Managing the impact of Covid 19 on the Mental Health and Emotional Wellbeing needs of Children and Young people in Northern Ireland

A scoping exercise on behalf of the MHEWB /CYP Sub Cell
Contents

Introduction 3
Purpose 4
Context: Pre Covid Landscape 4
Covid Response – Update on Service Delivery 6
  • CYSP 6
  • Family Support Hubs 7
  • Allied Health Professionals 7
  • Public Health Agency: Emotional Wellbeing Services and Public Health Nursing 8
  • Statutory Children’s Services 9
  • Services for Children with Disability 9
  • CAMHS 10
  • Secure Children’s Home accommodation 10
  • Education Authority Service Provision 11
SERVICE DELIVERY: EMERGING ISSUES AND RECOMMENDED NEXT STEPS 12
CONCLUSION 14
Appendix 1: Statutory Children’s Services Dashboard
Appendix 2: CAMHS data
Appendix 3: Attendance at Educational Settings
Appendix 4a: Resources developed across Agencies
Appendix 4b: Data analysis: CYPSP Resources and reach
INTRODUCTION

The delivery of services to promote Children’s Mental Health and Emotional Wellbeing spans the continuum of need from Early Intervention and Prevention through to the delivery of secure residential accommodation and includes children in receipt of CAMHS, children with disabilities, children in need of safeguarding and Looked After Children.

Service delivery reflects the requirement for an all-encompassing multi agency approach and is informed, (although not exclusively) by the agreed basis for collaboration in the delivery of children’s services identified in the Children’s Services Cooperation Act, NI (2015) and reflected in the Northern Ireland Children and Young People’s Strategy (2019-2029). This strategy outlines the 8 outcomes of wellbeing of children. (Figure 1).

The model for the delivery of Child and Adolescent Mental Health services is the Stepped Care Model (Figure 2) which aligns with other stratified models utilised within Public Health, Allied Health Professions, and in Statutory Children’s social work services.

Figure 1

The outcomes we want for our children and young people are:

- Children and young people live in a society which respects their rights
- Children and young people live in a society in which equality of opportunity and good relations are promoted
- Children and young people enjoy play and leisure
- Children and young people learn and achieve
- Children and young people make a positive contribution to society
- Children and young people experience economic and environmental well-being
- Children and young people live in safety and stability
- Children and young people are physically and mentally healthy

Figure 2

CAMHS Integrated Stepped Care Services Model

VISION

STEP 1

In reach

BEST START

- Infant Mental Health
- Family Support Hubs
- Family Nurse Partnership
- Early Intervention Transformation Programme
- Looked After Children Services

PREVENTION INTERVENTION

EARLY INTERVENTION

SPECIALIST INTERVENTION

INTENSIVE INTERVENTION

STEP 2

- CAMHS Primary Mental Teams
- Child Development Services
- Schools Counselling

STEP 3

- Specialist CAMHS
- Autism
- ADHD
- Intellectual Disability CAMHS
- Eating Disorder
- Substance Misuse
- Gender Identity

STEP 4 & 5

- Crisis Intervention
- Intensive Family Support
- Acute Inpatient
- Secure Care Services
- CYP Forensic Team
The coronavirus pandemic has disrupted the life of every child and young person in the
country as they experience significant changes to their daily routine and social
infrastructure. Media and social conversations are dominated by the outbreak, and children
and young people are exposed to large amounts of information and potentially high levels
of stress and anxiety in the adults around them. There is already a growing body of
evidence identifying the psychological impact of quarantine on children and young people,
and it is acknowledged that the full impact of the crisis is expected to be substantial.

PURPOSE OF THIS DOCUMENT

This document provides an overview of service delivery in response to mental health and
emotional wellbeing needs of children and young people during the current crisis. The
report provides a summary of information collated as a result of engagement and feedback
from the key stakeholders who form the CYP sub cell of Mental Health and Emotional
Wellbeing Silver cell. It is acknowledged that service delivery responses are constantly
evolving in line with the changing situation in relation to lockdown and social distancing
restrictions, and it is expected that service delivery models are subject to ongoing review.

The information gathered will be discussed under the following headings:

- Context: The Pre Covid-19 landscape;
- Covid-19 Response: Update on service delivery;
- Emerging Issues and recommended next steps.

An outline of relevant resources and links is contained in Appendix 4.

This document should be read in conjunction with the following document:

- Understanding the Impact of Covid-19 on Children’s Mental Health and Emotional
  Wellbeing: Perspectives from the front line (MHEWB/CYP sub cell).

It is proposed that cognisance of the information in this report and the accompanying
document above, and in particular the summary of emerging issues and suggested next
steps are incorporated in the overarching MHEWB Silver cell: Outcomes Delivery Plan.

CONTEXT / THE PRE COVID LANDSCAPE

The landscape in which Mental Health and Emotional Wellbeing services for children and
young people are delivered is compounded by a number of key social determinants which
includes:

- Increasing evidence of child poverty
- NI as a traumatised society;
- Higher than average suicide rates in NI in comparison to the UK as a whole.

This, alongside a reported increase in demand and complexity, and associated
resource/capacity issues illustrates the challenging position service providers found
themselves in prior to the pandemic.
The increase in demand, complexity and resource impact, pre Covid is evident in data and update reports which have outlined the volume of service activity across the continuum of Children’s services. At early intervention level, the draft annual report 2019/20 for Family Support Hubs identified a 6% increase in referrals on the previous year. The highest reason for referral prior to the pandemic was, as is the case every year, emotional /behavioural difficulties of primary school age children. Children in the 5-10 age range made up 45% of referrals.

Demand for services for children with disability, and in particular children with autism has increased year on year prompting multi agency work on the development of a Regional Children’s Disability Framework in 2019.

Within CAMHS, data shows that from 17/18- 18/19, there was a 23% increase in the average accepted demand in to CAMHS across the region.

The report into children’s mental health published in September 2018 by the Children’s Commissioner found that services were under significant pressure and highlighted under investment. The DOH accepted all the report’s recommendations and published an Inter-Departmental Government (IDG) Action Plan for implementation of the recommendations, including identifying those areas where investment was required.

It is acknowledged that there is under investment in CAMHS. The last substantial investment was in 2012 and since then there was a further limited investment allocated in 2018/19. The total investment in CAMHS is currently £20.4m which represented 7.8% of the total mental health budget and the target for investment is 10%. However this investment in real terms has dropped further through 19/20 and now stands at 7.4%. It is estimated that a further £5.2m is required to achieve the target of 10% of adult mental health investment. There has just recently been much welcome investment identified under ‘Inescapable Pressures’ which is out to the Trusts for allocation. The target for this allocation is to strengthen capacity across Step 2 and Step3 CAMHS community services based on the acknowledged increase in demand, and to address the consistent breaching of the 9 week target over the past 3 years; almost all Trusts have breached at some time. By the end of March 2020, the total number of breaches was 707 which was an increase from the previous month.

Existing Inter-Agency Partnership Working

Within this backdrop, it is important to acknowledge the level of existing interagency/interdisciplinary work undertaken to promote the emotional health and wellbeing of families and children. This includes:

- CYPSP Locality Planning Activity/Priority actions related to promotion of Children and Young Peoples Emotional Health and Wellbeing
- Provision of 29 Family Support Hubs
- Provision of 29 Surestarts
The development of the, DoH Multi Agency Emotional Health and Wellbeing Framework
DE Multi Agency Emotional Health and Wellbeing Framework

COVID RESPONSE: UPDATE ON SERVICE DELIVERY

Services for children and young people have adjusted their models of delivery to address immediate priorities and to maintain a level of continuity, albeit within the restrictions imposed by lockdown. This has been achieved primarily through the use of online platforms and via the online dissemination of resources and contact information for service users. Links to the resources that have been developed across services are contained in Appendix 4.

CYPSP

The CYPSP team continue to facilitate a collaborative multi agency approach to information sharing and have coordinated the production of a number of key resources related to children’s mental health and wellbeing specifically related to managing the impact of Covid-19 and to help mitigate the effects of lockdown. The CYPSP website is acting as a central repository for information and guidance across services and working to ensure cross referencing to other on line information via voluntary and community service providers, PHA, HSCB, Education, Housing and Justice. CYPSP has also launched a new venue locator webpage to assist the introduction of support services with social distancing family support as restrictions ease. A new page is also being developed as a central resource for Translated materials and resources based on learning captured throughout the Covid-19 pandemic in relation to good communications with BAME communities.

CYPSP Covid-19 Daily Updates Page

On 26 March the CYPSP created a Covid-19 Daily Update page on the website which provides live information, important messages and relevant contact details for key agencies that are providing services to children and families during the Covid-19 pandemic. Within this page there is a specific link to Mental Health resources, as well as a directory of resources related to bereavement along with other key themed areas.

Children and young Peoples Resource

CYPSP created a Resource Pack for Children & Young People which brings numerous resources and activities together in one place. All are free and in the public domain. It was also published on the CYPSP website and on social media accounts

Locality based Services

At the onset of lockdown, the CYPSP team scoped Locality Planning Group activity across the region, to provide the most up to date information about the resources and services available at locality level across the 5 HSC Trust areas. The information has been compiled into the Locality Planning Service Delivery Guide which is a live document, updated daily.
Currently, the multi-agency Locality planning groups and Outcomes groups are beginning to meet virtually to progress CYPSP business, and are working to adapt action plans to ensure specific responses to the areas of need which have been which have risen in priority as a result of the pandemic. Amongst these are; the increase in poverty, the specific needs of the BAME community, and responding to the needs of children with additional needs.

**Family Support Hubs**

All 29 Family Support Hubs have remained fully operational during the Covid-19 pandemic. A short survey was conducted by Family Support Hubs for the period April / May 2020, to ascertain the level and nature of referrals. Based on a 72% response rate, the data shows that there were 1123 referrals during this 2 month period. This number reflects a reduction in the usual number of referrals from schools and GPs and an increase in community based referrals for food, fuel and advice about community based organisations. The current trend is now upwards.

**Allied Health Professionals**

Within the Allied Health Professions, face to face assessment and intervention services throughout the pandemic have been prioritised to children with complex needs and disabilities. There are some concerns that due to lock-down measures and restricted contacts with children, early identification and support may be impacted. The paediatric OT service have reported an initial drop in referral rates, which would support this view. In order to deliver services to as many children and young people as possible, AHP services have provided online advice guides, and interactive sessions and appointments to ensure some continuity of care in meeting the presenting needs of children where face to face support has stopped.

The Royal College of Speech and Language Therapists completed a survey across their professional workforce to gather information on the impact of the pandemic directed to which yielded results as listed in Figure 3 below. This indicates a significant disruption to services and associated impact on the children and young person development and overall emotional health and well-being.

(Data for the reach of the CYPSP resources is contained in Appendix 4b)
Community Paediatric Services

Due to the associated pressures associated with COVID-19 on the adolescent’s emotional health and well-being there is evidence that the lack of stimulation, lock-down challenges and emotional support has resulted in adolescents presenting with new or exacerbation of needs. This includes young people with physical conditions such as diabetes or developmental conditions such ADHD, ASD etc. Adolescents with conditions such as diabetes or epilepsy already have particular psychological and emotional health & well-being needs that were challenging to manage pre COVID. There are some reports that due to the pandemic and associated lockdown the circumstances and emotional health of adolescents with these needs have worsened.

Many young people attending community clinics are being contacted by telephone and virtual consultation as an alternative to face to face review. A range of behaviours have been recognised from these medical reviews which indicate that adolescents, who have underlying co-morbid conditions are struggling to cope; and some are displaying symptoms of distress, as daily routines, school support and normal activities have been disrupted. Others are retreating into their “shells” and not engaging even with family members during the COVID-19 emergency situation. Both scenarios are difficult and challenging for adolescents and families that could ultimately have a significant impact on both their physical and psychological well-being.

Public Health Agency: Emotional Wellbeing Services and Public Health Nursing

The PHA Health Improvement Division commissions a range of programmes in the voluntary and community sector and in HSCTs which support the mental health and emotional wellbeing needs of children and young people. A review of relevant contracts for the period ending May 2020 highlights the following:

**Early Years / Early Intervention / Parenting Programmes** – there has been some decrease in delivery of these programmes but where possible they are continuing via telephone, video calling and online support.

**Drug and Alcohol Programmes** – all services are continuing via telephone or video calling. No notable change is being seen in either the demand for or referrals to the services. Service user engagement remains good and there is some anecdotal evidence that DNAs are reduced as young people like this form of contact.

**EHWB Support** – services providing mentoring support for young people are continuing via telephone and video calling. Social isolation and anxiety are highlighted as the main issues,

The Barnardo’s **Children and Young People bereaved by suicide** support project is currently delivered remotely, with young children engaging via zoom and older children generally preferring telephone contact. There are some concerns about delivering this type of therapeutic service in the home environment, but this are being considered and minimised.
Statutory Children’s Services

Surge plans were developed to facilitate the redeployment of staff to support those services deemed to be high priority.

The key priorities are identified as:

- Child protection investigations
- Children on the edge of care
- Children on the Child protection register
- Children in residential care
- Children in Foster Care including Kinship care
- Unaccompanied Asylum seeking children
- Children with complex needs and Children with a disability
- Child and Adolescent Mental Health Services (CAMHS)
- Young people who have left care and are in need of support
- Vulnerable Children and children of keyworkers having access to childcare

Appendix 1: Figure 1, illustrates the weekly dashboard of key trends within children’s services which has been established during the Covid-19 period. The data compares current trends to pre Covid-19 activity, and indicates that while there has been a recorded decrease in child protection referrals compared to the pre Covid-19 period, the number of registrations to the child protection register, the number of children on the child protection register and the number of looked after children has increased.

Appendix 1: Figure 2, outlines referral by source, and evidences a significant decline in referrals from school obviously, and an increase of referrals from police. Appendix 2: Figure 3 illustrates the breakdown of reasons for referral in 3 HSC Trust areas. Comparative data for pre Covid is not available but anecdotal information points to an increase in domestic violence referrals. This reflects the national picture. In the UK, Refuge, one of the leading domestic abuse organisations reported that calls to the UK Domestic Violence Helpline increased by 25% in the seven days following the announcement of tighter social distancing and lockdown measures by the government.

Services for Children with Disability

Lockdown as result of the pandemic has created significant pressure on carers of children with disability. Specific responses across agencies include:

- Provision of information and support for carers to help mitigate the effects of home confinement
- Support for parents/carers to meet the specific developmental needs of children during lockdown.
- The extension of existing short break provision already in place.
- The reopening of units for residential short breaks for cwd where such units had been previously designated as isolation facilities for all of LAC children.
• Work with Education to place vulnerable children back into educational setting during the Covid crisis.

In the accompanying document outlining perspectives from service users and front line staff, there is significant narrative evidence in relation to the implications for children with additional and/or complex needs, those diagnosed or waiting for diagnoses of ASD/ADHD. This group of children have often struggled with the changes to their routine, and there are mixed perspectives in relation to the introduction of on line service delivery.

CAMHS

Within CAMHS, the immediate consequences of Covid-19 were significant. Routine work shifted rapidly from the usual face to face contact to a remote way of working using telephone or online platforms. Crisis contacts and some essential urgent work was maintained directly via social distancing with PPE. New protocols for visiting to the in-patient unit and accommodating contact for young people was commenced. Transfer of cases from CAMHS to AMHS was paused, although where clinically indicated transfers of some specific cases did progress.

Appendix 2 Tables 1 and 2, chart the position in respect of CAMHS from January – May 2020 which show the breaches of the 9 week target and the sustained rise in the waiting times. In some services there has been a reduction which is largely accounted for in the drop in the numbers being referred to CAMHS following the lockdown. The figures for the total waits for CAMHS, shows an overall reduction again due to the drop in the number of referrals to CAMHS. It is acknowledged that this drop in referrals is related to a number of factors, including the reduction of referral activity from GPs and the reduction in the numbers of referrals related to schools related anxiety.

In the accompanying document outlining perspectives from service users and front line staff, there is significant narrative evidence of the increase in children’s anxiety levels, and concerns about the psychological impact of loneliness and isolation, as well as the impact on those children and young people with specific mental health diagnoses. There is a clear message that, as restrictions are lifted, and referral activity increases that there will be a surge.

Secure Children’s Home Accommodation

The Regional Multi-Agency Panel for Secure Children’s Home accommodation has ensured that there is access to secure children home accommodation for the five Trusts since the outbreak of Covid-19. There has been a marked spike in activity in March compared to other months with a total of 5 Panels with 7 applications in the past 4 weeks. The Multi Agency Panel continues to ensure that a quorum is available by moving to remote working and teleconferencing.

Bed capacity within the Lakewood facility has been maintained through redeployment of staff from other facilities.
Education Authority Service Provision

A number of critical EA services have remained functional during this period of lockdown and have continued to safeguard and support the emotional health and wellbeing of children and young people and in particular those identified by the Department of Education as vulnerable.

They include the following:

- **Independent Counselling Service for Schools (ICSS)**
- **Critical Incident Support Service (CIRT)**, which has continued to provide, via telephone, critical incident management support, advice and resources for all schools as required. The Critical Incident Response Team Helpline provides out of hours support for schools when a critical incident happens.
- **Exceptional Teaching Arrangements (ETA)** has provided teaching and pastoral support to those children who by virtue of their physical or mental health were unable to attend school prior to lockdown and who were known to ETA. Approximately 400 children have been supported via online learning platforms, telephone communication, emails, home visits and referral to other services. There has been regular contact with children and young people, their parents and carers and other professionals as required.
- **Child Protection Support**
- **Children Looked After Project**
- **Education Welfare Service** has flexed its approach to provide a range of support services to vulnerable children and their families since lockdown, utilizing the teams’ contacts with Police and Social Services and knowledge of wider systems and community supports.
- **Primary and Post Primary Behaviour Support and Provisions** have provided pastoral and education support to individual pupils and parents known to the service pre lockdown.
- Some **EOTAS** centres have remained open to support vulnerable children, and over 580 pupils, have received continuous support in their learning and wellbeing each day.
- **Intercultural Education Services (IES)** continue to be in contact with a range of vulnerable families from the Ethnic Minority community. Providing support and signposting to sources of help and resolving issues of Free School Meals and payments.

Youth Services

Whilst generic youth services were stood down during lockdown, the following services have continued:

- **FLARE** – support for young people aged 11-25 experiencing poor mental health
• START – support for young people aged 11-19 under the threat of paramilitary violence or coercive control.
• CADi – providing digital resources for children and young people.

EA Youth Services has also been providing Outreach and Detached work on request directly from the PSNI

In addition a number of additional youth work supports were developed during lockdown. These are referenced in Appendix 4.

Despite this level of input from EA, concerns around education provision and inability to attend school has created significant impact on the emotional health and wellbeing of school aged children. (see the accompanying document outlining perspectives from service users and front line staff).

**Education Restart**

A Programme Board has been established which will provide strategic direction and oversight for the Restart Programme, chaired by the Permanent Secretary with membership drawn from senior officials in the Department, Education Authority (EA), Council for Catholic Maintained Schools (CCMS) and the Council for the Curriculum, Examinations & Assessment (CCEA). This project includes an emotional health and wellbeing subgroup with links to silver EHWB CYP sub cell. A link to the FAQ is contained in Appendix 4.

**SERVICE DELIVERY: EMERGING ISSUES AND RECOMMENDED NEXT STEPS**

The impact of the coronavirus pandemic on the delivery of children’s mental health and emotional wellbeing services is potentially far reaching, both in relation to the current lived experience and the future post Covid landscape. A number of clear and interrelated issues have emerged which require consideration to ensure that service delivery is needs led and fit for purpose. These are:

1. **Increased poverty and socio economic deprivation.**

The government measures which were required to mitigate the spread of the virus, have resulted in economic uncertainty for many. The increase in the number of referrals via Family Support hubs for food, fuel and financial assistance and the evidence of food poverty as a primary need at locality level indicates the increased need for early intervention service responses which help to meet physical and practical needs, which in turn will promote emotional health and wellbeing of families.

2. **Continued strengthening of early intervention services**

It is evident that early intervention services have risen to the challenges created by the current crisis, and have developed locality and community based responses to deal with the immediate impact of the pandemic. Access to sources such as helplines, increased self
help initiatives and online support should continue to be facilitated to strengthen, through inclusion in the service delivery models of all relevant agencies. Delivering support online has significant consequences for practitioners. Many are not trained to deliver online support and may not have the skills to deal with high levels of disinhibition or the confidence to safeguard effectively online.

3. Anticipated surge in referrals

The increase in referrals at family support hub level, coupled with the decrease in referral activity in CAMHS suggests the potential for a surge in referral activity to services, as the current crisis continues. (There is already evidence on a substantial increase in the numbers of young people presenting in crisis – although not at the level pre pandemic.) Data illustrate the pressures already faced by CAMHS prior to Covid-19, including the planned implementation of the cross departmental response to the NICCY report ‘Still Waiting’. Investment was already required in CAMHS, and further investment is required to plan for and manage the anticipated situation post Covid-19.

4. Supporting the provision of education

Managing the increased demand for support for children and young people during phased return to schools, the provision of ‘targeted’ school-based interventions, and responses to referrals from schools to statutory services, has far reaching implications on service delivery across the continuum. It is important that reset and recovery plans take account of the importance of an integrated multi-disciplinary and multi-agency approach.

5. Developing a blended service delivery approach

It is important that we take cognisance of some of the positive outcome which have been identified as a result of the changes in working practices. The accompanying paper outlines, where online consultations and supports have been useful tools in managing and responding to the needs of some of our service users. In acknowledgement of the evolving environment, service models also need to continue to adapt to including ‘normalising’ virtual contact with service users, extended working days, the appropriate use of PPE and social distancing for face to face contact.

Access to adequate IT and WIFI is required for both staff and service users to ensure equity issues are addressed. This applies both to access to adequate IT equipment, and also skills in using the equipment or relevant platforms.

1. Development of targeted training for staff

Future training needs analysis needs to take account of ongoing training requirements for the following:

- Blended service delivery and the use of online tools
- trauma-informed approaches and practice
- Covid-19 as adverse childhood experience
• Supporting parents to identify behavioural, emotional or physical symptoms
• Supporting parents own fears, anxiety, stress re Covid-19
• Grief/bereavement support training

CONCLUSION

This document provides a strategic overview of the challenges faced, and services delivered to children, young people and families in NI, during this unprecedented and challenging time. Significant activity has taken place across all sectors and this paper does not adequately do justice to all of that. It is also evident that we are in the midst of a constantly evolving situation, and whilst this paper should be viewed as a standalone document, it is potentially a first step in the planning process for reset and recovery, and it is therefore proposed that:

• the MHEWB / CYP Sub Cell produce a brief mapping document which will signpost the recommended actions to relevant existing fora, and that
• the Mental Health and Emotional Wellbeing Cell, take account of the above issues recommendations and signposted actions, in the development of the overarching Outcomes Delivery Plan.

Maxine Gibson, Children’s Services Planning Professional Advisor
(Chair MHEWB/CYP Sub Cell)
**APPENDIX 1: Statutory Children’s Services Dashboard: Figure 1: DSF Activity**

**Figure 2: Referral source**

**Figure 3: Referral Reason**

**Fig 1:**

**Children’s Services**

Latest available figures prior to period of COVID-19

*Estimated Average Figures*

Temporary data Collection During the Period of COVID-19

*Provisional figures, subject to change*

*Do not share outside of HSC*

---

**Number of child protection referrals during week ending**

<table>
<thead>
<tr>
<th>District</th>
<th>6th April</th>
<th>13th April</th>
<th>20th April</th>
<th>27th April</th>
<th>April average</th>
<th>Change from pre covid-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>10.7</td>
<td>9.9</td>
<td>18.1</td>
<td>14.8</td>
<td>16.1</td>
<td>-33%</td>
</tr>
<tr>
<td>South Eastern</td>
<td>1.5</td>
<td>1.2</td>
<td>1.2</td>
<td>1.6</td>
<td>1.4</td>
<td>-25%</td>
</tr>
<tr>
<td>Southern</td>
<td>11.6</td>
<td>11.1</td>
<td>11.1</td>
<td>11.1</td>
<td>11.1</td>
<td>-6%</td>
</tr>
<tr>
<td>Western</td>
<td>14.8</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>-6%</td>
</tr>
</tbody>
</table>

Source: “Quarterly Child Protection Statistics for Northern Ireland”, DoH

---

**Number of registrations to CPR during week ending**

<table>
<thead>
<tr>
<th>District</th>
<th>6th April</th>
<th>13th April</th>
<th>20th April</th>
<th>27th April</th>
<th>April average</th>
<th>Change from pre covid-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>4.8</td>
<td>2.7</td>
<td>5.8</td>
<td>8.4</td>
<td>5.8</td>
<td>-28%</td>
</tr>
<tr>
<td>Northern</td>
<td>9.7</td>
<td>14</td>
<td>8</td>
<td>10</td>
<td>10.3</td>
<td>+33%</td>
</tr>
<tr>
<td>South Eastern</td>
<td>5.0</td>
<td>8</td>
<td>7</td>
<td>10</td>
<td>7.3</td>
<td>-33%</td>
</tr>
<tr>
<td>Southern</td>
<td>10.7</td>
<td>13</td>
<td>5</td>
<td>12</td>
<td>8.3</td>
<td>-28%</td>
</tr>
<tr>
<td>Western</td>
<td>8.6</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>7.8</td>
<td>-33%</td>
</tr>
</tbody>
</table>

Source: DSF

---

**Number of children on CPR at 31 December 2019**

<table>
<thead>
<tr>
<th>District</th>
<th>271</th>
<th>512</th>
<th>325</th>
<th>577</th>
<th>2246</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>271</td>
<td>512</td>
<td>325</td>
<td>577</td>
<td>2246</td>
</tr>
<tr>
<td>Northern</td>
<td>512</td>
<td>512</td>
<td>512</td>
<td>512</td>
<td>512</td>
</tr>
<tr>
<td>South Eastern</td>
<td>325</td>
<td>325</td>
<td>325</td>
<td>325</td>
<td>325</td>
</tr>
<tr>
<td>Southern</td>
<td>577</td>
<td>577</td>
<td>577</td>
<td>577</td>
<td>577</td>
</tr>
<tr>
<td>Western</td>
<td>2246</td>
<td>2246</td>
<td>2246</td>
<td>2246</td>
<td>2246</td>
</tr>
</tbody>
</table>

Source: “Quarterly Child Protection Statistics for Northern Ireland”, DoH
# Northern & South Eastern & Western HSC Trusts

## Referrals to social services by referral source

<table>
<thead>
<tr>
<th>Referral Source/Agent</th>
<th>Average number of children referred to social services per week (based on year ending 31 March 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>114.0</td>
</tr>
<tr>
<td>Social Worker</td>
<td>48.7</td>
</tr>
<tr>
<td>Out of Hrs Co-ord</td>
<td>13.5</td>
</tr>
<tr>
<td>Relative</td>
<td>25.8</td>
</tr>
<tr>
<td>Teacher</td>
<td>30.9</td>
</tr>
<tr>
<td>Anonymous</td>
<td>14.9</td>
</tr>
<tr>
<td>Hospital Social Worker</td>
<td>1.8</td>
</tr>
<tr>
<td>GP</td>
<td>11.8</td>
</tr>
<tr>
<td>Hospital Nurse</td>
<td>23.9</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>8.1</td>
</tr>
<tr>
<td>Court</td>
<td>4.1</td>
</tr>
<tr>
<td>Probation Officer</td>
<td>5.4</td>
</tr>
<tr>
<td>Vol. Organisation</td>
<td>4.9</td>
</tr>
<tr>
<td>Self</td>
<td>7.7</td>
</tr>
<tr>
<td>Community Psych. Nurse</td>
<td>4.4</td>
</tr>
<tr>
<td>N. S.P.C.C</td>
<td>3.0</td>
</tr>
<tr>
<td>NIHE</td>
<td>2.0</td>
</tr>
<tr>
<td>Comm. Mental H/C Nurse</td>
<td>2.4</td>
</tr>
<tr>
<td>Educ. Welfare Officer</td>
<td>1.9</td>
</tr>
<tr>
<td>Others</td>
<td>40.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>369.5</strong></td>
</tr>
</tbody>
</table>

Source: DSF 10.1.4 (b)

## Child protection referrals by referral source

<table>
<thead>
<tr>
<th>Referral Source/Agent</th>
<th>Average number of child protection referrals per week (based on year ending 31 December 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>6.7</td>
</tr>
<tr>
<td>Social Worker</td>
<td>12.7</td>
</tr>
<tr>
<td>Relative / Neighbour / Friend</td>
<td>1.1</td>
</tr>
<tr>
<td>Teacher /EWO</td>
<td>4.3</td>
</tr>
<tr>
<td>Anonymous</td>
<td>0.2</td>
</tr>
<tr>
<td>Hospital</td>
<td>1.1</td>
</tr>
<tr>
<td>GP</td>
<td>0.5</td>
</tr>
<tr>
<td>Vol. Organisation</td>
<td>0.5</td>
</tr>
<tr>
<td>Self</td>
<td>0.3</td>
</tr>
<tr>
<td>Comm. Nursing (health visitor)</td>
<td>0.3</td>
</tr>
<tr>
<td>Other</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31.1</strong></td>
</tr>
</tbody>
</table>

Source: "Quarterly Child Protection Statistics for Northern Ireland", DoH

---

### Fig 2

**Children Referred to Social Services During COVID by Reason for Referral**

(April to 7th June)

![Graph showing children referred to social services during COVID by reason for referral](image-url)
Appendix 2: CAMHS

Table 1

Total Regional CAMHS Breaches >9 Weeks, January 2020 to May 2020

Please note: Eating Disorders, Addictions, Crisis and Family Trauma Centre have been plotted on a secondary axis due to the low numbers involved.

Total Regional CAMHS Waits, January 2020 to May 2020

Please note: Eating Disorders, Addictions and Crisis have been plotted on a secondary axis due to very low numbers involved.
Appendix 3

Attendance at educational settings in
Appendix 4a: List of resources developed across agencies


http://www.cypsp.hscni.net/covid-19-daily-updates/

Young Minds Survey Coronavirus: Impact on Young People with Mental Health Needs (www.youngminds.org.uk);

The Impact of Covid-19 on Children and Young People, The Children’s Society (www.childrenssociety.org.uk); King’s College London REACH Study.

Universal advice on staying well while social distancing with children at home from school - https://www.rcot.co.uk/file/6442/download?token=djOle4xl

Advice to help parents/carers prepare children for their return to school - https://www.rcot.co.uk/file/6736/download?token=XgAjykBk

From BPS on ‘Supporting care-experienced children and young people during the Covid-19 crisis and its aftermath’

‘Allowing young children to play with their friends must be prioritised as soon as possible when lockdown is eased.’ https://www.acamh.org/blog/young-children-to-play-with-friends-must-be-prioritised-when-lockdown-is-eased/

https://www.bbc.co.uk/news/uk-northern-ireland-52236326
https://www.bbc.co.uk/news/education-52806105

WWW.suzanne.zeedyk.com
www.safehandsthinkingminds.co.uk
https://www.rcslt.org/-/media/docs/RCSLTCYPMHSA4Digital.pdf?la=en&hash=ADEF0D30638C3E9623E151BC96FDD9BBCA532ADC
For how SLTs support CYP mental health.

https://www.rcslt.org/learning/covid-19
https://www.rcpsych.ac.uk/improving-care/nccmh/covid-19-mental-health-improvement-network/webinars
http://www.cypsp.hscni.net/family-support-hubs/#ffs-tabbed-23

https://www.youthonline.org.uk/stay-safe/
https://www.eani.org.uk/services/youth-service
https://www.eani.org.uk/services/pupil-support-services
Appendix 4b: Analysis of Data Returns re CYPSP Resources and Reach

3,260 Visitors
6,933 Page Views

2576 Articles/Resources posted

<table>
<thead>
<tr>
<th>Resource</th>
<th>Total Downloads</th>
<th>Weekly Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPG Members Service Guide</td>
<td>3,339</td>
<td>+140</td>
</tr>
<tr>
<td>Children’s Resource Pack</td>
<td>4,798</td>
<td>+209</td>
</tr>
</tbody>
</table>

Followers

<table>
<thead>
<tr>
<th>Resource</th>
<th>Followers</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covid19 Support &amp; Resources</td>
<td>3,624</td>
<td>297,200</td>
</tr>
<tr>
<td>Family Support Hub Newsletter</td>
<td>17,522</td>
<td>17,522</td>
</tr>
<tr>
<td>LPG Members Service Guide</td>
<td>31,864</td>
<td>31,864</td>
</tr>
<tr>
<td>Children’s Resource Pack</td>
<td>19,511</td>
<td>19,511</td>
</tr>
</tbody>
</table>

Produced by CYPSP Information Team
“this looks great, Thanks CYPSP”
“great resource for all of us trying to balance work with home schooling”
“excellent resources”
“brilliant resources from cypsp”
“thanks for sharing”
“check out this great resource which is a library of information support advice and contacts for those living with a disability”
“lots of important information and links to support, advice and guidance”
“fantastic up to date Covid-19 support & resource page”
“fantastic resource with so much information all in one place – very well done to all involved”
“thanks for sharing with us – keep us updated”
“well done”
“Great ideas to keep children and families active”
“Great bank of resources”
“thanks to cypsp for highlighting our blog in their daily updates”
“Well done to @cypsp for keeping this valuable resource updated”
“Visit @cypsp resource bank for helpful mental health links”
“Well done @cypsp team for all the information you are sharing”
“Brilliant pack with so many resources to support children, young people and families in Northern Ireland. Great ideas and great services in here, please share!”