions to co-design and deliver a new model with the people of Surrey in Phases 2, 3, and 4 of the Transformation Programme.

\(^4\) Surrey Child and Mental Health Whole System Transformation Plan (October 2018), Surrey County Council: https://www.surreyi.gov.uk/dataset/camhs-transformation-plan-refresh
2.7. The scope of our strategy

2.7.1. Local services in scope

The services in scope of the Strategy are those from our partnership organisations and groups – including CAMHS practitioners, schools, social care, general practice and wider healthcare, the police, teams such as health visitors and family support workers, voluntary sector groups, hospices and those that represent children and young people and their families. We will build on these foundations and the strengths of our community; their deep expertise and experience will be critical to the successful delivery of our ambitions.

2.7.2. A life course approach

We will take a life course approach when designing support and services for children and young people. In the diagram below, we set the scope of this strategy and our ambition to build a culture of emotional wellbeing through pre-natal care into young adulthood. It will support all children, including those who are vulnerable, those in care and care leavers. Young people are not automatically ready to access adult services at 18 so our ambition will be to support them through transition up to the age of 25.

The Strategy is also focused on supporting parents and carers. If parents aren’t thriving, their children will not thrive. As set out above, this strategy builds upon our ‘First 1,000 Days’ approach and seeks to support families with attachment and help parents to be confident and independent.

Figure 7 – A life course approach
3. The future of emotional wellbeing and mental health for children and young people in Surrey

In this section of the Strategy we set out our ambition for the emotional wellbeing and mental health of children and young people in Surrey.

“The crisis that we have with children and young people’s mental health is not going to be solved in consulting rooms and clinical settings across our county.

“It will be solved in communities – in schools, in families, in friendship groups, in youth clubs, in charities. It will be solved by changes in attitudes, in cultures, in beliefs and behaviours – not just in the young people themselves, but in their parents, their teachers, their friends and their medical staff. It will be solved by young people having access to and making use of healthy coping strategies – exercise, peer support, long-term bond with a trusted adult, mindfulness – and avoiding unhealthy coping strategies – substance abuse, violence, abusive relationships, poor eating habits.

“We – local authorities, health services, parents, police, schools, charities – must truly work in partnership with young people to understand their lives and address the underlying causes together.”

Voluntary Sector partner

Our ambitions are to:

- Develop a new **culture** around children and young people’s emotional wellbeing and mental health that promotes resilience, whilst ensuring access to specialist services when needed.
- Develop how we **support** children and young people with their emotional wellbeing and mental health.
- Develop appropriate emotional wellbeing and mental health **services** for children and young people.
3.1. Vision

In Surrey we have a vision:

“To develop a culture of emotional wellbeing and mental health support for children and families that is based on strengthening early intervention and prevention and building resilience. We will listen to and work in partnership with our community to give children and young people the best start in life”

3.2. The principles underpinning our strategy

In response to the national and local challenges, the Children and Young People’s Charter and the feedback from recent engagement events, we have developed a series of guiding principles for this strategy – they will nurture a new culture and the design and delivery of support and services.
### Figure 8 – Our principles

<table>
<thead>
<tr>
<th>Early intervention and community support</th>
<th>Collaborative working</th>
<th>Creating a navigable system</th>
<th>Communication with children, young people and parents</th>
<th>Environmental design</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It is so much better to build a fence at the top of a cliff than run an ambulance [service] at the bottom.”</td>
<td>“You do not pass the baton until there is someone to take it.”</td>
<td>‘Toolkits and tips for children and young people to take away’</td>
<td>‘Networks enable [my] voice to be heard in the services that [I] access which is empowering’</td>
<td>‘Welcoming, friendly environment and does not feel like a clinical setting’</td>
</tr>
</tbody>
</table>

- We will focus on prevention and early action to promote resilience among children, young people, their families, and carers, whilst ensuring access to appropriate, specialist care if needed and during times of crisis.
- We will empower children and young people to be the custodians of their own emotional wellbeing and mental health.
- We will focus on supporting children to support themselves.

- We will collaborate, integrate, and be accountable – we will break down organisational and professional boundaries.
- We will listen to and respect one another.
- We will provide continuity of care and make space for professionals to come together.
- We will support children and young people into adulthood, transitioning smoothly into adult services.

- Information for everyone will be simple to access, navigate and signpost.
- We will provide evidence-based information that inspires confidence.
- We will provide tools for self-care and resilience, as well as recovery.
- We will build a system that is effective, systematic and makes the best use of resource.

- We will achieve better outcomes and learn by listening to and treating children and young people as individuals, putting them at the heart of the service.
- We will work with the whole family to support a community of confident, resilient and independent parents and siblings – we will set out what they can expect from us.
- We will support parents, siblings, carers and friends to look after their own emotional well-being and mental health.

- We will provide support and services as locally and flexibly, minimising travel as much as possible.
- We will make environments where care is provided child and young person friendly.
- We will build on community strengths and assets.
3.3. Choosing the right model for Surrey – The THRIVE framework

There are many models upon which we could base our strategy. Long-term, quantifiable evidence is limited in this area – with NHS England currently carrying out a national review to fill the vacuum of evidence available.

Having considered the models that are available, the evidence about where they have been used successfully and the needs of our community, we propose to base our strategy on the THRIVE framework. It balances the needs to provide good quality early intervention and resilience-building to tackle issues early, with the need for some children to access more specialist or medicalised care. We have also noted that the THRIVE framework is being promoted by national organisations like NHS Clinical Commissioners and implemented by some schools and Children’s Centres in Surrey with success.

The THRIVE framework was developed by the Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre, in consultation with children, families and service providers (see here for more information http://www.implementingthrive.org). The key features of the model are:

- It outlines groups of children and young people and the sort of support they may need, drawing a clear distinction between support and treatment (services).
- It focuses on a wish to build on individual and community strengths wherever possible and to ensure children and families are active decision makers in the process of choosing the right interventions.
- It has been successfully used in other parts of England to shape a positive culture and support and services for children and young people’s emotional wellbeing and mental health.
- Its structure is closely aligned with what we are trying to achieve in Surrey.
Figure 9 outlines how we will apply THRIVE segments to meet the needs of our children and young people and the table thereafter sets out what it might mean in Surrey.

Each element of the THRIVE framework is described in more detail in the following tables 1 to 5.
Table 1 – The THRIVE Framework in Surrey: Thriving

<table>
<thead>
<tr>
<th>THRIVE segment: Thriving – prevention and promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who</strong></td>
</tr>
<tr>
<td>The THRIVE framework suggests that everyone, including those thriving in the community, should receive community initiatives that support mental wellness, emotional wellbeing and resilience of the whole population. This requires rigorous understanding of the environmental causes of potential harm to children and young people’s psychological health, and the active application of strategies to try to reduce or remove these as far as possible before they affect a child’s emotional wellbeing: primary prevention.</td>
</tr>
<tr>
<td>THRIVE segment: Getting advice and signposting</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>THRIV</strong>E segment: Getting advice and signposting</td>
</tr>
<tr>
<td>Who</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Children and young people sometimes need help to meet challenges which would benefit from focused evidence-based treatments. These would have clear aims and criteria for assessing whether these needs have been met.</td>
</tr>
</tbody>
</table>
- Ensuring there is a clear route to ‘getting help’ for children, young people, their families and referrers.  
- Providing outcome-based care.  
- Providing a wide variety of limited, goal focussed, evidence based ‘talking therapies’ for a range of needs (typically mild to moderate in nature) in a range of community based, school and health locations, and via remote access (e.g. Improving Access to Psychological Therapies for children and young people).  
- Access to on-line information, advice and counselling.  
- Ensuring vulnerable groups are represented at the levels expected for the local population.  
- Developing a core phase-specific offer to schools including a named mental health link person.  
- Access to telephone advice for referrers.  
- Providing supervision across the system to support wider practitioners. |
Table 4 – The THRIVE Framework in Surrey: Getting more help

<table>
<thead>
<tr>
<th>THRIVE segment: Getting more help</th>
<th>Who</th>
<th>What</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Some children and young people have mental health conditions (e.g. psychosis, eating disorders). These children may require extensive and short and/or long-term from care professionals. | Support and services will be provided to children and young people including multi-disciplinary working in a community setting to meet more severe, complex and enduring mental health needs. This includes eating disorder services. | • Making support simple and easy to navigate and focused on outcomes.  
• Ensure there is a clear route to ‘getting more help’ that is integrated with the other groupings, focusing on robust pathways that enable a flexible response to need.  
• Providing goal focussed evidence-based treatment for a range of more complex or severe presenting needs in a range of community based, school and health locations, and via remote access e.g. skype/online. This will include systemic interventions and pharmacological interventions, multi-agency care planning and management of risk, including intensive home-based treatment when required.  
• Locality teams working in the local community, to include educational psychology/CAMHS, social care and health multi-agency expertise).  
• Embedding IAPT principles within the pathway with a focus on developing a culture of service user engagement and participation, consistent and embedded use of routine and goal-based outcome measures and the use of evidence-based interventions.  
• Aligning with crisis pathways where a young person who is already ‘getting more help’ requires a response due to crisis. This should, wherever possible, be provided by the staff currently working with them and in line with national access and waiting time standards. |
<table>
<thead>
<tr>
<th>THRIVE segment: Getting risk support</th>
<th>Who</th>
<th>What</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some children and young people find themselves unable to benefit from evidence-based treatments but remain a significant risk or concern and can be supported by a multi-agency team. These children and young people can go into crisis but are not able at the time to make use of the help offered or the help offered has not made a difference. These may be children and young people with emerging personality disorders, ongoing issues that have not yet responded to treatments or those that fail to attend appointments.</td>
<td>Support and services included here will include specialised crisis support and day and inpatient units, where children and young people with more severe mental health problems can be assessed and treated. It will also include crisis support services, linked to national services that support children and young people during times of crisis.</td>
<td>• Developing robust integrated pathways across multiple agencies and that they that are embedded within the early help, safeguarding and social care frameworks, and include close working with education. • Ensuring that vulnerable children and young people, those in care and care leavers have access to timely support and can influence the care they receive through joint care planning. • Providing specialised risk support close to the child or young person’s home and where they can build local and personal support networks. • Exploring co-location of staff to facilitate joint working and robust shared processes. • Agreeing clear criteria for when a young person would benefit from ‘risk support’. • Providing consultation and indirect support to children’s services to enable informed decisions about the most appropriate THRIVE grouping for a young person. • Endeavouring to work across partners to provide a ‘team around the professional’ approach that supports partners to support the young person/family and enables shared management of risk. • Working with colleagues across early help, education, social care and health to identify with young people and their family who is best placed to be the young person’s key person. • Working with partners to develop a joint approach to young person and family centred care planning. This should include care planning with the young person/family to identify how best to keep themselves safe and what to do in a crisis.</td>
</tr>
</tbody>
</table>
### 3.4. How do we know we’re having an impact?

Our key focus is to improve the lives of children and young people in Surrey by supporting them to achieve the best possible outcomes for their emotional wellbeing and mental health. To this end, we will continually monitor and evaluate the outcomes being set and achieved by children and young people and the performance of the support and services we provide - adjusting when necessary to ensure we do achieve these outcomes. Below we set out the elements of the Charter as outcomes and illustrate how we might measure our collective success.

**Table 6 – Demonstrating and measuring outcomes**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Measurable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need support as soon as I start to feel like I’m struggling to cope with my emotions or mental health issues. I want to be able to access support in a way that suits me</td>
<td>• Do partners in the whole system feel equipped to support prevention and early action?</td>
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<td></td>
<td>• What early help information, support and services are we providing?</td>
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<td></td>
<td>• How many contacts seeking support are repeats?</td>
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<td></td>
<td>• Are presentations for specialist care reducing?</td>
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<tr>
<td>I want the stigma around my mental health issues to be reduced because this will help me and my family to enjoy more positive mental health, be more resilient and manage challenges more independently</td>
<td>• Do children and young people report a reduction in stigma?</td>
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<td></td>
<td>• Do children and young people report increase access to support with more community services that 'normalise' access?</td>
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<td></td>
<td>• Do families report that they feel supported?</td>
</tr>
<tr>
<td>I want to have more control over decisions that impact my emotional wellbeing and mental health and any care I receive</td>
<td>• Are children and young people reporting a feeling of ownership of their own emotional wellbeing and mental health?</td>
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<td></td>
<td>• Are children and young people reporting that they are involved in their own care planning?</td>
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<td></td>
<td>• Are children and young people reporting that they feel support is designed around their needs?</td>
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<tr>
<td>I want to be able to access the best information and advice to support my emotional wellbeing and mental health. I want my family and people who look after me to be able to do the same</td>
<td>• What information is available to children, young people, their families and partners?</td>
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<td></td>
<td>• Is this information available face-to-face, as well as on websites and on paper?</td>
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<td></td>
<td>• How often and where is that information accessed?</td>
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<tr>
<td></td>
<td>• Are children and young people, families and carers and referrers providing positive feedback on the information available?</td>
</tr>
<tr>
<td>Principle</td>
<td>Measurable</td>
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</tbody>
</table>
| I need to know that the right support is there when I need it, that I can access it quickly and that it is age appropriate. It should improve my emotional wellbeing and mental health | • Are children and young people reporting improved outcomes?  
• How many children and young people have a crisis care plan in place?  
• What are the range of services available to children and young people with different needs and different ages? |
| I only want to tell my story to the people looking after me once          | • Are children and young people reporting a more seamless experience?  
• Are there reduced handovers between care professionals, organisations and teams?  
• Does the care pathway allow time for the clinician to review and familiarise with patient care records and plans? |
| I need to be able to access support as quickly as possible when I feel like I am in crisis and I want to be able to access that support locally, within my community | • Access (different service user groups, timeliness, times and location)  
• Are support and services provided across the county and using community assets?  
• Are service users reporting ease of access to services? |
| I worry about what will happen to my support when I reach adulthood. To make it easier for me I need to know that when I move into adulthood, I will not lose my support | • Are children, young people and their families reporting a positive experience of transition to adult services?  
• Are pathways aligned with clear transition plans from 18-25 and into adult services? |
| I want the people who are supporting me to be competent and confident in supporting my emotional wellbeing and mental health | • Is service user experience of staff, support and services positive? |

Practical measures for monitoring our performance against these outcomes will be reviewed routinely with our stakeholders.
4. How we will work differently to deliver the Strategy

To successfully put this strategy into action we need to act and to work differently. We will create a culture and environment where we will take collective responsibility for thinking creatively about how we use our resources to provide better outcomes for children and young people.

- **We will build on community assets** – schools, healthcare providers, the voluntary sector and existing community projects are the best mechanism to deliver a new approach. They have the reach and are looking for support. We want to ensure that young people experiencing problems are nurtured when they need it, in the places that they hang out – schools, youth organisations, at home – by people they can have long-term trusting relationships with – friends, other young people experiencing similar problems, home school link workers, youth workers, teachers, parents, etc. We want to help front-line practitioners in schools and the voluntary sector to have the time, confidence and capabilities to do this. Many schools and voluntary sector organisations have expressed a desire to work with their peers to develop new ideas, to ask questions, to share best practice, to learn from failures. We will support schools and voluntary organisations to do this.

- **We will share our knowledge, expertise and experience to lead the system through its transformation** – there must be strong leadership across all the partner organisations and teams. As individuals and as leaders we must fully acknowledge the importance of good emotional wellbeing and mental health for children and young people and their parents and carers, get behind this strategy and organise ourselves around it. We must share our collective expertise, knowledge and experience to ensure its successful delivery.

- **We will commit our resources to facilitating support and services that are efficient and provide value for money** – financial resources are not limitless and as a system, we already invest more in emotional wellbeing and mental health services and support for young people than the national average. In the future we will combine our resources effectively to deliver a real transformation in the emotional wellbeing and mental health of our children and young people.

- **We will develop a skilled, stable and flexible workforce** – we know that national and local care systems are challenged by a lack of skills and that services are running with persistent vacancies in key positions. We will work together to build a workforce that:
  - is skilled and competent and can provide thoughtful support and services to children, young people and their families and carers
  - values prevention, early intervention and specialist services
  - will work in partnership with different professional groups and organisations
- is flexible and adaptive and accessible to children, young people and their families and carers
- is diverse and effectively supported and has access to education and support when they need it, so they can best support children, young people and their families and carers

- **We will make representative and responsive decisions and will systematically involve and communicate with all our stakeholders** – genuine and ongoing engagement with our community will mean that we consistently understand what is going on in the lives of children and young people and how best we can meet their needs effectively. We will foster involvement and open communication across a range of channels including our governance structures, social media, workshops and events to embed codesign in transformation and day-to-day decisions on support and services.

- We will use our collective estate to enable children and young people to access services close to home and in settings that are familiar – we will use our estate to ensure children and young people can easily access care, support and services when and where they need it, support services being provided in local settings, support partnership working across different individuals, teams and organisations and to support the use of enabling technology.

- **We will develop our digital infrastructure** – we will continue to invest in our digital infrastructure to utilise the latest technologies so that children and young people can access support and services in ways that suit them best; to integrate services; to communicate better with parents and carers as well as children and young people. We will also use technology to support timely access to evidence and information to establish whether we are meeting the outcomes we are aiming for.

- **We will develop structures and contracts that enable the delivery of this strategy, rather than hinder it** – ultimately, we will build in simplicity – and not complexity – for all our stakeholders and make our environment as easy to navigate as possible. We will adopt a clearly structured and coherent commissioning approach that:
  - is aligned to our wider strategies to integrate planning and services
  - is aligned to the national direction of travel
  - will deliver value and support an outcome-based approach
  - delivers innovative contracting and organisational forms to better integrate services
  - will embed a robust monitoring and evaluation framework that supports continual improvement
5. How can you get involved?

We are committed to this strategy being part of a wider conversation with the community of Surrey on this important topic. We want people to open-up and to share, we want to encourage engagement and to co-design the future with you.

- We will keep listening to you
- We will involve you by embedding co-design in our transformation programme and service design
- We will continue to work with the CYA network as an active and engaged partner and representative of children, young people and their families
- We will keep our website up-to-date on progress and practical information about how to get involved
- We will continue to work collaboratively
- We will dedicate resource to engaging with you and involving you
- We will build on existing networks and create new ones for you to get involved
- We will build long-term relationships with children and young people, their families, voluntary sector, schools and community groups
- We will actively seek to stay up-to-date on the underlying pressures driving emotional wellbeing in Surrey
6. Glossary

- **Emotional wellbeing**: Emotional health is an important part of overall health. People who are emotionally healthy are in control of their thoughts, feelings, and behaviours. They can cope with life’s challenges.

- **Mental health**: A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.\(^5\)

- **CAMHS**: Children and adolescent mental health service.
